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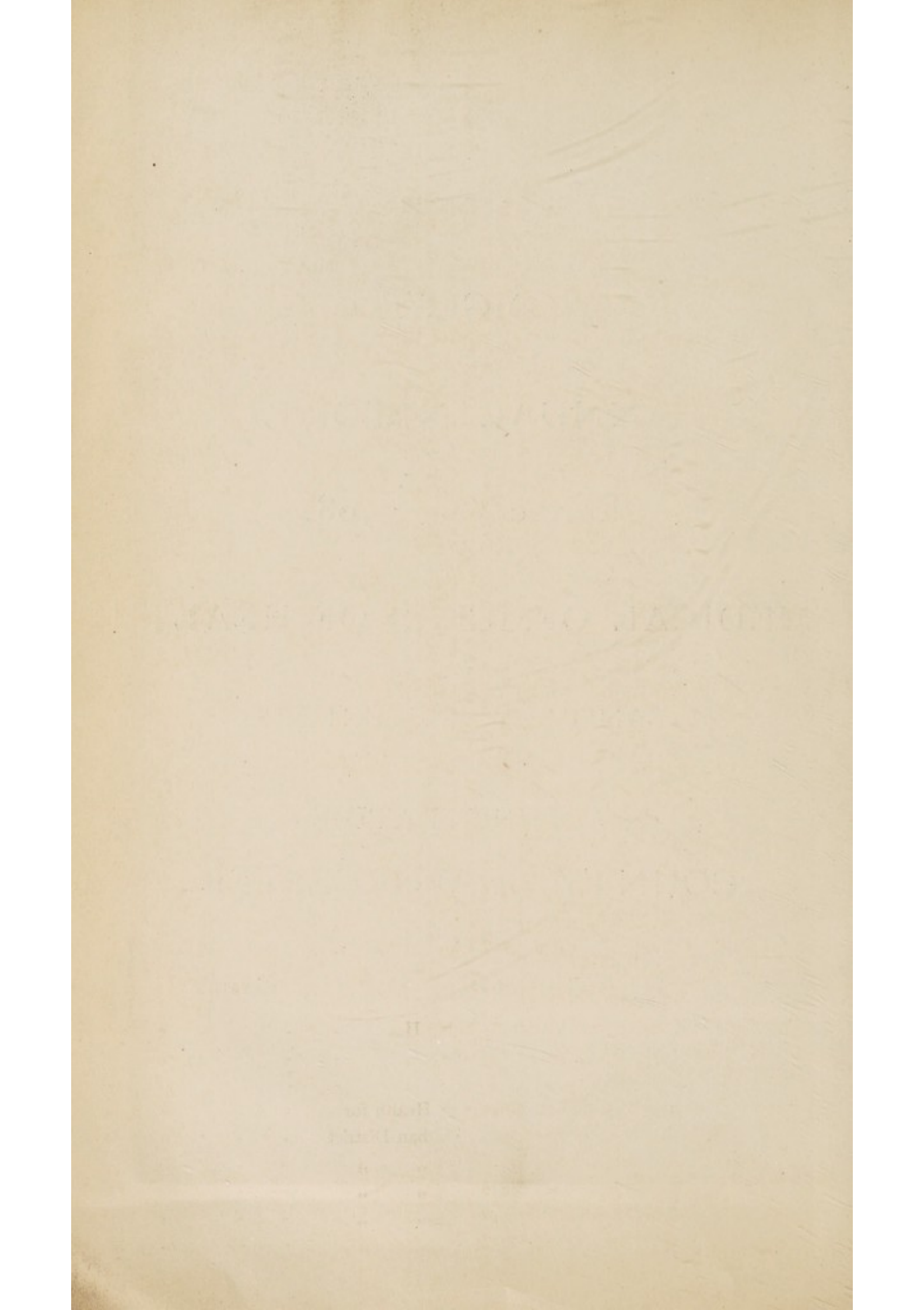
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DIGEST
OF THE
ANNUAL REPORTS
for the Year 1908,
OF THE
MEDICAL OFFICERS OF HEALTH
AND
SANITARY INSPECTORS
IN THE
ADMINISTRATIVE
COUNTY OF WORCESTER.
BY
G. H. FOSBROKE D.P.H., CAMB.

County Medical Officer for Worcestershire.



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*To the Sanitary Committee of the
Worcestershire County Council.*

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present my Twentieth "Digest" of the 61 Annual Reports (Medical Officers of Health (30), and Sanitary Inspectors (31)) in the Administrative County, which refers to the year 1908.

The following changes in the Sanitary Staff took place last year, viz. :—

Medical Officers of Health.

Dr. Dykes succeeded Dr. Greensill (resigned) for Martley Rural District.

Sanitary Inspectors.

Mr. Holloway succeeded Mr. Harvey (resigned) for Evesham Rural District.

Mr. Llewellyn succeeded Mr. Budds as Assistant, and Mr. Harding was appointed as an additional Assistant for the King's Norton Urban District.

Mr. Davies was appointed Assistant for Oldbury District.

Veterinary Inspector.

Mr. Taylor, M.R.C.V.S., was appointed by the King's Norton Urban Council to examine milch cows.

Dr. Wilson, in his 35th Annual Report on the Yardley District, expresses regret that owing to ill-health it is the last he will present. His retirement will be a great loss, as his advice on such a quickly growing neighbourhood has been of great value to the District Council in the progressive sanitation they have inaugurated,

AREA AND POPULATION.

The Area and Population of the Administrative County are set forth in Table I.

TABLE I.

Districts.	Area in Statute Acres in 1901.	Population.			
		1891.	1901.	Increase 1891-1901.	Estimated by M.Os.H. in 1908.
Urban (13) - -	54,920	157,184	197,017	39,833	228,976
Rural (17) - -	418,408	140,205	161,360	21,155	185,340
Totals (30) - -	473,328	297,389	358,377	60,988	414,316

By means of the collective estimates of the Medical Officers of Health it would appear that the population of the County in 1908 was 414,316, which is an increase of 10,490 during the year, and 55,939 since 1901.

As heretofore, the principal increases of last year occurred in the Yardley Rural (4880) and King's Norton and Northfield Urban (3,008) Districts.

VITAL STATISTICS.

Table II. gives the general Vital Statistics of each District in the Administrative County for the year 1908.

TABLE II.

Causes of, and ages at, Death during Year 1908.

URBAN DISTRICTS.	POPULATION.				Esti- mated Popu- lation 1908 by Medical Officers.	Birth Rate per 1,000 popu- lation.	Net Death Rate per 1,000 popu- lation. (a)	Infant Mortality, i.e., Deaths of Infants under 1 year per 1,000 Births registered.	Registered Net Deaths.					Mortality from all causes, at subjoined ages.					Causes of, and ages at, Death during Year 1908.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	Area in Acres.	Census 1901.	1891-1901.						Registered Births.	Under 1 year.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Mem- branous Croup.	Croup.	Typhus.	Enteric.	Other continued.	Cholera.	Plague.	Diarrhoea.	Erysipelas.	Other Septic Diseases.	Other Vascular Diseases.	Cancer.	Bronchitis.	Pneumonia.	Pleurisy.	Other Diseases of Res- piratory Organs.	Alcoholism, Cirrhosis of Liver.	Venereal Diseases.	Diseases and accidents of Parturition.	Heart Diseases.	Accidents.	Suicides.	All other Causes.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
			In- crease, decrease.	1891.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Bewdley Borough	2103	2876	2866	...	2866	25.12	12.21	41	72	35	3	7

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died in Public Institutions outside these Districts.

(b) Including population of Powick Asylum.

Births.

Table III. compares the County Birth-rates with those of England and Wales during 1899-1908 inclusive.

TABLE III.

Districts.	Rates per 1,000 of population.									
	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
Urban Districts (13) -	25.4	25.4	26.9	26.12	27.8	28.6	28.8	29.7	28.6	27.8
Rural Districts (17) -	24.2	25.8	25.7	25.4	27.3	27.05	27.7	27.9	27.1	26.5
Administrative County -	24.9	25.6	26.4	25.8	27.3	27.9	28.6	28.9	28.0	27.2
England and Wales -	26.5	26.3	27.0	27.2	27.9	28.4	28.6	28.5	28.9	29.3

The County Birth-rate for 1908 (24.9) is again the lowest on record, and is 2.1 below the average rate for the past 10 years.

The Birth-rate of England and Wales in 1908 was 26.5 per 1000 of the population, which is 0.2 per 1000 above the rate in 1907. Compared with the average in the ten years 1898-1907 this birth-rate in 1908 shows a decrease of 1.6 per 1000.

It will be observed (Table III.) that although the rate for England and Wales has slightly increased, that for the County continues to decrease; and that this decrease is confined to the Rural Districts collectively.

It is satisfactory to find that in the Oldbury District "there are no signs whatever . . . of a falling birth-rate," and that in the Shipston-on-Stour Rural District it "is showing signs of rising, and is higher than during either of the last three years."

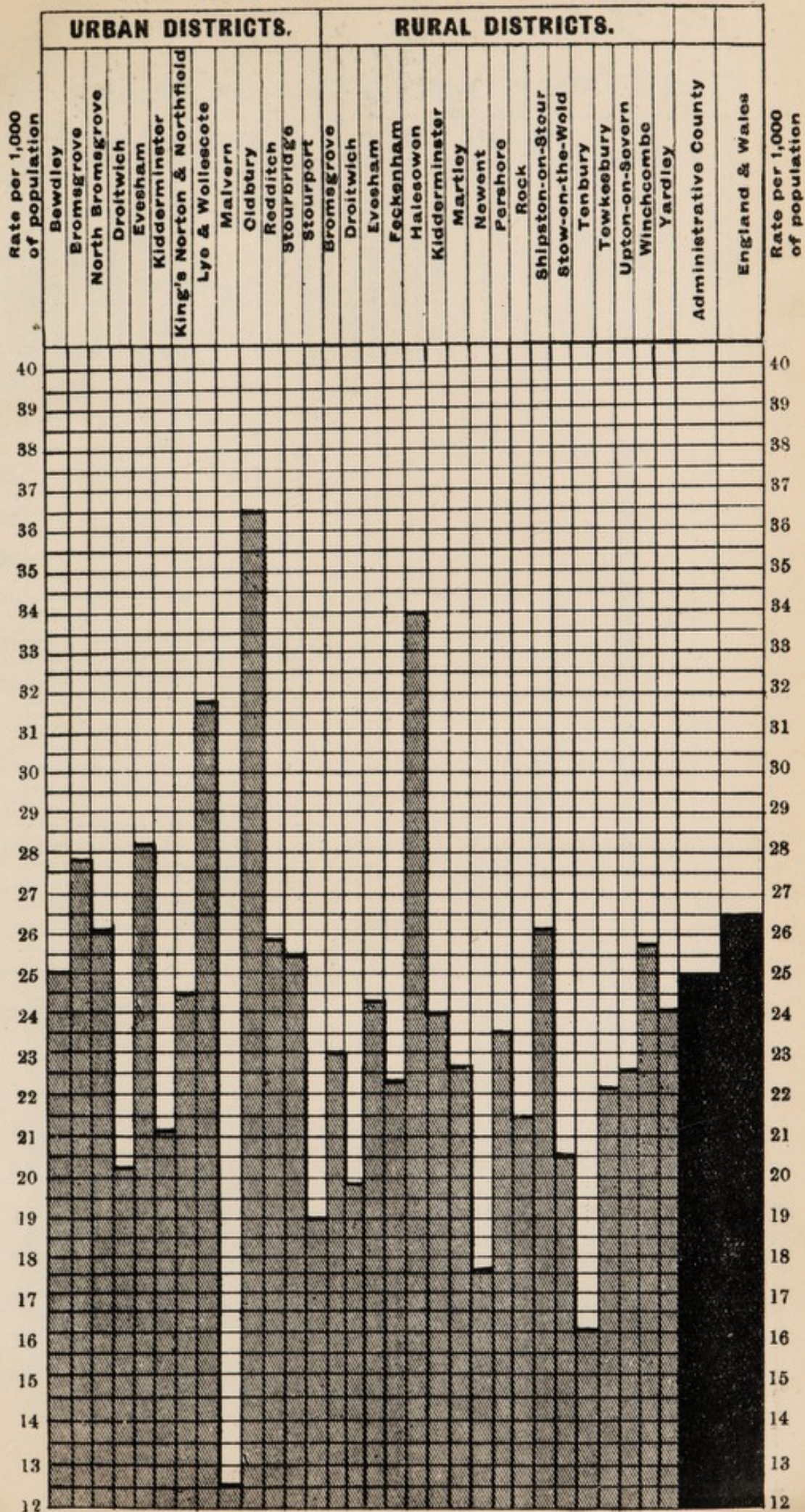
The highest birth-rates were recorded in the manufacturing districts of Lye and Wollescote (31.8), Oldbury (30.5) and Halesowen (33.9), and the lowest in the residential district of Malvern (12.6).


The Notification of Births Act 1907 came into force in the King's Norton Urban District in June, and in the Stourbridge Urban District on August 12th, 1908.

Dr. Green (King's Norton) says:—

"It is probable a certain proportion of the cases are not notified, but this is to be expected, and it will doubtless be remedied as people get more used to the altered conditions. By means of this Act, we have been able to have the homes visited within a day or two of birth, and not as formerly, a month or so afterwards."

1908.
BIRTH-RATES.

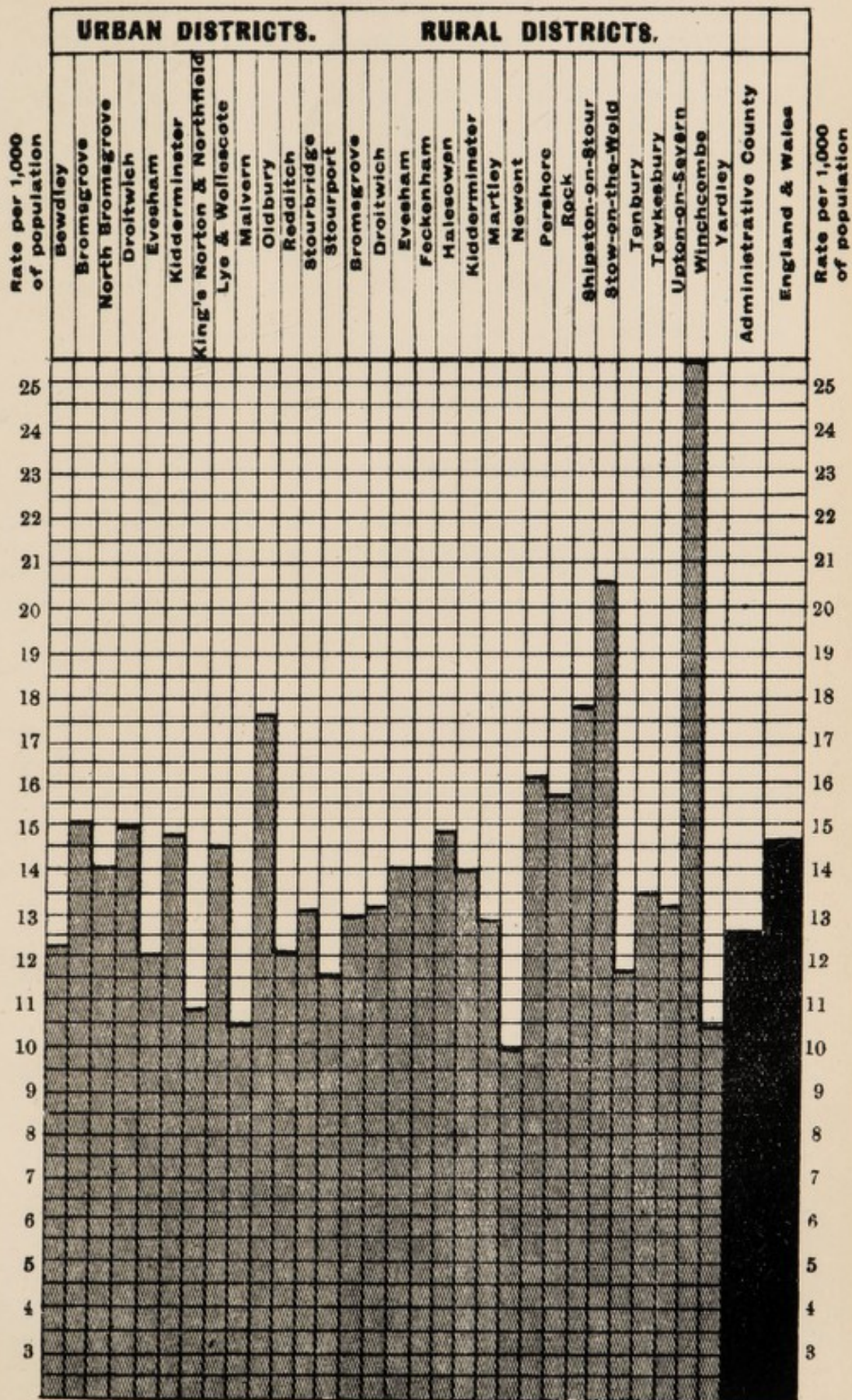




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1908.
GENERAL NETT DEATH-RATES.



The Act seems to have worked smoothly in both Districts.

It has also, with the approval of the Local Government Board, been adopted by the County Council for the whole Administrative County except in the districts of King's Norton and Stourbridge, and came into force on August 1st, 1909. As the adoption of the Act by the King's Norton and Stourbridge Councils was only sanctioned with the proviso that returns of all the births in these districts should be made to the County Council, the Act to all intents and purposes will apply to the whole Administrative County.

As births have now to be notified within 36 hours of their occurrence, the 7 County Health Missioners will be able to visit the homes very much earlier than they were formerly able to do; and this with distinct advantage to mothers and infants.

This Act will also be of considerable help in ascertaining the number of still-births and live-born children, and it is believed will tend to diminish the former. Furthermore, the detection of women who are illegally practising as midwives (of whom it is believed there are not a few) will be facilitated; and this more particularly subsequent to April 1st, 1910, after which date no woman will habitually and for gain be allowed to practice as a midwife unless she is enrolled.

The Report of the Departmental Committee appointed to consider the working of the Midwives Act 1902 (par. 105) reads as follows:—

"The Notification of Births Act was declared by one or two witnesses to have proved a valuable supplement to the Midwives Act, as an instrument of public health, and its adoption in rural districts was advocated by Mr. Fosbroke as a means to that end. We think that the authorities concerned would do well to extend the adoption of the Notification of Births Act throughout the kingdom."

Deaths.

Table IV. compares the County Death-rates with those of England and Wales during 1899-1908 inclusive.

TABLE IV.

Districts.	* Rates per 1,000 of population.									
	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
Urban Districts (13) -	12.5	13.6	14.1	13.2	14.8	13.5	14.2	15.7	16.8	15.3
Rural Districts (17) -	12.6	13.1	13.6	13.2	13.5	13.1	14.1	14.2	14.4	13.4
Administrative County -	12.6	13.4	13.9	13.2	14.3	13.3	14.1	15.0	15.8	14.4
England and Wales -	14.7	15.0	15.4	15.2	16.2	15.4	16.3	16.9	18.3	18.3

* Calculated on the *total* deaths registered in the County.

The Death-rate in England and Wales in 1908 was 14·7 per 1000, which was 0·3 per 1000 below the rate in 1907 and lower than the rate in any other year on record; compared with the average rate in the ten years 1898-1907, the death-rate in 1908 showed a decrease of 1·6 per 1000.

Table IV. shows that the County Death-rate (12·6) for last year is not only low, but the lowest on record; and that it and the collective rates of the Urban and Rural are almost identical.

The annexed Diagram and Table II. show that the net Death-rates for 1908 of the following districts exceeded the corresponding one of the Administrative County (12·6), viz. :—

Urban.

Bromsgrove	-	-	-	15·0
North Bromsgrove	-	-	-	14·0
Droitwich Borough	-	-	-	14·9
Kidderminster Borough	-	-	-	14·7
Lye and Wollescote	-	-	-	14·5
Oldbury	-	-	-	17·6
Stourbridge	-	-	-	13·1

Rural.

Bromsgrove	-	-	-	13·0
Droitwich	-	-	-	13·2
Evesham	-	-	-	14·0
Feckenham	-	-	-	14·0
Halesowen	-	-	-	14·8
Kidderminster	-	-	-	13·9
Martley	-	-	-	12·9
Pershore	-	-	-	16·1
Rock	-	-	-	15·7
Shipston-on-Stour	-	-	-	17·8
Stow-on-Wold	-	-	-	20·5
Tewkesbury	-	-	-	13·5
Upton-on-Severn	-	-	-	13·2
Winchcomb	-	-	-	25·8

Bromsgrove Urban (15·0).

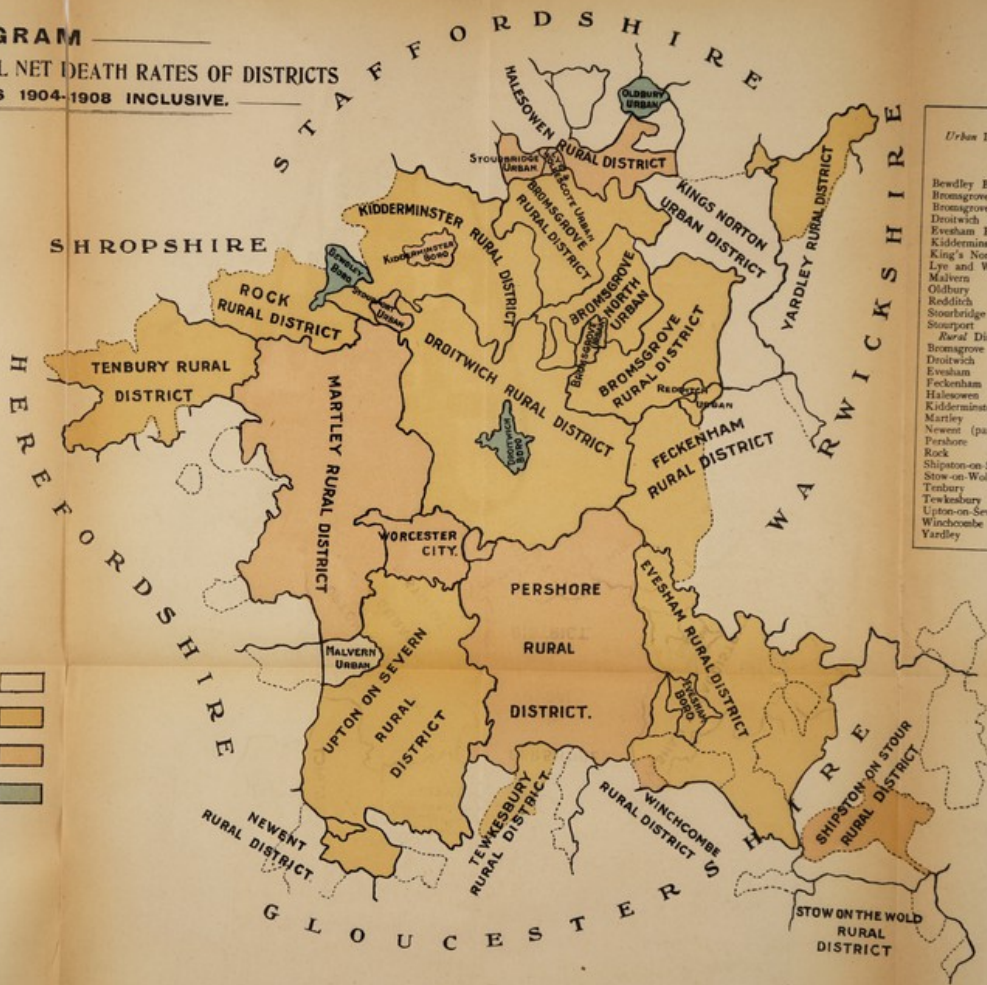
Dr. H. C. Kidd says:—

“When sufficient decades are compared it is sufficiently evident
 “that a steady improvement has been maintained in the
 “health of the town generally, and it need not be thought,
 “because the figures for 1908 happen to be above the
 “average, that any real deterioration in the condition of the
 “town has been proved.”

In such a small population, the figures are liable to vary very much in individual years.

DIAGRAM

SHOWING THE AVERAGE GENERAL NET DEATH RATES OF DISTRICTS
FOR THE FIVE YEARS 1904-1908 INCLUSIVE.



Urban Districts.		DEATH RATE.	
	Average for 5 Years, 1904-1908	per 1,000	
Bewdley Boro.	17.7		
Bromsgrove	13.2		
Bromsgrove North	12.5		
Droitwich Boro.	16.9		
Evesham Boro.	12.9		
Kidderminster Boro.	14.8		
King's Norton & Northfield	10.4		
Lye and Wollescote	14.8		
Malvern	10.9		
Oldbury	17.7		
Redditch	13.0		
Sourbridge	15.3		
Stourport	15.2		
Rural Districts.			
Bromsgrove	12.8		
Droitwich	13.7		
Evesham	13.6		
Feckenham	13.5		
Hallowen	14.5		
Kidderminster	13.7		
Martley	14.0		
Newent (part)	10.7		
Pershore	14.7		
Rock	13.8		
Shipston-on-Stour	15.4		
Stow-on-Wold (part)	10.9		
Tenbury	12.6		
Tewkesbury (part)	13.2		
Upton-on-Severn	13.9		
Winchcombe (part)	15.4		
Yardley	12.0		

References.

Death Rates	under 12 per 1,000	
" "	12 and under 14 " "	
" "	14 " 16 " "	
" "	16 " 18 " "	
" "	18 " 20 " "	

DIAGRAM

SHOWING THE AVERAGE GENERAL LINE
FOR THE FIVE YEARS 180

ROPSHIRE

H
E
R

16	10	10	10	10	10
16	10	10	10	10	10
16	10	10	10	10	10

Bromsgrove North Urban (14'0).

Dr. H. C. Kidd says:—

The higher death-rate “seems, however, to be nothing more than the occasional variation which is found to occur in small districts and is not due to any particular cause such as epidemic.”

Droitwich Borough (14'9).

Dr. Roden says the net death-rate of 14'9 shows a considerable decrease on the death-rate of the previous year (18'5).

Lye and Wollescote Urban (14'5).

Dr. Darby says the net death-rate of 14'5 is the lowest since the year 1904.

Oldbury Urban (17'6).

Dr. Buttery says that the net death-rate (17'6) “is a slight decrease compared with the previous year, when it was 18'1.” The principal causes of death during the year were bronchitis, pneumonia, diarrhoea, and enteritis.

Stourbridge Urban (13'15).

Dr. Wilberforce Freer remarks:—

“It is gratifying to note that the death-rate, both of deaths registered in the district, and of all deaths of persons belonging to the district, is lower than in any year yet recorded.”

Rock Rural (15'7).

Dr. White says:—

“There is no special item in the Returns to account for the higher rate, and from the number of deaths due to old age, viz., 18, it would appear to be a natural variation owing to the small population dealt with.”

Shipston-on-Stour District (17'8).

Dr. Findlay says that the death-rate for last year is the highest recorded during the past 10 years.

Winchcombe District (25'8).

This high death-rate is entirely accidental and due to the fluctuation which occurs in a small district.

ZYMOTIC DISEASES.

Table V. shows the Death-rates of the Zymotic Diseases, and the total number of “notifiable” cases and deaths, and Hospital cases and Hospital deaths, in each District during 1908.

TABLE V.

District.	Estimated Population 1908.	Smallpox.				Scarlet Fever.				Diphtheria and Membranous Croup.				Enteric Fever.				Puerperal Fever.	
		Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.	Hospital Cases.	Hospital Deaths.	Death Rate.*	Cases.	Deaths.	
<i>Urban.</i>																			
Bewdley Borough	-	2,866					15	2	3	.2	6						3	1	1
Bromsgrove	-	8,660					26		21		6						2	2	
Bromsgrove North	-	6,000					22		20		6						2		
Droitwich Borough	-	4,201					3				9						2		
Evesham Borough	-	8,290					8		7	.2	7	2	5				1	1	
Kidderminster Borough	-	24,700					27		24	.08	11	2					1		
King's Norton & N'thfield	-	78,608					500	12	433	.1	120	21	60	10			19	6	2
Lye and Wollescote	-	11,627					22	3	19	.2	2						2		1
Malvern	-	18,000					36		19		10		7				3		
Oldbury	-	29,000					173	5	67	.1	9	4	1				6	1	3
Redditch	-	15,340					5		4		4		4				1	1	
Stour bridge	-	17,408					156	4	117	.2	9	3					1		1
Stourport	-	4,276					23				2								
Totals	-	228,976	-	-	-	0.0	1016	26	734	.1	192	32	82	10			35	12	7
																			3

SMALLPOX.

No case of Smallpox was notified in the County during 1908.

Previous outbreaks in the County were as under:—

1907	-	1 case	-	0 death.
1906	-	1 "	-	0 "
1905	-	3 "	-	0 "
1904	-	8 "	-	0 "
1903	-	41 "	-	1 "
1902	-	20 "	-	0 "
1901	-	17 "	-	0 "
1897	-	4 "	-	0 "
1896	-	7 "	-	0 "
1895	-	20 "	-	1 "
1894	-	138 "	-	13 "
1893	-	192 "	-	3 "

MEASLES.

Table VI. gives the number of Deaths, and the Death-rate in the County during each of the years 1899-1908 inclusive, and compares the latter with the corresponding rates of England and Wales.

TABLE VI.

		1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
Administrative County	No. of Deaths	23	176	28	88	100	78	72	65	179	16
	Rate per 1,000 of population	0.05	0.40	0.07	0.22	0.26	0.20	0.19	0.17	0.40	0.04
England & Wales	Rate per 1,000 of population	0.22	0.36	0.27	0.32	0.36	0.27	0.38	0.27	0.39	0.31

Table VI shows that the 23 deaths attributed to Measles in 1908 are the lowest number recorded during the past decade.

I dealt with the prevention of this disease at some length in my last "Digest," and I shall again allude to it under the heading of "Schools," (p. 60-62).

30 Schools were closed on account of this disease.

WHOOPIING COUGH.

Fifty-nine deaths were attributed to Whooping Cough in 1908, compared with—

78	deaths in 1907
108	" " 1906
49	" " 1905
130	" " 1904
53	" " 1903
70	" " 1902
117	" " 1901
97	" " 1900

12 Schools were closed in consequence of this disease.

SCARLATINA.

Table VII. shows the number of cases, and deaths, and Hospital cases, and Hospital deaths, from Scarlatina, and the Death-rates per 1,000 of population in the Urban and Rural Districts collectively, and Administrative County, during each of the years 1899-1908 inclusive; also the corresponding rates of England and Wales.

TABLE VII.

Districts.		1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
Urban (13)	Death Rate*	·1	0·17	0·05	0·04	0·12	0·28	0·32	0·09	·10	·07
	Cases -	1016	1059	584	548	1123	1875	1787	683	550	431
	Deaths -	26	39	12	9	26	60	66	19	21	13
	Hospital Cases -	734	646	434	392	869	1422	1074	376	279	252
	" Deaths -	13	9	1	7	14	44	24	3	4	5
Rural (17)	Death Rate*	·08	0·08	0·03	0·06	0·05	0·12	0·16	0·10	·01	·08
	Cases -	751	638	599	623	735	848	850	598	299	579
	Deaths -	15	15	6	11	9	21	27	17	2	14
	Hospital Cases -	422	392	379	407	454	543	572	335	153	298
	" Deaths -	7	4	2	1	6	11	17	3	1	6
Administrative County (30)	Death Rate*	·09	0·13	0·04	0·05	0·09	0·21	0·25	0·10	·06	·07
	Cases -	1767	1707	1183	1176	1858	2723	2637	1281	849	1010
	Deaths -	41	54	18	20	35	81	93	37	24	27
	Hospital Cases -	1156	1038	813	799	1323	1965	1646	711	432	550
	" Deaths -	20	13	3	8	20	55	41	6	5	11
England and Wales	Death Rate	0·08	0·09	0·10	0·11	0·11	0·12	0·15	0·13	·12	·12

* Per 1,000 of population.

The average number of cases of Scarlatina reported in the County in each of the decades given in Table VII. is 1619; the number notified last year was therefore above the average. In connection with this, however, it should not be forgotten that the population of the Administrative County increases every year. The average County death-rate for that period was 1·0, whereas that for 1908 was ·09, so that the mortality seems to be slightly decreasing. Before discussing this disease, I submit certain extracts from the Annual Reports.

Bewdley Borough.

Dr. Miles says, with regard to the 15 cases of Scarlet Fever notified in the third quarter of the year, that three were treated at the Kidderminster Isolation Hospital and the rest were isolated at home, and it is satisfactory to note that of those kept at home only one infected another child in the same family. The cases were mostly of a mild type and no death occurred.

Bromsgrove Urban.

Dr. Kidd says that although Scarlet Fever (26 cases) occurred in different parts of the town during the year, it was not epidemic at any time, and that the cause was the existence of mild unrecognisable cases.

Bromsgrove North Urban.

Dr. Kidd makes much the same remark about the 22 cases in this district as he did on those in Bromsgrove District.

King's Norton Urban.

Dr. Green says:—

"As has been found on other occasions, the 'crest' has lasted at least two years, and in the year under consideration 500 cases of Scarlet Fever were reported, compared with 437 in 1907."

"This is the largest number reported since 1902, when 526 cases were known, with a population of three-quarters of the present one."

There were 12 deaths and no part of the District was exempt.

"A certain number of missed cases were found, and no doubt a large number of anomalous cases were never discovered at all. It is questionable, however, whether the amount of infection thrown out from the simple cases is at all large when compared with one typical patient with discharges and gland enlargement."

Malvern Urban.

Dr. Mitchell says that 23 of the 36 cases occurred in connection with an unfortunate outbreak in a private institution and the original source of infection was found to be an imported case.

Oldbury Urban.

Dr. Buttery speaks of the 173 cases (5 deaths) as "the chief factor in our records of epidemic disease for 1908. During the past year a severe epidemic of Scarlet Fever has been prevalent in Smethwick, and, as will be seen, those parts of our district bordering on Smethwick have been the greatest sufferers from the disease. This is no doubt due to the constant intercourse which exists between the inhabitants of the two townships. I am pleased to say that, although the cases have been somewhat numerous the fatality has been light, 5 deaths only having been registered from the disease, which gives rather less than 3 per cent. of the cases attacked."

Stourbridge Urban.

Dr. Wilberforce Freer says that the number of cases (156) "is considerably higher than in any year recorded," and that "during the present epidemic of Scarlet Fever several cases have not been notified until a considerable time has elapsed since the onset of the illness; in one or two cases children have been attending school while in the desquamating stage of the disease. I have but little doubt that cases do occur which are never discovered, these being, most probably, of a mild type."

"I must therefore bring before your notice the great importance
"of teachers being furnished with medical certificates in all cases of
"absentees from Elementary Public Schools."

Dr. Freer induced his Council to pass the following resolution:

"That, in connection with the recent prevalence of Scarlet Fever
"locally, the County Council should in future be asked to
"pay the cost of obtaining a Medical Certificate to be sup-
"plied to the teachers in all cases where scholars are absent
"from the Elementary Schools."

Stourport Urban.

Referring to the 23 cases of Scarlet Fever which were isolated at home, Dr. Robinson says that "Since the adoption of home isolation by the Council I have tried to form an unbiassed opinion as to its effectiveness on the data collected and on the other points of interest which have forced themselves on my notice in the course of my duties as Medical Officer of Health with respect to Scarlatina."

