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*To the Public Health and Housing Committee*  
OF THE  
*Worcestershire County Council.*

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present my Twenty-first "Digest" of the 61 Annual Reports (Medical Officers of Health 30, and Sanitary Inspectors 31) in the Administrative County, which refers to the year 1909.

*Duties of County Medical Officers.*

On 29th July 1910, the Local Government Board issued an Order prescribing the duties of County Medical Officers, as they were empowered to do by the Housing, Town Planning &c. Act 1909 (Section 68 (2)).

Copies of the "Order," and of a circular letter to County Councils, are given as Appendices to this "Digest."

*Changes in County Sanitary Officials.*

The following changes in the Sanitary Officials of the County took place last year, viz.:—

Dr. Higgins succeeded Dr. Marshall (resigned) as Medical Officer of Health for Newent.

Mr. D. Llewellyn succeeded Mr. Steadman as Sanitary Inspector of Kidderminster Rural District.

Mr. H. B. Barnsley succeeded Mr. D. Llewellyn as an Assistant Sanitary Inspector of King's Norton Urban District.

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 1909.
Urban (13) - -	54,920	157,184	197,017	39,833	232,867
Rural (17) - -	417,570	140,205	161,360	21,155	186,497
Totals (30) - -	472,490	297,389	358,377	60,988	419,364

From the collective estimates of the District Medical Officers of Health, it seems that between June 1908 and June 1909, there was a net increase in the population of the Administrative County of 5,048. The principal increases were as usual in Yardley Rural District (2,870) and King's Norton Urban District (3,024).

The Birth-rates and Death-rates are calculated on these estimated populations; but as the last Census was taken 9 years back, probably next year it will be found that some of these 1909 estimates, and consequently the rates based upon them, are inaccurate. This however cannot be prevented until the National Census is taken at shorter periods.

#### VITAL STATISTICS.

Table II. gives the general Vital Statistics of each District in the Administrative County for the year 1909.



TABLE II

[illegible]

(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) Excluding population of Powick Asylum.

## Births.

Table III. compares the County Birth-rates with those of England and Wales during 1900-1909 inclusive.

TABLE III.

Districts.	Rates per 1,000 of population.									
	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900
Urban Districts (13) -	24.3	25.4	25.4	26.9	26.12	27.8	28.6	28.8	29.7	28.6
Rural Districts (17) -	23.5	24.2	25.8	25.7	25.4	27.3	27.05	27.7	27.9	27.1
Administrative County -	23.9	24.9	25.6	26.4	25.8	27.3	27.9	28.6	28.9	28.0
England and Wales -	25.6	26.5	26.3	27.0	27.2	27.9	28.4	28.6	28.5	28.9

The County Birth-rate for 1909 (23.9) is the lowest on record, and is no less than 3.1 below the average for the past 10 years. This decline in the Birth-rate is, as I have pointed out in previous reports, a most serious matter; and the seriousness is only lessened to a small extent by the decreasing Death-rate. For while it is obvious that very shortly the Death-rate will probably be stationary, there seems no probability, as Malthusian doctrines seem to pervade society, that the Birth-rate will do the same.

With one or two exceptions the District Medical Officers of Health say that the Birth-rates of their Districts are the lowest ever recorded.

In Bewdley Borough the rate for 1909 (25.8) is *slightly* above the average for the previous 10 years (25.4).

The highest District Birth-rates were recorded in manufacturing Districts, viz., Halesowen (32.4), Oldbury (34.1), and Lye and Wollescote (28.2).

In the Pershore Rural District the rate although low (23.0) is apparently not materially decreasing, as the average for the previous 10 years was 23.7.

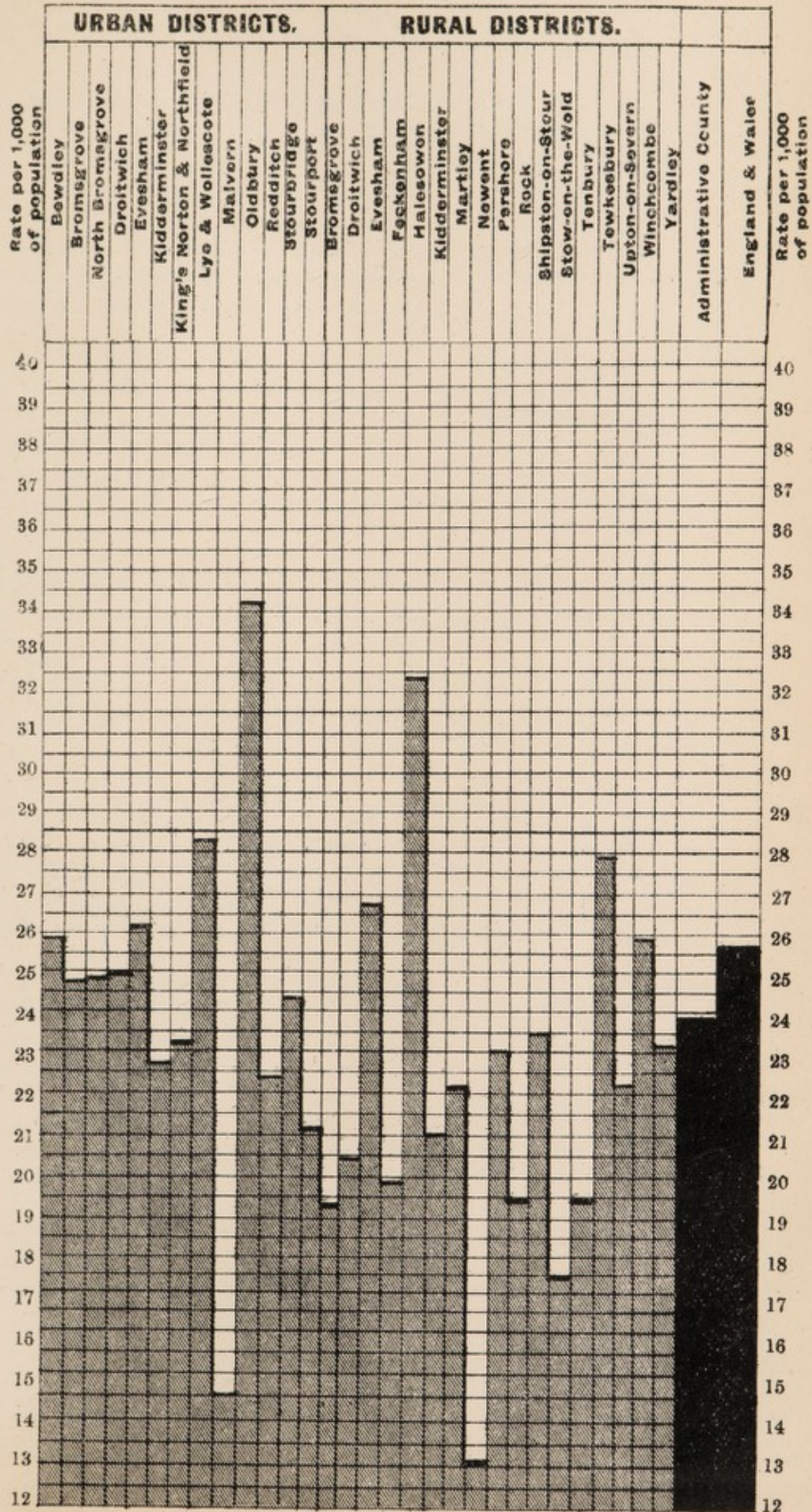
I am sorry to say that the following statement of the Medical Officer of Health for Redditch Urban District (Dr. Stevenson) seems only too true:—

“ I fear we must conclude (that the drop in the Birth-rate) is




1909.  
BIRTH-RATES.

No. 1.







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“mainly due to a deliberate and voluntary avoidance of  
 “child bearing on the part of a steadily increasing number  
 “of married people, who not only prefer to have but few  
 “children, but who know how to obtain their wish.”

The Birth-rate of England and Wales in 1909 (25·6) was equally unsatisfactory, as it was 0·9 per 1,000 below the rate of 1908, and lower than the rate in any other year on record.

“The Notification of Births Act 1907” having been adopted by the County Council, came into force in the whole County on August 1st 1909, except in the King’s Norton and Northfield and Stourbridge Urban Districts, where it had previously been adopted: and at the request of the Stourbridge Urban Council, the County Council took over the administration of the Act in that District on August 1st 1910.

Notifica-  
tion of  
Births Act  
1907.

Between August 1st and the 31st December 1909, I received 2,628 post card notifications. These can be classified as follows:—

From Medical Men as to Infants.		From Midwives as to Infants.		From other persons as to Infants.		Total.	
Living.	Dead.	Living.	Dead.	Living.	Dead.	Living.	Dead.
641	33	1,633	78	236	7	2,510	118

Many of the births, instead of being reported within 36 hours of their occurrence as they ought to have been, were not notified for periods varying from 3 to 7 days; which I believe was due to the Act as yet being improperly understood. In these instances, I called the attention of the responsible persons to their omissions.

The cards I receive, are forwarded daily to the respective Health Missioners, who thus hear of nearly all the Births in their Districts before the infants are three days old; and this has been of great assistance to them.

The adoption of the Act has led to the detection of many still-births (which would not otherwise have been heard of) and of unregistered Midwives in practice.

The number of still-births *reported* during the past 5 years is as under:—

Still-  
births

1909.	1908.	1907.	1906.	1905.
202	90	78	79	57



When the Local Government Board were asked to allow the Notification of Births Act to be adopted in Worcestershire, it was urged that adoption of the Act would facilitate the detection of still-births.

That this argument was not fallacious is shewn by the following figures, which compare the notifications received from Midwives under this Act between the 1st August 1909, the date the Act came into force, and the 31st December 1909, with the returns for the corresponding months of 1908 :—

	1909.		1908. Midwives.
	Medical Men.	Midwives.	
August . . . . .	8	14	11
September . . . . .	4	23	9
October . . . . .	8	23	8
November . . . . .	5	21	8
December . . . . .	8	25	2
Totals . . . . .	139		38

If several still-births occur in the practice of any Midwife, enquiries are made; and it is hoped that doing so, will reduce the number of still-born children.

I noticed from the cards, that one Midwife had attended 3 lying-in women in five hours : so I made enquiries, but found that all the patients lived close together, and that each did well.

A short time back it came to my knowledge that some persons supposed, that if the Notification Cards were sent to me, there was no necessity to "register" the births. Accordingly I prepared a Scheme for obviating this. Before, however, it could be put into operation, the Local Government Board sent a copy of a letter they had received from the Registrar General, which was as follows :—

"I find it necessary to draw the attention of your Board to a  
"matter that has arisen in the administration of the Noti-  
"fication of Births Act 1907.

"When the Act was in contemplation, a danger was recognised  
"that persons having complied with the Act by notifying  
"the births of their children might suppose that there was  
"no necessity to register the births, and thus the com-

“ pleteness of the National Registers of Births might be  
“ vitiated. In order to guard against this danger a pro-  
“ vision was inserted (Sub-section 4 of Section 1) that  
“ wherever the Act was in force, Registrars of Births and  
“ Deaths should have access to lists of the notifications in  
“ the offices of the Local Authorities. This provision has  
“ on the whole worked well, and on the one hand has  
“ enabled Registrars to secure the registration of births  
“ which might otherwise have escaped their knowledge,  
“ while on the other hand it enabled them to inform  
“ Medical Officers of Health as to births which they had  
“ registered but which had not been notified under the Act.

“ Your Board is aware that the Act was adopted within the  
“ Administrative County of Worcestershire (with the  
“ exception of three Urban Districts) on the 1st August  
“ last. As the result of a communication with the Medical  
“ Officer of Health for the County, I have learned that the  
“ whole of the Notification Cards are kept at the Shirehall,  
“ Worcester, the Act being worked entirely by the County  
“ Council's Staff of Doctors and Nurses, without co-  
“ operation of any kind with the local Medical Officer of  
“ Health or Inspectors.

“ The result of this arrangement is that the great majority of  
“ the Registrars in the County can only obtain access to the  
“ Notification Cards by travelling to Worcester at their  
“ own expense. The length of the double journey, the time  
“ it would occupy, and the cost, effectually prevent any  
“ but a few Registrars in the County from availing them-  
“ selves of the above-mentioned provision of the Act under  
“ the restrictions imposed by the County Council. So far  
“ as Worcestershire is concerned the Sub-section will con-  
“ sequently become a dead letter, and there is real danger  
“ that this will result in a number of births escaping regis-  
“ tration. This will not only vitiate the National Statistics,  
“ but it will be of serious moment to children who may be  
“ required to produce proof of their ages in 13 or 14 years'  
“ time.

“ So far as I am able to judge, the difficulty can be fairly met in  
“ one of two ways. Either (i) the Notification Cards  
“ should be sent periodically (at intervals to be arranged



“with due regard to the purposes of the Notification and  
 “Registration Acts respectively) to local centres which the  
 “Registrars can conveniently reach, and should remain  
 “there for, say, a fortnight or three weeks, or (ii) the  
 “County Council should obtain from all the Registrars  
 “periodical returns of births on the terms sanctioned by  
 “your Board in 1904 for such returns to local Sanitary  
 “Authorities, and should collate these returns with the  
 “Notification Cards and inform the Registrars as to any  
 “births which have been notified but not registered.  
 “Incidentally the Council would gather valuable inform-  
 “ation as to the working of the Notification Act.

“Having regard to the importance of the point raised I trust  
 “your Board will take such action in the present case as  
 “will obviate the danger of incomplete registration of  
 “births. In cases of future applications by County  
 “Councils to adopt the Act I suggest that proper arrange-  
 “ments for carrying out the provisions of the Sub-section  
 “in question should be made a condition precedent to your  
 “Board’s consent.”

The Scheme I prepared for preventing non-registration of births was, to send Superintendent Registrars every six weeks, lists of births notified in their respective Districts; in return for which the Registrars forward me the lists of the children they register who have not been reported to me.

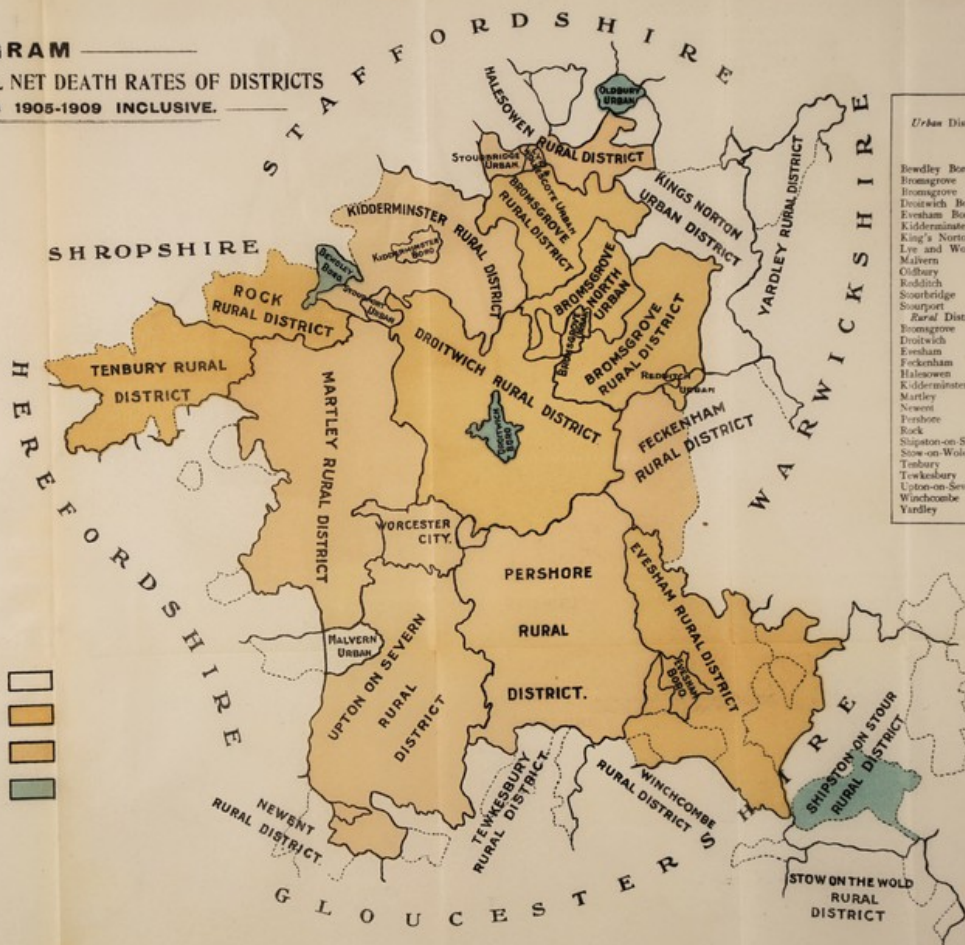
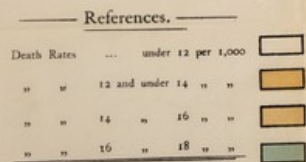
This arrangement I thought would be mutually advantageous, and the Registrar General evidently considers it would be so, for on 11th January 1910, he wrote “the scheme set forth appears to offer a practical solution of the difficulty.”

Diagram No. 1 compares the District rates with those of the County Rate and that of England and Wales.

#### *Deaths*

Table IV. compares the County Death-rates with those of England and Wales during the years 1900-1909 inclusive.

**DIAGRAM**  
 SHOWING THE AVERAGE GENERAL NET DEATH RATES OF DISTRICTS  
 FOR THE FIVE YEARS 1905-1909 INCLUSIVE.



Urban Districts.		DEATH RATE.	
	Average for 5 Years.	1905-1909	per 1,000
Bewdley Boro.	"	"	16.3
Bromsgrove	"	"	13.5
Bromsgrove North	"	"	12.9
Droitwich Boro.	"	"	15.5
Evesham Boro.	"	"	12.8
Kidderminster Boro.	"	"	14.9
King's Norton & Northfield	"	"	10.2
Lye and Walscote	"	"	12.8
Malvern	"	"	11.0
Oldbury	"	"	17.0
Redditch	"	"	13.2
Stourbridge	"	"	15.0
Stourport	"	"	14.3
Rural Districts.			
Bromsgrove	"	"	12.8
Droitwich	"	"	12.6
Evesham	"	"	13.6
Feckenham	"	"	14.0
Halsowen	"	"	14.5
Kidderminster	"	"	14.0
Martley	"	"	14.3
Newent	"	"	11.4
Pershore	"	"	15.4
Rock	"	"	13.6
Shipston-on-Stour	"	"	16.0
Stow-on-Wold	"	"	11.5
Tenbury	"	"	13.2
Tewkesbury	"	"	11.7
Upton-on-Severn	"	"	14.1
Winchcombe	"	"	12.0
Yardley	"	"	11.5



DIAGRAM

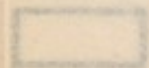
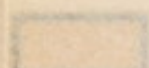
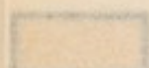
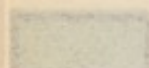
SHOWING THE AVERAGE GENERAL RATE

FOR THE FIVE YEARS 1890-1894

SHROPSHIRE

KIDDERMINSTER

H  
E  
R  
E



18	"	16	"	"
16	"	14	"	"
12 and under 14	"	"	"	"

Death Rates under 12 per 1,000

References

TABLE IV.

Districts.	* Rates per 1,000 of population.									
	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900
Urban Districts (13) -	14.4	12.5	13.6	14.1	13.2	14.8	13.5	14.2	15.7	16.8
Rural Districts (17) -	13.0	12.6	13.1	13.6	13.2	13.5	13.1	14.1	14.2	14.4
Administrative County -	13.8	12.6	13.4	13.9	13.2	14.3	13.3	14.1	15.0	15.8
England and Wales -	14.5	14.7	15.0	15.4	15.2	16.2	15.4	16.3	16.9	18.3

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

The Death-rate of England and Wales for 1909 was 14.5 per 1,000, which was 0.2 per 1,000 below the rate in 1908, and lower than the rate in any other year on record; compared with the average rate in the ten years 1899-1908, this 1909 Death-rate showed a decrease of 1.6 per 1,000.

Whereas the County Death-rate for 1908 (12.6) was the lowest on record, that for 1909 (13.8) was higher than in either of the two preceding years, but a little below the average for the past 10 years (13.9): this slight increase is due to the excessive mortality of Measles (227 deaths) and lung diseases (Bronchitis 510 deaths, Pneumonia 426 deaths), and was probably associated with the inclement season.

The annexed Diagram No. 2 and Table II. shows that the net Death-rates for 1909 of the following Districts exceeded the rate of the Administrative County (13.8), viz. :—

Urban.

Bromsgrove -	-	-	-	-	-	-	14.4
Bromsgrove North	-	-	-	-	-	-	14.2
Droitwich Borough	-	-	-	-	-	-	17.1
Kidderminster Borough	-	-	-	-	-	-	17.9
Lye and Wollescote	-	-	-	-	-	-	18.9
Oldbury -	-	-	-	-	-	-	16.6
Stourbridge -	-	-	-	-	-	-	16.3

Rural.

Feckenham -	-	-	-	-	-	-	14.8
Halesowen -	-	-	-	-	-	-	15.3
Kidderminster	-	-	-	-	-	-	14.8
Martley -	-	-	-	-	-	-	14.9
Pershore -	-	-	-	-	-	-	17.4
Shipston-on-Stour	-	-	-	-	-	-	15.9
Tenbury -	-	-	-	-	-	-	14.6
Upton-on-Severn -	-	-	-	-	-	-	14.4



The Death-rate of Droitwich Borough in 1909 was, with 3 exceptions, the highest District Death-rate recorded. The Medical Officer of Health (Dr. Roden) says "The year 1909 was remarkable " throughout for heavy rain and want of sunshine and in consequence " of these factors there was a great prevalence of catarrhal diseases " of the respiratory organs which proved to be so trying to both " elderly and young people, the respiratory Death-rate was 3.3 per " 1,000 of population. In addition to this disease there was a severe " outbreak of Influenza . . . especially in the early part of the " year and was the direct cause of 9 deaths, giving a Death-rate of " 2.14 from this cause alone."

I scarcely think that these facts support Dr. Roden's assertion that the Death-rate (17.1) "compares very favourably with other " Towns."

Dr. Corbet does not explain in his Report, to what cause he attributes the Kidderminster Borough net Death-rate (17.9), but he has since written me that the chief contributory causes were an epidemic of Measles (36 deaths) and an increase in the number of Respiratory Diseases and Phthisis; he adds "the cold, wet weather " of the first part of the year had something to do with this excep- " tional mortality."

Of the Lye and Wollescote rate (18.9) Dr. Darby says it "has " been largely increased this year by the number of deaths from " Measles and Whooping Cough."

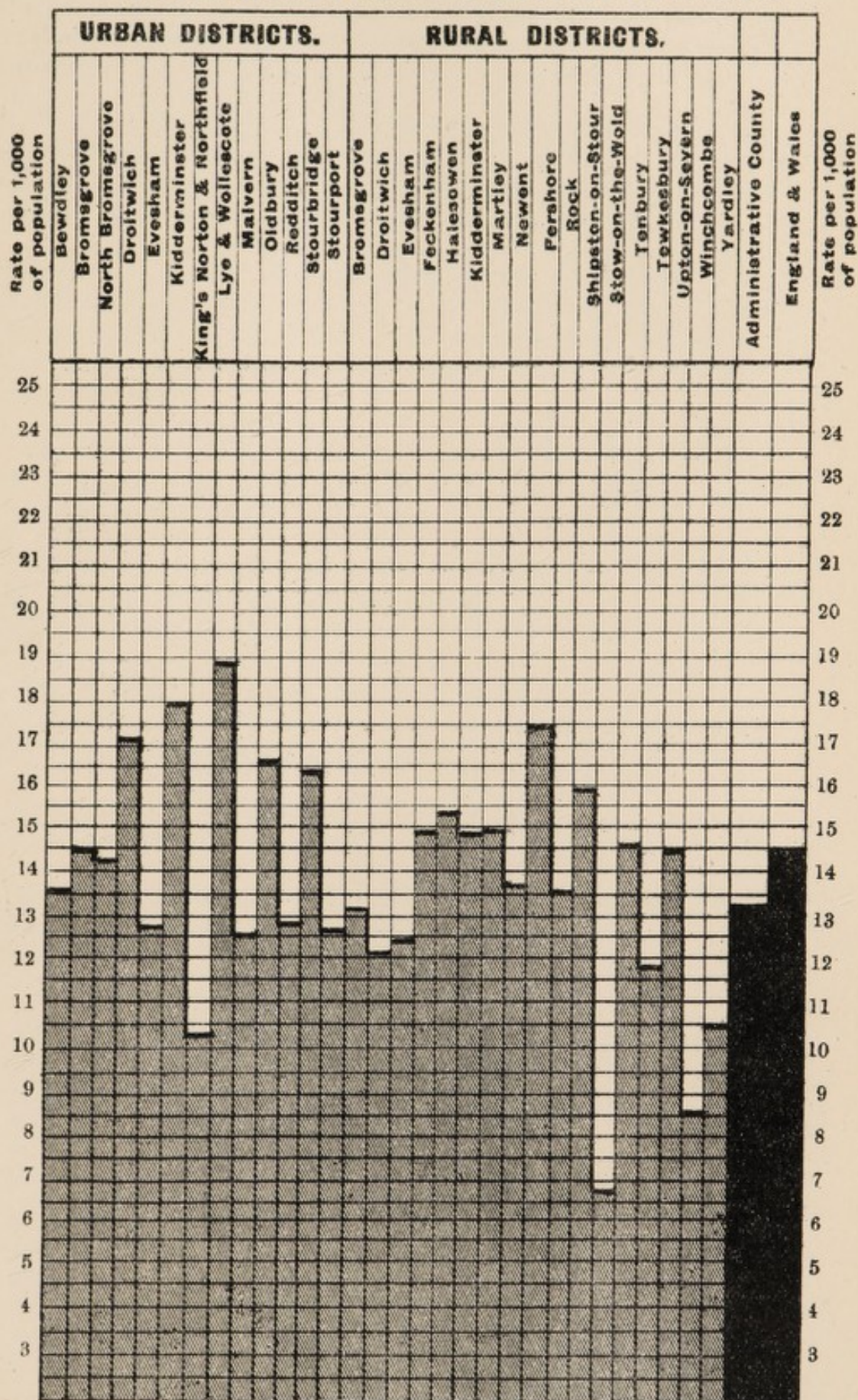
Dr. Buttery says of the 1909 net Death-rate (16.6) for Oldbury that "this is an improvement on the year 1908, when our Death-rate " was 17.6 . . . and although this is an improvement we cannot con- " sider it as satisfactory as it should be. Of course we have to take " the character of the locality into consideration, our population " being mainly of the class who have to live in closely inhabited " neighbourhoods and under conditions which this crowding to- " gether entails . . . The chief factors in our Death-rate were " Bronchitis and Pneumonia, of which 97 were registered. Measles " of which 38 were recorded. There were 28 deaths due to Cancer, " 30 to Heart Disease, and 23 to Phthisis."

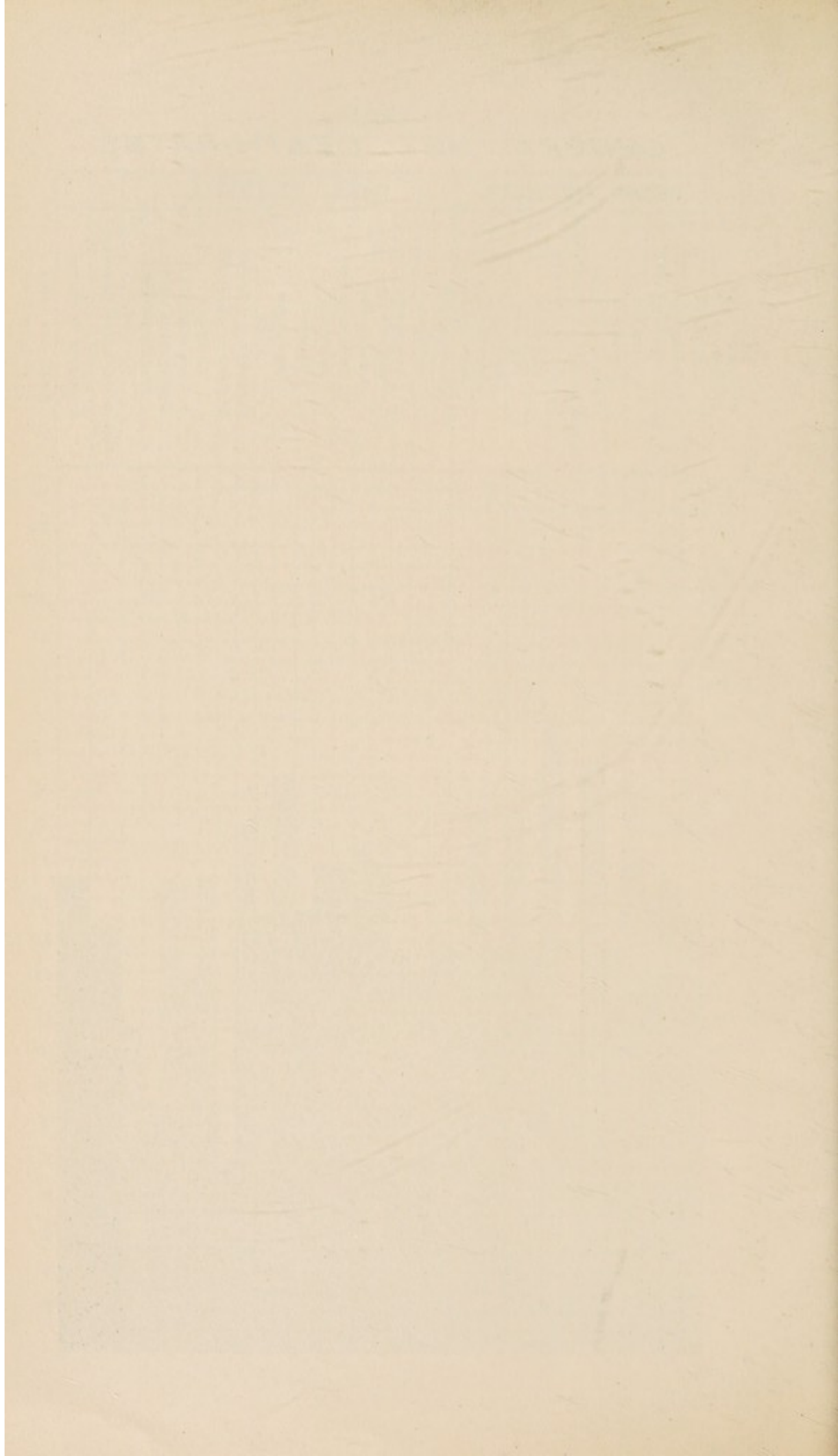
Dr. Wilberforce Freer shows that the 1909 Death-rate in the Stourbridge Urban District (16.3) "is higher than the average for " the past eight years (and) that 27 per cent. of the deaths occurred " in persons over 65 years of age."



1909.

## GENERAL NET DEATH-RATES.







The contributory causes of the Feckenham Death-rate (14·8) were lung affections (8 deaths) and wasting diseases among children (5 deaths).

Dr. Brett Young gives no special explanation of the Death-rate in the Halesowen District (15·3), but his statistics shew that Measles (29 deaths), Scarlet Fever (9 deaths), Bronchitis and Pneumonia (73 deaths) were prevalent, and that Phthisis caused 20 deaths.

Referring to the Kidderminster Rural Death-rate (14·8) Dr. Addenbrooke says that it was "principally due to an "unusual number of deaths from respiratory diseases, connected no "doubt with the cold and wet weather of which we had so much "during the year."

The Medical Officer of Health of the Martley Rural District gives no special explanation of the local Death-rate (14·9). Apparently it was also due to Lung affections.

The Pershore Death-rate (17·4) was attributed to the same cause, as 9 deaths were due to Influenza, 20 to Phthisis, 34 to Heart Diseases, and 32 to Senile Decay.

Dr. Findlay mentioned that the Death-rate in Shipston-on-Stour in 1909 (15·9) is "just above the average Death-rate for the "last 10 years, which is 15·2 per 1,000 of the average population.

Dr. White says that the Tenbury Death-rate (14·6) is above the average (12·8) for the last 4 years.

Dr. Cowley reports that the Upton-on-Severn Death-rate (14·4) is about on an average with the previous 10 years (14·2).

#### 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 1909.

TABLE V.

District.	Estimated Population 1909.	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						16	1	3													
Bromsgrove	8,700						8		8													
Bromsgrove North	6,040						1		1													
Droitwich Borough	4,201						1															
Evesham Borough	8,300						10		9													
Kidderminster Borough	24,700						62	2	49													
King's Norton & N'thfield	81,632						602	15	495													
Lye and Wollescote	11,721						143	3	123	2												
Malvern	18,000						50		19													
Oldbury	29,300						126	5	60	2												
Redditch	15,600						94	4	85													
Stourbridge	17,566						195	7	141	5												
Stourport	4,241						68	2														
Totals	232,867	-	-	-	-	0.0	1376	39	993	9	16	200	39	97	2	16	38	9	21	0.3	9	4





## SMALLPOX.

No case of Smallpox was notified in the County during 1909. Previous outbreaks were as under :—

1908	—	No case	—	0 death.
1907	—	1 „	—	0 „
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 1900-1909 inclusive, and compares the latter with the corresponding rates of England and Wales.

TABLE VI.

		1909	1908	1907	1906	1905	1904	1903	1902	1901	1900
Administrative County	No. of Deaths	227	23	176	28	88	100	78	72	65	179
	Rate per 1,000 of population	1.5	.05	0.40	0.07	0.22	0.26	0.20	0.19	.17	.40
England & Wales.	Rate per 1,000 of population	0.35	0.22	0.36	0.27	0.32	0.36	0.27	0.38	.27	.39

This shows that the number of deaths from Measles in 1909 was the highest recorded during the past 10 years : indeed such a high Death-rate has not occurred since I commenced to summarise the Annual Reports, in 1890. Of the 172 registered in the Urban Districts no less than 36 occurred in Kidderminster Borough, 33 in King's Norton and Northfield, and 38 in Oldbury Urban Districts ; of the Rural deaths 29 took place in Halesowen District.

Table V. shows the number of deaths in each District in the County.

Measles—which is not notifiable—seems to have been epidemic in all Districts in the County during the past year, except in, the



Boroughs of Droitwich and Evesham, Stourport Urban, and Droitwich, Evesham, Newent, Shipston-on-Stour and Stow-on-the-Wold, Rural Districts.

Measles usually becomes prevalent in Urban Districts every 2 or 3 years, but as I have shown it was virulent last year.

It was exceptionally fatal in Kidderminster Borough, King's Norton, Lye and Oldbury Urban, and Halesowen Rural, Districts.

There is often great carelessness when Measles appears in a household, for very many persons do not realise how fatal it may be, if special care is not taken of those attacked. It cannot therefore too often be impressed upon the public, that this disease is much more dangerous than the present type of Scarlatina.

Although it is very infectious, the infection does not appear to be long lived, nor to be commonly conveyed by healthy persons. It is difficult to avert outbreaks of Measles, because the disease is infectious for at least 48 hours before the rash appears. During this stage a child attending a School class containing susceptible children will infect a larger number of others than in the case of any other infectious disease, and almost all young children who have not already had it are susceptible to it, the susceptibility being probably greatest in the second to the fifth year of life. If an attack can be postponed from infancy to childhood, the mortality will be greatly reduced. Persons comparatively rarely contract it a second time, so that most of the older children are protected against it.

No less than 91 Schools were closed on account of it last year, but as Dr. Corbet (Kidderminster) says "the only effect of closing the Schools was, if anything, to retard slightly the progress of the disease"; for this reason some Medical Officers decline to close Schools when Measles is prevalent, as they rightly say they can only consider the question from a public health point of view. When, however, the School attendances are so low as to affect the "Epidemic Grant," then as School Medical Officer I am frequently called upon to close Schools for financial reasons.

The most effective way for School Teachers to deal with outbreaks of Measles is described in my last "Digest" (p. 61). In many Districts the Medical Officers cause leaflets with regard to the prevention of the disease to be circulated freely, and this no doubt is an excellent thing. The education of parents in this matter is work which is being advantageously undertaken by your Health Missioners.



## WHOOPING COUGH.

59 deaths were attributed to this disease in 1909, compared with :—

59	deaths in 1908
78	„ „ 1907
108	„ „ 1906
49	„ „ 1905
130	„ „ 1904
53	„ „ 1903
70	„ „ 1902
117	„ „ 1901
97	„ „ 1900

Whooping Cough is not notifiable, but it is reported to have been prevalent in Lye and Wollescote, Malvern, Redditch and Stourbridge Urban, and in parts of Bromsgrove, Pershore and Upton-on-Severn Rural Districts.

17 Schools were closed during the year in consequence of outbreaks 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 1900-1909 inclusive ; also the corresponding rates of England and Wales

TABLE VII.

Districts.		1909	1908	1907	1906	1905	1904	1903	1902	1901	1900
Urban (13)	Death Rate*	0.16	.1	0.17	0.05	0.04	0.12	0.28	0.32	0.09	.10
	Cases -	1376	1016	1059	584	548	1123	1875	1787	683	550
	Deaths -	39	26	39	12	9	26	60	66	19	21
	Hospital Cases -	993	734	646	434	392	869	1422	1074	376	279
	„ Deaths -	9	13	9	1	7	14	44	24	3	4
Rural (17)	Death Rate*	0.06	.08	0.08	0.03	0.06	0.05	0.12	0.16	0.10	.01
	Cases -	704	751	638	599	628	735	848	850	598	299
	Deaths -	13	15	15	6	11	9	21	27	17	2
	Hospital Cases -	383	422	392	379	407	454	543	572	335	153
	„ Deaths -	11	7	4	2	1	6	11	17	3	1
Administrative County (30)	Death Rate*	0.12	.09	0.13	0.04	0.05	0.09	0.21	0.25	0.10	.06
	Cases -	2080	1767	1707	1183	1176	1858	2723	2637	1281	849
	Deaths -	52	41	54	18	20	35	81	93	37	24
	Hospital Cases -	1376	1156	1038	813	799	1323	1965	1646	711	432
	„ Deaths -	20	20	13	3	8	20	55	41	6	5
England and Wales	Death Rate*	0.09	0.08	0.09	0.10	0.11	0.11	0.12	0.15	0.13	.12

\* Per 1,000 of population.



This shows that 2,080 cases of *Scarlatina* —(the largest number reported during the past decade excepting in 1902, and 1903)—were notified last year. It was prevalent (Table V.) in King's Norton (602 cases, 15 deaths), Lye and Wollescote (143 cases, 3 deaths), Oldbury (126 cases, 5 deaths), Redditch (94 cases, 4 deaths), Stourbridge (195 cases, 7 deaths), and Stourport (68 cases, 2 deaths) Urban and in Halesowen (118 cases, 9 deaths), Martley (56 cases, 0 deaths), Pershore (75 cases, 0 deaths) and Yardley (278 cases, 3 deaths) Rural, Districts.

The County Death-rate (0.12 per 1,000 of population) although not high, was a little higher than the corresponding rate of England and Wales (0.09), or the County average for the previous 9 years (0.09).

Dr. Darby mentions that in the Lye Urban District, owing to the concurrent outbreak of Measles "parents were sometimes mistaken in their diagnosis especially in mild cases, and some cases of Scarlet Fever thus went unnoticed or were only discovered after being in existence for a time, and probably spreading the disease."

Dr. Green says that in King's Norton District "the year 1909 was a well-marked 'crest' year, and it is to be expected that the disease will not be very prevalent for some years to come. . . . All the Urban parts of the District suffered from prevalence of the ailment, whilst as usual the Rural portions (Bartley Green area excepted) escaped. . . . There was an unusually high rate of 'return cases' (for no known reason) which increased the number of cases per family infected."

I may remind you that "return cases" are consequent on the discharge of patients from Isolation Hospitals.

Of the outbreak in Stourbridge Urban District Dr. Freer writes, "at the present time it is customary to use in the Infant Department of the Elementary Schools sand and clay for modelling, for the purpose of instructing the infants. To my knowledge it has happened that an infant, attending School whilst suffering from Scarlet Fever, has been using this sand which latter, after the lesson, was mixed with that used by infants in the same class and put away for subsequent use, and in the ordinary course of events this infected material would have been again doled out to the infants. Fortunately the case was discovered, and the sand was destroyed."



The way in which infectious diseases are spread in Schools by means of slates and occasionally books is common knowledge, but Dr. Freer's experience with regard to clay modelling is I think unique, and shows how important it is for Teachers to be on the alert for infectious disease among their pupils, and when detected to destroy or disinfect all articles such children have touched.

On October 26th 1908 the Stourbridge Council passed 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 supplied to the Teachers in all cases where scholars  
 “ are absent from the Elementary Schools.”

The County Education Committee had found, before the Stourbridge Council passed this Resolution, that Head Teachers were frequently in doubt as to whether or not some of their children were suffering from infectious diseases, and being in doubt consequently did not know what action to take. The Committee offered to pay for Medical Certificates at the rate of 1/- per certificate. Nearly all the Medical men in Worcestershire refused to give certificates for such a low fee; consequently on February 19th 1910 the Committee adopted the following Scheme, feeling confident that it would not only prove economical by saving a large loss of Grant, but also be of material advantage in preventing the spread of infectious disease, viz. :—

“ That in all cases where a Head Teacher is in doubt as to  
 “ whether or not a child is suffering from either of the  
 “ following ailments, viz., Smallpox, Chickenpox, Measles,  
 “ Scarlatina, Diphtheria, Whooping Cough, Typhoid  
 “ Fever, Mumps, Ringworm, Itch, Scaldhead, and Oph-  
 “ thalmia (sore eyes), he be empowered to issue a form  
 “ to the parent, authorising the obtaining of a Certificate  
 “ from the child's Medical attendant; and that the Edu-  
 “ cation Committee pay a fee of 2/6 for each such certifi-  
 “ cate, and a further fee of 2/6 in those cases where a  
 “ further certificate as to a child's fitness to resume School  
 “ life becomes necessary.”

Most of the outbreaks of Scarlatina recorded last year were due to “ mild cases ” (frequently unrecognised) disseminating the disease, and no instance is mentioned in which the spread could in



any way be attributed to milk. The former cause has been mentioned in several of my previous "Digests," but in my long experience I have never known an instance in which Scarlatina, even of mild type, has clung so tenaciously to any locality as it did to the Village of Eckington (Persnore Rural District), where 22 cases were met with during the year.

Dr. Robinson (Stourport) again mentions that as "the result of his combined experience as general practitioner and Medical Officer of Health (he is) convinced that it is possible with care to isolate a patient at home, if a room can be placed solely at the disposal of the patient. Second cases in the same house *after notification* are comparatively rare, that is after steps have been taken to isolate the patient."

As regards this statement I may remind you that in my Digests for 1907 and 1908 I mentioned that 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. 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.

This latter opinion is corroborated by Dr. Stevenson's experience last year at Redditch, for he says "The reasons accounting for such a high percentage of removals to Hospital (90 per cent.) were, first, the advantages which the Hospital provides in the way of treatment and isolation; second, the expressed wish (in many cases) of the parents to have the patient removed; third, owing to the large number of mothers who are wage earners at the factories, the keeping of the children at home would have meant a consequent loss of wages and seriously decreased the food supply of the household; fourth, by removing the patients there was very little interference with the School attendance of the other children in the house."

During the year 16 Schools were closed to prevent the spread of Scarlatina.

#### DIPHTHERIA.

Table VIII. shows the number of cases and deaths and Hospital cases and Hospital deaths, from Diphtheria and Membranous Croup and the Death-rate per 1,000 of population, in the Urban and Rural



Districts collectively, and Administrative County during the years 1900-1909 inclusive, and also the corresponding rates for England and Wales.

TABLE VIII.

