

[Report 1923] / Medical Officer of Health, Worcestershire / County of Worcester County Council.

Contributors

Worcestershire (England). County Council.

Publication/Creation

1923

Persistent URL

<https://wellcomecollection.org/works/q6p8p93u>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



WORCESTERSHIRE COUNTY COUNCIL.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

for the Year

1923

BY

G. H. FOSBROKE D.P.H., CAMB.

TOGETHER WITH THE

Annual Report of the Chief Tuberculosis Officer

BY

H. GORDON SMITH, M.A., M.B., D.P.H.

Printed for the Worcestershire County Council Stationery Department by
G. T. Cheshire & Sons, Coventry Street, Kidderminster.

Unable to display this page

Unable to display this page

Unable to display this page

Unable to display this page

County Public Health Staff.

5. There are nine Assistant County Medical Officers and one part time School Oculist.

6. Each Assistant County Medical Officer undertakes the duties connected with Tuberculosis, Infant Welfare, Inspection and treatment of School children and examination of mentally defectives in their respective areas.

7. Full details of the duties of these Officers, and other particulars, were given in a special report made on the reduction of the Medical Staff on the 30th October 1922.

8. There are also, a whole time School Dentist ; twenty whole time Health Visitors or School Nurses, and 55 part time District Association Nurses engaged in carrying out County work connected with Tuberculosis, Infant Welfare, Medical inspection and treatment of Elementary School Children, and visiting mentally defectives.

District Public Health Staff.

9. There are 23 District Medical Officers of Health and 28 Sanitary Inspectors engaged by the 28 (12 Urban and 16 Rural) Sanitary Authorities in the Administrative County.

10. The following statement shows the changes made in that Staff since I presented my last report :—

Bromsgrove Rural District.

Mr. Spencer Price succeeded Mr. Noel Dean as Sanitary Inspector.

Pershore Rural District.

Mr. H. L. Burt succeeded Mr. J. J. Jacques as Sanitary Inspector.


County Vital Statistics.

II. Table I. gives some vital statistics for the year ; the figures have been compiled from information sent to me by the Registrar General, viz. :—

TABLE 1.

URBAN DISTRICTS.				POPULATION.		Net Birth Rate per 1,000 estimated population.	Total No. of Births (net)	Net Death Rate per 1,000 estimated population. (a)	No. of Deaths Registered (Net)	Infant Mortality, i.e., Deaths of infants under 1 year per 1,000 Births registered	Deaths Under 1 year.		Causes of Death during Year 1923 (Civilians only). (b)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
				Area in Acres.	Census 1911.						Census 1921.	Average for Birth and Death rates 1923. (b)	Total.	Illegitimate.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Cancer of Digestive Tract.	Typhoid.	Typhus.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Influenza.	Erysipellitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Disease.	Cancer Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory

- (a) Arrived at by excluding deaths of non-residents and including deaths of persons who had been in the district for 2 years or more.
(b) These figures are supplied by the Registrar-General.
(c) Under 2 Years.
(d) Includes one death from Anthrax.
(e) Adjusted populations in consequence of transfer of part of Hunnington.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30292530>

Population.

12. In 1921 the Population of the Administrative County was 301,101 (166,718 Urban and 134,383 Rural) but in March last the Registrar General estimated the population to be 305,600.

County Birth Rate.

13. The County Birth-rate for 1923 was 18.6 per 1,000 of the population as compared with the following rates for the under-mentioned quinquennial periods:—

1918-22. 19.6 per 1000.

1913-17. 20.0 „ „

1908-12. 23.4 „ „

1903-07. 26.6 „ „

14. In England and Wales the birth-rate was 19.7 per 1,000 living, the lowest rate recorded except in the years 1917-18-19

15. The actual number of births was 758,386 or 31,736 less than in 1922

District Birth Rates.

16. These are given in Table I. and it will be seen that last year the birth-rates in the following districts exceeded that of the County (18.6), viz.: Bromsgrove Urban (19.2) Droitwich Borough (21.1), Evesham Borough (18.8), Lye and Wollescote Urban (23.9), Oldbury Urban (23.5), Stourbridge Borough (20.7), Stourport Urban (19.5), Halesowen Rural (20.7), Martley Rural (19.5), Rock Rural (20.3), Tenbury Rural (19.8).

County Death Rate.

17. The County net death-rate for last year was 11.2 per 1,000 of the population; the corresponding rate for 1922 was 12.1.

18. The following shows the average death-rates in the last four quinquennial periods, viz.:

1918-1922 13.3 per 1,000 of the population.

1913-1917 13.7 „ 1,000 „ „

1908-1912 12.9 „ 1,000 „ „

1903-1907 14.4 „ 1,000 „ „

19. In England and Wales the deaths numbered 444,869 or 11·6 per 1,000 living, the lowest rate ever recorded.

20. The number of deaths were 41,911 fewer than in 1922, so that in spite of the low birth-rate there was a considerable surplus of births over deaths. To find a year with fewer actual deaths in England and Wales it is necessary to go back over 60 years to 1862.

Marriage Rate.

21. The marriages in England and Wales for the year were 292,070 or 7,554 fewer than in 1922. This is a very decided decrease on the figures of 1919 and 1920 but they are almost on a level with the numbers in the years immediately before the war.

County Infantile Mortality.

22. The Infantile Mortality in the County last year was 65 per 1,000 births, which, with the exception of the years 1922 (61) and 1920 (52) is the lowest on record.

23. The following shows the average mortalities in the last four quinquennial periods, viz. :—

1918—1922	68	per	1,000	births.
1913—1917	90	„	1,000	„
1908—1912	99	„	1,000	„
1903—1907	114	„	1,000	„

24. In England and Wales the Infantile Mortality was 69 per 1,000 births which is the lowest rate ever recorded.

Notifiable Diseases.

25. The following Table II. shows the total number of cases notified and the deaths in each County District :—

TABLE II.

4A

District.	Scarlet Fever.		Diphtheria and Membranous Croup.		Enteric Fever.		Puerperal Fever.		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Ophthalmia Neonatorum.		Acute Poliomyelitis.		Pneumonia.		Malaria.		Encephalitis Lethargica.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<i>Urban</i>																						
Bewdley Borough	13						1		3	3		1	1									
Bromsgrove	69	3							13	7	2	1	2					8				
Bromsgrove North	15		1						5	5	1	1	2				5					
Droitwich Borough			1						5	3	1						3					
Evesham Borough	4		4		1	1			16	9	4	2					4					
Kidderminster Borough	63		9						29	20	28	4	2				20	20			1	1
Lye and Wollescote	12	1	3						12	11	5	3	3		1		20	13				
Malvern	12		3		2				13	10	10	2	1				6	13				
Oldbury	89	1	36	4			3	2	48	25	26	8	4				65	38			1	1
Redditch	117	4	3		5				16	14	7	2					24	5	1		1	1
Stourbridge Borough	15		9				1		25	17	9	4	6		1		27	9				
Stourport	32		10	1					6	4	2	3					1	4				
Totals	441	9	79	5	8	1	5	2	191	128	95	31	21		2		163	122	1		3	3
<i>Rural</i>																						
Bromsgrove	66	2	5			1			9	5	3				1		3	6				
Droitwich	11		4		2		1	1	7	9	4	2					2	3				
Evesham	4		5						12	4	1	2	1				1	6				
Feckenham	42								5	5	1	1					1	1	1			
Halesowen	43		6	2	2		1		19	21	10	2	6				40	25	1			
Kidderminster	18		2						4	2	8	3						3				
Martley	22		6	1					15	7	5	1					7	11			2	2
Newent (part)					1				1	1								1				
Pershore	28		6	1					12	7	5	3						5			1	1
Rock	2				1		1		2	2								1				
Shipston-on-Stour	5				1				6	2			1					1				
Stow-on-the-Wold (part)			1						1	2							1	1				
Tenbury	7								2	4	1	1						4				
Tewkesbury (part)	10								3	3								1				
Upton-on-Severn	20		2		5		2		18	11	13	6	1				16	6				
Winchcombe (part)																		1				
Totals	278	2	37	3	12	1	4	2	116	82	54	21	9		1		70	76	2		3	3
Grand Totals	719	11	116	8	20	2	9	4	307	210	149	52	30		3		233	198	3		6	6

NOTE.—Smallpox. One case occurred in the Martley Rural District.

(a) The deaths refer to all cases of pneumonia, not those which are notifiable.

Anthrax. One case was notified in Kidderminster Borough.

26. This Table has been compiled from the Quarterly Returns sent to me by the District Medical Officers of Health as some of the Annual Reports of these Officers have not yet come to hand.

Scarlet Fever.

27. It will be seen from Table II. that 719 cases of scarlet fever (11 deaths) were notified in 1923.

28. The following shows the average number of cases and deaths in quinquennial periods for twenty years viz. :—

	Cases.	Deaths.
1918—1922	569	5
1913—1917	710	9
1908—1912	1459	31
1903—1907	1729	42

29. The change in the type of Scarlet fever during the last few years has been very marked. Many persons have the disease in so mild a form that the complaint is not easily recognised and frequently no medical man is called into the case.

30. Referring to disinfection after scarlet fever Sir George Newman in his report for 1922 (p. 65) states "Increasing knowledge in regard to the transmission of infection from scarlet fever cases, such, for example, as has been obtained by studies of cases treated in hospital on the "barrier" system, leads to doubt whether articles of furniture, bedding and clothing, or the walls and floors of rooms in houses where scarlet fever has occurred, are likely to play more than a practically negligible part in the transmission of this disease, except in cases where they have been recently contaminated by discharge from the nose or throat of the patient in the infective period."

31. The Ministry of Health are making special enquiries into Scarlet Fever with particular reference to isolation and disinfection, and no doubt a report of their enquiries will be published in due course.

32. I referred, at some length, in my last Annual Report to "return cases" of scarlet fever, and during 1923 I did not receive any complaint of patients on return from hospital being a source of infection to others.