"I have come to the following conclusions:—

- "1. The disease is generally of a milder type than it was 10
"years ago.
- "2. It is still very infectious in all stages among children
"brought into close contact, especially as they are at School.
- "3. It is less infectious as the disease progresses, though the
"infection may last a long time if the patient is kept
"isolated in a small room: fresh air and sunshine rapidly
"diminish infection, probably by the improvement of the
"patient's health, helping them to throw off or subdue the
"poison.
- "4. It is more infectious when the type is severe.
- "5. Babies are comparatively insusceptible: there were babies in
"several of the infected homes, not one was attacked,
"though in one case I believe that the baby probably passed
"on the infection through its clothes.
- "6. Mild cases are frequently overlooked by parents, but not
"often by careful parents.
- "7. Scarlatina may be safely treated by home isolation with
"ordinary care, especially if the type is mild.
- "8. Secondary cases do occur, but not more frequently than do
"return cases' where hospital treatment is carried out.
- "9. The cost of hospital treatment—at any rate in epidemics of
"a mild type—ought not to be incurred. The late epidemic
"—on the same scale of payment as in the past—would
"have cost the Council between 200 and 300 pounds.

- " 10. It is advisable that the Council should have the power, on
 " the recommendation of the Medical Officer of Health, of
 " spending comparatively small sums in making the isolation in certain instances more effective. At present they
 " have no power to do so."

Bromsgrove Rural.

Dr. Coaker says that most of the (28) cases occurred "at
 " Blakedown. Attending the School there was found a boy in the
 " peeling stage, who besides lived at a house from which milk was
 " sold. The schools were disinfected, but not closed, as in order to
 " get at the full extent of the epidemic it was necessary to keep a
 " record of the children. I have found before that in schools of
 " this description, if the children are not looked after from the schools,
 " no doctor is consulted in mild cases of Scarlet Fever, and the
 " disease lingers on for some time."

Halesowen Rural.

" Of the 191 cases (4 deaths) Dr. Brett Young says:—

" Scarlet Fever was more or less prevalent throughout practically
 " the whole of the district for the greater part of the year,
 " but at no time were there conditions which seemed to
 " make it desirable to close any of the schools. Doubtless
 " the schools were answerable for the spread of the disease,
 " but every effort was made to exclude infected children,
 " and also children from homes where infection was known
 " to exist. There is no doubt that some mild cases are over-
 " looked and never notified."

Pershore Rural.

19 of the 41 cases occurred in 15 houses in one locality (Eckington), where the disease was apparently imported on 5 occasions. Mild undetected cases evidently spread the disease, and there was evidence that on three occasions it broke out after the discharge of a patient from the hospital. The cause of these "return cases" is discussed at some length and the best known methods of preventing them are given.

Yardley Rural.

Dr. Wilson says that 8 deaths occurred among the 359 cases notified. Of the total number, 178, or only one-half, were removed to hospital, on account of lack of sufficient accommodation. Indeed, in the early autumn, when the disease threatened to assume considerable prevalence, there were at one time as many as twenty households in which cases had to be treated, though all were recommended for removal. The most of them, however, were single cases, and there was no spread of the disease either from the infected homes or in the

homes themselves, so that the threatened prevalence of the disease, which more especially affected Greet and Hay Mills, gradually abated without having recourse to school closure. Scattered cases of the disease kept cropping up during the whole year in the several wards of the district, though they were most numerous in Greet and Hay Mills, but the great majority of them were comparatively mild cases.

These statements confirm the statement I made in my last Digest that "the amelioration of type (of Scarlatina) is observable."

You will notice that Dr. Green says "it is questionable, however, whether the amount of infection thrown out from the simple cases is at all large when compared with one typical patient with discharges and gland enlargement," and evidently Dr. Robinson (Stourport) shares that opinion, as he says "the disease is generally of a milder type than it was 10 years ago," and "that it is more infectious when the type is severe."

Dr. Miles' (Bewdley) and Dr. Robinson's experience of isolating *mild cases* at home, seems to show that persons *suffering from that type of disease* are not so apt to pass it on to others, as it was at one time believed.

Such a state of things was also mentioned in my last "Digest."

But even though this may be the case with mild attacks—and I emphasize the word "*mild*"—still that is no argument against the provision of isolation hospitals for Scarlatina; for there are numbers of instances, such as those arising in shop-keepers' houses, boarding houses, school teachers' dwellings, and cottages, where prompt removal of Scarlatina patients is imperative.

DIPHTHERIA.

Table VIII. shows the number of cases and deaths, and Hospital cases and deaths from Diphtheria and Membranous Croup; the Death-rate per 1000 of population, in the Urban and Rural District collectively, and Administrative County during the years 1899-1908 inclusive, also the corresponding rates for England and Wales.

TABLE VIII.

Districts.		1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
Urban (13)	Death Rate*	·1	0·09	0·05	0·07	0·05	·07	0·12	0·19	·20	·19
	Cases -	192	144	115	99	94	141	174	250	248	245
	Deaths -	32	22	11	15	12	15	26	36	51	39
	Hospital Cases -	82	44	45	47	25	33	32	-	-	2
	" Deaths -	10	-	-	1	-	1	1	-	-	-
Rural (17)	Death Rate*	·1	0·11	0·13	0·08	0·14	0·12	0·19	0·13	·14	·08
	Cases -	319	327	266	173	146	163	195	154	101	119
	Deaths -	23	20	23	14	25	21	28	21	20	14
	Hospital Cases -	53	30	59	3	13	13	13	24	3	7
	" Deaths -	-	-	2	-	2	2	-	1	-	-
Administrative County (30)	Death Rate*	·13	0·10	0·08	0·07	0·09	0·09	0·16	0·16	·20	·14
	Cases -	511	471	381	272	240	304	369	404	349	364
	Deaths -	45	42	34	29	37	36	54	57	71	53
	Hospital Cases -	135	74	104	50	38	46	45	24	3	9
	" Deaths -	10	-	2	1	2	3	1	1	-	-
England and Wales -	Death Rate*	0·15	0·16	0·17	0·16	0·17	0·18	0·23	0·27	·29	·29

* Per 1,000 of population.

A larger number of cases were reported in 1908 than any previous year, but the death-rate was low. There is little doubt that the increased number of "Notifications" is due to the fact that bacteriological tests have revealed attacks which formerly were unrecognized, or at least not recognized to be diphtheria.

I need not, I think, express any opinion upon the etiology of this disease, as I have done so at length in former "Digests." The subject, however, is one which is receiving a good deal of attention, and was fully discussed at the last meeting of the British Medical Association.

It is impossible here to even epitomize the discussion which then took place, even if it were desirable to do so.

No doubt, however, those called upon to advise on the causation and prevention of Diphtheria will carefully consider the evidence and arguments adduced at the meeting. I may perhaps refer to one or two practical points which were brought out in the discussion.

The necessity was emphasized of never certifying a diphtheria convalescent as free from infection until two consecutive examinations have given negative results; indeed, in my "Digest" for 1903 (p. 24), I suggested that "three consecutive failures to find the bacillus are required before any importance can be attached to negative results."

It has long been known that some convalescents retain the "bacilli" in their throats for many weeks, and consequently such persons have been isolated for very long periods. It would now appear, however, that isolation beyond 6 or 7 weeks does not seem requisite; and that should the bacilli be detected at the expiration of that time, a "virulence test" ought to be applied, as that is the most practical criterion for stamping a case as clinically true Diphtheria.

The same test could advantageously be applied when bacilli are found in "carrier" cases, in order that these may not be unnecessarily isolated.

It is now a common practise to "swab" the throats of persons who have been in contact with Diphtheria, or who are suspected to be suffering from diphtheritic "sore-throat," in order that bacteriological tests may be applied.

But recent experience seems to show that, such "swabs" should be taken not only from the throat, but also from the nose, otherwise, infectious cases escape detection.

I am glad to say it is a growing practise among Medical Officers of Health to "swab" children in the Elementary Schools among whom Diphtheria has appeared, even though this entails much time; and recently it has been demonstrated in the Droitwich, Kidderminster, Upton-on-Severn, and Evesham Districts, that such action has suppressed local outbreaks of the disease, which had threatened to cling tenaciously to the localities.

On reference to Table V. it will be seen that last year 120 cases (21 deaths) of Diphtheria were notified in King's Norton District, and 110 cases (6 deaths) in Yardley District.

Of the King's Norton cases, Dr. Green says:—

"The prevalence of this disease is probably the most serious feature in this report. . . . This is not, however, the largest number of cases that have been notified in one year, as in 1899, with a population of 52,076 persons, 126 cases were notified. In this year the disease was of a milder type, as only 17 deaths took place. . . . For some years now Diphtheria has become more and more a disease of urban populations, and as we become more urbanized, this complaint is very likely to become more common among us. . . . Diphtheria is also spread by personal infection, independent of sanitary conditions. The slow spread of Diphtheria must be due to its being less infectious (than Measles and Whooping Cough. . . . The trouble with Diphtheria is that in addition to mild cases which are not discovered there are carriers; that is persons who without taking the complaint themselves may for

"months carry the germs in their throats and pass them on to others. . . . The main epidemic occurred in the last three months of the year. . . . This quarter is the one in which it was most prevalent, and atmospheric conditions appear to have been particularly favourable. . . . The most serious outbreak was in Cotteridge Infant School. About half the cases notified were removed to the Infectious Hospital. . . . A large number of swabs were taken from cases of doubtful sore-throat reported from schools and in houses where Diphtheria had been present. It is intended in future, whenever possible, to have all young contacts in infected houses examined, at any rate, before returning to school. Quite a large proportion of true Diphtheria cases showed bacilli of very abnormal appearance, and in a number of instances second and third examinations had to be made."

As regards the "abnormal" bacilli referred to by Dr. Green, I have several times lately been asked, what action I should take if the true Diphtheria bacilli (Klebs Loëffler) were not reported, but pseudo-diphtheria bacilli (Hoffman) were found?

To this I invariably reply that where clinical Diphtheria cases exist, and Hoffman bacilli are detected in the "swabs," the latter cases should always be regarded with suspicion, as there is presumptive evidence that Hoffman's bacillus plays some part in the spread of Diphtheria.

Of the Yardley cases Dr. Wilson reports:—

"The deaths from this disease only numbered 6, compared with 12 during the previous year, and represents a death-rate of 0·10 per 1,000 of the population.

"As the number of cases which were notified amounted to 110, which compares with 187 during the previous year, the fatality-rate was at the low rate of 5·4 per cent. of cases. The great majority of these cases were also of a mild type, and were distributed in scattered fashion throughout all the wards, without exhibiting any tendency to exceptional prevalence in any of them, although, as will be seen from the subjoined Table, the greatest number was notified from Hay Mills."

Upton-on-Severn District.

Dr. Cowley says:—

"All the cases (31, 2 deaths) of Diphtheria notified during the year were in the contiguous parishes of Powick, Newland, Madresfield and Guarlford . . . (and that he feels) convinced there was a carrier of the bacillus in what appeared to be a healthy subject, probably a school child."

TYPHOID FEVER.

Table IX. shows the number of cases and deaths and Hospital cases and Hospital deaths, in the Urban and Rural Districts and Administrative County and the Death-rates of the County and of England and Wales during 1899-08 inclusive.

TABLE IX.

Districts.		1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
Urban (13)	Death Rate*	·05	0·08	0·05	0·04	0·06	·06	0·12	0·07	·12	·14
	Cases -	35	67	67	70	53	70	124	125	172	214
	Deaths -	12	18	12	10	15	13	26	16	25	28
	Hospital Cases -	7	11	26	23	13	34	33	17	16	39
	„ Deaths -	1	-	2	1	4	5	1	2	5	2
Rural (17)	Death Rate*	·02	0·05	0·02	0·02	0·017	·03	0·05	0·05	·07	·10
	Cases -	39	62	75	34	34	63	61	60	60	95
	Deaths -	5	10	5	5	3	6	9	8	12	17
	Hospital Cases -	14	8	27	5	8	7	4	5	4	29
	„ Deaths -	3	-	1	-	-	1	-	1	-	4
Administrative County (30)	Death Rate*	·04	0·06	0·04	0·03	0·04	·05	0·09	0·06	·10	·12
	Cases -	74	129	142	104	87	133	185	185	230	309
	Deaths -	17	28	17	15	18	19	35	24	37	45
	Hospital Cases -	21	19	53	28	21	41	37	22	20	68
	„ Deaths -	4	-	3	1	4	6	1	3	5	6
England and Wales -	Death Rate*	0·07	0·07	0·09	0·09	0·09	0·10	0·13	0·16	·17	·20

* Rate per 1,000 of population.

This Table shows that there has been a marked decline in the prevalence of Typhoid Fever, and that only 74 cases were notified last year in the Administrative County. This certainly is strong evidence of sound progressive sanitation.

Table V. shows the local incidence of the disease.

King's Norton Urban District.

Referring to the 19 cases (6 deaths) Dr. Green says that "the reason for the slight increase in 1908 was that four cases occurred in Rubery Asylums, where it has been quiescent since 1905, when 5 cases were reported."

Lye and Wollescote Urban District.

Dr. Darby says "this is the first time in 12 years that there has been no notification of Enteric Fever."

Oldbury Urban District.

Referring to the 6 cases (1 death) Dr. Buttery says:--

"If any evidence were required to justify the policy adopted by the Council, a few years ago, of gradually substituting the water carriage system for the old privy middens, the results here shown are fully conclusive and warrant a continuance of the methods adopted."

Halesowen Rural District.

Dr. Brett Young mentions that the 2 deaths (of the 17 cases notified) took place at the Isolation Hospital, where 12 patients were treated. Ten of the cases occurred at Cradley, and 4 of them in one house; the disease apparently being imported by a hop-picker, and 3 others in adjacent houses. The latter apparently had a common source of infection at Two Gates, though this was not ascertained. The other 2 cases also occurred at Two Gates on premises where there were no marked sanitary defects.

Yardley Rural District.

Dr. Wilson says the 13 cases (1 death) were scattered through the district.

On reference to pages 53 to 56 some remarks with regard to the propagation of Typhoid Fever by "flies" will be found.

In my last "Digest" I alluded to the conveyance of the disease, by "carrier cases," i.e., by persons, who are not themselves suffering from Typhoid Fever, may give it to others.

This method of dissemination has been examined by numerous observers during the past year, and some recent outbreaks of Typhoid Fever substantiate the accuracy of that theory.

When such persons may be expected to be rid of the "specific germs" has not yet been settled, but is receiving the consideration of a Special Committee appointed by the Director-General of the Army Medical Service, who are also investigating appropriate methods of treatment.

A few years ago the question, whether or not sewer-air is able to disseminate Typhoid Fever was deemed to be settled in the affirmative; but a short time back some doubt arose as to this, indeed some reliable bacteriological investigations tended to negative the idea. Recently, however, evidence seems to substantiate the original conclusion; consequently if the District Medical Officers, when investigating outbreaks of Typhoid Fever, would note their views in their Annual Reports, I think useful information would be obtained.

DIARRHŒA.

Table X. gives the number of Deaths and Death-rates from Diarrhœa during the years 1902-1908 inclusive.

TABLE X.

Districts.	1908	1907	1906	1905	1904	1903	1902
Urban (13)	80	58	137	86	128	76	51
Rural (17)	40	22	80	30	49	28	15
Administrative County (30) .	120	80	217	116	177	104	66
County death-rate per 1,000 of population	0.28	0.19	0.5	0.30	0.46	0.27	0.18
England and Wales Death-rate per 1,000 of population .	0.50	0.29	0.87	0.59	0.86	0.50	0.38

This shows that although the deaths from "Diarrhœa" in 1908 were one-third more than the low number registered in 1907, they were much fewer than in 1906; and that the fatality varies much from year to year.

As Epidemic Diarrhœa and Enteritis are allied disorders I submit the following Table in order to compare the respective deaths which occurred in districts chiefly invaded during the past year.

Whole Administrative County				Diarrhœa.	Enteritis.
				120	111
Kidderminster Borough	-	-	-	3	12
King's Norton U.D.C.	-	-	-	15	13
Lye and Wollescote	-	-	-	8	7
Oldbury U.D.	-	-	-	33	32
Halesowen R.D.C.	-	-	-	8	10
Yardley	-	-	-	19	3
				86	77

Variations in prevalence and the fatality of Epidemic Diarrhœa usually synchronize with hot, dry weather; and the Meteorological Tables given in the reports on Kidderminster Borough and Upton-on-Severn Rural District, indicate that the rainfall in 1908 was low.

Dr. Cowley (Upton) mentions that in the "third quarter" there were "two droughts of 18 and 33 days' duration respectively, "with brilliant sunshine. Temperature at night low in the first "portion of the quarter, in the last month very variable."

The following are extracts from the reports with reference to the deaths referred to in the above Table.

King's Norton District.

Dr. Green says "this infantile complaint . . . (was) directly "connected with atmospheric conditions, to wit, the hot dry summer," and that some of the 13 deaths from Enteritis were "Epidemic "Diarrhœa under another name. . . .

"The distribution of the Diarrhœa deaths, if they may be taken "as indicating the Districts most affected, was rather remarkable.

"No death occurred from this disease in either King's Norton "Ward, Moseley, or Northfield Village, and only one in Stirchley "Ward.

"The causative germ of zymotic Diarrhœa still seems an un- "known quantity, but the relation of the disease to bottle feeding is "more than mere coincidence.

"The provision of breast feeding, wherever possible, is one of "the greatest safeguards in keeping down this disease.

"Contamination of the cow's milk occurs at the home, and not "at the shed, as, if this were the case, all classes would be attacked, "which is not so."

Oldbury Urban District.

Dr. Buttery reports that Diarrhœa and Enteritis caused "nearly "half of the entire deaths of children under one year. . . . If greater "care were exercised by parents in the feeding, clothing and general "nurture of their offspring, by far the greater number of these "deaths . . . could be prevented."

Halesowen Rural District.

Dr. Brett Young says: "As usual all the cases occurred in the "most populous parts of the district."

Shipston-on-Stour Rural District.

Dr. Findlay says:—

"I believe many cases of Diarrhœa are caused, especially among "young children, by flies getting at food and milk, and "carrying contamination to that which would otherwise be "quite wholesome."

Yardley Rural District.

Dr. Wilson states "that although the deaths were more numerous "than during the previous year, there was no marked prevalence of "Infantile Diarrhœa."

The causes of these diseases are fully discussed by Dr. Newman in his recent work on "Infantile Mortality," from which I extract the following:—

"The general support of Epidermologists is to support the belief that the cause of Epidemic Diarrhœa is to be found in four conditions, which may be expressed shortly as two propositions, thus (1) Epidemic Diarrhœa is a bacterial disease, and (2) its occurrence depends, wholly or partly, upon surrounding temperature and deficiency of rainfall, upon urban and social conditions, upon pollution of food, chiefly milk, or other articles intimately associated with the life of infants. The exact relationship which these conditions bear to each other is not known. Some authorities hold that a certain temperature affects food unfavourably. Others believe that it is a question of pollution of milk by dust and dirt carried by flies or air currents, which transmit to the milk the causal micro-organisms, and that deficient rainfall favours this contamination and increased temperature favours the growth and multiplication of the bacteria thus conveyed to the infant. . . . The practical problem of this disease as distinct from the scientific, which deals with the *causa causans*, is therefore reducible to fairly simple terms. It is a question (a) of meteorology, (b) of contaminated or injurious food, and (c) of social conditions and domestic insanitation."

INFANTILE MORTALITY.

Table XI. and Diagram compare the rate of Infantile Mortality in the Urban and Rural Districts collectively, and the Administrative County, with those of England and Wales for the years 1899-1908.

TABLE XI.

Districts.	Deaths of children under 1 year per 1,000 registered Births.									
	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
Urban (13) . . .	88	120	123	111	133	122	117	145	153	151
Rural (17) . . .	123	89	104	100	116	108	106	116	115	117
Administrative County (30)	99	106	115	106	125	116	112	134	136	136
England and Wales . .	121	118	133	128	146	132	133	151	154	163

Table XI. shows that the "Infantile Mortality" of last year is the lowest on record (99), and that apparently it is steadily and persistently declining. This is very gratifying considering the efforts the County Council (through their 7 Health Missioners) and the Local Authorities are making to that end.

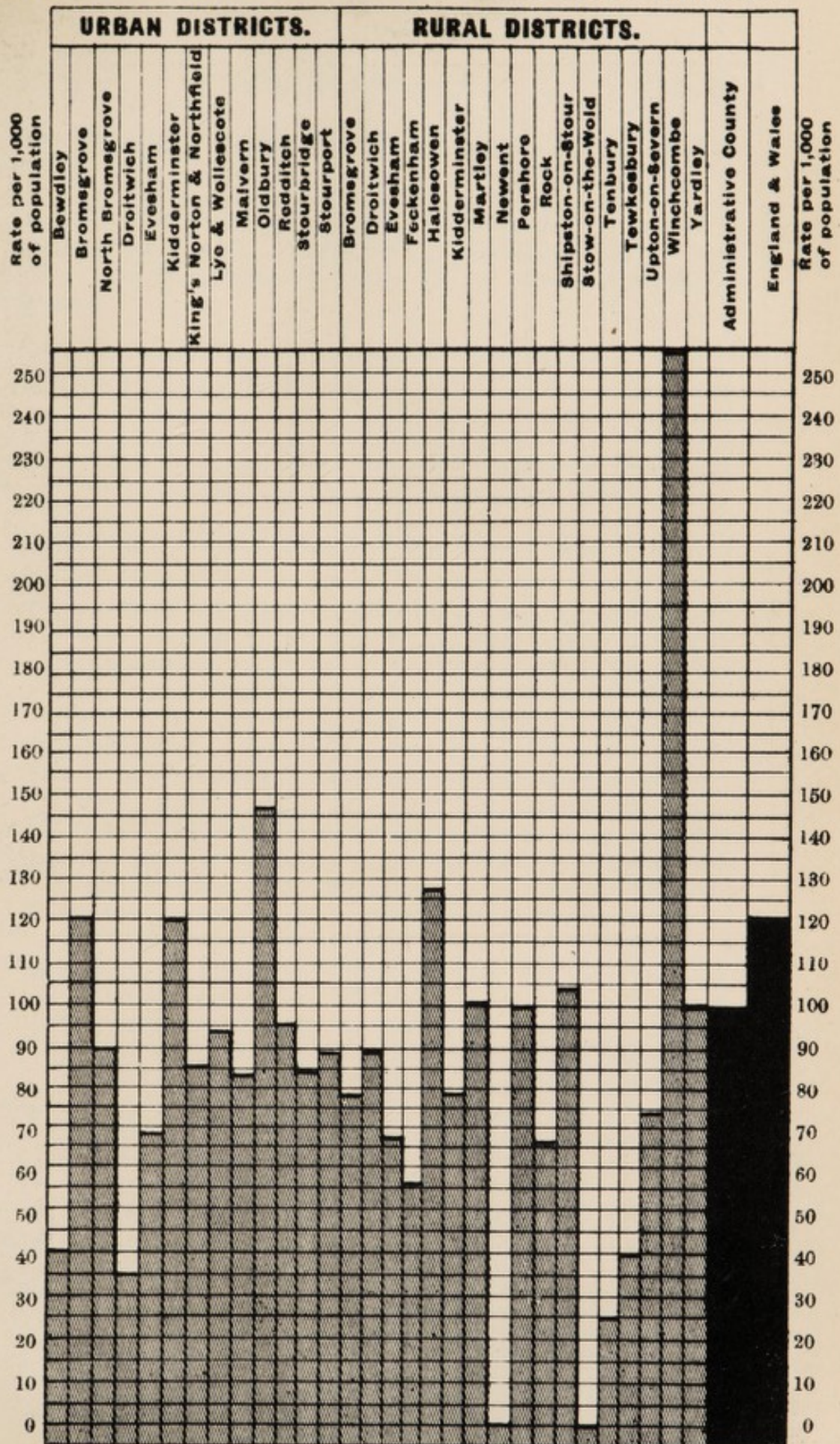
The Diagram compares the Infantile Mortality Rate for each District during 1908.

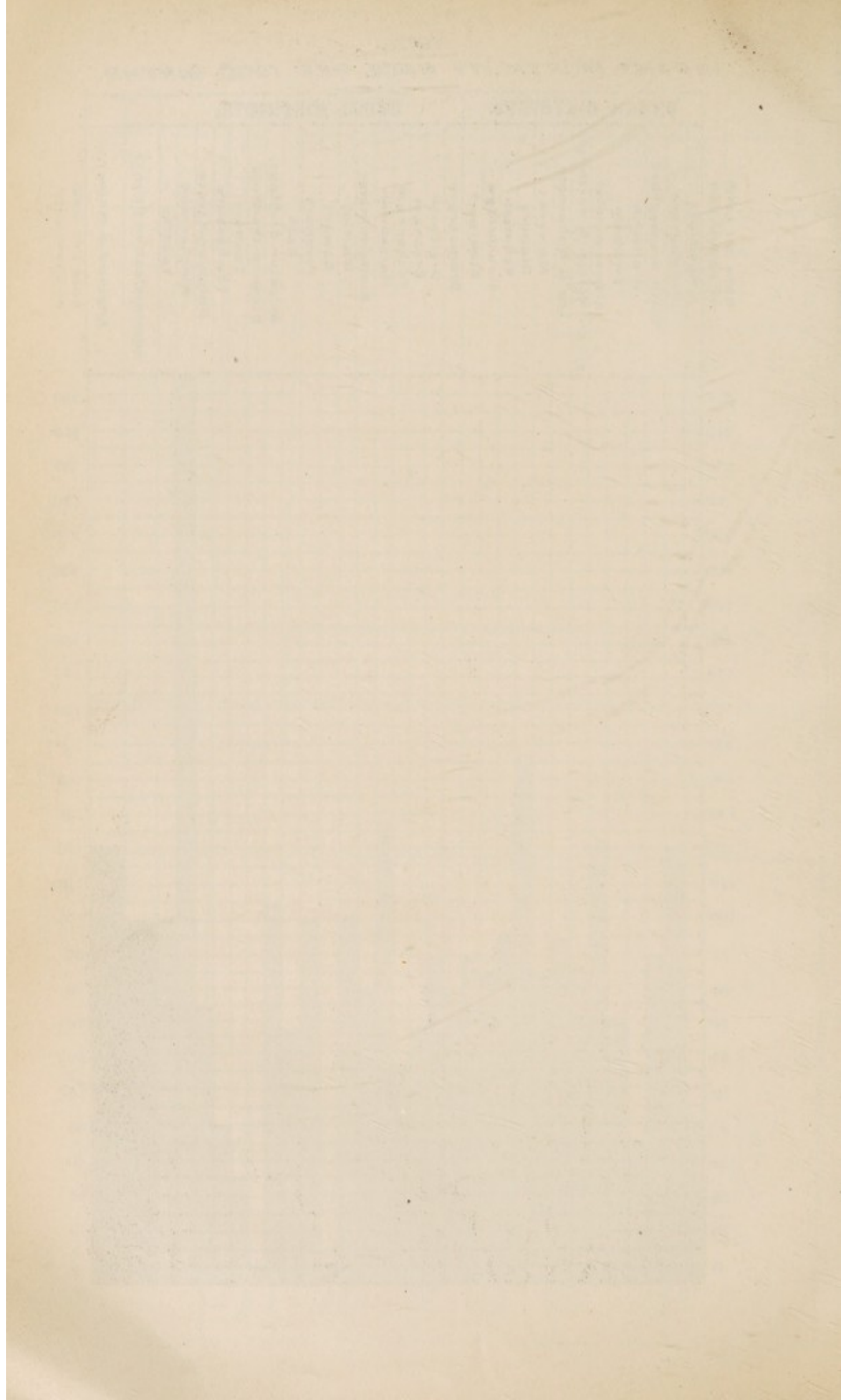
Table XII. is one of a series required by the Local Government Board and gives details of the deaths under one year which occurred in the County in 1908.

TABLE XII.
Infantile Mortality during the Year 1908.
 Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.		244	56	50	35	385	112	76	74	77	61	53	31	27	49	30	23	998
{ Certified		11	-	1	1	13	-	3	-	1	2	2	-	1	-	-	-	22
{ Uncertified		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
i. Common Infectious Diseases.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
{ Small-pox		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
{ Chicken-pox		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
{ Measles		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
{ Scarlet Fever		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
{ Diphtheria (including Membranous Croup)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	32
{ Whooping Cough		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
{ Diarrhoea, all forms		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	65
{ Enteritis, Muco-enteritis, Gastro-enteritis		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58
{ Gastritis, Gastro-intestinal Catarrh		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33
{ Premature Birth		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	202
{ Congenital Defects		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	47
{ Injury at Birth		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
{ Want of Breast-milk, Starvation		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
{ Atrophy, Debility, Marasmus		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	186
{ Tuberculous Meningitis		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10
{ Tuberculous Peritonitis: Tabes Mesenterica		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
{ Other Tuberculous Diseases		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11
{ Erysipelas		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
{ Syphilis		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
{ Rickets		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
{ Meningitis (not Tuberculous)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
{ Convulsions		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	21
{ Bronchitis		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57
{ Laryngitis		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	87
{ Pneumonia		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
{ Suffocation, overlying		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57
{ Other Causes		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14
v. Other Causes		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	86
		255	56	51	36	398	112	79	74	78	63	55	31	28	49	30	23	1,020

1908.
INFANT MORTALITY RATE PER 1000 BIRTHS.





The following references are made by Medical Officers of Health, viz. :—

Bromsgrove Urban District (Rate 120).

Dr. Kidd says this is a higher infantile mortality than is usual in the town, but there does not seem to be any particular cause for the increase.

Kidderminster Urban District (Rate 120).

Dr. Corbet says that "they still continue to supply the Registrar with copies of instructions on the rearing and feeding of infants, which are handed to each person registering a birth" . . . and he points out "that a large section of (the) female population are employed in the spinning and carpet factories of the town."

King's Norton and Northfield Urban District (Rate 86).

In connection with the low rate of 86, Dr. Green says:—

"The provision of an institution for the practical education, and, where necessary, feeding of mothers, before and after confinement, would be of the greatest assistance in this war against Infantile Mortality, a matter of the greatest importance when we consider the present shrinkage of the birth-rate.

"This is very necessary in some of the urban parts of the district, as cheap houses and trams are bringing here large numbers of people from the poor districts of Birmingham.

"One has only to investigate the condition of living in the Dawlish Road area, and similar parts of other districts, to recognize many of the inhabitants as closely related to the slum dweller of the larger town.

"Good work is being done in Selly Oak by the Provident Maternity Association, and there seems no reason, given adequate support, why this institution should not develop into a 'school for mothers,' and combine with this a scheme for the provision of nurses on the Ebberfeld system.

"By this system a register is kept of all women who will go out to nurse and take charge of the family in artizans' households at a fixed low rate."

Lye and Wollescote Urban District (Rate 94).

With regard to the low rate of 94, Dr. Darby says:—

"I cannot attribute this satisfactory state of things to anything so much as to the work of the Health Missioner. Daily visits to the houses of the people and constant advice, and unobtrusive supervision of their children must be a great boon to many, and now that the prejudice which existed as to any advice about their children has been overcome, I

"think that the Missioner's visits are appreciated, and benefit derived therefrom.

"There is also a probability that sanitation is better attended to now than in any former years and that less refuse heaps, and accumulations of rubbish and manure exist, and this means less flies and less infection of milk.

"I think that even the very poor are beginning to realize this, and to desire cleanliness, and Sanitary surroundings."

Oldbury Urban District (Rate 147).

Dr. Buttery says:—

"The average infantile mortality rate for the past ten years is 187 per 1000 births; we therefore have good grounds for assuming that the efforts which have been made by the Council and its Officers are at last being crowned by a certain amount of success, and, although we have not yet by any means attained our highest aim, we have at any rate considerably reduced the lamentable waste of infant life which has hitherto obtained in our district. This result will, I am sure, spur us all on to further efforts, so that we may eventually attain our ideals in this most important matter. The work of our Health Missioner has played no inconsiderable part in this important branch of our public health work, and I feel sure if the people amongst whom she labours will only try to put in practice the valuable lessons she gives them, we shall soon have less cause to lament the unnecessary waste of child life. The chief factors in Infantile Mortality were Diarrhoea and enteritis, which are practically the same disease."

Redditch Urban District (Rate 95).

Dr. Stevenson says, that the Infantile Mortality of his district "is as it should be, under 100—being 95."

"There is additional pleasure in recording this, for, as you know, we have striven for years against many adverse circumstances to lessen the high death-rate of babies in this town.

"The County Council, by appointing a Health Missioner to work among the mothers and children, deserve our thanks, and I take this opportunity of congratulating them and the Health Missioner on the excellent result of their endeavours."

Halesowen Rural District (Rate 128).

Dr. Brett Young makes no comment on the increase of the Infantile Mortality of the year (128) as compared with that for 1907 (117).

Martley Rural District (Rate 101).

Dr. Greensill makes no comment upon this rate.

Shipston-on-Stour Rural District (Rate 104).

Dr. Findlay says this rate is just below the average for the last 10 years, and the highest recorded since 1903. "The chief feature to note is the large increase in the number of deaths of infants under a year old—the number being just double that of last year."

"Although, as mentioned before, the Infantile Mortality during the last five years has decreased in comparison with the five previous years, still Shipston locality, on the average of the last ten years, has shown by far the highest mortality in infant life over all the other localities in the district, the Infantile Mortality in the Shipston locality being 138, as compared with 92 per 1000 births in the other localities in the district.

"The town of Shipston is built on a more restricted area than is occupied by Blockley, and the different villages in the district, and this must, in part, account for the higher mortality; but I also think it shows that the new drainage scheme should be proceeded with as soon as possible, in order that by better hygiene the general health of the mothers of the children may be improved and the children themselves be stronger."

Winchcombe Rural District (Worcestershire part) (Rate 1000).

The extraordinary rate of Infantile Mortality of 1000 recorded by Dr. Cox is due to the fact that the three children born, died before they had attained the age of one year.

COUNTY HEALTH MISSIONERS.

I may remind you that there are now seven lady Health Missioners employed by the County Council as compared with five last year (in addition to the one engaged by the King's Norton Council), and that they are appointed for localities having a high Infantile Mortality, in order to instruct mothers as to the rearing, feeding, and clothing of babies.

The Districts in which they work, and dates when the offices were created are as under:—

28 *County Health Missioners. Tuberculosis (of the Lungs).*

District.	Year of appointment.	Name.
Stourbridge Urban - - -	1897	Miss Blackwell.
Halesowen - - -	1899	Miss Simons.
Lye and Wollescote - - -	1900	Mrs. Lucas.
Oldbury - - -	1903	Miss Woodfield.
Redditch - - -	1903	Miss Bedford.
King's Norton - - -	1908	Mrs. Pain.
Yardley - - -	1908	Mrs. Allen.

These Health Missioners also visit the homes of those Elementary School children who are reported by the Assistant Medical Officers to be "abnormal," in order to (if necessary) persuade the parents to carry out requisite remedial measures, and to educate them in hygienic questions involving the health of their children.

The excellent work the Health Missioners are doing is much appreciated, and unquestionably is beginning to tell on the infant deaths: indeed the extracts from the Reports of the Medical Officers of Health just given, strongly support this opinion.