Districts.		1909	1908	1907	1906	1905	1904	1903	1902	1901	1900
Urban (13)	Death Rate*	0.16	.1	0.09	0.05	0.07	0.05	.07	0.12	0.19	.20
	Cases -	200	192	144	115	99	94	141	174	250	248
	Deaths -	39	32	22	11	15	12	15	26	36	51
	Hospital Cases -	97	82	44	45	47	25	33	32	-	-
	" Deaths -	2	10	-	-	1	-	1	1	-	-
Rural (17)	Death Rate*	0.16	.1	0.11	0.13	0.08	0.14	0.12	0.19	0.13	.14
	Cases -	280	319	327	266	173	146	163	195	154	101
	Deaths -	30	23	20	23	14	25	21	28	21	20
	Hospital Cases -	80	53	30	59	3	13	13	13	24	3
	" Deaths -	1	-	-	2	-	2	2	-	1	-
Administrative County (30)	Death Rate*	.16	.13	0.10	0.08	0.07	0.09	0.09	0.16	0.16	.20
	Cases -	480	511	471	381	272	240	304	369	404	349
	Deaths -	69	45	42	34	29	37	36	54	57	71
	Hospital Cases -	177	135	74	104	50	38	46	45	24	3
	" Deaths -	3	10	-	2	1	2	3	1	1	-
England and Wales -	Death Rate*	0.14	0.15	0.16	0.17	0.16	0.17	0.18	0.23	0.27	.29

\* Per 1,000 of population.

Last year only 480 cases (69 deaths) were reported in the County, as compared with 511 in 1908. This is satisfactory, as owing to bacteriological tests being generally made use of, more mild cases are now notified than formerly. Until comparatively recently mild cases were frequently unrecognizable, and consequently caused outbreaks, which could not then be explained.

The largest number of cases occurred in King's Norton Urban (113 cases, 30 deaths) and in Yardley Rural (126 cases, 16 deaths) Districts; but it should not be forgotten that these are the two Districts in Worcestershire with the largest populations.

Of the former outbreak Dr. Green says: "Following the severe epidemic of 1908 with its 120 cases the year 1909 was marked by a continuance of that outbreak . . . the disease was even more fatal (in 1909) than in 1908, and 30 deaths occurred, giving a fatality rate of 26.5 per cent. It is often found that as an epidemic proceeds its severity increases. This was not so in the last

“epidemic, which practically lasted from 1899 to 1902. . . . During the year several cases of Diphtheria occurred in houses where Scarlet Fever convalescents had returned from Hospital. This may have been in some cases a coincidence, but there is little doubt that a certain proportion of the Diphtheria cases were caused by ‘carriers’ from the Scarlet Fever wards of the Hospital . . . . There is apparently some close connection between the two diseases, as in two households both Scarlatina and Diphtheria broke out within a few days of each other.”

Reporting on the Yardley cases Dr. Tangye says “the fatality rate last year was 12·7. . . . It is interesting to note that relatively, the poorer districts do not show a greater incidence of either Diphtheria or Scarlet Fever than the newer districts where the houses are of a larger and better type and the inhabitants in better circumstances.”

My view that Diphtheria is generally spread by personal contact—though milk is admittedly a channel of infection—and is not *directly* due to insanitary conditions or polluted water has been so repeatedly expressed, that reiteration here is unnecessary. Lengthened experience confirms that opinion.

I have also repeatedly urged that where a case of Diphtheria crops up, the throats and noses of persons who have been closely associated (either at home, or at School), with the patient, should be “swabbed,” and the swabs tested bacteriologically.

The efficacy of this procedure in connection with Schools has been marked in several instances during the past year; for some outbreaks have undoubtedly been quickly suppressed by Medical Officers of Health doing so.

Had not the County Council made provision for such bacteriological tests to be made without charge, I feel convinced that this necessary precautionary measure would not have been taken; failing which more outbreaks of Diphtheria would have occurred. I am afraid Local Authorities do not generally appreciate that this method of “swabbing” increases the work of their Medical Officers of Health, and consequently do not recognize it.

9 Schools were closed in 1909 to prevent spread of Diphtheria.



## 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 1900-1909 inclusive.

TABLE IX.

Districts.		1909	1908	1907	1906	1905	1904	1903	1902	1901	1900
Urban (13)	Death Rate*	0.03	0.05	0.08	0.05	0.04	0.06	0.06	0.12	0.07	0.12
	Cases -	38	35	67	67	70	53	70	124	125	172
	Deaths -	9	12	18	12	10	15	13	26	16	25
	Hospital Cases -	21	7	11	26	23	13	34	33	17	16
	" Deaths -	-	1	-	2	1	4	5	1	2	5
Rural (17)	Death Rate*	0.04	0.02	0.05	0.02	0.02	0.017	0.03	0.05	0.05	0.07
	Cases -	34	39	62	75	34	34	63	61	60	60
	Deaths -	9	5	10	5	5	3	6	9	8	12
	Hospital Cases -	7	14	8	27	5	8	7	4	5	4
	" Deaths -	4	3	-	1	-	-	1	-	1	-
Administrative County (30)	Death Rate*	0.04	0.04	0.06	0.04	0.03	0.04	0.05	0.09	0.06	0.10
	Cases -	72	74	129	142	104	87	133	185	185	230
	Deaths -	18	17	28	17	15	18	19	35	24	37
	Hospital Cases -	28	21	19	53	28	21	41	37	22	20
	" Deaths -	4	4	-	3	1	4	6	1	3	5
England and Wales -	Death Rate*	0.06	0.07	0.07	0.09	0.09	0.09	0.10	0.13	0.16	0.17

\* Rate per 1,000 of population.

This Table shows that the County Typhoid Fever rate of 1909 (0.04) was the same as that of 1908 (0.04), and although the cases notified in the latter year (74) were few, they were even fewer (72) last year.

As I said in my last Report "this is certainly strong evidence of "sound progressive sanitation."

Table V. shows the local incidence of the disease.

*Bewdley Borough (1 case).*

Dr. Miles says this person had been away fruit-picking and developed the disease shortly after his return home.

*Malvern Urban District* (9 cases, 0 deaths).

Dr. Mitchell says 5 of the 9 cases occurred in the same household, but the cause of the outbreak was obscure; "direct infection" seems the only probable cause of the spread of the infection."

*Oldbury Urban District* (10 cases, 5 deaths).

Dr. Buttery states that 4 of these cases occurred in one house and that the disease was brought there by a person who came on a visit and fell ill; 2 of these died after removal to Hospital.

He adds, "there is no doubt whatever that the closing of a great number of the old shallow wells, in the District, followed up by the substitution of water-closets for the old privy middens, has been the chief factor in reducing the one time great incidence to Typhoid Fever."

*Stourbridge Urban District* (8 cases, 3 deaths).

Dr. Freer mentions that 7 of the cases occurred in persons who had been hop-picking.

*Halesowen Rural District* (9 cases, 5 deaths).

Dr. Brett Young gives the localities where these cases occurred, but says that "1 was supposed to have been contracted in Herefordshire where the patient had been hop-picking," 2 were "attributed to eating fish" and in 5 "there was no obvious ascertainable cause."

*Tenbury Rural District* (3 cases, 1 death).

Dr. White states that 1 of these was "traced to infection whilst away from the District," 1 was not notified until after death, and consequently it was not possible to trace the source of infection, and "the third case may have been due to drinking river water." He adds, "several cases of Enteric Fever developed in hop-pickers after their return home to Dudley and Netherton from a hop-yard in the District. There is no doubt the disease was acquired whilst they were engaged in hop-picking. The first batch of seven cases left Tenbury on the 1st or 2nd of October and were notified as suffering between 15th and 21st October."

*Yardley Rural District* (12 cases, 2 deaths).

Of these, Dr. Tangye merely says "the number of cases notified was 12, comparing with 13 in 1908, and 21 in 1907."

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From these statements it would appear that of the Typhoid



Fever cases notified in the County last year, 8 occurred among persons employed in hop-picking, viz., 7 in Stourbridge Urban District, 1 in Halesowen Rural District. These cases will be dealt with in the paragraph on "Hop-pickers."

In my last two "Digests" I alluded to dissemination of Typhoid Fever by "carrier cases," i.e., persons, who not themselves suffering from Typhoid Fever, may give it to others. Further outbreaks of Typhoid Fever in different parts of England were traced to such persons during the past year, but I am not aware that there was such an occurrence in Worcestershire.

I also alluded to the efforts now being made by a Special Committee appointed by the Director-General of the Army Medical Service to discover some method of treatment which would prevent such persons acting as channels of infection. So far, however, no effective remedy has been discovered.

I invited the Medical Officers of Health last year to state their views, *based on personal experience*, as to whether or not sewer air is able to disseminate Typhoid Fever; because this question though at one time apparently settled in the affirmative, is now in doubt. No such experiences are however recorded in the Annual Reports, so I assume no opportunities have arisen.

#### DIARRHŒA.

Table X. shows the number of Deaths and Death-rates from Diarrhœa during the years 1902-1909 inclusive.

TABLE X.

Districts.	1909	1908	1907	1906	1905	1904	1903	1902
Urban (13) - - - -	45	80	58	137	86	128	76	51
Rural (17) - - - -	16	40	22	80	30	49	28	15
Administrative County (30) -	61	120	80	217	116	177	104	66
County death-rate per 1,000 of population - - - -	0.14	0.28	0.19	0.5	0.30	0.46	0.27	0.18
England and Wales Death-rate per 1,000 of population -	0.28	0.50	0.29	0.87	0.59	0.86	0.50	0.38

This Table shews that exceptionally few deaths were attributed to Diarrhœa in 1909; which no doubt was due to the cold damp summer experienced.

INFANTILE MORTALITY.

Table XI. compares 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 1900-1909.

TABLE XI.

Districts.	Deaths of children under 1 year per 1,000 registered Births.									
	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900
Urban (13) - - -	106	88	120	123	111	133	122	117	145	153
Rural (17) - - -	96	123	89	104	100	116	108	106	116	115
Administrative County (30)	102	99	106	115	106	125	116	112	134	136
England and Wales - -	109	121	118	133	128	146	132	133	151	154

The County Infantile Mortality for 1908 (99) was the lowest on record, and I am glad to say that the corresponding rate for 1909 was but slightly higher (102). Climatic influences are doubtless to some extent associated with this ; but the immunity of the County last year from fatal Diarrhœa has materially assisted.

Table II. and the annexed Diagram No. 3 gives the rates for each District during 1909.



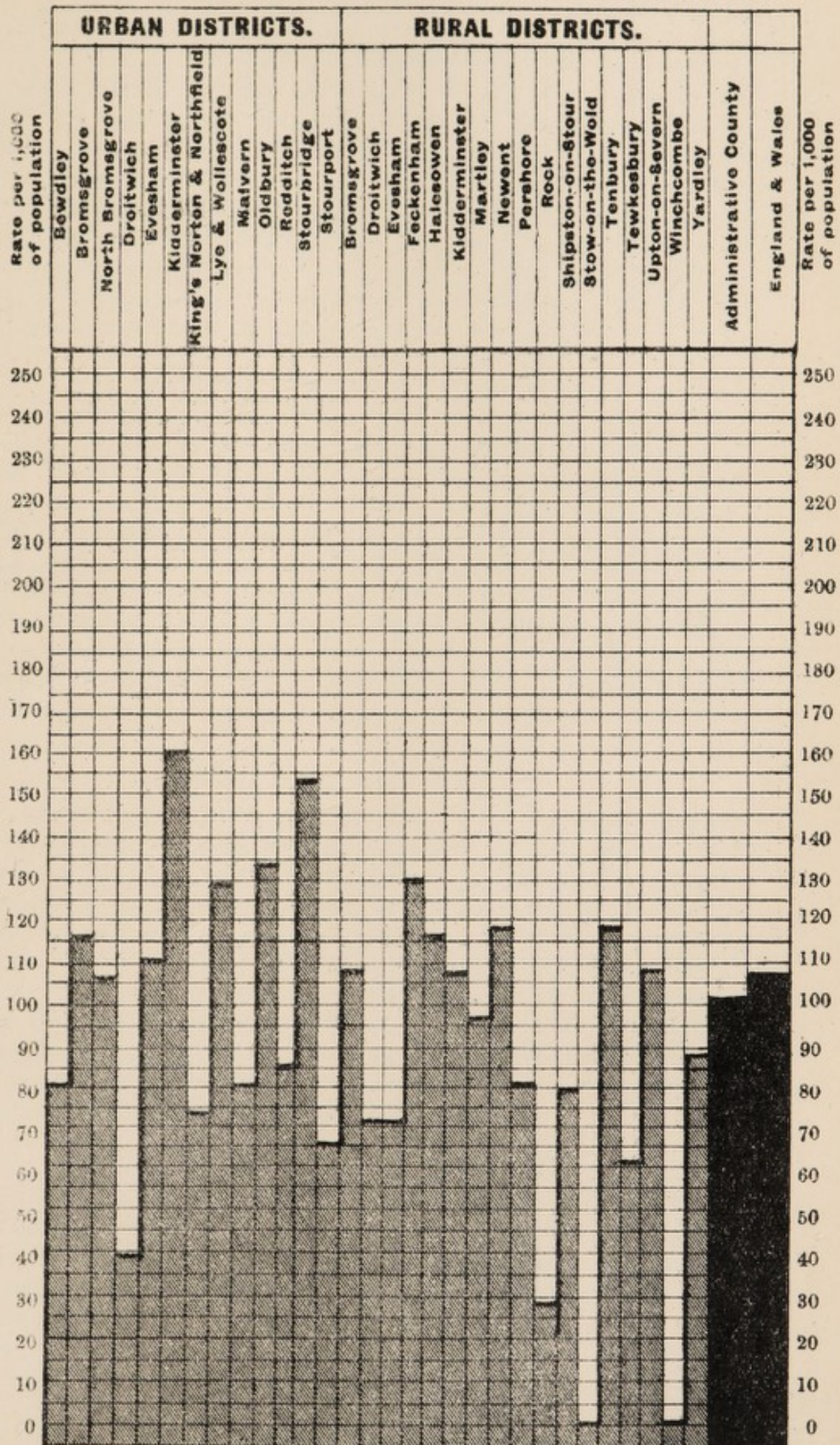
TABLE XII.  
*Infantile Mortality during the Year 1909.*  
 Deaths from stated Causes in Weeks and Months under One Year of Age.

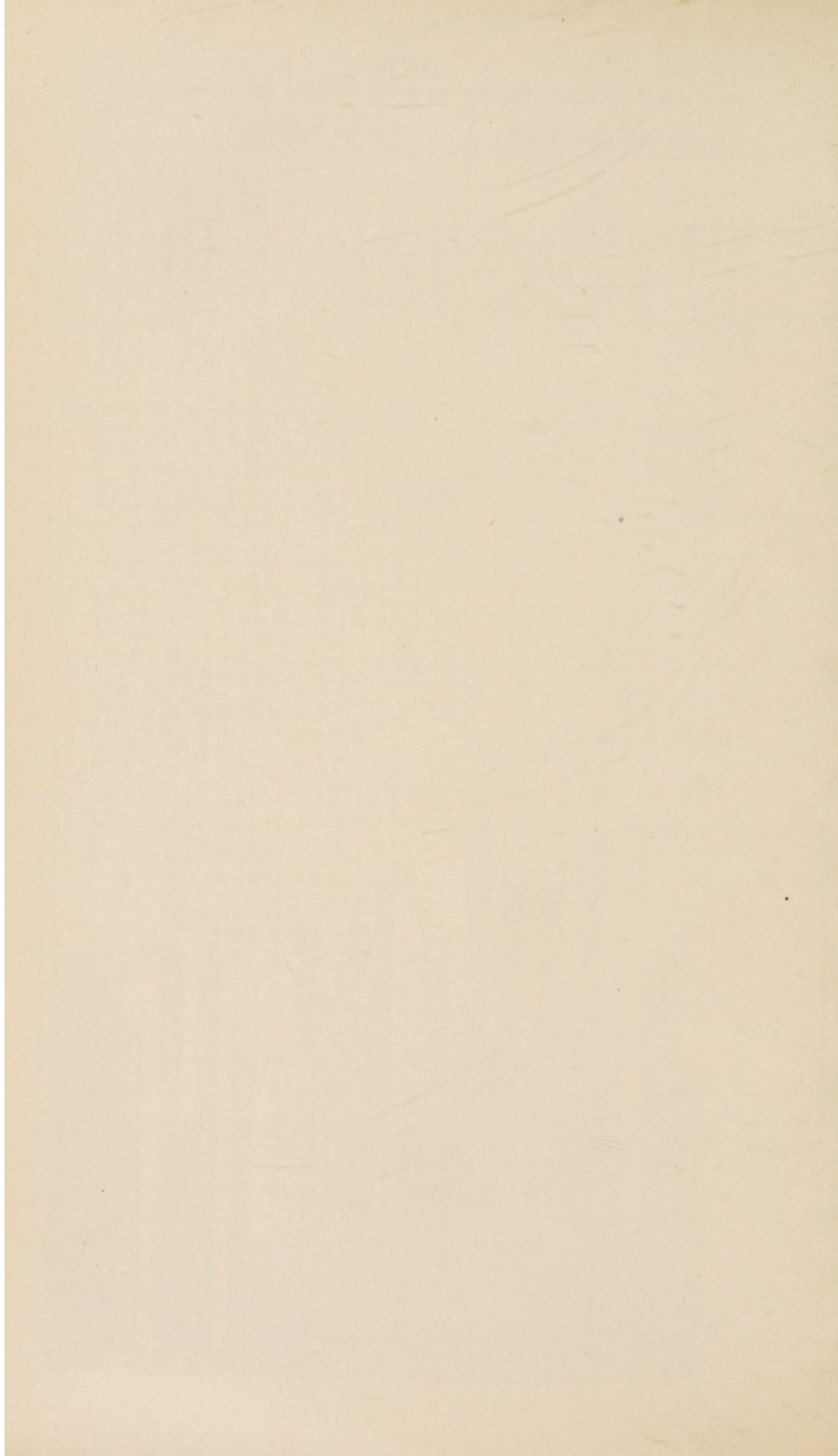
CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
<b>All Causes.</b>																		
	{ Certified	260	40	60	42	402	88	93	45	57	47	48	63	37	46	33	43	1,002
	{ Uncertified	13	1	1	1	16	2	3	.	1	2	2	.	1	.	1	.	28
i. Common Infectious Diseases.																		
	Small-pox	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
	Chicken-pox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14	40
	Measles	-	-	-	-	-	-	-	-	1	1	1	3	6	5	9	1	3
	Scarlet Fever	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1
	Diphtheria (including Membranous Croup)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Diarrhoea, all forms	-	-	-	-	-	1	3	3	2	4	-	4	4	4	-	1	26
ii. Diarrhoeal Diseases.	Enteritis, Muco-enteritis, Gastro-enteritis	-	-	-	-	-	2	8	6	4	4	2	3	2	3	1	2	37
	Gastritis, Gastro-intestinal Catarrh	-	-	-	-	-	2	11	3	6	5	3	1	2	4	2	3	47
	Premature Birth	168	14	16	7	205	8	3	2	1	3	1	2	-	-	-	-	25
iii. Wasting Diseases.	Congenital Defects	29	2	7	5	43	7	2	1	2	-	-	-	-	-	-	-	216
	Injury at Birth	8	-	-	1	9	6	1	-	-	-	-	-	-	-	-	-	55
	Want of Breast-milk, Starvation	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	10
	Atrophy, Debility, Marasmus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
iv. Tuberculous Diseases.	Tuberculous Meningitis	33	4	12	13	62	30	30	8	8	6	9	4	1	4	-	2	164
	Tuberculous Peritonitis: Tabes Mesenterica	-	-	-	-	-	-	3	1	2	-	4	2	1	1	2	-	13
	Other Tuberculous Diseases	-	-	-	-	-	-	-	-	-	2	1	2	-	1	-	-	10
	Erysipelas	-	-	-	-	-	-	-	-	-	-	2	1	-	-	-	-	5
	Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Rickets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
v. Other Causes	Meningitis (not Tuberculous)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Convulsions	9	4	5	2	20	11	7	4	8	2	1	5	2	2	2	1	24
	Bronchitis	-	-	-	-	-	13	15	7	6	9	9	12	6	7	3	4	66
	Laryngitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	99
	Pneumonia	1	1	2	2	6	3	4	4	9	5	14	16	6	5	8	10	90
	Suffocation, overlying	3	2	2	2	7	-	-	1	-	1	1	-	-	-	-	-	10
	Other Causes	23	11	7	3	44	6	2	-	1	4	1	3	3	4	4	5	77
		273	41	61	43	418	90	96	45	58	49	51	63	38	46	34	43	1,030



1909.

## INFANT MORTALITY RATE PER 1000 BIRTHS.







*Kidderminster Borough (Rate 160).*

It will be noticed that the Infantile Mortality of Kidderminster was very high (160). The average rate of this District for the years 1899-1908 was 146, whereas the corresponding one for the County is only 114. It seems to me that this high Infantile Mortality should be capable of reduction. Dr. Corbet explains that a large section of the female population is employed in the spinning and carpet factories of the Town, consequently it may be inferred that this is an instance in which a Health Missioner would materially assist in reducing the excessive waste of infant life.

*Oldbury Urban District (Rate 134).*

Dr. Buttery says the Oldbury rate for 1909 (134) is the lowest ever recorded: and that the average rate for the previous 10 years was 179 per 1,000 births. He adds, "this year's figures give us great hopes that the efforts to reduce the great wastage of infant life is at last bearing fruit. There is still considerable leeway to be made up before we can feel things are as well as they ought to be. There is no doubt however that the steps (the County Council took) some years ago to help to bring about a better state of infant life conditions in the District by appointing a Health Missioner, whose chief duty is to look after the welfare of those newly born children, has had a considerable part in bringing about this improvement."

*Redditch Urban District (Rate 85).*

Dr. Stevenson says "the Infantile Mortality (for 1909) amounted to 85, as compared with 95 in 1908, 113 in 1907 and a mean of 142 for ten years past. With a falling Birth-rate the saving of infant life becomes of National importance, and the lowering of the figure from an average of 142 to 85 is a matter of congratulation. The year was one comparatively free from epidemic Diarrhœa—this has been the chief cause of our high mortality in the past—deaths from debility at birth were not so frequent, but without any hesitation I can say, most of the credit for such an excellent result is due to the untiring efforts of the County Health Missioner (Mrs. Bedford-Carpenter)."

*Stourbridge Urban District (Rate 153).*

The Infantile Mortality for 1909 was 153, whereas the corresponding average rate for the past 10 years was 125. Of the 66 deaths which caused the former mortality, 17 were attributed to Premature Birth and 15 to Bronchitis, 3 to Whooping Cough and 2 to Measles.



*Feckenham Rural District (Rate 130).*

The rate for 1909 (130) was unusually high, inasmuch as the average for the years 1900-1909 is 94. Of the 14 deaths of infants under 1 year, 3 were caused by Whooping Cough, 2 by Bronchitis, 1 by Convulsions, and 5 by wasting diseases. It will therefore be gathered that lung affections were fatal to babies. It is proposed to watch future infantile deaths to see how far if at all they may be associated with employment of mothers in factories.

The Local Government Board issued an important Report on "Infant and Child Mortality," on July 10th 1910, the following extracts from which are instructive :—

" The object of this Report has been three-fold : to determine,  
" on the basis of our national statistics whether reduction  
" of infant mortality implies any untoward influence on  
" the health of survivors to later years ; to indicate the  
" communities which are characterised by a continuing  
" high rate of infant mortality ; and to assess so far as is  
" possible, the relative value of the different factors of  
" excessive infant mortality.

" In Part I. the relationship of infant mortality to mortality at  
" higher ages is discussed ; and it is brought out that the  
" continuance of a high infant mortality in a given district  
" involves the continuance of a centre of national weak-  
" ness.

" In Part II. these centres of national weakness are enumerated.  
" This has necessarily been done in broad outline. In the  
" counties of bad repute there are districts which can  
" compete with the most favourably placed villages in the  
" south of England ; and this being so, there are other  
" districts in these counties whose condition is worse than  
" is set out in Part II. Another point needs emphasising.  
" There are in districts of London and in provincial towns  
" having low infant death-rates, small special districts and  
" streets in which the infant death-rate is as excessive as  
" in the insanitary colliery villages of Durham and Gla-  
" morgan. In these small special districts it is undoubt-  
" edly the personal and domestic causes of excessive infant  
" death-rate, which chiefly continue ; but the sanitary  
" authority can do much to counteract and diminish the  
" operation of these causes. The most hopeful line of



“ action consists in the intensive study of the statistics of  
“ infant mortality in different parts of his district by each  
“ medical officer of health, and the recommendation of  
“ administrative action specially directed towards the  
“ areas of excessive mortality.

“ In Part III. an attempt has been made to set out the mutual  
“ responsibility of local authorities and of parents in the  
“ continuance of excessive infant mortality. The con-  
“ sideration and description of the admirable work now  
“ being carried out by many sanitary authorities has been  
“ postponed. This is from no lack of appreciation of that  
“ work, but in order that a more complete review of it may  
“ be given later. Even in the counties having the worst  
“ present record, there are districts in which excellent work  
“ in the prevention of infant mortality is being done.  
“ The considerations set out in Part III. show how great is  
“ the need for further work of this kind and for a more  
“ universal performance of the elementary duties for which  
“ sanitary authorities were appointed. . . . .

*Part I.*

“ *Infant Mortality as related to mortality at higher ages.*

“ This comparison is important, because attempts to reduce  
“ infant mortality are regarded by many as an interference  
“ with natural selection, which must be inimical to the  
“ average health of those surviving. According to this  
“ school of thought, efforts to save infant life merely pre-  
“ vent the ‘ weeding out ’ of the unfit, and ensure the  
“ survival of an excessive proportion of weaklings.

“ The statistics in the following pages do not support this view,  
“ for counties having a high infant mortality have also a  
“ high death-rate at ages 1-5, and this higher death-rate  
“ will be seen shortly to continue at higher ages. The  
“ converse rule holds good for the counties having a low  
“ infant mortality. . . . .

“ It will be borne in mind that Measles and Whooping Cough  
“ prevail to a very varying extent in different years and in  
“ different districts during the same year. In this respect  
“ they differ materially from Diarrhœa, which is always  
“ prevalent throughout the country in greater or less  
“ degree according to the character of the weather in the

“ third quarter of the year. Measles differs also from  
 “ Diarrhœa in the fact that it is more fatal to children who  
 “ have passed their first birthday. . . . .

“ A comparison between one district and another for the same  
 “ year may, therefore, be vitiated by the greater or less  
 “ prevalence of Measles and Whooping Cough. When  
 “ allowance is made for this disturbing influence, the almost  
 “ uniform coincidence between high or low infant death-  
 “ rate and a corresponding high or low death at ages 1-5  
 “ becomes even more significant. . . . .

“ *A high infant death-rate in a given community implies in*  
 “ *general a high death-rate in the next four years of life,*  
 “ *while low death-rates at both age-periods are similarly*  
 “ *associated.* . . . . .

“ . . . . . Attention may be drawn to the suggestive  
 “ observations recorded by Dr. Kerr in his Annual Report  
 “ to the Education Committee of the London County  
 “ Council for the year ended 31st March 1905. These  
 “ observations tend to show that children born in years of  
 “ high infant mortality are found, when examined at  
 “ school in some subsequent year, to have poorer physique  
 “ than those of an equal age born in years of low infant  
 “ mortality.” . . . . .

“ . . . . . All the evidence points to the conclusion that the  
 “ general standard of health is higher in districts having a  
 “ low mortality in early life. . . . .

*“ Infant Mortality at different ages.*

“ Durham, Northumberland, and Norfolk occupy the worst  
 “ position in respect of mortality during the first seven  
 “ days of extra-uterine life. In the two first of these  
 “ counties one out of every 30 infants born and, in the last  
 “ named county, one out of 32 or 33 born in 1908, died  
 “ within seven days of birth. At the more favourable end  
 “ of the scale are Hereford, Berkshire, Kent, Surrey, and  
 “ Hertford, with one death in the first week of life out of  
 “ every 50-55 infants born. . . . .

*Part III.*

*“ The Causes of Infant Mortality.*

“ Mortality in the first five years of life is very unequally dis-



“tributed, the death-rate at these ages in some counties  
“being twice as high as in others. Taking extreme  
“instances, the infant death-rate is twice as high, and the  
“death-rate for the next four years of life is  $2\frac{1}{4}$  times as  
“high, in Glamorgan, Durham, Northumberland, and  
“Monmouth as in Oxford, Hereford, Berkshire, and  
“Wiltshire.

“Excessive mortality in infancy implies excessive mortality in  
“later life. This is shown in the statistics of the different  
“counties and sub-divisions of counties in the year 1908  
“for the ages 0-1 and 1-5. It is also shown for each of the  
“first five years of life in the experience of England and  
“Wales over a long series of years. English statistics  
“show that counties having excessive infant death-rates  
“also on the whole have excessive death-rates throughout  
“the first twenty years of life, and that counties having  
“low infant death-rates have low death-rates throughout  
“the first twenty years of life, though the superiority is not  
“so great at the later as at the earlier ages. . . .

“There does not appear to be sufficient foundation for the  
“statement that prematurity to an increasing extent is a  
“cause of mortality in the English experience. . . .

“In counties having insufficient arrangements for helping  
“women in child birth, there will almost certainly be a high  
“proportion of incompetent help ; and it may be expected,  
“therefore, that such counties will have an excessive  
“death-rate from puerperal sepsis and the accidents of  
“child-birth. . . .

“All counties with a high proportion of wives under age have  
“a high infant death-rate. At the other end of the scale  
“all the counties having a low proportion of wives under  
“age have low rates of infant mortality with the exception  
“of Denbigh and Carmarthen. . . .”

#### *General Summary.*

The preceding study of child mortality in England and Wales is obviously incomplete and preliminary in character. It has only been practicable to investigate the statistics of a single year, 1908, and it has been found necessary to leave the statistics of each of the greater towns and of London for separate later consideration.

Although in this Report certain rural counties have been employed as standards of merit, these standards are no more than relatively meritorious. The same remark applies to towns which as a whole, have a low infant death-rate.

One out of three deaths at all ages occurs under five years of age, one out of five during infancy, and one out of nine total deaths at all ages occurs under three months of age.

*Infant mortality is the most sensitive index we possess of social welfare and of sanitary administration, especially under urban conditions.*

A heavy infant mortality implies a heavier death-rate up to five years of age; and right up to adult life the districts suffering from a heavy child mortality have higher death-rates than the districts whose infant mortality is low.

It is strictly correct, therefore, to say that a high infant mortality implies a high prevalence of the conditions which determine national inferiority.

This being so, the counties of Glamorgan, Durham, Northumberland, and Monmouth, and to a somewhat smaller extent the counties of Carmarthen, Staffordshire, Lancashire, and the West Riding of Yorkshire are—happily to a decreasing extent—centres of national weakness.

“A study of the causes of death which act in excess during  
“infancy shows that this influence of the chief manufacturing and  
“mining counties in lowering the standard of national efficiency need  
“not continue.

“There is no essential casual relation between a high birth-rate  
“and a high rate of infant mortality.

“The counties which have a high death-rate during the second  
“half of infancy, usually have also a high death-rate in the first  
“month of life.

“There are strong reasons for concluding that much of this mor-  
“tality in the first month of life is preventible if appropriate action  
“is taken.

“Early motherhood is associated to a minor extent with a  
“relatively high infant mortality.



“ Infant mortality is higher among the poor than among the well-to-do, although natural feeding of infants is probably more general among the former.

“ The statistics hitherto available for the counties considered in this Report do not enable a definite statement to be made, on the basis of statistics as to the influence on infant mortality of the non-domestic employment of mothers. Such employment must, however, tend on balance to increase infant mortality and to lower the standard of health of older children in the same family. Even when the mother's earnings are necessary for the bread-winning of the family, such earnings are secured by some sacrifice of the interests of the next generation. The industrial employment of married women, so far as can be judged from the statistics for counties, under present conditions weighs less heavily as a cause of excessive infant mortality than the influences next to be summarised.

“ Infant mortality is always highest in crowded centres of population; but a high infant mortality can, subject to the conditions stated at the foot of page 62, be avoided even under conditions of dense aggregation of population.

“ The chief means for a low infant mortality are efficient domestic and municipal sanitation, good housing, and intelligent and painstaking “ mothering.”

*“ Infant mortality is highest in those counties where, under urban conditions of life, filthy privies are permitted, where scavenging is neglected, and where the streets and yards are to a large extent not ‘ made up ’ or paved.*

*“ Thus local sanitary authorities are largely responsible for the continuance of excessive infant mortality, and until they fulfil satisfactorily their elementary tasks, efforts in the direction of domestic hygiene can only be partially successful.*

“ In the Counties of Durham, Glamorgan, and Northumberland nearly one out of every five deaths of infants is due to Diarrhœa. Diarrhœa is most prevalent when municipal sanitation is bad. It cannot be entirely removed unless infants' food is prepared under absolutely cleanly conditions.

*“ Breast feeding is the greatest natural protection against infant mortality.* It is not a complete protection, in part because breast-



“fed infants are often exposed to excessive changes of temperature  
“in air-polluted rooms ; and in part because mothers frequently give  
“their breast-fed infants other food of an unsuitable character.

“*Recommendations.*

- “1. The statistics given in this Report emphasize the importance  
“of more detailed investigation of all deaths occurring in  
“infancy, as a guide to administrative action. This is  
“already done in some districts ; in other districts such  
“deaths are ignored unless due to infectious diseases.
- “2. In each district an effort should be made to ascertain the  
“number of still-births, and to investigate where practicable  
“the circumstances connected with these and with the deaths  
“of infants in the first month of life. The administration  
“of the Midwives Act and of the Notification of Births Act  
“offers many opportunities for inquiry, the results of which  
“may be made of immediate value in public health admin-  
“istration.
- “3. Inquiries under the last head will throw light on the character  
“of the attendance available for women during child-birth,  
“and on the availability of additional help when required.  
“So far no exact information is obtainable as to the probable  
“relation between the conditions under which child-birth  
“occurs, and the number of deaths in the first week, of life.
- “4. The evidence already available points to the conclusion that  
“infant mortality can be lowered by giving adequate train-  
“ing and help to Midwives. This especially applies to the  
“saving of infant life at and soon after birth. It has also to  
“be remembered that the Midwife’s influence with the  
“mother, whom she has helped in her need, is very great ;  
“and it is her advice as to the management and particularly  
“as to the feeding of the infant which is most likely to be  
“followed.
- “5. *Although this is so, experience is already showing the value of*  
“*the work being done by health visitors, who, under present*  
“*conditions, form an almost indispensable aid in influencing*  
“*mothers in the management of their infants.*
- “6. *The adoption of the Notification of Births Act is a necessary*  
“*preliminary to the giving of such aid promptly ; and I hope*  
“*that ere long this Act will be generally adopted in country*  
“*districts as well as in large towns.*



- “7. The efficient administration of the Midwives Act, the adoption of the Notification of Births Act and of additional arrangements for giving instruction in infant hygiene are urgently called for in the counties in which infant mortality is excessive.
- “8. The measures indicated above furnish an incomplete remedy in the counties in which insanitary conditions are rife. Sanitary Authorities in compactly populated districts should decide to remove all dry closets if a water carriage system is practicable, to introduce and maintain efficient scavenging, and to provide for the satisfactory paving of streets and yards when required. Doubtless these measures will be expensive; but they are much more economical than the sickness and impaired efficiency of the population which are their alternative; and no Sanitary Authority can justify neglect in undertaking these elementary tasks.
- “9. Sanitary Authorities, in the words of Sir John Simon, the first Medical Officer of this Board, are the “appointed guardians of masses of human beings whose lives are at stake in the business.”

#### COUNTY HEALTH MISSIONERS.

At the present time the 7 Lady Health Missioners appointed by the County Council, and 1 engaged by the King's Norton Council, are at work in Worcestershire, in order to combat excessive Infantile Mortality; and they are unquestionably doing much good.

Although I have on several previous occasions named the Districts in which they work, for convenience of those who do not possess that information, I submit the following statement :—

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

Dr. Green (King's Norton) writes "indefatigable work has been done in home visiting and advice on infant feeding by the Health Visitors. The Council has always adopted a progressive policy in this work, and deserves any success that has been achieved."

Dr. Brett Young (Halesowen) mentions the well known fact that "it is very difficult to get poor people to realize that Measles, with its complications, is the most fatal of children's diseases," and that "the Health Missioner paid a large number of visits and gave instructions to parents in the affected parts of the District."

The Health Missioners continued to visit the homes of the Elementary School children found on Medical Inspection to be abnormal, with satisfactory results, mentioned in the Second Annual School Report (pages 15 and 16).

The adoption of the Notification of Births Act 1907, by the County Council, has enabled me to inform the Health Missioners of births occurring in their Districts before the infants were three days old ; as anticipated this has been of great assistance.

An interesting feature of the work in the Yardley District has been the establishment of "Baby Consultations." They are held every Wednesday, and in this way the Health Missioner is able to keep in touch with the mothers.

The mothers take a keen interest in the weighing of their children ; much dissatisfaction is expressed if the baby is not gaining weight in a satisfactory manner.

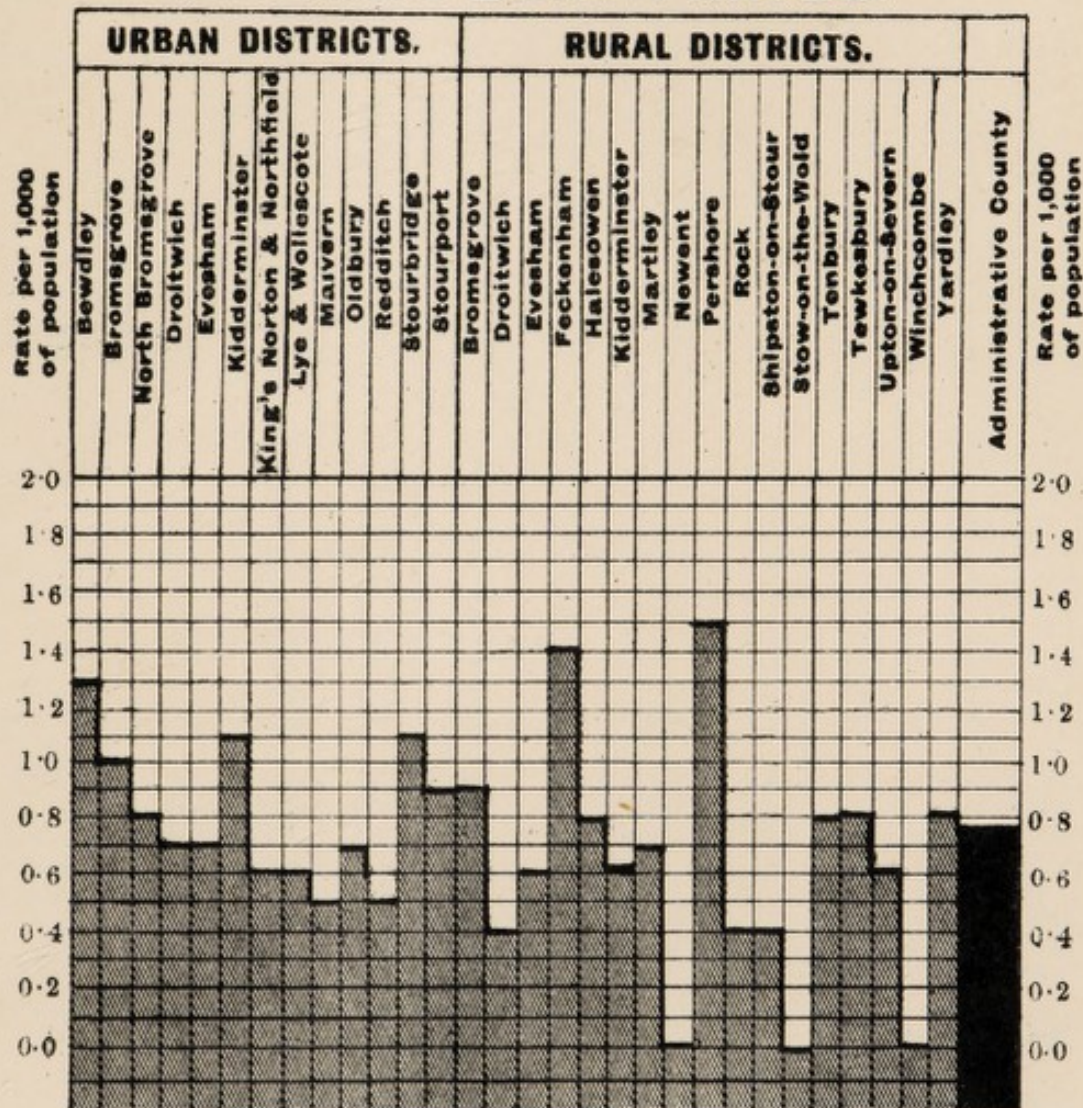
As Summaries of the Annual Reports of the County Health Missioners are published in the County Council "Minutes" of June 13th 1910 (pages 548-556), it is unnecessary to give them now.

#### TUBERCULOSIS (OF THE LUNGS).

Table XIII. and Diagram No. 4 show the average "Phthisis" Death-rates of the County and of the respective Districts during the years 1900-1909 inclusive.



1909.  
**PHTHISIS DEATH-RATES.**



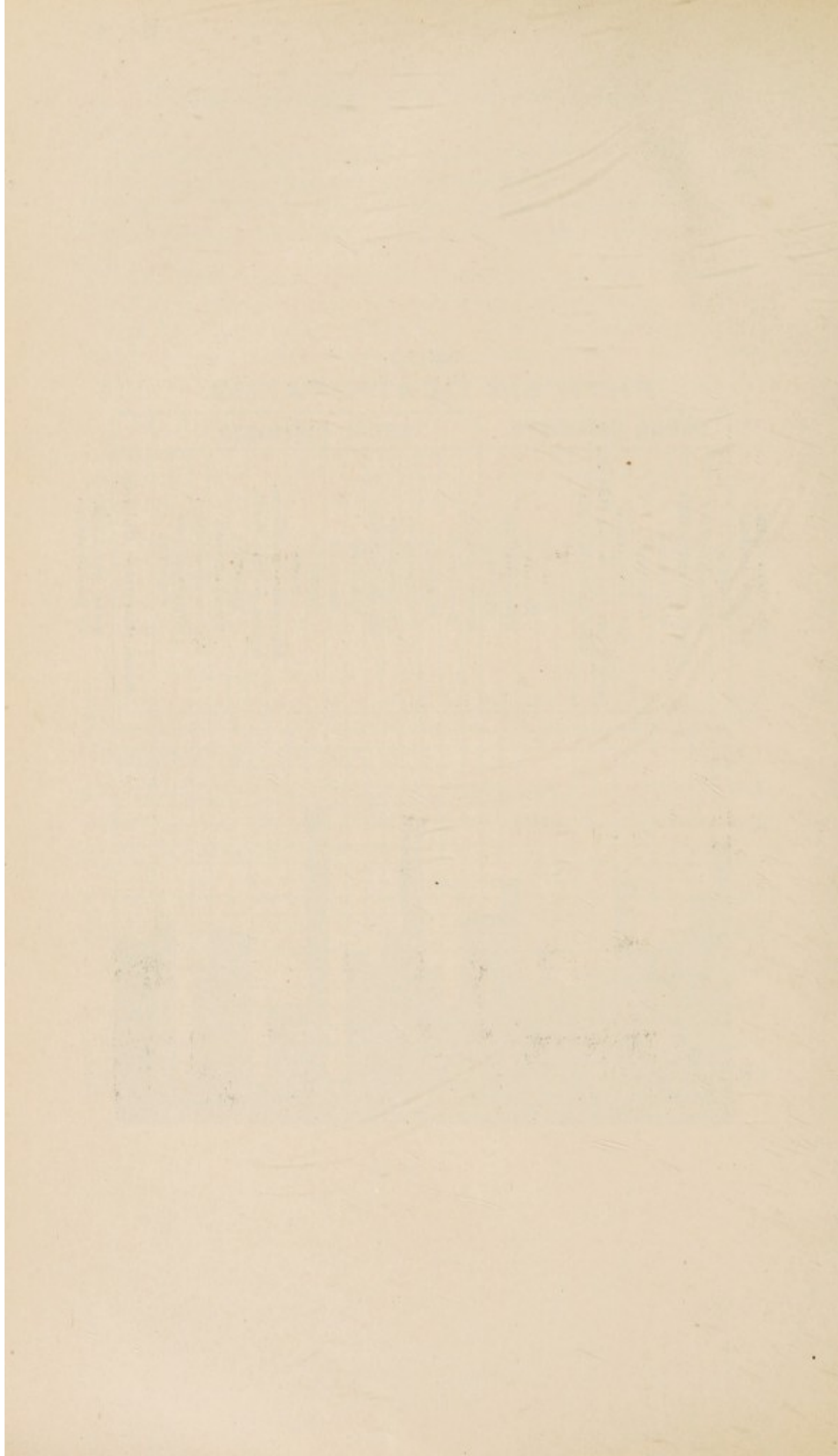




TABLE XIII.