33. At the request of the representatives of Redditch, I arranged for one of the Assistant County Medical Officers (Dr. Carol Sims) to prepare a Report on the epidemic of Scarlet Fever in Redditch (275 cases, 3 deaths) in 1922.

34. From this Report it did not appear that the outbreak could be attributed to any special cause.

35. Every possible precaution was taken by the Sanitary Authority and their Officials.

36. The "return cases," (*i.e.* cases which occur in a house within fourteen days of a patient's discharge from Hospital to that house) were little if at all above the average (3% of the total cases).

37. On this point Dr. Sims states, "the period for which cases should be isolated is open to argument, and members of the profession differ on this point. Most Public Health Authorities regard five weeks as a minimum for isolation. If we accept this as our guide we are bound to say that a 27 days average detention in Hospital is erring on the short side. However the low percentage of "return cases" does not justify our differing from the Hospital Authorities in this case."

38. Dr. Sims also states that, "the prominent factor in the epidemic is the mild type of case. Undoubtedly the chief cause is not the unrecognised, but the unrecognisable cases."

Diphtheria.

39. 116 cases of Diphtheria (8 deaths) were notified last year.

40. The following shows the average number of cases and deaths in quinquennial periods for twenty years, viz.:—

		Cases.	Deaths.
1918—1922	—	268	27
1913—1917	—	335	39
1908—1912	—	412	50
1903—1907	—	333	36

41. Last year I referred to the Schick Test and stated that in the Districts for which I act as District Medical Officer of Health I intended to discourage notification of cases of Diphtheria where no clinical symptoms of the disease were manifest, and this has not led to any ill results.

Enteric (Typhoid) Fever.

42. 20 cases of Typhoid Fever (2 deaths) were notified last year.

43. The following shows the average number of cases and deaths in quinquennial periods for the last twenty years, viz. :

		Cases.	Deaths.
1918—1922	—	21	2
1913—1917	—	22	4
1908—1912	—	64	14
1903—1907	—	119	19

44. This disease appears to be declining not only in Worcestershire but over the whole of the Country, as the number of cases in England and Wales in 1922 was 2414 against 13852 in 1911.

Puerperal Fever.

45. During 1923 there were nine cases of Puerperal Fever (5 Urban 4 Rural) notified. Four of the cases were fatal.

46. In 8 of the cases a Medical man was in charge and in the other instance, the case was in the charge of a Midwife. Each case was inquired into by one of the Assistant County Medical Officers, and in no case were any conditions found which implicated a midwife.

47. The following Table gives the average number of cases and deaths during the last four quinquennial periods, viz. :—

Years.	Puerperal Fever		Accidents and diseases of
	Cases.	Deaths.	Pregnancy and Parturition apart from Puerperal Fever.
1918—1922	11	8	13
1913—1917	10	6	24
1908—1912	14	6	19
*1905—1907	25	11	24

* The figures for 1903 and 1904 are not available.

48. In 1923, nine deaths were due to other accidents and diseases in Pregnancy and Parturition.

49. It is satisfactory to notice that the number of cases of Puerperal Fever, and the number of deaths from Parturition, are remaining at a low figure, but it will be only by continued improvement in the midwifery services of the County that these figures can be still further decreased.

Influenza.

50. 77 deaths from Influenza occurred during 1923 as compared with :—

153	deaths in	1922
52	„	„ 1921
80	„	„ 1920
336	„	„ 1919
994	„	„ 1918
70	„	„ 1917
72	„	„ 1916
59	„	„ 1915
57	„	„ 1914

51. While Acute Influenzal Pneumonia and Acute Primary Pneumonia are notifiable, Influenza without any complications is not notifiable, and therefore I have no reliable information as to the extent to which Influenza was prevalent in the County last year, except that as one School only was closed from this disease in 1923, it would not appear that School children suffered to any extent. Furthermore from the number of deaths it would not appear that any particular part of the County was specially attacked.

Smallpox.

52. On the 19th June, a case occurred at Broadheath, in the Martley Rural District, which was notified as " ? Smallpox " but which on the 13th July was reported as a definite case of Smallpox. On the 23rd July this case was discharged from the Isolation Cottage at Abberley.

53. Other doubtful cases were notified during the month of July, all of which were finally diagnosed as Chickenpox, and in two instances the aid of a Specialist from the Ministry of Health was invoked in order to ascertain his opinion as to these cases.

54. The Ministry of Health on the 12th July 1923 intimated that arrangements had been made by which certain Medical Officers of Health especially expert in Smallpox would be ready to render immediate help as required, but that Local Authorities *must in the first instance communicate directly with the Ministry !*

55. The Ministry of Health " expert " for Worcestershire is, Dr. John Robertson, Medical Officer of Health for Birmingham, who will arrange, after application to the Ministry, for one of his Staff to see any suspected case of Smallpox in consultation with the medical man concerned.

56. The following are the cases which have occurred in the County during the last 20 years, viz.:

1923	1 case	0 deaths.
1915	1 "	0 "
1907	1 "	0 "
1906	1 "	0 "
1905	3 "	0 "
1904	8 "	0 "
1903	41 "	1 "

57. The following figures of smallpox cases in England and Wales are significant of the rapid increase of the incidence of this disease during the last 7 years, viz. :—

1917	7 cases
1918	66 "
1919	311 "
1920	280 "
1921	336 "
1922	976 "
1923	2461 "
1924	2168 "
(to 30 June)	

58. A reference to matters connected with isolation of cases of this disease will be found on pages 21-22.

Measles.

59. During 1923, 42 deaths from measles were notified and of these 37 occurred in the Urban Districts 12 being in the Borough of Kidderminster and 13 in the Oldbury Urban District.

60. A great majority of the juvenile population are susceptible to infection of measles until they have suffered from an attack of the disease.

61. At the present time apart from careful nursing during an attack little can be done by Public Health Authorities.

62. The Ministry of Health, during an epidemic, are willing to pay 50% towards the cost of nursing and institutional treatment.

Anthrax.

63. Only 1 case was notified last year in the Kidderminster Borough.

Acute Poliomyelitis. (*Infantile Paralysis*).

64. Three cases were notified in 1923, 1 in the Lye and Wollescote Urban District 1 in the Stourbridge Borough and 1 in the Bromsgrove Rural District.

Cerebro Spinal Fever.

65. No case of this disease was notified during 1923.

Encephalitis Lethargica.

66. This disease, commonly (but erroneously) known as "sleepy sickness," was first made notifiable in 1919 and the following table shows the number of cases and deaths in the County since that date viz:—

	Cases.	Deaths.
1919	5	1
1920	8	6
1921	16	6
1922	5	3
1923	6	6

67. It will be seen from Table II. that last year 6 cases occurred and all were fatal.

68. During the first half of 1924, 21 cases have been notified in the County and it would appear that there is a general increase over the Country as the Ministry of Health recently stated that in the first few months of 1924 no less than 2468 cases had been notified in England and Wales compared with an annual average of 839 in the previous four years.

69. There is little evidence that the actual cases of the disease are responsible for spreading infection, the epidemic being presumably kept up by slight and unrecognised cases or by healthy carriers of the virus of the malady.

70. No specific measures, such as vaccine, are at present available for treatment but, as the result of researches being made under the direction of the Medical Research Council, it is hoped that some such remedy will be available in the near future.

71. On the 3rd June 1924 the Ministry of Health issued a memo. on this subject which deals chiefly with clinical features, mortality and the mental sequelae of Encephalitis.

72. The Ministry direct special attention to the value of local inquiry as to the presence of mild abortive or unrecognized cases of Encephalitis Lethargica (whether contacts with known cases or not) in order to obtain all available facts bearing on the epidemiology of the disease.

73. I think it well to set out the following particulars from the memo. giving the clinical types, viz. :

74. The disease attacks all ages, with a preference for the early and middle periods of life, and both sexes nearly equally.

75. From the clinical point of view three types are distinguished :

- (1) general disturbance of the functions of the central nervous system, but without localisation ;
- (2) various localisations in the central nervous system ;
- (3) mild or so called abortive cases.

76. After a period of incubation, the duration of which cannot at present be specified, a prodromal period ensues ; this includes the first seven days, but may extend to two or three weeks, during which lethargic somnolence, headache, double vision, general lassitude and occasionally vomiting and diarrhoea may occur. Soreness or dryness of the throat may also be present. The acute symptoms which follow include a febrile temperature (101° to 102° F.— 38.30 to 38.80 C.) marked asthenia, stupor (alternating often with nocturnal delirium), difficulties in speech and spasmodic twichings of the face and limbs. Skin eruptions are occasionally noted. There is no characteristic rash ; an erythema is most often seen but the eruption may be petechial, papular, morbilli-form or scarlatina-form. The rashes when present appear early in the disease and during the pyrexial period. They are transient, fading in 24 hours as a rule. In the type of the disease with localisations in the central nervous system, paralysis of accommodation with diplopia is very frequent and occurs early. There may be ophthalmoplegia, external or internal, with ptosis. The muscles innervated by the facial nerve may also be paralysed as well as the muscles of the tongue and pharynx, etc., rarely those of the limbs. The paralysis is progressive in character. Sensory troubles are the exception. There is often urinary or faecal incontinence and sometimes retention of urine. Death appears due to paralysis of the respiratory nervous centres. It is preceded by an increase in delirium and stupor merging into coma. It occurs most frequently before the end of the third week.

77. The severest cases lie in bed like a log or resemble a waxen image in the lack of expression and of mobility. The immobility may be accompanied by catalepsy. Various degrees of stupor have been noted. The condition may be one of deep coma with open eyes, total lack of facial expression and inability to be roused. More commonly the condition is not so grave, but the patients are in a profound sleep from which they can be aroused to answer questions or to partake of food. When undisturbed they quickly lapse again into stupor. Certain patients resent being roused and display intense irritability or utter moaning cries when touched. The duration of the stupor is very variable. It may last for only two or three days, or more often may persist for two or five or even eight weeks.