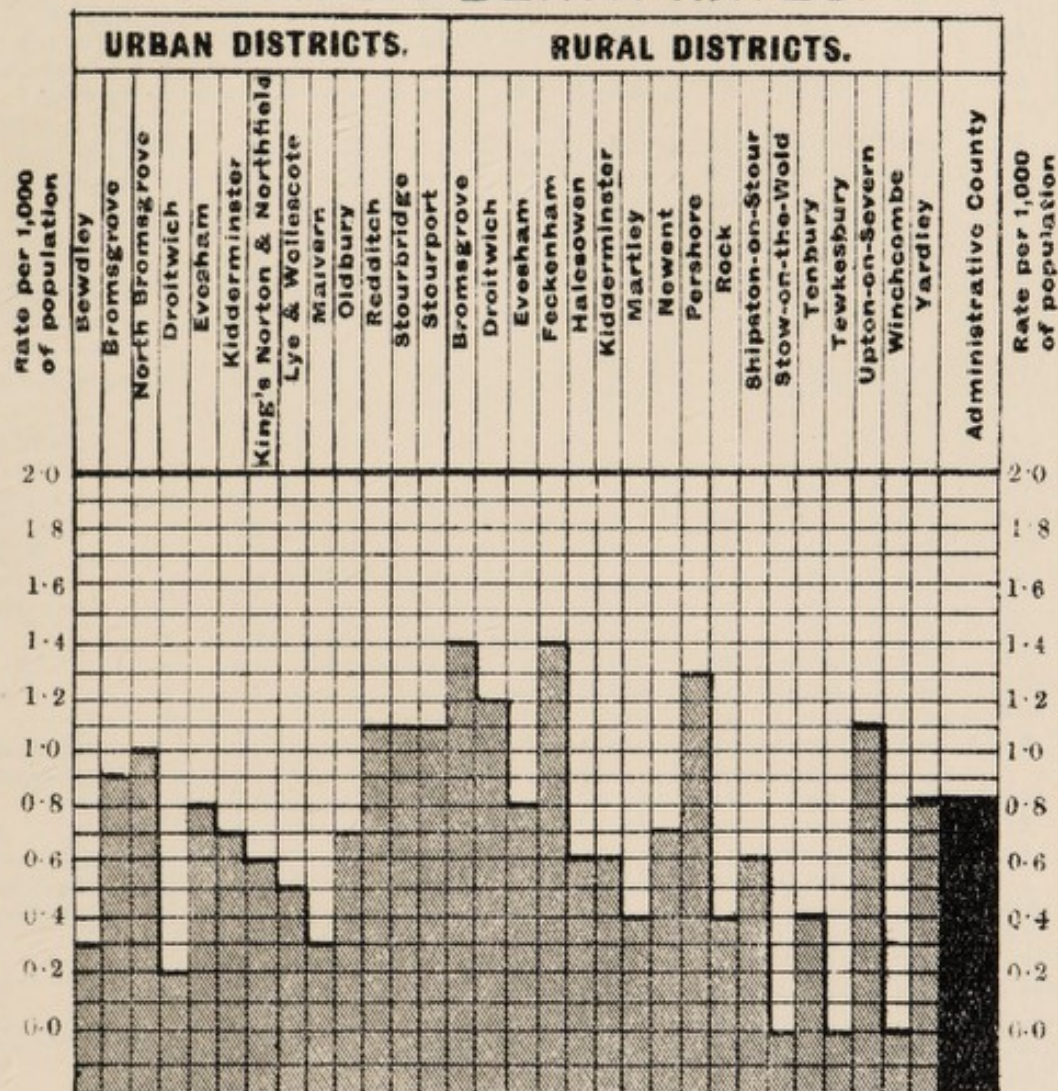
The adoption of the Notification of Births Act for the County—as already explained in my paragraph on "Births"—will greatly facilitate their work.

Their Annual Reports have already been submitted to the County Council, and are given in their "Minutes" (page 449) of the meeting held on June 14th 1909.

TUBERCULOSIS (OF THE LUNGS).

Table XIII. and Diagram show the average "Phthisis" Death-rates of the County, and of the respective Districts during the years 1899-1908 inclusive.

1908.
PHTHISIS DEATH-RATES.



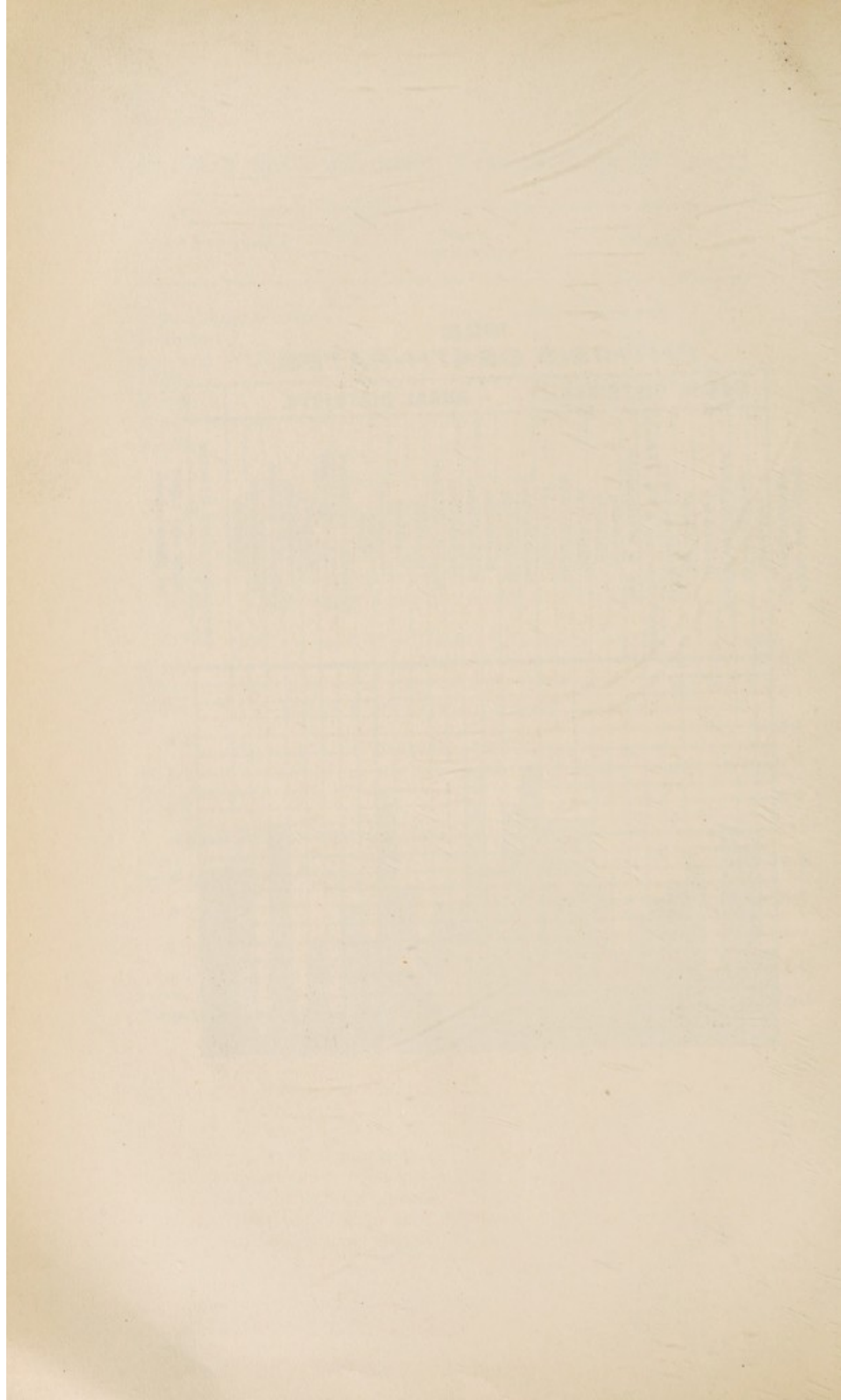


TABLE XIII.

Districts.	Average for years 1899 to 1908.	Rate per 1,000 of Population.									
		1908.	1907.	1906.	1905.	1904.	1903.	1902.	1901.	1900.	1899.
<i>Urban.</i>											
Bewdley Borough	0.7	0.3	1.7	1.7	1.3	0.6	0.6	1.0	0.0	0.3	0.3
Bromsgrove	0.7	0.9	1.1	0.5	0.2	0.7	0.2	0.8	1.5	1.0	0.6
Bromsgrove North	0.5	1.0	0.6	0.5	0.1	0.5	0.17	0.6	0.8	0.3	0.5
Droitwich Borough	0.9	0.2	1.6	1.1	0.9	0.4	0.7	0.9	2.1	0.6	0.9
Evesham Borough	0.9	0.8	1.6	1.4	0.8	0.9	1.2	0.7	0.5	0.9	0.9
Kidderminster Borough	0.9	0.7	0.8	0.7	0.8	0.7	0.9	1.0	1.1	1.2	1.1
King's Norton and Northfield	0.7	0.6	0.4	0.6	0.6	0.5	0.7	0.7	1.2	0.9	0.8
Lye and Wollescote	0.6	0.5	0.6	0.5	0.9	0.7	0.5	0.9	0.6	0.2	0.6
Malvern	0.5	0.3	0.5	0.5	0.4	0.8	0.5	0.5	0.8	0.5	0.7
Oldbury	0.5	0.7	0.8	0.5	0.6	0.6	0.4	0.5	0.5	0.7	0.4
Redditch	0.9	1.1	0.6	0.6	0.7	0.6	0.9	1.2	1.3	1.7	0.9
Stourbridge	0.9	1.1	1.2	0.7	1.0	1.07	1.4	0.9	1.0	0.7	0.5
Stourport	0.9	1.1	1.1	0.9	0.9	1.1	0.2	2.2	0.4	0.7	0.9
Urban death rate	0.75	0.73	0.78	0.78	0.71	0.70	0.63	0.85	0.90	0.75	0.71
<i>Rural.</i>											
Bromsgrove	1.0	1.4	1.2	1.2	0.8	1.0	1.0	0.9	1.2	0.8	1.1
Droitwich	0.7	1.2	0.3	1.0	0.9	1.0	0.6	0.5	0.7	0.5	0.7
Evesham	0.8	0.8	0.5	1.9	0.7	0.2	0.7	0.7	0.6	1.2	0.8
Feckenham	1.0	1.4	0.7	0.7	0.9	1.8	0.7	1.0	0.7	1.7	0.6
Halesowen	0.6	0.6	0.4	0.7	0.9	0.3	0.8	0.5	0.8	0.5	0.5
Kidderminster	0.7	0.6	0.4	0.7	1.0	0.8	0.6	0.8	0.7	1.0	0.7
Martley	0.6	0.4	0.8	0.7	0.5	0.7	0.7	0.9	0.4	0.6	0.6
Newent (part)	0.4	0.7	0.0	0.7	0.0	0.0	0.0	0.8	0.9	0.8	0.7
Pershore	1.1	1.3	1.0	1.0	1.7	1.3	0.8	0.8	1.3	1.2	1.1
Rock	0.5	0.4	0.4	0.0	0.9	0.9	0.4	0.9	0.4	0.4	0.4
Shipston-on-Stour	0.7	0.6	1.1	0.6	0.2	1.3	0.8	0.8	0.2	0.6	1.4
Stow-on-the-Wold (part)	1.2	0.0	0.0	0.0	3.4	0.0	3.0	3.0	0.0	0.0	2.9
Tenbury	0.4	0.4	1.0	0.4	0.2	0.2	0.4	0.2	0.8	0.4	0.2
Tewkesbury (part)	1.1	0.0	2.6	0.8	0.4	1.74	1.7	2.0	0.8	0.4	1.2
Upton-on-Severn	0.8	1.1	0.9	0.5	0.8	0.6	0.8	1.1	0.4	1.0	1.2
Winchcombe (part)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Yardley	0.8	0.8	0.8	1.0	1.1	0.8	0.7	0.8	0.7	1.1	0.6
Rural death rate	0.78	0.90	0.78	0.70	0.90	0.75	0.81	0.83	0.63	0.70	0.87
County death rate	0.79	0.81	0.78	0.78	0.80	0.77	0.75	0.84	0.79	0.85	0.79

This Table shews that the County Death-rate for 1908 (0.81 per 1000 of population) was slightly higher than usual, and appears to have varied but little during the past decade.

I have so repeatedly discussed this question in previous reports, and have little to add to what has already been said, except to mention that the Medical Inspection of Children, which came into operation in this County on July 1st 1908, has established the fact that tuberculosis, and a tendency thereto, exists among children to an

extent not generally realized; and that their recovery is more frequent than ordinarily supposed.

The reasons for this opinion are given in my "First Annual Report as School Medical Officer."

By the "Public Health (Tuberculosis) Regulations 1908," issued by the Local Government Board on 18th December 1908, every Poor-Law Medical Officer is required to "notify" cases occurring in Poor-Law Institutions or Poor-Law Districts to the District Medical Officer of Health within 48 hours of his recognition of the symptoms.

Superintendents of Poor-Law Institutions are also required to notify within 48 hours the actual, or intended, place of destination of any person leaving the Institution in respect of whom a notification has been made by a Poor-Law Medical Officer.

Relieving Officers have to report change of address of out-door paupers.

The Local Government Board point out that Sanitary Authorities, acting on the advice of their Medical Officers, should utilize their powers for the purpose of preventing the spread of infection from Pulmonary Tuberculosis, and the Order confers some special powers suitable for the purpose. For instance, where a case has been notified, it is mentioned that enquiries should be made and advice given as to the precautions to be taken, but, in doing so, tact and discretion are essential; and nothing should be said to any way interfere with advice already given by the doctor in attendance. Above all no enquiries should be made or action taken in a manner that will prevent a consumptive patient continuing to earn his living.

Subject to not inflicting upon the poor persons, coming within the scope of these regulations, any restriction, a Sanitary Authority can take all necessary measures for the disinfection or cleansing of infected articles and premises (as in the case of every notifiable disease) for the safe disposal of infective material discharged by consumptive patients, and for furnishing any appliance (such as spit bottles, paper handkerchiefs, etc.) that may help to prevent the spread of infection.

Sanitary Authorities can also establish a *voluntary* system of notification for all cases of tuberculosis, and are empowered to pay medical men a fee of 2/6 for such notification.

Several Medical Officers of Health have advocated voluntary notification of Consumption for some time past, and I believe if generally put in force, it would be of much advantage in checking this disease. I had several years' experience of a voluntary notification of infectious diseases in a large district, before the compulsory notifica-

tion of those diseases came into operation, and I found that it worked so smoothly that when the Notification Act came into force, practically no change occurred; and I see no reason why this should not apply to voluntary notification of Phthisis.

I am glad to say that, acting on my advice, the Borough of Evesham, and the Evesham and Feckenham Rural District Councils, have decided to adopt voluntary notification, and I hope that other authorities in the County will follow their good example.

Dr. Kidd (Bromsgrove Urban District) very truly says: "The question what is to be done practically, if the notification of cases is to be put to any real use, opens up a very interesting problem, and that although a good deal of benefit may be expected from instructing the patient as to his mode of life, the chief question would seem to be, whether anything can be done towards the isolation and treatment of individual patients."

He mentions that a Conference was convened by the King's Norton District Council to discuss this matter with a view that joint action should be taken in providing an efficient sanatorium. As yet, however, nothing definite has been decided.

Dr. Kidd adds:—

"If joint action is too expensive the alternatives seem to be to make use of existing sanatoriums, sending selected patients for treatment when required, or the provision of some quite small cottage sanatorium by a single district such as this. This would seem to be a feasible plan, for the accommodation necessary for the open-air treatment of consumptives is of the simplest nature, and any healthy situated cottage might be made a centre for a few moveable kiosks."

"It may even be possible to make use of one or more blocks of existing Isolation Hospitals for the purpose. This, according to the memorandum just issued by the Medical Officer of the Local Government Board, has actually been done in some districts with complete success. Isolation Hospitals, during the intervals between epidemics, frequently have one or more blocks lying idle, and it is a very tempting suggestion that these wards might be made use of for the treatment of poor consumptives."

Since Dr. Kidd wrote his report he has made application to the County Council for permission to utilize the Bromsgrove Hospital site, and you will recollect that you advised the County Council "to approve the proposal that accommodation be provided on the site of the Joint Hospital at Hill Top, Bromsgrove, for the treatment of cases of Pulmonary Phthisis, on condition (i.) that no part of the

"expenditure incurred shall be defrayed by the Hospital Committee." The Council, however, have referred this back for reconsideration.

In a joint report I presented to the Corporation of Evesham, and the Evesham, Pershore, and Feckenham Rural District Councils in March 1909, I said:—

"Unfortunately in actual experience, a large proportion of poor patients cannot be cured, at the stage at which their disease is first recognised; consequently a large proportion of the advanced cases have to be treated in Workhouse Infirmaries (many of which are excellent); for in the homes of the poor it too often happens that suitable bedroom accommodation cannot be provided, and that the wife (or other relative in charge of the patient) is overworked, and thus more easily rendered a victim to infection. I think, however, it is well worth considering, how far your Smallpox Hospitals, situated as they are in the open Country, could be utilized for the treatment of advanced cases of Consumption during the long periods which happily occur between outbreaks of Smallpox.

"This idea, if entertained, would of course have to be carefully thought out."

Since I wrote the above paragraph, I find such a Scheme is now being carried out at Brighton, Liverpool, Manchester, Darlington, Sheffield, St. Helens, Leicester, Lewes, Northampton, and Lancaster.

North Bromsgrove Urban District.

Dr. Kidd mentions that the mortality (1·0) in 1908 is calculated on the gross mortality of the district, and includes the five deaths at Barnsley Hall Asylum. He also adds that, as the insane are specially subject to phthisis, it must not be taken as the mortality of the district itself.

King's Norton and Northfield Urban District.

Dr. Green says:—

"Under the Council's Private Act of 1907, special power is given for the cleansing and disinfection of articles where considered necessary, and this would apply to infected clothing in cases of Consumption.

"The principle of voluntary notification of Consumption was during the year agreed to by the Council, but it has so far not been begun.

"The reason of this is that unless provision is made for the treatment of cases of this disease there is little advantage to be gained from notification alone.

"The matter has therefore been deferred for a short time until

"some arrangement can be arrived at to provide such treatment.

"To this end conferences are being called together of various local authorities in this part of the country in order that a combined sanatorium may be provided.

"Ample provision, to the extent of 68 beds, in a special ward, has been made for the treatment of Phthisis cases at the Union Infirmary.

"These cases, the majority of which come from other districts, are, as a rule, advanced ones, which could not be cured by sanatorium treatment, but they receive very great benefit from open-air treatment.

"A number of shelters and verandahs have been provided by the Guardians, who are to be complimented on their good work in this direction.

"The educative effect of even a few weeks under open-air treatment is of the greatest value."

Oldbury Urban District.

Dr. Buttery mentions that:—

"14 cases of Phthisis from Oldbury were treated at the Sanatorium at Knightwick with good results; 8 of these cases were able to resume some employment of a suitable character, 3 received considerable benefit, and 3 were still under treatment at the end of the year. These figures prove that this institution is deserving of the wholehearted support which I am sure it will receive when those interested fully realise the significance of the facts mentioned above."

Redditch Urban District.

Dr. Stevenson says:—

"The Phthisis death-rate in a town the size of Redditch is sure to vary, and this year it is somewhat higher (1·0 per 1000) than it has been for a few years past. I think this is due to the fact that we have had several deaths of chronic fibroid cases—legacies, so to speak, of the old 'needle-pointing' days. With modern machinery, removal by fans of irritating dust, etc., I doubt if the present generation of 'pointers' and 'grinders' run any more risk of developing phthisis than the average indoor worker."

"No system of the notification of Pulmonary Tuberculosis, voluntary or compulsory, is in operation, but in view of the fact that much good could be done in the way of prevention of the spread of this disease a voluntary system

Tuberculosis (of the Lungs).

"of notification of phthisis in the district would be beneficial."

Stourport Urban District.

Dr. Robinson mentions that the Stourport rate (1.1) continues to be "one of the highest in the County," and he advocates general compulsory notification. He adds:—"If the completion of the Sewage Scheme is followed by the gradual abolition of privy middens and the huge ashpits are replaced by ashbins of approved types, the general health of the district will improve and the amount of tuberculosis diminish."

Bromsgrove Rural District.

Dr. Coaker says that the Death-rate in the Bromsgrove Rural District (1.4) "is accounted for by the reputation the (Lickey) hills have acquired in Consumptive cases, and the ease with which they are reached from surrounding large centres of population. Many who have developed phthisis in other districts come here to reside, and as many of them are in an advanced stage when they come, they keep up the mortality. Two private open-air sanatoria are located in the district, and four deaths occurred in their inmates during the year."

Droitwich Rural District.

Dr. Wilkinson says:—

"This is a much larger number than I have ever had to report as due to this disease, and if we add to the Phthisis deaths those due to other Tubercular diseases, we get a total of 23 deaths from Tubercle."

"It is to be regretted that our only means of dealing with tubercular cases is the County Sanatorium, as, though it does a great work, there remain many cases which remain virtually untreated in inadequate and unsuitable surroundings. It is quite feasible to erect shelters in the grounds of certain Workhouse Infirmarys, and have those suffering from Tuberculous lesions treated and taught the cure of the disease."

CANCER.

Table XIV. and Diagram show the Cancer Death-rates of the County and respective Districts during the years 1899-1908 inclusive per 10,000 of the population.

TABLE XIV.

Urban Districts.	Average for years 1899 to 1908 per 10,000 of popula- tion.	Rate per 10,000.									
		1908.	1907.	1906.	1905.	1904.	1903.	1902.	1901.	1900.	1899.
Widley Borough -	8.4	13.9	10.4	6.0	10.4	6.9	10.4	3.4	6.0	10.4	6.8
Widley -	9.1	16.1	4.6	10.0	5.8	4.6	11.0	10.6	10.7	10.5	7.0
Widley North -	7.0	11.6	5.0	10.0	10.1	11.1	6.8	3.4	5.0	1.8	5.5
Widley Borough -	8.1	7.1	14.2	2.0	9.5	19.0	10.9	0.0	7.0	9.0	2.3
Widley -	6.4	9.6	5.1	5.0	6.4	5.6	14.0	2.0	2.0	7.0	7.0
Widley -	9.4	10.2	6.8	10.0	9.3	9.3	9.3	11.0	8.0	10.0	10.8
Widley's Norton & Northfield -	6.8	7.1	7.8	5.0	6.3	7.7	7.6	4.0	8.9	7.0	6.8
Widley and Wollescote -	6.3	12.0	3.4	9.0	5.2	2.6	6.2	7.2	4.0	7.0	7.0
Widley -	11.0	20.6	11.4	11.0	12.5	1.3	11.0	10.0	12.0	11.0	10.0
Widley -	5.7	8.6	5.0	8.0	7.6	7.6	2.7	6.0	4.0	4.0	4.0
Widley -	7.2	5.8	9.9	6.0	9.6	9.7	9.2	8.0	8.0	6.0	0.0
Widley -	7.8	12.6	6.9	8.0	10.0	8.9	9.0	7.2	6.0	6.0	4.0
Widley -	9.9	14.0	20.8	6.0	9.0	13.0	15.0	6.0	11.0	3.6	1.0
Urban Death-rate	7.7	9.8	7.6	7.3	8.1	8.2	9.4	6.6	7.1	7.1	6.6
Rural Districts.											
Widley -	7.4	8.1	8.1	7.0	4.9	8.1	13.2	9.0	7.0	5.0	4.0
Widley -	8.3	9.2	9.2	10.0	6.1	10.8	10.7	9.0	7.0	8.3	3.6
Widley -	7.0	6.3	14.1	14.0	9.2	1.3	7.0	6.0	6.0	7.0	0.0
Widley -	8.1	5.4	7.2	8.0	10.8	7.2	11.0	3.0	16.0	11.0	1.7
Widley -	4.8	7.2	5.5	6.0	5.0	5.5	3.0	4.6	7.0	3.0	2.0
Widley -	9.8	13.8	11.8	17.0	13.8	9.1	3.9	10.9	5.9	7.0	5.0
Widley -	8.7	6.9	10.0	17.0	6.9	6.9	3.0	7.0	13.0	8.0	7.0
Widley (part) -	11.6	15.2	7.6	22.0	7.6	16.0	17.0	16.0	0.0	0.0	15.0
Widley -	8.5	10.9	9.3	11.0	5.4	8.5	8.0	10.0	8.0	6.0	8.0
Widley -	8.5	9.5	9.5	4.0	9.3	4.6	18.0	14.0	0.0	4.0	13.0
Widley-on-Stour -	10.8	15.9	13.5	22.0	19.0	6.5	4.0	4.0	12.0	6.0	6.0
Widley-on-the-Wold (part) -	10.2	34.2	34.2	0.0	0.0	34.2	0.0	0.0	0.0	0.0	0.0
Widley -	8.0	10.4	6.2	10.0	14.0	4.1	6.0	4.0	6.0	8.0	12.0
Widley (part) -	6.2	4.3	13.1	4.0	8.0	17.4	0.0	8.0	4.0	0.0	4.0
Widley-on-Severn -	8.5	11.8	8.4	11.0	11.8	6.0	10.0	1.0	4.0	7.0	11.0
Widleycombe (part) -	0.8	0.0	0.0	0.0	0.0	0.0	0.0	8.6	0.0	0.0	0.0
Widley -	6.6	9.1	6.8	6.0	7.6	7.4	7.5	5.0	7.0	6.0	4.0
Rural Death-rate	7.5	9.2	8.3	9.8	8.2	9.0	7.0	7.6	6.1	5.0	5.3
County Death-rate	7.6	9.5	7.9	8.4	8.1	8.6	8.2	7.1	6.6	6.0	6.4

Table XV. gives the ages of those who died from Cancer in each of the Worcestershire Districts during 1901-08.

TABLE XV.

	At all ages.	Ages in years.					
		Under 1	1-5	5-15	15-25	25-65	65 upwards.
<i>Urban.</i>							
Bewdley Borough	20	-	-	-	-	10	10
Bromsgrove	57	-	-	-	-	25	32
North Bromsgrove	45	-	-	1	1	23	20
Droitwich	30	-	-	-	-	15	15
Evesham	47	-	-	-	-	23	24
Kidderminster	178	-	1	3	4	103	67
King's Norton	367	-	1	1	3	215	147
Lye and Wollescote	58	-	-	-	-	29	29
Malvern	170	-	-	-	-	85	85
Oldbury	139	-	-	-	2	103	34
Redditch	97	-	-	-	-	61	36
Stourbridge	119	-	1	-	-	70	48
Stourport	44	-	-	-	-	25	19
<i>Rural.</i>							
Bromsgrove	81	-	-	-	-	37	44
Droitwich	95	-	-	-	1	52	42
Evesham	51	-	-	1	-	27	23
Feckenham	39	-	-	-	1	24	14
Halesowen	106	-	-	-	6	68	32
Kidderminster	89	-	-	-	-	47	42
Martley	95	-	1	-	-	56	38
Newent	14	-	-	-	-	4	10
Pershore	96	-	-	-	-	52	44
Rock	15	-	-	-	-	5	10
Shipston	36	-	-	-	-	19	17
Stow-on-the-Wold	9	-	-	-	-	5	4
Tenbury	30	-	-	-	-	20	10
Tewkesbury	19	-	-	-	-	10	9
Upton-on-Severn	104	-	1	-	1	46	56
Winchcombe	-	-	-	-	-	-	-
Yardley	258	-	-	1	6	165	86
	2,508	-	5	7	25	1,424	1,047

ANTHRAX.

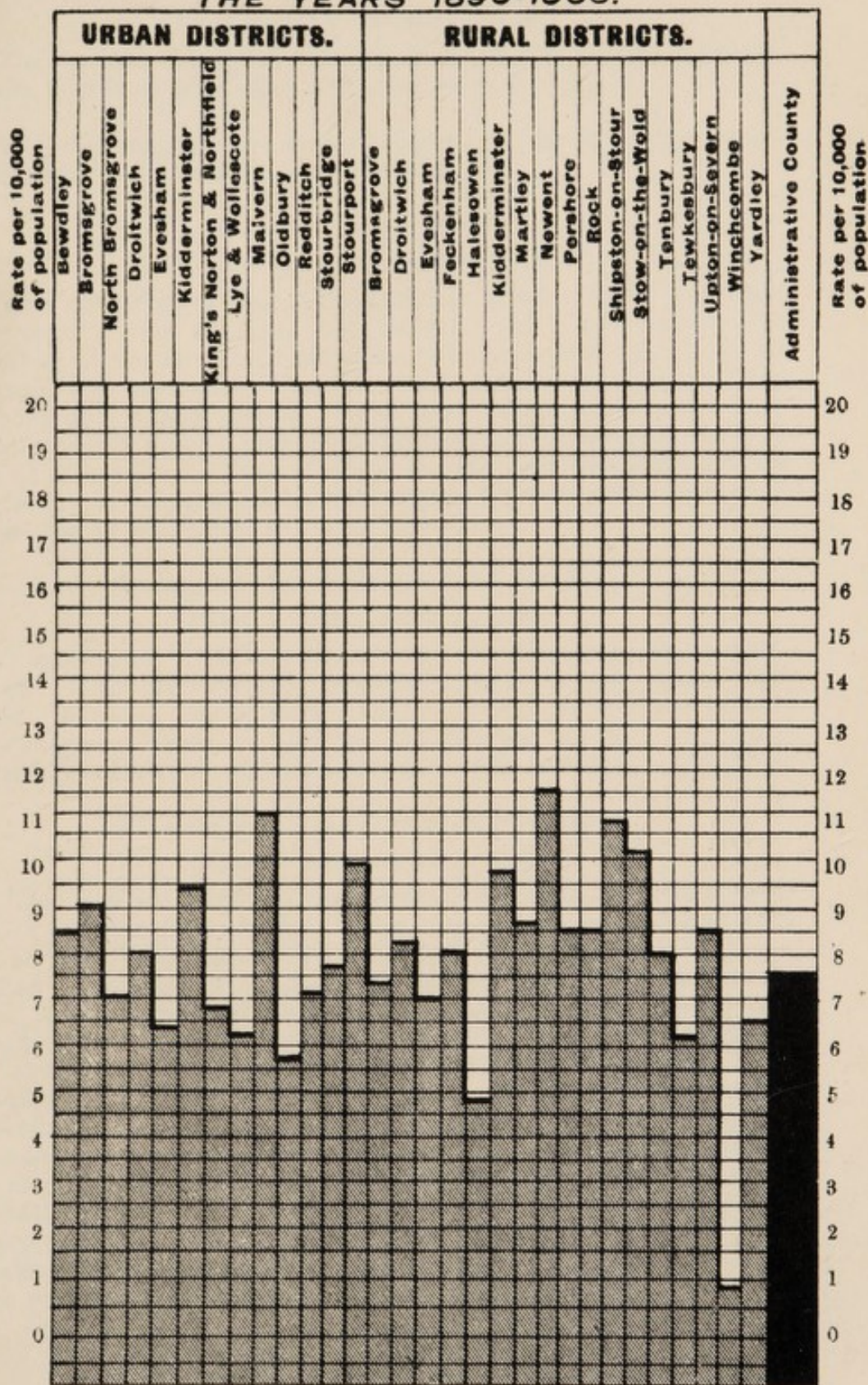
Dr. Corbet mentions that 2 cases of Anthrax occurred in men, both of whom recovered.

He says one of these was by trade a horse-slaughterer, and the other a labourer at a carpet mill in the Borough. Both were residents. The probable mode of infection is not given.

A cow in one of the Borough cowsheds died from Anthrax.

Precautions with regard to the milk, disinfection, and burning of the carcase were taken.

**AVERAGE CANCER DEATH RATES PER
10,000 OF THE POPULATION, FOR
THE YEARS 1899-1908.**



THE UNIVERSITY OF CHICAGO
LIBRARY
1900



Very truly yours,
[Signature]

ISOLATION HOSPITALS.

The Isolation Hospital accommodation of the County taken as a whole is now so good that little need be said about it.

The following is my Annual Report on the Hospitals established under the Isolation Hospitals Act:—

Malvern Joint Hospital.

(Visited 30th September 1908).

The colouring of the Administration Block, which was done more than a year ago, has not "stood" well; consequently the Chairman of the Hospital Committee (who was good enough to accompany me) undertook that the work should be re-done. The Typhoid and Scarlet Fever Blocks, and outside woodwork, have recently been painted; and the Diphtheria Block is to be done as soon as it is empty. The buildings, ground, and administration are satisfactory in all ways. The Discharging Block has been furnished for the use of the Porter since my last visit.

Bromsgrove and Redditch Joint Hospital.

(Visited 12th January, 1909).

I mentioned in my last Report that the Entrance Gate was unlocked. I am glad to say, however, that it is now always kept closed. Some of the lavatories and w.c.'s require re-colouring and whitewashing. There is still no Discharging Block. In other respects the Hospital and Grounds were in a satisfactory condition.

Stourbridge and Halesowen Joint Hospital.

(Visited 20th January 1909).

The Kitchen and Scullery required colouring and whitewashing. I mentioned in my last report that the hot water supply for the patients' baths was ineffective; and I am glad to say that a heating apparatus for each Block has recently been put down. Some of the Beds were none too clean, and I noticed "nits" were present in the hair of several children. The linen was also kept in the Duty Room between the Wards, which is undesirable. The entrance gate I found wide open, which, of course, should not be allowed. On examining the drains, I noticed that one of them was blocked—the stoppage was accidental. I was accompanied during the inspection by the Medical Superintendent (Dr. Hardwicke) and the Matron, and I mentioned the administrative defects referred to above, to them. The Matron has resigned since my visit, and her successor has been appointed. There is no Discharging Block. In other respects the Hospital and Grounds are satisfactory.

Bromsgrove Joint Smallpox Hospital.

(Visited 12th January 1909).

Some of the stoves had been taken away for repair, and conse-

quently the rooms were somewhat damp. The rain-water spouts are not connected with drains or cisterns, and are apt to make the buildings damp. In other respects the Hospital was in fairly good order. There is no resident Caretaker.

Stourbridge and Halesowen Joint Smallpox Hospital.

(Visited January 20th 1909).

A suitable Hospital was in course of erection on the excellent site provided by the Hospital Committee. A loan of £750 has been sanctioned by the Local Government Board for the purchase of the site on condition that it is enclosed on the North, East and South sides by a stout hedge between two rows of barbed wire fence, and on the West side by a hedge with a row of wire fencing inside it.

Upton-on-Severn District Joint Smallpox Hospital.

(Visited 26th April 1909).

I reported last year that during Winter the buildings were apt to be damp, as the fires were only lighted once a month. I now have the pleasure to report that the Committee have arranged with the Caretaker to light them twice a month from November to March, and once a month from April to October, the result of which has been that the Wards are entirely free from damp. Indeed, the whole Institution is in excellent condition. No Ambulance is provided, and there is no resident Caretaker.

Pershore and Evesham District Joint Smallpox Hospital.

(Visited 27th April, 1909).

There are two resident Caretakers (an old man and his daughter) who keep the buildings and grounds in excellent condition. All the outside woodwork has recently been re-painted.

King's Norton District Joint Smallpox Hospital.

(Visited 29th April 1909).

There are resident Caretakers (a man and his wife). The Administration Block requires whitewashing and colouring, and I understood that orders had been given for this to be done at once. I was also informed that the outside of the Wards were to be painted and the defective rain water spouting to be put in order forthwith. The buildings and furniture are in excellent condition.

Pershore Rural District.

I mentioned last year that it had been decided to erect a block for Diphtheria; this, however, has not yet been commenced.

Tewkesbury Rural District.