Districts.	Average for years 1900 to 1909.	Rate per 1,000 of Population.									
		1909.	1908.	1907.	1906.	1905.	1904.	1903.	1902.	1901.	1900.
<i>Urban.</i>											
Widley Borough	0.8	1.3	0.3	1.7	1.7	1.3	0.6	0.6	1.0	0.0	0.3
Widley North	0.7	1.03	0.9	1.1	0.5	0.2	0.7	0.2	0.8	1.5	1.0
Widley South	0.5	0.83	1.0	0.6	0.5	0.1	0.5	0.17	0.6	0.8	0.3
Widley North	0.9	0.71	0.2	1.6	1.1	0.9	0.4	0.7	0.9	2.1	0.6
Widley North	0.8	0.72	0.8	1.6	1.4	0.8	0.9	1.2	0.7	0.5	0.9
Widley North	0.9	1.1	0.7	0.8	0.7	0.8	0.7	0.9	1.0	1.1	1.2
Widley North	0.6	0.6	0.6	0.4	0.6	0.6	0.5	0.7	0.7	1.2	0.9
Widley North	0.6	0.6	0.5	0.6	0.5	0.9	0.7	0.5	0.9	0.6	0.2
Widley North	0.5	0.5	0.3	0.5	0.5	0.4	0.8	0.5	0.5	0.8	0.5
Widley North	0.6	0.7	0.7	0.8	0.5	0.6	0.6	0.4	0.5	0.5	0.7
Widley North	0.9	0.5	1.1	0.6	0.6	0.7	0.6	0.9	1.2	1.3	1.7
Widley North	1.0	1.1	1.1	1.2	0.7	1.0	1.07	1.4	0.9	1.0	0.7
Widley North	0.9	0.9	1.1	1.1	0.9	0.9	1.1	0.2	2.2	0.4	0.7
Urban death rate	0.76	0.76	0.73	0.78	0.78	0.71	0.70	0.63	0.85	0.90	0.75
<i>Rural.</i>											
Widley North	1.0	0.9	1.4	1.2	1.2	0.8	1.0	1.0	0.9	1.2	0.8
Widley North	0.7	0.4	1.2	0.3	1.0	0.9	1.0	0.6	0.5	0.7	0.5
Widley North	0.7	0.6	0.8	0.5	1.9	0.7	0.2	0.7	0.7	0.6	1.2
Widley North	1.1	1.4	1.4	0.7	0.7	0.9	1.8	0.7	1.0	0.7	1.7
Widley North	0.6	0.8	0.6	0.4	0.7	0.9	0.3	0.8	0.5	0.8	0.5
Widley North	0.7	0.6	0.6	0.4	0.7	1.0	0.8	0.6	0.8	0.7	1.0
Widley North	0.6	0.7	0.4	0.8	0.7	0.5	0.7	0.7	0.9	0.4	0.6
Widley North	0.3	0.0	0.7	0.0	0.7	0.0	0.0	0.0	0.8	0.9	0.8
Widley North	1.1	1.5	1.3	1.0	1.0	1.7	1.3	0.8	0.8	1.3	1.2
Widley North	0.5	0.4	0.4	0.4	0.0	0.9	0.9	0.4	0.9	0.4	0.4
Widley North	0.6	0.4	0.6	1.1	0.6	0.2	1.3	0.8	0.8	0.2	0.6
Widley North (part)	0.9	0.0	0.0	0.0	0.0	3.4	0.0	3.0	3.0	0.0	0.0
Widley North	0.4	0.8	0.4	1.0	0.4	0.2	0.2	0.4	0.2	0.8	0.4
Widley North	1.1	0.8	0.0	2.6	0.8	0.4	1.74	1.7	2.0	0.8	0.4
Widley North	0.7	0.6	1.1	0.9	0.5	0.8	0.6	0.8	1.1	0.4	1.0
Widley North	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Widley North	0.8	0.8	0.8	0.8	1.0	1.1	0.8	0.7	0.8	0.7	1.1
Rural death rate	0.78	0.8	0.90	0.78	0.70	0.90	0.75	0.81	0.83	0.63	0.70
County death rate	0.79	0.79	0.81	0.78	0.78	0.80	0.77	0.75	0.84	0.79	0.85

The County Death-rate for 1909 (0.79 per 1,000) is the same as the average for the previous 9 years. The annexed Diagram No. 6 shows the decline in the Consumption Death-rate of the County during the past 49 years. It will be noticed that the fall during the three decades 1861-70, 1871-80 and 1881-90 and the triennial period 1891-93 was considerable, and that the decrease since then although continued, has been smaller.



It seems therefore that measures not as yet in existence will have to be taken, if the mortality from Consumption is to decline in future, at anything like the rate it did between 1861-1893.

With our present knowledge of the causation, prevention, and cure, of Consumption there seems no reason why the number of cases should not be greatly reduced, and the disease ultimately eradicated.

The Reports of the Medical Officers of Health show that Sanitary Authorities as well as the public generally are giving much more attention to these questions than they have ever done before. Apparently they do not yet thoroughly appreciate that Consumption causes far more deaths than Smallpox, Scarlet Fever, Diphtheria and Typhoid Fever collectively, diseases for the eradication of which they expend—and I think rightly expend—large sums of money.

I therefore call attention to the fact that whereas Consumption caused 333 deaths in the Administrative County last year, Smallpox, Scarlet Fever, Diphtheria and Typhoid Fever collectively, only caused 139 deaths. (See Diagram No. 5).

The Reports also show that with few exceptions the Medical Officers advise their Authorities to adopt the voluntary notification of Consumption, in order to facilitate precautionary and curative measures.

A few Authorities (notably Evesham Borough, King's Norton Urban, Stourport Urban, Evesham, Feckenham and Pershore Rural Districts) have already done so, and in this way the Medical Officers are informed of some of the cases; furthermore by the "Public Health (Tuberculosis) Regulations 1908," issued by the Local Government Board, all cases occurring in Poor Law institutions or Poor Law Districts are compulsorily reported to them.

But even so only 186 cases were notified in the Administrative County in 1909. Since however there were 333 deaths, there can be no doubt that there were at least 1,400 or 1,500 cases in existence during that period.

I think the time has now come for Consumption to be made a *compulsorily* notifiable disease; not with the view of putting in force any enactment which renders such a person, or anyone in charge of him, liable to a penalty or subject to any restriction or

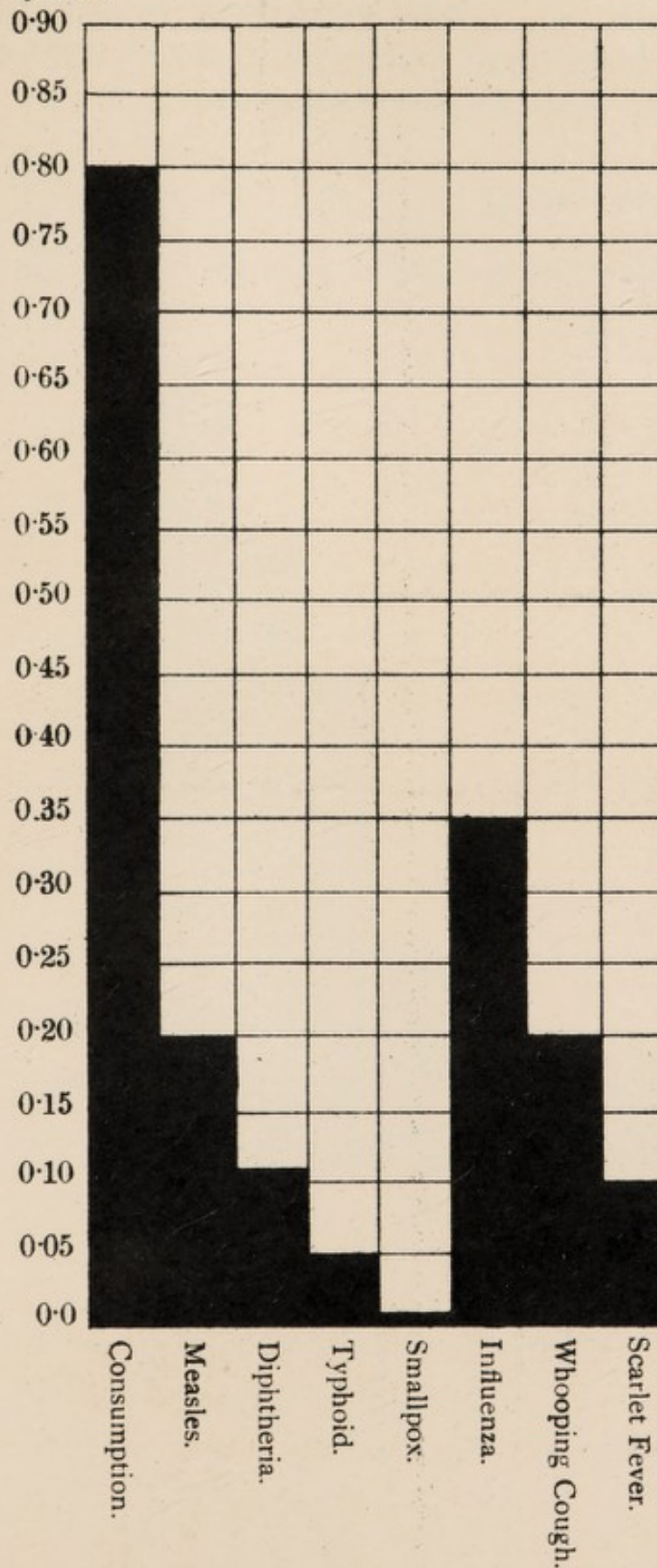


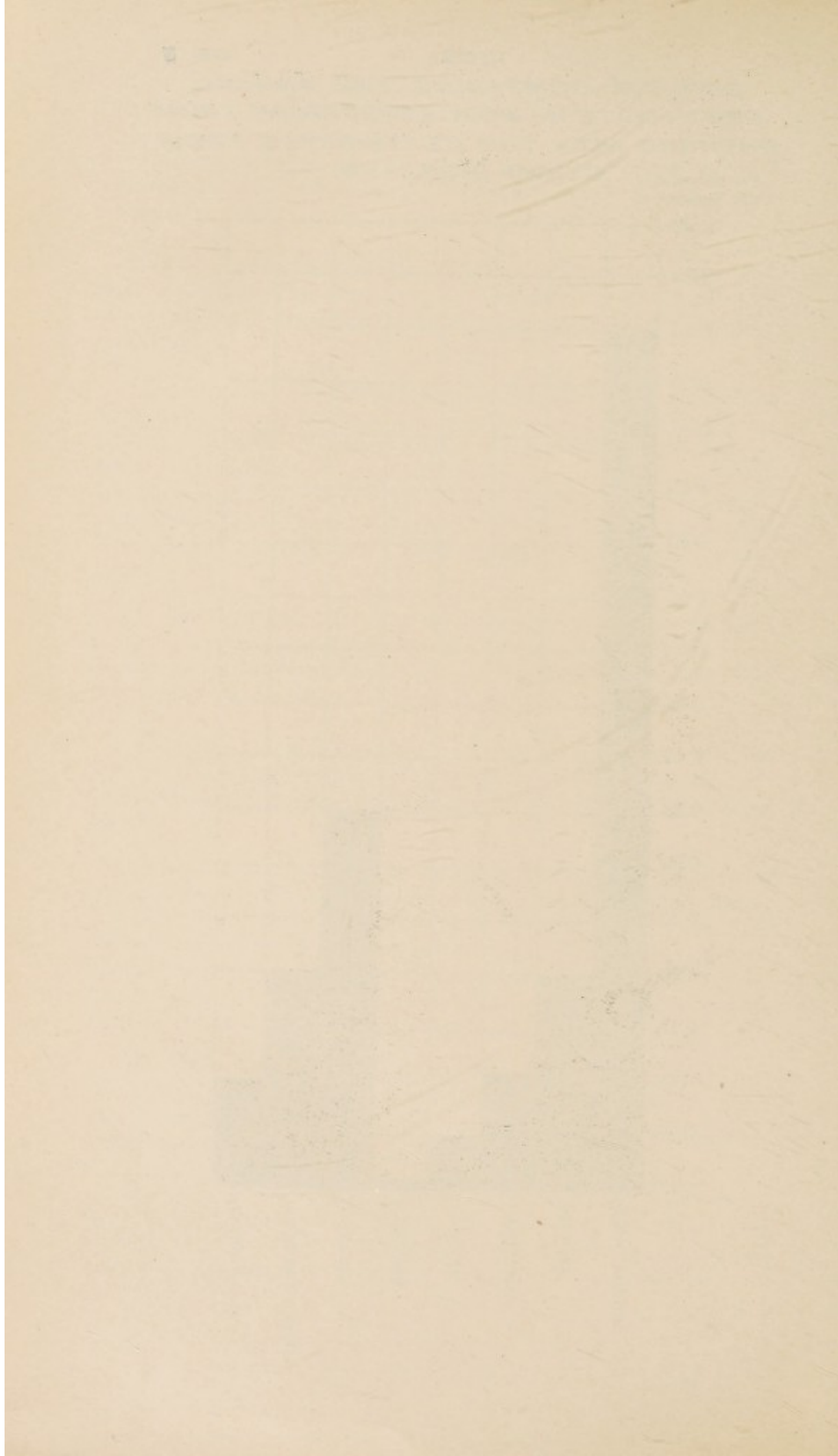
1909.

No. 5

**DIAGRAM COMPARING THE ANNUAL  
DEATH-RATE IN WORCESTERSHIRE FROM  
PHTHISIS WITH THE DEATH-RATES FROM  
OTHER DISEASES.**

Per thousand of  
the Population.



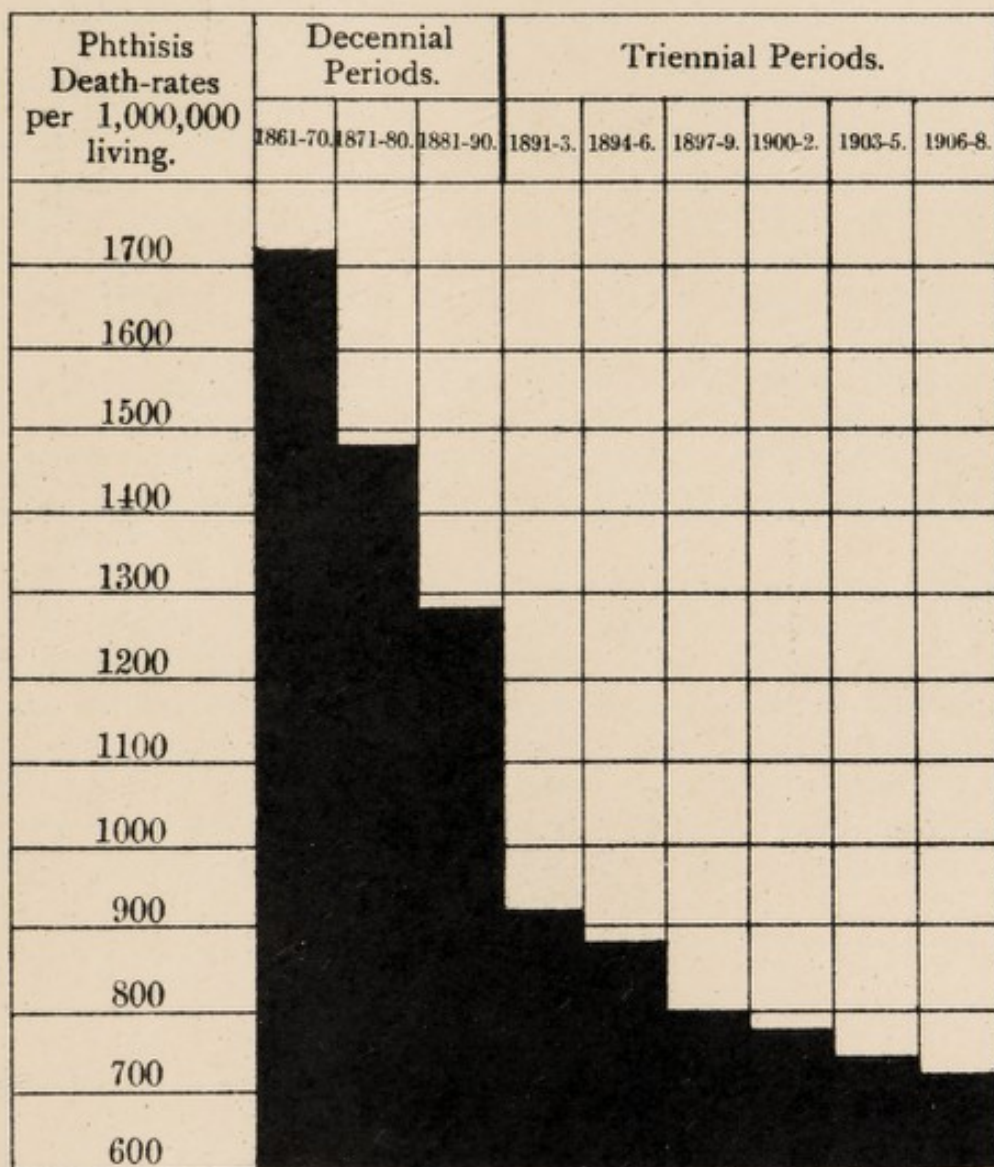


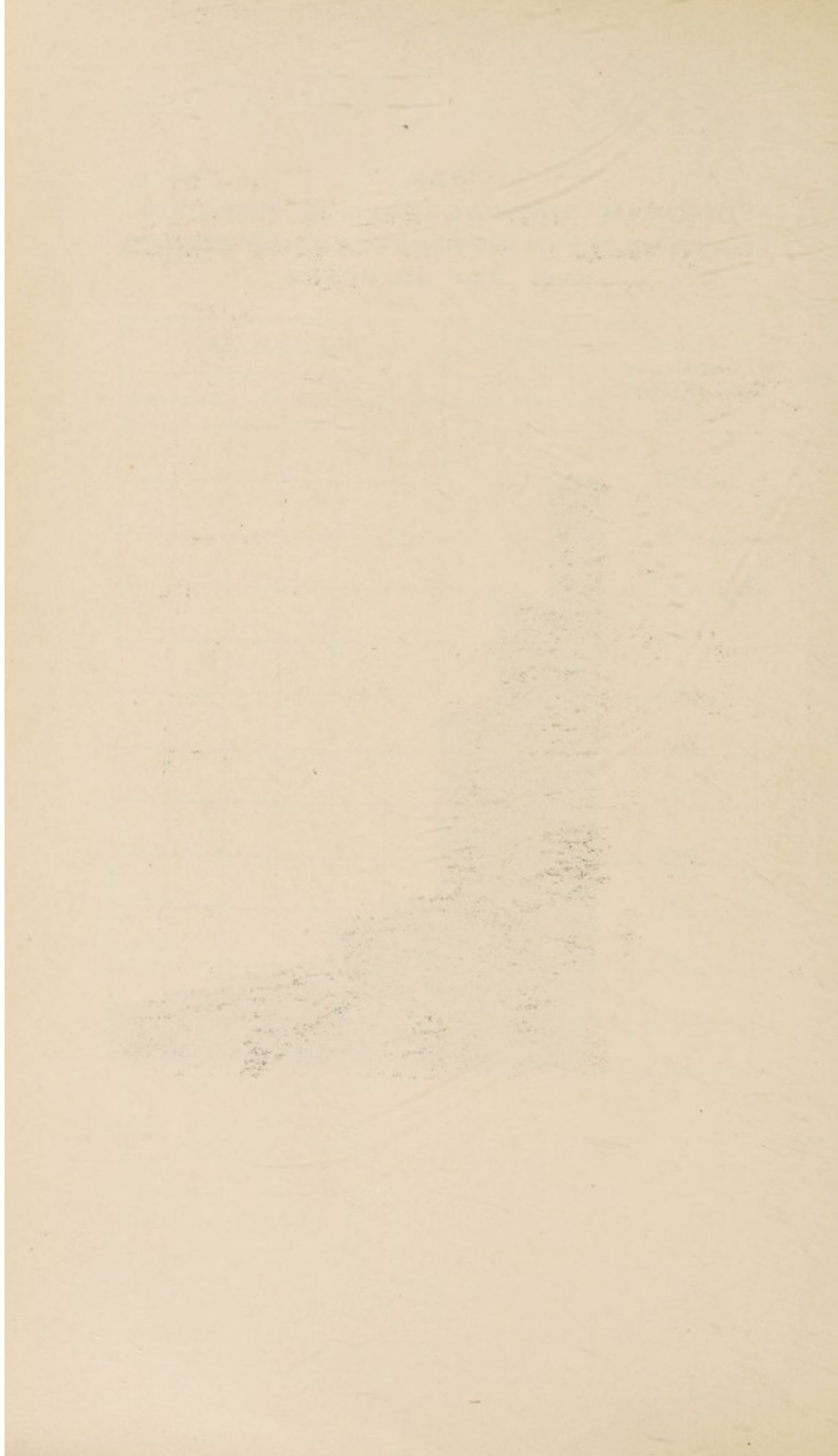


1909.

No. 6.

**DIAGRAM SHOWING FALL IN PHTHISIS  
DEATH-RATE IN WORCESTERSHIRE DURING  
THE LAST 48 YEARS.**







disability affecting himself or his employment, occupation, means of livelihood, or residence, on the ground of his suffering from Pulmonary Tuberculosis; but with the object of Medical Officers learning where such people live, in order that those affected may be educated in the prevention of the disease, and that Sanitary Authorities may offer them facilities for cure, before their disorders are advanced.

The general practice in this County when a case of Consumption is notified is, for enquiries to be made by the Sanitary officials, who also give advice as to the precautions to be taken. In order to bring home to "consumptives," and those associated with them, what "precautionary measures" should be adopted, leaflets setting forth requisite rules are circulated, and among other things the patients are encouraged to carry out "open-air treatment" and to take as far as practicable the precautions necessary to prevent dissemination of the disease. "Sputum bottles" are provided without charge by a few of the Sanitary Authorities, and disinfection of clothes and houses carried out by nearly all the Sanitary Inspectors.

Although it is thoroughly established that consumptive persons can be cured, *provided they receive efficient treatment in the early stage of their ailment*, some Authorities willing to provide means to that end, have hesitated to do so; because they were not certain that they had the power. The Local Government Board however issued an official pronouncement on this question in a letter dated 1st December 1909, addressed to the Docking Rural District Council, which is so important that I give it in extenso:—

"[Copy].

"LOCAL GOVERNMENT BOARD,

"WHITEHALL, S.W.,

"1st December 1909.

"Sir,

"I am directed by the Local Government Board to advert to  
"the letter which the Docking Rural District Council addressed to  
"the President on the 5th ult., representing that it is desirable that  
"provision should be made for the compulsory isolation of cases of  
"Phthisis in the earliest stages of the disease.

"In reply thereto I am to point out that the Rural District  
"Council and the Guardians already possess powers enabling them  
"to take important measures for combatting the disease.



“ The Board are advised that the compulsory isolation of cases  
“ of pulmonary tuberculosis in their earliest stage is impracticable,  
“ and that the best measure in regard to such cases is the reception  
“ of the patients voluntarily into Sanatoria for a limited period,  
“ during which they may be instructed as to the means which they  
“ should themselves employ to combat their disease and to prevent  
“ the spread of infection to others. With such training there is  
“ every reason to hope that the patients’ means of livelihood need  
“ not be interfered with—a point of much importance in the case of  
“ patients of the poorer classes. I am to draw attention to the  
“ remarks in regard to such training on page 11 of the Memorandum  
“ of the Board’s Medical Officer on Administrative Measures against  
“ Tuberculosis, a copy of which has been forwarded to the Rural  
“ District Council.

“ As regards advanced cases of pulmonary tuberculosis which  
“ are, it is believed, the chief source of the infection of healthy  
“ persons, I am to point out that it is competent to the Guardians  
“ to arrange for the efficient treatment of patients in the receipt of  
“ medical relief from the Guardians in their infirmary or some other  
“ suitable institution under conditions which will afford the greatest  
“ benefit to the patients, while preventing the spread of infection in  
“ small ill-ventilated cottage homes such as are referred to in your  
“ letter.

“ Under Art. IX. (2) of the Public Health (Tuberculosis) Regu-  
“ lations 1908, the Rural District Council have ample power in  
“ regard to poor persons to take any measures and supplying  
“ assistance within such reasonable limits as the circumstances of  
“ the case require and allow, as will obviate the risk of infection,  
“ especially from the use by the poor persons of an infected sleeping  
“ apartment.

“ Under s. 131 of the Public Health Act 1875, the Rural District  
“ Council have power to provide for the treatment in a sanatorium  
“ of persons from their district suffering from pulmonary tuber-  
“ culosis, whether suffering from the early or the advanced stage of  
“ the disease, and to defray, in whole or in part, the cost of their  
“ maintenance in the sanatorium. If such accommodation were  
“ provided by the Rural District Council, it would be competent to  
“ the Guardians to arrange for the reception, when necessary, of any  
“ persons in receipt of medical aid from the Guardians upon such  
“ terms as may be mutually agreed upon by the Guardians and the  
“ Rural District Council. I am also to state that it is competent to  
“ the County Council to take steps with a view to the provision of



“hospital accommodation for cases of pulmonary tuberculosis under  
“the Isolation Hospitals Acts 1893 and 1901.

“The Board are advised that much good work can be success-  
“fully carried out under the powers indicated above, and they would  
“recommend the Rural District Council and the Guardians to co-  
“operate in utilising those powers to the full extent of their possi-  
“bilities.

“I am, Sir,

“Your obedient Servant,

(Signed) “JOHN LITHIBY

“Assistant Secretary.

“J. A. Stoughton, Esq.,

“Clerk to the Docking Rural District Council,

“Fakenham.”

This clearly shows that District Councils have ample power not only to take precautions against the spread of Consumption, but also to provide Sanatorium treatment.

Dr. Kidd advised the Bromsgrove and Bromsgrove North Urban Council to “use existing Hospitals for the treatment of  
“Phthisis,” and says :—

“This is the plan which I personally strongly favoured. It has  
“been carried out with complete success in other districts,  
“notably at Brighton, and I see no reason why cases of  
“early Phthisis should not be admitted to our Isolation  
“Hospital, just as cases of Scarlet Fever are admitted, and  
“given two or three months practical training in open air  
“treatment. I am convinced that this would be the  
“cheapest way of providing treatment for early consump-  
“tives, for practically no addition would be made to the  
“standing expenses of the Isolation Hospital, and, as far  
“as each constituent Council is concerned, it would only  
“mean adding a few cases each year to the number they at  
“present send to hospital.

“I urged this plan as forcibly as I could and the question was  
“referred by the Joint Hospital Committee to the con-  
“stituent authorities for their opinion, but, although the  
“various Medical Officers of Health were united in support-  
“ing it, the idea was rejected by all except the Bromsgrove  
“Town and the North Bromsgrove Councils. In face of  
“this opposition the Hospital Committee could do nothing,  
“and Plan No. 3 (the subsidising of beds in existing Sana-

## CANCER.

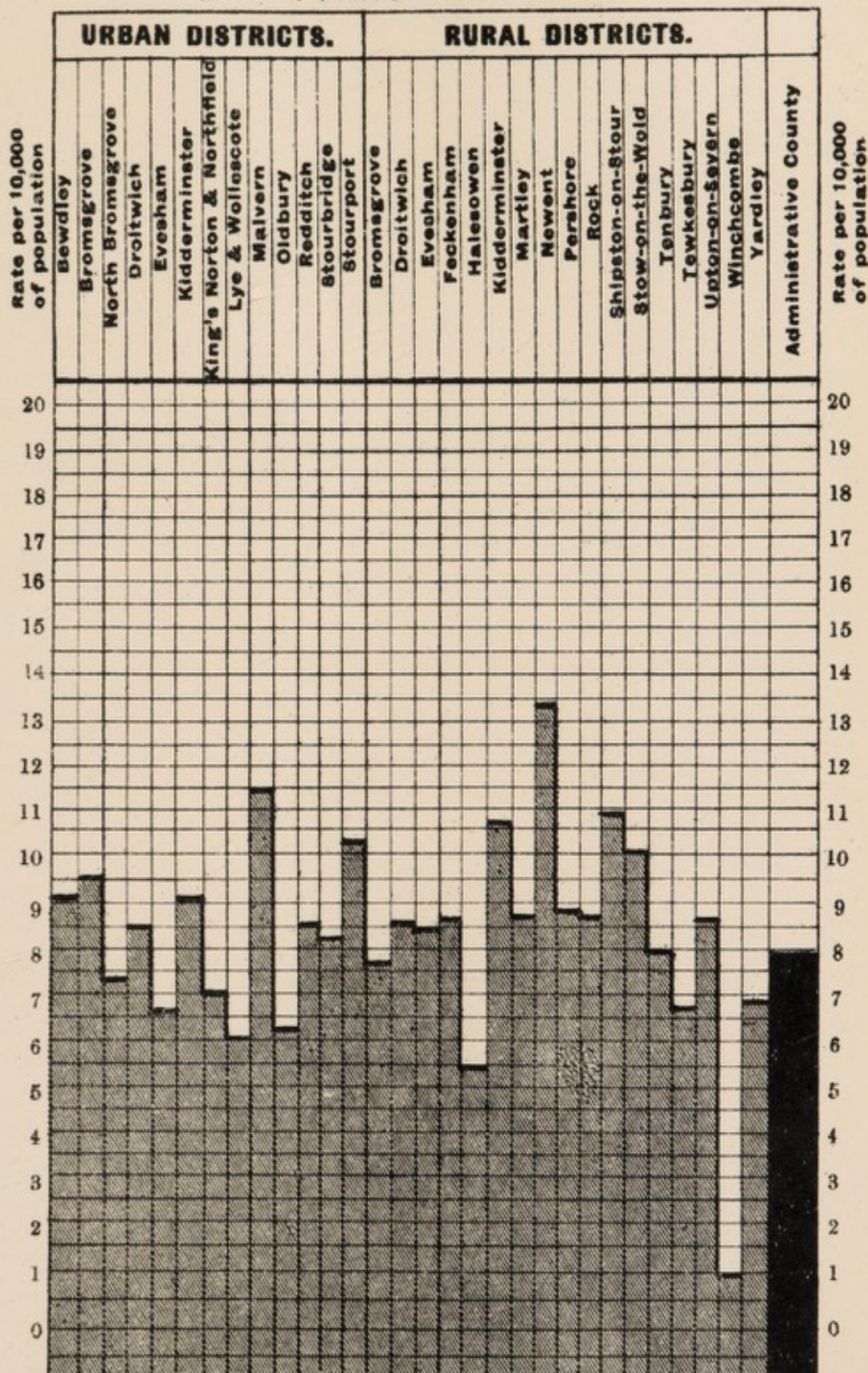
Table XIV. and Diagram No. 7 show the Cancer Death-rates of the County and respective Districts during the years 1900-1909 inclusive per 10,000 of the population.

TABLE XIV.

Urban Districts.	Average for years 1900 to 1909 per 10,000 of popula- tion.	Rate per 10,000.									
		1909.	1908.	1907.	1906.	1905.	1904.	1903.	1902.	1901.	1900.
Bewdley Borough -	9.1	13.9	13.9	10.4	6.0	10.4	6.9	10.4	3.4	6.0	10.4
Bromsgrove -	9.5	11.6	16.1	4.6	10.0	5.8	4.6	11.0	10.6	10.7	10.5
Bromsgrove North	7.3	8.2	11.6	5.0	10.0	10.1	11.1	6.8	3.4	5.0	1.8
Droitwich Borough	8.5	7.1	7.1	14.2	2.0	9.5	19.0	10.9	0.0	7.0	9.0
Evesham -	6.7	10.8	9.6	5.1	5.0	6.4	5.6	14.0	2.0	2.0	7.0
Kidderminster -	9.1	7.6	10.2	6.8	10.0	9.3	9.3	9.3	11.0	8.0	10.0
King's Norton & Northfield -	7.0	8.9	7.1	7.8	5.0	6.3	7.7	7.6	4.0	8.9	7.0
Lye and Wollescote	6.0	3.4	12.0	3.4	9.0	5.2	2.6	6.2	7.2	4.0	7.0
Malvern -	11.4	13.8	20.6	11.4	11.0	12.5	1.3	11.0	10.0	12.0	11.0
Oldbury -	6.3	9.8	8.6	5.0	8.0	7.6	7.6	2.7	6.0	4.0	4.0
Redditch -	8.5	12.8	5.8	9.9	6.0	9.6	9.7	9.2	8.0	8.0	6.0
Stourbridge -	8.2	7.9	12.6	6.9	8.0	10.0	8.9	9.0	7.2	6.0	6.0
Stourport -	10.3	9.4	14.0	20.8	6.0	9.0	13.0	15.0	6.0	11.0	3.6
Urban Death-rate	8.0	9.3	9.8	7.6	7.3	8.1	8.2	9.4	6.6	7.1	7.1
Rural Districts.											
Bromsgrove -	7.6	6.5	8.1	8.1	7.0	4.9	8.1	13.2	9.0	7.0	5.0
Droitwich -	8.5	5.4	9.2	9.2	10.0	6.1	10.8	10.7	9.0	7.0	8.3
Evesham -	8.4	13.9	6.3	14.1	14.0	9.2	1.3	7.0	6.0	6.0	7.0
Feckenham -	8.6	7.3	5.4	7.2	8.0	10.8	7.2	11.0	3.0	16.0	11.0
Halesowen -	5.4	7.6	7.2	5.5	6.0	5.0	5.5	3.0	4.6	7.0	3.0
Kidderminster -	10.6	12.8	13.8	11.8	17.0	13.8	9.1	3.9	10.9	5.9	7.0
Martley -	8.6	8.2	6.9	10.0	17.0	6.9	6.9	3.0	7.0	13.0	8.0
Newent (part) -	13.4	30.5	15.2	7.6	22.0	7.6	16.0	17.0	16.0	0.0	0.0
Pershore -	8.8	11.02	10.9	9.3	11.0	5.4	8.5	8.0	10.0	8.0	6.0
Rock -	8.7	14.6	9.5	9.5	4.0	9.3	4.6	18.0	14.0	0.0	4.0
Shipston-on-Stour	10.9	6.9	15.9	13.5	22.0	19.0	6.5	4.0	4.0	12.0	6.0
Stow-on-the-Wold (part)	10.2	0.0	34.2	34.2	0.0	0.0	34.2	0.0	0.0	0.0	0.0
Tenbury -	7.9	10.6	10.4	6.2	10.0	14.0	4.1	6.0	4.0	6.0	8.0
Tewkesbury (part)	6.7	8.7	4.3	13.1	4.0	8.0	17.4	0.0	8.0	4.0	0.0
Upton-on-Severn -	8.6	15.3	11.8	8.4	11.0	11.8	6.0	10.0	1.0	4.0	7.0
Winchcombe (part)	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.6	0.0	0.0
Yardley -	6.9	6.9	9.1	6.8	6.0	7.6	7.4	7.5	5.0	7.0	6.0
Rural Death-rate	7.9	8.9	9.2	8.3	9.8	8.2	9.0	7.0	7.6	6.1	5.0
County Death-rate	7.9	9.1	9.5	7.9	8.4	8.1	8.6	8.2	7.1	6.6	6.0



**AVERAGE CANCER DEATH RATES PER  
10,000 OF THE POPULATION, FOR  
THE YEARS 1900-1909.**



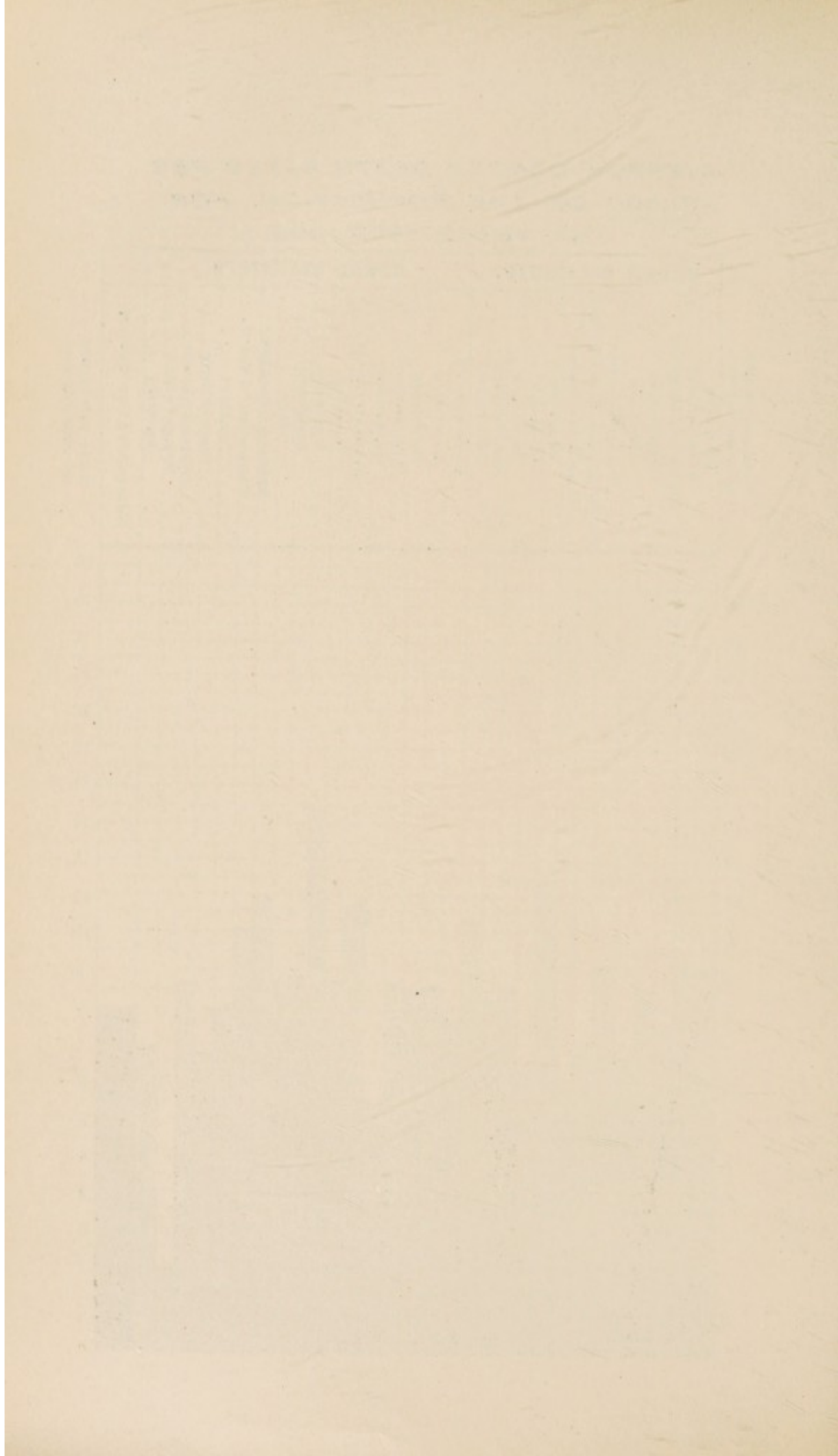




Table XV. gives the ages of those who died from Cancer in each of the Worcestershire Districts during 1901-1909.

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	24	-	-	-	-	13	11
Bromsgrove	67	-	-	-	1	28	38
North Bromsgrove	50	-	-	1	1	25	23
Droitwich	33	-	-	-	-	17	16
Evesham	56	-	-	-	-	29	27
Kidderminster	197	-	1	3	5	112	76
King's Norton	440	-	1	1	3	258	177
Lye and Wollescote	62	-	-	-	-	33	29
Malvern	195	-	-	-	-	97	98
Oldbury	167	-	-	-	2	122	43
Redditch	117	-	-	-	-	72	45
Stourbridge	133	-	1	-	-	82	50
Stourport	48	-	-	-	-	29	19
<i>Rural.</i>							
Bromsgrove	89	-	-	-	-	42	47
Droitwich	102	-	-	-	1	58	43
Evesham	62	-	-	1	-	33	28
Feckenham	43	-	-	-	1	28	14
Halesowen	124	-	-	-	7	81	36
Kidderminster	102	-	-	-	-	53	49
Martley	107	-	1	-	1	64	41
Newent	18	1	-	-	1	6	10
Pershore	110	-	-	-	-	59	51
Rock	18	-	-	-	-	6	12
Shipston-on-Stour	39	-	-	-	-	21	18
Stow-on-the-Wold	9	-	-	-	-	5	4
Tenbury	35	-	-	-	-	23	12
Tewkesbury	21	-	-	-	-	10	11
Upton-on-Severn	124	-	1	-	2	56	65
Winchcombe	-	-	-	-	-	-	-
Yardley	300	-	1	1	8	185	105
	2,892	1	6	7	33	1,647	1,198

I regret that another year has passed without a specific for Cancer having been discovered. Although this is the case, the scientific investigation of the disease is being pushed on by "The Imperial Cancer Research Committee," and some obscure points have been elucidated.

## ANTHRAX.

Four cases of Anthrax occurred in human beings at Kidderminster during the year, 3 of whom recovered. One of these was a brewer by trade, and the other 3 were employed in spinning and carpet mills. The houses they lived in and the bedding &c. they used were disinfected, and Dr. Corbet says "all precautions were taken."

## ISOLATION HOSPITALS.

The following is one of the duties of County Medical Officers prescribed by the Local Government Board in their Order dated the 29th July 1910 :—

"In addition to any other matters upon which the Medical Officer of Health may consider it desirable to report, his Annual Report shall contain the following section :—

"(b) A section as to the isolation hospital accommodation available for each County district and as to the steps which should be taken to remedy any deficiencies which may exist."

Hitherto, as instructed, I have presented an Annual Report on the various Worcestershire Hospitals established under the Isolation Hospitals Acts ; but I assume that I shall now be required to report on all existing Hospitals.

I would however remind you that I said in my last Annual Digest, that "The Isolation Hospital accommodation of the County taken as a whole is now so good that little need be said about it."

*King's Norton Hospital.*

Dr. Green states that it has been arranged to add four cubicles to the new Acute Scarlet Fever Block ; two of which will be separated from the block, entrances being from the verandah, the other two will be approached from the Ward. The contract for this has been let, and the work will be proceeded with at once.

*Stourbridge and Halesowen Hospital.*

Dr. Brett Young, Medical Officer of Health for Halesowen, states :—

"With regard to isolation there has been difficulty in finding accommodation during the greater part of the year. This has arisen a good deal from a marked prevalence of infectious disease, notably Scarlet Fever, in neighbour-



“ing districts, with which the Halesowen District jointly  
“form the isolation area. I understand that an extension  
“of accommodation is being provided.”