78. Periods of remission may occur in the course of the malady. The onset of coma, although grave, does not always imply a fatal issue. Many patients display extreme emotion and are "childish" in demeanour.

79. To the above description, written in 1921, it can now be added (1924) that the clinical type of case seen during the present period of prevalence appears, on the whole, to be less severe. In many instances the prodromal period appears to exceed the usual seven days. The onset is often ascribed to "influenza" and a fortnight or more elapses before the definite signs of encephalitis are manifest. Patients do not remain for lengthy periods in profound stupor or coma and some have made an unusually rapid recovery; catalepsy is rare.

80. While the prominent symptoms in a material proportion of cases remain those of lethargy and ocular paralyses, many are chiefly characterised by myoclonic movements and sometimes by fibrillary twitchings of the abdominal muscles. Affections of the cortex of the brain are more frequently seen than in previous outbreaks; these are characterised by epileptiform convulsions and sometimes associated with maniacal outbursts or insomnia.

81. The following are the precautions to be taken against infection, viz. :—

82. The other occupants of a house in which a case of encephalitis has occurred, or is being treated, may be assured that the disease is one of low infectivity, and that very slight risk is run by association with the patient. At the same time it is desirable that such association should be limited to what is necessary for proper care and nursing, and the patient should be well isolated in a separate room.

83. School children in the affected household may be kept from school, as a precautionary measure, for three weeks after the isolation of the patient. There is no necessity to place restriction on the movements of other occupants provided they are frequently examined and remain well. Those in contact with the case, however, may be advised to use antiseptic nasal sprays or douches and to gargle the throat with solutions, such as the following :—

- (1) One per cent. solution of peroxide of hydrogen.
- (2) A solution of permanganate of potash, 1 in 5,000, in 0·8 per cent. solution of chloride of sodium (common salt).
- (3) Liquor sodae chlorinatae, 0·5 per cent.

84. These solutions can be used as ordinary throat gargles or snuffed up the nostrils, or applied by an efficient spray. Any persons in the infected household who suffer from sore-throat or other symptoms suggesting an abortive attack should be treated from this point of view and isolated as far as possible until they have recovered. The sick room should be thoroughly cleansed and disinfected at the end of the illness.

Malaria.

85. Three cases of this disease were notified last year and as far as is known no case was contracted locally.

Ophthalmia Neonatorum.

86. Thirty cases occurred in 1923 as compared with 38 in 1922 and it is gratifying to report that 28 recovered with vision unimpaired, and of the two remaining cases one infant left the County with its parents and could not be traced and the other case is still receiving treatment.

87. Every notified case is visited by one of the Assistant County Medical Officers, and arrangements are being made by which the Council will pay under their Maternity and Child Welfare Scheme for Hospital treatment of cases where institutional treatment is desirable.

88. I mentioned in my School report that during the past two years the number of blind children of school age needing institutional treatment has decreased and I think this is due to the careful supervision by Health Visitors in cases of Ophthalmia Neonatorum, and the way in which treatment either at home or institutional is arranged for.

Pulmonary Tuberculosis.

89. 307 cases of Pulmonary Tuberculosis were notified in the County last year together with 149 cases of Non-Pulmonary.

90. The number of deaths from this disease was 210 from Pulmonary and 52 from Non-Pulmonary Tuberculosis.

91. No further reference to this disease is made here as the administration of the Council Scheme is fully dealt with by the Chief Tuberculosis Officer in his Annual Report which is given in the Appendix.

Cancer.

92. In my County Annual Report for 1920, I stated that "there were 328 deaths from Cancer during that year and that the death-rate was 11.2 per 10,000 of the population, which was much the same as the yearly average for 1911-1920 (11.8)." I added "once more I have to repeat" ("Digest" 1919, page 44) "that unfortunately the causation and prevention of this terrible complaint are unknown, but the Imperial Cancer Research Committee are still at work."

93. I think it may be of interest if I now give a Mortality Table for Cancer for each of the Worcestershire Sanitary Districts for the years 1898-1922 :—

TABLE III.

Death-rate per 10,000 of Population.

Districts	1923	Average for quin- quennial period 1918-1922	Average for quin- quennial period 1913-1917	Average for quin- quennial period 1908-1912	Average for quin- quennial period 1903-1907	Average for quin- quennial period 1898-1902
<i>Urban Districts.</i>						
Bewdley Borough ...	3.7	12.8	17.5	15.6	8.8	7.3
Bromsgrove ...	18.6	6.4	11.4	12.0	7.2	9.6
North Bromsgrove ...	9.4	12.3	10.2	7.6	8.6	3.5
Droitwich Borough...	25.7	24.4	15.1	8.0	11.1	5.5
Evesham Borough ...	12.7	14.0	9.3	8.4	7.2	5.8
Kidderminster Borough ...	13.5	13.7	13.5	10.0	8.9	8.0
Lye & Wollescote ...	7.9	12.0	7.4	8.0	5.3	5.6
Malvern ...	13.0	15.7	14.8	15.9	9.4	10.7
Oldbury ...	9.2	9.0	8.4	8.0	6.2	3.7
Redditch ...	11.3	10.6	10.3	11.1	8.9	5.2
Stourbridge Borough	10.8	14.1	9.9	9.8	8.6	4.8
Stourport ...	24.6	24.4	17.8	11.5	12.8	5.8
Urban Districts ...	12.0	12.5	11.0	9.5	8.1	6.4
<i>Rural Districts.</i>						
Bromsgrove ...	11.1	10.5	11.7	8.0	8.3	6.4
Droitwich ...	13.3	10.6	11.5	9.6	9.4	7.0
Evesham ...	11.1	11.5	13.3	9.6	9.1	4.8
Feckenham ...	5.4	10.9	12.6	9.5	8.8	6.9
Halesowen ...	11.0	9.8	7.3	7.1	5.0	4.1
Kidderminster ...	13.2	12.2	9.4	13.9	11.1	7.2
Martley ...	16.1	11.5	14.2	11.3	8.8	7.9
Newent (part) ...	79.5	21.2	5.2	19.0	14.0	6.2
Pershore ...	13.9	13.1	11.0	9.9	8.4	8.8
Rock ...	9.2	14.4	24.5	10.5	9.1	6.2
Shipston-on-Stour ...	9.4	13.9	12.0	10.6	13.0	7.4
Stow-on-the-Wold (part)	0.0	28.8	13.4	13.3	13.7	11.8
Tenbury ...	13.5	9.4	10.6	10.9	8.1	6.0
Tewkesbury (part) ...	23.5	13.2	10.3	7.8	8.5	3.2
Upton-on-Severn ...	13.3	10.8	12.8	12.4	9.4	6.1
Winchcombe (part)	0.0	19.0	0.0	0.0	0.0	1.7
Rural Districts ...	12.8	10.7	11.1	9.4	8.5	6.0
County ...	12.4	11.6	11.0	9.6	8.2	6.2

94. This Table shows that the Cancer death-rates generally are increasing.

95. A very instructive report issued a short time back by the Imperial Cancer Research Committee dealt with the question of "Heredity," "Cancer Areas," "Cancer Homes," etc., and states that so far as the investigation of "Cancer Houses" and "Cancer areas" have proceeded, the Committee have come to the conclusion "they are myths. . . . The early recognition of the symptoms of Cancer, in order that the disease may be successfully treated by surgery is as urgent as before."

96. A Memorandum issued by the Ministry of Health on August 14th, 1923, for the guidance of Local Authorities, contains most of the modern knowledge on the subject of Cancer and therefore I make no apology for quoting freely from it.

I.—CHARACTERISTIC FEATURES AND NATURAL COURSE OF CANCER.

97. The term "Cancer" is applied to a group of morbid conditions known to affect man and lower animals in all parts of the civilised world.

98. From the standpoint of preventive medicine and Public Health administration there is a conspicuous contrast between Cancer and groups of other morbid conditions, such as the acute infectious diseases, or Tuberculosis, for which the fundamental principles of prevention are well established.

99. Knowledge useful for its prevention is still far from complete.

100. The root cause on which the occurrence of Cancer depends, remains obscure. We do not possess any specific means of producing immunity against Cancer, as we have against Smallpox, nor have we any specific means of curing the disease.

101. In all these directions much valuable research work has been undertaken, and such research is being further pursued.

102. *Study with this object ought to receive every possible support from Central and Local Health Authorities, &c.*

II.—EXTENT OF CANCER MORTALITY AND ITS INCREASE.

103. In England and Wales during 1921 a total of 46,022 deaths were attributed to Cancer.

104. This implies that out of 10,000 persons 12.1 died of Cancer.

105. The death-rate per 1,000 of the population attributed to Cancer in England and Wales has gradually increased from 0·32 in 1851-60 to 1·12 in 1911-20 and 1·21 in 1921. To some extent this four-fold increase is due to the fact that a larger proportion of the population than formerly is now of those ages at which deaths from Cancer commonly occur.

106. But when full allowance has been made for this ageing of the population, the increase is from 0·33 in 1851-60 to 0·97 per 1,000 in 1911-20 and 1·01 in 1921; so that in the space of two generations the recorded mortality has trebled.

107. This increase may be due to improved diagnosis, and more accurate certification of cause of death; but it must be recognised that they will not account for the whole of the recorded increase.

108. There is only one part of the body frequently attacked by Cancer, the womb, in respect of which significant increase in mortality is not recorded during these 20 years, a fact which may in some degree be attributed to the fall in the birth-rate.

109. During the 20 years, 1901-1921, in which Cancer increased by 20 per cent., the general death-rate fell by 32 per cent., that of infants by 45 per cent., and that from Tuberculosis by 38 per cent.

110. An increase of mortality attributed to Cancer, is the common experience of modern civilisation.

111. In this country the tendency is for deaths from Cancer to occur later in life than formerly; and this change has been going on (at least among females) for many years. The latest available returns show that the death-rate from Cancer is not increasing for males up to 45 years of age, and for females up to 60. The most rapid increase is occurring in extreme old age.