Dr. Turner says that "the question of an amalgamation of the Rural Isolation Hospital with the Urban Hospital has been con-

sidered . . . (and that) at the present time we have no accommodation for the treatment of cases of diphtheria, unless the Hospital happens to be empty, but it is proposed under the new scheme to reserve a block for the treatment of these cases."

Application has been made to the Local Government Board for a "Provisional Order" for carrying this into effect. *

Upton-on-Severn Rural District.

Dr. Cowley says "30 patients suffering from diphtheria have had to be sent to the Malvern Isolation Hospital. . . . Through the expense of (this) your Council have been so impressed with the desirability of another block at the Isolation Hospital that I feel certain I shall be able to report on its existence in my next Annual Report."

Yardley Rural District.

Dr. Wilson says:—

"I feel it to be my duty to urge, as I have urged in previous reports that the need for large extensions of the Hospital has become very pressing for Yardley alone, not only for Scarlet Fever patients, but also for patients suffering from Diphtheria and Typhoid Fever. I quite recognize that there have all along been considerable difficulties in the way, but as the term of purchase of the Solihull's share of the hospital were amicably settled in the early part of the year, and as the new joint hospital for Solihull and Meriden will soon be erected, steps should at once be taken for the preparation of the necessary plans."

This is a subject upon which the County Council have communicated with the Yardley Council from time to time.

DISINFECTION.

The fact that no "disinfector" has yet been procured by the Martley and Pershore Rural District Councils is again mentioned. Other Reports show that where these appliances are available, they are of great utility, and largely made use of.

Inasmuch as an efficient Disinfector can now be obtained, at small cost, and can easily be managed, every Local Authority should in my opinion either provide one, or make some arrangement by which infected articles in their District can be so treated.

The question of disinfecting Schools is a matter with which District Sanitary Inspectors are called upon to deal, and I am glad

* A Local Government Board Inquiry as to this was held August 31st 1909, and no opposition was offered.

to gather from the reports that the use of the Formalin Spray is coming into more general use; for I do not consider sulphur fumigation is effective. Furthermore, in my opinion the outlay involved by indiscriminate use of disinfectants could be more profitably incurred for better scrubbing, and cleansing with soap and water—of course, in conjunction with thorough ventilation by means of opening windows and doors.

MORTUARY.

A public Mortuary—advocated by Dr. Wilberforce Freer in his last report on the Stourbridge District—"is now in course of erection."

SANITARY WORK.

WATER SUPPLY.

North Bromsgrove Urban District.

Dr. Kidd says "an extension of the East Worcestershire Waterworks Company's mains was made during the year at Staple Hill, together with 44 new house connections."

Lye and Wollescote Urban District.

Dr. Darby says "all new houses are supplied with Stourbridge water, and most of the houses in the district also receive their supply from the same source, but there are still some old wells existing which may at any time become polluted" (and consequently he advises that the water should be analysed).

Malvern Urban District.

The report of the Surveyor, given in Dr. Mitchell's report, shows that probably the Bromesberrow supply of water will be drawn upon very considerably during the coming year, and what an invaluable supply it is to the town.

Oldbury Urban District.

Dr. Buttery mentions that the wells, as sources of water supply, are gradually being eliminated.

Redditch Urban District.

Dr. Stevenson says "with few exceptions, all houses now have the water supplied by the East Worcestershire Waterworks Co. . . . A few wells are still in existence; samples from those where pollution was suspected were taken, and in cases where analyses showed any pollution the owners were persuaded to close and fill up the wells."

Bromsgrove Rural District.

Dr. Coaker says:—

“The parishes of Clent, Hagley, and Pedmore, which draw
“supplies from the Stourbridge Company’s mains, are
“applying for incorporation in the Water Board, which is
“being promoted for the acquisition of the Stourbridge
“Company’s undertaking.”

Evesham Rural District.

An Inquiry with regard to the Water Supply of the wells in Offenham is being undertaken, and a number of analyses are being made.

Pershore Rural District.

A County Council Inquiry is about to be held with regard to the Water Supply to the town of Pershore, and certain villages in that district.

Rock Rural District.

Dr. White says “there has been a promise of a supply at
“Mamble to the Inn,” but from a recent communication received by
the Clerk to the County Council it would appear that this has not yet
been provided.

Tenbury Rural District.

23 houses in the town of Tenbury found to have either deficient
or objectionable water supplies, were supplied from the water mains.

Upton-on-Severn Rural District.

Dr. Cowley refers to the laying of the main sewers in the town
of Upton and mentions that—

“At the junction of the marl with the drift bed there was an
“enormous flow of water, and where this was reached in the
“excavation for the tank and the deeper portions of the
“sewer, prolonged pumping was necessary. As a conse-
“quence of this a large number of the wells were deprived
“of their water, causing much upset and annoyance to the
“occupants of the houses. The Council provided water in
“storage tanks daily at a considerable cost.

“The work at the boring on Red Hill, which has been going on
“now for 3 years with stoppages, was again suspended for
“5 months. It was resumed in May, but during the sus-
“pension the hole filled up to the extent of 100 feet or
“more. The contract boring limit of 950 feet was com-
“pleted in October. On October 8th you held a special
“meeting, when it was resolved to extend it another
“50 feet. Again on November 19th you passed another
“resolution to continue it to a further depth of 150

"feet, making 1,150 feet altogether. At the end of the year the depth reached was 1,034 feet, and at the time of writing this (February 9th) the boring had gone down 1,076 feet, still in the marl. It is disappointing that the marl bed is much deeper than expected but geologists are firm in their opinion that under this lies the new red sandstone, which is the water-bearing stratum. Fortified with this knowledge it would be unreasonable to cease our purpose, and to incur a waste of the expenditure already involved. As regards the general water supply of the district I have nothing to add to my remarks in last year's report. Notwithstanding the Summer's drought I heard of no dearth, and as a rule the wells proved sufficient for the needs.

"*The Powick Asylum Supply.* We are still concerned to make the water at the intake for the Asylum as free from contamination as possible. There is some fear that the drainage at Bastonford may find its way through ditches into Carey's Brook, probably it may be necessary to convey any outlets that may convey drainage below the Asylum intake. Cottages higher up the stream have had improvements made in their drainage disposal, and this will be watched from time to time."

DRAINAGE.

Bewdley Borough.

Dr. Miles says "the sewers work well on the whole, though there is a good deal of offensive smell from the street catch-pits at times." It will be remembered that the defective sewerage of the Borough could not be undertaken, as the Corporation were precluded, by the provisions of the Public Health Acts, from obtaining a loan for carrying out this work.

North Bromsgrove Urban District.

Dr. Kidd mentions that Rubery still requires to be drained, but he believes that his Council are waiting for the extension of a sewer to the portion of Rubery which is in the King's Norton Urban District. The County Council have been in communication with the Bromsgrove Council as to this.

Dr. Kidd also says that this method of dealing with the sewage of Rubery was urged in his Annual Report for 1905, and is eminently a satisfactory one from the practical point of view.

Negotiations for the drainage of Barnt Green are in progress, a joint scheme by the North Bromsgrove Urban and Rural District Councils being contemplated.

King's Norton Urban District.

Dr. Green says "a number of sewers have been laid where new "streets are being built."

Malvern Urban District.

The information supplied by the Surveyor (Mr. Thorpe) to Dr. Mitchell shows that there has been considerable activity in carrying out extensive repairs and renewals to sewers.

Bromsgrove Rural District.

Dr. Coaker reports in favour of a joint scheme for Barnt Green, and has subsequently informed me that a contract for sewerage Holy Cross is about to be signed.

Droitwich Rural District.

Dr. Wilkinson made a special report on the drainage of Stoke Works, and a Committee was appointed to consider the matter.

Evidently Dr. Wilkinson does not agree with the suggestions of the Committee for disposing of the sewage at "Causeway Meadows," "Sagebury Terrace," and a "roadside ditch on the Droitwich Road," all of which are in Stoke Works.

He reports that the drainage of Crowle and Hartlebury are much improved: but makes no reference to Fernhill Heath sewerage, as to which a Local Government Board Inquiry was held recently; the outcome of which has been that the scheme then propounded was rejected and another engineer engaged to advise the Council.

The defective drainage of other parts of North Claines parish is unchanged.

No reference is made to the sewerage of Ombersley, but I understand that a sewer has been laid through the village. I propose to make a report to you on this question at an early date.

Evesham Rural District.

A complete scheme for sewerage Bretforton has just been prepared. Negotiations for acquiring land for outfall works are proceeding.

Feckenham Rural District.

The Hunt End drainage is still "sub judice," but the County Council have made a representation to the Local Government Board that the Feckenham Rural District Council are in default in the matter.

Kidderminster Rural District.

Dr. Addenbrooke mentions that a Local Government Board Inquiry with regard to the Whitville drainage has been held. Most probably the work will be commenced very shortly. The sewage is to be dealt with at the Kidderminster Corporation works.

Dr. Addenbrooke also expresses the hope that a scheme for sewerage Sutton Common and Foley Park will also be proceeded with, as it is more urgently needed than that at Whitville.

Pershore Rural District.

The Pershore sewage scheme is still in abeyance, pending some decision as to the Water Supply of the district.

The village of Pinvin is to be sewered shortly.

Shipston-on-Stour Rural District.

Dr. Findlay mentions that the sewers at Shipston-on-Stour have again broken in, or become blocked in three places; and that with the increasing number of water closets in the town, they are really unsuitable for the work they have to do; the result being that frequent complaints of smells arise. It appears, however, that nothing can yet be done, as the present outstanding loans have not yet been sufficiently paid off, to enable money to be borrowed for the work.

Tewkesbury Rural District.

Dr. Turner says that a system of drainage for Upper Westmancote would be very beneficial, as cases of Diphtheria occur in the place from time to time.

A sewerage scheme for the village of Conderton is being carried out under the supervision of the Sanitary Surveyor to the Rural District Council, on behalf of Sir R. B. Martin, Bart., who will defray the whole cost.

Upton-on-Severn Rural District.

Dr. Cowley mentions that a sewerage scheme for the town of Upton-on-Severn is being carried out; and that sewers and sewage disposal works have already been completed for Hanley Castle.

He presented a special report on the drainage of Madresfield and Newland on 19th October, 1908, when he found that some of the sewers were undoubtedly faulty, and that there was a bad ditch nuisance.

Guarlford has also been sewered upon a plan which was prepared by the District Sanitary Inspector (Mr. Price).

Drainage of the Village of Kempsey, which has long been under

consideration, has not yet been commenced ; which is apparently due to the plans being so long before the Local Government Board.

Yardley Rural District.

Dr. Wilson mentions that an extensive sewerage scheme, planned by the Council's Engineer (Mr. Smith) is in progress ; but the growth of the district is so rapid that even when this is completed, still further sewer extensions will be required as additional building centres are developed.

SEWAGE DISPOSAL.

Bromsgrove Urban District.

Dr. Kidd says that "the sewage farm appears to be working well."

Droitwich Borough.

Dr. Roden says:—

"This matter, which has for some time past caused the Corporation great anxiety, is still, notwithstanding their unremitting efforts to arrive at a satisfactory solution of the problem, a matter for grave consideration.

"The Sewage Farm having become in course of time unable to purify the sewage, for a considerable period, has been done by a series of ash-beds and earth, which have answered admirably for the time and are at present working well ; there is no ponding of sewage, neither is there any more smell than is found on any farm of a like nature.

"As, in the present day, the bacterial treatment is considered the best method for dealing with sewage, the Corporation turned their attention to the means of overcoming the difficulty and consulted a firm of well-known engineers, who made investigations into the sewage disposal of the Borough, and reported to the Corporation thereon ; they were distinctly in favour of the bacterial treatment of the sewage before all other methods, but one most important question arose, would the presence of Sodium Chloride in large quantities in the sewage be a deterrent to proper bacterial action?

"That it does interfere with such action is generally held by Bacteriologists, and so it was decided to lay down an experimental plant and ascertain as far as possible the feasibility of the project, and in due course the Engineers gave their report, in which they say : 'There is no question that this sewage can be perfectly well and efficiently dealt with by bacterial treatment and a consistently good effluent obtained thereby.' This is very gratifying, but I am of opinion that, before committing themselves to any definite action in the matter, the Town Council should

"ascertain whether or not it is possible to exclude the brine from the sewers; if this could be done the greatest difficulty would be got over and there could no longer exist any doubt as to the advantage of bacterial treatment of sewage over any other.

"Owing to the steady subsidence of the ground, which affects the main streets, the difficulty of preventing the in-pouring of brine in large quantities into the sewer will prove great, and unless some means can be adopted to minimise the influx of brine, if not totally exclude it, from the sewers, the fear of a breakdown in the system will always exist. I feel sure that in making their report the Engineers must have considered this question very seriously, although they gave no idea of their probable method of procedure in their report. This, however, will no doubt be disclosed at an early date."

I have shown the statement of the Engineers given above that "There is no question that the sewage can be perfectly well and efficiently dealt with by bacterial treatment, and a consistently good effluent obtained thereby" to the County Analyst, who made the analyses connected with the experimental filter beds, and he says that the effluent from the experimental apparatus is quite satisfactory.

I cannot agree with Dr. Roden's statement that the "ash-beds and earth . . . have answered admirably for the time, and are at present working well," for my visits to the outfall works convince me that from time to time the effluent into the River Salwarpe is by no means what it ought to be.

Evesham Borough.

The sewage works have (under the advice of Messrs. Berrington and Sons, Engineers) been much improved; bacteria beds with "Fiddian's Distributors" having been put down.

I understand it is proposed to erect two other similar filters in the near future, and I hope the time is not far distant when the four "contact filters" now in use, will be converted to "percolating filters," as this can be done without great cost, and the latter system is the most effective yet known.

Kidderminster Borough.

Dr. Robinson, Medical Officer of Health for Stourport District, says "the Kidderminster Sewage Farm nuisance is not abated, though "on the whole I have received fewer complaints than usual."

The Borough Farm is adjacent to Stourport Urban District.

King's Norton Urban District.

Dr. Green mentions that the sewage effluent from the Rubery Hill Asylum was always bad, but that from Hollymoor was of good

appearance. I am glad to say that both these Asylums are connected with a new sewer laid in their vicinity by the Urban District Council.

Malvern Urban District.

The Surveyor reports:—

“The Disposal Works at Barnard’s Green have given uniformly
“clear and satisfactory effluents, without exception, through-
“out the year. The last filter started is now in working
“order, and will tend to increase the standard of purity
“already obtained. Some small complaints have been made
“as to smells arising from the fine sprays in certain atmos-
“pheric conditions, and steps are being taken to minimise
“this.

“Clinker is still being hauled, so that further provision for storm-
“water may be made at a later date.

“Both Shuttlefast Farm at Malvern Wells and West Malvern
“Farm are very satisfactory. A new installation at Coton
“Farm, for dealing with the drainage of houses at Malvern
“Wells too low for the drains to gravitate into the main
“outfall sewer, has been provided, and is now in use. The
“Settling Tanks, &c., provided at the Gas Works at the
“latter end of 1907, have fully answered expectations, and
“have got over a very considerable difficulty, in dealing with
“the very objectionable waste liquor given off from the
“sulphate of ammonia plant.”

Stourport Urban District.

Dr. Robinson says:—

“That the sewage farm already bids fair to rival its neighbour
“of Kidderminster. The nuisance depends on the direc-
“tion of the wind; it is frequently noticeable on the Wor-
“cester Road, at Titton, on the top of Hartlebury Common,
“and I have received a complaint so far away as the house
“occupied by Mr. Robert Blundell, on the Hartlebury
“Road.”

It will be remembered that the Local Government Board, the County Council, and the Urban Council’s Engineers have all urged the Stourport Urban District Council to under-drain a portion of this farm, but the Council have decided not to do so. If this farm be not under-drained, there is no doubt, that although the land is well adapted for the disposal of sewage, it will become choked and a nuisance.

Evesham Rural District.

I caused a sample of the effluent from the Broadway Irrigation Farm and the Badsey Bacteria Beds, respectively, to be analysed in December last; when it was found that the Broadway effluent was not as good as it ought to be; but that the one at Badsey was quite up to

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the standard. The state of the Broadway effluent was probably due to the fact that the farm was not looked after as well as it ought to be by the tenant to whom it is let. Your Inspector is however endeavouring to rectify this.

I have just prepared a special report on this Farm for the Rural District Council, which shows that the tenant is not carrying out his contract as he ought to do, and that the sewage is very badly disposed of.

Shipston-on-Stour Rural District.

At the time Dr. Findlay presented his report, the filter beds at the Blockley sewage outfall works were answering satisfactorily, but when he and I visited the works on the 28th April 1909 we found that they had got out of order, and that pollution of the stream resulted. In consequence of this the Shipston Council, at your request, are considering what can be done.

Tewkesbury Rural District.

Dr. Turner says the irrigation land at Bredon is in good working order, and causes no nuisance; but that at Overbury is not so satisfactory, owing to the want of means of treating the tank effluent. In the latter case the land requires to be broken up from time to time.

HOUSE ACCOMMODATION.

Many of the Medical Officers deal with this question in their Annual Reports, the summaries of which are given later, contain references to it.

The Evesham Rural and King's Norton Urban Councils have appointed Special Committees to deal with local housing questions. The former Committee made a report in June 1908 on the housing of Bretforton, and as it was presented just before my "Digest" for 1907 was published, I was able to give the conclusions arrived at (p. 65).

Dr. Green mentions in his Annual Report (p. 13) to the King's Norton Council that the "Special Housing Sub-Committee . . . met
"on several occasions, and paid visits to various parts of the district.
"Special investigations were made as to damp sites, including those
"on low-lying ground liable to flooding, as in the Selly Park area.
"The housing arrangements in the Dawlish Road District, and the
"efficiency of the various materials used as damp-proof courses were
"also enquired into by the Committee, which is still continuing its
"sittings. A special report was made to the Council as to the health
"of the poorer parts of Bournbrook and the connection with housing.
"This dealt with infant mortality, phthisis mortality, and infectious
"diseases. It was pointed out in the Report that infectious diseases
"flourish among the poorer part of the population, who live in smaller

"houses, have larger families, and less air-space per person, than those in more affluent circumstances. They have a lower resistance to the encroachments of disease of all sorts, and it is well known that Phthisis is very much a disease of the under-fed."

"As has been pointed out in the Health Reports of Birmingham, the population of its internal slums have largely drifted out to the suburbs, where, owing to lower rates and cheaper land, rents are lower. This is what has happened at Bournbrook, and the conditions of some parts of the Dawlish Road area cannot be considered very hygienic. Only by very constant inspection and drastic action will it be possible to keep such Districts in good condition. It must not be forgotten that these people are living under much better conditions than formerly, as their comparative low mortality rates show."

The "Housing and Town Planning Bill" now before Parliament, as to which the County Council passed "recommendations," was referred to in my last "Digest" (see pages 62 and 63).

There seems every probability that this far-reaching measure will now become law. and if it does, there is no doubt that more attention will have to be given to housing questions than has hitherto been the case; for the powers of Local Authorities willing to effectively deal with the subject will be increased, and Councils hitherto reluctant to take action will be obliged to do so.

EXCREMENT DISPOSAL.

The abolition of midden closets is still proceeding generally throughout the County, and, given local sewers and water-works, the substitution of w.c.'s is one of the great sanitary reforms to be aimed at. The extracts from the reports, given later, show what is being done, what is aimed at, and the results which have been obtained.

The success which has attended the conversion of middens to w.c.'s in the Oldbury District has resulted in the decline of Typhoid Fever, as I ventured to predict in my special report on that disease, dated January 21 1899, it would do.

I pointed out last year that adoption of the Public Health Acts Amendment Act 1907 (s. 39) would strengthen the hands of Local Authorities in this respect, and also in many other ways; and I regret it has not been more generally adopted.

From personal experience, however, I fear this in some measure is due to the Local Government Board being apparently somewhat reluctant to invest Local Authorities—and more particularly Rural Authorities—with these powers.

I gather from the Reports that this Act (or parts of it) is now in

force in the Evesham, Kidderminster, King's Norton, Pershore Urban, and Rural, Districts.

The Stourbridge Urban, and Evesham and Feckenham Rural Authorities have applied to the Local Government Board to put the Act in force.

The Lye and Wollescote Urban and Shipston-on-Stour Rural, Councils have the matter under consideration.

Dr. Robinson advises the Stourport Council to adopt the Act; the Medical Officers of Health of Bewdley, Bromsgrove, North Bromsgrove, Droitwich, Malvern, Oldbury, and Redditch Urban, and Bromsgrove, Droitwich, Halesowen, Kidderminster, Martley, Newent, Rock, Shipston-on-Stour, Stow-on-the-Wold, Tenbury, Tewkesbury, Upton-on-Severn, Winchcombe and Yardley Rural Districts make no reference to the Act.

The following are some extracts from the Reports with regard to "Excrement Disposal" and "Scavenging," in connection with which I shall subsequently offer some remarks on the propagation of disease by flies.

Bromsgrove Urban District.

Dr. Kidd says:—

"Slow progress" continues in the work of converting cesspit
"privies into w.c.'s. . . . There is nothing that would
"conduce more to the purifying of the town and the im-
"provement of the general health than the abolition of all
"remaining privy cesspits. When one considers what the
"results of such abolition would be, the removal for good
"of scores of collections of foetid refuse at present pollut-
"ing the air, and the entire doing away with the night soil
"cart with all its attendant abominations, it becomes a
"matter of surprise that no more effort is made to bring
"about such a very desirable result, especially as the busi-
"ness would be quite practicable. I earnestly hope that
"this may some day be done."

Droitwich Borough.

Dr. Roden says:—

"There has been a considerable reduction in the number of
"(privies and ashpits), and the remainder will, I hope, soon
"become things of the past."

King's Norton Urban District.

Dr. Green says that with the assistance of the new powers in the Council's Act, good progress has been made in the abolition of privies and ashpits.

Malvern Urban District.

Dr. Mitchell says:—

“Sixty-two water closets have been furnished with flushing
“cisterns.

“In this connection I would point out that many of the houses
“visited during the year had flushing cisterns installed,
“which had been put out of use, and that consequently
“the closets had been allowed to become foul. This mat-
“ter has been reported to your Sanitary Committee. Now
“that the town has a practically unlimited water supply, in
“my opinion, this evil would, in the great majority of
“cases, be at once remedied if water were supplied by
“rate instead of by meter, as at present many of these
“people do not use the flush for motives of economy.

“There are still too many closets flushed by means of slop-water
“only, but fortunately for the health of the district these
“are becoming fewer each year.”

I mentioned in my last Digest that “there are still about 600
“w.c.’s without flushing apparatus.”

Oldbury Urban District.

Dr. Buttery says:—

“If any evidence were required to justify the policy adopted
“by the Council, a few years ago, of gradually substitut-
“ing the water carriage system for the old privy middens,
“the results here shown are fully conclusive, and warrant
“a continuance of the methods adopted.”

Dr. Stevenson mentions that there are only about 11 middens
remaining in the district, but “there are still about 1,500 pan closets
“in use. The emptying of these and the removal of their contents
“incurs a large yearly expenditure of the ratepayers’ money.

“Certainly in the crowded Central Ward many of them ought
“to be done away with, even if the work was carried out at the
“ratepayers’ expense.”

Stourport Urban District.

Dr. Robinson says:—

“The disgusting system which has been in vogue for so many
“years will, I trust, be gradually abolished. If the Public
“Health Acts Amendment Act 1907 were adopted, their
“extinction would be facilitated. I have reason to know
“that their presence in the district has prevented visitors
“staying here and coming here—is it to be wondered at?”

Halesowen Rural District.

Dr. Brett Young says:—

“This is largely effected by Water Closets and Sewers, but the old fashioned privy-midden is still far too prevalent. In certain classes of property with careless inhabitants the water-closet is almost impossible, but even in these cases a pan system might be provided with weekly removal.”

Martley Rural District.

Dr. Greensill says:—

“As I mentioned in my reports in former years, and my special report this year, what is most urgently required is increased attention to the disposal of refuse and to the prevention of nuisances arising in connection with the privy accommodation.”

SCAVENGING.

Bromsgrove Urban District.

Dr. Kidd says:—

“The ‘tip’ at Perryfields has served its purpose fairly well. We had some trouble in the summer from nuisance caused by smell, and the breeding of swarms of flies, complained of by the neighbouring cottagers, and the water of a neighbouring well also became polluted, but nuisance, both from smell and flies, was successfully dealt with by the use of petroleum and gas lime, and finally and especially by the careful covering of the tip with a layer of soil sufficiently deep for the purpose.”

King's Norton Urban District.

Dr. Green says:—

“The removal of refuse has been much improved, and for some time past a weekly removal has been in vogue in all urban parts of the district.”

“The destructor has done its work well, and without causing any nuisance in its vicinity. During the year there were destroyed there 14,581 tons of refuse.”

Malvern Urban District.

Dr. Mitchell says:—

“Most of the refuse is consumed at the Electric Light Works, where it is completely and thoroughly destroyed and rendered innocuous.”

Oldbury Urban District.

Dr. Buttery says:—

“The scavenging work has been satisfactorily carried out dur-

"ing the year . . . both contractors endeavour to fulfil
"their duties to the best of their ability."

Redditch Urban District.

Dr. Stevenson remarks:—

"The Refuse Destructor has now been at work for a year and
"has cremated about 4,640 tons of house and trade refuse.
"Owing to the up-to-date method of dealing with this
"refuse not a single complaint has been made of nuisance
"arising from it. Indeed, the destructor had been at
"work many months before the public were aware of the
"fact. The saving of time in carting to a central site,
"instead of to the suburbs, has made it possible to col-
"lect the refuse nearly three times as often as formerly."

Stourbridge Urban District.

Dr. Wilberforce Freer says:—

"This (house refuse) is cremated at the Refuse Destructor,
"erected in November 1904."

Kidderminster Rural District.

Dr. Addenbrooke says that "the arrangements for scavenging,
"etc., at Wribbenhall, have not been working on the whole satis-
"factorily. Complaints are very general as to the irregular and in-
"efficient manner in which the contractor has done the work, and
"of this I had ample evidence in going from house to house. Many
"of the residents said they were worse off than they had been under
"the old system. It is to be hoped that in a new contract the
"Council will be able to make such terms as will ensure that the
"work is done thoroughly and methodically."

PROPAGATION OF DISEASE BY FLIES.

This question is mentioned by several Medical Officers again this year, and was referred to in my last Digest. It has been brought to the front by Sir Rupert Boyce (Liverpool) and Professor Newstead, who have recently investigated "The Habits, Life-cycle, and Breeding Places of the Common House Fly," and shown that not only Malaria, Yellow Fever, and Plague, but also Typhoid Fever and Diarrhoea may be propagated by Flies.

Professor Newstead's conclusions are so instructive and have such an important connection with defective excrement disposal, and accumulations of House Refuse, that I give them "in extenso," hoping that Local Authorities may be stimulated to renewed activity in requiring the removal of "filth" from the vicinity, not only of dwellings, but from cowsheds in which milking operations are carried on, viz.:—

- "i. The chief breeding places of the house-fly are:—
- (a) Stable middens containing fermenting horse manure or a mixture of this and cow dung;
 - (b) Middens containing fermenting spent hops; and
 - (c) Ashpits containing fermenting vegetable matter, or about 25 per cent. of the total number of pits examined.
- ii. That covered ashpits and middens were as badly infested as those which were open.
 - iii. That house-flies breed in all temporary collections of fermenting matter.
 - iv. That house-flies breed in relatively small numbers, in ashpits where no fermentation takes place.
 - v. They do not breed in ashpits which are emptied at short intervals, or in the patent bins.
 - vi. That the use of disinfectants in ashpits does not prevent the flies breeding in such receptacles.
 - vii. That very dry, or excessively wet ashes, or moist cow dung do not harbour them.
 - viii. That the presence of fowls (not ducks or geese) which had free access to the stable middens reduced the number of larvae and pupae to a very marked extent.
 - ix. That the life-cycle of the fly, in all kinds of fermenting materials, is reduced to the minimum period of ten to fourteen days; and that, in the absence of such artificial heat, the cycle may occupy a period of from three to five weeks, or more, according to the temperature of the outside air.
 - x. That house-flies do not depend entirely upon excessively warm weather for breeding purposes, though in hot seasons they would breed much more rapidly in non-fermenting materials, and their numbers, under such conditions, would be greatly increased."

Professor Newstead, with a view of reducing house-flies to a minimum, submits the following suggestions:—

- "1. That stable manure and spent hops should not be allowed to accumulate in the middensteads, during the months of May to October inclusive, for a period of more than seven days.
- 2. All middensteads should be thoroughly emptied, and carefully swept at the period stated in 1.

The present system of partly emptying such receptacles should in all cases be discontinued.

The walls of middensteads should also be cemented over, or failing this, the brickwork should be sound and well pointed.

3. That all ashpits should be emptied, during the summer months, at intervals of not more than ten days.
4. That the most strenuous efforts should be made to prevent children defaecating in the courts and passages; or that the parents should be compelled to remove such matter immediately; and defaecation in stable middens should be strictly forbidden. The danger lies in the overwhelming attraction which such faecal matter has for house-flies, which latter may afterwards come into direct contact with man or his food-stuffs. They may, as Vedeer put it, 'in a very few minutes load themselves with dejections from a typhoid or dysenteric patient, not as yet sick enough to be in hospital, or under observation, and carry the poison so taken up, into the very midst of the food and water ready for use at the next meal. There is no long round-about process involved.'
5. Ashpit refuse, which in any way tends to fermentation, such as bedding, straw, old rags, paper, waste vegetables, dirty bedding from the 'hutches' of pet animals, etc., should, if possible, be disposed of by the tenants, preferably by incineration, or be placed in a separate receptacle, so that no fermentation could take place. If such precautions were adopted by householders, relatively few house-flies would breed in the ashpits, and the present system of emptying such places at longer intervals than, say, four or six weeks, might be continued.
6. The application of Paris Green (poison) at the rate of 2 ozs. to one gallon of water to either stable manure or ashpit refuse will destroy 99 per cent. of the larvae. Possibly a smaller percentage of Paris Green might be employed with equally good results.

One per cent. of crude atoxyl in water kills 100 per cent. of fly larvae.

The application of either of these substances might, however, lead to serious complications, and it is very doubtful whether they could be employed with safety. Paris Green, at the rate of 1 to 2 ozs. to 20 gallons of water, is used largely as an insecticide for fruit pests. It does no harm to vegetation when applied in small quantities; but cattle might be tempted to eat the dirty straw in manure which had been treated with this substance, and the results might prove fatal if large quantities were eaten.

7. The use of sun-blinds in all shops containing food which attracts flies would, in my opinion, largely reduce the number of flies in such places during hot weather. Small fruiterers' and confectioners' shops, as a rule, are not shaded by sun-blinds, and in their absence flies literally swarm on the articles exposed for sale.

8. The screening of middensteads with fine wire gauze would undoubtedly prevent flies from gaining access to manure, etc., but it is very doubtful if this method would meet with any marked success. The gauze would rapidly oxidise, the framework supporting it would probably warp, and numbers of flies would be admitted whenever the receptacle was opened. Moreover, the erection of such a structure would prove a great inconvenience and a hindrance to the removal of the refuse. This, however, does not prejudice the possibility of erecting a good flyproof screen in the future."

SLAUGHTER-HOUSES.

Increased attention is evidently being given to the Slaughter-houses, and some Medical Officers of Health (notably Dr. Kidd, Bromsgrove) deplores that some are improperly situated in populous localities. This, however, a Local Authority is powerless to prevent.

One of the main improvements effected is rendering the walls impervious and easily washable. Dr. Darby (The Lye) mentions that 2 Slaughter-houses in his District are still "without impervious walls."

The provision of Abattoirs, not only on sanitary grounds, but for humane reasons, is advocated from year to year by many Medical Officers of Health, but as the law now stands, Urban Local Authorities can build such desirable places, but they cannot oblige butchers to use them.

DAIRIES AND COWSHEDS.

The reports show that more attention is now given to Dairies and Cowsheds than was formerly the case.

I am convinced, however, that even yet the Milk Trade is not as well regulated as it ought to be. The evidence I adduced in my recent reports on the Cowsheds in the Upton-on-Severn and Rock Rural Districts, I venture to say, confirm that opinion.

The King's Norton Council, by means of their Private Act, possess special powers conferred by the "Model Milk Clauses," and have not only thoroughly enforced them through their Sanitary Officials, but have appointed a Veterinary Surgeon (Mr. Taylor, M.R.C.V.S.) to report on the dairies and cowsheds, to inspect suspected cows, and to examine diseased meat.

His interesting report is published with Dr. Green's. Mr. Taylor says "no doubt there are a great number, probably 5 per cent. "of the cows, suffering from the disease in the udder, and that a

"very much larger percentage, probably 40 per cent. are affected with the disease in other forms."

He also says "that urgent reform is still necessary in the housing of the cows, particularly in outlying districts, methods of cleanliness adopted in milking, and more extended powers for veterinary detection of Tuberculosis."

It is, of course, well known that a "Milk and Dairies Bill" was brought before Parliament during the present session by the President of the Local Government Board, and that the Board of Agriculture issued the "Tuberculosis Order 1909," which comes into operation on April 1st 1910.

The following Report is to be presented to the County Council on the 13th September 1909:—

"Tuberculosis Order of 1909.

"1. The Special Committee appointed by the Council in Minute No. 1909 have considered the circular letter of the 27th May 1909 received from the Board of Agriculture and Fisheries, and also the Tuberculosis Order of 1909.

"2. The Board have been informed that while in the main approving of the principles of the Order, other than the provision for all the compensation to be paid out of rates, the Committee desired to make the following suggestions thereon: namely—

"i. That inasmuch as the Order under which cattle may be slaughtered is framed in the interests of the public health it is essential that any compensation therefore should be paid out of Imperial funds.

"ii. That the compensation under Clause 7 (3) of the Order should be one-fourth of the value of the animal whatever such value may be and that consequently the words "or the sum of two pounds whichever sum is the greater" should be struck out.

"3. The Committee further recommended the Board to make similar provisions to those contained in the Order in respect of Irish cattle."

By order of the Chairman of the County Council and Chairman of the Sanitary Committee I prepared a "Memorandum" on this Bill and Order, which was laid before the Council on June 14th 1909, but as the "Bill" has been withdrawn for the present I scarcely think it necessary to repeat what I then said, especially as each member of the Council, and all local Sanitary Officials, received a copy of that Memorandum.

The following is an extract from a Report of the Sanitary Committee to be presented to the Council on September 13th 1909:—

"Milk and Dairies Bill 1909.

- "16. Your Committee have been requested by the Hertfordshire County Council to support certain suggested amendments to the above Bill, but in view of the observations contained in the Memorandum presented to the Council on the 14th June 1909 by the County Medical Officer, they recommend the Council to support an amendment of the Bill providing that the inspection and registration of Dairies and Cowsheds shall be dealt with by County Councils in all cases where the Local Sanitary Authorities fail to fulfil their duties in this respect, and that the County Council may take the initiative on a Report of the County Medical Officer as is done under Section 6 of the Isolation Hospitals Act."*

During the present year (June 1909) the Royal Commission on Tuberculosis (Human and Bovine) issued their "Third Interim Report," and the following extract from it (p. 5) has an important bearing on the milk trade.

The Commissioners state that:—

"Tuberculosis involving the udder is comparatively common in cows, and in such cases their milk always contains tubercle bacilli and is therefore dangerous for human beings consuming it. It was, however, undecided what is the danger, if any, attaching to the milk of tuberculous cows in which the udder presents no evidence of disease. We therefore took the opportunity of making a number of observations and experiments bearing on this point. The experiments were made with the milk of cows which had contracted the disease in the natural way.