Since Dr. Young made this report the Hospital Committee have forwarded the County Council plans for an additional ward for 16 patients. The Council having approved these, I understand the work will be proceeded with as soon as the loan has been obtained.

The Hospital Committee also completed a Smallpox Hospital during the year, which is well arranged and suitable for the District.

*Pershore Rural*

The erection of a Diphtheria block is again advised, as it is submitted that a ward for that disease is even more important than the one for Scarlet Fever already built ; inasmuch as means for isolating both diseases are essential.

The District Council however do not intend to build at present, and have passed the following Resolution :—

“Upon the recommendation of the Hospital Committee it was  
“resolved that no building for the isolation of Diphtheria  
“cases be erected at present, but that when such cases  
“cannot be isolated at the patient’s home, they be sent to  
“the Worcester Isolation Hospital.”

As yet, it has not been necessary for any patient to be sent to the Worcester Hospital.

As the District Council have no means of isolating Diphtheria, they had last year to retain the services of a Nurse to attend a case which occurred at a cottage at Moor, under powers conferred on them by Section 67 of the Public Health Acts Amendment Act 1907.

*Tewkesbury Rural.*

Dr. Turner reports that the amalgamation of the Isolation Hospital for the Borough of Tewkesbury and the Tewkesbury Rural District Council is hung up until the Joint Order has been issued by the Local Government Board. The County Council however have received an assurance that when the Board’s Order has been issued the matter will not be further delayed.

*Upton-on-Severn Rural.*

Dr. Cowley says that a valuable addition to the Hospital was made by the erection of a Diphtheria Block for the reception of patients.

*Yardley Rural.*

Dr. Tangye reports :—

“There can be no question that proper Hospital accom-  
 “modation for cases of Scarlet Fever, Diphtheria and  
 “Typhoid Fever has now become a pressing necessity.  
 “The accommodation of the present Scarlet Fever Hospi-  
 “tal has been greatly overtaxed during the year, and  
 “though shortly, by the withdrawal of Solihull from its  
 “participation in this Hospital, the whole of it will be at  
 “the service of Yardley, my own opinion is that a new  
 “Hospital should be erected on modern lines, and that the  
 “whole of the old one should be discarded.”

## DISINFECTION.

The larger Hospitals in the County have efficient disinfectors, but few of the Rural District Councils have yet provided such apparatus.

The utility of disinfectors is shewn in Dr. Cowley's (Upton-on-Severn Rural District) Report, as it appears that during the past year the Upton disinfectant was used 47 times and 1,322 articles of various kinds have been disinfected. This, too, in a Rural District.

I am glad to learn from the Reports, that Sulphur fumigation is not now carried out, to the extent it formerly was; for it has not proved to be as effective as it was at one time believed to be. In a few districts however this method is still in vogue; so I desire to point out that the most efficient way to disinfect a house is to spray with Formalin or fumigate with the same disinfectant; inasmuch as Formalin is the best disinfectant at present known. When it is used, the room should be securely sealed up, the temperature should not (if practicable) be less than 60° F., the air should be moist, and the duration of exposure four hours at least. For small rooms the Alformant Lamp is most useful, 30 to 40 paraform tabloids being used for every 1,000 cubic feet. After spraying or fumigation thorough scrubbing and cleansing of walls and furniture are essential; and if the infected articles cannot be thoroughly boiled, they ought to be treated in an efficient steam disinfectant.



I have already shown that several authorities are unable to carry this out, as they do not possess the requisite apparatus.

Until recently, it was generally believed to be the duty of Sanitary Inspectors to disinfect infected Schools; but the Local Government Board have decided that a Public Elementary School may properly be regarded as "a house" within the meaning of the Public Health Act 1875; consequently the Education Authority, as owners or occupiers, are themselves responsible for this.

I was instructed to communicate with the Sanitary Authorities in the Education County to ascertain upon what terms they would allow their Sanitary Inspectors to disinfect Schools, and the following is a summary of the replies received:—

*Not willing to undertake it (1).*

Yardley Rural.

*Willing to undertake it at actual cost (11).*

Stourport Urban.  
North Bromsgrove Urban.  
Droitwich Borough.  
Stourbridge Urban.  
Malvern Urban.  
Bromsgrove Rural.  
Halesowen Rural.  
Kidderminster Rural.  
Tenbury Rural.  
Upton-on-Severn Rural  
Winchcombe Rural.

*Willing to undertake it on terms to be arranged later (5)*

Droitwich Rural.  
Redditch Urban.  
Tewkesbury Rural.  
Persnore Rural.  
Stow-on-the-Wold Rural.

*Willing to undertake it at 10/- per School (1)*

Evesham Rural.

*Willing to undertake it from £1 1s. od. to £1 5s. od. per School (6).*

Bromsgrove Urban	—	1	1	0	and necessary materials.
Newent Rural	—	1	1	0	” ” ”
Evesham Borough	—	1	1	0	
Rock Rural	—	1	1	0	
Bewdley Borough	—	1	1	0	
Martley Rural	—	1	5	0	

*£3 3s. od. per School (1).*

Shipston-on-Stour Rural.

*£2 2s. od. per Department per School (1).*

Feckenham Rural.

*£7 10s od. per annum (1).*

Lye and Wollescote Urban.

The Education Committee having considered these replies decided to fix no general fee for the work, but that each case where disinfection is required be considered on its merits and the work done as inexpensively as possible.

## SANITARY WORK.

### WATER-SUPPLY.

#### *North Bromsgrove Urban District.*

Dr. Kidd makes the following interesting statement, which emphasizes the value of Bacteriological examinations of suspected waters, and the power of certain waters to dissolve zinc :—

“ Illness having more than once occurred among persons using  
 “ this well I had twice tested the water, but to the ordinary  
 “ chemical tests it did not appear to be dangerously poll-  
 “ uted. When this year two fatal cases of bowel disease  
 “ occurred in the same houses, the water of the well, and  
 “ also of a small stream which some of the householders  
 “ used for drinking purposes, was sent for Bacteriological  
 “ examination to the County Analyst at Worcester, who  
 “ reported that both waters were altogether unfit for use.  
 “ Steps are now being taken to get the Waterworks Com-  
 “ pany’s main extended to supply these and neighbouring  
 “ houses at Green Lane.

“ In the case of a new supply of tap water to two farm houses at  
 “ Lower Shepley it was noticed that the water, when left



“standing in an open vessel, developed a distinct whitish  
“film on the surface. This was analysed by the County  
“Analyst and found to consist of Salts of Zinc, evidently  
“dissolved from the new pipes. The quantity was enough  
“to be possibly injurious if the water containing it were  
“regularly used, but the fault will diminish in time as the  
“interior of the pipes becomes oxydised, meanwhile the  
“tenants were advised to let the water run freely in the  
“morning, so as to empty the supply pipe of water that  
“had been standing in it during the night, before taking  
“any for use.”

*King's Norton Urban.*

The King's Norton Urban District is supplied from the Birmingham Waterworks, and Dr. Green says :—

“It seems needless to state that there was no complaint in the  
“District during the summer of dearth of water owing to  
“the drying up of wells or springs. The supply of Welsh  
“water was adequate and of good quality, and as a drink-  
“ing water it is excellent.

“Owing to its extreme softness (an excellent property from a  
“health point of view), there has been a certain amount of  
“trouble caused by its solvent action in hot water cisterns  
“and pipes. Many of these have had to be replaced by  
“others made of copper at a considerable expense.”

*Malvern Urban.*

The Malvern Annual Report contains the following statement, of the Surveyor (Mr. Thorp) :—

“An unusual, and what might have been a serious occurrence  
“took place in a house with a private supply of water and  
“electricity, a current of 10 Amp. being in use. The iron  
“water pipe from the storage tank and the wires ran to the  
“house in the same trench. A leakage in the electricity  
“was noticed, and some days later a slight shock was felt  
“on touching a tap connected directly with the supply  
“pipe, and the water was found to be green.

“Subsequent analysis shewed this colour to be due to copper  
“sulphate. On investigation of the galvanised iron stor-  
“age tank active decomposition was found to be going on  
“round the copper ball tap.



“ The current apparently had been carried along the pipe to the  
“ tank, where, owing to the strong current in use, the  
“ resistance of the water had been overcome and electrical  
“ action taken place.”

*Bromsgrove Rural.*

Dr. Coaker says :—

“ The sources are the same as mentioned in previous reports.  
“ Analysis of water from wells suspected of contamination  
“ have been made, and where pollution has been found the  
“ trouble has been rectified. The Parishes of Clent, Hag-  
“ ley and Pedmore have withdrawn their application for  
“ inclusion in the proposed Stourbridge Water Board.”

*Evesham Rural.*

As it was found that many of the wells in the Parish of Offen-  
ham were contaminated, a systematic inspection was held, with the  
following result :—

“ Twelve samples were first taken and forwarded to the County  
“ Analyst, who condemned 11 of them.

“ Ten of the condemned wells were cleansed and 9 of these re-  
“ analysed, and also condemned. Since then, 11 other  
“ samples, selected from wells chosen by the District Coun-  
“ cillor, were submitted for analysis, and of these, 6 were  
“ found to be unfit for drinking, three were fit, and 2 were  
“ dangerous to health, as they gave evidence of previous  
“ contamination.”

This matter has now been referred by the District Council to  
the Parish Council for consideration, in order that they may have  
an opportunity of expressing their opinion as to what remedial  
measures are to be taken.

*Halesowen Rural.*

Dr. Brett Young says the water supply of the District is mostly  
derived from the South Staffordshire Waterworks Co. and is satis-  
factory. Every effort is made to discourage the use of wells.

*Kidderminster Rural.*

Dr. Addenbrooke says the water supply throughout the District



is, and has been on the whole, satisfactory. Near the Borough of Kidderminster a large and increasing number of houses are supplied with the Borough mains.

*Martley Rural.*

Dr. Dykes reports :—

“The question of Hallow water supply was gone into thoroughly this year, and many samples taken for analysis. All suspected sources of contamination were inspected. All the dumb wells in the Village are now in good condition and water-tight ; those we found defective were cement lined and where faulty new lids provided.

“The Analyst reported water not of very good quality but fit for drinking in its present condition.”

*Pershore Rural.*

The County Analyst and I presented an exhaustive Report on the water supply of 17 Parishes in August 1909, and the County Council subsequently held an Inquiry into the matter ; the outcome of which was that efforts are being made to obtain a supply from the Bredon Hills for Pershore and Pinvin.

*Shipston-on-Stour Rural.*

Dr. Findlay says :—

“In several more instances, the corrosive action, set up where galvanised iron connecting pipes have been laid in the clay sub-soil, has completely eaten through the pipes. These have now been relaid in wooden casings filled with tar and sand.

“BLOCKLEY.—The water supply here has been satisfactory during the year.

“At Paxford, a hamlet in Blockley Parish, the water supply at the upper end of the Village, which is conveyed in iron pipes, has been satisfactory. At the lower part of the Village, the water supply is carried in common pipes. These pipes became again blocked up with roots, which have now been cleaned out. It would be a great improvement if these pipes could be relaid with iron pipes.”

*Tewkesbury Rural.*

The Sanitary Inspector says :—

“ The Hamlet of Bredon’s Hardwick is now served with hill  
 “ water, the Council having extended their main from  
 “ Bredon to Hardwick Bank, but no application for supply  
 “ has been received from any property holder in the  
 “ Hamlet.

*Upton-on-Severn Rural.*

Dr. Cowley gives the following interesting account of the boring for the water now being carried out at Upton-on-Severn :—

“ At the end of last year the boring for this water supply had  
 “ reached a depth of 1,034 feet. Many delays have been  
 “ occasioned through breakages in the machinery and by  
 “ the falling in of the friable marl in the untubed portion.  
 “ The great depth of marl has been very discouraging, as it  
 “ was never anticipated, and pessimistic opinions as to the  
 “ ultimate success of the operations have been freely  
 “ expressed. I have been sanguine of success, based main-  
 “ ly on the geological conditions. On April 29th the old  
 “ manner of boring was abandoned, and in October the  
 “ different (or core) boring was commenced. The depth  
 “ then was 1,150 feet, and the hole was tubed to that extent.  
 “ Matters proceeded satisfactorily for a time, and at 1,300  
 “ feet 7 inches a fine reddish grey sandstone was pierced. At  
 “ 1,329 feet 5 inches a grey sandstone, and between these  
 “ depths and 1,330 feet 11 inches there were some marly  
 “ sands interspersed, but at the latter depth water appeared  
 “ at the top of the tubes in a small stream. Between this  
 “ and 1,345 feet 6 inches another core was being raised  
 “ when a severe fall of marl again suspended operations.  
 “ The presence of the sandstone gives us every hope, especi-  
 “ ally with the advent of the water, that the solid water-  
 “ bearing stratum on sandstone has been found at last.”

**DRAINAGE.***Bewdley Borough.*

Dr. Miles states that the drainage of Bark Hill is in an unsatisfactory condition, and that the question is constantly coming before his Sanitary Committee. There is no system of sewerage in the greater part of that portion of the Borough, the house drains leading either into dumb-wells, which are in many cases unsatisfactory, or



into ditches or into fields or orchards. Fortunately there are few water closets, but the ordinary house slops and soap-suds cause a great nuisance at times, especially in hot weather. It is mentioned that the question is a large one, but Dr. Miles commends it to the serious consideration of his Council.

*North Bromsgrove Urban District.*

Dr. Kidd says that Barnt Green Village and Rubery continue to furnish the two drainage problems before the Council. Since the Report was presented, however, the Council have adopted plans for sewerage of the locality, and these have been forwarded to the Local Government Board for approval. The condition of Rubery is said to be worse this year than it has been before; many of the small gardens behind the houses in the main road, opposite the Brickyard Cottages, having been flooded with sewage for months in succession. It is stated to be practically impossible to devise any remedy short of drainage. Dr. Kidd adds that he is decidedly of opinion that the nuisance here, with its menace to health, is more serious than at Barnt Green Village, and that the necessities of the case are more urgent.

Dr. Green (King's Norton) says "the Rea is still very impure from the pollution of privies and cesspools in the higher part of Rubery Village, to which the attention of the (Bromsgrove North) District Council responsible, was drawn some years ago."

*King's Norton Urban District.*

Dr. Green states in his Report that "the sewer extension from Northfield up the valley of the Rea to Longbridge, and on to the Village of Rubery, was completed during the year. In addition to this, the sewage from the Rubery Hill Asylum was diverted from the Rea and taken into the sewer. The sewage from Hollymoor Asylum, which had before been treated biologically, was also admitted. The drainage from the Austin Motor Works at Longbridge, which now employ a large number of hands, is now also taken in.

"These diversions must have a marked effect on the condition of the Rea. So far, little has been done in Rubery Village to connect the houses to the sewer, or to convert privies into W.C.'s, but this matter will be taken in hand at an early date."



*Malvern Urban District.*

About £900 has been expended on new sewers and replacements of defective ones, and by an arrangement with the Upton-on-Severn Rural District Council the long-standing difficulty in connection with the drainage of some cottages at Sherrard's Green has been overcome, as it has been possible to lay a new sewer to deal with this property, which has the new Upton-on-Severn sewer as its outfall. Some property, adjoining the Electricity Works, has been dealt with in a like manner. The proposed new sewer, for which sanction has been obtained from the Local Government Board, to replace the defective one at the rear of the Worcester Road, will shortly be commenced.

The Sanitary Inspector reports considerable amount of house drainage improvement.

*Oldbury Urban District.*

It is mentioned that house drains have received a large amount of attention, and many alterations have been made during the year.

*Bromsgrove Rural District.*

Dr. Coaker refers to the defective drainage at Barnt Green, but since his Report was issued, the Council have decided to carry out a Scheme in conjunction with the North Bromsgrove Urban District Council, by which the locality will be sewered and the sewage treated at the Alvechurch Sewage Works, which are to be adequately extended. Extension of the sewers at Clent to drain part of the main Bromsgrove-Stourbridge Road has been carried out during the year.

*Droitwich Rural District.*

Dr. Wilkinson says that the sewerage of Ombersley has been completed, and the house connections are now being made. Plans are being prepared by Mr. Fiddian for sewerage not only Fernhill Heath but Corn Meadow, Checkett's Lane, Ombersley Road, Astwood Road, and Blackpole Road in the Parish of Claines. Causeway Meadows (Stoke Works) has been sewered, but nothing has been done at Stoke Works.

*Evesham Rural District.*

When the Report was presented, negotiations for the purchase of land for sewerage at Bretforton were being carried on. These have



now been completed and Messrs. Willcox and Raikes have been instructed to complete their sewerage Scheme.

*Feckenham Rural District.*

*Hunt End.* I presented Special Reports on this subject in September 1909, and in April 1910, and the Local Government Board have since instructed one of their Engineering Inspectors to visit the locality and report to them.

*Kidderminster Rural District.*

Dr. Addenbrooke writes: "The Whitville drainage Scheme has been completed during the year, and a considerable number of connections have been made—in all instances under the direct supervision of the Surveyor. House drains are well looked after by the Inspector. I am glad to know that negotiations are in progress for a system of drainage for Sutton Common and Foley Park, and hope that this important matter will soon be dealt with satisfactorily."

*Pershore Rural District.*

The defective drainage of Pershore and Pinvin are in abeyance, until some decision is come to with regard to the water-supply of the District.

*Shipston-on-Stour Rural District.*

Dr. Findlay mentions that "the present sewers (of Shipston-on-Stour Town) have again broken in, in eight different places, during the year, and that the subject of a new Sewage Scheme has again been under the consideration of the Council, as enough of the outstanding loans have now been repaid to enable the Council to borrow sufficient money to proceed with the Scheme, if the sewage can be dealt with satisfactorily without land treatment. Messrs. Willcox & Raikes have been asked to make a report on the matter."

*Tewkesbury Rural District.*

Dr. Turner mentioned in his Annual Report for 1908 that a "system of drainage for Upper Westmancote would be very beneficial, as cases of Diphtheria occur in the place from time to time," and since then it has been decided to sewer the locality and most probably to connect it with the Bredon sewers, of which Parish



Westmancote is a Hamlet. This seems very desirable as it will get over difficulties which would be encountered if a separate Scheme was attempted.

*Upton-on-Severn Rural District.*

Dr. Cowley mentions that the Sewerage Scheme for the Town of Upton-on-Severn was completed in November last and that the house connections are now being made.

The sewer proposed to drain the numerous cottages at Sherrard's Green was completed and connected with the sewage disposal from Barber's Hill. This has removed serious nuisances, due to the defective draining of these cottages. I understand the effluent from the filter beds of the sewage disposal was most satisfactory. It was thought practicable that when a Sewage Scheme for Madresfield was under consideration this portion, and also the drainage of other houses at Barnard's Green, and the sewer near the Church, would be included.

*Madresfield and Newland Drainage.* Messrs. Willcox & Raikes have been instructed to prepare a Scheme for dealing with the sewerage of these localities.

*Kempsey.* The last delay has been caused by the alteration of the pumping site. This idea enables an extension of the sewer to Draycot, and also obviates the necessity of such a deep cutting through a loose sand, for the sewer, or the terminal portion. The Local Government Inspector strongly advocated the adoption of a site in the centre of the Village, objection to which was held by the Council, the Chairman amongst them; a feeling Dr. Cowley also shared, on the score of possible nuisance from smell and noise. The view of their Inspector was upheld by the Board, and the Council yielded to the superior Authority. Dr. Cowley adds, "I trust, therefore, this will be the last Report to chronicle any further delay in carrying out this needed improvement."

*Powick.* A gravitation Scheme for sewerage the Village of Powick has recently been submitted to the Local Government Board, who have refused to sanction it, as the sewage outfall would be flooded from time to time. It seems therefore that there is no alternative to a pumping Scheme.



SEWAGE DISPOSAL.

*Bromsgrove Urban District.*

Dr. Kidd states that the Sewage Farm has continued to work satisfactorily.

*Droitwich Borough.*

Dr. Roden writes that "after mature consideration and the  
"laying down of an experimental plant, it has been found that the  
"idea of treating the sewage of the Town by contact beds and filters  
"must be abandoned, on account of the presence of such a large  
"amount of Sodium Chloride in the sewage, and the very heavy cost,  
"which the Town at the present moment could not bear, of excluding  
"the inrush of brine into the sewers.

"At the end of the year, by order of the Corporation, I visited  
"the Sewage Farm and made a careful inspection of the work  
"carried on. I found that extensive draining operations had been  
"carried out and the existing ashbeds considerably increased, the  
"effluent from the drains appear to be of a most satisfactory character  
"and I came to the conclusion that if the present system of ashbeds  
"were still further extended, and the present undrained portion of  
"the Farm properly drained, it would be quite possible to deal  
"effectively with the disposal of the Town sewage.

"I would recommend that draining of the present unused  
"portion of the Farm be carried out with as much speed as possible,  
"and I would also advise the construction of further ashbeds with  
"greater rapidity than is at present exercised, for it must be  
"borne in mind that the continued use of these beds without rest,  
"leads steadily to consolidation, whereby the beds become inert.  
"It is absolutely necessary while using beds of this description for  
"the treatment of the sewage, that they should have regular periods  
"of rest, which they cannot obtain, especially during a rainy season,  
"without a marked increase of those now in use."

I offer no comments upon these statements at the present time as the County Analyst and I are preparing a Report on the subject.

*Evesham Urban District.*

The Surveyor tells me that the "Fiddian's Distributors" are working well, and that a new recording apparatus is about to be fixed at the Works to gauge the flow of the sewage. The additional percolating filters which were contemplated last year have not yet



been carried out, but I understand that they will be proceeded with almost at once.

*King's Norton Urban District.*

Dr. Green mentions that the sewage from Woodbrooke has not yet been diverted from the stream, but it is practically settled for a sewer to be taken along the valley to Selly Oak Road.

The condition of the Rea in its higher reaches has been much improved owing to the sewage from the Asylums and from the Longbridge Motor Works being taken into the new sewer.

A Scheme is under consideration for an improvement of the sewage outfall at Rednal, and a fresh site is being acquired for this purpose.

As mentioned under the heading of "Drainage," the Rea is polluted by privies and cesspools, in that part of the Rubery Village which is in the Bromsgrove North Urban District.

*Stourport Urban District.*

Dr. Robinson says "the sewage farm is in full working order—and continues to be a nuisance." A similar statement appeared in his Annual Report for 1908, and my comments upon it are given on Page 47 of my Digest for 1908.

*Evesham Rural District.*

During the year I had to complain of the Broadway Sewage Works being badly managed, and the Rural District Council consequently took steps to improve them. As yet however the Works are not entirely satisfactory.

*Shipston-on-Stour Rural District.*

*Blockley.* Dr. Findlay reports, "When I visited the Works, "in company with the County Medical Officer, all three filters were "overflowing, and a great portion of the sewage was at the same "time going past the filters. The Council have carefully considered "the matter, and have now decided to have all the filters cleaned "out properly, and have appointed the Sanitary Inspector to "superintend the work of another attendant, and to treat the sewage "on the available land. If then the filters are still, after six months, "not able to yield a satisfactory effluent, it will be necessary to lay "down a new system altogether."



I recently visited these Works with Dr. Findlay and find that they have been considerably improved, and as a result, the County Council have decided to adjourn the consideration of this matter for six months.

*Tewkesbury Rural District.*

Dr. Turner mentions that "he has inspected the sewage areas at "Bredon and Kemerton, and finds them to be working satisfactorily."

I mentioned in my last Digest that the sewage outfall at Overbury was not in a satisfactory condition, and the District Council wrote on 3rd March 1910 that the District Surveyor had been instructed to take steps to improve the condition of the sewage land at Overbury.

*Upton-on-Severn Rural District.*

*Hanley Castle Sewage Disposal.* Dr. Cowley says that complaints were received of smells arising from the Hanley Castle Sewage Works. The original idea of irrigation was curtailed and in consequence an additional filter bed was found necessary. These beds have been working properly and enable a secondary filtration to be carried out, which is advantageous.

RIVER POLLUTION.

It was shown in my Digest for the year 1907 that River Pollution was unimportant in Worcestershire, as the streams as a rule are large and the pollution comparatively small.

*River Severn.*

The state of the River Severn has been improved since then, by the treatment of the Stourport and Upton-on-Severn sewage, but difficulties have occurred in efficiently disposing of the sewage of the City of Worcester, and at the time of writing they have not yet been overcome.

*River Rea.*

The condition of the River Rea is better than it was some years ago, but some pollution occurs at Rubery (see Drainage, Bromsgrove North District).

*River Stour.*

Complaints have recently been made that a "tip," belonging



to the Halesowen Rural District Council, polluted the Stour, and consequently I visited the locality with the local officials on the 27th July 1910, when we found that a large amount of excrement and ashes were tipped by the Authority on the banks of the Stour, and that a portion of the tip occasionally rolled into the river. The Clerk of the Council, as instructed, wrote to the District Council expressing the hope that this would not occur again, and a reply has been received from their Clerk that arrangements have been made to prevent further complaint.

#### HOUSE ACCOMMODATION.

The "Housing, Town Planning Act &c. 1909" has been in force in every Sanitary District since 3rd December 1909. It is a far reaching Act, the chief Sanitary provisions of which were set out in a Memorandum I laid before the Public Health and Housing Committee on 2nd February 1910. Copies of this Memorandum were sent to the Sanitary officials in the County. Space does not allow me to reproduce the whole of this Memorandum now, but some provisions of the Act should be mentioned.

Section 10 *so far as it concerns Rural Districts*, empowers the Local Government Board *where a complaint is made to them*—

- (a) By the County Council.
- (b) Parish Council or Parish Meeting.
- (c) Four inhabitant householders,

if the Authority *have failed to exercise* their powers under Part II. (unhealthy Dwelling-houses) or Part III. (Working Classes Lodging-houses) to make an "Order" (after holding a Local Inquiry and being satisfied that the Rural District Council is in default) directing that Authority to carry out the requisite work within a limited time—and this Order may be enforced by mandamus (Section 10 (6). Before deciding that the Rural District Council is in default under Part III. (Working Classes Lodging Houses) the Local Government Board are required to take into consideration—

- (i) The necessity for further accommodation.
- (ii) The probability that the accommodation will not be otherwise provided, and the other circumstances of the case.
- (iii) Whether having regard to the liability which will be incurred by the rates, it is prudent to undertake the provision of such work (Section 10 (2)).

It should be noted that this Sub-section only applies to Part III. of the *principal Act*.



Where an "Order" made is not complied with, the Local Government Board may, with *the consent of the County Council* make an "Order" directing the County Council to carry out the work.

Section 10 so far as it *concerns Boroughs or Urban Districts* confers upon the Local Government Board power, where complaint is made to them—

- (i) as respects any County District by the County Council or four inhabitant householders,
- (ii) as respects a County Borough, by four inhabitant householders,

to make a similar Order to that for Rural District Councils.

The Local Government Board have also the like power in Boroughs and Urban Districts, with regard to Part I. (Unhealthy Areas) of the principal Act.

A County Council can act upon a complaint made to them by—

- (a) The Parish Council or Parish Meeting of Rural District,
- (b) Or by four inhabitant householders,

and proceed to hold a Local Inquiry.

If they are satisfied the Rural District Council have failed to exercise their powers under Part III. (Working Classes Lodging-houses) of the principal Act, they may take the powers of the Rural District Council, not merely as hitherto with respect to a Parish in the District, but to the whole District.

Section 13 enables a County Council where they are of opinion that *for any reason* it is expedient that they should exercise, *as respects any Rural District*, any of the powers of a Local Authority under Part III. (Working Classes Lodging-houses), after giving notice to that Rural District Council, apply to the Local Government Board for an Order conferring such powers upon them, and the Local Government Board may make such an Order. When the County Council have executed works under such Order, they may transfer them to that Rural District Council upon terms and conditions to be agreed upon.

This power is not applicable in Urban Districts.

Section 14 provides that in any contract made after 3rd Dec. 1909 for letting for habitation in a Rural District a house, or part of



a house, there is an implied condition that the house was at the commencement of the holding in all respects reasonably fit for habitation.

In *Rural Districts* this applies to houses where the rent does not exceed £16; but the condition is *not implied* where such house or part of a house is let for a term of not less than 3 years upon the terms that it be put by the lessee into a condition reasonably fit for occupation and the lease is not determinable at the option of either party before the expiration of that term.

The above condition is implied in a *Borough or Urban District* with a population of 50,000 or upwards where the rent does not exceed £26.

Section 15 establishes a new principle in regard to contracts for letting houses under Section 14. The enactment is designed to secure that the houses shall during the holding be kept by the landlord in all respects reasonably fit for human habitation. Thus it provides that Section 14 shall, as respect contracts, take effect as if the condition implied by it included an undertaking that the house shall be kept by the landlord in all respects fit for human habitation.

The procedure as to these Orders is remodelled. The opening words of Section 17 (i) impose upon the Local Authority the duty of causing to be made from time to time inspection of their District with a view to ascertain whether any dwelling-house is in a state so dangerous, or injurious to health, as to be unfit for human habitation—the further duty is imposed upon the Local Authority and every officer of the *Local Authority to comply with such regulations and keep such records as may be prescribed by the Board*, and much importance is attached to it. The Local Government Board point out that there can be no doubt that in some Districts such inspection has not in the past been adequately carried out.

Under Section 17 (2) closing orders can now be made by the Local Authority in lieu of a Court of Summary Jurisdiction; subject to appeal to the Local Government Board. The new Act does not prescribe the procedure to be adopted, but leaves it to the discretion of the Local Authority.

The time within which, when a closing order has become operative, an occupier can be required to cease to inhabit the house is (Section 14 (4)) increased from 7 to 14 days; and the Local



Authority may (on certain conditions) make any tenant a reasonable allowance on account of his expenses on removing.

Section 43 prohibits for the future the erection of any "back to back" house intended to be used as working class dwellings and declares that any such house commenced to be erected after 3rd December 1909 is to be deemed unfit for habitation. This Section is to take effect notwithstanding anything in any Local Act or Byelaw.

The Chief Medical Officer of the Local Government Board has just (20th July 1910) issued a Report, which shows that "even "relatively good types of back-to-back houses when compared with "through houses have a death-rate from all causes taken together which is 15 to 20 per cent. in excess of the death-rate in through "houses. . . ."

Part II. of the new Act gives most important powers as to "Town Planning." Schemes may embrace not only any land which is already in course of development, but also land which "appears likely to be used for building purposes." Such schemes have to be approved by the Local Government Board and can extend to areas *outside* that of the Local Authority proposing to carry them out.

Section 68 (i) obliges a County Council to appoint a County Medical Officer. His duties will be such as will be prescribed by the Local Government Board and such other duties as the County Council may assign. (Sub-section 2).

Sub-section 4 confers on a County Medical Officer for the purposes of his duties, the same powers of entry as are conferred on a Medical Officer of Health. By Sub-section 5 a County Medical Officer "shall be removable by the County Council with the consent "of the Local Government Board and not otherwise."

Section 69 of the new Act makes it the personal duty of the Clerk of a Rural District Council to forward to the County Medical Officer a copy of any representation, complaint, or information made or given by the Medical Officer of Health or any inhabitant householders to them or Medical Officers of Health respecting any dwelling-house being unfit for habitation or respecting an "obstructive" building (for responsibilities of Medical Officers of Health as to "obstructive" buildings, see "The Housing of the Working Classes "Act 1890" Section 38).



As the final "proofs" of this Report were passing through my hands, an "Order" of the Local Government Board with a covering letter was received, making "Regulations" with respect to the manner in which the inspection of Sanitary Districts (under Section 17 (i) of the Housing, Town Planning &c. Act 1909) *shall be* carried out, and also as to the "Records" to be kept of the inspection.

By Article I. of the "Order" the Local Authority are to determine the procedure, which *is to provide thorough inspection of the dwelling-houses*. The Board add that the Local Authority will no doubt usually designate the Sanitary Inspector as the officer to do this, acting under the supervision of the Medical Officer of Health. The officer making the inspection of any dwelling-house *is obliged to examine* the state of the dwelling-house in relation to the following matters, e.g. :—

- (1) The arrangements for preventing the contamination of the water-supply.
- (2) Closet accommodation.
- (3) Drainage.
- (4) The condition of the dwelling-house in regard to light, the free circulation of air, dampness, and cleanliness.
- (5) The paving, drainage, and sanitary condition of any yard or outhouses belonging to or occupied with the dwelling-house.
- (6) The arrangements for the deposit of refuse and ashes.
- (7) The existence of any room which would in pursuance of Sub-section (7) of Section 17 of the Act of 1909 be a dwelling-house so dangerous or injurious to health as to be unfit for human habitation.
- (8) Any defects in other matters which may tend to render the dwelling-house dangerous or injurious to the health of an inhabitant.

Records of these inspections are to be kept in books under the appropriate headings given in Article III.

Article IV. set forths that "the Local Authority *shall . . . . .* "take (these records) into consideration at each of their ordinary "Meetings, and *shall give all such directions and take all such action "within their power as may be necessary."*

Article V. requires Medical Officers of Health to fully state in his Annual Report precisely what action has been taken during the year.



The Board add that "it will be open to the Local Authority, "if they think fit, to delegate the duty of considering the records to "a Committee subject to such direction as they consider necessary."

The Board's Order makes it obligatory for Local Authorities to cause thorough inspection of their Districts to be made, and also to take vigorous action under the Housing, Town Planning &c. Act 1909.

It will be seen that my anticipations of what the "Housing, "Town Planning Bill" would bring about (given on page 49 of the County Annual Report for 1909) have been fully realised, for I may remind you that I said "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 the "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."

The "Order" defining the duties of a County Medical Officer states that his Annual Report is (7 (c)) to contain a Section on the administration of the Working Classes Act 1890 to 1900 within the County, and that if (5) the District Medical Officers' Annual or Special Reports do not contain adequate information, the County Medical Officer is to obtain from the District Medical Officers "such "information on those matters as circumstances demand."

The "Regulations" under the Housing Act 1909 will obviously require Sanitary officials to give more attention to this question than ordinarily has been the case. I therefore suggest that those officials should be specially invited to state fully in their next Annual Reports precisely what is being done.

In order that some idea may be formed of the action taken last year under the Housing Acts, I quote what each Medical Officer of Health reports.

*Bewdley Borough.*

Dr. Miles says :—

"I made representations to the Council during the year that  
"two houses in the Lakes, and one on Severn Side North,  
"were unfit for habitation.

"The necessary alterations have been made in the two former,  
"but in the latter case nothing has so far been done.

"*New Houses.* None have been built."



*Bromsgrove Urban District*

Dr. Kidd says :—

“ This is certainly improved of recent years. I believe that  
“ every court in the town is now properly paved and all  
“ houses provided with roof spouting.

“ New houses are all of improved construction and provided  
“ with three bedrooms each, and tap water is supplied to  
“ all. I still hope to see more new cottages with a fixed  
“ bath, some few have been built with a bath on the  
“ ground floor near the kitchen fire. Such an arrangement  
“ would be of distinct benefit to the public health. 33 new  
“ houses were built during the year.”

*North Bromsgrove Urban District.*

Dr. Kidd says :—

“ This was fully dealt with in my last two Annual Reports, the  
“ remarks then made having led to the systematic inspection of the poorer parts of the District which is now being  
“ carried out. The evils of two bedroomed houses have  
“ to be made the best of so long as these old houses exist,  
“ it is impossible to condemn them all as unfit for habitation, and very seldom do the circumstances permit the  
“ addition of an extra room. All that we can do is to see  
“ that remediable faults such as dampness, want of ventilation and faulty drainage, are remedied, and that in the  
“ case of growing families the numbers are diminished, by  
“ the living out of the older children, when overcrowding  
“ becomes apparent. In the inspection now going on I  
“ find far fewer of the gross evils such as cesspits up against  
“ the walls of cottages, or alongside wells, than used to be  
“ found years ago, the principal faults now existing are  
“ dampness, either from want of roof spouting or from the  
“ presence of soil against the walls of cottages built into a  
“ bank, and faulty ventilation from the absence of windows  
“ front and back or from windows which will not open.”

*Droitwich Borough.*

As the Medical Officer of Health did not refer to the House Accommodation, I wrote him (June 28th 1910) asking if he thought any houses in the Borough should be dealt with under the Housing Act, but have received no reply.



*Evesham Borough.*

During 1909, 36 houses were built, 22 were made fit for habitation and 1 court was paved. Already representations have been made as required by Section 17 with respect to 7 cottages in Chapel Street and Mill Street, which were unfit for habitation. Representations were also made with regard to houses in Naylor's Row and Work man's Row, and these are receiving attention.

*Kidderminster Borough.*

Dr. Corbét reports :—

“ During the year I have reported the following houses as being  
 “ unfit for human habitation, and notices have been served  
 “ upon the owners ordering them to be made fit for human  
 “ habitation :—

“ 1 and 2, York Place, Clensmore — Repaired and made  
 fit.

“ 19 and 20, Queen Street — — Repaired and made  
 fit.

“ 21 and 22, Queen Street — — Houses closed.

“ 2 and 3 in 3 Court, Hall Street — Repaired and made  
 fit.

“ 23 and 24, Queen Street — — Houses closed.”

*King's Norton and Northfield Urban District.*

Dr. Green mentions that 504 plans were approved by the Building Committee of the Council compared with 716 in 1908. There were also plans for eight public buildings passed, in 1908 there being only one. Eleven new roads were projected and 2 factories or workshops. There were cleansed or repaired 2,617 houses or outhouses, compared with 1,063 in 1908.

One house, an old thatched cottage, was reported to be unfit for habitation, owing to its dilapidated condition and faulty roof. This house was closed under notice and is now uninhabited.

In conjunction with the Surveyor, a visit was made to several new houses, where dry rot had occurred in the floor timbers, and to other houses in respect of the condition of the felt damp proof courses.

It was found that the felt, which had only been down a few years, was decidedly perished. On this finding it was considered that it was unsuitable for the purpose of a damp proof course.

The dry rot may have been partly due to the fact that the under floor ventilators had been stopped up by the ground around the houses being raised too much.

Visits were also made to several of the courts and passages off the Dawlish Road. . . . .

Acting under the Council's private Act, great improvements are being effected by the paving of passages, which hitherto have in wet weather been muddy swamps, through which the inhabitants had to wade. As these passages occur in working class districts where boots are not of the best, the necessity for a dry and clean path is evident to all.

For neglecting to provide ash-bins and to repair damp houses, an owner of property in Northfield was ordered at the Police Court to do the work and to pay costs.

A tent, which was occupied by an old tinker and his wife at Hollywood, was not considered unfit for habitation, more especially as the old couple had lived that way for a good part of their lives.

In these days of the open-air cult living in tents and caravans is becoming increasingly popular, and it is not now an essential of "respectability" that persons should always be surrounded by bricks and mortar.

*Lye and Wollescote Urban District.*

Houses at a low rental, about 3/6 per week, are still required by the working classes.

A house in the Dock was ordered to be closed until made habitable.

*Malvern Urban District.*

During the year 7 houses were closed. Of these 3, at Belmont, have been made habitable, but the other 4, 3 at The Chase and 1 at Link Top, remain closed.

*Oldbury Urban District.*

The Inspector mentions that the "dwellings especially in the "smaller tenements have been greatly improved and the sanitary "surroundings of the dwellings have been made more cleanly and "healthy by reason of the sanitary works which have been executed



“ by the owners after their attention has been called thereto.” The housing accommodation is plentiful in the District, and generally of a good character, although there are certain properties which by reason of their age and position are not in a thoroughly good sanitary condition, and these properties receive our particular attention.

*Redditch Urban District.*

The Inspector says, “ 5 filthy houses, 2 badly ventilated, 5 yards “ in a filthy condition, &c., have been dealt with.”

*Stourbridge Urban District.*

Forty-five new houses were erected.

*Stourport Urban District.*

No houses have been built ; none have been closed. A large number are vacant.

*Bromsgrove Rural District.*

House accommodation is said to be sufficient for the needs of the District.

*Droitwich Rural District.*

The Inspector gives details of the notices served.

*Evesham Rural District.*

During the year 52 houses have been built, 18 have been rendered fit for habitation, and 3 have been closed as unfit for habitation. A résumé of the sanitary provisions of the Housing Act is given in the Report and the District Council are asked to consider it. To show that the Local Authority have every intention of administering the Act to the fullest extent, it is mentioned that 4 Closing Orders have been made within one month of the Act coming into force.

So far as I am aware, these are some of the first Closing Orders that have been made in the County.

*Feckenham Rural District.*

Only three houses have been erected during the year ; 2 have been made fit for human habitation.

The Inspector made a house-to-house survey of Abbott's Morton and Feckenham during the year, the result of which was

that a number of insanitary conditions have been attended to. It was expected that a similar survey of other parts of the District would have been made, but this has not yet been accomplished owing to the work he had to do in connection with outbreaks of disease. It is however hoped that this important work will be recommenced almost immediately.

*Halesowen Rural District.*

Dr. Brett Young says :—

The house accommodation in the District, especially for the working classes, is more than sufficient. Fifth-five new houses have been erected during the year.

A large number of old houses, particularly of the cottage type, need constant attention both because of the carelessness and uncleanly habits of their occupants, and because of their natural tendency to fall into disrepair. A watch has also to be kept for overcrowding, because of the tendency during bad times for two families to live in one house.

The practice of keeping fowls in out-houses attached to cottages, and running about the yards is much too common, because of the soil pollution to which it gives rise. This pollution is much increased, of course, where yards are unpaved.

*Kidderminster Rural District.*

Dr. Addenbroke says :—

The District is situated around and on a higher level than most of the Borough of Kidderminster. There is a good deal of residential property in the Foreign, which surrounds the Borough, and most of the working classes are occupied in the mills and factories in the town. In the parts of the District farther away from the town, most of the inhabitants are engaged in agricultural pursuits. The house accommodation is rather short in the Wolverley and Chaddesley portions of the District. As regards fitness for habitation, it is very fair. There is plenty of open space around the houses, and the Inspector looks after the cleanliness of the surroundings. The Surveyor looks after the erection of new houses, and all plans are submitted to your Council. No action has been required under the Housing of the Working Classes Act.

*Martley Rural District.*

No reference.



*Newent Rural District.*

House accommodation is in the main satisfactory with some exceptions. In every case where action is necessary to abate nuisances in this connection it is done. Part of the Sanitary Inspector's duty is to supervise the erection of new houses and to see that sanitary arrangements for the same meet the requirements of general and local law.

*Pershore Rural District.*

During the year 19 houses have been erected, 10 have been made fit for habitation, and 2 have been closed as unfit for habitation. One house at Churchill is so dangerous as to be unfit for habitation; consequently the Owner's Agent was interviewed, who at once said that he would either repair or close it. Although it is in a bad state, it is hoped the former course may be practicable.

*Rock Rural District.*

Dr. White writes :—

- “ A large number of houses have been inspected during the year,  
“ viz., 135. Very few defects have been found and these  
“ chiefly defects in drainage or in the privies.
- “ Very little difficulty has been found in getting owners to put  
“ them in repair.
- “ I know of no new houses in the district, but probably there has  
“ been one or two built during the year. The absence of  
“ Byelaws prevents the plans being submitted to the  
“ Council.”

*Shipston-on-Stour Rural District.*

Dr. Findlay says :—

- “ I have made house-to-house visits of inspection in the Dis-  
“ trict in company with the Sanitary Inspector, especially  
“ at Shipston and Blockley; in these places, the houses  
“ being built closer together, more urban conditions exist,  
“ and heaps of refuse and rubbish very soon cause nuisan-  
“ ces. As a general rule, the housing accommodation for  
“ the working classes is fairly good, but in many of the  
“ older houses the arrangements of the pantries is very  
“ defective, and it is very difficult to improve them; it is  
“ only by advising whitewashing and ordering it to be done  
“ when requests fail, that they can be kept in anything like  
“ sanitary condition.