112. Cancer of the womb is more fatal to married and widowed, and Cancer of the breast and ovary to single women.

III.—PROCLIVITY TO CANCER.

113. In a broad sense, liability to Cancer is not an attribute of any social class, profession or occupation.

114. Hereditary predisposition to Cancer has not at present been proved to be of any practical importance in man; nor can it be asserted with scientific authority, that the use of any particular article of food increases the liability to Cancer, or prevents it from appearing; that no known drug will prevent its appearance

or cure it when present. No danger from Cancer has been proved to result from inhabiting houses or districts in which Cancer happens to have been exceptionally common.

115. There is no evidence to show that Cancer is an infectious or contagious disease.

IV.—CHRONIC IRRITATION AS A DETERMINING FACT.

116. One certain fact about Cancer is, that it frequently follows on chronic and prolonged irritation. Certain varieties of chronic irritation are more liable to be followed by Cancer than others. Thus in the lip, long continued irritation by a clay pipe is particularly dangerous, in the tongue by jagged teeth or badly fitting tooth plates.

117. Workers in tar, such as briquette makers, workers with anilin or paraffin, chimney sweeps, etc., are apt to suffer from Cancer in special parts of the body, as a consequence of repeated irritation by the particular agent employed.

V.—PROPHYLAXIS.

118. In this category for example, come the removal of rough stumps of teeth or replacement of badly fitting dentures, a change of habit, if pipe smoking is found to produce soreness on the same spot of the lip or tongue ; the avoidance of constipation and other like matters.

VI.—DIAGNOSIS.

119. Early diagnosis is of the greatest importance. Cancer in its *early stages* is almost invariably unaccompanied by pain and is sometimes painless throughout. This painlessness of Cancer in its early stages is one of the most insidious dangers; since it leads the patient to delay seeking medical advice. Medical advice should be sought at once, particularly if a tumor or lump is found in the breast ; or if an ulcerated condition exists on the tongue, etc., which does not heal in a few days.

VII.—TREATMENT.

120. If a person has not recognised that something is wrong, nothing more can be said, but very many persons are aware that something is wrong, fear it may be Cancer and put off consulting a Doctor because they think, if Cancer is diagnosed, an operation will be necessary.

121. The chances of a patient must be better, the earlier he or she comes under treatment.

122. There is indubitable evidence that removal by operation, even though ultimately followed by recurrence, enables many people to live a natural life in comfort for considerable periods, while in advanced cases such removal may relieve or prevent long suffering.

123. There are many cases, moreover, in which Cancerous growths have been removed once and for all.

124. Lastly, there is evidence that in some varieties of Cancer, X-ray treatment carried out by expert Medical Practitioners offers at least as good a chance to the patient as surgery.

125. *The essential point is that the patient should not postpone or delay seeking competent medical advice, and above all should not waste time or money in trying quack remedies which at best are useless, and at worst aggravate the disease. In any case in which Cancer is suspected, immediate and decisive action is necessary.*

126. *Without question, the earlier these measures are adopted, the better.*

VIII.—LOCAL HEALTH AUTHORITIES AND CANCER QUESTION.

(a) *Propaganda.*

127. Many Local Authorities undertake invaluable propaganda in relation to certain diseases by means of public notices, advertisements, broad-cast leaflets, lectures and the like. The considerations previously mentioned show how greatly Cancer differs in regard to the applicability of these methods from a disease such as Smallpox, for which there is a sure preventive to be proclaimed, from other diseases of the infectious class where individuals must be urged to take precautions for the safety of their fellows, or from diseases such as the Venereal class.

128. Much caution is obviously needed in announcements to the public on Cancer, in order to avoid over-statements; the making of promises which are not warranted by evidence; or the production of needless and mischievous apprehension of Cancer.

129. If all this is realised, knowledge of some of the main facts may be usefully spread through the ordinary agencies of Public Health Departments, notably by instructions at Welfare Centres, by Midwives and Maternity Nurses, and by Social Welfare

Workers. The Central Midwives Board issues an instructional note on Cancer to all Midwives on registration, and includes questions on Cancer in Women in their examination for certificates.

(b) Facilities for Diagnosis and Treatment.

130. Public Health Authorities or other public bodies should not feel discouraged from individual action within the competence of these bodies in securing better facilities for diagnosing or more effective treatment of Cancer in the areas or institutions under their jurisdiction.

(c) Future Research.

131. I think the Minister's Memorandum shows that the Ministry of Health is more than an administrative body; and that he is specially interested in collecting all available information with regard to the prevention of Cancer and disseminating it among the public. One thing is certain, viz., that the disease is really on the increase and that this increase is not a statistical fiction, but an established fact.

132. On the 19th May 1924 the Ministry of Health issued a further memorandum reviewing the general position at which surgery has arrived in cancer cases, and stated certain facts which the public should recognise if appropriate treatment is to yield the success which under favourable circumstances and under improved conditions it is capable of yielding.

133. The Ministry stated that local enquiries should be made to ascertain the extent to which cancer of the breast is now being allowed to continue to a fatal termination without appropriate surgical treatment.

Vaccination and Smallpox.

134. By direction of the Chairman of the Council, a circular letter was addressed to Head Teachers in the County asking for the names of unvaccinated children in their schools. The result was that approximately 38% of the children were found to be unvaccinated. In one district this percentage rose in certain schools to between 80% and 90%.

135. As it was reported that in some Districts the Public Vaccinators were unable to cope with the number of children requiring vaccination, a letter was addressed to the various Boards of Guardians offering, without cost, the services of the Assistant Medical Officers to help in the work.

136. Several of the Boards of Guardians accepted, and expressed appreciation of the offer.

137. The result of the action taken by the Council was, that of the 13,200 children (out of nearly 35,000 on the Register) reported by the Head Teachers to be unvaccinated, 4,750 primary and 3,450 secondary vaccinations were carried out. Although this result was encouraging, it is a matter for regret that in nearly 8,500 cases parents refused to allow their children to be vaccinated, for while such a large number of children remain unprotected by the precautionary measure, the County is always liable to be attacked by an epidemic such as the one experienced in a neighbouring area.

138. This indifference to Vaccination is not confined to Worcestershire as in England and Wales during 1923 the number of infants vaccinated declined to 38%.

139. The protection which vaccination and re-vaccination afford is beyond dispute, and in view of the serious increase in cases of this disease the Government should consider the provision of legislation whereby vaccination should be made compulsory.

140. The County Council considered this matter on the 11th June 1923 when the following resolution was passed, viz.:

"That in the opinion of this County Council, Section "1 (1) of the Vaccination Act, 1907 (exempting persons conscientiously believing that vaccination would be prejudicial to the health of a child) should be repealed, and that a copy of this Resolution be forwarded to the Prime Minister, the Minister of Health and local Members of Parliament."

Isolation Hospital Accommodation.

A. General Hospitals.

141. No change was made in the Isolation Hospital Accommodation of the County which is generally satisfactory.

B. Smallpox Hospitals.

142. Satisfactory Hospital accommodation has been provided for the whole of the County Districts with the exception of the following Rural Districts, viz.:

Martley.
Newent (part).
Rock.
Tenbury.
Winchcombe (part).

143. The three most important Districts in this group are Martley, Rock and Tenbury Rural Districts.

144. These Districts are entirely without accommodation for Smallpox purposes. The Martley and Tenbury District Councils appear to favour combined action. The Clerk to the Rock District Council wrote on the 26th September 1923, that in their opinion the population of their district is so scattered as to make individual isolation at home quite practicable. The District Council think it should also be borne in mind that no case of Smallpox has occurred for at least 30 years within the Rural District.

145. The Clerk adds however, that "in the event of the County Council not upholding this view his Council would agree to the suggested Joint Hospital with Martley and Tenbury rather than forcing the County Council to have recourse to their statutory power."

146. On the 20th March last Mr. J. W. Willis Bund and Dr. H. E. Dixey held an enquiry at the Shirehall, Worcester, with reference to the position of these three Districts under the Act of 1893.

147. They have reported that in their opinion an Order should be made forming the three Districts concerned into a Joint Hospital Board.

148. A suggestion has been made that the "Bromsgrove" and "Stourbridge and Halesowen" Hospital Districts should be amalgamated for Smallpox purposes as the Hospital and the site for the former District have been disposed of. All the constituent Authorities forming the combined areas are in favour of the amalgamation but at present the financial terms have not been settled.

Public Health (Venereal Diseases) Regulations 1916.

149. The Scheme approved by the Council for complying with the provisions of the above-mentioned Regulations includes the following, viz. :—

1. Treatment Clinics.
2. Pathological Examinations.
3. Provision of Salvarsan Substitutes to General Practitioners.
4. Educational Work.

1. *Treatment Clinics.*

150. These are as under :—

- (a) WORCESTER—The General Infirmary.
- (b) KIDDERMINSTER—The General Infirmary.
- (c) STOURBRIDGE—The Corbett Hospital.
- (d) BIRMINGHAM—The General Hospital.
- (e) DUDLEY—The Guest Hospital.

(a) *Worcester General Infirmary.*

151. The Agreement between the County Council, the Worcester City Council and the Worcester Infirmary Committee has been modified with the result that economies amounting to approximately 15% of the expenditure have by mutual consent been made.

152. The general arrangements are adequate and satisfactory.

153. Clinics are held as under :—

On Wednesdays for Males	—	—	at 3.15 p.m.
On Saturdays for Males	—	—	at 2.15 p.m.
On Wednesdays for Females	—	—	at 2.15 p.m.
On Saturdays for Females	—	—	at 3.15 p.m.

154. During the year 1923, 91 persons from the County were under treatment or observation (57 males and 34 females). Fifty-six of this number suffered from Syphilis, 24 from Gonorrhoea and 11 were found to be not suffering from Venereal Diseases.