"In natural Tuberculosis in the cow, cases which show such obvious symptoms of the disease as emaciation and cough, should be considered separately from the cases in which there is no such signs, and in which the disease is to be recognized during life only by means of the injection of tuberculin.

"None of the cows investigated showed any sign of disease of the udder during life, and in all, after slaughtering, udder was carefully examined for tuberculous lesions and tubercle bacilli. No Tuberculosis was found except in one case, in which one quarter of the udder showed four small nodules. These could not possibly have been detected during life.

"We found that the milk of cows obviously suffering from Tuberculosis contained tubercle bacilli whether the milk was obtained in the ordinary way or was withdrawn from the teat by means of a sterilised catheter. The presence of tubercle bacilli in the milk of cows clinically recognis-

* This recommendation was adopted by the County Council, 13 Sept., 1909.

"able as tuberculous confirms the opinion we expressed in
"our Second Interim Report that the milk of such cows
"must be considered dangerous for human beings.

"The experiments which we have carried out with regard to the
"infectivity of the faeces of tuberculous cows were dictated
"by knowledge of the fact that dirt of various kinds from
"cows and the cow-shed is almost constantly present in
"milk as it reaches the consumer. Cows suffering from
"extensive Tuberculosis of the lungs must discharge considerable numbers of bacilli from the air passages in the
"act of coughing, and some of the bacilli thus expelled
"may find their way into the milk. But our experiments
"indicate that the excrement of cows obviously suffering
"from Tuberculosis of the lungs or alimentary canal must
"be regarded as much more dangerous than the matter discharged from the mouth or nostrils. We have found that
"even in the case of cows with slight tuberculous lesions
"tubercle bacilli in small numbers are discharged in the
"faeces, while as regards cows clinically tuberculous our
"experiments show that the faeces contain large numbers
"of living and virulent tubercle bacilli.

"The presence of tuberculous cows in company with healthy
"cows in the cow-shed is therefore distinctly dangerous, as
"some of the tubercle bacilli which escape from their bodies
"in the excrement are almost certain to find their way into
"the milk."

As regards the "Design of a Cowshed" issued with my last
"Digest," I am glad to report that several cow-keepers have remodelled or built cow-sheds after that design, and have found in practice that the plan is a practical success.

BYELAWS.

Stourport Urban District.

The existing Byelaws, which were approved by the Local Government Board in 1890, are under the consideration of a specially appointed Committee.

Shipston-on-Stour Rural District.

There are no Byelaws with reference to slaughter-houses in force, but Dr. Findlay mentions that he thinks a set for the better regulation of the cleaning out of privies and removal of night soil etc., would be very useful at Shipston and Blockley, as they would fix the hours for scavenging. Dr. Findlay has several times previously made this suggestion, but apparently he appeals to the Shipston Council in vain.

FACTORIES AND WORKSHOPS, AND BAKEHOUSES.

Evidently inspection of the Factories and Workshops is carried out in all the County Districts and the Bakehouses also receive attention. On the whole they are reported to be in a satisfactory state.

SCHOOLS.

The following list shows the number of Schools closed during 1908 on account of epidemic disease and as to which "Special Reports" from the Medical Officers of Health were received (18 (16) of Local Government Board Order as to Duties of Medical Officers of Health):—

Measles	-	-	-	-	-	30
Whooping Cough	-	-	-	-	-	12
Diphtheria	-	-	-	-	-	10
Disinfection after infectious disease	-	-	-	-	-	8
Mumps	-	-	-	-	-	7
Scarlet Fever	-	-	-	-	-	4
Chickenpox	-	-	-	-	-	2
Influenza	-	-	-	-	-	1
Drainage alteration	-	-	-	-	-	1

75

Closing Orders for these Schools were issued under Article 57 of the Education Code. The exact wording of this Article is given in my last "Digest" (p. 74); and expressly states that "The Sanitary Authority of the District in which the School is situated, or any two members thereof, acting on the advice of the Medical Officer of Health," may close the School.

Once more I wish to point out that Medical Officers cannot themselves close Schools, and give a certificate to that effect; official closure can only be brought about by the order of the "*Sanitary Authority*" or "*any two members thereof*"; who would of course "*act on the advice of their Medical Officer of Health.*"

I raise this question, as the Board of Education will not pay the "grant" unless closure is effected in proper order.

I venture therefore to ask those Medical Officers in the County, who do not strictly adhere to this formal plan, to do so, and to remind them that forms for this purpose were first sent to them in 1906, and that copies of these can at any time be obtained from me.

It will be seen from the tabular statement just given that most of the Schools were closed on account of outbreaks of Measles. In my last "Digest" (p. 17) I quoted the Memorandum issued by the Local Government Board with regard to the closing of Schools on

account of Measles, which advocated "class closure" under certain conditions; but in my First Annual School Report (where I also referred to the question) I said: "The adoption of Class-closure would no doubt dislocate School arrangements, but as the plan operative in Birmingham does not do so, and has been found to be equally effective, I advise you to try it, in preference to that recommended by the Local Government Board."

In consequence of this the Director of Education sent the following Circular to Head Teachers:—

"The question of the best method to be adopted with a view of preventing the spread of Measles has recently been considered by the Education Committee. I have been directed to request you, as soon as you hear of a case of Measles among the children attending your School, to send a notice to the parents of all children in the same class, or, if necessary, to the parents of all children who are taught in the room.

"I am sending a book of forms for this purpose.

"If you refer to the first Annual Report of the School Medical Officer (page 48) you will find some remarks bearing on this question."

The Notice reads:—

"Form 40. M.I.

"*Worcestershire County Council.*

"*Education Committee.*

".....School.

".....Dept.19 .

"*Measles.*

"Sir, or Madam,

"A case of Measles has occurred in the class at the above School in which your child is a scholar. I am desired to ask you to continue to send your child to School unless any of the early signs of Measles are noticed, such as sneezing, running at the eyes and nose, a general appearance of having caught a cold, and probably a feeling of being out of sorts.

"If you notice any of these signs within the next ten days, it will be well to keep your child away from School, and in a warm room (preferably in bed) for three days, by which time you will be able to decide whether Measles is going to develop or not.

"It is most important in preventing the spread of Measles that the first signs of the disease should be noted, and the child kept at home.

"The receipt of this notification will not entitle a parent to keep his child away from School without definite reason.

"Yours faithfully,

"

"Head Teacher."

I may add that the exclusion of children from infected households from School is not advocated if it is certain that they themselves have had Measles; but if they have not had the complaint their exclusion is advised.

I mentioned in my last "Digest" (p. 73) that—

"In a Memorandum as to Annual Reports of Medical Officers of Health, issued by the Local Government Board in December 1907, it is mentioned that: 'As subjects concerning which the Board wish to obtain through Annual Reports of Medical Officers of Health not only definite general information, but also of particular changes of condition that may have occurred incidentally or by action of the Local Authority, the following especially deserve to be borne in mind: Schools, especially Elementary Schools, sanitary condition of, including water-supply; action taken in relation to the health of the scholars, and for preventing the spread of infectious diseases.'

"Thus the special attention of the Medical Officers of Health is called to School sanitation; a subject little referred to in the Annual Reports. Owing to the Board's Memorandum pointing out their obligations, the Medical Officers will no doubt next year have more to say on the subject."

I regret that even though the Local Government Board require Medical Officers of Health to give "definite general information" as to the sanitation of Schools, the Annual Reports on the Bewdley, Bromsgrove, North Bromsgrove, Droitwich, Malvern, Oldbury, Redditch, Stourbridge and Stourport Urban, and Bromsgrove, Droitwich, Halesowen, Kidderminster, Martley, Newent, Rock, Shipston-on-Stour, Stow-on-the-Wold, Tenbury, Upton-on-Severn, Winchcombe, and Yardley Rural Districts, contain no reference to this subject. The Board of Education have also pointed out (Circular 596, p. 7) that although the Act of 1907 has to some extent the effect of conferring on a Local Education Authority powers concurrent with those which it exercises as Sanitary Authority (or in which in the case of a County are exercised by the Authorities of the Local Sanitary Areas in the County) it is extremely important that full use should be made of the powers exercisable in the latter capacity.

I have already alluded to the disinfection of Schools under the heading of "Disinfection" (p. 39 and 40).

HOP-PICKERS AND PEA-PICKERS.

Hop-pickers.

Martley Rural District.

Dr. Greensill says:—

“Inspection of the accommodation provided for Hop-pickers
“was carried out as usual this year, and Dr. Farrer, a
“Local Government Board Inspector, visited some of the
“farms with Mr. Inskip and myself. The conditions on
“one of these farms were so bad that Dr. Farrer made a
“report on the subject to the Local Government Board and
“a copy of this report was sent to you.

“Complaints regarding the quarters here and on other farms
“were received through the County Medical Officer. I in-
“vestigated them and made a special report to you.

“The majority of the complaints were contained in a private
“letter, and had reference to the quarters situated in the
“Shelsley District.

“The complaints were so outrageous and so absolutely contrary
“to the facts revealed at Mr. Inskip’s and my own inspec-
“tions that you decided to follow in future the practice of
“the Local Government Board, and to take no official notice
“of any private or anonymous communications.

“As I mentioned in my Reports in former years, and my Special
“Report this year, what is most urgently required is in-
“creased attention to the disposal of refuse and to the pre-
“vention of nuisances arising in connection with the privy
“accommodation.”

This action of the Martley Rural Council was brought to the notice of the Local Government Board, who wrote to the Clerk of the Martley Council on the 5th February 1909:—

“I am directed by the Local Government Board to advert to
“your letter of the 19th ultimo, with reference to the
“accommodation for Hop-pickers in the Martley Rural Dis-
“trict; and I am to state that, in the Board’s view, the
“District Council should enquire into any complaints laid
“before them by a responsible Officer of the County Coun-
“cil, even though the Officer may not feel at liberty to give
“the source of his information. In this connection I am to
“state that the Board have themselves received from a
“reliable source a private communication which confirms
“the complaints in respect of Mr. Leeke’s farm which were
“brought to the notice of the District Council by the County
“Council.

“I am to add that the Board note with satisfaction that the
“District Council have now given instructions for the
“regular inspection of all farms on which Hop-pickers are
“employed both before the premises intended for the

"pickers are occupied and during their occupation; and the Board trust that these instructions will be efficiently carried out and render future complaints unnecessary."

Pershore Rural District.

Byelaws for Hop-pickers are now in force; copies have been sent to the occupiers of the four hop-yards in the District, and the District Sanitary Inspector has been instructed to see that these regulations are carried out.

Tenbury Rural District.

Dr. White says:—

"The Report on the accommodation for Hop-pickers showed that the majority of these places require some improvement to make them conform to the recently adopted Byelaws. This matter should be considered again before the pickers arrive, because the Byelaws are very reasonable and can be carried out at small expense."

The above are the only Annual Reports which contain references to Hop-pickers.

PEA-PICKERS.

This is a subject somewhat fully dealt with in my last Annual Report. A definite complaint was made to the Local Government Board that the Pea-pickers were a nuisance in the Parish of Sedgeberrow (Evesham Rural District); so Dr. Farrar attended a meeting and discussed the matter.

The outcome of this was that a Conference of Pea Growers and members of the District Council was held at the Evesham Workhouse on the 17th February 1909; but no practical conclusion was arrived at.

Dr. Farrar has now issued his Report *and as a summary of it is in type* in connection with the forthcoming Report of your Committee, I think it may be well to give it here:—

"In a Report to the Local Government Board on the Lodging and Accommodation of Hop-pickers and Pickers of Fruit and Vegetables (No. 252), published in February 1907, I dealt briefly with the subject of the lodging and accommodation of Pea-pickers; but, as it seemed to be desirable to obtain further information on the subject, I was directed to extend my enquiries. Accordingly during the green-pea harvest of 1908 I made special investigation into the conditions of the pea-picking industry, and have subsequently accumulated information on the subject of fruit and vegetable picking, and other branches of agriculture in which casual or temporary labour is employed.

"In the course of my inquiries I have visited the Maldon,
 "Chelmsford, Braintree, and Ongar Rural Districts of
 "Essex, and the Evesham, Pershore, and Upton-on-Severn
 "Rural Districts of Worcestershire, at various dates during
 "the green-pea harvests of 1906 and 1908. . . . I
 "have received valuable information and assistance from
 "Dr. Thresh, County Medical Officer for Essex, Dr.
 "Fosbroke, County Medical Officer for Worcestershire, and
 "from the Medical Officers of Health and Inspectors of
 "Nuisances for the rural districts above named and other
 "rural districts in which temporary or casual labour is
 "employed in agriculture.

* * * * *

"I have, moreover, conferred with many farmers in the districts
 "affected.

* * * * *

"The total area on which peas were grown in Great Britain in
 "1907 was 166,136 acres, but by far the greater part of the
 "peas grown are reaped, threshed, and harvested in the
 "same way as corn crops, only a small proportion being
 "picked 'green' by hand. * * * The total area on
 "which peas are so picked does not exceed 10,000 or 12,000
 "acres.

* * * * *

"Practically the only counties in which the employment of
 "immigrant labour for the green-pea harvest constitutes a
 "problem of serious magnitude are Essex and Worcester-
 "shire.

"The area on which green peas are harvested is estimated by the
 "Board of Agriculture and Fisheries to amount to 4,700
 "acres in Essex and 4,100 acres in Worcestershire.

"In these counties the green-pea harvest is gathered to a small
 "extent by local, but principally by immigrant, labourers.

"These latter are of different classes: some are casual labourers
 "or persons temporarily employed; others are persons habit-
 "ually leading a vagrant life, either Romanies or English
 "nomads, who work from May to October through a cycle
 "of fruit and vegetable harvests, and in the winter live by
 "hawking, peddling, or sometimes navvying; others are
 "mere tramps, who seldom work, but wander from one
 "casual ward to another, and eke out their livelihood by
 "begging.

* * * * *

"The pure-bred Romanies, habituated for many generations to
 "the nomad life, and living in vans or in skilfully con-
 "structed and weather-proof wigwams, can well adapt
 "themselves to the conditions of pea-picking. * * *

"It is difficult to determine the exact number of persons engaged
 "in pea-picking in Essex and Worcestershire * * *
 "I estimate that in Worcestershire from 3,000 to 4,000 and
 "in Essex from 4,000 to 5,000 are so employed.

"The wages paid are—in Worcestershire about 5d. to 8d. per
 "'pot,' equal to about 40 lbs., and in Essex 1s. to 1s. 6d.
 "per 'bag,' equal to about 80 lbs. * * *

"A moderately good picker can make about 4s. or even more in
 "a day of 14 hours. * * * Many of them, however,
 "continue working only until they have earned a shilling or
 "two; whereupon they cease, not resuming work till they
 "have expended the money in drink. The number of
 "vagrant pea-pickers in the district is, therefore, always
 "largely in excess of the numbers actually at work at any
 "given time.

* * * * *

"Owing to the total want of organization of the pea-picking in-
 "dustry and the uncertainty as to the date of the com-
 "mencement of the harvest large numbers of immigrants
 "invade the districts affected about a fortnight before the
 "peas are ready for picking. Hundreds of them, espec-
 "ially if the weather be fine, sleep by the roadside under
 "hedges, or in ditches, or in any barns or outhouses to which
 "they can gain admission. Hundreds, again, resort to the
 "casual wards of the workhouses.

"It will be noted that in almost every union of Worcestershire
 "and Essex there occurs during the early part of June a
 "remarkable increase of the number of vagrants admitted.
 "* * * In most of the Worcestershire Unions there is to
 "be observed a second rise in August followed again by a fall
 "in September during the hop-picking season.

"When the harvest begins, many farmers allow the pickers to
 "occupy barns, stables, cowsheds, pigsties or other farm
 "buildings, or the pickers in some instances invade such
 "buildings without the farmers' sanction. Commonly no
 "preparation is made for their reception; they often sleep
 "on straw on which cows or horses have recently lain and
 "which is full of manure; the buildings which they occupy
 "are frequently in bad repair; no provision is made for
 "washing; and no supervision is exercised to secure proper
 "separation of the sexes. The farmer generally allows the
 "pickers to help themselves to clean straw, and some pro-
 "vide firewood, which the pickers would otherwise take for
 "themselves out of the hedges or by breaking up wooden
 "buildings, railings &c. (I have known a wooden privy to
 "be broken up for firewood); but in other respects many,
 "if not most, farmers disavow any further responsibility
 "for the comfort of these people.

"In a few cases second-hand bell tents are provided by the
"employer; these are as often as not leaky and in bad
"repair.

* * * * *

"Some farmers allow the pickers to help themselves to straw
"and hurdles, out of which they construct rude wigwams.
"I have found more than 200 persons occupying such wig-
"wams in a single field in Worcestershire; most of them
"had been camped on the same spot, working for one
"farmer, for about three weeks. Hundreds of pickers con-
"struct for themselves nests with pea haulms in ditches or
"under hedges. * * * Many merely camp out by the
"roadside, or in rainy weather creep into any deserted cot-
"tage or under bridges, or into any casual shelter they can
"find. In no instance have I found accommodation pro-
"vided for pea-pickers of the type that is provided, at any
"rate by the better farmers, for hop-pickers; and, in
"general, the lot of the pea-picker is one of extreme dis-
"comfort.

* * * * *

"The presence of pea-pickers is regarded as an unmitigated
"nuisance by all residents in the pea-growing districts, ex-
"cept the farmers on whose farms they are actually em-
"ployed. Drunkenness is habitual among them, and is so
"notorious that some publicans refuse to serve pea-pickers,
"and put up notices outside their houses 'No pea-pickers
"served here.' Lodging-house keepers often refuse to give
"shelter to pea-pickers on account of their drunken habits.
"When drunk they often insult and menace passers by,
"and in some districts it is regarded as unsafe for women
"or girls to traverse the roads at night during the pea
"harvest. Wilful damage, petty larceny, and even house-
"breaking are committed by them, and additional police are
"required to maintain order and prevent crime. The Chief
"Constable of Worcestershire, who has been good enough
"to obtain for me detailed information on this subject from
"his superintendents of police, says 'there is no doubt what-
"ever that this class forms a very serious nuisance to
"the residents in country districts, and gives the police a
"very serious amount of trouble.' * * *

"It was shown in my reports above mentioned on the lodging and
"accommodation of hop-pickers and strawberry-pickers,
"that it is customary for farmers to provide accommodation
"for the temporary labourers engaged in harvesting hops
"and strawberries; * * * ; that in many districts
"byelaws regulating the accommodation provided have been
"adopted. * * *

"Certain circumstances require to be considered which make the
"problem of providing accommodation more difficult in the
"case of the pea harvest than it is in the case of either the
"hop or the strawberry harvest.

" 1. The total duration of the pea harvest is commonly about
 " four weeks, not much less than that of the hop harvest,
 " but the duration of operations on any given farm is,
 " usually, less than this. Peas, moreover, are not always
 " grown on the same field, or even on the same farm two
 " years in succession. * * * A field of peas may be
 " stripped outright in a day by a gang of 200 or 300 pickers,
 " and the same gang may then be moved to another farm,
 " perhaps 5 or 6 miles away. The provision, therefore, of
 " permanent huts is not generally thought to be feasible in
 " respect of pea-pickers.

" In the case of peas, the ripening of crops is more readily
 " accelerated by a few days of sunshine, and delayed in a
 " greater degree by bad weather than in the case of hops
 " and strawberries, so that the exact date when a crop of
 " peas may be ripe for gathering cannot be so accurately
 " foreseen as in the case of hops and strawberries. The
 " exact date, moreover, on which it may pay the purchaser
 " to garner any given crop of peas is subject to fluctuations
 " of the market.

* * * * *

" Employers repudiate responsibility for the accommodation of
 " such persons when they are not actually at work.

" 3. Partly arising out of the foregoing conditions there is a
 " total want of organization of this class of labour. This
 " want of organization is the main reason that underlies the
 " failure to provide accommodation for pea-pickers. Where-
 " as hop-pickers and strawberry-pickers are usually recruited
 " in definite gangs in certain towns and brought down by
 " rail to the place where they are required, no such provision,
 " so far as I have been able to ascertain, is ever made in the
 " case of pea-pickers.

" The employers, knowing that abundance of cheap labour will
 " be available from the hordes of casual labourers, vagrants
 " and gypsies that invade the district, are apparently under
 " no inducement to provide lodgings for those whom they
 " engage. * * * The number of pea-pickers employed
 " in any district is greatly in excess of the numbers actually
 " at work at any given moment: the provision of lodging
 " for all pea-pickers employed, therefore, would include
 " such provision being made for many persons who only
 " work at irregular intervals and for short spells.

" If the above difficulties are regarded as insuperable, then the
 " wretched plight of the pea-pickers must remain without
 " remedy, and the districts concerned must continue to en-
 " dure the evils attendant on their annual invasion. For
 " the reasons that follow, however, it does not appear that
 " these difficulties can properly be regarded as insuperable.

" In the first place local labour might, under proper conditions,
 " be employed to a much greater extent than at present. As

"things now are, vagrant labour being cheap and readily
 "obtained, farmers will not take the necessary trouble to
 "organize local labour. Moreover, local women generally
 "refuse to work in the same field with persons of the vagrant
 "class, and I have been told of instances in which the
 "vagrants have ousted local labourers by violence and in-
 "timidation. But some farms, even now, local labour is
 "employed, and there can be no doubt that with proper
 "organization it could be employed to a far greater extent
 "than at present, and the amount of imported labour neces-
 "sary for the harvest very materially reduced. Gangs of
 "local pickers could be readily conveyed over relatively
 "wide areas in brakes or farm waggons from farm to farm.

"So far as the employment of immigrant labour might still be
 "necessary, the evils attendant on the system might be much
 "reduced by the engagement (as in the case of hop-pickers
 "or strawberry-pickers) of gangs of workers in the large
 "towns and their conveyance into the district by rail. When
 "the harvest was ripe for picking the gang could be sum-
 "moned at short notice by a telegram to the ganger. * *
 "As the acreage under cultivation for peas varies on different
 "farms, some farmers growing many fields of peas and
 "others only one or two, the system of engaging definite
 "gangs of pickers would only be practicable if the em-
 "ployers of these imported pea-pickers would combine for
 "this purpose. Such combination should entail no insuper-
 "able difficulties.

* * * * *

"It would be a further advantage if arrangements were made by
 "the employer for the conveyance of food in carts to the
 "places where the pickers are lodged. * * *

"*Shelters.*—For reasons already given it may be conceded that
 "it is not practicable to provide on every farm on which
 "immigrant pea-pickers are employed temporary shelters
 "specially constructed for their reception, but as regards
 "the pea-growing districts of Essex and Worcestershire I
 "have satisfied myself, by personal observation and by
 "conversation with farmers and others acquainted with
 "these districts, that it would be practicable to provide in
 "central situations temporary barracks of simple con-
 "struction which would suffice for harvesting operations on
 "several farms within a radius of, say, three miles. Build-
 "ings of this class can be so cheaply erected that if a small
 "charge were made for admission they could be made to
 "pay for their erection, and I believe that such a charge
 "would be willingly paid.

"Scores of pea-pickers who had no shelter but the hedgerows
 "have assured me that they would gladly pay 2d. for a
 "night's lodging. * * *

" *Tents* might be utilized to a greater extent than at present, but
 " their employment requires careful supervision. Where I
 " have seen tents in use they have been generally unsatisfac-
 " tory, being second-hand bell-tents, made of condemned
 " army tentage, often full of rents and holes, and in most
 " cases the number of tents provided has been inadequate.

* * * *

" *Farm buildings*.—In many cases ordinary farm buildings can
 " be made to suffice for the lodging of pickers, but, if so
 " used, these should be clean and weather-tight, and should
 " be divided in such a manner as to secure proper separation
 " of the sexes.

" It has been shown that want of organization is the main reason
 " that underlies the failure to provide proper accommoda-
 " tion for pea-pickers. * * *

" Most farmers with whom I have conversed deride the idea of
 " co-operation for this purpose, and there appears to be no
 " sufficient inducement, such as exists under the more per-
 " manent conditions of the hop-harvest, for them to organize
 " so as to overcome the present difficulties.

" In this connection it is important to note that the farmers in
 " most cases repudiate any moral responsibility for the con-
 " ditions under which the pea-pickers are employed, by
 " transferring the onus to the shoulders of the salesman who
 " buys the crop.

" As a general rule, the farmer sells his crop of peas "standing"
 " and all arrangements for harvesting the crop are made by
 " the buyer, who may or may not make some sort of bargain
 " with the farmer for the accommodation of his pickers, but
 " is under no compulsion to do so. In his turn, the buyer
 " disclaims all responsibility for the lodging of 'hands' who
 " are engaged for piecework only and discharged every
 " evening. Being in most cases a stranger to the district the
 " buyer is not readily amenable to the force of local public
 " opinion.

" It has been shown that the conditions of the pea-picking in-
 " dustry, both as regards the hardship and suffering
 " inflicted on the pea-picker and the nuisance entailed on
 " the general public, involve evils which call urgently for
 " remedy. It has also been shown that these evils could by
 " proper organization be remedied at a small cost, but that
 " no motive, whether of self-interest, of moral responsibility,
 " or of public opinion, has hitherto sufficed to bring about
 " the necessary organization.

" In these circumstances it appears unlikely that material im-
 " provement is to be anticipated in the conditions under
 " which pea-pickers work unless their employers are com-
 " pelled to provide the accommodation necessary for their
 " welfare and comfort. There is, however, no enactment

“by which such compulsion may be secured. It is true that
“a local authority may make byelaws for securing the
“decent lodging and accommodation of pea-pickers, but
“byelaws of this kind do no more than regulate the nature
“of such accommodation as may be provided. There is
“no power to deal with an employer who evades the bye-
“laws by refusing to provide any accommodation at all.

“This point is illustrated by the experience of the Ongar Rural
“District Council, who in 1906 adopted a code of byelaws
“embodying certain modifications of the Local Government
“Board’s Model Series which were made with a view to
“meeting the special requirements of the pea-picking
“industry.

“In 1907 this Council reported to the Board that ‘whereas
“‘before the byelaws came into force certain employers of
“‘pea-pickers provided tents or other means of shelter for
“‘their employees, on an inspection of the camps this year,
“‘when the byelaws were in force, not a tent or any means
“‘of shelter whatsoever was provided by the employers.’

“The Council drew attention to the anomaly exhibited in the
“fact of a rural council being given power to make byelaws
“for securing decent lodging and accommodation whilst the
“power to compel the provision of such lodging and accom-
“modation is withheld.

“In its legal aspect the problem appears to form part of the
“general problem of vagrancy. If the vagrant population
“could be satisfactorily dealt with, it might then be pos-
“sible to fix on the employer of labour, whether farmer or
“salesman, the responsibility for providing proper accom-
“modation for immigrant pea-pickers. Such legislation
“would supply the necessary stimulus for organisation
“which I have shown to be wanting at present.

“The farmer who grows peas is the means of bringing into his
“district a very large number of persons for whom the
“existing accommodation of the district is insufficient.

* * * * *

“The problem of replacing casual tramp labour by organized
“labour, and providing proper accommodation for work-
“people appears to have been successfully solved since 1903
“near Blairgowrie, in Scotland, where much fruit is grown
“for jam-making, chiefly by small holders.

* * * * *

“The successful temporary employment of boys from industrial
“schools suggests that boys of suitable age from similar

"schools might be employed for pea-picking in Essex and Worcestershire. They could easily be marched from farm to farm and it would not be difficult to arrange for their being camped under canvas."

It will thus be seen that practically the only Counties concerned are Worcestershire and Essex.

MEAT INSPECTION.

The Reports contain little information as to the action taken in connection with the inspection—and, if necessary, "seizure"—of food.

A vendor of bad fish in the Oldbury District was heavily fined.

A circular was sent round to the meat traders in the King's Norton District asking them to notify to the Health Department all meat showing signs of disease or unsoundness. It was pointed out, if this was done, no legal proceedings would be taken, if any meat was voluntarily surrendered to the Inspector for destruction.

This was taken advantage of largely; in only two cases was seizure made and carried to the Courts.

13 cwt. 3 qrs. 7½ lbs. of meat were condemned.

This excellent example could, I think, be followed with advantage in other districts.

BATHS AND WASH-HOUSES.

Bromsgrove Urban District.

Dr. Kidd says:—

"In August 1907, plans were submitted and passed for the alteration of premises in High Street so as to provide public baths and wash-houses. The plans were again mentioned in April this year. On each occasion I warmly approved of the project and I am sorry that nothing further has been done in the matter. The provision of public baths would be a boon to the town, and if private enterprise is unable to supply them I think it is a question worth considering whether they could not be undertaken by the District Council. I cannot but think that such an undertaking would be successful financially and that the baths would very soon more than pay for their original cost and upkeep."

MIDWIVES ACT 1902.

"Number of Midwives in County.

- " 3. During the year ended 31st December 1908 there were 327
" Midwives on the Roll for Worcestershire, as compared
" with 315 in 1907.
- " 4. During 1908, 20 Midwives retired from various causes, viz.,
" old age or ill health 6, deaths 4, left County 9, and 1 was
" struck off the Roll.
- " 5. Of the 32 newly added Midwives all were trained, and in-
" cluded 3 women who were trained by your Committee,
" and who were successful in obtaining the Certificate (after
" examination) of the Central Midwives Board.

"Inspection of Midwives.

- " 6. The new arrangement whereby the Assistant School Medical
" Officers undertake the inspection of Midwives came into
" force on the 10th August 1908. Since that time nearly
" all the Midwives have been visited once and some twice
" or three times.
- " 7. One effect of the inspection of Midwives under the Mid-
" wives Act 1902 has been the gradual transference of work
" from ignorant, dirty and untrained Midwives to those who are
" trained. This very important and necessary process is
" gradually proceeding, and there is in addition a marked
" change for the better in the habits and cleanliness of the
" majority of the untrained Midwives who remain, due
" entirely to the supervision and work of the Inspectors of
" Midwives.
- " 8. Each Midwife when visited by the Inspector had her appli-
" ances and house inspected and mode of practice investi-
" gated, and as a result many conditions were discovered
" which necessitated Midwives being cautioned or reprimanded.
- " 9. Some of these warnings have been on account of the follow-
" ing circumstances:—
" Registers improperly kept.
" Lining of bag not provided, or if existing, very dirty.
" Non-provision of disinfectants.
" Person untidy and dirty; houses the same.
" Medical Aid Records allowed to accumulate instead
" of being sent on within 48 hours to Local Super-
" vising Authority.
- " 10. The bag of one Midwife was found to contain a dirty
" lump of fat in dirtier paper, which was said to be 'fresh
" 'liquor' and 'useful to have about.' This woman has
" an extensive practice. She is receiving special attention.

- " 11. It was necessary to recommend the Central Midwives Board to strike one woman's name off the Roll for neglect of her patient, and this recommendation was adopted.

" Medical Aid Records.

- " 12. The Rules of the Central Midwives Board require a Midwife in certain conditions of the mother or child to advise in writing that a Medical Practitioner be sent for and to send to the Local Supervising Authority a notice in each case where this has been done.

- " The following numbers of Notices have been received during the past four years: viz.—

1908.	1907.	1906.	1905.
193	194	171	136

- " 14. The reasons given for sending for a Doctor were as follows:—

" Delayed labour	-	-	-	-	49
" Hemorrhage	-	-	-	-	18
" Abnormal presentation	-	-	-	-	30
" Death of mother or child	-	-	-	-	5
" Adherent or retained placenta	-	-	-	-	13
" Lacerated perineum	-	-	-	-	12
" High temperature	-	-	-	-	4
" Unsatisfactory progress	-	-	-	-	37
" Premature birth	-	-	-	-	9
" Still-births	-	-	-	-	16

" Still-births.

- " 15. The number of Still-births similarly reported during the past four years is as under:—

1908.	1907.	1906.	1905.
90	78	79	57

- " 16. There is no reason to suppose that any of these deaths were obviously attributable to carelessness on the part of the Midwife.

- " 17. From these figures it would appear that Still-births are increasing, but it is doubtful if this is so, and the increase is probably accounted for by the fact that as a result of constant supervision the Midwives now notify cases which some years ago would never have been heard of officially.

- " 18. At Lye a case was reported where a Midwife had certified for burial a live-born child as still-born. This was done to save the burial fees. The facts were reported to the

"Police and Registrar-General, but the latter did not feel
"justified in instituting proceedings, but cautioned the
"woman as to her future conduct.

"Puerperal Fever.

- "20. Thirteen cases have been reported during the year, as
"compared with 18 cases in 1907 and 19 in 1906.
- "21. Following the usual routine each Midwife concerned was
"suspended by the County Medical Officer pending dis-
"infection, and although in no case was an official enquiry
"found necessary there were several cases where insufficient
"attention had been paid to the Rules.
- "22. It has not been considered necessary to suspend the Mid-
"wife for a longer period than 7 days from the date of dis-
"infection, and the Central Midwives Board evidently
"agree with such procedure, as at their Meeting held on the
"17th December 1908, they resolved 'that prolonged sus-
"pension after infection is not to be recommended (a) be-
"cause suspension without adequate disinfection is use-
"less and (b) because adequate disinfection renders sus-
"pension unnecessary."
- "23. Instructions are sent to each Midwife in attendance upon
"a Puerperal Fever patient as to the disinfection she should
"undertake after ceasing attendance, and steps are taken to
"ascertain that the instructions are carried out.
- "24. It has been found necessary to suspend two Midwives who
"had been in contact with infectious diseases other than
"Puerperal Fever.
- "25. On the reorganization of the work in connection with the
"School Medical Service, Dr. Mary Williams submitted a
"report on the cases of Puerperal Fever which had oc-
"curred since 1905.
- "26. The infringement of the Rules she discovered were sum-
"marized as under:—
- "The doctor was called in too late in 3 cases.
 - "No disinfectant had been used in 4 cases.
 - "Disinfectant was wrongly used in 2 cases.
 - "Other preventable bad practices had occurred in 5
"cases.
 - "Midwife very dirty personally in 7 cases.
 - "Midwife attending other cases concurrently in 2 cases.
 - "No fault to be ascertained in 8 cases.
- "She adds, 'In one way, cases of Puerperal Fever are a
"blessing in disguise. There is no condition under which
"the Midwives, without exception, are in so teachable a
"frame of mind. Instructions given just after a case of fever
"is nearly always remembered.'

"Payment of Medical Practitioners.

- " 27. The Rules require that 'a Midwife shall refuse to attend alone
 " ' whenever a case presents features of difficulty.' Printed
 " forms are prescribed on which she is to write out an urgent
 " request and hand to the Husband with the advice that a
 " Doctor be called in.
- " 28. In connection with this authorised Summons the question
 " has arisen, viz., 'Who is to pay for the doctor in those
 " cases where the patient cannot afford to do so? for natur-
 " ally doctors do not care to be called in without remun-
 " eration.
- " 29. The Local Government Board issued an important Circu-
 " lar bearing on this subject on 29 July 1907, which points
 " out that the Poor Law Guardians have power 'if they
 " think proper, to pay for any medical or other assistance
 " which shall be rendered to any poor person on the hap-
 " pening of any accident, bodily, casualty or sudden ill-
 " ness, although no order shall have been given for the
 " same by them or any of their officers or the overseers.'
- " 30. The Local Government Board state that they are advised
 " that it is competent to the Guardians to pay the fee of
 " any medical man called in on the advice of a Midwife to
 " attend upon a poor person in the case of difficulty.
- " 31. With a view to some uniform scheme of payment to Medi-
 " cal Practitioners called in on the advice of a Midwife,
 " your Committee communicated with the 22 Boards of
 " Guardians in the County and suggested the following
 " system, viz:—
- " 1. That the fees of Doctors summoned by Midwives in
 " cases of emergency (Midwives Act 1902, Rule 18)
 " should in all cases be paid by the Boards of Guar-
 " dians.
- " That the fees payable to any Doctor be—
 " 10/6 for ordinary cases.
 " £2 os. od. for abnormal cases.
- " 3. That the Boards of Guardians should make all neces-
 " sary enquiries to prove the poverty of the patient,
 " and could take such steps as they may think fit to
 " recover the fees in cases where the patients are able
 " to pay for them.
- " 32. Replies have been received from all the Boards, but un-
 " fortunately with few exceptions it has not been possible to
 " arrive at any uniform system of payment.