“ In our inspections we frequently find minor defects, such as  
 “ privies needing cleaning out, defective traps and sinks,  
 “ which are remedied when the attention of the owner or  
 “ occupier is called to them, without bringing the matter  
 “ before the Council, but when the work is not done in a  
 “ reasonable time, on a second visit from the Inspector,  
 “ the matter has been brought before the Council, and  
 “ further steps taken. In this way much sanitary detail  
 “ work is carried out without friction.”

*Tenbury Rural District.*

Very little building has taken place during the year, and there is probably a sufficiency of houses, but some are old and damp and require constant attention to keep them habitable.

Not much difficulty is encountered in dealing with them ; the defects are usually remedied by the owners in reasonable time.

*Tewkesbury Rural District.*

The Inspector says 8 houses erected, and 5 were made fit for habitation.

*Upton-on-Severn Rural District.*

Dr. Cowley says :—

Undoubtedly, as I have remarked elsewhere, in some parts of the District the houses are not up-to-date. Many of them are old and damp. Damp courses were unknown at the time of building, and the ventilation of sleeping rooms is rarely attended to. Building has been almost suspended, partly because of the depopulation of rural parts and partly because as a speculation there is such a poor return for the expenditure.

*Yardley Rural District.*

Dr. Tangye says :—

“ In only a few instances were Closing Orders under the Housing  
 “ of the Working Classes Act made. In several instances  
 “ where the question of closing a dwelling-house arose, the  
 “ absence of suitable cheap accommodation for the family  
 “ which would have been displaced has been the reason for  
 “ postponing such a step, and being satisfied for the present  
 “ with such alterations and repairs as were possible whilst  
 “ the house still remained open.”



## EXCREMENT DISPOSAL.

It is gratifying to learn that the raid against midden closets situated near houses continues, and that where sewers and water-works are available, suitable water closets are being substituted.

If, however, Section 39 of the Public Health Acts Amendment Act 1907 were more generally adopted, the conversion of midden closets to water closets, where requisite, would be facilitated.

The pernicious effect of privy middens is emphasized in several of the Reports.

The part they play in breeding disease-carrying flies, it may be remembered, was discussed at some length in my last "Digest."

*Malvern Urban.*

A number of water closet cisterns have been discarded by the owners in order that the latter need not be required to pay for the water, and consequently the Clerk of the Council has a Byelaw under consideration, which it is hoped will prevent a continuance of this undesirable course.

*Redditch Urban.*

There are still 1,500 pan closets in the District, and Dr. Stevenson says "he regrets that few have been converted into "water closets during the year."

*Stourport Urban.*

Dr. Robinson mentions that about 50 privies were converted into water closets during the year, but there are still 450 in the District, as a result of which his Council is incurring a double expense in working the water carriage and privy midden systems.

*Halesowen Rural.*

Dr. Brett Young expresses regret that although sewerage and a public water supply exist for the greater part of the District, the old fashioned privy midden still very largely obtains, and that in such localities he estimates that there are no less than 2,384 privies as compared with 1,455 water closets. In face of these figures, he feels it his urgent duty to recommend the wholesale conversion of these privy middens into water closets.

## SCAVENGING.

Several Medical Officers report that the Scavenging of their Districts is satisfactory.

*Stourport Urban.*

Dr. Robinson says that at Stourport although scavenging is regularly carried out it is not unusual to see and smell, the contents of large ashpits deposited on the roads during the business hours, awaiting removal.

*Shipston-on-Stour Rural.*

Dr. Findlay again says that if his Council would adopt scavenging at Shipston and Blockley it would be of material benefit to those places.

## SLAUGHTER-HOUSES.

*Bromsgrove Urban.*

Dr. Kidd states that the private Slaughter-houses are required to conform to the Byelaws and are consequently kept as free from injurious nuisance as possible, but their position in most of the crowded parts of the town is very undesirable.

*Evesham Borough.*

Those in the Borough have been thoroughly overhauled and most of the walls are now covered with white tiles and the buildings much improved.

*Redditch Urban.*

In one or two instances there has been cause for complaint with regard to the manner in which the premises have been kept, but the Council are utilising their powers to the fullest extent. One butcher was fined £2 for slaughtering in unregistered premises.

*Stourport Urban.*

All are said to be situated too near to houses, but they appear to be kept clean. No arrangement is in force for the inspection of meat, as there should be.

*Droitwich Rural.*

There are Slaughter-houses at Crowle, Hartlebury and Elmbridge to which the Byelaws do not apply, consequently Dr. Wilkinson advises that the Byelaws applicable in three other Parishes should be put in operation in these three localities.



## DAIRIES AND COWSHEDS.

I have dealt with this subject at such length on previous occasions that little need now be said about these places.

It was anticipated that the Tuberculosis Order 1909 would come into operation by the 1st April 1910, but the Board of Agriculture has since revoked the Order.

The Dairies and Milk Bill which came before Parliament in 1909 was withdrawn, and was not brought forward during the last Session. I am glad to say that the design of a Cowshed which I prepared some time since, has been made use of in several cases with success.

The Annual Reports shew that inspection of Dairies and Cowsheds is carried out in all Districts, but it is obvious that much has yet to be done, before the Milk supply can be deemed satisfactory.

*King's Norton Urban.*

New Regulations for the Dairies and Cowsheds have been sanctioned, and in these 800 cubic feet air space per cow is to be provided in the sheds, whether or not the cows are turned out at night. It appears that three years must elapse before this rule will apply to the old sheds.

The Veterinary Surgeon presents a very interesting Report, which shews that he has completed the routine inspection of all cows in the District with the exception of those in 21 sheds. This has been no easy matter, as the dairy farms are so numerous and scattered. He mentions that the methods of the dairy farmers in the District are improving very much, and that they welcome the advice of an expert. Mr. Taylor, M.R.C.V.S., says there is some laxity amongst some of the farmers as to reporting tubercle of the udder, which the King's Norton Private Act requires them to do. A sharp look out is being kept for Tuberculous cows.

*Lye and Wollescote Urban.*

The Local Government Board asked to be informed if any action has been taken to have the dairy cows examined by a Veterinary Surgeon: and as no step in that direction has been taken by the Council, Dr. Darby urges his Council to do so.

*Oldbury Urban.*

The Cowsheds are said to be much better kept, but there are

still some cow-keepers who give some trouble. The Sanitary Committee have recently decided to engage a Veterinary Surgeon in order to improve the local Milk supply.

*Stourport Urban.*

The Dairies and Cowsheds are better kept, but the cows are not examined by a Veterinary Surgeon for Tuberculosis, as Dr. Robinson would like them to be.

*Droitwich Rural.*

Dr. Wilkinson mentions that some of the Cowsheds have unsatisfactory lighting and ventilation, but it is hoped that the new Regulations will soon be complied with.

A good attempt has been made to get the yards and sheds into a more cleanly condition, but there is still room for much improvement in this respect.

*Shipston-on-Stour Rural.*

With the object of getting a complete list of those engaged in cow-keeping, notice has been sent to all persons in the District known to keep cows, asking them to apply for registration or to make an application claiming exemption. These notices are having the desired effect and several new applications have been received. The Inspector is now engaged in visiting the premises.

BYELAWS.

By Section 16 of the Housing and Town Planning Act 1909 the power of making Byelaws is extended; and by Section 44, the Local Government Board can, if satisfied that the erection of working class dwellings is unreasonably impeded by local Byelaws with respect to new streets and buildings, require the Local Authority to make new ones. Evidently the Local Government Board are now of opinion that some of the Byelaws they sanctioned are too stringent, consequently they have obtained power to revise them.

*Stourbridge Urban.*

The question of revising the Byelaws is still under consideration.

*Tenbury Rural.*

In addition to Byelaws as to new buildings, scavenging and nuisances applicable to the Town of Tenbury, others relating to the Dairies and Cowsheds and Hop-pickers have recently been adopted.



### FACTORIES AND WORKSHOPS ACT.

Little need be said about this Act. It is obvious from the Reports that the Factories and Workshops are inspected in all Districts.

### SCHOOLS.

During the year 1909, 159 Schools in the *Administrative* County were closed, viz., 142 by Medical Officers of Health, and 17 by the School Medical Officer. The following were the reasons for the closures, viz. :—

Measles	-	-	-	-	-	-	-	-	91
Whooping Cough	-	-	-	-	-	-	-	-	17
Scarlet Fever	-	-	-	-	-	-	-	-	16
Influenza and Colds	-	-	-	-	-	-	-	-	11
Diphtheria	-	-	-	-	-	-	-	-	9
Disinfection	-	-	-	-	-	-	-	-	6
Chickenpox	-	-	-	-	-	-	-	-	4
Drainage alterations	-	-	-	-	-	-	-	-	2
Repairs to School Floors	-	-	-	-	-	-	-	-	1
Ophthalmia	-	-	-	-	-	-	-	-	1
Impetigo	-	-	-	-	-	-	-	-	1
									<hr/>
									159
									<hr/>

It is thus apparent that 57 per cent. of the closures were on account of Measles.

The question of School closure on account of Measles was specially dealt with in my last County, and School Annual Reports.

#### *Co-relation of School Medical and Public Health Services.*

During the year the co-relation of the School Medical and Public Health Services in the County has been re-arranged, and I am glad to say that the proposals made by the Education Committee were readily assented to by the District Medical Officers of Health. As a detailed description of these arrangements is given in Pages 10-13 of my Second School Report, I scarcely think it is necessary to repeat what I there said.

The Annual Reports show that the Sanitary officials are giving a good deal of attention to the sanitary condition of Schools, as required by the Local Government Board.

## HOP-PICKERS.

During the year representations were made to the Local Government Board that outbreaks of Typhoid Fever had occurred in certain Districts adjacent to Worcestershire, and consequently the Board directed Dr. Wheaton to investigate these allegations.

Dr. Wheaton reported (May 1st 1910) that—

The following outbreaks occurred among Hop Pickers, viz. :—

				Cases notified between	
				Oct. 15th and	Nov. 23rd, 1909.
County Borough of Dudley	...	...	...	...	18
Rowley Regis U. D. Council	...	...	...	...	6
Stourbridge Ditto	...	...	...	...	7
Darlaston Ditto	...	...	...	...	1
Lye Ditto	...	...	...	...	1
				—	
				33 cases.	

They returned from Hop-picking as under :—

- 17 from Moor Farm, Eardiston ... .. Tenbury R. District.
- 3 from Dumbleton Barracks (about  $\frac{1}{2}$  mile distant  
from Moor Farm) ... .. "
- (a) 1 from Stone House (situate between Moor Farm  
and the Railway Station) ... .. "
- 8 from Pigeon House Farm, Leigh Court ... Martley R. D.
- 2 from Great House Farm, Leigh Court ... "
- 2 from a Farm near Hereford.
- (a) The Tenbury Committee appointed to consider Dr. Wheaton's Report  
say there is no such Farm in the neighbourhood of the Moor Farm of  
the name of "The Stone House."

The actual number of cases will never be known.

Very scanty information could be obtained of two of the cases in the Stourbridge Urban District. They were children who had been wandering about with their mother for a long time, and no definite information as to the onset of their illness, or the date of their leaving or returning home could be obtained. It was known that they had been hop-picking at a farm near Hereford, but they do not appear to have stopped there long.

All the sufferers, with one exception, had been to one or other of three farms, two of which belonged to the same proprietors, and were almost contiguous, the farmhouses being only half a mile distant from each other. These farms were the Pigeon House and Great House Farms, belonging to Messrs. Leeke, at Leigh Court, and the Moor Farm, belonging to the Eardiston Farming Co., situate at Eardiston, near Newnham Bridge. All these Farms are in the County of Worcester.

Moor Farm—Tenbury Rural District.—The Manager of Eardiston Farming Co. (Mr. G. Ballard, Chairman of the Tenbury Rural District Council), uses no farm buildings to accommodate the hop-pickers, but (a) wooden buildings called the Dumbleton Barracks, which were favourably reported upon by Dr. Farrar; (b) an old brick building, used as a storehouse and divided into cubicles; and (c) three sets of wooden Barracks at Moor Farm.



All the sufferers, with one exception, had occupied the old brick building, and there was strong reason to regard residence in this as being concerned in some way with the incidence of enteric fever on the hop-pickers.

The Well which furnishes the water supply, is 19 yards from the privies, and all the surface water, and subsoil drainage from a large orchard tends to flow towards the privies and the Well. A heap of lime, mixed with excrement and filth, was about 10 yards from the Well, which was caused by emptying chamber utensils used by those who lodged in the loft. Here was a possible source of pollution of the well. Complaints were made by the pickers as to the quality of the well water. The privies were also a possible source of pollution of the Well, since they were merely holes in the ground and were full of excrement (p. 6). The Medical Officer of Health examined the well and wrote Dr. Wheaton to the effect that there was undoubted evidence of percolation from the surface along the sides of the barrel of the pump, that the sides of the well were of loose bricks only laid against soil, but "there was no sign of leakage into the well from the soil above the water line." He also sent a copy of the chemical analysis of the water from which it was evident that it was much polluted. It therefore seemed extremely probable that the limitation of the disease to persons occupying the old brick building was due to the pollution of the water of this well by the discharges from a case of the disease having been the cause of the outbreak. Considering, however, the history of enteric fever in the early part of the year at Dudley, and the fact that the incidence of enteric contracted at the Moor Farm was chiefly upon people from Dudley, it is probable the earlier prevalence was the cause of the later outbreak, through the medium of some infectious convalescent from Dudley, whose discharges had been washed into the well and polluted the water. At the same time, it is possible that the spread might have been from personal contagion through the medium of some enteric fever convalescent, who did not become a source of active dissemination until towards the end of the picking period.

With respect to the three cases occurring among children stopping at the Dumbleton Barracks, it is quite possible that they may have drunk the water of the implicated well at the Moor Farm, since there was constant intercourse between the people at Moor Farm and Dumbleton Barracks, both at these places and in the hop yards. The case before referred to coming from a farm called Stonehouse, situate near the Railway Station, may possibly have had its origin in the same source, though it is more probable that this child was infected by antecedent cases in its own family.

Messrs. Leeke's Farms, Martley Rural District.—The Great House and Pigeon House, are less than half-a-mile apart. Altogether, Messrs. Leeke employ about 1,000 pickers, of whom over 300 are from Birmingham. They are chiefly women and children. Men are discouraged from coming, and no portion of their railway fare is paid. The Great House is much the larger, and has been visited by Dr. Farrar, who has reported upon its unsatisfactory provision for the pickers. At both farms all the stables, cowsheds, pigstyes, and other buildings are cleared out, the animals turned into the fields, and their places taken by the hop-pickers.

Since Dr. Farrar's visit, some improvements have been made. A cooking place has been provided at the Great House, but it is not yet roofed in. At the Pigeon House some barracks of wood and canvas have been erected in a field, a new well sunk to supply the occupants with water, and two privies provided in connection with them.

The barracks were occupied almost entirely by the people from Birmingham; their water supply would appear to be at present free from pollution, and, so far as is known, no fever has occurred among these people. The



buildings at Great House Farm are of the usual, old-fashioned type, situate round the central yard, where all the manure of the cattle and drainage from the buildings collect. Water supply at Great House is provided from a well situate in a cowshed, from which it is pumped and conveyed along the floor in a pipe to discharge into a small stone trough in the fold yard. The cowshed is occupied in the season by pickers, who may be said to be lying on the top of the well. The floor of the shed is made of cobble stones and bricks, so that it is very probable that liquid manure from the cows soaks into the ground directly over the well. There is another pump and well at the farmhouse, but the pickers are prevented from using it as much as possible, since the water is required for household and dairy purposes. This well is 15 yards from a pit privy, which was said to be disused, but at the time of my visit the door was unfastened and the pit filled with liquid filth. At a distance of 16 yards from the well was a large uncovered ashpit. The privy accommodation for the pickers consisted of two wooden structures placed over holes in the ground, and could not have been sufficient for the number of pickers at the farm.

The cowshed which had been occupied by hop-pickers was very dirty at the time of my visit. It had not been cleansed or limewashed since the pickers left it, and was now again occupied by the cows, who were milked in it. There are cows kept at both farms, 20 at one and 12 at the other, the milk of which is sent to Malvern. At the Pigeon House Farm there is little accommodation for pickers; apart from the barracks for Birmingham people, only a stable, cowhouse, and other out-buildings are available, and only about 150 people were accommodated in the farm buildings. The water supply is derived from two wells fitted with pumps.

Analyses were made by Mr. C. C. Duncan, the Worcester County Analyst. The water of the newly-made well in the orchard at the Pigeon House was much the best, and its composition was typical of waters derived from the red marl on which the hop-yards of Worcestershire are situated.

The water of the farmhouse well which was nearest to the buildings occupied by pickers who suffered from the fever, however, gave a bad result on analysis.

The farmhouse well on analysis pointed to a possible slight pollution by recent organic matter. These analyses show that the water of these wells, with the exception of that in the orchard at the Pigeon House, was not absolutely free from contamination. In view of this fact and of the unsatisfactory surroundings of these wells, it is possible that the fever may have been due to a temporary pollution of the water by the discharges of some specifically infected person. (Page 10).

#### MEASURES TAKEN BY THE DUDLEY BOROUGH COUNCIL AND THE URBAN DISTRICT COUNCILS OF ROWLEY REGIS AND STOURBRIDGE FOR PREVENTING THE SPREAD OF ENTERIC FEVER.

All the patients were, with one exception in Dudley Borough, removed to hospital, in most cases promptly. Disinfection of the invaded premises, of the infected clothing and bedding, the removal of the contents of privies, and the flushing of drains, were carried out, together with supervision of contracts. The authorities concerned recognised the danger of the spread of infection among the crowded homes of the labouring classes in which the cases occurred, and to the prompt measures taken may well be attributed the almost complete absence of spread of the infection in the homes invaded, the circumstances of which were eminently conducive to the further propagation of the disease. Neither the Dudley Borough Council nor the Rowley



Regis Urban District Council has provided hospital accommodation for persons suffering from infectious diseases other than smallpox. In both districts buildings erected for smallpox cases had to be used. These were built many years ago, had been paid for out of current rates, and the plans had not been approved by the Board.

The Dudley Hospital is a one-storey brick cottage with three rooms used as wards, a kitchen, a wash-house, bathroom, and water closet, all under the same roof. At the time of my visit the three rooms were occupied by fourteen patients suffering from enteric fever. The amount of air space and floor space per bed was only about one-quarter of that required by the Board for hospitals of this description. One trained nurse and her husband, who had been a hospital orderly, with two untrained assistants, were in charge of the patients. There is an ambulance and a Thresh's steam disinfecter.

At Rowley Regis the sufferers were treated in an old wooden building situate at Tivendale. It has a very dilapidated appearance externally, but the inside is in a fair state of repair. There are three inter-communicating wards, a caretaker's room, a kitchen, and a small surgery, all under the same roof. One ward contains six beds, which were all occupied by patients, another contains two beds, while the third has six beds; the last-mentioned ward was occupied by the nurse. The cubic air space, the floor space, and the means of ventilation are not sufficient to comply with the Board's requirements, but are not deficient to so great an extent as in the case of the Dudley Hospital. There is no water closet or bathroom. Faecal matter is buried on the site; liquid refuse passes without purification to a ditch draining into a small watercourse, which is accessible to the public, and the water of which might be drunk by cattle pastured in the adjoining field.

The Stourbridge patients were treated in the hospital belonging to the Stourbridge and Halesowen Joint Hospital Committee. This is a modern hospital, built by a loan sanctioned by the Board, and complies with their requirements.

#### MEASURES TAKEN BY THE TENBURY AND MARTLEY RURAL DISTRICT COUNCILS.

After the occurrence of enteric fever among persons coming from the Moor Farm was reported, the farm was visited by the medical officer of health and the inspector of nuisances of the Tenbury Rural District. All buildings which had been occupied by persons known to have been affected by the fever were cleansed and disinfected.

At the Great House and Pigeon House Farms, however, in the Martley Rural District, like measures of cleansing and disinfection were not carried out. In both districts the inspectors of nuisances had visited all buildings before they were occupied by pickers, and had seen that they were properly cleansed and limewashed and provided with bedding in accordance with the byelaws.

There can be little doubt that the fever prior to the hop-picking season had been kept in check, or had been practically suppressed, in the Dudley and Rowley Regis districts, by the application of measures of isolation and disinfection, acting in concert with a safe source of public water supply and with the use of water closets. When these checks were removed, and the people were brought into closer contact with each other, were using water supplies liable to pollution and provided with defective methods of excrement disposal, the fever broke out again.

The Councils of the Rural Districts of Martley and Tenbury have byelaws for securing the Decent Lodging and Accommodation of Persons en-



gaged in Hop-picking or in the Picking of Fruit and Vegetables; but bye-laws of this sort, however desirable in the interests of the hop-pickers, would not prevent such occurrences; although by securing the provision of increased cubic space per person, efficient ventilation, and general improvement in the accommodation of the pickers, they might be expected to limit, in some degree, the extension of infectious disease. Further safeguard against such outbreaks would be attained if pickers had to obtain a card from the sanitary authorities of the district in which they live certifying that the picker had not recently suffered from any infectious illness, and that the household was free from infectious disease. At the same time, there would be great advantage in prohibiting the employment of tramps and gipsies.

With reference to the employment of children, and the special facilities given by the education authorities for this purpose in postponing the school vacation so as to allow the children to go to the hopyards; it may be advantageous to the proprietors of the hopyards that they should be able to obtain child labour, which is stated to be very efficient for the purpose, but, in existing circumstances, the children suffer from the unwholesome conditions in which they have to live. The nurses at the hospitals informed me that all the patients returning from hop-pickings were extremely dirty, verminous, and covered with bites of fleas and other insects.

The actual number of cases arising from the outbreaks will never be known. Messrs. Leeke, I am told, employ a large number of tramps and gipsies, and no doubt many patients incubating fever would travel considerable distances from the foci of infection and find their way into workhouses and common lodging-houses. The risk of spread of enteric fever to the travelling public is also considerable, owing to the sufferers returning home by public conveyances when taken ill. Special railway carriages are set apart for hop-pickers during the season, and are subjected to disinfection before being returned to the general passenger traffic; but I have ascertained that several of the sufferers returned home before the expiration of the picking season, by the ordinary passenger trains, and used trams and other public vehicles before they reached home. The risks to the public in connection with the simultaneous or subsequent use of the same premises for accommodating hop-pickers and for dairy farming can hardly be exaggerated. It is very desirable that systematic visits of inspection should be made to the buildings or tents occupied by hop-pickers, with a view to securing wholesome conditions whilst they are in occupation, and that some method of medical visitation, for the purpose of detecting cases of infectious disease at their onset, should be adopted.

#### OBSERVATIONS ON DR. WHEATON'S REPORT BY THE TENBURY RURAL DISTRICT COUNCIL.

The Tenbury Rural District Council have informed the County Council that they appointed a Committee to investigate this matter, who reported:—

- (i.) That the original cause was an outbreak in the early part of the year in the Black Country.
- (ii.) That the immediate cause was the pollution of the Well by infection brought in some way by hop-pickers or their friends from an infected district.
- (iii.) That the Well was polluted by the percolation of polluted water along the sides of the barrel of the pump on occasions when infected persons washed their clothes and utensils.
- (iv.) They disagree with Dr. Wheaton's statement (page 12) with regard to the defective methods of excrement disposal.



- (v.) They think it undesirable to take as correct unconfirmed statements of hop-pickers with respect to the state of the yard and quality of the water.
- (vi.) With regard to Dr. Wheaton's statement (page 13) as to the employment of children, they point out that it would be desirable in the interests of hop-growers, that children should not accompany their parents to the hop-fields, but that it is impossible for parents to leave home without them. If the children were inspected on their arrival at the farms, it would be found that their condition is equally as bad as on their return home.
- (vii.) That in their opinion, every precaution is adopted by the Eardiston Farming Co. to prevent a recurrence, and that a distant source of water supply has been provided.
- (viii.) At a meeting of the Council on the 28th June, the Sanitary Inspector was instructed to report to the Council every case where the requirements under the bye-laws had not been carried out.
- (ix.) That hopgrowers be asked to send to the Tenbury Sanitary Authority, the names of the localities from which their hop-pickers come.
- (x.) That the Sanitary Authorities of such localities be asked to send to the Tenbury Sanitary Authority reports as to any outbreak of Enteric, Scarlatina and Diphtheria which have occurred during the previous three months, and that they be asked to take steps to prevent the visit of infected persons to the hop-fields.
- (xi.) That Growers who employ pickers from an infected district be warned and be asked to report immediately any suspicious case, and be asked, by circular, not to employ tramps and gipsies.

The Medical Officer of Health for the Tenbury Rural District Council, in his Annual Report for 1909, says :

Several cases of enteric fever developed in Hop-pickers after their return home to Dudley and Netherton from a Hop-yard in the district.

There is no doubt the disease was acquired whilst they were hop-picking.

The first batch of seven cases left Tenbury on the 1st or 2nd of October, and were notified as suffering between 15th and 21st of October. They were all in one barracks, and used the same water from a pump. This water on examination proved to be contaminated.

Against the theory that the epidemic was due to water is the fact that certain residents at the farm used the water before, during, and after the pickers had been, and no cases occurred in the house. It was difficult to investigate the outbreak thoroughly, as it was not reported to me until three weeks after the pickers had left, and it was not possible to get information from them.

Two other possible sources of infection occurred to me firstly, one woman was known to have had Enteric some years previously, and she may have been a Typhoid carrier ; secondly, the constant visitors during the week ends and at other times include many convalescent who come for the fresh air, and may have included a mild Enteric case. I do not think these cases have any connection with the previous ones notified during the year in the district, the last one between three and four months before. The well has been closed, and the Barracks thoroughly sprayed with disinfectant, whitewashed, and all the straw burned.

Mr. G. Ballard, the Manager of the Eardiston Farming Co., and Chairman of the Tenbury Rural District Council, wrote to the County Council on the 8th August, 1910, that the description of the Well in the yard at the Moor Farm given by Dr. Wheaton was not a faithful statement of the facts. The



Well is in the highest corner of the yard, and there was no possibility of any filth being washed over the yard, as mentioned in the Report.

The pollution entered, without doubt, in the manner described by Dr. White.

Dr. Wheaton's report confirms his opinion that the hop-pickers brought the infection and polluted the water supply. When he was advised of the outbreak, he destroyed the bedding straw and disinfected all the bedding. The well was filled up and a new water supply laid on in iron pipes from a Spring at a distance of 1,060 yards.

The pollution, occurring as it did, proves in his opinion the practical impossibility of fixing a pump vertically in a well without the chance of leakage round the barrel.

He mentions that a Nurse is appointed to attend to any ailments or illnesses, and all cases about which the Nurse has any doubt are referred to a medical man.

#### OBSERVATIONS BY THE MARTLEY RURAL DISTRICT COUNCIL.

The Martley Rural District Council sent the County Council a copy of their Medical Officer of Health's comments on Dr. Wheaton's Report, which are as follow:—

In the seven cases of typhoid fever which all came from Pigeon House, Dr. Wheaton is of the opinion that the drinking water was the source of infection, but after thorough inspection of the collecting grounds, I have failed to find this, and base my result on the following grounds:—

##### 1. House Well.

- (a) This water was used by Mr. W. Leake and family, and has been used ever since hop-picking without any ill effect.
- (b) The position of the well is such that the well could not be contaminated by the pool, as the ground slopes from well to pool, and not from pool to well.
- (c) This well is near main entrance to Mr. Leake's house, and he prevents the pickers taking water from it as much as possible, and would certainly not allow pickers to wash clothes under the pump at his front door.

2. The well in orchard is quite clear from any possible source of contamination, and the Analyst reports it pure and good.

#### THE WELLS AT GREAT HOUSE.

- (a) In my opinion the well in the cowshed could not be contaminated, as the ground round the well is cemented for some distance, and the Cowshed is on the slope below the well.
- (b) The House Pump is used by Mr. James Luke, and there has been no sickness in this family at all.

The Cowsheds at this farm are not desirable for sleeping places, as they open on to fold yard—but the manure is always cleared out before the buildings are occupied.

The Cooking Sheds mentioned in the report are now covered, and I consider the cooking sheds will be entirely satisfactory this year.



The Pit Privy near well at Great House is now entirely disused, and was only used for slops last year from the private house.

The two privies (Pg) mentioned have been removed, and now four sets are being erected at Great House, and should be sufficient.

At the Pigeon House the stable has been demolished, and the other buildings are fairly satisfactory.

The privies at this farm were sufficient.

According to the returns there was Typhoid in the Dudley and Rowley Regis districts in the early part of last year, and convalescent typhoid patients evidently came among the pickers, and notably one girl who had Typhoid Fever in February and again in October.

These convalescents in my opinion spread it among the other pickers either by personal contact or by the use of the same drinking and cooking utensils, and possibly also by food. Many of the provisions are brought with them.

There was no Typhoid in the Martley Division in 1909, and we have had none since, so that there were in my opinion Typhoid carriers among the pickers, who brought it, spread it among themselves, and took it away again, and I fail to see that the water supply provided or the accommodation were in any way responsible for the outbreak.

Mr. Inskip, the Inspector, and I made an inspection on Friday, 19th instant, with Dr. Fosbroke, the County Medical Officer of Health, and Mr. Duncan, visiting the whole of the buildings, including cowsheds, cooking sheds, wells and privies.

Messrs. Leeke are at the present time erecting additional temporary barracks to accommodate about 360 pickers—besides there are also barracks to accommodate about 320, erected last year. This will take a great many away from the buildings, in all about 700.

The cooking shed referred to at the Great House is now covered, and four sets of privies have been erected. Privy and cooking accommodation is provided at each of the barracks.

On Monday, 22nd instant, Mr. Inskip took eight samples of water, four for chemical analysis and four for bacteriological.

#### OBSERVATIONS BY THE MALVERN URBAN DISTRICT COUNCIL.

The Clerk to the Malvern Urban District Council on the 7th July wrote to the County Medical Officer that he had been instructed to write to the tenants of the Great House and Pigeon House Farms informing them of the contents of the Report, and pointing out how important it is that Milk, especially brought into a health resort, should not in any possible way be open to the least contamination. He also expresses the hope that the County Council will use their best endeavours to prevent a recurrence of the condition of things complained of.

In consequence of Dr. Wheaton's Report, the Public Health Committee passed the following Resolution :—

“That the County Medical Officer be authorised to visit any  
“Farms where Enteric Fever was reported to have  
“occurred last year and any other such places he may find  
“it necessary to visit.”

#### PEA-PICKERS.

This subject was dealt with at considerable length in my two last Digests. On the 15th April 1910 a Conference took place in London between representatives of the Essex and Worcestershire County Councils, when the following Resolutions were passed :—

- “1. That it is desirable that this Conference should approach  
“the Local Government Board asking them to consider the  
“question of making compulsory, to the satisfaction of the  
“County Medical Officers of Health, the provision of decent  
“accommodation by those interested in the pea-picking  
“industry.
- “2. That this Conference welcomes the suggestions of the  
“representatives of the Board of Trade, and pledges itself  
“to urge on the Local Authorities in the two Counties to  
“afford the officers of the Board of Trade all the facilities  
“in their power, with a view to the engagement of pea-  
“picking labour through the Labour Exchanges.”

The Worcestershire County Council also passed the following Resolution on the 13th June 1910 :—

“That all information and assistance be furnished to the officers  
“of the Board of Trade with a view to giving effect to  
“Resolution No. 2, passed at the Conference on the above  
“subject, and embodied in Paragraph 17 of the foregoing  
“Report of the said Committee.”

#### MIDWIVES ACT 1902.

On the 1st January 1909, there were 327 Midwives on the Roll. During 1909, 5 of them died, 3 retired, and 20 left the County. 25 new Midwives were enrolled, consequently there were 324 certified Midwives in the County in January 1910.

Most of the new Midwives were discovered owing to the adoption of the Notification of Births Act. I warned these Midwives that they had been practising illegally and had rendered themselves liable to a penalty of £5.



My periodical reports show that all Midwives have been properly supervised. Each was visited at least twice during the year, while others were seen from 3 to 8 times. The administration of the Act in conjunction with the Medical Inspection of Children has been wholly satisfactory.

Each Midwife in the County has been visited at least twice during the year, while others have received from 3 to 8 visits each; the Scheme for administering the Act in conjunction with the Medical Inspection of Children has been wholly satisfactory.

*Infringement of Rules.*

I cautioned 30 Midwives during the year for breach of the Rules. The infringements included—

Failure to advise that a Medical man be sent for under certain conditions specially mentioned. (8).

Uncleanly condition of the Midwives' houses, and clothes. (3).

Disinfectants not being used. (5).

Registers badly kept. (9).

Unsuitable bags, and failure to use nail-brushes, even when provided. (4).

Refusing to open door to Inspector. (1).

At the close of 1909 the Midwives were circularised in order to ascertain how many births each had attended, how many times they had sought Medical aid, and how many Still Births and Deaths of Mothers or Infants had occurred in their practice during that year. In this way it was learnt that they had attended 6,650 lying-in women; in other words the Midwives attended about 62 per cent. of the estimated births registered in the Administrative County.

*Number of Births.*

From these returns it appears that in 1909—

112	Midwives	attended	between	-	-	1-10	cases.
74	"	"	"	-	-	10-20	"
28	"	"	"	-	-	20-30	"
22	"	"	"	-	-	30-40	"
11	"	"	"	-	-	40-50	"
20	"	"	"	-	-	50-75	"
13	"	"	"	-	-	75-100	"
6	"	"	"	-	-	100-150	"

*Medical Aid Records.*

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 copy of that notice.

The following are the numbers of the notices received during the past five years, viz.:—

1909.	1908.	1907.	1906.	1905.
201	193	194	171	136

It was ascertained that during 1909 Medical aid had been summoned in 404 cases ; and as only 201 notices were received, it follows that in 203 instances the Midwives failed to send in the required records.

There seems no doubt that failure of Midwives to promptly send for Medical aid when requisite, is responsible for the deaths of some mothers and infants ; and it transpired at inquiries held during the year, that two deaths of the mothers were due to the Midwives having failed to appreciate the gravity of their patient's condition. On the other hand, some Midwives realize that a Doctor should be sent for, but yield to the patient's request to do their best and not put them to the expense of calling one in.

It should be added that this statement applies to untrained and generally ignorant Midwives.

*Puerperal Fever.*

15 cases were reported during the year, as compared with 13 cases in 1908, and 18 cases in 1907.

I suspended each Midwife until proper disinfection was carried out ; some of them had also to be reprimanded for breach of the Rules.

It did not appear that either of these cases was due to the carelessness or ignorance of the Midwives.

*Uncertified Deaths.*

Notice of 15 *uncertified* deaths of either mother or infant were received from the Registrars during the year, and the enquiries made show that these were in no way due to neglect on the part of the Midwives.



There was a rumour that a Midwife who attended one of these cases was intemperate, but no reliable evidence as to this could be obtained. The Committee asked the Central Midwives Board to state what evidence the Board would require before striking the name of a Midwife off for drunkenness; and the reply given was that "if intemperance cannot be *proved*, no object would be gained by reporting a Midwife to the Board on that ground. Any decision of the Board removing a woman's name from the Roll is subject to an appeal to the High Court. The Board must, therefore, act on strictly legal evidence in dealing with such a matter. I may add that the Board have adopted as a working rule, the practice of removing a woman's name from the Roll if she is proved to have been drunk *on duty once only*."

#### *Scarcity of Midwives.*

This question is of special interest this year, as after the 31st March 1910 "no Midwife may habitually or for gain attend women in child-birth, otherwise than under the direction of a qualified Medical Practitioner unless she be certified under this Act; any woman so acting without being certified under this Act shall be liable on summary conviction to a fine not exceeding ten pounds." (Section 1 (2), Midwives Act 1902).

The extreme danger and hardship to the poorer parturient women (especially in the Rural Districts) of any scarcity of Midwives occurring, is a matter of serious import.

The Worcestershire County Nursing Association are endeavouring to extend more generally throughout the County a scheme for providing District Nurses who will also undertake cases of Midwifery, (as recommended in Paragraph (11) of the Departmental Committee appointed by the Lord President of the Council,) in their respective Districts.

If this scheme can be carried out, the difficulty of a scarcity of Midwives may to some extent be met; and it is hoped a grant may be made by the County Council to the County Nursing Association and to any other Nursing Association whose Nurses undertake Midwifery cases, so that the poorer women in the County may be able to avail themselves of means of skilled help at the time of their greatest need.

The great importance of gradually replacing untrained and ignorant Midwives cannot be too urgently insisted upon; and



is emphasised by a paragraph in the Report of one of the Inspectors dealing with cases of injury to women at the time of their confinement. These injuries (caused, or if not caused, overlooked), by the untrained Midwife often result in permanent ill-health of lying-in women, and in many instances render them unable to properly look after their children and homes.

#### *Training of Midwives.*

By means of Annual Grants from the Education Committee, 25 women have been trained during the past 5 years ; and only 2 of these failed to pass the examination of the Central Midwives' Board.

Eight women were trained in 1909.

The percentage of trained Midwives now practising in the County has risen from 7 per cent. in 1905 to 30 per cent. in 1909.

#### *Ophthalmia Neonatorum.*

##### *(Inflammation of Eyes).*

In August 1909, by direction of the Midwives Act Committee, I sent each Midwife in the County a leaflet on "Inflammation of the " Eyes " in infants (*Ophthalmia Neonatorum*), which pointed out the well-known fact that the ailment generally arises from purulent discharges from the mother getting into the babies eyes at birth and accounts for about one-tenth of all cases of blindness, and for at least one-third of the blindness in inmates of British Blind Schools.

I wish therefore to call attention to a scheme, which has been in operation for some time in the six Staffordshire Pottery Towns, now known as the "County Borough of Stoke-on-Trent," as it has apparently prevented many children, attacked by this complaint becoming blind. The credit of starting the scheme is due to Mr. Greatbath, the Chairman, and to Mr. Folker, the Ophthalmic Surgeon of a large Institution in the County. Dr. Reid, County Medical Officer for Stafford, says the procedure is simple, and the law as it stands enables everything to be done which is needful ; it consists in making *Ophthalmia Neonatorum* a notifiable disease, and making provision for Medical treatment and nursing of the cases under Section 133 of the Public Health Act 1875.

It is unnecessary to mention administrative details here, as they can be given if required. I allude to this Scheme now, in the hope the Worcestershire Medical Officers of Health may induce their



Authorities to try it, for there seems every reason to suppose that it often prevents children becoming blind, and chargeable to the rates.

*Pemphigus Neonatorum at Oldbury.*

*(Skin Disease).*

During the years 1907-1908 and the early part of 1909, an interesting outbreak of this disease occurred at Oldbury and Langley.

Eleven cases of a septic skin disease (commonly called "Pemphigus Neonatorum") occurred in the practice of a certain Midwife resulting in the deplorable loss of life of five infants.

The cases were not reported until the first ten had occurred, when the Midwife was suspended for 3 months and during this time no case was heard of. Immediately on her resuming work, the eleventh case happened.

The Midwife was illiterate, but careful and clean, and in no way could it be found that she was to blame. On investigating the outbreak it was found, however, that the Midwife had a slight internal trouble, and she was urged to have this rectified. This was done. Since that time she has resumed work, but no cases have been reported in her practice.

Bacteriological cultures were made and the findings of the County Bacteriologist suggest that the Midwife, owing to the complaint above alluded to, was the carrier of infection.

A case of the same disease occurred in the practice of a Midwife in Smethwick in the year 1908, and another was reported in the practice of a Worcestershire Midwife in Langley, early in 1909.

The disease can be caused by contagion from any case of septic infection, and it was the series of cases in the practice of one Midwife which was of unusual interest.

At the request of the Privy Council, the Local Government Board instructed their Inspector, Dr. Copeman, to investigate the above cases, and his report has recently been received. His account of the outbreak is detailed, and contains much valuable scientific information. He states as his final opinion that "it cannot be regarded as certain that Mrs. X was directly responsible for the transference of infection."

*Amendments of Midwives Act.*

In December 1908 the Lord President of the Council appointed a Departmental Committee to consider the working of the Midwives Act 1902, in particular with reference to the supply of Midwives and the cost of training. By request of this Committee, I gave evidence, and it is gratifying to observe in the Departmental Committee's Report issued last year, that most of the Worcestershire recommendations were adopted.

*Unregistered Midwives.*

The County Council have recently obtained a conviction of a woman, illegally practising Midwifery in the Oldbury Urban District.

## COUNTY LABORATORY.

The County Analyst informs me that during the past year (1909) 5,024 samples have been examined and reported upon. They may be divided as follows :—

*Chemical—*

Fertilisers and Feeding Stuffs	—	—	—	—	—	—	—	266
Food and Drugs	—	—	—	—	—	—	—	1742
Miscellaneous	—	—	—	—	—	—	—	60
Poisoning Cases	—	—	—	—	—	—	—	31
Sewage	—	—	—	—	—	—	—	56
Water	—	—	—	—	—	—	—	525
								<hr/> 2680 <hr/>

*Bacteriological—*

Anthrax	—	—	—	—	—	—	—	29
Diphtheria	—	—	—	—	—	—	—	1672
Miscellaneous	—	—	—	—	—	—	—	182
Tubercle	—	—	—	—	—	—	—	280
Typhoid	—	—	—	—	—	—	—	73
Water	—	—	—	—	—	—	—	108
								<hr/> 2344 <hr/>

*Food and Drugs.*

Of the 1073 Samples taken by the Police, 26 were adulterated ; of the 278 taken by Inspectors of Nuisances, 6 were adulterated. In



the City of Worcester 9 out of 103 were adulterated. From all sources 41 samples out of 1,454 were adulterated. The Samples were adulterated to the extent of 2.8 per cent., as against 2.5 per cent. in 1908, 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.

Eleven Samples of Tinned Meat were examined during the year and were found to be satisfactory.

#### *Foreign Mineral Matter in Rice.*

Mineral matter is being added to Rice so as to obtain the grain in a highly polished condition. This added mineral matter is Talc and quite useless as a feeding substance. Twelve Samples of Rice were examined and only two were free from added mineral matter. In one case where no added mineral matter was detected a small quantity of mineral oil had been added. The oil had probably been added to improve the appearance of the Rice grains. Four of the 12 Samples contained over the standard suggested by Dr. J. M. Hamill in his Report (Reports of Inspectors of Foods No. 8 on "Facing and other methods of preparing Rice for sale") issued by the Local Government Board in 1909, of 0.5 per cent. of Added Mineral Matter. Three of the 12 Samples contained Added Mineral Oil, and in all these the Added Mineral Matter was well below the standard of 0.5 per cent. One sample contained Added Sugar (Glucose) as well as excess of Added Mineral Matter. Out of the 12 Samples only one was strictly genuine, and this was purchased as Flaked Rice. This is a very unsatisfactory state of things. Further analyses are being made and the whole subject will be carefully investigated and further reported upon.

#### *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. On the whole, Vendors of Feeding Stuffs are giving more readily the invoice and guarantee required by the Fertilisers and Feeding Stuffs Act 1906.

*Bacteriological Department.*

During the year 2,344 Samples have been received for Bacteriological Examination, an increase on the previous year of 164.

*Diphtheria.*

Owing to the very great importance of diagnosing Diphtheria, all specimens from suspected cases were, when practicable, examined direct, and if the bacillus of Diphtheria 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 the Bacteriological Laboratory being open on Sunday mornings, all cases of suspected Diphtheria &c. can be dealt with without delay.

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The following are Summaries of the Medical Officers Annual Reports.