155. Twelve "new" Inpatients attended for the first time against 9 during the previous year.

156. The number of "new" Outpatients treated during 1923 was 25 against 34 in 1922. (See Table V).

157. Irrigation continues to be supervised by a medical orderly on "Clinic Days."

(b) *Kidderminster Infirmary.*

158. A Conference was held between the Venereal Diseases Sub-Committee and the Representatives of the Kidderminster Infirmary on the 26th October, 1923, and the reductions in the financial terms of the Agreement mentioned in my last Report were agreed to by the Infirmary Committee and duly approved by the Ministry of Health, such reductions to take effect as from the 1st January, 1924.

159. Dr. Lionel Stretton recently resigned as Medical Officer of the Clinic and Dr. J. W. Stretton was appointed in his place.

160. During the year, 195 patients (93 male and 102 female) were under treatment or observation. One-hundred-and-forty-three of these suffered from Syphilis 29 from Gonorrhoea and 23 were found to be not suffering from Venereal Diseases.

161. The number of "new" Outpatients treated was 59 against 55 in 1922 and the number of "new" Inpatients treated was 4 against 7 in 1922. (See Table V).

(c) *Birmingham General Hospital.*

(d) *Dudley Guest Hospital.*

(e) *Stourbridge Corbett Hospital.*

162. The Council pay for cases at these three Hospitals on the basis of user. The arrangements have been satisfactory and the numbers of cases treated during the year 1923 are as follows :

Birmingham General.

163. Total number of persons under treatment or observation : 73. (52 males and 21 females). Of this number 38 suffered from Syphilis, 24 from Gonorrhoea and 11 were found to be not suffering from Venereal Diseases.

164. Eight "new" Inpatients attended for the first time against 4 in 1922, and 31 "new" Outpatients attended for the first time as against 22 in 1922. (See Table V).

Dudley Guest Hospital.

165. Total number of persons under treatment or observation : 130 (90 males and 40 females). Of this number, 59 suffered from Syphilis, 53 from Gonorrhoea, 1 from Soft Chancre and 17 were found to be not suffering from Venereal Diseases.

166. One "new" Inpatient attended for the first time against 2 in 1922 and 78 "new" Outpatients attended for the first time against 54 in 1922. (See Table V).

Stourbridge Corbett Hospital.

167. Total number of persons under treatment or observation : 63 (45 males and 18 females). Of this number 17 suffered from Syphilis, 33 from Gonorrhoea and 13 were found to be not suffering from Venereal Diseases.

168. No "new" Inpatients attended the Clinic during 1923 against 1 in 1922, but 33 "new" Outpatients attended for the first time against 17 during 1922.

2. *Pathological Examinations.*

169. The County Scheme provides that specimens should be sent to Dr. Eric Assinder of Birmingham, who made 437 reports during the year :—

267 for Syphilis.
104 for Gonorrhoea.
66 for "Others."

437.

3. *Salvarsan Substitutes.*

170. Only one request was received during 1923 for a supply of these drugs.

4. *Educational Work.*

171. During the years 1919—1921 the Council arranged for a good deal of propaganda work, but since that time little or no work of this description has been officially undertaken by the Council.

5. *General.*

172. It would appear that a larger number of County cases has been treated in 1923 than in the previous year, but the Chief Medical Officer of the Ministry of Health in his last Annual Report stated that : —

" It cannot be doubted that an increasing proportion of the
" patients are rendered permanently non-infective or completely
" cured, although it is not practicable to persuade all patients
" to remain under observation for the necessarily long periods
" required under the rigorous standards of cure which have
" been officially suggested. Patients are naturally apt to
" desist when their symptoms disappear and they feel quite
" well, and will only submit to the sacrifices entailed by the
" full course of treatment and observation, if they are convinced
" that the Medical Officer in charge of their treatment takes
" a real and personal interest in their welfare, and when they
" have confidence in his skill and knowledge.

“ Unfortunately in a number of centres the treatment of
 “ gonorrhoea still falls short of the best modern practice, and
 “ in these cases it is not surprising that the official clinics fail
 “ to attract anything like a due proportion of cases of gonorrhoea.
 “ Patients probably feel that the treatment given is no more
 “ effective than can be obtained from the ordinary general
 “ practitioner, and not unnaturally decline to incur the greater
 “ publicity and trouble involved in attendance at the clinics.

“ Reference was made in my last Report to the general impression
 “ amongst Medical Officers of Health and Medical Officers of
 “ Venereal Disease Treatment Centres that there had been a
 “ decline in the incidence of Venereal Diseases. This impression
 “ has been strengthened by the experiences of 1922, and it
 “ can be confidently stated, at least so far as syphilis is concerned,
 “ that the number of fresh infections has fallen. The figures
 “ of attendances at the official treatment centres point most
 “ strongly in this direction.”

173. The following Tables give particulars of patients treated at each of the Clinics during the year; it should be noted that the figures generally refer to *new* patients, not to the *total* number of cases treated.

174. Dr. Quine, a Medical Officer of the Ministry of Health, visits each Clinic periodically and confers with me as opportunity offers.

VENEREAL DISEASES.

This Table compares the number of cases treated in 1923, with 1918, 1919, 1920, 1921, and 1922, viz. :—

TABLE IV.

Year	* Worcester			Kidderminster			Birmingham			Dudley			Stourbridge		
	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total
1918	63	8	71	75	8	83	30	18	48	62	33	95			
1919	50	32	82	123	34	157	38	49	87	59	62	121			
1920	66	36	102	135	49	184	34	46	80	55	45	100			
1921	31	17	48	42	35	77	20	25	45	43	44	87			
1922	26	17	43	46	14	60†	14	12	26	25	29	54†	9	9	18
1923	21	16	37	44	19	63	17	22	39	38	41	79	9	24	33

* These figures refer to County cases only.

† This total does not include 2 cases of Soft Chancre.

VENEREAL DISEASES. SUMMARY, 1923.

TABLE V.

Institution.	"New" Out-Patients.					Total Attendances.					"New" In-Patients.				Salvarsan Substitutes.		No. ceasing attendance without completing treatment
	Syph-ilis.	Gonorr-hoea.	Soft Chancre	Not V.D.	Total of all cases.	Syph-ilis.	Gonorr-hoea.	Soft Chancre	Not V.D.	Total attend-ances.	Syph-ilis.	Gonorr-hoea.	Soft Chancre	Total days.	No. treated	No. doses	
*Worcester	-	13	-	8	33	348	131	-	36	515	8	4	-	188	51	189	34
Kidderminster	-	43	-	23	82	650	1145	-	24	1819	1	3	-	184	65	283	52
Birmingham	-	13	-	11	42	266	610	1	11	888	4	4	-	103	37	141	23
Dudley	-	37	-	13	91	449	1000	52	30	1531	1	-	-	52	50	202	13
Stourbridge	-	9	-	13	46	337	629	-	18	984	-	-	-	-	33	136	5
Totals	-	115	-	68	294	2050	3515	53	119	5737	14	11	-	527	236	951	127
Corresponding totals for yr. 1922	106	73	3	44	226	1953	1698	31	87	3769	14	8	1	725	251	940	208

* These figures refer to "County" cases only.

A. Midwives Acts 1902 & 1918.

175. During the year 1923 there were 250 Midwives practising in the Administrative County, viz.: 106 in the Urban Districts, and 144 in the 16 Rural Districts. Of the 250 Midwives, 191 (76%) are "trained" and 59 (24%) are "untrained."

176. It will be noticed that only 24% of the practising Midwives in the County are untrained and the continual supervision over these untrained Midwives during recent years has brought them up to a standard when they are able to carry out their duties without cause for complaint on the part of the Local Supervising Authority.

177. Each Midwife is inspected by one of the Assistant County Medical Officers at least twice a year and more often where further supervision is necessary.

178. Each of the Assistant County Medical Officers submits to me half yearly a report on his or her visits to the Midwives and I am satisfied that in this County the administration of the Midwives Acts is satisfactorily carried out. It is noteworthy that whereas from 5 to 10 years ago Inquiries into breaches of the Rules on the part of Midwives were frequent it is now very rare that such a course is necessary.

Training of Midwives.

179. The County Council voted £100 for the year 1923-24 for training Midwives, which has enabled 6 women to be given Midwifery Scholarships. Four of these Candidates obtained the Certificate granted by the Central Midwives Board, and two others are still being trained.

Births attended by Midwives.

180. The total number of women attended by Midwives in 1923 was 3,551, i.e., 60% of the total births. Of these, 2,651 were attended by "Trained" Midwives and 900 by "Untrained" Midwives.

Illegal practice by Uncertified Women.

181. No case has come to my notice which necessitated the Council taking proceedings against a woman for illegal Midwifery practice.

182. On the 29th June 1923 the Ministry of Health asked the Council's opinion as to whether a recent decision in the Kings Bench would give sufficient power to Local Supervising Authorities to deal with illegal practice without legislation but the County Council are of opinion that amended legislation is still desirable, and on my recommendation a representation has been made to the Central Midwives Board and the Ministry of Health as to this.

Nursing Associations.

183. At the present time only two of the 62 Nursing Associations in the County are un-affiliated with the County Nursing Association.

184. These Associations collectively employ 76 Nurses or Nurse-Midwives.

185. Since my last report four new Associations have been established, namely, Chaddesley Corbett, Alvechurch, Knightwick, and Badsey. Two Associations were discontinued owing to lack of sufficient local financial help.

186. It cannot be too clearly realised that the duties of these district Nurse-Midwives are of a very responsible nature and that apart from alleviating suffering they play an important part in promoting the health of the population.

187. I am pleased to report that not only have I received no complaint from the Inspectors of Midwives as to the way in which the Rules of the Central Midwives Board have been carried out but I believe the Nurse-Midwives are doing a good educational health work especially in connection with Tuberculosis, School Medical Inspection and Maternity and Child Welfare work.

188. I have frequently referred to the scarcity of Midwives in certain parts of the County and I am confident this difficulty cannot be better met than by the formation of new district Nursing Associations.