"Outbreak of Pemphigus.

- " 34. A very exceptional and interesting outbreak of Pemphigus
 " (5 deaths) occurred in the practice of a Midwife at
 " Oldbury early in 1908, and a full report was sent to the

"Midwives Board, who approved the action of the Committee in suspending the Midwife for three months.

- "35. On the woman resuming practice after suspension, a further case was notified, and the woman again suspended. As the outbreak was so unusual the Local Government Board, at the request of the Privy Council, appointed Dr. Cope-
man to report upon it, but his investigations are not yet finished.

"Training of Midwives.

- "36. By means of annual grants from the Education Committee, women have been sent for training during each of the past four years.
- "37. The following Table gives information as to this:—

Year.	Amount of Grant. £	No. of Women trained.	No. successful in obtaining Central Midwives Board Certificate.
"1905 ...	100	2	1
"1906 ...	100	5	4
"1907 ...	100	3	3
"1908 ...	200	8	1*

- "38. It is satisfactory to be able to add that the percentage of trained Midwives in the County has risen from 7 per cent. in 1905 to 27 per cent. in 1907 and 28 per cent. in 1908.
- "39. It is very necessary that the work of training should be continued, for, although no serious shortage of Midwives is anticipated at present, there are many old women who will probably not practice much longer; indeed (in January 1909) six intimated that they were 'retiring on 'Old Age Pensions.' Furthermore there are many women who are unfit to be Midwives, but who cannot be removed from the Roll unless they commit some offence against the Rules, but until trained women can take their places they must be tolerated.

"Temperature Records.

- "40. A communication was received from the Central Midwives Board calling attention to the importance of asking Midwives to take and record regularly the pulse and temperature of every case under their care, as changes of temperature and pulse are the earliest and surest indication of the onset of Puerperal Fever at a time when the disease is amenable to treatment.

* 7 not yet completed course of training.

- " 41. As a number of Worcestershire Midwives are either un-
 " trained or illiterate, it was deemed unwise to urge them to
 " provide an instrument which they were unable to use in-
 " telligently, or even at all.
- " 42. The crude ideas of the untrained Midwives as to the use of
 " thermometers have been manifested at some of the
 " enquiries, inasmuch as impossible temperatures of their
 " patients were recorded.
- " 43. One untrained Midwife was found to be carrying a
 " Barometer instead of a Thermometer!

" Cancer.

- " 44. A Circular has been issued by the Central Midwives Board
 " for the use of Midwives, calling attention to the early
 " symptoms of incipient Cancer and urging on them the
 " extreme importance of immediately advising the woman
 " to go at once to a properly qualified Medical Practitioner.
 " This Circular has been sent to each Midwife in the County,
 " and there is no doubt that if intelligently acted upon, many
 " lives may be saved.

" Uncertified Deaths.

- " 45. Searching investigation is made into the circumstances of
 " every uncertified death of Mother or Infant notified to the
 " County Medical Officer, and in several instances a warning
 " to the Midwife concerned has been necessary, but no
 " flagrant case came under notice.

This represents some of the work carried out under the Mid-
 wives Act.

The Committee also made some suggestion to the Central Mid-
 wives Board as to amending the Act, and on March 15th 1909 I
 gave evidence before the "Departmental Committee" appointed by
 the Privy Council to consider the working of the Act, and it is grati-
 fying to see from the Report of that Committee that they evidently
 agreed with the opinions I then expressed.

COUNTY LABORATORY.

The County Analyst informs me that during the past year (1908)
 4,771 samples have been examined and reported upon. They may
 be divided as follows:—

Chemical

Fertilisers and Feeding Stuffs	-	-	-	244
Food and Drugs	-	-	-	1716
Miscellaneous	-	-	-	50
Poisoning Cases	-	-	-	23
Sewage	-	-	-	73
Water	-	-	-	485

2591

Bacteriological

Anthrax	-	-	-	-	-	16
Diphtheria	-	-	-	-	-	1617
Miscellaneous	-	-	-	-	-	87
Tubercle	-	-	-	-	-	218
Typhoid	-	-	-	-	-	61
Water	-	-	-	-	-	181
						<hr/> 2180 <hr/>

Food and Drugs.

Of the 1133 Samples taken by the Police, 23 were adulterated; of the 295 taken by Sanitary Inspectors, 13 were adulterated. In the City of Worcester 3 out of 93 were adulterated. From all sources 39 samples out of 1,521 were adulterated. The Samples were adulterated to the extent of 2·5 per cent., as against 2·6 per cent. in 1907. 3·5 per cent. in 1906, and 2 per cent. in 1905.

Fines varying from 1/- to £10 were inflicted.

On the whole the Foods sold in the County may be considered as satisfactory. Some of the Milks reported as genuine, only just passed the low standard of the Board of Agriculture and Fisheries, viz., 3 per cent. Fat and 8·5 per cent. Non-fatty Solids.

As regards the Drugs they were on the whole also satisfactory.

Thirty-three Samples of Tinned Meat were examined during the year and were found to be satisfactory.

Fertilisers and Feeding Stuffs.

No gross adulteration (addition of worthless matter) was detected in any of the Samples of Fertilisers and Feeding Stuffs. The importance of the new Fertilisers and Feeding Stuffs Act is being appreciated not only by the Farmer but also by the Vendors of Manures and Feeding Stuffs, and it is of interest to note that Sharps are frequently being sold with the Oil and Albuminoids guaranteed.

BACTERIOLOGICAL DEPARTMENT.

During the year 2,180 Samples have been received for Bacteriological Examination, an increase on the previous year of 462.

Diphtheria.

Owing to the very great importance of diagnosing Diphtheria, all specimens from suspected cases were, when practicable, examined direct, and if the bacillus was detected, the case was reported upon without waiting for the results of a culture. This attempt at very early reporting has been attended with considerable success, and now the Bacteriological Laboratory is open on Sunday mornings, so that all cases of suspected Diphtheria and others can be dealt with without delay.

1870

1871

1872

1873

1874

1875

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	2,876	72	25'03	11	152	42	14'60				42	14'60
1899.	2,876	76	26'42	12	157	41	14'25				41	14'25
1900.	2,876	71	24'68	7	98	51	17'73				51	17'73
1901.	2,866	87	30'35	8	91	39	13'60				39	13'60
1902.	2,866	76	26'51	7	92	52	18'14				52	18'14
1903.	2,866	86	30'	4	46	29	10'11	9			39	13'25
1904.	2,866	68	23'72	20	294	51	17'78	9			60	20'93
1905.	2,866	61	21'28	8	131	44	15'35	6			50	17'09
1906.	2,866	73	25'47	8	109	45	15'70	6			51	17'79
1907.	2,866	59	20'58	4	67	55	19'39	5			60	20'93
Averages for years 1898-1907.	2,869	72	25'40	8	123	44	15'66	7			48	15'37
1908.	2,866	72	25'12	3	41	30	10'46	5			35	12'21

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.
Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet fever								
Whooping-cough								
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza								
Cholera								
Plague... ..								
Diarrhœa	1		1					
Enteritis	2	1	1					
Puerperal fever								
Erysipelas								
Other septic diseases...								
Phthisis	1						1	
Other tubercular diseases	1		1					
Cancer, malignant disease	4						4	
Bronchitis	7	1	1			1	4	
Pneumonia	1		1					
Pleurisy								
Other diseases of Respiratory organs ..								
Alcoholism	2					2		
Cirrhosis of liver								
Venereal diseases								
Premature birth								
Diseases and accidents of parturition								
Heart diseases	6					4	2	
Accidents	3	1	2					
Suicides								
.....								
.....								
.....								
.....								
.....								
All other causes	7					2	5	
All causes	35	3	7			9	16	

Dr. Miles reports:—

Favourable vital statistics and an unusually low Infantile Mortality (41). An outbreak of Scarlet Fever (15 cases) was the subject of a Special Report, a copy of which was sent to the County Council and Local Government Board; the cases in question were non-fatal, and generally of mild type. Three of them were treated at the Kidderminster Isolation Hospital, and the others were isolated at home. Only one of the latter infected a second child in the same family. Dr. Miles says the housing of the Working Classes is, considering the age of most of the buildings, very satisfactory.

The sewers are reported to "work well on the whole, though there "is a good deal of offensive smell from the street catchpits at times."

A site has been found for the deposit of house refuse, which Dr. Miles considers should answer for some years to come.

The Canal Boats, Bakehouses, Dairies, Cowsheds, and Milkshops are kept in a satisfactory state. Dr. Miles mentioned in his Report for 1907 "that the structure and situation of most of (the Slaughterhouses) is by no means satisfactory," and he says that they are still so.

The 37 Factories and Workshops in the district have been inspected, and four nuisances, due to want of cleanliness, were dealt with.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES, TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES, NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	8,150	225	27.6	31	133	146	16.6	25	4		155	18.7
1899.	8,250	217	26.3	36	165	159	18.7	36	4		153	18.0
1900.	8,500	217	24.3	21	96	157	18.0	34			141	16.7
1901.	8,416	253	30.0	24	94	152	16.7	28	11		114	13.4
1902.	8,460	245	28.9	14	57	120	13.4	27	6		144	16.9
1903.	8,500	251	29.5	28	111	156	16.9	34	12		113	13.2
1904.	8,540	231	27.0	24	103	141	13.2	43	28		90	10.5
1905.	8,560	231	26.9	18	77	118	10.5	44	28		122	14.1
1906.	8,600	244	28.3	23	94	155	17.0	59	33		115	13.3
1907.	8,620	217	25.1	18	82	154	17.8	52	39			
Averages for Years 1898-1907.	8,459	233	27.3	23	101	145	15.8	38	18		128	14.9
1908.	8,660	241	27.8	29	120	155	17.8	48	27	2	130	15.0

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles	1		1					
Scarlet Fever	2		1	1				
Whooping-cough								
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza								
Cholera								
Plague								
Diarrhoea	4	4						
Enteritis	3	3						
Puerperal fever								
Erysipelas								
Other septic diseases								
Phthisis	8			1	3	4		
Other tubercular diseases	3	1	1	1				
Cancer, malignant disease	14				1	9	4	
Bronchitis	11	2	1			2	6	
Pneumonia	2	1	1					
Pleurisy	1					1		
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver	2					1	1	
Venereal diseases								
Premature Birth	6	6						
Diseases and accidents of parturition	1					1		
Heart diseases	4					1	3	
Accidents	2			1			1	
Suicides	2					2		
.....								
.....								
.....								
.....								
All other causes	64	11	1	2	3	13	34	
All causes	130	28	6	6	7	34	49	

Dr. Kidd mentions :—

That the vital statistics are not generally so good as usual, as the death rate equalled 15·0, and the infantile mortality 120. The only explanation seems to be, that in such a small population, the figures are liable to vary very much in individual years. When successive decades are compared, it is evident that a steady improvement has been maintained in the health of the town generally, and that it need not be thought that because the figures for 1908 happen to be above the average, that there is any real deterioration in the health of the town. There was no particular cause for the increase in the Infantile Mortality.

26 cases of Scarlet Fever were notified, but the disease was not epidemic at any time; the outbreaks were due to the existence of mild unrecognised cases. Leaflets drawn up by Dr. Kidd giving information and instructions with regard to Scarlet Fever were circulated by order of the Council. •

The Town has been particularly free from Measles and Whooping-cough, and the continued absence of deaths from Diphtheria and Enteric Fever is a satisfactory feature of the Report.

The Isolation Hospital is said to continue to do very good work.

Dr. Kidd deals at length with the question of Tuberculosis, and calls attention to the Order of the Local Government Board making the notification of cases of Phthisis compulsory with regard to Poor Law cases. He says the question of what is to be done practically if the notification of cases is to be of any real use, opens up a very interesting problem. He mentions that Delegates from his Council attended the Conference convened by the King's Norton District Council to discuss the matter, and that

“ If joint action is too expensive the alternatives seem to be, to
“ make use of existing sanatoriums, sending selected patients
“ for treatment when required, or the provision of some
“ quite small cottage sanatorium by a single district such as
“ this. This would seem to be a feasible plan, for the
“ accommodation necessary for the open air treatment of
“ consumptives is of the simplest nature, and any healthily
“ situated cottage might be made a centre for a few move-
“ able kiosks.”

Dr. Kidd adds that the possibility of utilising one of the existing Isolation Hospital Blocks, during intervals of epidemics, should be considered.

Distinct improvement in the house accommodation is reported particularly in the Central parts of the town where the worst courts exist. There does not seem to be much overcrowding.

The Sewage Farm is reported to be working well.

Slow progress continues to be made in converting the privy cesspits into w.c.'s, and Dr. Kidd says:—

“There is nothing that would conduce more to the purifying of
“the town and the improvement of the general health than
“the abolition of all remaining privy cesspits. When one
“considers what the results of such abolition would be, the
“removal for good of scores of collections of foetid refuse
“at present polluting the air, and the entire doing away
“with the night soil cart with all its attendant abominations,
“it becomes a matter of surprise that no more effort is made
“to bring about such a very desirable result, especially as
“the business would be quite practicable. I earnestly hope
“that this may some day be done.”

The “tip” at Perry Fields gave some trouble in the Summer owing to the smell and the breeding of swarms of flies. Both were carefully dealt with by the use of petroleum and gas lime.

The remarks in previous reports with regard to Slaughter-houses still apply, although these places are kept as free from nuisance as is possible, by systematic cleaning and the prompt removal of refuse, but the very fact of their existence and number, situated as they are in the most crowded parts of the town, is a menace to the public health, and a reproach to our modern civilization. I still hope to live to see the day when every town in England of this size will be provided with a public abattoir such as is to be seen in any similar town in France, situated at a little distance outside the town, where all slaughtering is done, amid plenty of light and air, with an entire absence of nuisance. Besides the absence of nuisance the abattoir provides at least two other great advantages, the humane treatment of the animals before slaughtering and facilities for the inspection of all carcasses before the meat is used for food.

The Dairies and Cow Sheds are clean and provided with pure water.

Plans for Baths and Wash-houses were submitted to the Council in August, 1907, but nothing further has been done in the matter, and as the provision of public baths would be a boon to the Town, Dr. Kidd says that if private enterprise is unable to supply them, the question is worth considering whether or not they can be undertaken by the District Council.

The Factories are not numerous, and out of the small number, the largest was burnt down during the year, but has since been rebuilt.

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		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
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1898.	5,350	167	31.2	18	107	71	13.2					
1899.	5,400	143	26.4	20	139	61	11.9					
1900.	5,450	144	26.4	10	69	62	11.3					
1901.	5,686	174	30.5	21	120	82	14.4					
1902.	5,740	176	30.6	10	56	45	7.8				45	7.8
1903.	5,800	151	26.0	15	99	66	11.5		2	6	66	11.5
1904.	5,860	166	28.1	18	108	72	12.2		2	8	76	12.9
1905.	5,900	150	25.4	9	60	72	12.2		3	7	78	13.2
1906.	5,940	166	28.2	16	96	69	11.6		17	5	73	12.2
1907.	6,000	152	24.6	11	72	77	12.8				65	10.8
Averages for years 1898-1907.	5,712	158	27.7	14	92	67	11.8		6	6	67	11.4
1908.	6,000	157	26.1	14	89	124	20.6		50	10	84	14.0

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

TABLE IV.

Causes of, and ages at, Death during Year 1908.

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	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ...								
Measles ...								
Scarlet Fever ...								
Whooping-cough ...	1	1						
Diphtheria and membranous croup ...								
Croup ...								
Fever { Typhus ...								
{ Enteric ...	2					2		
{ Other continued								
Epidemic influenza ...								
Cholera ...								
Plague ...								
Diarrhoea ...	3	2	1					
Enteritis ...								
Puerperal fever ...	1					1		
Erysipelas ...								
Other septic diseases ...								
Phthisis ...	6				1	5		
Other tubercular diseases ...	3				1	2		
Cancer, malignant disease ...	7					5	2	
Bronchitis ...	13	2				1	10	
Pneumonia ...	1					1		
Pleurisy ...								
Other diseases of Respiratory organs ...	1						1	
Alcoholism {								
Cirrhosis of liver {								
Venereal diseases ...								
Premature birth ...	3	3						
Diseases and accidents of parturition ...								
Heart diseases ...	5				1		4	
Accidents ...	2			1		1		
Suicides ...	4				1	3		
.....								
.....								
.....								
.....								
All other causes ...	32	6			1	5	20	
All causes ...	84	14	1	1	5	26	37	

The vital statistics are generally satisfactory, although the death rate is higher than the average, and attributable to the occasional variation which occurs from time to time in small districts.

The District has experienced considerable immunity from Measles and Whooping Cough. It is mentioned that the death rate the Phthisis (1·3 per thousand) includes the 8 deaths at Barnsley Hall Asylum, and "as the insane are especially subject to Phthisis, it must not be taken as the mortality of the district itself."

Dr. Kidd gives a leaflet with regard to this disease which he has drawn up and which he suggests should be circulated as a consequence of the Order of the Local Government Board with regard to the compulsory notification of Tuberculosis among paupers.

He refers to the Conference convened by the King's Norton Urban District Council, which is also alluded to in his Annual Report on the Bromsgrove Urban District.

He mentions that he has for many years regularly referred to the want of three bedroom cottages in the older parts of the district, and says it is one of those evils which have to be made the best of, and that he is of opinion that the best thing to do is to periodically inspect the district where these old houses exist, and to remedy any remediable fault that may be found, with the hope that when this is done, considerable improvement may result.

The Company's Waterworks have been extended at Staple Hill, and 44 new house communications were made by the Company.

Referring to the drainage, he says:—

"Drainage. Rubery and Barnt Green Village continue to be
 "the points where drainage is called for. In connection
 "with Rubery the Council has, I believe, decided to wait
 "for the extension of the Northfield sewer to the boundary
 "and to connect with that. When this plan was first dis-
 "cussed I understood that the relative cost, compared with
 "other schemes, was so great as to be quite prohibitive, but
 "presumably the charges then proposed have been modi-
 "fied. This method of dealing with the sewage of Rubery
 "is doubtless, as I urged in my Annual Report for
 "1905, an eminently satisfactory one from the practical
 "point of view, and I hope it will be carried out. The
 "need for drainage remains as great as before. With regard
 "to Barnt Green Village negotiations are in progress, for a
 "joint scheme of drainage, between this Council and the
 "Bromsgrove Rural Council. I pointed out last year that
 "the plans should be made in such a way that 'if it should
 "'be necessary in the future' an extension of the sewer
 "through our district in the direction of Plymouth Road
 "and the Monument could be dealt with. I think it should
 "be emphasised that at present the only part of our district
 "in this direction which needs *immediate* attention is Barnt
 "Green Village, and that the possible extension of a sewer
 "up to the Monument is entirely a matter for the future."

The Dairies and Cowsheds are all periodically cleansed, and there do not seem to be any Factories or Workshops in the District.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	4,177	112	26.8	14	125	75	17.9		8		67	13.6
1899.	4,338	102	23.5	8	78	74	17.0		16		58	13.6
1900.	4,338	99	25.8	14	116	75	17.2		11		64	14.7
1901.	4,163	101	24.2	16	158	75	18.0	15	8		67	16.0
1902.	4,163	102	24.5	6	58	62	14.9	8	13		49	11.7
1903.	4,201	130	30.7	8	61	59	14.0	10	10	4	53	11.6
1904.	4,201	92	21.9	17	184	85	20.2	16	10	0	75	17.8
1905.	4,201	104	24.7	11	105	93	22.1	26	16	1	78	18.5
1906.	4,201	106	25.23	8	76	72	17.1	21	9		63	14.9
1907.	4,201	92	21.8	15	163	88	21.1	13	10		78	18.5
Averages for Years 1898-1907.	4,218	104	24.9	11	112	75	17.9	15	11	1	65	15.0
1908.	4,201	85	20.27	3	35.29	71	16.9	14	8		63	14.9

* Rates calculated per 1,000 of estimated population.
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and Ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough								
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric	1				1			
{ Other continued								
Epidemic influenza	9				1	4	4	
Cholera								
Plague... ..								
Diarrhœa								
Enteritis								
Puerperal fever								
Erysipelas								
Other septic diseases... ..								
Phthisis	1				1			
Other tubercular diseases	2		1			1		
Cancer, malignant disease... ..	3					1	2	
Bronchitis	3					2	1	
Pneumonia								
Pleurisy	2		1			1		
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver								
Venereal diseases								
Premature Birth	1	1						
Diseases and accidents of parturition	1					1		
Heart diseases... ..	2					2		
Accidents	1					1		
Suicides	1					1		
.....								
.....								
.....								
.....								
.....								
.....								
All other causes... ..	36	2				9	25	
All causes	63	3	2		3	23	32	

Dr. Roden's statement with regard to the sewage farm will be found in the paragraph with reference to sewage disposal.

The Factories, Workshops, Dairies, Cowsheds, Slaughterhouses, Canal Boats, and Common Lodging Houses, are reported to be clean and in good order. Of the Privies and Ashpits he says there has been a great reduction in the number, and "the remainder will, I hope, soon become things of the past."

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	7,150	201	28.1	24	119	101	14.1					
1899.	7,545	208	27.5	20	96	103	13.6					
1900.	7,645	212	27.7	31	146	128	16.7	5	3	5	130	17.0
1901.	7,101	229	32.2	21	91	96	13.5	9	3	7	100	14.0
1902.	7,101	219	30.8	29	132	99	13.9	2	2	6	103	14.5
1903.	7,101	238	33.5	35	147	107	15.0	14	8	10	109	15.3
1904.	7,101	209	29.4	17	81	100	14.0	13	5	3	98	13.6
1905.	7,800	228	29.2	31	136	109	13.9	10	7	8	110	14.0
1906.	7,800	224	28.7	32	142	101	12.9	8	6	9	104	13.2
1907.	8,290	234	28.2	16	68	93	11.2	6	1	7	99	11.9
Averages for years 1898-1907.	7,463	220	29.4	25	115	103	13.8	8	4	6	106	14.1
1908.	8,290	234	28.2	16	68	94	11.3	6	1	7	100	12.0

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles	1		1					
Scarlet fever								
Whooping-cough	1	1						
Diphtheria and membranous croup	2		2					
Croup								
Fever { Typhus								
Enteric								
Other continued								
Epidemic influenza								
Cholera								
Plague... ..								
Diarrhœa	1	1						
Enteritis								
Puerperal fever								
Erysipelas								
Other septic diseases...								
Phthisis	7		1	1	2	3		
Other tubercular diseases	1	1						
Cancer, malignant disease	8					3	5	
Bronchitis	11	2	3				6	
Pneumonia	1		1					
Pleurisy								
Other diseases of Respiratory organs	1	1						
Alcoholism								
Cirrhosis of liver }	3					3		
Venereal diseases								
Premature birth	4	4						
Diseases and accidents of parturition								
Heart diseases	9			1		3	5	
Accidents	2	1	1					
Suicides	2							
Senile decay	11				1	1	10	
.....								
.....								
.....								
.....								
All other causes	35	5	5	4		13	8	
All causes	100	16	14	6	3	27	34	

Favourable Vital Statistics are recorded. Methods for suppressing outbreaks of Measles are discussed, and these are referred to in my paragraph on "Schools."

The etiology of diphtheria as connected with a local outbreak of the disease is discussed, the substance of which is referred to in my paragraph on Diphtheria. A full report on the sanitary condition of each of the schools shows that, except for some minor defects, the schools are in a good state.

Reference is made to the Housing and Town Planning Bill which, if it becomes law, will impose serious obligations upon local authorities.

The Sewage Outfall Works have been improved by putting down bacteria beds, and further improvements are contemplated.

The Dairies and Cowsheds on the whole are in good condition; and the slaughterhouses have been very much improved in the year and are in as good order and as free from nuisance as it is possible to make such places, when situated in populous localities.

The Bakehouses, Factories and Lodging Houses are reported upon.

The Public Health Acts Amendment Act 1907 is now in force in the Borough.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	25,000	568	22.72	89	156.69	394	15.76	90	24	2	370	14.80
1899.	25,000	571	22.84	87	152.36	436	17.44	97	37	2	401	16.04
1900.	25,000	600	24.00	103	171.66	542	21.68	133	43		499	19.96
1901.	24,681	622	35.20	128	205.78	496	20.08	105	40	1	457	18.51
1902.	24,700	622	25.18	88	141.47	433	17.53	115	44	7	396	16.03
1903.	24,700	637	25.78	70	100.98	414	16.76	129	54	19	379	15.34
1904.	24,700	627	25.38	95	151.51	469	18.98	135	39	6	436	17.65
1905.	24,700	590	23.88	86	145.76	395	15.99	102	35		360	14.57
1906.	24,700	615	24.85	84	135.58	374	15.14	101	35		339	13.72
1907.	24,700	550	22.26	77	140.00	366	14.81	101	30		336	13.60
Averages for Years 1898-1907.	24,788	600	24.29	90	150.18	431	17.42	110	38	3	400	16.02
1908.	24,700	522	21.13	63	120.68	409	16.55	140	45		364	14.73

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough	3	3						
Diphtheria and membranous croup	2		1	1				2
Croup								
Fever { Typhus								
{ Enteric	1					1		
{ Other continued								
Epidemic influenza	4					1	3	3
Cholera								
Plague								
Diarrhœa	3	2	1					
Enteritis	12	8	2			1	1	
Puerperal fever	4			1		3		
Erysipelas	1	1						
Other septic diseases...								
Phthisis	19	1	1		4	13		4
Other tubercular diseases	10	3	3	1		2	1	5
Cancer, malignant disease	25		1	1		13	10	6
Bronchitis	46	12	3		1	12	18	9
Pneumonia	18	2	2	1		8	5	2
Pleurisy	2		1			1		
Other diseases of Respiratory organs	1					1		
Alcoholism								
Cirrhosis of liver }	4					4		3
Venereal diseases								
Premature Birth	9	9						1
Diseases and accidents of parturition	2					2		1
Heart diseases	37			1	4	16	16	7
Accidents	4		3			1		9
Suicides	4					3	1	
.....								
.....								
.....								
.....								
All other causes	153	22	3	6	4	50	68	88
All causes	364	63	21	12	13	132	123	140

Dr. Corbet advises that Glanders and Hydrophobia should be made notifiable diseases. Two non-fatal cases of Anthrax were notified during the year, one of whom was a horse slaughterer and the other a labourer in a Carpet Mill.

The Infantile Mortality is 120 per thousand births, and bearing in mind that "a large section of the female population are employed in the "Spinning and Carpet Factories of the town," this is very satisfactory. To some extent this may be associated with the excellent plan which obtains in the Borough, of the Registrar of Births handing to those who register Births a leaflet on the rearing and feeding of infants, which has been issued by the Corporation.

The Elementary schools have been reported upon, and copies of the reports forwarded the Kidderminster Education Committee.

In consequence of a decoction of "Boneset" having caused illness to two persons, the Health Committee instructed the Town Clerk to write to the Herbalist who sold the drug, requesting that in future a printed instruction should be attached to each packet of the herb sold. The Herbalist has since then adopted the Health Committee's suggestion.

The Cowsheds are reported upon in detail, and all are lime-washed at least twice a year. The bulk of the milk is delivered direct to the Customer, and only about 60 gallons of milk per day is brought to the Borough by rail.

The Factories and Workshops are reported to be in good condition.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NET.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	48,500	1,332	27.46	171	128.37	652	13.44	141	113		539	11.11
1899.	52,076	1,546	27.73	187	120.95	755	13.54	182	118		637	11.4
1900.	54,958	1,651	27.51	215	130.22	921	15.36	226	189	1	733	12.21
1901.	57,120	1,773	31.03	227	128.03	888	15.54	227	160		728	12.74
1902.	60,779	1,832	30.14	201	110.2	836	13.75	243	180	38	694	11.25
1903.	63,717	1,755	27.5	173	98.5	793	12.44	202	140	32	653	10.24
1904.	66,667	1,885	28.4	192	102	895	13.42	255	196	45	735	11.02
1905.	69,630	1,784	25.62	163	91	857	12.3	276	235	48	670	9.62
1906.	72,608	1,859	25.6	196	105	973	13.3	289	249	33	724	9.97
1907.	75,600	1,849	24.45	195	105	982	13.0	279	229	62	815	10.78
Averages for years 1898-1907.	62,165	1,226	27.34	192	111.92	835	13.60	232	180	25	692	11.03
1908.	78,608	1,929	24.54	167	86.5	1,038		283	238	48	848	10.78

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles	3	1	1	1				
Scarlet Fever	12		5	5	1	1		
Whooping-cough	8	3	4			1		
Diphtheria and membranous croup	21	2	4	15				
Croup								
Fever { Typhus	6				1	5		
Enteric								
Other continued								
Epidemic influenza	35	3	1	2	3	13	13	
Cholera								
Plague								
Diarrhœa	15	8	4	1		2		
Enteritis	13	8	3			2		
Puerperal fever	1					1		
Erysipelas	2	1				1		
Other septic diseases	3			1		2		
Phthisis	52			1	6	43	2	
Other tubercular diseases	18	5	6	4	1	2		
Cancer, malignant disease	56				1	31	24	
Bronchitis	62	10	3			18	31	
Pneumonia	64	11	12	7	4	18	12	
Pleurisy	2					2		
Other diseases of Respiratory organs	8		4	2		2		
Alcoholism	13					11	2	
Cirrhosis of liver								
Venereal diseases	2					2		
Premature birth	32	32						
Diseases and accidents of parturition	1					1		
Heart diseases	71			6	2	37	26	
Accidents	25	2	2	3	1	8	9	
Suicides	6				1	5		
Debility, Marasmus	40	38	2					
Old Age (Senile Decay)	61						61	
.....								
.....								
.....								
All other causes	216	43	14	9	4	86	60	
All causes	848	167	65	57	25	292	240	

Dr. Green says:—

That in the Bacteriological Laboratory 295 examinations were made in doubtful cases of diphtheria, and it is intended in future to have all young contacts in infected houses examined before returning to school.

There has been a decided improvement in the drainage improvements which has been assisted by the use of a powerful smoke machine.

Several visits were made to the Sewage outfall works at the Asylums. The one at Rubery Hill was always bad, but that from Hollymoor was of good appearance.

The drains from these Asylums are now connected with the new sewer which has been laid by the King's Norton Urban District Council. A number of sewers have been laid where new streets had been built.

The amount of river pollution seems small, and individual cases were rectified. With the assistance of the new powers of the King's Norton Private Act, progress has been made with the abolition of privies and ashpits. The removal of refuse is now undertaken weekly in the urban parts of the district, and the Destructor has done its work well.

Plans for 716 houses were approved and a special Housing Subcommittee was appointed during the year and made special investigations as to damp sites, efficiency of various materials for damp proof courses, etc.

A Special Report was made as to the health of the poorer parts of Bournbrook, which showed that infectious diseases flourish among the population who live in small houses and have large families and less air space per person, than those in more affluent circumstances.

It is stated that the conditions of some parts of Dawlish Road area cannot be considered very hygienic, but it must not be forgotten that these people are living under much better conditions than formerly.

The work of the Council in educating the people by means of Health Visitors and the teaching of hygiene in the schools has been found to be of great value.

Discussing epidemic Diarrhœa, Dr. Green says:—The causative "germ of zymotic diarrhœa still seems an unknown quantity, but the "relation of the disease to bottle feeding is more than mere coincidence."

Under the King's Norton Private Act 1907, special power is given for the cleansing and disinfection of articles, and this has been applied to infected clothing in cases of Consumption. The principle of voluntary notification of Consumption has been agreed to, but has

not yet been commenced, as it is thought that this had better be deferred until it has been decided whether or not a Combined Sanatorium for treatment of such cases could be provided. The King's Norton Guardians have provided 68 beds in a Special Ward for the treatment of paupers, the majority of which are advanced cases, and a number of Shelters and Verandahs have also been provided, as the educative effect of even a few weeks under open-air treatment is of the greatest value.

The Factories, Bakehouses, Slaughter-houses, etc., are all dealt with. Mr. Taylor's (M.R.C.V.S.) Report with regard to Dairies has been previously referred to in my paragraph on Dairies and Cowsheds.

A Circular Letter was sent to the Meat Purveyors of the district, asking them to notify the Health Department of meat shewing signs of disease or unsoundness. If this was done it was pointed out that no legal proceedings would be taken if any meat was voluntarily surrendered to the Inspector for destruction, and this was taken advantage of largely.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	10,729	382	35.4	65	170	200	18.6	No Public Institutions in the District.				
1899.	10,810	396	36.6	72	181	193	17.8					
1900.	10,891	379	34.7	57	150	200	18.3			13	191	17.4
1901.	10,972	384	34.9	62	161	186	16.9			5	164	14.7
1902.	11,082	377	34.0	44	116	151	13.6			15	177	15.8
1903.	11,171	414	37.06	71	171	166	14.8			11	156	13.8
1904.	11,261	360	31.9	39	108	147	13.9			9	172	15.1
1905.	11,351	355	31.2	52	146	160	14.0			12	178	15.5
1906.	11,443	339	29.6	45	132	165	14.4			13	175	15.1
1907.	11,535	317	27.4	46	145	160	13.8			15		
Averages for Years 1898-1907.	11,124	370	33.2	55	148	172	15.6			11	164	15.3
1908.	11,627	370	31.8	35	94	148	12.7			21	169	14.5

* Rates calculated per 1,000 of estimated population.
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.
Causes of, and Ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles	9	1	8					
Scarlet Fever	3		1	2				
Whooping-cough								
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
Enteric								
Other continued								
Epidemic influenza	9	2	1			2	4	
Cholera								
Plague								
Diarrhoea	8	6					2	
Enteritis	7	4			1	1	1	
Puerperal fever								
Erysipelas								
Other septic diseases								
Phthisis	6				1	4	1	
Other tubercular diseases	8	4	2		1	1		
Cancer, malignant disease	14					8	6	
Bronchitis	10	1	1			4	4	
Pneumonia	7	1				5	1	
Pleurisy								
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver								
Venereal diseases	1	1						
Premature Birth	7	7						
Diseases and accidents of parturition	1				1			
Heart diseases	11				1	4	6	
Accidents	4		2			1	1	
Suicides								
Convulsions	1	1						
.....								
.....								
.....								
.....								
.....								
All other causes	63	8	2	3	3	22	25	
All causes	169	36	17	5	8	52	51	

Dr. Darby says:—

The deaths of Children under one year of age are fewer than in any year on record, and he cannot attribute "this satisfactory state of things to anything so much as to the work of the Health Missioner. Daily visits to the houses of the people and constant advice, and unobtrusive supervision of their children must be a great boon to many, and now that the prejudice which existed as to any advice about their children has been overcome, I think that the Missioner's visits are appreciated, and benefit derived therefrom."