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
1899.	2,876	76	26.42	12	157	41	14.25	Nil.			41	14.25
1900.	2,876	71	24.68	7	98	51	17.73	Nil.			51	17.73
1901.	2,866	87	30.35	8	91	39	13.60	Nil.			39	13.60
1902.	2,866	76	26.51	7	92	52	18.14	Nil.			52	18.14
1903.	2,866	86	30.	4	46	29	10.11	9			38	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	19.36	5			60	20.93
1908.	2,866	72	25.12	3	41	30	10.46	5			35	12.21
Averages for years 1899-1908.												
	2,868	72	25.41	8	112	43	15.24	6			47	16.59
1909.	2,866	74	25.81	6	81	37	12.87	-		2	39	13.60

\* 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 1909.

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	2					
Scarlet Fever ... ..	1		1					
Whooping-cough ..								
Diphtheria and membranous croup ...								
Croup . . . . .								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ...								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..	1		1					
Puerperal fever ...								
Erysipelas ... ..								
Other septic diseases...								
Phthisis (Pulmonary Tuberculosis) ...	4				2	2		
Other tubercular diseases ... ..	1		1					
Cancer, malignant disease ... ..	4					3	1	
Bronchitis ... ..	6	1					5	
Pneumonia ... ..	1		1					
Pleurisy ... ..								
Other diseases of Respiratory organs ...								
Alcoholism { ... ..								
Cirrhosis of liver { ... ..								
Venereal diseases ...								
Premature birth ...								
Diseases and accidents of parturition ..								
Heart diseases ... ..	2					1	1	
Accidents ... ..								
Suicides ... ..								
Senile decay ... ..								
Influenza ... ..								
Marasmus ... ..								
Apoplexy ... ..								
Acute Rheumatism ...								
All other causes ...	16	4	1			5	6	
All causes ... ..	39	6	7		2	11	13	



Dr. Miles reports:—

The net Death-rate (13·6) is below the average (16·5), the Birth-rate (25·8) is slightly above the average, and that the Infantile Mortality is as low as 81 per 1000 of the births registered.

Non-fatal influenza was prevalent during the early part of the year, and there was a considerable outbreak of Measles (three deaths) during the Summer, which necessitated the closure of the elementary schools from the 21st June to July 26th. The solitary case of Enteric Fever was contracted while the patient was away fruit-picking.

Referring to the 16 cases of Scarlatina, he says that only three persons had to be removed to the Kidderminster Hospital, as the others could be isolated at home, and that he is convinced that with reasonable care mild cases of Scarlatina can be safely isolated at their own homes. It appears that every case of Scarlatina removed to the Kidderminster Isolation Hospital "adds about a halfpenny to the rates."

With reference to the five cases of Pulmonary Tuberculosis notified under the Public Health (Tuberculosis) Regulations 1908, instructions were given for the prevention of the disease, disinfectants were provided free if desired, and the houses disinfected when deaths were notified.

The total number of houses in the Borough supplied with water is 625.

Three representations were made with regard to houses unfit for habitation and in two instances the necessary alterations were made, but at the time the report was made one was undealt with.

No new house was built during the year.

Referring to the drainage of Bark Hill, Dr. Miles says:—

"The drainage of Bark Hill is in an unsatisfactory condition, and the question is constantly arising before your Sanitary Committee. There is no system of sewerage in the greater part of that portion of the Borough, the house drains leading either into dumb-wells, which are in many cases unsatisfactory, or into ditches, or into fields or orchards.

"Fortunately, there are few water closets, but the ordinary house slops and soap-suds cause a great nuisance at times, especially in hot weather."

The question is a large one, but Dr. Miles commends it to the serious consideration of the Council.

Public Scavenging appears to be satisfactorily carried out, though some receptacles he considers are not all they should be.

Reference is made to the fact that complaint was made to the Local Government Board and County Council of the Town Tip on the bank of the River Severn, as to which Dr. Miles presented a special report that he never detected any nuisance and never received any complaint. Since then he has heard nothing more about the matter.

The Canal Boats are regularly inspected and any defect dealt with.

The Bakehouses are in a satisfactory condition.

Two of the Slaughterhouses are in need of repair; at one of them the necessary alterations have been made and at the other the work is in hand.

Two Cowsheds were found to be in an unsatisfactory condition, and consequently structural alterations have been carried out.

The Factories and Workshops are reported to be satisfactory; and the statutory returns were made.



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
1899.	8,250	217	26.3	36	165	159	18.7	36	4		155	18.7
1900.	8,500	217	24.3	21	96	157	18.0	34	4		153	18.0
1901.	8,416	253	30.0	24	94	152	16.7	28	11		141	16.7
1902.	8,460	245	28.9	14	57	120	13.4	27	6		114	13.4
1903.	8,500	251	29.5	28	111	156	16.9	34	12		144	16.9
1904.	8,540	231	27.0	24	103	141	13.2	43	28		113	13.2
1905.	8,560	231	26.9	18	77	118	10.5	44	28		90	10.5
1906.	8,606	244	28.3	23	94	155	17.0	59	33		122	14.1
1907.	8,620	217	25.1	18	82	154	17.8	52	39		115	13.3
1908.	8,660	241	27.8	29	120	155	17.8	48	27	2	130	15.0
Averages for Years 1899-1908.	8,510	234	27.4	23	99	146	16.0	40	19		127	14.9
1909.	8,700	215	24.7	25	116	154	17.7	49	28		126	14.4

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

\* Rates calculated per 1,000 of estimated population.

TABLE IV.

Causes of, and ages at, Death during Year 1909.

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 ... ..	7	3	4					
Scarlet fever ... ..								
Whooping-cough ... ..	1		1					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
Enteric ... ..								
Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	1	1						
Enteritis ... ..	1		1					
Gastritis ... ..	2	2						
Erysipelas ... ..	1	1						
Other septic diseases...								
Phthisis (Pulmonary tuberculosis ... ..	9				4	5		
Other tubercular diseases ... ..	4	1		1		2		
Cancer, malignant disease ... ..	10				1	3	6	
Bronchitis ... ..	17	5	1			2	9	
Pneumonia ... ..	8		1	1		4	2	
Pleurisy ... ..	3				1	1	1	
Other diseases of Respiratory organs	1					1		
Alcoholism } ... ..	4					3	1	
Cirrhosis of liver }								
Venereal diseases ... ..	1	1						
Premature birth ... ..	3	3						
Diseases and accidents of parturition ..								
Heart diseases ... ..	6	1			1	1	3	
Accidents ... ..	4		1	1			2	
Suicides ... ..								
.....								
.....								
.....								
.....								
All other causes ... ..	43	7	5	2	1	9	19	
All causes ... ..	126	25	14	5	8	31	43	



Dr. Kidd reports:—

The vital statistics for the year are satisfactory, but the remarkable monthly mortality in May (28·5) seemed to be due to Pleuro-Pneumonia, to which no less than 10 deaths were attributed.

The Birth-rate (24·7) was the lowest recorded.

Measles was epidemic during the first half of the year and only ceased when it had invaded every part of the town in succession. In consequence of this, the elementary schools had to be closed in turn for periods of from three to five weeks during April, May, and June.

Dr. Kidd again urges that room should be found at the existing Isolation Hospital for the treatment of cases of Consumption, and is surprised that this idea should meet with such opposition and was rejected by all the Councils in the Joint Hospital District (viz., North Bromsgrove Urban, Bromsgrove Rural, Droitwich Borough, Bromsgrove Urban, Droitwich Rural and Redditch Urban) except Bromsgrove and North Bromsgrove.

He discusses other alternatives for treating Consumption, but comes to the conclusion that the one just referred to is the best.

Of the house accommodation, Dr. Kidd writes:—

“This is certainly improved of recent years. I believe that every Court in the town is now properly paved and all houses provided with roof spouting. New houses are all of improved construction and provided with three bedrooms each, and tap water is supplied to all. I still hope to see more new cottages with a fixed bath; some few have been built with a bath on the ground floor near the kitchen fire. Such an arrangement would be of distinct benefit to the public health. Thirty-three new houses were built during the year.”

Three cases of Consumption were notified.

The use of the East Worcestershire Water Co.'s mains is almost universal in the town.

The drainage is now thoroughly complete, and the sewage farm has continued to work satisfactorily.

The conversion of privy cesspits to water closets is proceeding; Dr. Kidd says, the “rate of progress is much slower than is desirable,” but hopes to increase it in future.

The “tip” at Perryfield has continued to serve present necessities.

The Byelaws keep the Slaughterhouses as free from injurious nuisances as possible; but the position of Slaughterhouses in the more crowded parts of the town is very undesirable.





TABLE IV.  
Causes of, and ages at, Death during Year 1909.

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 ... ..	7	1	6					
Scarlet Fever ... ..								
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..								
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	3	3						
Enteritis ... ..								
Gastritis ... ..	1		1					
Phthisis (Pulmonary Tuberculosis) ... ..	5				1	4		
Erysipelas ... ..								
Other septic diseases ... ..								
Other tubercular diseases ... ..	2					2		
Cancer, malignant disease ... ..	5					2	3	
Bronchitis ... ..	10	4	1			2	3	
Pneumonia ... ..	3					2	1	
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ... ..								
Alcoholism {								
Cirrhosis of liver {								
Venereal diseases ..								
Premature Birth ..	2	2						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	10				1	5	4	
Accidents ... ..	4		2			1	1	
Suicides ... ..								
.....								
.....								
.....								
All other causes ... ..	33	6				4	23	
All causes ... ..	86	16	10		2	23	35	

Dr. Kidd reports:—

The slight rise in the Death-rates as compared with those of the past few years is only what is to be expected occasionally in so small a district and that it is possible that the mortality statistics may even be given higher than they should be, owing to the under-estimation of the existing population. The true population cannot be given pending the forthcoming Census.

He mentions that the total number of deaths recorded this year is more than doubled; for the average yearly number used to be 67, whereas the number of deaths in the Barnsley Hall Asylum alone was 76. Dr. Kidd, of course, makes allowance for these in his net return of deaths.

The absence of notifiable disease was counterbalanced by a wide-spread epidemic of Measles (7 deaths), which necessitated the closing of all the schools in the district, beginning with Linthurst, and ending with Catshill.

When referring to Tuberculosis, he discusses the questions of (i.) the provision of a large Joint Sanatorium by a number of Sanitary Authorities; (ii.) the provision of a small Cottage Hospital by one or two Councils; (iii.) the subsidizing of beds in existing Sanatoria; and (iv.) the use of existing Isolation Hospitals for the treatment of Phthisis.

He regrets that although the various Medical Officers of Health of the constituent districts in the Bromsgrove Isolation Hospital District were united in supporting Method IV., the idea was rejected by all, except the Bromsgrove Town and North Bromsgrove Councils.

He states that a systematic inspection is now being carried out with a view to detecting houses unfit for habitation.

He refers to the case of a well at Catshill in which bacteriological examination detected pollution to which disease had been attributed, whereas ordinary chemical analysis did not do so; and he adds that steps are now being taken to get the Water Company's mains extended to this and another house in Green Lane. In connection with this, I may mention that I presented a report on the water supply of Catshill District on August 21, 1891, and then urged the extension of the water mains to that locality; but this has not yet been done.

*Drainage.* The following extract from Dr. Kidd's Report is important:—

“Drainage.—Barnt Green Village and Rubery continue to furnish the two drainage problems now before the Council.



"In the case of Barnt Green I regret that so little progress  
"has been made towards coming to an agreement by the  
"two Councils concerned. A good deal of time and energy  
"have been consumed in discussions as to whether particu-  
"lar nuisances come originally from one or other side of  
"the road separating the area of the two districts. This  
"is really a very small matter in face of the obvious fact  
"that both sides of the road need drainage and that they  
"can evidently be best drained jointly.

"As a matter of fact it was plainly proved at the end of the  
"year, and acknowledged by the County Medical Officer,  
"that this Council has been at great pains to keep their  
"own sewage to their own side of the road, and that only  
"an infinitesimal proportion of the nuisances existing on  
"the other side can possibly have come from North Broms-  
"grove, but this fact does not materially affect the main  
"question, which is that both sides of the road need drain-  
"age. I understand that the principal stumbling block on  
"the other side is that the Alvechurch District, while ready  
"to deal with the sewage from the village itself, object to  
"the possibility of being asked in the future to take the  
"drainage from the whole of that side of our district ex-  
"tending from the station up to the Lickey Monument. As  
"I pointed out last year, I do not think there is immediate  
"necessity for the sewerage of any other part of this neigh-  
"bourhood than the village itself, but at the same time,  
"whatever outfall is selected, the plans should be made  
"with a view to the possibility of an extension of the sewer  
"being necessary, in the future, at least up to Plymouth  
"Road.

"The condition of Rubery is worse this year than it has been  
"before; many of the small gardens behind the houses in  
"the main road, opposite the Brickyard cottages, having  
"been flooded with sewage for months in succession. I  
"reported these conditions to the Council in January, and  
"again in October and December, but it is practically  
"impossible to devise any remedy short of drainage. I  
"am decidedly of opinion that the nuisance here, with its  
"menace to health, is more serious than that at Barnt Green  
"Village, and that the necessities of the case are more  
"urgent."

"It is disquieting to note that a death from blood poisoning fol-  
"lowing an injury to a toe in a young child took place at  
"Brickyard Cottages in April."

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
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
1908.	4,201	85	20.2	3	35	71	16.9	14	8		63	14.9
Averages for Years 1899-1908.	4,220	101	24.2	10	103	75	17.8	15	11	1	64	15.2
1909.	4,201	105	24.9	4	38	79	18.8	16	9	2	72	17.1

\* 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 1909.

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 ... ..	9		1		1	2	5	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis ... ..	3			1		2		
Other tubercular diseases ... ..	4				1	3		
Cancer, malignant disease... ..	3					2	1	
Bronchitis ... ..	8					1	7	
Pneumonia ... ..	3	2			1			
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ... ..	2						2	
Alcoholism {								
Cirrhosis of liver {								
Venereal diseases ... ..								
Premature Birth ... ..	2	2						
Diseases and accidents of parturition ... ..	1					1		
Heart diseases... ..	5					2	3	
Accidents ... ..	3		1			2		
Suicides ... ..								
.....								
.....								
.....								
.....								
.....								
All other causes... ..	25			1		7	17	
All causes ... ..	*70	4	2	3	3	23	35	

\* ? 72 (Table I., col. 13).

Dr. Roden reports:—

That the corrected Death-rate (17·3) “compares very favourably with other towns.” I would point out, however, that with three exceptions (see Table 11) this rate is the highest in County.

There was a severe outbreak of Influenza in the early part of the year, which caused nine deaths.

His remarks on the sewage farm are given in my paragraph on Sewage Disposal, where they are specially dealt with.

The Cowsheds, Dairies, Workshops, Canal Boats, and Common Lodging-houses are said to be regularly inspected, and found to be satisfactory.

Of the Privies and Ashpits, Dr. Roden writes:—

“I am glad to say that they are at last becoming things of the  
“past.”

Dr. Roden makes no reference in his Report to the Tuberculosis Regulations.



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
1899.	7,545	208	27.5	20	96	103	13.6	5	3	5	130	17.0
1900.	7,645	212	27.7	31	146	128	16.7	9	3	7	100	14.0
1901.	7,101	229	32.2	21	91	96	13.5	2	2	6	103	14.5
1902.	7,101	219	30.8	29	132	99	13.9	14	8	10	109	15.3
1903.	7,101	238	33.5	35	147	107	15.0	13	5	3	98	13.6
1904.	7,101	209	29.4	17	81	100	14.0	10	7	8	110	14.0
1905.	7,800	228	29.2	31	136	109	13.9	8	6	9	104	13.2
1906.	7,800	224	28.7	32	142	101	12.9	6	1	7	99	11.9
1907.	8,290	234	28.2	16	68	93	11.2	6	1	7	100	12.0
1908.	8,290	234	28.2	16	68	94	11.3	6	1	7		
Averages for years 1899-1908.	7,577	223	29.5	24	110	103	13.6	8	4	6	105	13.9
1909.	8,300	216	26.1	24	111	97	11.6	7	5	14	106	12.7

\* 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 1909.

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 ..								
Diphtheria and membranous croup ...	1			1				
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..	1					1		
{ Other continued								
Epidemic influenza ...	2				1		1	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	1	1						
Enteritis ... ..	1	1						
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis (Pulmonary Tuberculosis) ...	6				2	4		
Other tubercular diseases ... ..	3	1		1		1		
Cancer, malignant disease ... ..	9					6	3	
Bronchitis ... ..	11	2	1			3	5	
Pneumonia ... ..	4	1	1			1	1	
Pleurisy ... ..								
Other diseases of Respiratory organs ...	4	2				1	1	
Alcoholism ... ..	2					2		
Cirrhosis of liver { ... ..								
Venereal diseases ... ..								
Premature birth ... ..	3	3						
Diseases and accidents of parturition ..	1				1			
Heart diseases ... ..	11					6	5	
Accidents ... ..	1					1		
Suicides ... ..								
Senile decay ... ..	12						12	
.....								
.....								
.....								
.....								
All other causes ... ..	32	13	6	2		6	5	
All causes ... ..	106	24	9	4	4	32	33	



The Birth-rate for the year (26·1) continues to decline and the Death-rate was only 12·7. The Infantile mortality for the year 1909 equalled 111, and with a view to lessening the loss of life, circulars as to the upbringing of infants are sent to mothers who are attended by Midwives.

Cases of zymotic diseases have been few, viz., Scarlatina 10, Diphtheria 16.

Arrangements have been made by which swabs from the throats of school children found to be exposed to diphtheritic infection are taken, and this, as anticipated, has been attended with beneficial results. The gratuitous distribution of Anti-toxin, without question, did good.

The only case of Typhoid notified was contracted away from the district.

Five cases of Consumption of the Lungs were notified under the Public Health (Tuberculosis) Regulations.

Arrangements have been made by which the medical men in the Borough voluntarily notify cases of Consumption which occur in their practices, and they are paid a notification fee of 2/6; consequently five cases were reported.

Reference is made to my Memo. issued in 1908 advocating the treatment of advanced cases of Phthisis at the Smallpox Hospital, and it is stated that hitherto no action has been taken in this matter.

Particular attention is drawn to a letter of the Local Government Board addressed to the Clerk of the Docking Rural District Council, which shows that Rural District Councils can contribute to the support of Consumption Sanatoria, and even urges them to do so. Hope is expressed that this question will receive sympathetic consideration.

With reference to the report on the Schools made in the previous Annual Report, certain alterations which have been made, are given.

Special attention is called to the Housing and Town Planning Act which came into force in 1909, and a resumé of it is given. Although the Act was in force for such a short period, the Corporation have dealt with 19 houses under it.

Attention is directed to the fact that two percolating filters at the Sewage Works, which it was contemplated putting in, had not been installed; but since the report was written, I have reason for believing that this work will be proceeded with at once.

The new reservoir, to store 2,000,000 gallons of water for use in the summer, has been erected.

The Dairies, Cowsheds, Slaughterhouses, Bakehouses and Factories and Common Lodging-houses were thoroughly inspected, and the Slaughterhouses are reported to have been 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
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	0	499	19.96
1901.	24,681	622	25.20	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	0	360	14.57
1906.	24,700	615	24.85	84	135.58	374	15.14	101	35	0	339	13.72
1907.	24,700	550	22.26	77	140.00	366	14.81	101	30	0	336	13.60
1908.	24,700	522	21.13	63	120.68	409	16.55	140	45	0	364	14.73
Averages for Years 1899-1908.	24,688	595	24.05	90	146.57	433	17.49	115	39	3	396	16.01
1909.	24,700	560	22.67	90	160.71	483	19.55	113	39	2	444	17.97

\* 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 1909.

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 ... ..	36	9	24	3				
Scarlet fever ... ..	2		2					
Whooping-cough ... ..	4	1	3					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ..								
{ Enteric ..								
{ Other continued								
Epidemic influenza ... ..	3					2	1	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	3	3						
Enteritis ... ..	8	6					2	
Gastritis ... ..	5	5						
Erysipelas ... ..	1	1						1
Other septic diseases...								
Phthisis (Pulmonary tuberculosis ... ..	28		1	2	6	19		2
Other tubercular diseases ... ..	15	4	4	1	3	3		3
Cancer, malignant disease ... ..	19				1	9	9	2
Bronchitis ... ..	66	14	2		1	18	31	7
Pneumonia ... ..	21	2	5	1	1	8	4	6
Pleurisy ... ..	1					1		1
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver } ... ..	4					4		2
Venereal diseases ... ..								
Premature birth ... ..	18	18						
Diseases and accidents of parturition ... ..	2				1	1		
Heart diseases ... ..	21		1			15	5	1
Accidents ... ..	6		1	1		2	2	4
Suicides ... ..								
Anthrax ... ..	1					1		
.....								
.....								
.....								
All other causes ... ..	180	27	6	4	5	42	96	45
All causes ... ..	444	90	49	12	18	125	150	74

Dr. Corbet reports:—

That the net Death-rate for 1909 was as high as 17·9. Excluding statistics he gives no explanation of this in his report but has since written me that "the chief contributory causes were an epidemic of Measles, which contributed 36 deaths, respiratory diseases contributed 22 more deaths than last year, Phthisis contributed 9 deaths more. The cold wet weather of the first part of the year had something to do with this exceptional mortality."

The Infantile Mortality (160) was again very high; and as the average rate for this Borough for the years 1899-1908 was as high as 146, whereas that for the County is only 114, it is evidently a mortality which ought to be capable of reduction. Dr. Corbet explains that a large section of the female population is employed in the spinning and carpet factories of the town.

It seems to me that this is an instance in which a Health Missioner would materially assist in reducing the loss of infantile life.

Measles was extremely fatal and caused no less than 36 deaths. The disease continued to spread from school to school at short intervals and consequently schools were closed, but in Dr. Corbet's opinion the only effect of closing the schools was, if anything, to retard the spread of the disease slightly. He was unable to trace the origin of the outbreak, but mentions that Measles was prevalent in the district, and more especially in Birmingham.

The Factories and Work-places are reported to be in a satisfactory condition.

274 houses were certified for lime-washing, but Dr. Corbet makes no mention of the Housing Accommodation of the Borough as likely to be affected by the Housing and Town Planning Act.

It is stated that the household refuse is generally taken by canal to the Oldington Sewage Farm, and there dealt with without difficulty.



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
1899.	52,076	1546	27.73	187	120.95	755	13.54	182	118		637	11.4
1900.	54,958	1651	27.51	215	130.22	921	15.36	226	189	1	733	12.21
1901.	57,120	1773	31.03	227	128.03	888	15.54	227	160		728	12.74
1902.	60,779	1832	30.14	201	110.2	836	13.75	243	180	38	694	11.25
1903.	63,717	1755	27.5	173	98.5	793	12.44	202	140	32	653	10.24
1904.	66,667	1885	28.4	192	102	895	13.42	255	196	45	735	11.02
1905.	69,630	1784	25.62	163	91	857	12.3	276	235	48	670	9.62
1906.	72,608	1859	25.6	196	105	973	13.3	289	249	33	724	9.97
1907.	75,600	1849	24.45	195	105	982	13.0	279	229	62	815	10.78
1908.	78,608	1929	24.54	167	86	1038	13.2	283	238	48	848	10.78
Averages for years 1899-1908.	65,176	1808	27.25	191	107	893	13.47	246	193	30	723	11.0
1909.	81,632	1886	23.13	139	73	1017	12.4	317	236	63	844	10.34

\* 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 1909.

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 ... ..	33	5	17	10	1			
Scarlet Fever ... ..	15	2	11	2				
Whooping-cough ... ..	4	1	3					
Diphtheria and membranous croup ... ..	30		11	19				
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..	18	3	2		1	4	8	
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	3	1	1			1		
Enteritis ... ..	13	9	3			1		
Puerperal fever ... ..	2					2		
Phthisis (Pulmonary Tuberculosis) ... ..	51			2	10	37	2	
Erysipelas ... ..	1						1	
Other septic diseases ... ..	3			2		1		
Other tubercular diseases ... ..	21	4	6	4	3	4		
Cancer, malignant disease ... ..	73					43	30	
Bronchitis ... ..	70	7	3	3		18	39	
Pneumonia ... ..	75	16	15	4	1	24	15	
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ... ..	11		5		1	5		
Alcoholism ... ..								
Cirrhosis of liver ... ..	13		1			9	3	
Venereal diseases ... ..	1	1						
Premature Birth ... ..	31	31						
Diseases and accidents of parturition ... ..	4				1	3		
Heart diseases ... ..	78			2	2	41	33	
Accidents ... ..	22	5	5	2		7	3	
Suicides ... ..	11					10	1	
Marasmus ... ..	32	31	1					
Old age ... ..	63					1	62	
.....								
All other causes ... ..	165	23	16	5	6	63	52	
All causes ... ..	844	139	100	55	26	275	249	



Dr. Green says :—

That he estimated the population of this district at the middle of 1909 at 81,632, which gives an increase of 3,024 for the 12 months, and prefaces his report with the following statement :—

“ It is on the whole a very satisfactory report and shows the large amount of work that has been done through the efforts of the department. The death-rate is one of the lowest recorded, and the infantile death-rate is remarkably low, being quite the lowest ever known in the district. The year was a ‘ crest ’ year as regards prevalence of scarlet fever, diphtheria, and measles, which accounts for the fact that the zymotic death-rate is above the average.”

Referring to the water supply of the district he says :—

“ Owing to its extreme softness (an excellent property from a health point of view), there has been a certain amount of trouble caused by its solvent action in hot water cisterns and pipes. Many of these have had to be replaced by others made of copper at a considerable expense.”

The sewers have been extended from Northfield up the valley of the Rea to Longbridge, and the village of Rubery during the year, and consequently the condition of the upper reaches of the stream have been much improved owing to the sewage from the Asylums and from the Longbridge Motor Works being taken into the new sewer.

The sewage from Woodbrooke has not yet been diverted from the stream, but it has been practically settled for a sewer to be taken along the valley to Selly Oak Road.

Dr. Green says that the River Rea, near to Rubery, is still very impure from the pollution of privies and cesspools in the higher part of Rubery village, to which the attention of the neighbouring District Council, who are responsible for this, was drawn some years ago.

A scheme for the improvement of the sewage outfall at Rednal is under consideration, and a fresh site is being acquired.

The substitution of water closets for privies is proceeding, and it is mentioned that there are now very few of the latter in the district.

504 building plans were approved by the Building Committee, as compared with 716 in 1908, and a thatched cottage was condemned and closed.

A regular inspection has been made of the Slaughterhouses and butchers' shops, and as a result 36 cwt. of meat was burnt in the destructor. A large part of this was condemned on account of



Tuberculosis. There are only 23 slaughter houses on the register, and a number of them in the out of the way parts of the district are not used very often.

Referring to the 174 dairy farmers registered, it is mentioned that during the year informal notices were served on 64.

New Byelaws for the Cowsheds and Dairies have been allowed by the Local Government Board, and in future 800 cubic feet air space per cow must be provided in all cowsheds whether the cows are turned out each day or not. Three years, however, must elapse before this will apply to the old sheds.

The Council's veterinary surgeon has done much good work during the year, and has completed a routine inspection of all the cows in the district with the exception of those in 21 sheds. In his opinion the methods of the dairy farmer are improving very much, and the farmers are welcoming the advice of the expert. He still, however, thinks there is some laxity as to reporting suspicious cases of Tuberculosis of the Udder, but as yet the law has not been enforced by prosecution, although it seems it will be necessary in the near future to adopt more stringent measures in regard to notification of suspicious cases of Tuberculosis of the Udder.

There has been marked improvement in the amount of black smoke sent up by the factory chimneys.

The Factories and Workshops are systematically inspected.

There are two lady Health Missioners in the district, one of whom is a County Council official, and Dr. Green says that their work has been well and enthusiastically carried out, and he is confident it is having an excellent result, in the homes of the people in the district.

No less than 872 specimens were examined in Dr. Green's bacteriological laboratory, the whole energy of the department having been taken up in dealing with Diphtheria; as owing to the extreme rarity of Typhoid Fever, there was no demand from medical men for serum reaction.

The Birth-rate (23'1) is the lowest ever known in the district, and considerably below the average for the previous ten years (27'2). As previously mentioned, the Death-rate is one of the lowest ever recorded (10'3).

Measles was epidemic, and specially virulent, as it caused no less than 33 deaths, and necessitated the closing of 13 schools. Thousands of handbills of precautions were distributed to the homes of school children.



There were only three deaths from epidemic Diarrhœa. The year was particularly favourable to infant life, owing to the cool summer.

38 cases of Consumption were notified under the Public Health (Tuberculosis) Regulations.

A Conference of Local Authorities was held with a view to establishing some form of open air treatment, but no decision was arrived at.

During the year visits have been made to several hospitals where the municipal treatment of consumption is being carried out. These include the hospitals at Leeds and Sheffield, where large houses are used for this purpose.

Further visits were paid to Brighton and Leicester, where blocks in the Infectious Disease Hospitals are being used for the open-air treatment of this disease. In these towns, patients (early cases where possible) are treated for periods of from one month to six months.

The idea is not only to try to cure the very early cases, but to benefit materially the later cases, and to educate both classes of patient in the way to conduct their life, and prevent the infection of others in their households. Very good results have been obtained in ordinary buildings, with plenty of sun and fresh air, and the cost is small indeed compared with the advantages obtainable. At the end of the year voluntary notification of Consumption was carried through the Council, and this has been followed by the provision of one bed at the County Sanatorium at Knightwick.

Dr. Green remarks that it seems somewhat anomalous that although Councils spend many thousands a year in the treatment of notifiable diseases without any marked benefit, practically nothing is being spent in treating cases of Consumption.

602 persons were notified as suffering from Scarlet Fever, but only 15 deaths occurred. All the urban parts of the district suffered from the prevalence of the ailment, whilst as usual the rural parts, excepting Bartley Green area, escaped. There was an unusually high rate of "return" cases, for no apparent reason. In no instance was the disease spread by Milk.

Following the severe epidemic in 1908, with its 120 cases of Diphtheria, the year 1909 was marked by a continuance of that outbreak (113 cases—30 deaths).

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
1899.	10,810	396	36.6	72	181	193	17.8			13	191	17.4
1900.	10,891	379	34.7	57	150	200	18.3			5	164	14.7
1901.	10,972	384	34.9	62	161	186	16.9			15	177	15.8
1902.	11,082	377	34.0	44	116	151	13.6			11	156	13.8
1903.	11,171	414	37.06	71	171	166	14.8			9	172	15.1
1904.	11,261	360	31.9	39	108	147	13.9			12	178	15.5
1905.	11,351	355	31.2	52	146	165	14.4			13	175	15.1
1906.	11,443	339	29.6	45	132	160	13.8			15	169	14.5
1907.	11,535	317	27.4	46	145					21		
1908.	11,627	370	31.8	35	94	148	12.7					
Averages for Years 1899-1908.	11,214	369	32.9	52	140	167	15.0			11	138	12.1
1909.	11,721	331	28.2	43	129	197	16.8			25	222	18.9

\* 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 1909.

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 ... ..	25	2	19	4				
Scarlet Fever ... ..	3		3					
Whooping-cough ... ..	9	3	6					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
Enteric ... ..								
Other continued ... ..								
Epidemic influenza ... ..	8	1				3	4	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	5	2	3					
Enteritis ... ..	3		2	1				
Puerperal fever ... ..	1					1		
Erysipelas ... ..	1						1	
Other septic diseases... ..								
Phthisis ... ..	8				1	7		
Other tubercular diseases ... ..	13	1	6	4	1	1		
Cancer, malignant disease... ..	4					4		
Bronchitis ... ..	16	8	2	1			5	
Pneumonia ... ..	17	2	7		1	6	1	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	1						1	
Alcoholism ... ..								
Cirrhosis of liver ... ..								
Venereal diseases ... ..								
Premature Birth ... ..	14	14						
Diseases and accidents of parturition ... ..								
Heart diseases... ..	18	1			3	8	6	
Accidents ... ..	5	1	1			3		
Suicides ... ..	1					1		
Convulsions ... ..	6	2	4					
.....								
.....								
.....								
.....								
All other causes... ..	64	6	6		2	13	37	
All causes ... ..	222	43	59	10	8	47	55	

Dr. Darby reports :—

That the Birth-rate (28·2) was below the average for the years 1899-08 (32·9), and that the net Death-rate (18·9) was wholly due to the number of deaths from Measles (35) and Whooping Cough (9).

The Infantile Mortality (129) is also below the average (140).

Dr. Darby refers to the work of the Health Missioner, which has already been mentioned in my paragraph in the early part of this Digest with regard to the County Health Missioners.

Measles was very widespread, and Dr. Darby says he does not ever remember so many cases and deaths (25) from this disease since he has been Medical Officer. Four schools had to be closed. He thinks, that the bad weather prevalent while this disease was rampant, and the fact that the disease is not considered as a very dangerous one, and is often treated lightly, and the children suffering from it exposed too early, were facts which conduced to the most common and fatal complication of Broncho-Pneumonia in some cases.

Whooping Cough was also very prevalent and necessitated the closure of one school.

An epidemic of Scarlet Fever at one time or other during the year, affected almost all the district, no less than 143 cases and 3 deaths occurring. Dr. Darby prepared a special report on this outbreak, and pointed out that as there was a concurrent epidemic of Measles, cases of scarlet fever frequently got confused with cases of Measles; and consequently were not notified, the result being that infectious children spread the disease. Several parents were summoned before the Council to shew cause why they should not be proceeded against for non-notification, and were severely reprimanded.

It is gratifying to find that only two cases of Enteric Fever and three of Diphtheria were reported and that Dr. Darby is getting disinfection by Formalin substituted for the useless fumigation by Sulphur.

Three Slaughter Houses have no impervious walls, and consequently the owners have received notice as to this.

Apparently the Local Government Board enquired whether there is an inspector in their district with a special certificate for meat inspection, to which Dr. Darby replied in the negative.

The Cowsheds are now in a satisfactory condition, but Dr. Darby advises that a Veterinary Surgeon should be engaged to examine the udders of Milking Cows in order to detect any that may be affected with Tuberculosis.



A considerable amount of systematic inspection has evidently been carried out.

Only one "poor person" has been notified to be suffering from Tuberculosis.

The Council issue printed instructions for the guidance of persons so infected, and carry out disinfection where possible.

Dr. Darby mentions that "houses at a low rental, about 3/6 per week, are still required by the working classes. He reports on certain sanitary defects found during his inspection of the schools.

There are still a few shallow wells, but most houses are supplied with Stourbridge water.

The Council have not yet adopted Part III. of the Public Health Acts Amendment Act 1907.

It is mentioned that the Bakehouses require more frequent lime-washing, but on the whole are in a fair condition. There is no underground bakehouse or lodging house in the district.

When referring to excrement disposal, Dr. Darby mentions that "Ash bins are being more commonly used, the ashpit system being often dispensed with in the case of new houses."

If the Public Health Acts Amendment Act 1907 had been adopted, water closets could be required to be put in in all new houses where sewers and waterworks are available, and this would certainly be desirable.

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
1899.	16,000	296	18.5	27	87	215	13.4			10	227	13.9
1900.	16,300	312	19.1	31	99	217	13.3			13	191	11.6
1901.	16,448	328	19.9	31	94	178	10.8			18	212	12.4
1902.	16,448	312	18.9	29	92	194	11.7			19	173	10.5
1903.	16,448	306	18.5	17	55	154	9.3			22	200	12.2
1904.	16,448	286	17.3	27	93	178	10.8			17	175	10.0
1905.	17,500	287	16.4	15	52	158	9.0			13	204	11.6
1906.	17,500	293	16.7	30	202	179	11.2	5	5	20	185	10.5
1907.	17,500	271	15.4	21	77	165	9.4	7		12	190	10.5
1908.	18,000	228	12.6	19	83	180	10.0	10	2			
Averages for Years 1899-1908.												
	16,859	291	17.3	24	83	183	10.8	7	2	16	194	11.4
1909.	18,000	261	14.5	21	80.4	213	11.8	8	1	14	226	12.5

\* 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 1909.

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 ... ..	3		3					
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..	5					3	2	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	2		2					
Enteritis ... ..	2	1				1		
Puerperal fever ... ..								
Erysipelas ... ..	1						1	
Other septic diseases...								
Phthisis ... ..	9		1		1	6	1	
Other tubercular diseases ... ..	3	1		1	1			
Cancer, malignant disease... ..	25					12	13	
Bronchitis ... ..	11	2				1	8	
Pneumonia ... ..	25	5	3			8	9	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	2						2	
Alcoholism ... ..								
Cirrhosis of liver ... ..	2					2		
Venereal diseases ... ..								
Premature Birth ... ..	4	4						
Diseases and accidents of parturition ... ..	2	1				1		
Heart diseases... ..	33				1	8	24	
Accidents ... ..	8	1		1		4	2	
Suicides ... ..								
Senile decay ... ..	23						23	
.....								
.....								
.....								
.....								
All other causes... ..	65	6	2	2	2	25	28	
All causes ... ..	226	21	12	4	5	71	113	



Dr. Mitchell mentions that 26 of the 50 cases of Scarlet Fever notified formed an outbreak at a Private Institution in the district.

Five of the nine cases of Typhoid Fever reported occurred in January and February in members of the same household. The source of this outbreak is obscure, but it seems that direct infection was the probable cause of spread. Two other cases in another family apparently were associated with this outbreak.

Only one case of Consumption was reported under the Public Health (Tuberculosis) Regulations.

Measles was very prevalent in all parts of the district during the latter part of the year, and necessitated the closing of several schools. Fortunately only one death was registered.

Similarly, Whooping Cough was very rife in all parts of the district in the earlier part of the year.

Seven houses were closed as unfit for habitation.

Referring to the excrement disposal, Dr. Mitchell writes:—

“The condition of affairs remains very much as stated in my  
“last Report. During the year 34 closets have been fur-  
“nished with flushing cisterns.

“With regard to the number of flushing cisterns which have been  
“put out of order for motives of economy on the part of the  
“users, whereby the pans have been allowed to become  
“foul and the drains choked, your Clerk has under consider-  
“ation a Byelaw, which I trust will remedy this, though in  
“my opinion it would be more satisfactory to alter the  
“method of charging for water.”

£900 has been spent during the year on Sewer extension, and the Surveyor says:—

“There is little to add to the satisfactory Report which was  
“made last year. The works and farms are all in good  
“order, and uniformly good effluents have been obtained  
“throughout the year, whilst no complaints were received as  
“to smells from the sprays during the last Summer.”

With regard to Water Supply, the Surveyor also says:—

“An unusual, and what might have been a serious, occurrence  
“took place in a house with a private supply of water and  
“electricity a current of 10 Amp. being in use. The iron  
“water pipe from the storage tank and the wires ran to the  
“house in the same trench.

“A leakage in the electricity was noticed, and some days later  
“a slight electric shock was felt on touching a tap con-  
“nected directly with the supply pipe, and the water was  
“found to be green. Subsequent analysis shewed this colour  
“to be due to copper sulphate.

“On investigation of the galvanised iron storage tank active  
“decomposition was found to be going on round the copper  
“ball tap.

“The current, apparently, had been carried along the pipe to  
“the tank, where, owing to the strong current in use, the  
“resistance of the water had been overcome and electrical  
“action taken place.

“When the leakage was remedied the action ceased.”

The Lodging-house, Slaughterhouses, Factories, Workshops, Dairies and Cowsheds are reported 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
1899.	26,000	1,003	38.5	226	225	512	19.6				432	16.7
1900.	26,400	966	36.5	216	223	554	20.6				438	17.3
1901.	25,191	900	35.7	170	188	428	16.8				532	20.4
1902.	25,600	984	38.4	141	143	432	16.7				421	15.8
1903.	25,700	915	35.6	175	186	404	15.6				464	17.0
1904.	26,000	955	36.7	192	201	495	19.0				509	18.1
1905.	26,510	926	34.9	143	154	383	14.7		4	34	511	17.6
1906.	27,000	985	36.5	164	166	424	15.6			37		
1907.	28,000	1,011	36.1	164	162	462	16.5			38		
1908.	29,000	1,060	36.5	156	147	447	15.4			44		
Averages for years 1899-1908.	26,540	970	36.6	174	175	453	17.0			47	472	17.5
1909.	26,300	1,002	34.1	135	135	442	15			64	490	16.6

\* 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 1909.

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 ... ..	38	4	32	2				
Scarlet Fever ... ..	5		3	2				
Whooping-cough ..	15	10	5					
Diphtheria and membranous croup ...	3		1	2				
Croup . . . . .	3	1	2					
Fever { Typhus ... ..								
Enteric ... ..	5				3	2		
Other continued								
Epidemic influenza ...	1					1		
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	12	8	2	1			1	
Enteritis ... ..	10	6	3				1	
Puerperal fever ...								
Erysipelas ... ..								
Other septic diseases...	4			2		1	1	
Phthisis (Pulmonary Tuberculosis) ...	23			3	6	14		
Other tubercular diseases ... ..	14	4	3	6		1		
Cancer, malignant disease ... ..	28					19	9	
Bronchitis ... ..	54	11	5			17	21	
Pneumonia ... ..	43	12	19	1	1	10		
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ...								
Alcoholism {								
Cirrhosis of liver { ...	4					4		
Venereal diseases ...								
Premature birth ...	19	19						
Diseases and accidents of parturition ...	5	2			1	2		
Heart diseases ...	30	3		2	1	15	9	
Accidents ... ..	14	4	4	2		4		
Suicides ... ..	7				2	4	1	
Pemphigus ... ..	1	1						
.....								
.....								
.....								
.....								
All other causes ...	151	50	11	2	4	34	50	
All causes ...	490	135	90	25	18	129	93	



Dr. Buttery prefaces his report with the statement that there is marked improvement in the public health of the district. The Death rate is the lowest recorded for many years, and the Infantile Mortality rate reached the lowest level ever experienced in Oldbury.

The Birth-rate (34.1) continues to be satisfactorily high, although it is below the average for the preceding 10 years (36.6).

Discussing the Death-rate, Dr. Buttery says that although it is an improvement on former years it cannot be considered as satisfactory as it should be, although, of course, the manufacturing character of the district has to be taken into account.

With regard to the Infantile Mortality (134) he says there is no doubt that the steps taken some years ago to help to bring about a better state of infant life conditions by the County Council establishing a Health Missioner there, has had a considerable part in bringing about this improvement.

During the year, 23 deaths were registered as due to Phthisis, and 9 pauper cases were notified.

In each of the latter instances instructions and advice were given, and Dr. Buttery adds that there is no doubt that the compulsory notification of this fell disease ought to be extended to all cases, whether pauper or not. It appears that a number of cases from Oldbury have been benefited by treatment at the Knightwick Sanatorium, and he adds that "this Institution is deserving of further continued support "it receives from certain members of the community at Oldbury, "especially at the hands of the various works and societies in the "town."

Only ten cases of Typhoid Fever were notified during the year, and Dr. Buttery says there is no doubt whatever that the closing of a great number of old shallow wells followed by a substitution of water closets for the old privy middens has been the chief factor in reducing the at one time great incidence of Typhoid Fever.

During the fall of the year there was a severe epidemic of Measles which caused 38 deaths.

There is careful supervision of Cowsheds in the district, and in many cases these premises and the animals are in every way satisfactory. Some Cow Keepers give a good deal of trouble as they cannot be made to see that the best methods are in every way the most beneficial to animals as well as themselves. The Sanitary Committee have recently decided to engage a veterinary surgeon to advise and help in improving the character of the milk supply.

The Meat Supply is regularly inspected both at the Slaughterhouses and in the shops, and there is no doubt that the meat sold in the town is of much better quality than formerly.

The Factories and Workshops are regularly visited, and defects found, dealt with.

Scavenging is carried out in a very satisfactory way.