189. This, however will mean increased financial help from the County Council. As the duty of seeing that the County has a sufficient supply of Midwives is a statutory duty placed on the Council I feel sure it would be economical for them to supplement the present Grant they make to Nursing Associations. A District Nurse-Midwife ought to be paid an average salary of £150 per annum and the total expenditure by these Associations is approximately £10,000 per annum.

190. The total contributions of the County Council to Associations in 1923 were £2,309, so that much is left to local voluntary effort.

Subsidies to Midwives.

191. Last year the Council gave a Subsidy of £10 each to 3 Midwives and £5 each to 2 Midwives who were able to show that they could not earn a living wage in the localities in which they practised.

192. It will be seen that the amount expended by the Council in this direction was very small but in view of the importance of a good Midwifery service for the future generation I think the money has been well spent.

192a. Table VI. shows the Sanitary Districts in which the Midwives practised, and also the numbers of births and still-births notified to me by these Midwives.

TABLE VI.

Sanitary Districts	Estimated Population 1923	No. of Midwives practising in 1923	Numbers notified under Notification of Births Act	
			Births 1923	Still-Births notified by Midwives 1923
<i>Urban.</i>				
Bewdley -	2,674	2	64	2
Bromsgrove -	9,695	7	231	13
North Bromsgrove -	8,497	7	129	4
Droitwich -	3,894	4	86	2
Evesham -	8,640	5	191	8
Kidderminster -	27,400	14	486	14
Lye and Wollescote -	12,630	5	308	11
Malvern -	16,940	11	177	4
Oldbury -	38,970	31	927	26
Redditch -	16,690	6	276	6
Stourbridge -	18,500	10	402	14
Stourport -	4,870	4	102	2
	169,400	106	3,379	106
<i>Rural.</i>				
Bromsgrove -	17,130	15	287	7
Droitwich -	12,800	13	184	2
Evesham -	9,944	19	172	1
Feckenham -	5,507	7	61	1
Halesowen -	29,920	16	641	17
Kidderminster -	7,603	4	120	4
Martley -	12,460	15	236	6
Newent -	1,006	2	18	-
Pershore -	12,970	14	229	5
Rock -	2,169	2	40	1
Shipston-on-Stour -	4,248	5	66	-
Stow-on-Wold -	280	-	3	-
Tenbury -	4,443	7	96	-
Tewkesbury -	2,129	3	35	1
Upton-on-Severn -	13,490	22	260	6
Winchcombe -	101	-	1	-
	136,200	144	2,449	51
Grand Total	305,600	250	5,828	157

Fees of Doctors called in by Midwives.

193. It is the statutory duty of the Council to pay the fees of Doctors called in by Midwives, and it is also the Council's duty to recover, where practicable, the whole or a part of these fees from the patient. Endeavours to recover fees from patients has however been seriously handicapped by the great amount of unemployment and consequent distress. During the last two years every case has been very closely considered and an endeavour was made to collect a small fee, if only 1/-, in every case but the hopelessness of trying to collect these small sums from families who are in a state of poverty was realised and the Council finally adopted the following Scale, namely :

When the net weekly income after deducting 5/- for each child under 14 is £1 10s. 0d. or under	The entire fee to be remitted.
„ over £1 10s. and under £2	Up to 10/- to be recovered.
„ over £2 and under £2 10s.	Up to 20/- to be recovered.
„ over £2 10s. and under £3	Up to 25/- to be recovered.
„ over £3 and under £3 10s.	Up to 30/- to be recovered.
„ £3 10s. and over - -	The whole fee to be recovered.

194. Any cases not automatically covered by this scale are decided by the Chairman of the Finance Committee and the Chairman of the Administrative (Health) Committee.

195. The adoption of this Scale will mean a reduction in the amount of the fees collected, but it should be remembered that while Midwives sent for medical aid in 682 cases, in only 263 cases did the Doctor claim his fee and I am convinced that Worcestershire Doctors do not claim their fees from the County Council except in those cases where the patient is unable to remunerate them for their services.

Pemphigus Neonatorum (Impetigo Contagiosa).

196. Nine cases were notified in 1923 and the following were the number of cases and deaths reported in previous years, viz. :

Cases.—

1915	1916	1918	1919	1920	1921	1922	1923	1924*	Total
4	2	3	8	4	17	13	9	15	75

Deaths.—

2	2	1	3	1	4	2	3	—	18
---	---	---	---	---	---	---	---	---	----

* up to 23 May 1924.

197. On the 10th May 1924 the Council appointed 3 Members to hold an Inquiry into the large number of cases which had occurred in the Oldbury Urban District, but their conclusions are not yet available.

Medical Aid Records.

198. During the year 682 notices were sent to me by Midwives showing that they had called in Medical Aid.

199. 597 came from trained Midwives and 85 from untrained Midwives.

200. I discovered that 9 Midwives failed to forward such notices, when they ought to have done so, but after enquiry it was found that satisfactory explanations were forthcoming in 8 of them. In one case an Inquiry was held into an alleged complaint of failing to call medical aid sufficiently early in a case of Ophthalmia Neonatorum and the Midwife was reprimanded.

201. In every case where a medical aid record showed a "rise of temperature" or "eye or skin condition" or anything unusual or where an Infant has died before the attendance of a Medical Practitioner, I at once instructed the Local Assistant County Medical Officer to make enquiries into the case.

Rules of Central Midwives Board.

202. An amended edition of these Rules was issued early in 1924 and contains many amendments which I had previously represented were desirable.

Still-births.

203. The following Table shows the numbers of Still-births during the last seven years :—

TABLE VII.

	1917	1918	1919	1920	1921	1922	1923
Notified by Midwives	142	142	145	217	165	162	157
Notified by Doctors and parents —	52	49	53	36	67	49	43
	<hr/> 194 <hr/>	<hr/> 191 <hr/>	<hr/> 198 <hr/>	<hr/> 253 <hr/>	<hr/> 232 <hr/>	<hr/> 211 <hr/>	<hr/> 200 <hr/>

204. These comparatively large numbers of still-births always appear to me to be an unsatisfactory feature of the vital statistics, as it is generally considered that still-births are preventable. The figures of the last 4 years certainly show a consistent reduction, and this is due I believe to the increased number of ante-natal cases now under the supervision of the District and County Health Visitors and it is as a result of this work that I hope a still greater reduction in these deaths may be looked for. Difficulties however are many and it is still far from easy to persuade expectant Mothers to attend the Infant Welfare Centres where they can receive necessary medical advice. Each Still-birth attended by a Midwife is made the subject of an enquiry by one of the Assistant County Medical Officers and last year Dr. Mary Williams made an analysis of the reports. That analysis gave no practical result and the same may be said of an inquiry into the 1923 figures but the reports are being retained and a further analysis will be made on the data available for the 3 years ending 1924.

B. Child Welfare Work.

205. A full description of the County Scheme is given in my Annual Report for 1919 (pages 63 to 76).

206. At the present time there are 15 (whole-time) County Health Visitors and 47 part time (Nursing Association Nurses) Health Visitors doing Infant Welfare work for the County Council. The whole-time County Health Visitors receive annual salaries of £150 with £5 added for each year of service in Worcestershire, until the sum of £200 is reached, in addition to travelling and personal expenses when away from home on duty and £10 allowance for Uniform. The Nursing Associations receive "Block" Grants for the services of their Nurses, which are proportionate to the respective services rendered to the County Council.

207. My remarks in reference to District Nurses apply equally to the County Health Visitors who I am satisfied have been and are doing valuable work.

208. The County Health Visitors as they visit the Homes of the people have great facilities for giving advice in reference to simple matters of hygiene and the educational effect of their advice on the lines of hygiene and public health cannot fail to produce good results in the future.

Notification of Births.

209. All births are required to be notified to me within 36 hours and I send lists of these Births daily to the Health Visitors of the localities in which they occur.

210. Last year 5828 such notices were forwarded to Health Visitors as compared with 6034 in 1922.

211. The Health Visitors on receipt of these notices call at the homes and offer advice as to feeding, clothing etc., and last year they saw no less than 89% of the Infants born. The remaining 11% occurred in better class houses, where there was no necessity for the Health Visitor to call.

212. At present the Health Visitors confine their visiting to children up to the age of 3 years and there is therefore an interval between the last visit of the Health Visitor and the first examination under the School Medical Inspection service. I have no reason however to think that any serious harm has resulted by reason of this interregnum.

Failure to notify Births.

213. Of the 5,828 Births which occurred in the County, 206 parents failed to send me notice under the Notification of Births Act, but by an arrangement I made (with your approval) with the Sub-district Registrars, I was informed of all such omissions which enabled me to call the attention of the Parents to their failure to comply with this statutory obligation.

214. Table VIII. gives information as to the numbers of visits paid by the Health Visitors :—

TABLE VIII.

Health Visitors	No. of "Notifica- tions" sent in 1923.	Number of		Percentage Visited
		1st Visits	Total Visits to 3 yrs.	
County whole-time Health Visitors - - -	3,532	3,241	28,474	91%
Association Nurses - -	1,207	1,028	20,951	85%
*" Voluntary Agencies"	607	517	7,517	85%
*Kidderminster Corpora- tion - - -	482	405	7,347	84%
Totals -	5,828	5,191	64,289	89%

* Information supplied by courtesy of Health Visitors.

Consultation Centres.

215. The following Tables give the average weekly attendances of Nursing and Expectant Mothers at the Worcestershire Consultation Centres during the twelve months ended the 31st March, 1924 :—

TABLES IX. AND X. GIVE THE AVERAGE WEEKLY ATTENDANCES OF NURSING AND EXPECTANT MOTHERS AT THE 20 CONSULTATION CENTRES IN WORCESTERSHIRE DURING 12 MONTHS ENDED MARCH 31st, 1924.

TABLE IX.

County Council Centres.