"There is also a probability that sanitation is better attended to now than in any former years, and that less refuse heaps and accumulations of rubbish and manure exist, and this means less flies and less infection of Milk."

He also says that this is the first time in 12 years when there has been no notification of Enteric Fever.

All new houses, and most of the others in the district, are supplied from the Stourbridge Water Mains, but Dr. Darby is of opinion that there are still some old Wells existing, the water of which should be analysed.

Many new houses have been erected, but they are not such as the poorer classes can afford to occupy.

The district has been systematically inspected and it is mentioned that "there are two (slaughter-houses) without impervious walls."

The Schools are reported upon. The adoption of the Public Health Acts Amendment Act is under consideration.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
+1898.	14,838	347	23.4	28	79	196	13.2					
1899.	16,000	296	18.5	27	87	215	13.4					
1900.	16,300	312	19.1	31	99	217	13.3			10	227	13.9
1901.	16,448	328	19.9	31	94	178	10.8			13	191	11.6
1902.	16,448	312	18.9	29	92	194	11.7			18	212	12.9
1903.	16,448	306	18.5	17	55	154	9.3			19	173	10.5
1904.	16,448	286	17.3	27	93	178	10.8			22	200	12.2
1905.	17,500	287	16.4	15	52	158	9.0			17	175	10.0
1906.	17,500	293	16.7	30	102	196	11.2	5	5	13	204	11.6
1907.	17,500	271	15.4	21	77	165	9.4	7		20	185	10.5
Averages for Years 1898-1907.												
	16,543	303	18.4	25	83	185	11.2	6	2	16	195	11.6
1908.	18,000	228	12.6	19	83	180	10.0	10	2	12	190	10.5

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

† Malvern Link District and Welland were annexed in 1898.

TABLE IV.

Causes of, and Ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough	1	1						
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza	4						4	
Cholera								
Plague... ..								
Diarrhœa								
Enteritis	4	3				1		
Puerperal fever								
Erysipelas								
Other septic diseases...								
Phthisis	6	1	1		1	2	1	
Other tubercular diseases	3	1				2		
Cancer, malignant disease... ..	31					20	11	
Bronchitis	7						7	
Pneumonia	18	1	2		2	2	11	
Pleurisy								
Other diseases of Respiratory organs	4		1				3	
Alcoholism {	3					1	2	
Cirrhosis of liver {								
Venereal diseases								
Premature Birth	2	1				1		
Diseases and accidents of parturition	3	3						
Heart diseases... ..	23				1	3	19	
Accidents	4	1				3		
Suicides								
Senile decay	20						20	
.....								
.....								
.....								
.....								
.....								
All other causes... ..	57	7	2	1	2	26	19	
All causes	190	19	6	1	6	61	97	

Dr. Mitchell says:—

23 of the 36 cases of Scarlet Fever notified, occurred in connection with an outbreak at a Private Institution, and that the original source of infection was imported.

The Formalin Spray method of disinfection has been employed and seems to be a useful adjunct to other methods, especially in passages and stair-cases where it is impracticable to fumigate.

The Surveyor reports that the past year has been one of considerable activity in carrying out extensive repairs and renewals to sewers. His report on the sewage out-fall works is referred to in my paragraph on Sewage disposal.

Most of the House Refuse is consumed at the Destructor at the Electricity Works.

The Bromesberrow Water Supply has evidently been invaluable to the Town, and the frequent analysis of the water has invariably shewn that the high state of purity aimed at has been attained.

62 Water Closets have been furnished with flushing apparatus. In the previous Annual Report it was mentioned that there were still a large number of water closets without proper flushing apparatus. Dr. Mitchell says: "Now that the Town has a practically unlimited water supply, in my opinion this evil would in the majority of cases be at once remedied if water were supplied by rate instead of by meter, as at present many of these people do not use the flush for motives of economy."

The Lodging Houses, Slaughter-houses, Factories, Dairies and Cowsheds are thoroughly well managed. Allusion is made to the Report of the Royal Commission on Human and Animal Tuberculosis, to which reference is already made in my paragraph on Dairies and Cowsheds.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	25,500	973	34.2	227	233	607	23.8					
1899.	26,000	1,003	38.5	226	225	512	19.6					
1900.	26,400	966	36.5	216	223	554	20.6					
1901.	25,191	900	35.7	170	188	428	16.8					
1902.	25,600	984	38.4	141	143	432	16.7					
1903.	25,700	915	35.6	175	186	404	15.6			34	432	16.7
1904.	26,000	955	36.7	192	201	495	19.0			37	438	17.3
1905.	26,510	926	34.9	143	154	383	14.7			38	532	20.4
1906.	27,000	985	36.5	164	166	424	15.6		4	44	464	17.0
1907.	28,000	1,011	36.1	164	162	462	16.5			47	509	18.1
Averages for years 1898-1907.	26,190	961	36.3	181	188	470	17.8			40	466	17.5
1908.	29,000	1,060	36.5	156	147	447	15.4			64	511	17.6

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles	1		1					
Scarlet fever	5		2	2	1			
Whooping-cough	10	5	5					
Diphtheria and membranous croup	4	2	1	1				
Croup								
Fever { Typhus								
{ Enteric	1					1		
{ Other continued								
Epidemic influenza	5				1	1	3	
Cholera								
Plague... ..								
Diarrhœa	33	23	6			1	3	
Enteritis	32	20	8		1	2	1	
Puerperal fever								
Erysipelas	2					1	1	
Other septic diseases... ..	11	1	1	1		7	1	
Phthisis	22		1		4	17		
Other tubercular diseases	8	3	3	2				
Cancer, malignant disease	25					18	7	
Bronchitis	51	14	8		1	13	15	
Pneumonia	32	5	9	2	4	10	2	
Pleurisy								
Other diseases of Respiratory organs	2		1			1		
Alcoholism								
Cirrhosis of liver	3					2	1	
Venereal diseases	1	1						
Premature birth	20	20						
Diseases and accidents of parturition	1	1						
Heart diseases	36	3	2	2	3	16	10	
Accidents	18	2	4	3	1	7	1	
Suicides	3					2	1	
Rheumatism (acute)... ..	6			1	1	4		
.....								
.....								
.....								
.....								
All other causes	179	56	15	5	1	41	61	
All causes	511	156	67	19	18	144	107	

Dr. Buttery reports continued progress in the health conditions of the District. The Birth Rate is high, 36.5, and manifests no signs of decreasing.

There has been a decrease in the Infantile Mortality, although it is still higher than it ought to be (147). He says, in connection with the reduction of infantile mortality, "the work of our Health Missioner has played no inconsiderable part in this important branch of our public health work." The chief causes of the infantile mortality were diarrhoea and enteritis (68 deaths).

There have been fewer deaths from epidemic diseases than has been experienced for many years.

Th Phthisis mortality was 0.7 per thousand. 14 cases of Phthisis were treated at the Knightwick Sanatorium (with good results), eight of whom were able to resume some employment of a suitable character, three received considerable benefit, and three were still under treatment at the end of the year.

Dr. Buttery refers to the compulsory notification of Phthisis in paupers, and regrets that such compulsory notification is not made applicable to all cases.

Referring to the fact that there were only six cases of Typhoid Fever, he says, "if any evidence were required to justify the policy adopted by the Council, a few years ago, of gradually substituting the water carriage system for the old privy middens, the results here shewn are fully conclusive and warrant a continuance of the methods adopted."

A severe outbreak of Scarlatina is referred to in my paragraph on Scarlatina.

The Dairies and Milkshops seem to be carefully supervised and the supply of meat is regularly inspected.

The Factories and Workshops are visited systematically.

The Wells in the District are being gradually abolished.

Both Contractors seem to be carrying out their Scavenging duties satisfactorily.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	12,894	388	30.0	73	188	209	16.2	9	3	3	183	13.2
1899.	13,112	388	29.5	65	170	184	14.0	8	6	9	184	13.1
1900.	13,330	392	29.4	78	198	264	19.8	6	10	9	182	12.1
1901.	13,550	418	30.8	62	148	184	13.5	10	1	14	225	15.4
1902.	13,784	403	29.2	63	156	183	13.2	10	1	10	213	14.3
1903.	14,039	405	28.8	55	135	181	12.8	10	1	10	171	11.3
1904.	14,289	367	25.6	59	160	179	12.5	12	2	11		
1905.	14,543	384	26.4	39	101	212	14.5	5				
1906.	14,800	430	29.0	66	153	204	13.7	6				
1907.	15,070	406	27.6	46	113	162	11.0	5				
Averages for Years 1898-1907.	13,941	398	28.6	60	152	196	14.1	8				
1908.	15,340	396	25.8	38	95	177	11.5	8	4	14	187	12.1

* Rates calculated per 1,000 of estimated population.
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough ...	4	3	1					
Diphtheria and membranous croup ...								
Croup								
Fever { Typhus								
{ Enteric	1					1		
{ Other continued								
Epidemic influenza ...	5					4	1	
Cholera								
Plague								
Diarrhœa	7	6			1			
Enteritis	3						3	
Puerperal fever ...	1					1		
Erysipelas								
Other septic diseases...								
Phthisis	16				3	12	1	
Other tubercular diseases	5		1		1	3		
Cancer, malignant disease	9					7	2	
Bronchitis	19	4	1			3	11	
Pneumonia	19	6	3	1		6	3	
Pleurisy	1					1		
Other diseases of Respiratory organs ...	1						1	
Alcoholism {								
Cirrhosis of liver {								
Venereal diseases ...								
Premature Birth ...	6	6						
Diseases and accidents of parturition ...								
Heart diseases ...	28	2	2		1	13	10	
Accidents	4			1		3		2
Suicides	2					2		1
Convulsions	3	2	1					
Congenital debility ...	6	6						
Senile decay	12						12	
.....								
All other causes ...	35	3		1	2	15	14	5
All causes ...	187	38	9	3	8	71	58	8

Dr. Stevenson, in presenting his Annual Report for 1908, congratulates the Redditch Council on the steady improvement in the sanitary condition of the district, as shewn by the low infantile mortality, low general death rate, absence of notifiable diseases, particularly Enteric Fever, and the many changes for the better made in the drains, yards, houses, etc. In connection with the Infantile Mortality, Dr. Stevenson says the County Council, by appointing a Health Missioner to work among the mothers and children, deserve thanks, and he congratulates the County Council and Health Missioner on the result of their endeavours.

The poorer class of houses has received every attention during the year. Dr. Stevenson says that in some of the older houses, the class of persons exist who live from hand to mouth, allowing things to go to rack and ruin, despising ventilation so that they have warmth, and generally breeding filth and disease.

With few exceptions, all the houses are supplied by the Water-Works Company, and Wells found to be polluted are closed.

The Dairies and Cowsheds in the town are, on the whole, satisfactory, and nine-tenths of the milk sold comes from Dairies outside the district.

One vendor of unsound fish was heavily fined.

The Phthisis death rate (1.0 per thousand), is somewhat higher than it has been for the past few years, and Dr. Stevenson thinks it is due to several deaths from Chronic Fibroid disease, legacies of the old "needle-pointing" days. With modern machinery, removal of dust by fans, he "doubts if the present generation of 'pointers' and 'grinders' run any more risk of developing Phthisis than the average indoor worker."

Dr. Stevenson advocates a system of voluntary notification of Phthisis, and says that the houses where deaths occur are disinfected.

The Slaughter-houses, Bakehouses, and Cowsheds have been regularly visited.

Only three Middens remain in the district, but there are still 1,500 Pail Closets in use. The emptying of the latter incurs a large expenditure of ratepayers' money, and Dr. Stevenson says that he thinks many of the pail closets in the Central Ward ought to be done away with, even if at the ratepayers' expense.

The Refuse Destructor has satisfactorily cremated 4,640 tons of refuse without any nuisance being observed.

The sewage disposal works, which are in Warwickshire, are being re-arranged by the Surveyor.

The sanitary accommodation of the Factories is up to the required standard, but the outworkers' lists have not been prepared by the manufacturers and shopkeepers as they should have been, so advertisements calling their attention to the fact was issued in the local papers.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES, TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NET.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	15,901	456	28.67	74	162.28	246	15.47					
1899.	16,045	479	29.85	68	141.96	266	16.57					
1900.	16,191	469	28.96	77	164.17	302	18.65					
1901.	16,339	478	29.25	72	150.62	237	13.89					
1902.	16,489	467	28.32	51	109.20	212	12.85			40	277	16.95
1903.	16,639	468	28.12	58	123.93	209	12.56			32	244	14.79
1904.	16,790	463	27.57	63	135.85	257	15.30			33	242	14.53
1905.	16,942	421	24.84	43	102.13	201	11.86			31	288	17.15
1906.	17,095	475	27.78	52	109.47	254	14.85			38	239	14.10
1907.	17,251	434	25.15	54	124.42	221	12.81			30	284	16.61
Averages for years 1898-1907.	16,568	461	27.82	61	132.75	240	14.51			38	259	15.01
1908.	17,408	444	25.50	37	83.33	202	11.60			27	229	13.15

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

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Dr. Robinson reports:—

A low Birth rate (18·9), and attributes it to bad trade and few marriages.

His conclusions with regard to the Home Isolation of patients with Scarlatina are given in my paragraph on Scarlatina.

The Tuberculosis rate is said to be one of the highest in the County, and Dr. Robinson trusts that as Consumption of the Lungs occurring among poor persons is now notifiable, that all other cases will be so dealt with.

He believes that if the Privy Middens and the huge Ashpits were gradually abolished, the general health of the district would improve.

He hopes that the disgusting system of excrement disposal which has been in vogue for so many years will be gradually abolished.

Dr. Robinson says that the Stourport Sewage Farm "already bids fair to rival its neighbour of Kidderminster," and of the Kidderminster Farm he remarks "that the nuisance is not abated, though on the whole fewer complaints have been received than usual."

The Slaughter-houses are in a satisfactory condition, but without exception are too close to houses.

The Dairies and Cowsheds are said to be kept better than they used to be.

The Bakehouses are not so clean as they ought to be; the Factories and Workshops are supervised.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	12,232	303	24.7	27	89	158	12.9					
1899.	12,300	288	23.4	19	65	141	11.4					
1900.	12,300	290	23.5	27	93	159	12.1					
1901.	12,086	303	25.0	30	99	159	13.1					
1902.	12,100	304	25.1	26	85	174	14.3			1	175	14.4
1903.	12,100	295	24.3	23	77	153	12.6			8	161	13.3
1904.	12,200	301	24.6	23	76	150	12.2			14	164	13.4
1905.	12,200	287	23.5	26	90	144	11.8			7	151	12.3
1906.	12,200	295	24.1	20	67	133	10.9			10	144	11.8
1907.	12,250	287	23.4	21	73	150	12.2			17	167	13.6
Averages for years 1898-1907.	12,196	295	24.1	24	81	152	12.3					
1908.	12,300	283	23.0	22	77	149	12.1			11	160	13.0

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet fever								
Whooping-cough								
Diphtheria and membranous croup	3			3				
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza	1	1						
Cholera								
Plague... ..								
Diarrhœa								
Enteritis	3	3						
Puerperal fever								
Erysipelas								
Other septic diseases... ..								
Phthisis	18			1	6	11		
Other tubercular diseases	3			2		1		
Cancer, malignant disease	10					5	5	
Bronchitis	16	2				1	13	
Pneumonia	8	1	1			4	2	
Pleurisy								
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver								
Venereal diseases	1		1					
Premature birth	7	7						
Diseases and accidents of parturition	1					1		
Heart diseases	18					10	8	
Accidents	6	1				4	1	
Suicides	4				2	1	1	
Septic diseases	3						3	
Old age	26						26	
.....								
.....								
.....								
All other causes	32	7	4	1	1	12	7	
All causes	160	22	6	7	9	50	66	

Dr. Coaker, referring to the low Infantile mortality of 77, says that Leaflets of advice in bringing up infants are being distributed to the parents, and have been found fastened to the walls of the living rooms, thus being always at hand for reference. It is said that more parents are strictly adhering to the rules laid down.

The 18 deaths from Phthisis, he says, are accounted for by the reputation of the hills, and the ease with which they are reached from surrounding large centres of population. Many who have developed phthisis in other districts go to reside there, and some in an advanced stage when they come, and so keep up the mortality. Furthermore, two private open-air Sanatoria are located in the district, and last year four deaths occurred in the inmates. Disinfection of the rooms occupied by consumptives is carried out where possible.

With reference to the 15 cases of Diphtheria notified, Dr. Coaker says that many cases are now notified as diphtheria which in former years were not regarded as such. There was rather a severe outbreak of nine cases among children attending the Rowney Green School, and the outbreak was attributed to a "carrier case" attending the school.

Of the 28 cases of Scarlet Fever notified, most occurred at Blake-down, where a boy was found at School in a peeling condition. The Schools were disinfected, but not closed, as Dr. Coaker is of opinion that if the children are not looked after from the schools no doctor is consulted in mild cases of Scarlet Fever, and consequently the disease lingers.

A scheme for the drainage of Barnt Green Village jointly with North Bromsgrove Council, has been prepared but not adopted.

The parishes of Clent, Hagley and Pedmore are applying for incorporation in the Stourbridge Water Board.

It is mentioned that cleanliness of cowsheds and dairies is becoming a recognised necessity, but Dr. Coaker states some reluctance is shewn to register as a cow-keeper on account of the fact that structural repairs can be enforced against the tenant and not against the landlord.

Dr. Coaker expresses the hope that this point may be rectified in any fresh Parliamentary action, but I am sorry to say that the Bill now before Parliament (August 1909) does not make this, in my opinion, requisite amendment.

Dr. Coaker advocates scrubbing of the floors and cleaning the walls of schools more frequently than is now done.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	14,230	327	24.3	33	100	170	13.3					
1899.	14,230	352	26.1	26	73	162	12.0					
1900.	14,230	319	22.3	23	72	185	12.9					
1901.	14,230	346	26.7	32	111	160	12.3					
1902.	12,932	304	23.5	38	124	175	13.5			12		
1903.	12,932	309	23.5	36	116	159	12.2			16		
1904.	12,932	325	25.1	40	123	154	11.9			12		
1905.	12,932	282	21.8	25	88	156	12.0			26		
1906.	12,932	308	23.8	20	64	169	13.0			15		
1907.	12,932	305	23.5	30	98	159	12.2			15	174	14.2
Averages for Years 1898-1907.	13,451	317	24	30	96	164	12.5			16		
1908.	12,932	256	19.8	23	89	155	11.9			16	171	13.2

* Rates calculated per 1,000 of estimated population.
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.
Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough	2	1	1					
Diphtheria and membranous croup	3		2	1				
Croup	1		1					
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza	8				2	1	5	
Cholera								
Plague								
Diarrhœa								
Enteritis	1	1						
Puerperal fever								
Erysipelas								
Other septic diseases								
Phthisis	16			1	4	10	1	
Other tubercular diseases	7	3	3			1		
Cancer, malignant disease	12					4	8	
Bronchitis	12	3	1			2	6	
Pneumonia	5	1	1	1	1	1		
Pleurisy								
Other diseases of Respiratory organs	2					2		
Alcoholism								
Cirrhosis of liver	1					1		
Venereal diseases								
Premature Birth	7	7						
Diseases and accidents of parturition								
Heart diseases	16					9	7	
Accidents	6		4	1		1		
Suicides	1					1		
Senile decay	16						16	
.....								
.....								
.....								
All other causes	55	7			1	22	25	
All causes	171	23	13	4	8	55	68	

Dr. Wilkinson mentions that there were 76 cases (3 deaths) of Diphtheria during the year, and as compared with former years, this number has greatly increased. The disease was prevalent among the scholars at Hartlebury and Rashwood Schools, and consequently Dr. Wilkinson took a large number of swabs from school children, and in this way detected children in an infectious condition, who would probably have spread the disease if he had not taken such prompt action. Dr. Wilkinson is to be congratulated upon the thorough way with which he dealt with these outbreaks, the suppression of which was, I believe, largely due to his energy.

He reports 16 deaths from Consumption, which is a larger number than ever previously registered in one year. He regrets that the only way of dealing with such cases is the County Sanatorium, as, though it does a great work, there still remains many cases which are untreated. He consequently suggests the erection of shelters in the grounds of Workhouse Infirmarys.

The drainage of Hartlebury and Crowle was much improved by order of the Council under the able supervision of the Sanitary Inspector.

Dr. Wilkinson was requested by a Committee of the Council to comment upon their report on Stoke Works Sanitation, and evidently he is of opinion that the Committee did not do all that was necessary. He consequently urges them to obtain expert advice as to the possibility of including in one scheme the drainage from the schools at Stoke Works up to and including Causeway Meadows.

Regulations under the Dairies and Cowsheds Order have been adopted, and a full report on the 78 registered milk traders is to be prepared during the coming year.

Factories and Workshops, and Canal Boats evidently receive attention.

He makes no reference to the Sewerage Schemes of Ombersley or Fernhill Heath, which have been before his Council.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NET.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	7,142	198	27.7	20	101	110	15.4					
1899.	7,142	226	31.6	18	79	120	16.8					
1900.	7,142	222	31.0	17	76	108	15.1	22	7	2	103	14.4
1901.	7,584	229	30.1	23	100	113	14.9	24	7	2	108	14.2
1902.	7,584	201	26.5	14	69	87	11.4	7	5	7	89	11.7
1903.	7,584	195	25.7	16	82	100	13.1	18	9	6	97	12.7
1904.	7,584	214	28.2	9	42	96	12.6	23	6	6	96	12.6
1905.	7,584	208	27.4	13	62	101	13.3	24	11	9	99	13.0
1906.	7,820	204	26.0	8	39	126	16.1	26	15	6	117	14.9
1907.	7,820	211	26.9	17	80	120	15.3	29	16	5	109	13.9
Averages for years 1898-1907.	7,498	210	28.1	15	73	108	14.4	29	9	5	102	13.4
1908.	7,900	192	24.3	13	67	121	15.3	21	12	2	111	14.0

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

TABLE IV.
Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles	1		1					
Scarlet Fever								
Whooping-cough	1		1					
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza	1						1	
Cholera								
Plague... ..								
Diarrhœa	1					1		
Enteritis	2	1					1	
Puerperal fever	2					2		
Erysipelas								
Other septic diseases... ..								
Phthisis	7			1	1	4	1	
Other tubercular diseases	4	2			1	1		
Cancer, malignant disease	5					3	2	
Bronchitis	8	3				2	3	
Pneumonia	2					2		
Pleurisy								
Other diseases of Respiratory organs	1					1		
Alcoholism {	1					1		
Cirrhosis of liver {								
Venereal diseases								
Premature birth	3	3						
Diseases and accidents of parturition	1					1		
Heart diseases	23	1				9	13	
Accidents	1						1	
Suicides	2					2		
Senile decay	16						16	
.....								
.....								
.....								
.....								
All other causes	29	3		1		10	15	
All causes	111	13	2	2	2	39	53	

The Vital Statistics were satisfactory. There were 20 cases of Diphtheria, distributed over four parishes; the outbreak at Sedgeberrow was associated with a number of cases of sore throat, and necessitated the closing of the Schools for four weeks. The commencements of the outbreaks at Badsey, Broadway and Wickhamford were due to the disease being epidemic at Childswickham (Glos.). The disease was spread by cases of sore throat.

A comprehensive memorandum on Notification of Tuberculosis in poor persons is appended to the report, the substance of which has already been referred to in my paragraph on Tuberculosis.

A full report is made on the sanitary state of each School in the district, and requisite action is being taken by order of the District Council.

On the 19th May, 1908, a Committee of the District Council held an Inquiry at Bretforton with regard to a representation made by the Parish Council that there was need for more houses in the Parish, and the Committee ultimately came to the conclusion that there was no necessity to carry through any Scheme under the Housing of the Working Classes Act 1890. Since that report was presented, no further action has been taken, especially as the Chairman of the Parish Council stated at the Inquiry "that the Villagers would rather object to a scheme which would cause all to be rated for the benefit of the few."

The nuisance caused by pea-pickers is again referred to, and it is mentioned that a Conference of Pea-growers and Members of the District Council, together with Dr. Farrar, an Inspector of the Local Government Board, was held at the Evesham Workhouse on the 17th February, 1909, but no practical conclusion was arrived at.

A complete scheme for sewerage Bretforton has been prepared, and negotiations are proceeding as to acquiring land for outfall works.

The Broadway Irrigation Farm effluent was analysed in December, and was found not to be so good as it ought to be. On the other hand, that from the Badsey Bacteria Beds was quite up to the standard. The unsatisfactory condition of the Broadway effluent is due to the fact that the farm is not so well looked after as it ought to be by the tenant to whom it is let.

Enquiries with reference to the water supply at Offenham, and a series of analysed samples, have been made, but no conclusions have yet been arrived at.

The slaughter houses in the district have been improved and generally kept in good order, except one at Rous Lench; the owner of which has promised to make necessary alterations.

Satisfactory attention is being given to the cowsheds. The bake-houses and factories are all duly inspected.

Applications have been made to the Local Government Board to put in force certain sections of the Public Health Acts Amendment Act, 1907.

TABLE IV.

Causes of, and Ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough								
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza	3		2			1		
Cholera								
Plague... ..								
Diarrhœa								
Enteritis	2	2						
Puerperal fever								
Erysipelas								
Other septic diseases...								
Phthisis	8					8		
Other tubercular diseases	2			1		1		
Cancer, malignant disease... ..	3				1	1	1	
Bronchitis	10	2	2				6	
Pneumonia	2	1				1		
Pleurisy								
Other diseases of Respiratory organs	2			1			1	
Alcoholism)								
Cirrhosis of liver)								
Venereal diseases								
Premature Birth	1	1						
Diseases and accidents of parturition								
Heart diseases... ..	10					6	4	
Accidents	1		1					
Suicides	2					1	1	
Senile decay	22						22	
.....								
.....								
.....								
.....								
.....								
All other causes... ..	9	1	1		1	3	3	
All causes	77	7	6	2	2	22	38	

Favourable vital statistics are recorded, and it is reported that the district was remarkably free from infectious diseases .

A report on the Tuberculosis Order of the Local Government Board which came into force on the 1st January of the present year, was made.

Sanitation of the Schools is dealt with in detail, and requisite action is being taken.

The question of whether or not Hunt End is to be sewered is still in abeyance, but as a representation has been made by the County Council that the District Council is in default in this matter, no doubt some decision will be arrived at before long.

The slaughter-houses, bake-houses, dairies and cowsheds and factories have been duly inspected.

Application has been made to the Local Government Board to put in force certain sections of the Public Health Acts Amendment Act, 1907.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	22,551	827	36.6	136	164	361	16.0			5	366	16.2
1899.	23,519	879	27.3	148	168	333	14.1			6	339	14.4
1900.	25,844	865	34.2	105	121	345	13.3			1	346	13.3
1901.	23,574	886	37.5	153	171	386	16.3			15	401	17.0
1902.	23,574	855	36.0	91	106	307	13.0	8	6	5	306	12.9
1903.	23,574	868	36.8	140	161	380	16.1	10	6	12	386	16.3
1904.	23,574	849	36.0	129	151	353	14.9	6	4	10	359	15.2
1905.	23,574	804	34.1	95	118	293	12.4	1	1	13	305	12.9
1906.	23,574	828	35.0	102	121	346	14.7	6	2	27	371	15.9
1907.	23,574	860	36.4	100	117	355	15.9	4	0	21	376	13.7
Averages for years 1898-1907.	23,693	852	35.9	119	139	345	14.6	5	3	11	355	14.7
1908.	23,574	800	33.9	103	128	337	14.1	10	3	17	351	14.8

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.
Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.	
Small-pox								
Measles								
Scarlet fever	4	1	1	2				7
Whooping-cough	8	1	6	1				
Diphtheria and membranous croup	5		4	1				1
Croup								
Fever { Typhus								
Enteric	2			1		1		2
Other continued								
Epidemic influenza	5		1			4		
Cholera								
Plague... ..								
Diarrhœa	8	7	1					
Enteritis	10	9	1					
Puerperal fever								
Erysipelas								
Other septic diseases...								
Phthisis	15		1	1	3	10		
Other tubercular diseases	18	9	5	2	1	1		
Cancer, malignant disease	17					11	6	
Bronchitis	22	3	3			2	14	
Pneumonia	24	10	5	2	1	4	2	
Pleurisy	1					1		
Other diseases of Respiratory organs ..								
Alcoholism								
Cirrhosis of liver	2					2		
Venereal diseases								
Premature birth	18	18						
Diseases and accidents of parturition								
Heart diseases	43			3		26	14	
Accidents	17	3	3		2	7	2	
Suicides	2					2		
.....								
.....								
.....								
.....								
.....								
All other causes	130	42	8	5	2	24	49	
All causes	351	103	39	18	9	95	87	10

Dr. Brett Young reports 191 cases (4 deaths) of Scarlet Fever, and says that the disease was more or less prevalent throughout the district for the greater part of the year; it was not found necessary to close any of the Schools, although doubtless the Schools were answerable for the spread of the disease, as no doubt some mild cases were overlooked and not notified.

Seventeen cases of Typhoid were distributed throughout the district.

The house accommodation is said to be equal to the demand, and the old-fashioned privy-midden still far too prevalent.

The Factories and Workshops are being inspected, and the majority of the Cowsheds and Dairies are said to be very much improved.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	10,100	232	22.7	17	73.28	110	10.78	2	2		110	10.78
1899.	10,100	268	26.27	26	97.01	128	12.6				126	12.35
1900.	10,200	252	24.72	37	146.8	146	14.31				146	14.3
1901.	10,100	251	24.8	28	111.5	134	13.3	1	1		133	13.3
1902.	10,100	246	24.3	29	117.9	135	13.35	7	7	10	138	13.5
1903.	10,100	236	23.3	23	97.03	127	12.53	26	21	22	128	12.6
1904.	10,100	254	25.1	30	118.1	130	12.8	6	6	14	138	13.5
1905.	10,100	240	23.7	20	83.3	135	13.3	1	1	13	147	14.5
1906.	10,100	245	24.25	20	81.6	118	11.68			11	129	12.7
1907.	10,100	225	22.27	18	80	128	12.6			17	145	14.35
Averages for Years 1898-1907.	10,087	244	25.99	24	97.94	139	12.7	4	3	8	164	15.78
1908.	10,100	242	23.96	19	78.09	127	12.5	2	2	16	141	13.9

* Rates calculated per 1,000 of estimated population.
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever	2		2					2
Whooping-cough								
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza	8			1		5	2	
Cholera								
Plague								
Diarrhoea	1	1						
Enteritis								
Puerperal fever	1					1		
Erysipelas								
Other septic diseases								
Phthisis	6			1		5		
Other tubercular diseases	3		2	1				
Cancer, malignant disease	14					6	8	
Bronchitis	3	1				1	1	
Pneumonia	5	2	1			2		
Pleurisy								
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver	1					1		
Venereal diseases								
Premature Birth	6	6						
Diseases and accidents of parturition	2	1				1		
Heart diseases	15	1			1	6	7	
Accidents	7		1			5	1	
Suicides								
.....								
.....								
.....								
.....								
All other causes	67	7	3	2		12	43	2
All causes	141	19	9	5	1	45	62	

Dr. Addenbrooke says:—

“That the arrangements for scavenging, etc., at Wribbenhall, have not been working on the whole satisfactorily. Complaints are very general as to the irregular and inefficient manner in which the contractor has done the work, and of this I had ample evidence in going from house to house. Many of the residents said they were worse off than they had been under the old system. It is to be hoped that in a new contract the Council will be able to make such terms as will ensure that the work is done thoroughly and methodically.”

He gives details of the inspections he has made, and says that enquiries have been made with regard to the water supply of Wolverley, as there was reason to suspect that it was more or less generally contaminated. Consequently he got the authority of the District Council to have samples from wells in the village analysed, but as these were found to be satisfactory, no further steps were taken.

The bake-houses and slaughter-houses are, on the whole, in a satisfactory condition, and the same may be said of the factories.

He concludes by saying:—“I hope now that the Local Government Board Enquiry concerning the Whitville drainage scheme has been held, there will be nothing to delay the carrying out of the work, and that you will proceed with the scheme for draining Sutton Common and Foley Park, which, as I have before stated, is more urgently needed than that at Whitville.”

“With the exception of these areas the district is, and has been during the year, in a good sanitary condition.”

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITU- TIONS IN THE DISTRICT.	Deaths of Non- residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NET.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	13,133	345	26.3	31	89.8	188	14.31	20			188	14.31
1899.	13,133	365	27.8	39	106.8	191	14.54	13			191	14.54
1900.	13,133	306	23.3	37	120.9	200	15.2	15	7	14	207	15.7
1901.	12,941	341	26.3	29	85.0	175	13.5	20	4	13	184	14.21
1902.	12,941	340	26.2	37	108.84	175	13.5	21	1	13	187	14.4
1903.	12,941	356	27.5	30	84.2	141	10.8	20	2	11	150	11.5
1904.	12,941	320	24.7	41	128.1	167	12.8	26	7	16	176	13.6
1905.	12,941	300	23.1	24	80	174	13.4	26	4	14	184	14.2
1906.	12,941	300	23.1	27	90	195	15.1	20	3	20	212	16.4
1907.	12,941	303	23.4	24	79.2	155	11.9	18	1	15	169	13.05
Averages for years 1898-1907.	12,998	327	25.1	31	97.2	176	13.5	19			184	14.1
1908.	12,941	295	22.7	30	101.6	161	12.4	23	2	8	167	12.9

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever	1			1				
Whooping-cough ..	1	1						
Diphtheria and membranous croup ...	1			1				2
Croup								
Fever { Typhus								
{ Enteric	1				1			
{ Other continued								
Epidemic influenza ...	6	1	1			1	3	1
Cholera								
Plague... ..								
Diarrhœa	4	4						
Enteritis								
Puerperal fever ...	1					1		
Erysipelas								
Other septic diseases...	1							
Phthisis	6						1	1
Other tubercular diseases ...	3				4	2		
Cancer, malignant disease ...	9					3		
Bronchitis	9	1	1			5	4	1
Pneumonia	7	2	1			1	6	2
Pleurisy						3	1	
Other diseases of Respiratory organs ...								
Alcoholism								
Cirrhosis of liver } ...	1					1		
Venereal diseases ...								
Premature birth ...	8	8						
Diseases and accidents of parturition ..								
Heart diseases ...	29					9	20	4
Accidents	7	1	1			4	1	1
Suicides	1					1		
Apoplexy	17					6	11	2
Senile decay	19						19	7
Congenital defects ...	9	9						
Convulsions	2	1	1					
.....								
All other causes ...	24	2	1		1	12	8	2
All causes ...	167	30	6	2	6	49	74	23

Dr. Greensill says that a large majority of the 25 cases of Scarlet Fever are of the usual mild type, many of them not being discovered until the peeling stage was reached, and that the usual practice of the district is to isolate at home all cases that can be provided with a separate room for the purpose, but that he has authority to remove to the Isolation Hospital every case which he thinks it advisable to do so.

There is no apparatus for the disinfection of clothing and bedding.

Dr. Greensill gives the parishes in which the 21 cases of diphtheria occurred, but gives no explanation of the causation of the outbreaks. Apparently he does not agree with the usual practice of prohibiting the discharge of any diphtheria patient from any isolation hospital until the throat is bacilli free.

He reports that three schools were closed.

The Dairies and Cowsheds are said to be kept fairly clean, but grooming the cows for the sake of cleanliness is hardly ever practised, and the surroundings of the cowsheds are frequently filthy.

The bake-houses and workshops are duly inspected.