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
1899.	13,112	388	29.5	65	170	184	14.0	8				
1900.	13,330	392	29.4	78	198	264	19.8	6				
1901.	13,550	418	30.8	62	148	184	13.5	10				
1902.	13,784	403	29.2	63	156	183	13.2	10	3	3	183	13.2
1903.	14,039	405	28.8	55	135	181	12.8	10	6	9	184	13.1
1904.	14,289	367	25.6	59	160	179	12.5	12	6	9	182	12.1
1905.	14,543	384	26.4	39	101	212	14.5	5	1	14	225	15.4
1906.	14,800	430	29.0	66	153	204	13.7	6	1	10	213	14.3
1907.	15,070	406	27.6	46	113	162	11.0	5	2	11	171	11.3
1908.	15,340	396	25.8	38	95	177	11.5	8	4	14	187	12.1
Averages for Years 1899-1908.	14,185	398	28.2	57	142	193	13.6	8	4	10	192	12.8
1909.	15,600	349	22.3	30	85	198	12.6	12	4	6	200	12.8

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



TABLE IV.

Causes of, and ages at, Death during Year 1909.

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 ... ..	8	3	5					
Scarlet fever ... ..	4		2	2				
Whooping-cough ... ..	4	1	3					
Diphtheria and membranous croup ... ..	1			1				
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..	2					2		
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	4	4						
Enteritis ... ..	2	2						
Puerperal fever ... ..	1					1		
Erysipelas ... ..	2					1	1	
Other septic diseases...								
Phthisis (Pulmonary tuberculosis ... ..	9			1	2	6		
Other tubercular diseases ... ..	1			1				1
Cancer, malignant disease ... ..	20					11	9	1
Bronchitis ... ..	16	1				7	8	
Pneumonia ... ..	30	6	11	1	4	4	4	3
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..	3					3		
Alcoholism ... ..								
Cirrhosis of liver ... ..								
Venereal diseases ... ..								
Premature birth ... ..	4	4						
Diseases and accidents of parturition ... ..	2					2		
Heart diseases ... ..	20			1	1	15	3	
Accidents ... ..	3					2	1	2
Suicides ... ..								
Senile decay ... ..	17					1	16	
Congenital debility ... ..	6	6						
.....								
.....								
All other causes ... ..	41	3	4	1	4	17	12	5
All causes ... ..	200	30	25	8	11	72	54	12

Dr. Stevenson says :—

The Birth-rate (22·3) is the lowest which has ever been recorded in the district, and there has been a drop of almost 6·9 per thousand during the past 20 years.

Referring to the cause of the decline, he says :—

“As to the cause of the decline in the rate, I fear we must conclude it is mainly due to a deliberate and voluntary avoidance of child-bearing on the part of a steadily-increasing number of married people, who not only prefer to have but few children, but who know how to obtain their wish.”

With the falling Birth-rate the saving of infant life becomes of national importance, and the lowering of the infantile mortality from an average of 145 to 85 in 1909 is a matter for congratulation.

Dr. Stevenson says that without any hesitation he can say most of the credit for such an excellent result is due to the untiring efforts of the Health Missioner, Mrs. Bedford-Carpenter.

It is specially noteworthy that only 11 cases of Typhoid Fever have occurred in the district during the past five years.

Measles accounted for eight deaths, and it has not been epidemic for the unusually long time of four years. It re-appeared in April 1909, and spread rapidly during May, and ultimately became an epidemic wave affecting all parts of the town.

Whooping cough was also prevalent, and caused four deaths. The summer months were wet and cold, and consequently Diarrhœa was not prevalent.

Phthisis caused nine deaths, i.e., a mortality of 0·5 per thousand, which is the lowest Death-rate for years, the average for the past five years being 0·7 per thousand.

Three cases were notified under the Public Health (Tuberculosis) Regulations, and Dr. Stevenson has been authorised to incur an expenditure of such small sums as may be necessary to prevent the spread of infection in these cases.

There are still 1,500 Pail Closets, and Dr. Stevenson expresses regret that few have been converted into Water Closets during the year.

The Domestic Refuse is now carried in iron receptacles instead of being wheeled out into the streets, and is disposed of at the Destructor established in 1908.

The Slaughterhouses and Bakehouses are supervised and dealt with as occasion requires.



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
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			40	277	16.95
1902.	16,489	467	28.32	51	109.20	212	12.85			32	244	14.79
1903.	16,639	468	28.12	58	123.93	209	12.56			33	242	14.53
1904.	16,790	463	27.57	63	135.85	257	15.30			31	288	17.15
1905.	16,942	421	24.84	43	102.13	201	11.86			38	239	14.10
1906.	17,095	475	27.78	52	109.47	254	14.85			30	284	16.61
1907.	17,251	434	25.15	54	124.42	221	12.81			38	259	15.01
1908.	17,408	444	25.50	37	83.33	202	11.60			27	229	13.15
Averages for years 1899-1908.	16,718	459	27.50	57	125.05	236	14.12			34	258	15.29
1909.	17,566	430	24.42	66	153.48	254	14.45		1	35	288	16.39

\* 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 1909.

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 ... ..	12	2	9	1				
Scarlet Fever ... ..	7		4	3				
Whooping-cough ... ..	5	3	1	1				
Diphtheria and membranous croup ... ..	2		1	1				
Croup ... ..								
Fever { Typhus ... ..								
Enteric ... ..	3			1		2		
Other continued								
Epidemic influenza ... ..	3				1		2	
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	10	5	5					
Enteritis ... ..	3	1	2					
Puerperal fever ... ..								
Phthisis (Pulmonary Tuberculosis) ... ..	20		1		1	16	2	
Erysipelas ... ..								
Other septic diseases...								
Other tubercular diseases ... ..	6		2	2	1	1		
Cancer, malignant disease ... ..	14					12	2	
Bronchitis ... ..	48	15	6	1		10	16	
Pneumonia ... ..	4	1				2	1	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver ... ..	4					3	1	
Venereal diseases ... ..	1	1						
Premature Birth ... ..	17	17						
Diseases and accidents of parturition ... ..	1				1			
Heart diseases ... ..	34	2		1	1	20	10	
Accidents ... ..	3	2				1		
Suicides ... ..	2					2		
.....								
.....								
.....								
All other causes ... ..	89	17	4	1	1	21	35	
All causes ... ..	288	66	35	12	6	90	79	



Dr. Wilberforce Freer reports:—

The Birth-rate (24·4) was the lowest ever recorded. The net Death-rate equalled 16·3. 27% of these deaths occurred in persons over 65 years of age, and 23% were in persons under the age of one year.

The Infantile Mortality was 153, as compared with an average of 125 for the past 10 years. Of the 66 deaths which gives this high infantile mortality, 17 were due to Premature Birth and 15 to Bronchitis.

The Notification of Births Act which the Urban Council adopted works smoothly, but, as shewn in a previous paragraph on the Notification of Births Act 1907, steps are now being taken by the Urban Council to transfer their powers to the County Council.

Measles was epidemic, and caused 12 deaths, and necessitated the closure of two schools.

There were 195 cases of Scarlet Fever and 17 deaths, the disease being epidemic during the whole of the year, and most severe during the first nine months. It was necessary to remove 176 of the cases to the Infectious Diseases Hospital.

Eight school closures were necessary .

Dr. Freer mentions that a child attending one of the elementary schools suffering from Scarlet Fever handled modelling clay, which was put away for subsequent use, and in the ordinary course of events would have been doled out to the infants.

He adds:—

“From a Public Health point of view it seems to me that this  
“method of teaching infants is a dangerous one, and might  
“play a not unimportant part in prolonging an epidemic of  
“such a disease as Scarlet Fever.”

Whooping Cough was also prevalent and caused five deaths. Three schools had to be closed.

Seven of the eight cases of Typhoid Fever occurred among hop-pickers. This subject is dealt with in the paragraph on “Hop-pickers.”

Phthisis caused 20 deaths and a Death-rate of 1·3 per thousand. Nine cases were notified during the year and several houses were disinfected; pocket sputum flasks supplied free of charge on the recommendation of medical attendants.

Considerable portions of the Public Health Acts Amendment Act will shortly come into force.

Infected houses are disinfected with formalin and clothing disinfected at the Isolation Hospital.

The general refuse is cremated at the refuse destructor erected in 1904.

The Byelaws approved by the Local Government Board in 1890 are being revised by a Special Committee. A similar statement occurs in Dr. Freer's Annual Report for 1908.



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
1899.	4,596	124	26.9	13	104	55	11.9				55	11.9
1900.	4,562	122	26.7	12	98	56	12.2			5	61	13.8
1901.	4,521	106	23.4	17	160	52	13.6			8	70	15.4
1902.	4,486	104	23.4	12	111	52	11.5			8	60	13.3
1903.	4,451	121	26.9	8	66	44	9.8			13	57	12.2
1904.	4,416	116	25.8	12	106	67	12.9			13	80	17.8
1905.	4,381	103	23.5	12	116	53	12			13	66	15
1906.	4,346	95	21.8	7	73	63	13.8			5	65	14.9
1907.	4,311	102	23.6	16	156	67	15.5			7	74	17.1
1908.	4,276	81	18.9	8	88	42	19.8			8	50	11.6
Averages for years 1899-1908.	4,424	107	24	11	107	54	12.8			8	63	14.3
1909.	4,241	90	21.1	6	66	44	10.3			10	54	12.7

\* 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 1909.

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		2					
Whooping-cough ..								
Diphtheria and membranous croup ...								
Croup . .								
Fever { Typhus ...								
{ Enteric ...								
{ Other continued								
Epidemic influenza ...	2						2	
Cholera ...								
Plague... ..								
Diarrhœa ...	1		1					
Enteritis ...								
Puerperal fever ...								
Erysipelas ...								
Other septic diseases...								
Phthisis (Pulmonary Tuberculosis) ...	4					4		
Other tubercular diseases ...	4					4		
Cancer, malignant disease ...	4					4		
Bronchitis ...	4		1			1	2	
Pneumonia ...	3					1	2	
Pleurisy ...								
Other diseases of Respiratory organs ...								
Alcoholism {								
Cirrhosis of liver { ...	5					5		
Venereal diseases ...								
Premature birth ...	5	5						
Diseases and accidents of parturition ..								
Heart diseases ...	9				1	2	6	
Accidents ...								
Suicides ...								
.....								
.....								
.....								
.....								
.....								
All other causes ...	14	1				5	8	
All causes ...	54	6	5		1	22	20	



Dr. Robinson says:—

That the Birth-rate (21·1) is, excepting that for 1908, the lowest on record.

68 cases of Scarlet Fever were notified, and two deaths occurred. The disease generally was so mild that many cases were not discovered until in the peeling stage.

Dr. Robinson is convinced that with care it is possible to isolate patients at home, if a room can be placed solely at the disposal of the patient.

The Infantile Mortality is as low as 66, which he considers is due to the cold wet summer and consequent absence of diarrhoeal diseases.

Four deaths were due to Phthisis, and under the compulsory notification of Tuberculosis among poor persons and by means of a voluntary system of notification which was adopted in 1909, 13 cases of Consumption were notified, but Dr. Robinson is of opinion that there are still some cases un-notified. He suggests the advisability of trying to get the District Nurse to visit the cases. At present the Sanitary Inspector visits infected houses and reports to the Medical Officer on the sanitary condition and also the practicability of isolating infected persons, especially as regards sleeping accommodation. He also distributed a card of "Precautions for Consumptive Persons," approved by his Council.

Dr. Robinson says: "The sewage farm is in full working order and continues to be a nuisance."

About 50 privies have been converted into water closets and there are still 450 others in the district. "Consequently the Council is incurring the double expense of working the water carriage and privy-midden systems; in other words, are burning the candle at both ends."

Scavenging is regularly carried out, but it is "still not unusual to see—and smell—the contents of large ashpits deposited on the roads during business hours, awaiting removal." The Sanitary Inspector assures Dr. Robinson that so far as is practicable all such work is done before 10 a.m. and in the main streets before 8 a.m.

The five Slaughterhouses are all situated too near houses, but the Sanitary Inspector visits them regularly and reports that on the whole they are kept clean.

No arrangement is in force for the inspection of the meat, but Dr. Robinson thinks there ought to be.

The Cowsheds are better kept than formerly, because they are regularly inspected, but the cows are not examined by a Veterinary Surgeon for Tuberculosis, which is desirable.

Visits are made to the Bakehouses, Factories and Workshops.

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
1899.	12,300	288	23.4	19	65	141	11.4				175	14.4
1900.	12,300	290	23.5	27	93	159	12.1			1	161	13.3
1901.	12,086	303	25.0	30	99	159	13.1			8	164	13.4
1902.	12,100	304	25.1	26	85	174	14.3			14	151	12.3
1903.	12,100	295	24.3	23	77	153	12.6			7	144	11.8
1904.	12,200	301	24.6	2	76	150	12.2			10	167	13.6
1905.	12,200	28	23.5	26	90	144	11.8			17	160	13.0
1906.	12,200	295	24.1	20	67	133	10.9			11		
1907.	12,250	287	23.4	21	73	150	12.2					
1908.	12,300	283	23.0	22	77	149	12.1					
Averages for Years 1899-1908.	12,203	293	23.9	22	80	151	12.2					
1909.	12,300	238	19.3	26	108	147	11.9			15	162	13.1

\* 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 1909.

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	2					
Scarlet fever ... ..								
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..	3		2	1				
Croup ... ..								
{ Typhus ..								
{ Enteric ..								
{ Other continued								
Epidemic influenza ... ..	3					3		
Cholera ... ..								
Plague... ..								
Diarrhoea ... ..								
Enteritis ... ..	1	1						
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis (Pulmonary tuberculosis) ... ..	12				3	9		
Other tubercular diseases ... ..	1				1			
Cancer, malignant disease ... ..	8					5	3	
Bronchitis ... ..	14	4				2	8	
Pneumonia ... ..	14	3	2		1	3	5	
Pleurisy ... ..	1						1	
Other diseases of Respiratory organs ..								
Alcoholism ... ..								
Cirrhosis of liver } ... ..	2					2		
Venereal diseases ... ..								
Premature birth ... ..	8	8						
Diseases and accidents of parturition ... ..	2	2						
Heart diseases ..	15	1		1	2	6	5	
Accidents ... ..	6	1		1	1	2	1	
Suicides ... ..								
Old age ... ..	27						27	
.....								
.....								
.....								
All other causes ... ..	42	5	4	2	2	12	17	
All causes ... ..	162	26	10	5	10	44	67	

Dr. Coaker says:—

The Birth-rate (19'3) is the lowest yet recorded in the district.

26 cases (no deaths) of Scarlet Fever were notified, but it was not epidemic at any time.

Referring to the 16 cases (3 deaths) from Diphtheria, he says:—

“On the outbreak of the first case, which unfortunately proved fatal after admission to hospital, I visited the schools and sent ‘swabbings’ of as many ‘contacts’ as possible for bacteriological examination. No child exhibited signs of diphtheria, but the ‘swabbing’ from one case was reported to contain the diphtheria bacilli. On visiting the house where this child lived I found a sister suffering with diphtheria, but the child in whose throat the bacilli were found was apparently quite well.”

These facts support the views I have often expressed as to the efficacy of outbreaks of diphtheria being dealt with in the way Dr. Coaker has done.

Measles was epidemic at Tardebigge and Belbroughton, and caused three deaths.

Whooping Cough also appeared in various parts of the district, but not in a severe form.

There were 12 deaths from Pulmonary Tuberculosis, which gives a Death-rate of '97 per thousand, and three cases were notified under the Public Health (Tuberculosis) Regulations.

A proposal for voluntary notification of Phthisis came before the District Council, but was not adopted, and as to the question of treating Consumptive persons in existing Sanatoria, no decision had been arrived at when the report was issued.

The drainage of Barnt Green Village has not yet been commenced, as no agreement with the North Bromsgrove Urban District Council for a Joint Scheme had been made. The necessity for drainage, is, however, admitted.

The sewers at Clent have been extended, and drain part of the main Bromsgrove-Stourbridge Road.

The Parishes of Clent, Hagley and Pedmore have withdrawn their application for inclusion in the proposed Stourbridge Water Board.

The House accommodation is said to be sufficient for the needs of the district.

Dr. Coaker says that the remarks in his 1908 Report to the effect that some reluctance is shewn to register Cowsheds on account of the fact that structural repairs can be enforced against the tenant and not against the landlord, are still in force, and the matter of enforcement of registration is a matter which rests entirely with the District Council.

Section 22 of the Public Health Acts Amendment Act 1890, which has reference to the sanitary conveniences for manufactories, has not been adopted 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
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	124.3	175	13.5			12		
1903.	12,932	309	23.5	36	116.5	159	12.2			16		
1904.	12,932	325	25.1	40	123	154	11.9			12		
1905.	12,932	282	21.8	25	88.6	156	12.06			26		
1906.	12,932	308	23.8	20	64.9	169	13.06			15		
1907.	12,932	305	23.5	30	98.3	159	12.2			15		
1908.	12,932	256	19.8	23	89.8	155	11.9			16		
Averages for years 1899-1908.	13,321	310	23.6	29	96	163	12.3					
1909.	12,932	264	20.4	19	71.9	145	11.2			12	157	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 1909.

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		2	1				
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued								
Epidemic influenza ... ..	4					2	2	
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..								
Enteritis ... ..	6	5	1					
Puerperal fever ... ..	1				1			
Phthisis (Pulmonary Tuberculosis) ... ..	6				1	3	2	
Erysipelas ... ..								
Other septic diseases...								
Other tubercular diseases ... ..	2				1	1		
Cancer, malignant disease ... ..	7					6	1	
Bronchitis ... ..	7	2	1			1	3	
Pneumonia ... ..	8	1			1	2	4	
Pleurisy ... ..	1						1	
Other diseases of Respiratory organs ... ..	3	1				2		
Alcoholism ... ..								
Cirrhosis of liver } ... ..	1					1		
Venereal diseases ... ..								
Premature Birth ... ..	2	2						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	12			1	1	4	6	
Accidents ... ..	7		1			5	1	
Suicides ... ..	2					2		
Cerebral hemorrhage... ..	14					3	11	
Senile decay ... ..	19						19	
.....								
All other causes ... ..	52	8	1	2	2	13	26	
All causes ... ..	157	19	6	4	7	45	76	



Dr. Wilkinson reports that the number of deaths due to Tuberculosis was about a third of that for last year.

"The Sewerage of Ombersley Village has been completed, connections are now being made to the sewer. I hope that the outfall may remain satisfactory.

"I strongly advise the Council to consider the necessity of a drainage scheme for the Astwood part of the district, and also for Cornmeadow, Checkett's Lane, and Ombersley Road. I am glad to know that plans are prepared and negotiations are taking place for wayleaves in order that the Fernhill Heath drainage may be dealt with.

"At Stoke Works the Council has sewered Causeway Meadows, and the conditions there are now satisfactory, but nothing so far has been done with regard to the rest of Stoke Works.

"Your Committee has, I understand, decided that the nuisance existing at Wychbold can be dealt with without any scheme of drainage, and I hope that each local insanitary condition will soon be remedied and the result may be satisfactory."

There are 84 dairymen and purveyors of milk on the Register. Some of the cowsheds are still deficient in lighting and ventilation, but it is hoped that the regulations will soon be complied with. The difficulty which arises in keeping the yards and cowsheds more cleanly is brought about in many cases by there being no rain spouting to the sheds; the result is that in wet weather cartage of manure and cleanliness is very difficult to obtain.

Notices were served for whitewashing three of the 65 Factories and Workshops on the Register.

The Council are advised to obtain power to make Byelaws applicable to Slaughterhouses at Crowle, Hartlebury and Elmbridge.

There were six infringements of the Canal Boats Act.

Four schools were closed during the year.

Other sanitary work is referred to in the Sanitary Inspector's report.

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
1899.	7,142	226	31.6	18	79	120	16.8	22	7	2	103	14.4
1900.	7,142	222	31.0	17	76	108	15.1	24	7	2	108	14.2
1901.	7,584	229	30.1	23	100	113	14.9	7	5	7	89	11.7
1902.	7,584	201	26.5	14	69	87	11.4	18	9	6	97	12.7
1903.	7,584	195	25.7	16	82	100	13.1	23	6	6	96	12.6
1904.	7,584	214	28.2	9	42	96	12.6	24	11	9	99	13.0
1905.	7,584	208	27.4	13	62	101	13.3	26	15	6	117	14.9
1906.	7,820	204	26.0	8	39	126	16.1	29	16	5	109	13.9
1907.	7,820	211	26.9	17	80	120	15.3	21	12	2	111	14.0
1908.	7,900	192	24.3	13	67	121	15.3					
Averages for Years 1899-1908.	7,574	210	27.7	14	69	109	14.3	21	9	5	103	13.4
1909.	7,900	211	26.7	15	71	116	14.1	29	19	5	102	12.4

\* 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 IV.  
Causes of, and Ages at, Death during Year 1909.

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 ... ..	2						2	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..	2	1	1					
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis ... ..	5					5		
Other tubercular diseases ... ..	6			1	2	2	1	
Cancer, malignant disease... ..	11					6	5	
Bronchitis ... ..	4	3					1	
Pneumonia ... ..	4					3	1	
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..	1					1		
Cirrhosis of liver ... ..								
Veneral diseases ... ..								
Premature Birth ... ..	6	6						
Diseases and accidents of parturition ... ..	1					1		
Heart diseases... ..	14					5	9	
Accidents ... ..	3	1				2		
Suicides ... ..								
Senile decay ... ..	13						13	
.....								
.....								
.....								
.....								
.....								
All other causes... ..	30	4	1		1	9	15	
All causes ... ..	102	15	2	1	3	34	47	

Satisfactorily low vital statistics are recorded. With the exception of 30 cases of Diphtheria the district was very free from notifiable disease.

25 of the 30 cases of Diphtheria occurred in the parishes of Badsey and Wickhamford which are so intimately associated.

"This outbreak, as I explained in my Quarterly Report for June last, was due to infection conveyed through the schools by children having 'sore throat,' and that no one was to blame for this. Acting on my advice, you (with the approval of the Local Government Board) arranged with Dr. Harry, as it was impracticable for me to visit the district at a moment's notice, to take 'swabs' from infected children's throats, and send them to the laboratory for examination."

The result of this was most satisfactory, as it enabled children who were infectious to be excluded from school, and undoubtedly assisted in suppressing the outbreak.

The Badsey schools had to be closed on two occasions during the year.

Five deaths from Phthisis occurred, giving a Death-rate of 0.6 per thousand of the population.

Six cases of Pulmonary Tuberculosis were notified, i.e., 4 voluntarily and 2 as required by the Public Health (Tuberculosis) Regulations. The former were reported in consequence of an agreement with the local medical men, by which a fee of 2/6 is paid for each certificate. Consumptive patients are promptly visited, and a leaflet of general precautions is explained to them and advice given thereon. These visits are repeated at intervals of about three months, and the houses in which the patients live are disinfected with formalin when requisite.

Special attention is directed to a letter addressed to the Docking Rural District Council by the Local Government Board, which points out that a Rural District Council can pay the cost of sending patients to open air sanatoria; the Evesham District Council are urged to give this communication sympathetic consideration.

Nothing has come of the suggestion for utilising the Smallpox hospital for the treatment of advanced cases of Consumption, made in the Annual Report for 1908.

Sanitary inspections of the schools have been made and the whole of the material improvements recommended in 1908 have been carried out, except at Broadway, Hampton and Bretforton, where the urinals are still flushed with rain water or by hand, although water works are available. The same state of things obtains at Offenham, where there are no waterworks.

A memorandum is appended with regard to Disinfection and Disinfectants, a subject which is referred to in an earlier part of this Digest.



During the year 52 houses have been completed, 18 rendered fit for habitation and three closed under the Housing and Town Planning Act 1909.

The District Council are making every effort to carry out the provisions of this new Act.

The contemplated sewerage scheme for Bretforton has not been definitely decided, although there seems every probability that it will be taken in hand in the near future.

During the year complaint had to be made of the way in which the attendant managed the Broadway Irrigation Farm, and he has consequently been required to carry out his contract.

Temporary trouble was experienced with the sewage distributors at the Badsey Outfall Works. These works in other respects have been satisfactory during the year.

The question of water supply at Offenham has cropped up. Of 12 samples taken from the local wells, 11 were condemned. Ten of these condemned wells were cleansed and nine of them re-analysed, and also condemned. Consequently 11 other samples from wells chosen by the District Councillor were taken for analysis, and of these, six were found to be unfit for drinking purposes, three were fit, and two were dangerous to health, as they gave evidence of previous contamination.

Since the report was presented a Parish Meeting has been held, and the District Council have been requested to endeavour to get the Village supplied with water from the mains of the Evesham Villages Scheme.

The Slaughterhouses, Bakehouses, Factories and Workshops, Dairies and Cowsheds have been inspected and requisite alterations have been made.

A vigilant eye has been kept on the Cowsheds, and considerable improvement has resulted.

Sections 23, 25, and 34 to 68 inclusive of the Public Health Acts Amendment Act 1907 have been adopted 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
1899.	5,744	153	26.6	17	111	67	11.6			5	95	16.5
1900.	5,744	129	22.4	16	124	90	15.6			5	74	13.3
1901.	5,532	131	24.4	14	106	69	12.4			4	60	10.8
1902.	5,532	107	19.3	12	102	56	10.1			7	70	12.6
1903.	5,532	108	19.5	9	83	63	11.3			10	79	13.0
1904.	5,532	141	25.4	13	92	62	11.2			6	87	15.7
1905.	5,532	126	22.7	15	119	81	14.6			9	77	13.9
1906.	5,532	136	24.5	11	80	68	12.2			10	64	11.6
1907.	5,500	145	26.3	10	68	54	9.8			5	77	14.0
1908.	5,500	123	22.3	7	56	72	13.0					
Averages for Years 1899-1908.	5,568	129	23.3	12	94	68	12.1	—	—	6	68	12.1
1909.	5,450	108	19.8	14	130	75	13.7	—	—	6	81	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 1909.

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 ...	1				1			
Croup ...								
Fever { Typhus ...								
{ Enteric ...								
{ Other continued								
Epidemic influenza ...								
Cholera ...								
Plague... ...								
Diarrhœa ...								
Enteritis ...	1	1						
Puerperal fever ...								
Erysipelas ...								
Other septic diseases...								
Phthisis ...	8			1	2	4	1	
Other tubercular diseases ...	2			1		1		
Cancer, malignant disease... ...	4					4		
Bronchitis ...	3	2						
Pneumonia ...	2					2		
Pleurisy ...								
Other diseases of Respiratory organs ...	3	1				1	1	
Alcoholism { ...	2					1	1	
Cirrhosis of liver { ...								
Venereal diseases ...								
Premature Birth ...	1	1						
Diseases and accidents of parturition ...								
Heart diseases... ...	5		1			1	3	
Accidents ...	1						1	
Suicides ...								
Senile decay ...	20					2	18	
.....								
.....								
.....								
.....								
All other causes... ...	25	6	1	1	1	8	8	
All causes ...	81	14	2	3	4	24	34	

The Birth-rate was as low as 19·8.

The Infantile Mortality was unusually high (130), as compared with 94, the average for the years 1899-1908. Of the 14 infant deaths which caused this mortality, three were due to Whooping Cough, two to Bronchitis, one to Convulsions, and five to wasting diseases.

Although no death was attributed to Measles, it was epidemic at Astwood Bank and Feckenham, and necessitated the closure of the respective schools.

Whooping Cough caused three deaths, and was prevalent at Astwood Bank, Cookhill, and Inkberrow, where the elementary schools had to be closed.

31 of the 39 cases of Scarlet Fever occurred in children under 15 years of age; dissemination of the disease was due to personal infection from congregation of children at school.

Three schools had to be closed on account of its prevalence.

Eight deaths from Consumption were registered, which give a Death-rate of 1·4 per thousand of the population.

Two cases were notified under the Tuberculosis Regulations, and two by the voluntary arrangement that was made with the local medical practitioners. Leaflets of general precautions as to Consumptive Persons were issued and explained by the Sanitary Inspector from time to time.

Attention is called to the letter of the Local Government Board addressed to the Docking Rural District Council shewing that District Councils have power to contribute to an open-air Sanatorium, and urging the District Council to retain a bed at the Worcestershire Open-air Sanatorium.

As the outcome of a sanitary survey of the schools made in 1908, the Sanitary Inspector reported:—

“It was not found necessary for any alteration to be made to the  
“closet accommodation or the water supply. The sewage  
“from Crabb's Cross Schools is now received into a tank  
“instead of a ditch, and irrigated over land.

“The middens and urinals at Abbott's Morton C.E. Schools were  
“thoroughly repaired early last year. The water is still  
“obtained from the well about 150 yards from the schools,  
“and stored in earthenware pails. The middens are  
“cleansed much more often than they used to be.”

Special attention is called to the provisions of the Housing and Town Planning Act.

The County Council having made a representation to the Local Government Board that the District Council were in default with regard to the sewerage of Hunt End, I made a special Report on



the sanitary condition of the place on September 4th, 1909, and a subsequent report on the same question on 25th April 1910.

The Board wrote to the County Council on October 7th, 1909, enquiring "whether having regard to the financial depression, and "diminution of population caused by the stoppage of the Hunt End "works, the question of sewerage might not be deferred for the pre-"sent." The County Council on December 13th agreed that reasonable opportunity should be given of submitting proposals for dealing with the nuisances, and in the meanwhile the "representation" has been deferred.

Astwood Bank, Crabb's Cross and Hunt End are scavenged as usual.

At the present time there are 265 houses in Astwood Bank, 113 in Crabb's Cross, and 10 at Hunt End, supplied from the East Worcestershire water mains.

The Sanitary Inspector called in a Veterinary Surgeon to examine a carcase of meat, but the latter advised that the owner should have the benefit of the doubt.

It appears there is ample room for improvement in the housing and cleanliness of the Cows and Cowsheds, and the Inspector expresses the opinion that they are not as well kept as they ought to be.

The Factories, Bakehouses, are all duly visited.

The following sections of the Public Health Acts Amendment Act 1907 have been adopted: 15, 16, 22, 23, 25, 26, 30, 33 to 46, 48 to 60, and 62 to 68.

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
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
1908.	23,574	800	33.9	103	128	337	14.1	10	3	17	351	14.8
Averages for Years 1899-1908.	23,795	849	34.7	116	136	343	14.4	6	3	12	354	14.6
1909.	23,574	764	32.4	89	116	351	14.8	16	13	23	361	15.3

\* 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 1909.

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 ... ..	29	3	22	4				2
Scarlet Fever ... ..	9		7	2				9
Whooping-cough ..	5	2	3					
Diphtheria and membranous croup ...	3		3					1
Croup . . . . .								
Fever { Typhus ... ..								
{ Enteric ... ..	5	1		1	1	2		4
{ Other continued								
Epidemic influenza ...	4				1	1	2	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	4	2	2					
Enteritis ... ..	2	1	1					
Puerperal fever ... ..	1				1			
Erysipelas ... ..								
Other septic diseases...								
Phthisis (Pulmonary Tuberculosis) ...	20		2	3	6	9		
Other tubercular diseases ... ..	18	6	7	1	1	3		
Cancer, malignant disease ... ..	18				1	13	4	
Bronchitis ... ..	37	6				12	19	
Pneumonia ... ..	36	9	15	1	2	8	1	
Pleurisy ... ..								
Other diseases of Respiratory organs ...								
Alcoholism { ... ..	2					2		
Cirrhosis of liver {								
Venereal diseases ... ..								
Premature birth ... ..	17	17						
Diseases and accidents of parturition ...								
Heart diseases ... ..	30		1	1	2	19	7	
Accidents ... ..	6					5	1	
Suicides ... ..	4					3	1	
.....								
.....								
.....								
.....								
.....								
All other causes ...	111	42	11	2	3	16	37	
All causes ... ..	361	89	74	15	18	93	72	16

Dr. Brett Young says :—

The house accommodation for the working classes is more than sufficient. A large number of old houses need considerable attention on account of the carelessness and uncleanly habits of the occupants. The practice of keeping fowls in outhouses attached to cottages and allowing them to run about the yards, is much too common because of the soil pollution to which it gives rise.

The water supply of the district is mostly derived from the South Staffordshire Waterworks Co., and is satisfactory.

For the greater part of the district a complete system of sewerage is provided, except in a few of the rural parts, and consequently river pollution may be considered to be entirely done away with.

It is mentioned that there is no doubt that the condition of the dairies and cowsheds is much improved.

Referring to the excrement disposal, Dr. Young says :—

“ This is certainly a matter in most urgent need of serious attention. In spite of the fact that a sewerage system and a public water supply exist for the greater part of the district, the old-fashioned privy-midden still very largely obtains. I am convinced that the continuance of such a system, involving as it does the retention for long periods of large masses of faecal matter, in the near neighbourhood of dwellings, cannot have other than a detrimental effect on the public health. With a proper system of sewerage and a public water supply the retention of such a system is, from a public health point of view, absolutely indefensible.

“ In some quite poor parts of the district where water-closets might be very carelessly used, a pail system, with weekly removals, would be a great advance on the privy midden.

“ An endeavour is made in the case of all new houses, in localities where sewers and a public water supply exist, to get water-closets put in, and also in cases where serious defects are found in existing privy middens. In this way 55 additional W.C.'s have been provided and 27 privies converted to W.C.'s or Slop Water-Closets.

“ There still remain in the parts of the district which have sewers and a public water supply 2,384 privies against 1,455 W.C.'s. In the face of these figures I feel it to be my urgent duty to advise and recommend a wholesale conversion of these privy-middens into water-closets.”

The sanitary condition of the public elementary schools, excepting the Cradley Netherend Council School, is reported to be satisfactory. This school, however, is to be rebuilt during the present summer.



It is mentioned that there was difficulty in finding accommodation at the Isolation Hospital, during the year, as there was a marked prevalence of Scarlet Fever (118 cases), but Dr. Young understands "that an extension of accommodation is being provided."

In view of the fact that Pulmonary Tuberculosis is compulsorily notifiable in the case of poor persons Dr. Young advocates that it should be made generally notifiable, and that the Council should (i.) either by itself or in combination with other Authorities provide for the temporary treatment in Sanatoria of early cases, and, secondly, where it can be procured, the isolation of advanced and incurable cases. The Council, however, did not see their way to adopt either the Notification or provide accommodation for the treatment. They however agreed to provide spit bottles for use in more advanced cases.

During the year seven poor law cases were notified.

Dr. Young discusses the nine cases of enteric fever and says that one of them was supposed to have been contracted in Herefordshire, where the patient had been hop picking.

Measles caused 29 deaths, and was epidemic at Cakemore, Hill and Cradley, and necessitated the closure of the local schools.

The Health Missioner paid a large number of visits and gave instructions to parents in the affected districts, but Dr. Young mentions that it is very difficult to get poor people to realise that Measles is the most fatal of children's diseases.

The Factories and Workshops have been duly inspected.

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
1899.	10,100	268	26.27	26	97.01	128	12.6	2	2	0	126	12.35
1900.	10,100	252	24.72	37	146.8	146	14.31			0	146	14.3
1901.	10,200	251	24.8	28	111.5	134	13.3	1	1	0	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
1908.	10,100	242	23.96	19	78.09	127	12.5	2	2	16	141	13.9
Averages for years 1899-1908.	10,110	245.9	24.26	25	101.13	138	12.88	4.5	4	10.3	137.1	13.5
1909.	10,100	213	21.08	23	108.9	135	13.36	5	4	19	150	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 1909.

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 ... ..	1		1					5
Whooping-cough ... ..	1		1					
Diphtheria and membranous croup ... ..	2			2				
Croup ... ..								
{ Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..	1					1		
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..	1					1		
Enteritis ... ..	4	3				1		
Puerperal fever ... ..								
Phthisis (Pulmonary Tuberculosis) ... ..	7			1		6		
Erysipelas ... ..								
Other septic diseases ... ..								
Other tubercular diseases ... ..	2		1			1		
Cancer, malignant disease ... ..	13					6	7	
Bronchitis ... ..	17		3			2	12	
Pneumonia ... ..	12	3			1	3	5	
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver ... ..	1					1		
Venereal diseases ... ..								
Premature Birth ... ..	7	7						
Diseases and accidents of parturition ... ..	1					1		
Heart diseases ... ..	11					5	6	
Accidents ... ..	6					5	1	
Suicides ... ..	2					2		
Cerebral hemorrhage ... ..								
Senile decay ... ..								
.....								
All other causes ... ..	55	11			1	22	21	
All causes ... ..	150	25	10	3	2	58	52	5

Dr. Addenbrooke made a special report by direction of the Local Government Board on the 17 cases of Diphtheria which occurred in the district.

Only one case of Enteric Fever was notified, and the disease was imported from abroad.

Nine cases were reported under the Public Health (Tuberculosis) Regulations. The infected persons were visited, leaflets explaining requisite action, and thorough disinfection of the houses was undertaken.

Measles was prevalent at Rushock, Arley, Foley Park, Broome, Broadwaters and Wribbenhall, and necessitated the closure of the local schools.

The arrangements for scavenging at Wribbenhall have been much more thoroughly carried out during the past year, and very few complaints have consequently been received.

No action has been taken under the Housing of the Working Classes Act, but the house accommodation is said to be rather short in the Wolverley and Chaddesley portions of the district. As regards fitness for habitation it is very fair. One house was condemned as unfit for habitation.

The water supply of the district is said to be satisfactory. Near Kidderminster a large and increasing number of houses are supplied from the Borough mains.

The Dairies and Cowsheds are reported to be well looked after. There has been no reason to suspect the use of Tuberculous Milk.

The Bakehouses, and four Slaughterhouses have been regularly visited, and one of the former was found to be dirty and insanitary.

The Whitville drainage scheme has been completed during the year, and a considerable number of connections have been made—in all instances under the direct supervision of the Surveyor. House drains are well looked after by the Inspector. Negotiations are in progress for a system of drainage for Sutton Common and Foley Park, and it is hoped that this important matter will soon be dealt with 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
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	76	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
1908.	12,941	295	22.7	30	101.6	161	12.4	23	2	8	167	12.9
Averages for years 1899-1908.	12,979	322	24.8	31	98.7	173	13.3	18			182	14.0
1909.	12,941	288	22.1	28	97.0	188	14.4	30	2	8	194	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 1909.

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 ... ..								
Diphtheria and membranous croup ... ..								3
Croup ... ..								
Fever { Typhus ..								
{ Enteric ...								
{ Other continued								
Epidemic influenza ... ..	5					2	3	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	1	1						
Enteritis ... ..	3	1	2					
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis (Pulmonary tuberculosis ... ..	9				2	7		2
Other tubercular diseases ... ..	5	3	1	1				2
Cancer, malignant disease ... ..	12				1	8	3	1
Bronchitis ... ..	12	2				1	9	4
Pneumonia ... ..	13	3	2			6	2	2
Pleurisy ... ..								
Other diseases of Respiratory organs ..								
Alcoholism ... ..	1					1		
Cirrhosis of liver ... ..								
Venereal diseases ... ..	2	2						1
Premature birth ... ..	8	8						
Diseases and accidents of parturition ... ..	1				1			
Heart diseases ... ..	27					11	16	4
Accidents ... ..	8					8		4
Suicides ... ..	1					1		
Congenital Defects ... ..	5						21	7
Convulsions ... ..	3							
Senile Decay ... ..	21							
Apoplexy ... ..	17					6	11	2
All other causes ... ..	39		1	5	6	16	11	3
All causes ... ..	194	28	7	6	10	67	76	35



Dr. Dykes says :—

Of the 57 cases of Scarlet Fever notified, 25 occurred at Areley Kings, and 13 at Shelsley ; the closure of the schools was necessary.

The Shelsley cases were isolated in a Cottage fixed up as a temporary Hospital in the charge of two trained Nurses. The outbreak was attributed to the fact that a great many casuals find employment, thus carrying disease from place to place.

The Council now supply antitoxin free of charge to medical men in cases of Diphtheria.

Measles was epidemic at Suckley, Martley, Pensax, and necessitated the closure of the schools.

12 cases of Consumption were notified under the Tuberculosis Regulations. When a notification is received the house is visited and supplied with disinfectants. A leaflet giving instructions as to the best means to be taken to avoid infection is also left. Where patients die the rooms are disinfected, and Dr. Dykes says " I think much more attention might be given to this point." The Alformant Lamp and Formalin Sprayer are used for disinfection. The question of the Hallow water supply was gone into thoroughly during the year, and it was reported that all the dumb wells in the village are water-tight.

With regard to Hop-pickers, Dr. Dykes says :—

" Thorough inspection of the accommodation for the pickers was  
" made by Mr. Inskip and myself, both before and during the  
" time the premises were occupied, and we found them gener-  
" ally in a satisfactory condition, the regulation of the  
" Local Government Board having been very closely followed  
" in detail at some farms. Many new privies have been  
" erected, and in some instances movable privies on wheels  
" were in use. No complaints were received."

The forty-two registered Dairies are generally in a very satisfactory condition.

The 109 Workshops are duly inspected, and five Bakehouses were certified for limewashing, and in one case defective drainage was rectified.

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
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					
1908.	1,308	23	17.6			13	9.9					
Averages for Years 1899-1908.	1,258	25	20	2	80	15	12.2	—	—			
1909.	1,308	17	13.0	2	117	19	14.5	—	—	1	18	13.7

\* 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 1909.

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... ..	4	1				1	2	
Bronchitis ... ..	1					1		
Pneumonia ... ..								
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver ... ..								
Venereal diseases ... ..								
Premature Birth ... ..	1	1						
Diseases and accidents of parturition ... ..								
Heart diseases... ..	3						3	
Accidents ... ..	1					1		
Suicides ... ..								
Senile decay ... ..								
.....								
.....								
.....								
.....								
.....								
All other causes... ..	8		1	1		3	3	
All causes ... ..	18	2	1	1		6	8	

Redmarley and Staunton are the only Worcestershire parishes in this 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
1899.	13,086	314	23.9	34	108	209	15.9				209	15.9
1900.	13,086	324	24.7	32	98	237	18.1				237	18.1
1901.	12,813	315	24.6	25	79	161	12.5				161	12.5
1902.	12,813	323	25.2	22	68	182	14.2			8	190	14.8
1903.	12,813	309	24.1	20	61	158	12.1	18	1	11	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		9	192	14.9
1907.	12,810	280	21.8	27	96	170	13.2	15	2	3	171	13.3
1908.	12,800	303	23.6	30	99	197	15.3	18		10	207	16.1
Averages for Years 1899-1908.												
	12,865	305	23.7	27	87	186	14.4	17	1	7	185	14.8
1909.	12,700	293	23.0	24	81	213	16.7	28	1	9	221	17.4

\* 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 IV.  
Causes of, and ages at, Death during Year 1909.

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 ... ..	9				1	2	6	
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..								
Enteritis ... ..	5	2	1				2	
Puerperal fever ... ..								
Phthisis (Pulmonary Tuberculosis) ... ..	20				6	14		
Erysipelas ... ..								
Other septic diseases ... ..								
Other tubercular diseases ... ..	1	1						
Cancer, malignant disease ... ..	14					7	7	
Bronchitis ... ..	21	4	1			3	13	
Pneumonia ... ..	6		2			2	2	
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ... ..	5		2			1	2	
Alcoholism ... ..								
Cirrhosis of liver ... ..								
Venereal diseases ... ..								
Premature Birth ... ..	3	3						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	34				1	4	29	
Accidents ... ..	2			1			1	
Suicides ... ..								
Cerebral hemorrhage ... ..								
Senile decay ... ..	32						32	
.....								
All other causes ... ..	68	14	7	2	1	19	25	
All causes ... ..	221	24	13	3	9	53	119	



The Birth rate (23), although low, is apparently not decreasing.

There were no deaths from the so-called Zymotic Diseases.

Measles was epidemic at Throckmorton and Whooping Cough at Upton Snodsbury and Grafton Flyford, which necessitated the closure of the schools.

Of the 75 cases of Scarlet Fever, 22 occurred at Eckington and six at Birlingham, villages adjacent to one another. The former outbreak was fully discussed in the Report for 1908, and mild cases—so mild, in fact, as to escape recognition—tended to spread the disease.