	REDDITCH	OLDBURY.	WARLEY	LYE.	HALESOWEN	CRADLEY.	BLACKHEATH	BROMS-GROVE	CATSHILL
	Opened 5th April 1916.	Opened 15th Aug. 1916.	Opened 11th April 1918.	Opened 4th April 1916.	Opened 9th May 1916.	Opened 6th January 1919.	Opened 26th Feb. 1920.	Since 1st Jan. 1916.	Since 1st Jan. 1916.
1923.									
April ...	45	60	56	73	117	84	87	32	9
May ...	59	61	77	76	103	84	85	34	9
June ...	64	65	89	80	112	84	93	43	7
July ...	53	77	77	71	94	70	77	22	6
August ...	45	98	67	70	70	81	73	17	5
September ...	59	83	104	61	89	67	89	27	10
October ...	67	88	86	82	126	90	99	22	6
November ...	81	53	72	106	122	114	95	27	8
December ...	79	60	65	102	156	105	95	16	8
1924									
January ...	80	81	53	90	116	70	70	28	7
February ...	93	94	61	79	116	77	87	28	12
March ...	93	94	69	82	112	78	75	26	11

TABLE X.

Voluntary Centres.

	* BROADWAY VOLUNTARY AGENCY	ALVECHURCH VOLUNTARY AGENCY	EVESHAM VOLUNTARY AGENCY	STOUR- BRIDGE VOLUNTARY AGENCY	MALVERN			NEWTOWN.	KIDDERMINSTER CORPORATION.	Since Jan. 1916. Prospect Lane	Since April, 1919. St. John's	Since Mar. 1923. Orchard St.	STOURPORT VOLUNTARY AGENCY
					MALVERN LINK.	BARNARD'S GREEN	MALVERN VOLUNTARY AGENCY.						
	Opened 30th Aug. 1920.	Opened 12th Feb. 1918.	Opened 9th March 1917.	Opened 12th Jan. 1916.	Opened 10th Feb. 1916.	Opened 22nd Feb. 1916.	Opened 16th Feb. 1916.						
1923													
April ...	34	7	48	54	33	16	20		52	76	52	21	
May ...	31	9	56	51	33	16	22		42	86	42	27	
June ...	43	13	55	71	33	26	25		47	89	47	36	
July ...	31	Closed.	50	65	33	23	32		65	62	65	45	
August ...	29	9	Closed.	58	23	Closed.	32		67	90	67	50	
September ...	30	Closed.	49	72	16	30	15		72	113	72	62	
October ...	45	14	64	64	24	26	25		69	120	69	56	
November ...	35	19	89	89	29	24	33		71	116	71	61	
December ...	17	12	63	63	28	28	33		83	132	83	58	
1924													
January ...	34	25	60	64	32	28	34		94	135	94	61	
February ...	29	18	67	66	33	22	30		63	124	63	52	
March ...	26	16	59	69	30	31	30		63	103	63	46	

Average
attendance
of
eight.

* Opened Monthly.

216. One of the Assistant County Medical Officers now attends each of the County Infant Welfare Centres either weekly or bi-weekly. They supervise the work at the Centres and also act as clinical advisers to the women and children in attendance. Each Medical Officer examines every child who attends at least once in 6 months and each ailing child as often as is necessary. They also give advice to such Expectant Mothers as can be persuaded to attend. At most of the Centres children are weighed undressed unless the Mothers protest. If the Mothers persist in their objection the Health Visitor does not insist. There is no doubt that this question of weighing children undressed is a very troublesome one and although the rooms may be warm it is not an easy matter to satisfy the Mothers that the children are not subject to a draught. Quite recently the Committee of the Evesham Voluntary Committee Centre wrote me that their attendances had fallen owing to strong opposition on the part of the mothers to their Infants being weighed undressed and asking for my advice.

217. I replied to the Society that the Ministry of Health were anxious that all babies should be weighed undressed, provided this could be done expeditiously and in a warm room, but at the same time, I considered that if a mother objected to a child being weighed undressed, this course should not be insisted upon, nor should the mother's attitude be any reason for discouraging her from attending the Centre.

218. Health Talks are regularly given at each Centre either by the Assistant County Medical Officer or the Health Visitor. Instructions in knitting and the making of children's garments is carried out at certain of the Centres, and where it is possible to carry on this work, considerable benefit results to the Mother and Child.

219. Dried Milk is supplied on the written authority of the Medical Officers to Mothers attending the Centres. While the Council's officers supervise the sale they are not responsible for the financial transactions. Attached to each Infant Welfare Centre are voluntary helpers who render valuable service, particularly with duties which need no nursing qualifications, and I wish to place on record my appreciation of the excellent work these ladies are carrying out.

" Voluntary Agencies."

(Consultation Centres supported by Voluntary Contributions and Government Grants.)

220. The Infant Welfare Centres administered by the " Voluntary Agencies " at Malvern, Stourbridge, Broadway and Evesham and by the Corporation of Kidderminster have again done admirable work.

221. The Stourbridge Association in 1923 found themselves in somewhat serious financial difficulties and after a conference with the County Council it has been decided that the latter will make the local Association a Grant of £200 for the year ending 31st March 1925, and after that date the question of further financial help will be again considered.

222. The statutory duty of providing for Maternity and Child Welfare work at Stourbridge devolves upon the Council but while the Association is willing to carry on this work I am strongly in favour of their being allowed to do so, as apart from the need for stimulating and encouraging voluntary effort, it is economical to the County Council to allow the work to be done locally.

223. Each Voluntary Agency has been visited by one of the Assistant County Medical Officers and this enables me to keep in touch with their work.

Infant Life Protection.

224. The only Boards of Guardians who have accepted the Council's suggestion that the County Health Visitors should visit Infants coming under this Act are Bromsgrove, Newent, Stratford-on-Avon, Martley, Pershore and Upton-on-Severn.

225. I recently had an interview with Miss Walton Evans of the Ministry of Health and I hope her energy will be rewarded by a further development of this work taking place.

Expectant Mothers.

226. The total number of Expectant Mothers visited was 1668 and the total number of revisits 4550; details are given below :—

	Visits.	Re-visits.
By County Council Nurses	674	1,279
„ District Nurses	720	2,611
„ Voluntary Agencies and Kidderminster Corporation Health Visitors	274	660
	<hr/> 1668	<hr/> 4,550

227. There is no doubt as to the importance of these visits and every opportunity is taken by the Nurses to get in touch with these ante-natal cases.

Artificial Feeding.

228. Where artificial feeding is resorted to, notice of the fact is sent to the Health Visitor in the locality concerned.

Dentistry.

229. The only dental work at an Infant Welfare Centre as far as I am aware is at Stourbridge where arrangements have been made for a Dentist to be in attendance.

Maternal Mortality.

230. An interesting Report prepared by Dr. Janet Campbell on behalf of the Ministry of Health has recently been issued on the subject of the cause of the excessive maternal mortality and the means of its reduction. It appears from Dr. Campbell's report that :—

231. The problem with which we are faced is this. There are not less than, say, 700,000 mothers in England and Wales giving birth to children per annum. Of this number approximately 3,000 per annum have died during the last ten years in the fulfilment of this maternal function. That is a serious and largely an unavoidable loss of life at the time of its highest capacity and in its most fruitful effort. Yet the number of deaths by no means indicates the whole loss, for a vastly greater number than 3,000 of these mothers are permanently injured or invalided in this physiological process of childbirth. This is a situation which, as Dr. Campbell says, must necessarily cause grave concern to all interested in the well-being of women and little children. It scarcely seems necessary to enlarge upon the serious effect of a high maternal mortality rate upon the health and welfare of many hundreds of families every year. With certain exceptions the women concerned are in the prime of life and are actively engaged in fulfilling the most important duty of bearing and rearing children for the nation. Most of them might in the ordinary course of events look forward to many years of health and usefulness. The unexpected loss of the mother is a tragedy to the family. It is not infrequently associated with the death of the infant for whom the maternal life has been sacrificed, and is often followed by the impaired health and nutrition of the remaining children. Further, the fact that the mortality returns reveal only a part of the total damage and disability, and that an incalculable amount of unreported and often untreated injury and ill-health result from pregnancy and labour, has many times been pointed out. It is this burden of avoidable suffering which we seek to relieve scarcely less than to save lives which need not be lost.

232. Dr. Janet Campbell makes the following recommendation in reference to action which might be taken through the Public Health Department of the Local Authority, namely :—

233. Preventive midwifery under the Local Authority should comprise the *Ante-natal and Post-natal care* of all pregnant women, by the professional attendant as far as possible, but also through the establishment of *Maternity Centres*; and the provision, directly or by means of a subsidy, of *Maternity Beds* (including observation and isolation beds) for the treatment of complicated cases of midwifery and for the accommodation of women whose circumstances do not enable them to be confined safely and suitably at home.

234. For the benefit of women confined in their homes there should be a *sufficient service of competent midwives*, the adequacy of which service may be secured by paying, when necessary, the whole or part of the salaries of midwives in sparsely populated districts, or by assisting the formation of district nursing associations; the attendance of a midwife, the assistance of a trained nurse, and the advice and treatment of a medical practitioner should be available for all necessitous patients requiring such services.

235. There should be *investigation* by the Medical Officer of Health of *all maternal deaths due to childbirth* and of all cases of puerperal infection, whether fatal or not. In view of the unsatisfactory results of the present notification of puerperal fever, it should be considered whether amendments are desirable in the existing legal provisions for notification in order to increase its practical utility, a matter in which it would be useful to consult a competent medical body such as the Obstetrical Section of the Royal Society of Medicine.

Social and Educational Measures.

236. Among these may be included :—

The provision of suitable nourishment for necessitous expectant and nursing mothers.

Consideration whether an extension or modification of sickness benefit during pregnancy under the National Health Insurance Act is desirable.

Widespread educational propaganda through official and voluntary agencies, with the purpose of instructing the women themselves, and of forming an enlightened public opinion as to the importance of proper attention to health at the time of pregnancy, childbirth and lactation.

237. Many of these suggestions are already in operation, though often to a partial and imperfect degree. It is recognised that the establishment of a comprehensive and efficient Maternity Service designed steadily to improve the standard of midwifery, and thus to eliminate the avoidable risks of childbearing is largely a matter of administration and finance.