He says, what is most urgently required is increased attention to the disposal of refuse and to the prevention of nuisances arising in connection with the privy accommodation.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	1,308	29	22.1	-		19	14.5					
1899.	1,308	36	27.5	4	111	22	16.7					
1900.	1,308	26	19.9	5	192	19	14.5					
1901.	1,195	22	20.0	1	45	11	10.0					
1902.	1,182	26	22.0	3	115	15	13.5					
1903.	1,182	20	17.0	2	100	16	13.6					
1904.	1,182	28	21.4	2	71	15	11.0					
1905.	1,308	23	17.6	1	43	14	13.0					
1906.	1,308	25	19.1	1	40	12	9.1					
1907.	1,308	24	18.3	2	83	14	10.7					
Averages for Years 1898-1907.	1,258	25	20.4	2	80	15	12.6					
1908.	1,308	23	17.6			13	9.9					

* Rates calculated per 1,000 of estimated population.
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and Ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough								
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza								
Cholera								
Plague... ..								
Diarrhœa								
Enteritis								
Puerperal fever								
Erysipelas								
Other septic diseases...								
Phthisis	1					1		
Other tubercular diseases								
Cancer, malignant disease... ..	1						1	
Bronchitis	1		1					
Pneumonia								
Pleurisy								
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver								
Venereal diseases								
Premature Birth								
Diseases and accidents of parturition								
Heart diseases... ..	2						2	
Accidents								
Suicides								
.....								
.....								
.....								
.....								
.....								
All other causes... ..	8		1	1			6	
All causes	13		2	1		1	9	

Dr. Marshall says he is able to give the most satisfactory account of the general conditions of the district that he has ever been able to present.

Referring to the Cowsheds &c., he says:—

“The condition of the cowsheds, dairies and slaughter-houses
 “has hitherto appeared to me to be fairly good, but His
 “Majesty’s Inspector, who came here in the Autumn, im-
 “pressed upon me the fact that there was much need of
 “improvement, and I was quite willing to lend an assenting
 “ear to much that he advised. At the same time it must
 “be remembered that in the country, the state of the cow-
 “sheds and foldyards cannot be regarded from the same
 “standpoint as if they were situated within the precincts of
 “a crowded town. Counsels of perfection are of course
 “most advisable, but, in the majority of cases, they cannot
 “be acted upon, without upsetting the economical balance,
 “and I certainly have never yet found disease to be trace-
 “able to a dirty foldyard in the open air. With regard to
 “dairies I am entirely in accord with H.M. Inspector’s views,
 “and it cannot be too strongly urged, that a dairy should
 “be kept exclusively to the purpose for which it exists.
 “Nothing of any kind, except milk and its products, cream
 “and butter, should be allowed to have a place there, as
 “there is no substance more readily contaminated than milk,
 “nor one more ready to carry infection.”

There are only two Worcestershire parishes in the district, namely: Redmarley and Staunton.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	13,086	358	27.3	32	89	205	15.6	18	1	8	205	15.6
1899.	13,086	314	23.9	34	108	209	15.9	17		11	209	15.9
1900.	13,086	324	24.7	32	98	237	18.1	21		5	237	18.1
1901.	12,813	315	24.6	25	79	161	12.5	15		9	161	12.5
1902.	12,813	323	25.2	22	68	182	14.2	15		3	190	14.8
1903.	12,813	309	24.1	20	61	158	12.1	15			168	13.1
1904.	12,813	286	22.3	27	94	177	13.8	17	2	5	180	14.0
1905.	12,813	286	22.3	27	94	194	15.1	21	2	5	197	15.3
1906.	12,810	319	24.8	26	81	183	14.2	15	-		192	14.9
1907.	12,810	280	21.8	27	96	170	13.2	15	2		171	13.3
Averages for years 1898-1907.	12,894	311	24.1	27	86	187	14.4	17	1	6	191	14.7
1908.	12,800	303	23.6	30	99	197	15.3	18	-	10	207	16.1

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.
Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles	5	1	4					
Scarlet fever								
Whooping-cough	3		3					
Diphtheria and membranous croup								
Croup								
Fever { Typhus ..								
{ Enteric ...								
{ Other continued								
Epidemic influenza	1					1		
Cholera								
Plague... ..								
Diarrhœa	1	1						
Enteritis	6	1	4				1	
Puerperal fever								
Erysipelas								
Other septic diseases... ..								
Phthisis	17				3	13	1	
Other tubercular diseases	5		1	2	1		1	
Cancer, malignant disease	14					6	8	
Bronchitis	12	1				4	7	
Pneumonia	7	3				1	3	
Pleurisy								
Other diseases of Respiratory organs ..	6				1	4	1	
Alcoholism								
Cirrhosis of liver } ...	3					2	1	
Venereal diseases								
Premature birth	4	4						
Diseases and accidents of parturition	9					5	4	
Heart diseases	26			2		7	17	
Accidents	2					2		
Suicides								
Senile decay	20						20	
.....								
.....								
.....								
.....								
All other causes	66	20	4		1	19	22	
All causes	207	31	16	4	6	64	86	

Measles caused five deaths, and was prevalent at Bishampton, Cropthorne, Charlton, Wyre, Pershore, Eckington, Fladbury, and necessitated the closure of the schools. Some special remarks with regard to Measles are made.

Forty-six cases of Scarlet Fever were reported during the year, and all were treated at the Isolation Hospital. Nineteen of these occurred at Eckington in 15 houses, and apparently the disease was imported to that village on five occasions, but the opinion is expressed that mild cases—so mild in fact as to escape recognition—tended to spread the disease. Reference is made at length to “return cases” from the Isolation Hospital, and the best known methods of preventing them.

A memorandum on Consumption is given as an Appendix to the report.

A full report is made by the Sanitary Inspector as to the sanitation of each School in the District.

No works of sewerage or water supply have been carried out, but an Inquiry with regard to the water supply of certain parishes in the district is shortly to be held by a Committee of the County Council.

The Dairies and Cowsheds, Slaughter-houses, Lodging-houses, and Factories are regularly inspected.

New byelaws for hop-pickers are now in force; and the District Council have adopted certain sections of the Public Health Acts Amendment Act, 1907.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	2,290	57	24.8	5	87	27	11.7			2	29	12.2
1899.	2,290	52	22.7	6	115	33	14.4			2	35	15.2
1900.	2,290	51	22.2	8	156	30	13.1			2	32	13.9
1901.	2,150	51	23.7	7	137	26	12.0			1	27	12.5
1902.	2,150	50	23.2	9	180	31	14.4			2	33	15.3
1903.	2,150	42	19.5	5	119	31	14.4			2	33	15.3
1904.	2,150	52	24.1	6	115	31	14.4			1	32	14.8
1905.	2,150	54	25.1	4	74	25	11.6			2	27	12.5
1906.	2,150	56	26.0	6	107	25	11.6			2	27	12.5
1907.	2,100	47	22.3	3	63	28	13.3			1	29	13.8
Averages for Years 1898-1907.	2,187	51	23.3	5	115		13.0			1	30	13.8
1908.	2,100	45	21.4	3	66	33					33	15.7

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough								
Diphtheria and membranous croup	1				1			
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza	1						1	
Cholera								
Plague								
Diarrhœa	2			1			1	
Enteritis								
Puerperal fever								
Erysipelas								
Other septic diseases								
Phthisis	1				1			
Other tubercular diseases	1		1					
Cancer, malignant disease	2					1	1	
Bronchitis	3					1	2	
Pneumonia								
Pleurisy								
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver								
Venereal diseases								
Premature Birth	1	1						
Diseases and accidents of parturition								
Heart diseases	6					3	3	
Accidents	1						1	
Suicides	1						1	
.....								
.....								
.....								
.....								
All other causes	13	2		1		1	9	
All causes	33	3	1	2	2	6	19	

Dr. White says :—

There are only three parishes in this typically rural district, and very little building takes place, but on the whole the houses are in good condition.

There has been a promise of a supply of water to the Inn at Mamble, as to which the County Council have been in communication with the Rural District Council.

Cowsheds are said to be in the same condition as previously, and as this was reported to be unsatisfactory, I made a special report upon them.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NET.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	4,834	104	21.8	19	182	91	18.8	12	9	1	83	17.1
1899.	4,789	124	25.7	13	105	82	17.0	16	13	1	70	14.5
1900.	4,745	109	22.8	17	156	87	18.2	13	7	1	81	17.0
1901.	4,702	120	25.4	18	150	91	19.2	17	10	1	82	17.3
1902.	4,658	114	24.5	10	87	98	21.0	28	16	0	82	17.6
1903.	4,613	126	27.3	15	119	81	17.5	23	15	0	66	14.3
1904.	4,567	124	27.1	5	40	72	15.7	22	15	2	59	12.9
1905.	4,521	109	24.0	11	101	81	17.9	20	9	3	75	16.5
1906.	4,475	101	22.5	10	100	72	16.0	18	13	0	59	13.1
1907.	4,429	110	24.7	6	55	89	20.0	24	16	2	75	16.8
Averages for years 1898-1907.	4,633	114	24.6	12	105	84	18.1	19	12	1	73	15.7
1908.	4,384	115	26.2	12	104	88	20.0	21	14	4	78	17.8

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								1
Whooping-cough	1	1						
Diphtheria and membranous croup	1			1				
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza	5	1				1	3	
Cholera								
Plague								
Diarrhœa	2	2						
Enteritis	1						1	
Puerperal fever								
Erysipelas								
Other septic diseases								
Phthisis	3				1	2		1
Other tubercular diseases	1					1		1
Cancer, malignant disease	7					3	4	3
Bronchitis	3		1			1	1	1
Pneumonia	6	1				3	2	
Pleurisy								
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver	3					2	1	
Venereal diseases								
Premature birth	3	3						
Diseases and accidents of parturition								
Heart diseases	8					5	3	2
Accidents								
Suicides	1						1	
Cerebral apoplexy	6					1	5	1
Paralysis	1					1		
Kidney Diseases	2					2		
Old age	9						9	5
.....								
All other causes	15	4	1		1	6	3	6
All causes	78	12	2	1	2	28	33	21

Dr. Findlay reports:—

That the birthrate (26·2) is showing signs of rising, and a curious feature is the large number of females born as compared with males. This has been accompanied by a large increase in the number of deaths of infants. The Shipston locality, on the average of the last 10 years, has shown by far the highest mortality in infant life. The town of Shipston is built on a restricted area, which must account for the higher mortality, and Dr. Findlay thinks the new drainage scheme should be proceeded with as quickly as possible, as the present sewers have again broken in or become blocked, and are unsuitable for the work they have to do; with the increasing number of W.C.'s, there are frequent complaints of smells from the sewers. The present loans, however, are said not to be sufficiently repaid to enable money to be borrowed.

There was a considerable amount of notifiable disease. The five cases of diphtheria occurred in Shipston at a time when there were several cases of "sore throat." 26 of the 30 cases of Scarlet Fever also occurred at Shipston, where there seemed to be two separate importations of the disease.

Many of the older cottages are not in a good sanitary condition, and it is very difficult to make them so. In many of them the greatest trouble is the pantry, which is often badly ventilated and filled with rubbish as well as food, and Dr. Findlay believes "many cases of diarrhoea are caused by flies getting at food and milk, and carrying contamination to that which would otherwise be quite wholesome." (See paragraph on Propagation of Disease by Flies.)

Anti-toxin is now paid for by the Rural District Council for use in diphtheria cases.

Fifty patients (21 from Shipston Rural District) were treated at the Joint Isolation Hospital, which is well spoken of.

There ought to be more names on the Dairies and Cowsheds Register.

The Common Lodging-houses and Slaughter-houses are fairly well kept.

The adoption of the Public Health Acts Amendment Act is under consideration.

The Factories and Workshops are now kept in fairly good order.

The water supplies of the districts are favourably reported upon.

Byelaws for Slaughter-houses, Scavenging, and removal of night-soil are again recommended.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	337	5	14.8		0.0	7	20.8					
1899.	337	5	14.8		0.0	3	8.9					
1900.	337	7	20.8		0.0	1	2.6					
1901.	292	7	24.0		0.0	4	14.0					
1902.	292	5	17.1	1	2.00	5	17.1					
1903.	292	10	34.2	2	2.00	6	20.5					
1904.	292	6	20.5		0.0	1	3.4					
1905.	292	6	20.5		0.0	2	6.8					
1906.	292	8	27.3		0.0	1	3.4					
1907.	292	7	24.0	1	1.42	6	20.5					
Averages for Years 1898-1907.	305	6	21.8	-	54	3	11.8					
1908.	292	6	20.5	0	0.0	6	20.5					

* Rates calculated per 1,000 of estimated population.
(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.
Causes of, and Ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough								
Diphtheria and membranous croup								
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza								
Cholera								
Plague... ..								
Diarrhœa								
Enteritis								
Puerperal fever								
Erysipelas								
Other septic diseases... ..								
Phthisis								
Other tubercular diseases								
Cancer, malignant disease... ..	I					I		
Bronchitis	I						I	
Pneumonia								
Pleurisy								
Other diseases of Respiratory organs								
Alcoholism {								
Cirrhosis of liver {								
Venereal diseases								
Premature Birth								
Diseases and accidents of parturition								
Heart diseases... ..								
Accidents								
Suicides								
.....								
.....								
.....								
.....								
.....								
.....								
All other causes... ..	4						4	
All causes	6					I	5	

Stow-on-the-Wold Rural District (Worcestershire Parishes).

There are two Worcestershire parishes in this district, namely: Daylesford and Evenlode.

Dr. Moore's report shows that the birth rate is identical with the death rate (20·5).

Death rates for districts like this usually fluctuate very much. For instance the death rate in 1906 was only 3·4, where as this year it is 20·5. The average death-rate for the years 1898-1907, however, Table I. shows is as low as 11·8.

The public water supplies and the cowsheds are said to be in a satisfactory condition.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	4,900	132	26.9	13	98	77	15.7	5			77	15.7
1899.	4,900	110	22.4	13	118	67	13.6	6	4	2	65	13.2
1900.	4,900	124	25.1	14	112	62	12.6	7	2	1	61	12.4
1901.	4,838	107	22.1	15	140	68	14.0	10	2	2	68	14.0
1902.	4,830	109	22.9	16	146	60	12.4	8	-	1	61	12.6
1903.	4,830	134	27.7	15	111	61	12.6	10	5	2	58	12.0
1904.	4,830	106	21.9	9	84	56	11.5	7	3	4	57	11.8
1905.	4,830	123	25.4	17	138	59	12.2	7	4	1	55	11.3
1906.	4,830	105	21.7	9	85	72	14.9	10	4	4	72	14.9
1907.	4,784	94	19.6	5	53	62	12.9	7	1	3	64	13.3
Averages for years 1898-1907.	4,847	114	23.5	12	108	64	13.2	7	2	2	63	13.1
1908.	4,770	77	16.1	2	25	53		9	3	6	56	11.7

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.
Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet fever								
Whooping-cough ...	1		1					
Diphtheria and membranous croup ...								
Croup								
Fever { Typhus ...								
{ Enteric ...								
{ Other continued								
Epidemic influenza ...	2					1	1	
Cholera								
Plague... ..								
Diarrhœa	2		1				1	
Enteritis								
Puerperal fever ...								
Erysipelas								
Other septic diseases...								
Phthisis	2			1	1			
Other tubercular diseases	3				1	2		
Cancer, malignant disease	5					4	1	
Bronchitis	3		1				2	
Pneumonia	2				1	1		
Pleurisy								
Other diseases of Respiratory organs ..								
Alcoholism								
Cirrhosis of liver ...								
Venereal diseases ...								
Premature birth ...	1	1						
Diseases and accidents of parturition ...								
Heart diseases ...	14					5	9	
Accidents	2					2		
Suicides								
.....								
.....								
.....								
.....								
.....								
All other causes ...	19	1			1	10	7	
All causes	54	2	3	1	4	25	21	

Dr. White reports that the birth rate (16'1) is the smallest ever known for the district. Apart from the continuance of the Measles epidemic which was so severe in 1907, very little non-notifiable Infectious Disease occurred. Bockleton School was closed on account of Whooping Cough.

The house accommodation is said to be sufficient for the needs of the district.

The system of scavengage in Tenbury town continues to work well, and pail closets are becoming general.

23 houses were found either to have deficient or objectionable water supplies, and consequently were supplied from the Council's mains.

There are byelaws with regard to new buildings, scavenging, nuisances, cowsheds and hop-pickers.

One of the cowsheds requires improvement. The slaughter-houses have received a good deal of attention, and one of them has been done away with, and a new and up to date one erected; the two others have been otherwise improved.

The bake-houses and workshops were duly inspected:—

Dr. White says:—

"The report on the accommodation for Hop-pickers showed that
"the majority of these places require some improvement to
"make them conform to the recently adopted byelaws."

"This matter should be considered again before the pickers
"arrive, because the byelaws are very reasonable, and can
"be carried out at small expense."

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	2,458	60	23.7	7	11.6	29	11.6					
1899.	2,488	54	21.7	3	5.3	30	12					
1900.	2,488	50	20.1	5	10.0	33	13.2					
1901.	2,293	58	25.1	2	3.4	25	10.8			2	27	11.7
1902.	2,293	54	23.5	7	12.9	40	17.4				40	17.4
1903.	2,293	53	23.1	2	3.7	33	14.3			6	33	14.3
1904.	2,293	56	24.4	3	5.3	29	12.6				35	15.2
1905.	2,293	58	25.2	1	1.7	21	9.1				21	9.1
1906.	2,293	42	18.3	2	4.7	29	12.2			1	30	13.1
1907.	2,293	52	22.6	1	1.8	29	12.2			6	35	15.2
Averages for Years 1898-1907.	2,351	53	22.7	3	6.0	29	12.5					
1908.	2,293	51	22.2	2	3.9	31	13.5					

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough								
Diphtheria and membranous croup	1			1				
Croup								
Fever { Typhus								
{ Enteric	1					1		
{ Other continued								
Epidemic influenza								
Cholera								
Plague								
Diarrhœa								
Enteritis								
Puerperal fever								
Erysipelas								
Other septic diseases								
Phthisis								
Other tubercular diseases								
Cancer, malignant disease	1					1		
Bronchitis	6					1	5	
Pneumonia	2					1	1	
Pleurisy								
Other diseases of Respiratory organs								
Alcoholism								
Cirrhosis of liver								
Venereal diseases								
Premature Birth								
Diseases and accidents of parturition	1					1		
Heart diseases	2			1			1	
Accidents	2	1	1					
Suicides	1					1		
.....								
.....								
.....								
.....								
All other causes	14	1			1		12	
All causes	31	2	1	2	1	6	19	

164 *Tewkesbury Rural District (Worcestershire Parishes)*

Dr. Turner mentions that he has somewhat altered the form of his report this year by splitting it into two portions, one for the Gloucestershire parishes and the other for the Worcestershire parishes. This is certainly more convenient from the Counties point of view.

The question of the amalgamation of the Borough of Tewkesbury and the Tewkesbury Rural District for extending and utilizing the Rural Hospital as a Joint Hospital has been decided upon, and the matter is now before the Local Government Board. Should this scheme go through, as it probably will, the erection of a diphtheria block is contemplated; and Dr. Turner also hopes that an efficient Disinfecter may be provided, as he has advocated one for so many years past.

The sewerage irrigation land at Bredon is said to be in good working order, but that at Overbury is not so satisfactory owing to the want of means of treating the tank effluent. The land requires to be broken up from time to time to prevent overgrowth.

The hamlet of Upper Westmancote, as regards the sewage disposal, is not in a satisfactory condition. The land attached to each house is, in many cases, not sufficient to allow of a proper arrangement, and a general system of drainage would be very beneficial. Cases of diphtheria occur from time to time in this hamlet, and the largest outbreak of this disease which has occurred in the last 24 years had its origin here, involving the district in a very considerable expense for the maintenance of a hospital tent and nurses for nearly three months.

A scheme for the drainage of the Village of Conderton was submitted to the Rural Sanitary Authority by Sir R. B. Martin, Bart., of Overbury Court, who offered to defray the whole cost. The scheme, after a few slight alterations had been made, was accepted by the Council, and the work is now in progress, under the personal supervision of Mr. C. H. G. Shorland. The work when finished will be a great improvement, and should improve the health of that part of the district. Each of the following villages in the district lying under Bredon Hill, viz., Bredon, Kemerton, Overbury, and Conderton, all possesses a drainage system, and also a supply of water laid on from the hill.

The Schools in the district are reported to be in a good sanitary condition, but next year Dr. Turner contemplates making a detailed report.

The Register of Workshops has been brought up to date, and that of the Dairies and Cowsheds is now complete. Both places are periodically inspected.

Dr. Turner mentions that alterations, necessary to bring the cowsheds and dairies into a sanitary condition, have been insisted upon, and notices have been served in all cases where the occupiers were not inclined to carry out the suggestions made to them.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	†Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NET.	
		Number.	Rate*	Number.	Rate per 1,000 Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	14,271	343	25.1	23	67.0	313	106	3	207		15.1	
1899.	14,271	337	25.2	36	106.8	283	91		192		14.3	
1900.	14,271	334	25.0	44	131.0	365	128		237		17.7	
1901.	14,273	303	23.3	31	102.3	281	134		175	1	13.4	
1902.	14,273	328	25.2	22	67.0	312	146		182	2	14.0	
1903.	15,000	323	24.8	42	130.0	273	118		177	4	13.6	
1904.	15,000	291	22.3	29	99.6	285	132		175	3	13.4	
1905.	14,400	277	20.3	25	90.0	296	113		202	5	15.5	
1906.	14,400	312	24.0	24	76.9	272	121		169	7	13.0	
1907.	14,400	299	23.0	29	96.9	322	158		189	5	14.5	
Averages for years 1898-1907.	14,455	314	23.8	30	96.7	300	124				190	14.4
1908.	14,400	294	22.6	22	74.8	259	94	81		4	172	13.2

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

† Including population of Powick Asylum.

TABLE IV.
Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles								
Scarlet Fever								
Whooping-cough ..								
Diphtheria and membranous croup ...	2		1	1				
Croup								
Fever { Typhus								
{ Enteric								
{ Other continued								
Epidemic influenza ...								
Cholera								
Plague... ..								
Diarrhœa								
Enteritis	4	2	1			1		1
Puerperal fever ...								
Erysipelas								
Other septic diseases...								
Phthisis	17				6	10	1	17
Other tubercular diseases ...								1
Cancer, malignant disease ...	17		1		1	5	10	4
Bronchitis	14	1	2				11	1
Pneumonia	13	4	2		1	2	4	4
Pleurisy								
Other diseases of Respiratory organs ...								
Alcoholism								
Cirrhosis of liver { ...	2					1	1	1
Venereal diseases ...								
Premature birth ...	8	8						1
Diseases and accidents of parturition ..								
Heart diseases ...	15				2	5	8	9
Accidents	3			1		1	1	1
Suicides								
Senile decay	34						34	22
Influenza	2						2	
Marasmus	2	2						
Apoplexy	14					5	9	2
Malformation... ..	2	2						
Acute Rheumatism ...	1				1			
All other causes ...	22	3	3		3	5	8	30
All causes ...	172	22	10	2	14	35	89	94

As usual Dr. Cowley gives a summary of some interesting meteorological observations he made in the district during the year.

The 31 cases of diphtheria occurred in the contiguous parishes of Powick, Madresfield, Newland, and Guarlford, and were attributed to personal infection by means of a "carrier case."

The requirements of the Tuberculosis Order issued by the Local Government Board are given, and it is proposed to issue handbills with regard to the prevention of consumption.

Dr. Cowley advises that to prevent the spread of infection, the Council should provide suitable spitting bottles for sputum, as the death rate is much above the average for the last 10 years.

30 patients suffering from diphtheria had to be sent, at considerable cost, to the Malvern Isolation Hospital, and as the necessity for the provision of a diphtheria block is realized, he hopes that the next time his report is presented, such a pavilion will be erected.

The sewerage of Upton-on-Severn approaches completion; an enormous flow of underground water seems to have been met with in carrying out the work, the pumping of which dried many of the local wells, and consequently the Council provided water in storage tanks daily at considerable cost.

A sewerage scheme has been provided for Hanley Castle, and Dr. Cowley has found that the sewers at Madresfield and Newland are unsatisfactory, and that the sewage passes direct to the stream.

A drainage scheme has been carried out for Guarlford. One for Kempsey, which has been long under consideration, has not yet been decided upon; which is in great measure due to the fact that the plans were so long before the Local Government Board.

In February 1909 the Upton Bore Hole had been sunk 1,076 feet, but water was not then found, although geologists are firm in their opinion that underneath the deep marl bed the red sand stone lies, which is the water-bearing stratum.

It is mentioned that there has been but little improvement in carrying out the Dairies and Cowsheds Order. Dr. Cowley refers to my report upon the Dairies and Cowsheds, and says that he is not prepared to contradict the statement that the administration of the Order in many parts of the country is extremely lax.

The Slaughter-houses, Canal Boats, Lodging-houses, and Factories are all duly inspected. Little building has been done during the year, only 6 houses having been erected.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number. (a)	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	126	6	48.1	1	166	2	15.9					
1899.	126	6	48.1			2	15.9					
1900.	126	5	39.6			1	7.9					
1901.	116	3	25.8			2	17.2					
1902.	116	4	34.4	1	250	3	25.8					
1903.	116	3	25.8	1	333	2	17.2					
1904.	116	3	25.8	1	333	3	25.8					
1905.	116	3	25.8			2	17.2				2	17.2
1906.	116	3	25.8			1	8.6				1	8.6
1907.	116											
Averages for Years 1898-1907.	119	3	29.9	-	108	2	15.1					
1908.	116	3	25.8	3	1000	3	25.8					

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11.

Winchcombe Rural District (Worcestershire Parishes).

TABLE IV.

Causes of, and Ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox ...								
Measles ...								
Scarlet Fever ...								
Whooping-cough ...	2	2						
Diphtheria and membranous croup ...								
Croup ...								
Fever { Typhus ...								
{ Enteric ...								
{ Other continued ...								
Epidemic influenza ...								
Cholera ...								
Plague... ...								
Diarrhœa ...								
Enteritis ...								
Puerperal fever ...								
Erysipelas ...								
Other septic diseases...								
Phthisis ...								
Other tubercular diseases ...								
Cancer, malignant disease... ...								
Bronchitis ...								
Pneumonia ...								
Pleurisy ...								
Other diseases of Respiratory organs ...								
Alcoholism ...								
Cirrhosis of liver ...								
Venereal diseases ...								
Premature Birth ...								
Diseases and accidents of parturition ...								
Heart diseases... ...	1	1						
Accidents ...								
Suicides ...								
.....								
.....								
.....								
.....								
.....								
.....								
All other causes... ...								
All causes ...	3	3						

Winchcombe Rural District (Worcestershire Parishes).

There is only one Worcestershire Parish in this District, namely: Cutsdean.

The Infantile Mortality of 1000 is due to the death of the 3 infants born.

TABLE I.
FOR WHOLE DISTRICT.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS IN THE DISTRICT.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	DEATHS AT ALL AGES NET.	
		Number.	Rate*	Number.	Rate per 1,000 * Births registered.	Number.	Rate*				Number. (a)	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	28,300	833	29.0	121	145	340	12.3	6	6	10	344	12.4
1899.	30,500	864	28.0	115	133	369	12.1	6	6	12	375	12.2
1900.	32,700	983	30.0	120	122	436	13.9	10	10	11	437	13.9
1901.	34,350	1,041	30.2	128	122	431	12.5	12	12	11	430	12.5
1902.	36,030	1,161	32.2	134	115	461	12.7	8	8	17	470	13.0
1903.	38,500	1,119	29.0	109	97	409	10.6	12	12	22	419	10.8
1904.	41,500	1,173	28.2	160	136	511	12.3	7	7	46	550	13.2
1905.	43,150	1,163	26.9	128	110	478	11.7	10	10	62	530	12.3
1906.	46,720	1,210	25.9	183	151	560	11.9	12	12	70	618	13.2
1907.	52,750	1,410	26.7	124	88	527	10.0	18	18	73	582	11.3
Averages for years 1898-1907.	38,450	1095.7	28.5	132.2	120.7	452.2	11.8	10.1	10.1	33.4	475.5	12.4
1908.	57,630	1,394	24.1	140	100	539	9.3		4	66	601	10.4

* Rates calculated per 1,000 of estimated population.

(a) Arrived at by deducting from Col. 7, Deaths in Col. 10, and adding those in Col. 11

TABLE II.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.							Total Deaths in Public Institutions in the District.
	All ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	
Small-pox								
Measles	1		1					
Scarlet fever	8		5	3				
Whooping-cough	11	5	6					
Diphtheria and membranous croup	6		4	2				
Croup								
Fever { Typhus								
{ Enteric	1				1			
{ Other continued								
Epidemic influenza	26	2	2			12	10	
Cholera								
Plague... ..								
Diarrhœa	19	14	5					
Enteritis	3	1	2					
Puerperal fever	1					1		
Erysipelas	1	1						
Other septic diseases... ..								
Phthisis	50		1	2	10	35	2	
Other tubercular diseases	13	4	4	1		4		
Cancer, malignant disease	53				2	27	24	
Bronchitis	45	12	3			8	22	
Pneumonia	44	9	11	1	2	13	8	
Pleurisy	2					2		
Other diseases of Respiratory organs	8	3				2	3	
Alcoholism								
Cirrhosis of liver }	13					9	4	
Venereal diseases								
Premature birth	34	34						
Diseases and accidents of parturition	2					2		
Heart diseases	49	1		3	1	21	23	
Accidents	14	1	1	3	3	4	2	
Suicides	4				1	3		
.....								
.....								
.....								
.....								
.....								
All other causes	193	53	10	11	3	42	74	
All causes	601	140	55	26	23	185	172	

Dr. Wilson reports that:—

Dr. Wilson says, taken altogether, the vital statistics for the year are highly satisfactory, for not only is the net death rate a record low rate, but the rate of infant mortality, and the zymotic death rate, are also comparatively low and below the averages of previous years.

The great majority of the 110 (6 deaths) cases of diphtheria notified last year were of mild type, and scattered throughout the district without exhibiting any tendency to exceptional prevalence in any part of the district.

One medical man was severely cautioned for failing to notify a case of Puerperal Fever.

The large total of 359 cases of Scarlet Fever were notified, and only about one-half could be removed to the Hospital on account of lack of sufficient accommodation. At one part of the year there were as many as 20 households in which a case had to be treated at home, and most of them were single cases. There was no spread of the disease, either from the infected homes or in the homes themselves. Greet and Haymills were specially infected.

Dr. Wilson again reports that there is need for large extensions in the Hospital, not only for Scarlet Fever patients, but also for patients suffering from diphtheria and typhoid. He recognises that considerable difficulties have been met with all along in accomplishing this, but as the new Joint Hospital for Solihull and Meriden will soon be erected, he advises that steps should be taken so that the much needed extensions may be proceeded with without further delay.

He refers to the extensive sewage scheme which is to be carried out by the Council Engineer and Surveyor, and mentions that the growth of the district has continued so rapidly that even when this scheme is completed, still further sewer extensions will be required as additional building centres are developed.

The water closet system is installed throughout all the populous parts of the districts, and it is only on the outskirts that cesspools, pail closets, or midden ash-pits are tolerated as temporary makeshifts.

The Slaughter-houses, Factories and Workshops, Cowsheds, are all thoroughly inspected, and special reference to these will be found in the summary of the sanitary inspectors' reports, given later on.

Reports of Sanitary Inspectors.

There are 31 Inspectors and 6 Assistant Inspectors in the Administrative County. The whole of the Inspectors have courteously sent in Annual Statements of their work, and details will be found in Table XVI. appended.

Many give separate written Reports, and from these I give the following extracts:—

Bewdley Borough (Mr. A. W. Humpherson).

Successful legal proceedings were taken against a parent for exposure of a child suffering from Scarlatina.

Droitwich Borough (Mr. H. Hulse).

Two houses were closed by owners on their own initiative.

Evesham Borough (Mr. H. S. Harvey).

Detailed Reports on Sanitation of Elementary Schools are given.

Kidderminster Borough (Mr. J. T. Cowderoy).

A very complete Report is given and every branch of Sanitation is dealt with.

Meteorological Returns are also given.

King's Norton and Northfield Urban District (Mr. A. E. Bonham).

The Chief Sanitary Inspector's Report shows that a great amount of Sanitary work has been undertaken. A photograph of a "well appointed Cowshed" is shown.

Malvern Urban District (Mr. H. Hillyard).

A very exhaustive Report is submitted. The number of applications for Sanitary Certificates is increasing. The number of sanitary defects discovered is decreasing.

Oldbury Urban District (Mr. G. H. Robbins).

Special attention has been given to the Housing of the poorer classes. Courts are being cleansed of offensive refuse. The inspection of the 310 Canal Boats has been generally satisfactory.

Redditch Urban District (Mr. W. Jameson).

The system of letters of recommendation suggesting sanitary improvements has been very satisfactory.

In two cases letters were necessary in respect of smoke nuisances.

TABLE XVIII. Shewing SANITARY WORK done in the SANITARY INSPECTORS' DEPARTMENT during the year 1908, in the COUNTY OF WORCESTER.

[illegible]

Stourbridge Urban District (Mr. A. Kent).

1,086 sanitary defects were remedied during the year. The services of a Veterinary Surgeon are now available for the purposes of "certifying" where Cows are found with Tubercular disease of the udder.

Disinfection at Schools has been carried out on many occasions. Considerable attention has been given to the Slaughter-houses and the provision of a Public Abattoir is again urged.

Droitwich Rural District (Mr. C. Stevens).

The drainage of several villages has been improved. It is stated that the County Council having taken over the control of Hartlebury Common has been of benefit.

Evesham Rural District (Mr. E. Holloway).

A report on the Elementary Schools in the District has been submitted and the defects discovered have been dealt with.

Feckenham Rural District (Mr. G. Dolphin).

The Astwood Bank sewer burst twice during the year and a larger sewer or relief pipe will be necessary.

Halesowen Rural District (Mr. C. Whitworth).

W.C.'s are gradually being substituted for the old-fashioned privy middens.

Kidderminster Rural District (Mr. C. Steadman).

Byelaws relating to New Buildings are now in force. A general improvement in the condition of Canal Boats is mentioned.

Several cases of Anthrax occurred in the District during the year.

Martley Rural District (Mr. F. D. Inskip).

Repairs to Sewers have been undertaken at Leigh Sinton and Hallow and Broadheath.

Pershore Rural District (Mr. F. W. Moulson).

At Bishampton the Water Supply Tank has been cleaned out and a lead pump erected instead of being used as a dip well.

Tenbury Rural District (Mr. R. W. Jarvis).

The town is scavenged regularly; pail closets are general and appear to give satisfaction.

Tewkesbury Rural District (Mr. C. H. G. Shorland).

Mr. Shorland took up his duties on 26th March 1908 and found the District in a very backward state, the previous sanitary inspection having been neglected. A large number of insanitary privies have been converted to pail closets.

Upton-on-Severn Rural District (Mr. M. D. Price).

1,758 yards of sewers have been constructed and 5,390 yards of drains laid.

Yardley Rural District (Mr. E. Mantell).

1,363 sanitary defects have been remedied. A systematic house-to-house inspection is being made. It has been necessary to caution certain Firms as to smoke nuisances; in one case proceedings were taken and a conviction obtained.

I have the honour to be,

Your obedient Servant,

G. H. FOSBROKE, D.P.H. Camb.,

County Medical Officer.

Shirehall, Worcester,

August, 1909.