The eradication of the disease from Eckington was extremely difficult.

The District Council provided a Nurse for a case of Diphtheria at Moor under Section 67 of the Public Health Acts Amendment Act, 1907.

The erection of a Diphtheria Ward at the Isolation Hospital, which it was decided to build in 1907, is again advocated, but the District Council resolved "that no such building be erected at present, but when cases of Diphtheria cannot be isolated at the patient's home, they be sent to the Worcester Isolation Hospital."

Twenty deaths from Consumption were notified during the year, which gives a rate of 15 per 10,000 of the population. It is shewn that the Phthisis Death-rate for the Pershore District was higher than that of the Borough of Evesham, or the Evesham and Feckenham Rural Districts during the years 1899-1908, and caused 353 deaths, as compared with 64 attributed to Scarlet Fever, Diphtheria and Typhoid Fever. The average Consumption Death-rate for the past 10 years in this district is 11·8 per 10,000, as compared with 7·9 in the administrative County. In a country district such as this, the high mortality is a matter for grave concern.

Attention is drawn to the letter addressed by the Local Government Board to the Dorking Rural District Council, advising local authorities to subscribe to Consumption Sanatoria, and I am glad to say this question is now under consideration.

The erection of a Steam Disinfecter at the Hospital is again advocated and the District Council are advised to purchase an efficient Formalin Sprayer and Alformant Lamp for the purposes of disinfection.

With reference to the sanitary survey of the schools made by the Sanitary Inspector in 1908, a number of improvements have resulted.

Special attention is called to the Housing and Town Planning Act, and it is urged that the Inspector should be instructed to search for, and if found, report all dwellings in the district which contravene this far-reaching Act.\*

No sewerage or water schemes have been carried out pending some decision with regard to the water supply of the district, as to which the County Council Inquiry was held in October 1909. The County Analyst and I made a special report on the water supply of the 17 parishes in the district.

The Town of Pershore is scavenged under the direction of a Parochial Committee.

The 30 Registered Dairies are all duly inspected, and four were dealt with for contravention of the bye-laws.

The construction of many Cowsheds is not, however, such as to prevent the flanks and udders of the Cows becoming constantly covered with filth.

The Slaughterhouses, Lodging-houses, Factories and Workshops are duly inspected and new bye-laws for Hop-pickers have come into force.

Reference is made to the Conference of Local Authorities with regard to Pea-pickers held at Worcester on the 22nd November 1909, which has been alluded to in an earlier part of this report.

\* This recommendation has been adopted by the Rural District 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
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
1908.	2,100	45	21.4	3	66	33					33	15.7
Averages for years 1899-1908.	2,168	50	23.02	5	113	29	13.2			1	30	14.1
1909.	2,050	40	19.5	3	75	28	13.6				28	13.6

\* 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 1909.

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 ... ..	4	3					1	
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis (Pulmonary tuberculosis ... ..	1					1		
Other tubercular diseases ... ..								
Cancer, malignant disease ... ..	3					1	2	
Bronchitis ... ..	3						3	
Pneumonia ... ..	3					1	2	
Pleurisy ... ..								
Other diseases of Respiratory organs ..								
Alcoholism ... ..								
Cirrhosis of liver } ...								
Venereal diseases ... ..								
Premature birth ... ..	1	1						
Diseases and accidents of parturition ... ..	1							
Heart diseases ... ..	2							
Accidents ... ..	1					1	2	
Suicides ... ..								
.....								
.....								
.....								
.....								
All other causes ... ..	9	1				4	4	
All causes ... ..	28	5				9	14	



Dr. White says:—

Measles was prevalent at Heightington and Far Forest, and necessitated the closure of the schools.

A large number of houses have been inspected during the year, but very few defects were found.

The Sun Inn at Mamble has now a good water supply.

The two Slaughterhouses in the district are in fair condition.

There is only one milk seller in the district.

The Factories and Workshops Act have little or no application to the district, so no Register is kept.

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
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
1908.	4,384	115	26.2	12	104	88	20.0	21	14	4	78	17.8
Averages for years 1899-1908.	4,588	115	25.0	11	96	84	18.1	20	13	1	72	15.6
1909.	4,341	102	23.4	8	80	81	18.6	21	13	1	69	15.9

\* Rates calculated per 1,000 of estimated population.



TABLE IV.  
Causes of, and ages at, Death during Year 1909.

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 ...	3						3	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	2	1					1	
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases...								
Phthisis (Pulmonary Tuberculosis) ...	2					2		2
Other tubercular diseases ... ..	1					1		
Cancer, malignant disease ... ..	3					2	1	1
Bronchitis ... ..	2						2	
Pneumonia ... ..	2	1				1		1
Pleurisy ... ..	1					1		
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 ... ..	12					7	5	4
Accidents ... ..	3	1					2	2
Suicides ... ..	1					1		
Cerebral Apoplexy ...	2						2	
Paralysis ... ..	1						1	
Kidney Diseases ... ..	2					1	1	
Old Age ... ..	13						13	7
.....								
All other causes ... ..	12	2	1	2		2	5	4
All causes ... ..	69	8	1	3		20	37	21

Dr. Findlay says:—

“There has been a falling off in the Birth-rate, which is nearly  
“two per 1,000 below the average of the last 10 years.  
“There has, however, been a decrease in the infantile mor-  
“tality, which is now 80 per 1,000 births, as compared with  
“an average of 96 per 1,000 during the past 10 years. The  
“general Death-rate has been lower than during either of  
“the last two years.”

Neither Measles nor Whooping Cough have been prevalent in the district.

Two notifications of Consumption were received under the Public Health (Tuberculosis) Regulations. These occurred at the Workhouse, and neither of them belonged to the district. The average annual Consumption Death-rate is said to be 0.6, which is below the general average of the County.

Dr. Findlay advises his Council to adopt a voluntary system of notification of Phthisis.

Owing to the freedom from infectious disease, it has not been necessary to close any school.

Payment for antitoxin serum is now made by the Council, and Dr. Findlay is sure that it is a good thing, as it encourages the use of the treatment.

The Common Lodginghouse is in fairly good order.

Notices sent to Dairymen calling their attention to registration requirements have had the desired effect, and several new applications to be on the Register have been received. The Sanitary Inspector is at present engaged in visiting these premises, and will report on them to the Council. It has been decided not to adopt any of the Sections of the Public Health Acts Amendment Act 1907.

Reference is made to the Sanitary condition of the seven public elementary schools in the district and the defective closet accommodation at the Shipston-on-Stour schools is pointed out. This question is now receiving the attention of the Education Committee.

Attention is directed to the Housing and Town Planning Act, and Dr. Findlay mentions that the housing accommodation for the working classes is fairly good, but in many of the older houses, the arrangements for the Pantries is very defective, and difficult to improve.

Scavenging of Shipston-on-Stour and Blockley is again advocated.

The district, being an agricultural one, has no large workshops.



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
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	200	5	17.1					
1903.	292	10	34.2	2	200	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	142	6	20.5					
1908.	292	6	20.5			6	20.5					
Averages for Years 1899-1908.	301	6	22.3				11.7					
1909.	292	5	17.4			2	6.7					

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

## TABLE IV.

Causes of, and ages at, Death during Year 1909.

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 ... ..								
Phthisis (Pulmonary Tuberculosis) ... ..								
Erysipelas ... ..								
Other septic diseases ... ..								
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 ... ..	1				1			
Suicides ... ..								
Cerebral hemorrhage ... ..								
Senile decay ... ..								
.....								
All other causes ... ..								
All causes ... ..	2				1	1		



Daylesford and Evenlode are the only two parishes in this 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
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
1908.	4,770	77	16'1	2	25	53		9	3	6	56	11'7
Averages for years 1899-1908.	4,834	108	22'4	11	101	62	11'6	8	2	2	61	12'7
1909.	4,700	92	19'5	11	119	68		11	2	3	69	14'6

\* 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 1909.

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 ... ..	2	1		1				
Scarlet fever ... ..								
Whooping-cough ... ..		*						
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..	1					1		
{ Other continued ... ..								
Epidemic influenza ... ..	3					1	2	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..	1	1						
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis (Pulmonary tuberculosis ... ..	4				2	2		
Other tubercular diseases ... ..	3	1				2		
Cancer, malignant disease ... ..	5					3	2	
Bronchitis ... ..								
Pneumonia ... ..	6	2	1			1	2	
Pleurisy ... ..								
Other diseases of Respiratory organs ..								
Alcoholism ... ..								
Cirrhosis of liver ... ..								
Venereal diseases ... ..								
Premature birth ... ..	1	1						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	11					1	10	
Accidents ... ..	3		1		1	1		
Suicides ... ..	1					1		
.....								
.....								
.....								
.....								
All other causes ... ..	28	5	3			2	18	
All causes ... ..	69	11	5	1	3	15	34	

Dr. White calls attention to the Housing and Town Planning Act, and says there is very little building going on and that there is probably a sufficiency of house accommodation, but some dwellings are damp and require constant attention to keep them habitable. Not much difficulty is encountered in dealing with them, the defects being usually remedied by the owners in reasonable time.

There are Byelaws with regard to new buildings, scavenging and nuisances; and recently the Model Byelaws relating to Dairies and Cowsheds, and for Hop-pickers have been adopted.

Only three cases of Scarlet Fever, three of Diphtheria and three of Enteric Fever and eight of Phthisis were notified.

Dr. White's views as to the outbreak of Typhoid Fever among Hop-pickers have already been previously given in the special paragraph in the earlier part of this Digest dealing with the question.

The houses are disinfected after deaths from Consumption.

Dr. White says "their homes are totally unsuited for the treatment of such cases (Phthisis) and it is sincerely to be hoped that "a County Sanatorium will soon be provided for early cases."

The Factories and Workshops are duly inspected.



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
1899.	2,488	54	21.7	3	53	30	12					
1900.	2,488	50	20.1	5	100	33	13.2					
1901.	2,293	58	25.1	2	34	25	10.8					
1902.	2,293	54	23.5	7	129	40	17.4					
1903.	2,293	53	23.1	2	37	33	14.3					
1904.	2,293	56	24.4	3	53	29	12.6					
1905.	2,293	58	25.2	1	17	21	9.1					
1906.	2,293	42	18.3	2	47	29	12.2					
1907.	2,293	52	22.6	1	18	29	12.2					
1908.	2,293	51	22.2	2	39	31	13.5					
Averages for years 1899-1908.	2,330	52	22.6	2	52	30	12.7					
1909.	2,293	64	27.9	4	62	27	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 1909.

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 ... ..								
Whooping-cough ... ..								
Diphtheria and membranous croup ... ..								
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..								
{ Other continued ... ..								
Epidemic influenza ... ..	1						1	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..								
Enteritis ... ..								
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
Phthisis ... ..	2					2		
Other tubercular diseases ... ..	1	1						
Cancer, malignant disease... ..	2						2	
Bronchitis ... ..								
Pneumonia ... ..	3	1					2	
Pleurisy ... ..	1						1	
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver ... ..								
Venereal diseases ... ..								
Premature Birth ... ..	1	1						
Diseases and accidents of parturition ... ..								
Heart diseases... ..	4					2	2	
Accidents ... ..								
Suicides ... ..								
Senile decay ... ..								
.....								
.....								
.....								
.....								
.....								
All other causes... ..	12	1				2	9	
All causes ... ..	27	4				6	17	



Dr. Turner says:—

The amalgamation of the two Isolation Hospitals is hung up for the present until the assent of the Local Government Board is obtained, and the necessary powers conferred.

Information was given to the County Public Health Committee on the 30th October 1909 that the Tewkesbury Rural District Council intended to proceed with the erection of a Diphtheria block at their Isolation Hospital forthwith.

Two cases of Consumption were notified during the year, the patients were visited and advised as to the disinfection of sputum, and as to the necessity for the isolation as far as possible of the infected persons. The Council not having taken any steps to provide beds for the treatment of Consumptives, nothing more could be done.

The sewage outfall at Bredon is reported to be working satisfactorily, and a Committee has been appointed to consider what steps should be taken to improve the outfall works at Overbury.

From information supplied to the County Council subsequent to the date when the Report was written, it appears that the District Surveyor has been instructed to take steps to improve it.

The drainage scheme for the parish of Conderton is now complete and its connections made. It appears to be working satisfactorily.

A Committee has been appointed to decide what shall be done to improve the drainage of Westmancote, and Dr. Turner advises that the main drain from Bredon should be extended in order to include the drainage of Westmancote.

The Dairies and Cowsheds have been periodically inspected and their condition is said to be much improved.

Dr. Turner mentioned in his Annual Report for 1908 that the Schools in his District were reported to be in a good sanitary condition, but that next year he contemplated making a detailed report. No reference is made to this question in his annual report for 1909.

The Sanitary Inspector reports that the Hamlet of Bredons Hardwicke is now served with hill water, the Council having extended their main from Bredon, but no application for supply has been received from any property holder in the hamlet.

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
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	5		237	17.7
1901.	14,273	303	23.3	31	102.3	281	21.6	134	116	1	175	13.4
1902.	14,273	328	25.2	22	67.0	312	24.0	146	125	2	182	14.0
1903.	15,000	323	24.8	42	130.0	273	21.0	118	100	4	177	13.6
1904.	15,000	291	22.3	29	99.6	285	21.9	132	108	3	175	13.4
1905.	14,400	277	20.3	25	90.0	296	22.7	113	90	5	202	15.5
1906.	14,400	312	24.0	24	76.9	272	20.9	121	106	7	169	13.0
1907.	14,400	299	23.0	29	96.9	322	24.7	158	135	5	189	14.5
1908.	14,400	294	22.6	22	74.8	259	19.9	94	81	4	172	13.2
Averages for Years 1899-1908.	14,468	309	23.5	30	97.5	294	22.7	123	96	4	187	14.2
1909.	13,000	289	22.2	31	107.0	270	20.7	105	89	7	188	14.4

\* 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 IV.  
Causes of, and ages at, Death during Year 1909.

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 ... ..	1			1				
Croup ... ..								
Fever { Typhus ... ..								
{ Enteric ... ..	1				1			
{ Other continued								
Epidemic influenza ... ..	4	1				1	2	
Cholera ... ..								
Plague ... ..								
Diarrhœa ... ..								
Enteritis ... ..	4	2	1				1	
Puerperal fever ... ..								
Erysipelas ... ..								
Other septic diseases ... ..								
Phthisis (Pulmonary Tuberculosis) ... ..	9			1	1	7		9
Other tubercular diseases ... ..	2		1	1				1
Cancer, malignant disease ... ..	20				1	10	9	10
Bronchitis ... ..	10					2	8	3
Pneumonia ... ..	12	6	1		1	3	1	6
Pleurisy ... ..								
Other diseases of Respiratory organs ... ..								
Alcoholism ... ..								
Cirrhosis of liver ... ..								
Venereal diseases ... ..								
Premature birth ... ..	11	11						
Diseases and accidents of parturition ... ..								
Heart diseases ... ..	21			1		9	11	18
Accidents ... ..	6				2	4		
Suicides ... ..	2					1	1	
Apoplexy ... ..	14					4	10	4
Gastritis ... ..	3	1				1	1	
Senile Decay ... ..	26						26	18
Marasmus ... ..	4	4						
Hydrocephalus ... ..	3	1	2					
All other causes ... ..	28	4	1	1	6	9	7	23
All causes ... ..	183	31	7	5	12	51	77	92

Dr. Cowley discusses the 18 cases (1 death) of Diphtheria which occurred during the year, and makes the following interesting reference to an outbreak of the disease in the parish of Powick:—

“The Schools were closed on March 8th. I then determined to  
“make an exhaustive examination of the children before  
“the Schools were re-opened. It is worth while to state  
“the result of the enquiry.

“April 16, 1909, 62 children's throats swabbed, Hoffman's  
“bacillus found in 6.

“April 19, 1909, 65 children's throats swabbed, Hoffman's  
“bacillus found in 32.

“April 21, 1909, 48 children's throats swabbed, Hoffman's  
“bacillus found in 27, and 1 the true bacillus.

“Also 7 children's throats swabbed subsequently who were  
“absent at the time, Hoffman's bacillus found in 5. Total  
“182 children examined, Hoffman's found in 70 and true  
“in 1 case. I was fortunate in obtaining the services of  
“the Parish Nurse, who entered into the subject with great  
“zest. The throats and noses of all found with the  
“bacillus were syringed out well with a chlorine solution,  
“and she gave as many as 1,083 separate attentions. Thus  
“the children were kept under observation, and were  
“swabbed until they were declared free for a second time  
“each. Of course, even after all these precautions, it was  
“impossible to say if infection remained with others who  
“were not school children. I know not how much this  
“treatment may have done in the prevention of this disease,  
“but up to the time of writing this report (February 15th  
“1910) there has been no case notified. It is remarkable  
“the number of children found to be harbouring the false  
“bacillus, rather more than 38 per cent. It would be still  
“more satisfactory if we could positively ascertain the exact  
“relation of this bacillus with the true one, which was only  
“found in one instance. The School was delayed in its  
“re-opening on this account, and also on recommended  
“alterations in its sanitary condition.”

Whooping Cough was prevalent in some parts of the District in the early part of the year.

Four cases of Consumption were notified under the Tuberculosis Regulations.

Dr. Cowley calls attention to the power which the Public Health Act 1875 gives to the District Councils to provide for the treatment of Consumption at Sanatoria.

A valuable addition was made to the Hospital during the year by the erection of a Diphtheria block.



The Steam Disinfector was used 47 times and 1,320 articles of various kinds were disinfected.

Four School closures were ordered on account of the prevalence of disease.

A full report is made by the Sanitary Inspector on the Elementary Schools in the District and Dr. Cowley wrote (June 27 1910)

"In some but not all cases Managers are aware of the defects but  
"have not been officially notified. In two cases, Upton-on-  
"Severn and Kempsey, the drainage is awaiting the sewer-  
"age system. Severn Stoke is bad altogether."

The Upton-on-Severn Sewerage Scheme was completed in November 1909, and some house connections have been made. "The connection of houses (letter from Dr. Cowley, June 27 1910) "is proceeding satisfactorily."

*Guarlford Sewerage.*

The sewer proposed to drain the numerous cottages at Sherard's Green was completed and connected with the sewage disposal from Barber's Hill. This has removed serious nuisances, due to the defective drainage of these cottages. It is understood the effluent from the filter beds of the sewage disposal was most satisfactory. It was thought practicable that when a sewerage scheme for Madresfield was under consideration, this portion and also the drainage of other houses at Barnard's Green, and the sewer near the Church, could be included.

The Hanley Castle Sewage Disposal Works have been altered by the provision of an additional filter bed, which is found to be satisfactory.

The District Council have instructed their Engineers to report on the Madresfield and Newland Drainage.

Referring to the Kempsey Village Drainage Dr. Cowley says:—

"The last delay has been caused by the alteration of the pump  
"ing site. This idea enables an extension of the sewer to  
"Draycot, and also obviates the necessity of such a deep  
"cutting through a loose sand, for the sewer, or the ter-  
"minal portion. The Local Government Inspector strongly  
"advocated the adoption of a site in the centre of the  
"village, objection to which was held by many of your  
"Council, your Chairman amongst them; a feeling I also  
"shared, on the score of possible nuisance from smell and  
"noise. The view of their Inspector was upheld by the  
"Board, and your Council yielded to the superior



"authority. I trust, therefore, this will be the last report  
 "to have to chronicle any further delay in carrying out this  
 "needed improvement."

A scheme is being prepared by the Council's Surveyor (Mr. Price) for sewerage Powick Village.

Attention is directed to the Housing and Town Planning Act, and Dr. Cowley says:—

"Undoubtedly, as I have remarked elsewhere, in some parts of  
 "the District the houses are not up-to-date. Many of them  
 "are old and damp. Damp courses were unknown at the  
 "time of building, and the ventilation of sleeping rooms is  
 "rarely attended to. Building has been almost suspended,  
 "partly because of the depopulation of rural parts and  
 "partly because as a speculation there is such a poor return  
 "for the expenditure."

Dr. Cowley gives the following interesting statement on the boring operations for water at Upton-on-Severn:—

"At the end of last year the boring for this water supply had  
 "reached a depth of 1,034 feet. Many delays have been  
 "occasioned through breakages in the machinery and by  
 "the falling in of the friable marl in the untubed portion.  
 "The great depth of marl has been very discouraging, as  
 "it was never anticipated, and pessimistic opinions as to  
 "the ultimate success of the operations have been freely  
 "expressed. I have been sanguine of success, based mainly  
 "on the geological conditions. On April 29th the old  
 "manner of boring was abandoned, and in October  
 "the different (or core) boring was commenced. The  
 "depth then was 1,150 feet, and the hole was tubed to that  
 "extent. Matters proceeded satisfactorily for a time, and  
 "at 1,300 feet 7 inches a fine reddish grey sandstone was  
 "pierced. At 1,329 feet 5 inches a grey sandstone, and  
 "between these depths and 1,330 feet 11 inches there were  
 "some marly sands interspersed but at the latter depth  
 "water appeared at the top of the tubes in a small stream.  
 "Between this and 1,345 feet 6 inches another core was  
 "being raised when a severe fall of marl again suspended  
 "operations. The presence of the sandstone gives us every  
 "hope, especially with the advent of water, that the solid  
 "water-bearing stratum of sandstone has been found at  
 "last."

Referring to milk sellers, Dr. Cowley says:—

"We have 80 persons on the Register as milk sellers in this dis-  
 "trict, but registration is rather of a formal character than  
 "of practical value."

The Slaughterhouses, Canal Boats, Lodging-houses, Factories and Workshops are all duly inspected.



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		3	4	5	6	7	8	9	10	11	12	13
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	-	-	-	0.0					
1907.	116	3	25.8			1	8.6				1	8.6
1908.	116	3	25.8	3	1000	3	25.8					
Averages for Years 1899-1908.	118	3	27.7	1	191	2	15.1					
1909.	116	3	25.8		-	1	8.6				1	8.6

\* 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 1909.

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 ... ..								
Phthisis (Pulmonary Tuberculosis) ... ..								
Erysipelas ... ..								
Other septic diseases... ..								
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 ... ..								
Accidents ... ..								
Suicides ... ..								
Cerebral hemorrhage... ..								
Senile decay ... ..								
.....								
All other causes ... ..	I						I	
All causes ... ..	I						I	



Cutsdean is the only Worcestershire parish.

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
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
1908.	57,680	1,394	24.1	140	100	539	9.3	13	4	66	601	10.4
Averages for years 1899-1908.	41,383	1,151.8	27.8	134.1	116.4	472.1	11.4	10.8	9.9	39	501.2	12.1
1909.	60,500	1,395	23.1	124	89	560	9.3	20	18	84	626	10.3

\* 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 1909.

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 ... ..	15	3	10	2				
Scarlet Fever ... ..	3	1	1	1				
Whooping-cough ... ..	3	2	1					
Diphtheria and membranous croup ... ..	16		6	10				
Croup . . . . .	1		1					
Fever { Typhus ... ..								
Enteric ... ..	2				1	1		
Other continued ... ..								
Epidemic influenza ... ..	16					7	9	
Cholera ... ..								
Plague... ..								
Diarrhœa ... ..	8	8						
Enteritis ... ..	5	1	1	1		2		
Puerperal fever ... ..	2					2		
Erysipelas ... ..	1					1		
Other septic diseases... ..								
Phthisis (Pulmonary Tuberculosis) ... ..	49			2	9	38		
Other tubercular diseases ... ..	9		6		1	2		
Cancer, malignant disease ... ..	42		1		2	20	19	3
Bronchitis ... ..	42	7			1	15	19	
Pneumonia ... ..	68	15	15	6	5	16	11	1
Pleurisy ... ..	1					1		
Other diseases of Respiratory organs ... ..	7		1	1		3	2	
Alcoholism ... ..								
Cirrhosis of liver ... ..	6					6		
Venereal diseases ... ..								
Premature birth ... ..	29	29						1
Diseases and accidents of parturition ... ..	4					4		4
Heart diseases ... ..	44			1	2	18	23	1
Accidents ... ..	15	1	2	2	1	8	1	
Suicides ... ..	8				1	7		
Gastritis ... ..								
.....								
.....								
.....								
.....								
All other causes ... ..	230	57	11	5	7	60	90	10
All causes ... ..	626	124	56	31	30	211	174	20

Dr. Tangye acted as the late Medical Officer's (Dr. Wilson) deputy whilst he was on sick leave, and since Dr. Wilson's retirement in September 1909, Dr. Tangye has been "Acting Medical Officer of Health."

Dr. Wilson estimated the population of the Yardley District in 1909 to be 60,500, which shews an increase of 2,820 over the estimated population for the previous year.

The Infantile Mortality was only 89 per thousand, and Dr. Tangye says:—

"Considering the recent great increase of unemployment and consequent poverty, together with the fact that every year the district is assuming a more urban character, the low Infant Mortality is cause for considerable congratulation, more especially in view of the fact that last year the Death-rate in the 143 smaller towns of England and Wales was 111 per 1000 births; and in England and Wales less the 76 great towns and the 143 smaller towns, 98 per 1000 births.

"Although the absence of hot weather during the summer doubtless tended to a low Infant Mortality, another factor which is of great importance is the excellent work done by Mrs. Allen, the Health Visitor allocated to Yardley by the County Council at the end of 1908. She has been greatly aided in her work by an informal committee, and later by the formation of an Infant Health Society. The adoption by the County of the Notification of Births Act, 1907, has given the Health Visitor the much-needed accurate and prompt information of the address where her advice would be helpful."

It is also mentioned that the newly appointed Health Missioner undertook to visit and advise the 23 cases of Tuberculosis notified where the patient continued to live at home with special reference to such points as disposal of sputum and the advisability of sleeping alone with window open.

The Sanitary Inspector offers to disinfect rooms occupied where Consumptive patients have died, an offer which the relatives are usually glad to avail themselves of.

Referring to the Hospital accommodation, Dr. Tangye says:—

"There can be no question that proper Hospital accommodation for cases of Scarlet Fever, Diphtheria, and Typhoid has now become a pressing necessity. The accommodation of the present Scarlet Fever Hospital has been greatly overtaxed during the year, and though shortly, by the with-



“drawal of Solihull from its participation in this hospital,  
“the whole of it will be at the service of Yardley, my own  
“opinion is that a new hospital should be erected on modern  
“lines, and that the whole of the old one should be dis-  
“carded.

“Slaughterhouses and butchers’ shops have been well super-  
“vised, and due attention given to work under the Factory  
“and Workshops Act, Dairies and Cowsheds Orders, Food  
“and Drugs Acts, Canal Boats Act, Public Health (Water)  
“Act, and the various other departments of sanitary  
“administration.”

Further sanitary information will be found in the Report of the  
Sanitary Inspector.

*Summaries of the Reports of Sanitary Inspectors.*

There are 31 Inspectors and 6 Assistant Inspectors in the Administrative County, and the whole of the former have courteously sent in detailed statements of their work, which are embodied in Table XVI.

Many of them have also sent written reports; from these I make the following extracts:—

*Evesham Borough.*

Mr. Harvey, who is also the Borough Surveyor, reports that a new public urinal with w.c.'s for both sexes have been provided on Merstow Green.

800 yards of 12in. relief sewer has been laid from Bridge Street to the outfall works. A new 6in. sewer was also laid for the drainage of the Secondary School and adjoining properties.

*Droitwich Borough.*

Mr. Hulse says the substitution of portable dustbins for ashpits continues; and as these are cleansed weekly, great improvement has been effected.

*Kidderminster Borough.*

Mr. Cowderoy says:—

The Milk Shops and utensils are regularly inspected, and 150 boat loads of refuse have been taken to Oldington Farm. The Canal Boats are as a rule clean and there are very few women and children aboard. Willingness is always shewn by the canal boat people to comply with the regulations.

A number of samples have been taken under the Sale of Food and Drugs Act.

Court Sweeping has received constant attention.

Seven hundred and seventy-seven articles of clothing have been disinfected in the Steam Disinfector.



Shewing SANITARY WORK done in the SANITARY INSPECTORS' DEPARTMENT during the year 1909, in the COUNTY OF WORCESTER.

[illegible]

Year	1900	1901	1902	1903	1904	1905
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50
Total	100	100	100	100	100	100
Male	50	50	50	50	50	50
Female	50	50	50	50	50	50



One Lodging-house in the Borough is said to be "one of the "best appointed Common Lodging-house in Worcestershire."

*King's Norton Urban District.*

Mr. Bonham, in addition to his tabular statement of insanitary conditions, says that a good deal has been done to improve the Dairies and Cowsheds.

*Malvern Urban District.*

Mr. Hillyard presents a full report, from which it is obvious that the drainage of a large number of houses has been reconstructed, and that to enable this to be done it has been necessary to extend the public sewers.

Referring to water closets, he says:—

"The practice of cutting off water provided for flushing purposes is undoubtedly on the increase, the result being foul pans, stoppages in drains, and dusty unused water meters and fittings. The matter has been reported to the Sanitary Committee, and since then your Clerk, Mr. Whatley, has advised upon the framing of a Byelaw with respect to the keeping of water closets supplied with sufficient water for flushing purposes."

32 sanitary certificates for houses that have been placed in a thoroughly up-to-date condition have been granted.

He refers to the Housing and Town Planning Act and especially to the work carried out with regard to house-to-house inspection.

The Common Lodging-houses, Slaughterhouses, Dairies and Cowsheds are all thoroughly inspected. Mr. Hillyard also mentions that excellent new disinfecting appliances for vaporizing and spraying Formaldehyde have been procured.

*Oldbury Urban District.*

Mr. Robbins presented a full report and mentions that satisfactory progress has been made in the sanitation of the District during the year. The smaller tenement dwellings have been greatly improved.

115 middens have been converted into water closets; and house drains are receiving considerable attention.

Much more attention is given to the Cowsheds and Dairies by Dairymen than formerly, and greater care is taken in raising and distributing milk.

The Factories, Scavenging, Canal Boats, and various other subjects are dealt with.

*Redditch Urban District.*

Mr. Jameson's report shews that a large amount of work has been carried out in this district. Generally speaking, the notices issued are complied with without delay; but there were a few cases where it was necessary to threaten proceedings.

Every effort was made to induce owners to substitute galvanized iron dust bins for the ashpits, and the result has been most satisfactory.

Keeping fowls in close proximity to houses in confined areas and in a filthy condition has caused nuisances necessitating notices.

The Slaughterhouses have been regularly visited, and in one or two instances there has been cause to complain of the manner in which they were kept.

One person was fined £2 for slaughtering calves in a stable which was not licensed as a slaughterhouse.

Careful attention has been given to the inspection of meat, fish and fruit.

A large number of factories exist in the town, and during the year 437 visits were paid to them.

The Bakehouses and Common Lodging-houses have also been given attention.

203 rooms have been disinfected.

*Stourbridge Urban District.*

Mr. Kent says five houses were closed on a Magisterial Order at the beginning of the year, and were subsequently demolished.

*Droitwich Rural District.*

Mr. Stevens reports that sewerage of Ombersley and Causeway Meadows was completed during the year; and that it is very desirable that the sewerage of the Astwood area should be dealt with as soon as possible.

The whole of the 78 Dairies have been visited and improvements in the lighting and drainage made; but he says there is still room for much improvement in this respect, and frequent reminders as to the removal of manure etc. have to be given.

There are Slaughterhouses in the parishes of Crowle, Hartlebury and Elmbridge to which the Byelaws do not apply; and consequently it is necessary that power should be obtained to add these parishes to those where such Byelaws are applicable.



*Evesham Rural District.*

Mr. Holloway says that the enforcement of the Dairies and Cowsheds Order has resulted in the building of two new cowsheds and the reconstruction of four others.

The sanitary arrangements of various Schools have been rendered satisfactory. Samples of water were taken from 32 wells at Offenham and submitted for analysis.

*Halesowen Rural District.*

Mr. Clifford Whitworth says that the house to house inspections have necessitated some properties being entirely renovated; and that where possible, W.C.'s were substituted for middens.

*Kidderminster Rural District.*

Mr. Llewellyn presents a full report, and says, *inter alia*, that the Register of Cowkeepers has been brought up-to-date, and that a large number of milk sellers were found to be unregistered. He adds :—

“The vagueness of the law on the sanitation of cowsheds  
“interferes very much with improvements as to air space,  
“lighting, ventilation, etc., specially where cows are  
“turned out each day. The water supply is often also  
“a difficult matter to deal with in rural parts. Before  
“long, I hope, however, that many improvements will  
“be carried out.”

The Slaughterhouses, Bakehouses, Factories and Workshops have received a great deal of attention.

*Martley Rural District.*

Mr. Inskip says, before the Hop-picking Season commenced he made an inspection of the quarters provided for Hop-pickers in 28 farms in the district, and that when picking was in progress he visited 35 farms. Several improvements were made during the year and with a few exceptions the accommodation provided is said to be very satisfactory.

The Council's sewage tanks at Upper Wick and at Workwood Green, Grimley, have been repaired, and the ditches through the osier bed at Hallow and down the Partridge Meadow, the Broadheath, have been regularly cleansed.

The Cowsheds and Bakehouses in the District have been regularly inspected and are satisfactory.

*Tenbury Rural District.*

Mr. Jarvis says the whole of the buildings used during Hop-picking where Typhoid was supposed to break out have been

thoroughly sprayed, disinfected, cleansed and limewashed, the bedding and clothing either burnt or soaked in disinfectants and washed under his personal supervision.

*Tewkesbury Rural District.*

Mr. C. H. G. Shorland mentions that Bredon's Norton is now served with water, and that the Council have extended the main from Bredon to Hardwicke Bank but no application from any of the householders to connect has been received.

He inspected the various sewerage areas from time to time and found no nuisance upon the Bredon and Kemerton areas.

*Upton-on-Severn Rural District.*

Mr. Price says that the Sewerage and Sewage Disposal Scheme for Guarlford (Sherrard's Green) was completed at a cost of about £900, and an extension of the Holly Green Sewer at a cost of £35, in addition to which the old brick sewers at Upton have been cleaned and repaired.

*Yardley Rural District.*

Mr. Mantell's full report shews that much work has been done to prevent the emission of black smoke from the Factories, but no legal proceedings were taken during the year.

Sixty samples were taken under the Sale of Food and Drugs Act.

The Slaughterhouses, Factories and Canal Boats are evidently well supervised.

Close attention has been given to the matter of unsound food during the year, and in several instances various organs of animals were destroyed.

Legal proceedings were taken against one Butcher, and he was fined £10 and costs for having exposed for sale a Cow's Liver badly affected with tuberculosis.

---

Your obedient Servant

G. H. FOSBROKE

D.P.H. Camb.

County Medical Officer.

Shirehall, Worcester,  
August 1910.



APPENDIX A.

*Statutory Rules and Orders 1910.*

No. 801.

*Medical Officer of Health, England.*

*The County Medical Officers of Health (Duties) Order 1910. Dated  
July 29th 1910.*

(55,475).

To the County Council of every Administrative County in  
England and Wales other than London :—

And to all others whom it may concern.

Whereas it is enacted by Sub-section (2) of Section 68 of the  
Housing, Town Planning &c. Act 1909 (hereinafter referred to as  
“ the Act of 1909 ”) that the duties of a Medical Officer of Health of a  
County shall be such duties as may be prescribed by General Order  
of the Local Government Board and such other duties as may be  
assigned to him by the County Council ;

And whereas by virtue of Section 70 of the Act of 1909 the above  
cited Sub-section does not apply to the Administrative County of  
London :

Now, therefore, we, the Local Government Board, in pursuance  
of the powers given to Us in that behalf, by this Order prescribe the  
following duties as the duties of every Medical Officer of Health of a  
County other than the Administrative County of London, that is to  
say :—

- (1) The Medical Officer of Health of the County shall inform  
himself as far as practicable respecting all influences affect-  
ing or threatening to affect injuriously the public health of  
the County. For this purpose he shall visit the several  
County districts in the County as occasion may require,  
giving to the Medical Officer of Health of each County  
district prior notice of his visit, so far as this may be  
practicable.
- (2) The Medical Officer of Health of the County shall from time  
to time inquire into and report upon the hospital accom-  
modation available for the isolation of cases occurring in  
the County—
  - (a) of small-pox, and
  - (b) of other infectious diseases,  
and upon any need for the provision of further  
hospital accommodation.

- (3) The Medical Officer of Health of the County shall communicate to the Medical Officer of Health of a County district within the County any information which he may possess as to any danger to health threatening that district.
- (4) The Medical Officer of Health of the County shall consult with the Medical Officers of Health of County districts within the County whenever the circumstances may render this desirable.
- (5) If the annual or special reports of the Medical Officer of Health of a County district in the County shall not contain adequate information in regard to—
  - (a) the vital statistics of the district,
  - (b) the sanitary circumstances and administration of the district, and
  - (c) the action taken in the district for putting in force the provisions of the Housing of the Working Classes Act 1890 to 1909,

the Medical Officer of Health of the County shall obtain from the Medical Officer of Health of the County district such further information on those matters as the circumstances may demand.

- (6) The Medical Officer of Health of the County shall, when directed by Us, or by the County Council, or as occasion may require, make a Special Report to the County Council on any matter appertaining to his duties under this Order.
- (7) The Medical Officer of Health of the County shall as soon as practicable after the 31st day of December in each year make an Annual Report to the County Council up to the end of December on the sanitary circumstances, the sanitary administration and the vital statistics of the County.

In addition to any other matters upon which the Medical Officer of Health may consider it desirable to report, his Annual Report shall contain the following sections :—

- (a) A digest of all annual and special reports made by the Medical Officers of Health of all County districts within the County.
- (b) A section as to the isolation hospital accommodation available for each County district and as to



the steps which should be taken to remedy any deficiencies which may exist ;

- (c) A section on the administration of the Housing of the Working Classes Acts 1890 to 1909, within the County ;
  - (d) A section on the water supply of the several County districts within the County ;
  - (e) A section on the pollution of streams within the County and as to the steps for the prevention of pollution taken :—
    - (i) by the local authorities, and
    - (ii) by the County Council ;
  - (f) A section on the administration within the County of the Midwives Act 1902 ; and
  - (g) A section on the administration of the Sale of Food and Drugs Act 1875 to 1907, within that part of the County in which the County Council have jurisdiction for the purposes of those Acts.
- (8) The Medical Officer of Health of the County shall send to Us two copies of his Annual Report and two copies of any Special Report ; he shall also send one copy of his Annual Report to the Council of every County district in the County and shall send three copies of any Special Report to the Council of every such County district affected by the Special Report.

This Order may be cited as the County Medical Officers of Health (Duties) Order 1910.

Given under the Seal of Office of the Local Government Board  
this Twenty-ninth day of July in the year One thousand  
nine hundred and ten.

(L.S.)

JOHN BURNS  
President.

H. C. MONRO  
Secretary.

## APPENDIX B.

St. R. & O., 1910, No. 801.\*

*Circular.—County Councils except the London County Council.*

*Duties of County Medical Officers (of Health).*

LOCAL GOVERNMENT BOARD,  
WHITEHALL, S.W.

29th July 1910.

SIR,

I am directed by the Local Government Board to advert to Section 68 of the Housing, Town Planning &c. Act 1909, which by Sub-section (1) requires every County Council to appoint a Medical Officer of Health, and to transmit to you the enclosed copies of a General Order which they have made under Sub-section (2) prescribing duties of a County Medical Officer of Health.

Paragraph (1) requires the Medical Officer of Health to inform himself as far as practicable respecting all influences affecting or threatening to affect injuriously the public health in the County, and for that purpose to visit the several districts in the County.

Paragraph (2) requires him to report on the isolation hospital accommodation of the County and on the need for further accommodation.

Under paragraph (3) he is to communicate to the District Medical Officers of Health any information he may possess as to danger to health threatening their district.

Paragraph (4) requires him to consult with the District Medical Officers of Health when circumstances render this desirable.

Paragraph (5) relates to the obtaining of information from the District Medical Officers of Health.

The Board contemplate that the information that the County Medical Officer of Health may require from the District Medical Officer of Health under Section 69 (2) of the Act will, as a rule, be obtained from the periodical and special reports of the District Medical Officer of Health.

Paragraph (6) requires him to make special reports on any matter appertaining to his duties when required.

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\* By Section 68 (3) this is "without prejudice to any arrangement made previously  
"to the date of the passing of the Act."



Paragraph (7) directs him to make an annual report on the sanitary circumstances and administration and vital statistics of the County and defines various subjects which shall be dealt with in that report, and Paragraph (8) prescribes his duty as to sending copies of his annual and special reports to the Local Government Board and to the Councils of the County Districts.

The Board have not included any provision requiring the Medical Officer of Health of the County to compile periodical lists of infectious disease. They have decided to require each District Medical Officer of Health to send to them, week by week, particulars of all cases which are notified in his district, and from these the Board will themselves compile lists, copies of which will be sent to the County Medical Officer of Health.

The Board have regarded any provision as to the co-ordination of the work of the School Medical Officer under the Education (Administrative Provisions) Act 1907, with the work of the County Medical Officer of Health, as not immediately within the scope of the Order. They may say, however, that both they and the Board of Education consider that this co-ordination should be as close as possible, and that it can best be secured by the appointment of the same officer as County Medical Officer of Health and County School Medical Officer. The duty of serving as School Medical Officer is clearly within the scope of those "other duties" which, under the Act, may be assigned by the County Council to its Medical Officer of Health. Where the work of the two offices is more than can be discharged by one officer, the case should be met by the appointment of assistants, rather than by the appointment of separate and independent officers. In some instances it may be desirable that such additional assistance as is required in regard to school hygiene should be obtained by the appointment, as an Assistant School Medical Officer, of the Medical Officer of Health of a district or combination of districts in the County. The adoption of this course may enable the Councils of the Districts concerned to obtain the advantage of the services of an officer who does not engage in private practice.

Under Paragraph (7) (g) of the Order it is the duty of the Medical Officer of Health to include in his Annual Report a section on the administration of the Sale of Food and Drugs Acts within the part of the County over which the County Council have jurisdiction. The Board are aware that in some Counties the Medical Officer of Health is not at present directly concerned with the administration of these



Acts, but in these cases it will be convenient if he can nevertheless incorporate in his report such information on the subject as may be supplied to him from the department of the County Council which deals with the question. The Board consider it desirable that the administration of these Acts should as a rule be directly under the supervision of the Medical Officer of Health, and that where this is not so, it should be carried on in consultation with him by the officer administering the Acts.

\*Sub-section (7) of Section 68 of the Act provides that a Medical Officer of Health appointed after the passing of the Act shall not engage in private practice, and shall not hold any other public appointment without the express written consent of the Board, and Sub-section (3) takes away the power of County Councils and District Councils under Section 17 of the Local Government Act 1888 to make arrangements to employ the same Medical Officer of Health. As indicated above, the Board are prepared to consent to the Medical Officer of Health holding also the office of School Medical Officer in the County, but they think it is generally undesirable that any other offices should be held by the County Medical Officer of Health. In regard to the remuneration of the Medical Officer of Health the Board's experience shews that it is desirable that in addition to his salary the officer should be repaid his actual travelling expenses and that he should be provided with adequate clerical assistance.

The Board need hardly point out that to secure the best interests of the County in the department of public health, co-operation between the County Medical Officer of Health and the District Medical Officers of Health is essential. The County Medical Officer of Health will look to the District Medical Officer of Health for detailed information as to his district and for assistance in his visits to the district. The Board have no doubt that this information and assistance will be willingly given by the District Medical Officers of Health, and also that the County Medical Officer of Health will be glad to help the District Medical Officers of Health with any expert or special knowledge and information to which he may have access.

The Order and this Circular will be placed on sale, so that copies may shortly be obtained from Messrs. Wyman and Sons, Limited, Fetter Lane, E.C., either directly or through any bookseller.

I am, Sir,

Your obedient Servant,

H. C. MONRO

Secretary.

To the Clerk to  
the County Council.