Blind Persons Act 1920.

Statement as to working of Scheme.

238. There has been no variation of the Scheme approved by the Council on the 12th March 1923, and of which details were given in the Report of the Administrative Health Committee of that date.

239. In connection with the Scheme, the Board of Education approved the proposal of the Education Committee to expend £100 per annum on the training of blind persons, provision for this expenditure being made in the Estimates of the Education Committee.

240. The Agreement between the County Council and the Birmingham Royal Institution for the Blind, whereby the latter Institution supervise home workers in the County, expired on the 31st March 1923, and the Birmingham Institution, on the renewal of the Agreement, applied for the payment to be increased from £5 to £18 per head per annum. As a result of negotiations, however, the proposed charge was fixed at £10 18s. 11d. per head, which included a sum of £3 18s. 0d. per home worker per annum to enable each worker to be insured for "sickness benefit" amounting to 10/- per week.

241. Reports were received from the Institution on Home workers who were being instructed in machine knitting, chair mending, piano tuning, etc.

242. A grant of £30 was again made to the Committee of the Stourbridge Institution for the Blind, who have established workshops where blind persons make baskets, hampers, etc., and who have also a shop for the disposal of the goods. The Stourbridge Committee also make grants to necessitous and aged blind persons.

243. A sum of £10 was also granted to the National Library for the Blind, which supplies blind readers in the County with literature in Braille and Moon type.

244. The grant of £80 per annum to the Worcestershire Association for the Blind was continued. Details of the expenditure of this sum are supplied quarterly. Upon a representation from the Association that several additional cases of blind persons in need of financial assistance had been brought to notice, a supplementary grant of £45 was made. The services performed by the Association include the home visiting of blind persons, supplying them with literature, assisting them in disposing of the goods they manufacture, and in many other ways.

245. The Association also make monetary and other grants to necessitous blind persons, in all parts of the County, and have supplied a list of persons in receipt of financial or other assistance from which it is shown that the amount expended in this manner greatly exceeds the annual grant made by the Council to the Association.

246. The Worcestershire Association for the Blind have represented that a Home Teacher is necessary for more effective visiting of Blind Persons particularly in the Rural parts of the County where local Visitors are not obtainable.

247. If such a Home Teacher is appointed the work would include the teaching of Braille, basket making, Cane Chair mending, etc.

248. It is estimated that the expenses of the appointment of such a Home Teacher would be £160 per annum, and the Council have agreed to make a Grant of £80 per annum towards the Salary of an efficient Home Teacher, if and when appointed by the Worcestershire Association for the Blind.

Milk and Dairies.

249. In my last report I set forth the position of the Milk and Dairies (Amendment) Act 1922, and Milk Special Designations Order 1922.

250. The latter Order was amended in 1923, and provides for some relaxation of the conditions under which licences may be granted for the Sale of "Grade A" and "Pasteurised Milk"

251. During 1923 no application was made to the Council for a licence in respect of "Grade A" Milk.

Pasteurisation of Milk.

252. I prepared a memorandum on the desirability of pasteurisation of milk and as to the various types of pasteurisers in use together with the cost and number of gallons of milk which each could deal with per hour. It would however appear that at present efficient pasteurisation at reasonable cost is not practicable in small or private dairies.

Sanitation.

253. The Ministry of Health do not now require this Report to contain a "digest" of the Reports of the District Medical Officers of Health.

254. I wish to refer, however, to certain sanitary matters in various Districts, which came under the consideration of the Public Health and Housing Committee last year.

255. In accordance with the usual practice, the attention of that Committee will be drawn to any matter referred to in the District Reports which, in my opinion, requires comment.

Water Supply.

256. The water supplies of the following places have engaged the attention of the Public Health and Housing Committee during the past year.

Pershore Rural District.

257. The water supply of this District, which has been under consideration for so many years, is in a fair way to becoming an accomplished fact, as the Pershore Rural District Council have adopted a Scheme for supplying water to the Parishes of Pershore, Eckington and Pinvin, together with the hamlets of Pensham, Drakes Broughton and Wadborough, the estimated cost for which is £42,000. The adoption of the Scheme is subject to satisfactory grants being received from the Unemployment Grants Committee.

258. This is in accordance with a Scheme prepared by the Engineer, Mr. Willcox, for obtaining the water from the springs at Overbury belonging to Mr. Holland Martin, who has offered to sell water from the springs at 4d. per 1,000 gallons, up to 120,000 gallons per day, which latter figure would be sufficient for a population of 6,000, allowing 20 gallons per head per day.

Feckenham Rural District.

259. I am glad to be able to say that since my last Report a contract for the works necessary for the water supply for this District has been entered into by the District Council with the East Worcestershire Waterworks Co., the Ministry of Health having sanctioned a loan for the purpose, and the Unemployment Grants Committee agreeing to pay fifty per cent. of the interest on the loan for the first fifteen years. This scheme has now been carried out, and the Feckenham Rural District Council are requiring the owners of polluted wells to lay on water from the mains.

Belbroughton. (Bromsgrove Rural District).

260. This matter has reached a satisfactory conclusion, the work of providing a water supply having been commenced early this year. A grant in aid was received from the Unemployment Grants Committee.

Wolverley and Cookley (Kidderminster Rural District).

261. This matter has made considerable progress since last year. The Rural District Council made application to the Ministry of Health for a loan of £10,000 to carry out the project, and the Ministry, after an Inquiry, have approved the proposal as far as preliminary works are concerned, giving their sanction to the borrowing of £500 for this purpose. The Rural District Council are now boring for water.

Drainage.*Crabbs Cross (Feckenham Rural District).*

262. I referred to this matter in my last Report (pp. 44-45) since when the Ministry of Health stated that having regard to all the circumstances and particularly the high rates in the area, it was doubted whether at the present time expenditure on this matter could be urged.

Wythall (Bromsgrove Rural District).

263. The position of this matter remains the same as set out in my Report for 1921 (p. 42).

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

264. The house connections to the sewers have not yet been made, the Rural District Council having requested that this question be deferred for the present, as prices have not materially reduced.

Guarlford (Upton-on-Severn Rural District).

265. It appeared from the Report of the Local Medical Officer of Health (Dr. G. Davidson) for 1922, that the filter beds at Upper Guarlford had to deal with more sewage than was intended for them, with the result that there was pollution of the stream which received the effluent. The situation, however, has been met by the purchase of additional land for the extension of the sewage works to deal with the extra sewage.

Scavenging.

Building Bye-laws.

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

266. In his report for 1922, the Local Medical Officer of Health (Dr. G. Findlay) remarked upon the necessity for improving the scavenging of the town; and advised that a set of building bye-laws should be adopted. Since then, arrangements have been made for the disposal of house refuse; but with regard to building bye-laws, the Ministry of Health expressed the opinion that they did not think it desirable for any to be adopted by the Rural District Council at present.

Halesowen Rural District.

267. The Local Medical Officer of Health (Dr. T. Brett Young) having called attention in his report for 1922 to the pressing need for improvement in the scavenging of the District, representations on the subject were made to the Rural District Council, who have replied that since the date of the report, the conditions are much more satisfactory.

Kidderminster Rural District.

268. As the Local Medical Officer of Health (Dr. B. Addenbrooke) in his 1922 Report remarked upon the number of bungalows erected on the side of the River Severn which were without proper water supply, the Rural District Council have adopted bye-laws which will enable the matter to be dealt with.

Hop-Pickers.

269. The report forwarded to me from Mr. F. D. Inskip (Martley Rural District) states that :—

270. During the picking season 64 inspections were made, 28 of these being before the arrival of the pickers and 36 after the pickers came into occupation.

271. As in previous years provision was made for the separation of the sexes by either using separate buildings or by using canvas screens.

272. Greater care was given to the removal of refuse and it was only necessary in three instances to write to the Growers calling their attention to this.

273. The following repairs or improvements were carried out, viz., New ranges of privies were erected at The Pigeon House and Farley Barracks, Brockamin, Leigh; manure removed from near sleeping places and ample straw provided for bedding at Castle Green, Leigh Sinton.

274. No case of infectious disease was notified amongst the pickers.

275. In reference to the Upton-on-Severn Rural District Dr. G. Davidson, the local Medical Officer of Health, reports that inspection was carried out systematically during the hop-picking season and on the whole the pickers were decently housed. A fair state of cleanliness was observed, cooking houses were provided where necessary, and a water supply was available in every case. Privies were provided and generally the sanitary arrangements were passable. In one instance in a loft, adult persons of different sexes were not properly segregated. No infectious disease was imported by the pickers.

Housing of the Working Classes.

276. From information published in my recent County Reports it would appear that between the 1st August 1919 and the 31st December 1923 approximately 2,039 houses were built in the County.

277. I referred last year to the proposal of the Ministry of Health to make Subsidies amounting to £6 per annum per house for a period of 20 years towards the expense of building new houses; and the Ministry's proposals were embodied in the Housing Act of 1923.

278. To enable me to ascertain to what extent these Subsidies were being accepted, I circulated the Clerks to the District Councils and their replies summarised show that all the local Urban and Rural District Councils have prepared Schemes whereby Subsidies on the lines above mentioned have been approved. In the following Districts the Council themselves propose in addition to submit Building Schemes to the Ministry, viz. :—

Urban Districts.

Bewdley Borough.
Bromsgrove.
Droitwich Borough
Evesham Borough.
Lye & Wollescote.
Oldbury.
Stourport.

Rural Districts.

Evesham.
Halesowen.

279. In my next report I hope to be in a position to state the Number of houses built under the Housing Act of 1923.

Sale of Food and Drugs Act.

280. This information is given in the Annual Report of the County Analyst which has been presented to the Council and copies sent to the Ministry of Health.

Sanitary Inspectors' Work.

281. The Worcestershire Sanitary Inspectors forwarded to me statements of the work carried out in their Departments.

282. Owing to the continued high cost of printing, the usual Table is not included in this report, but I can testify to the excellent work carried out by these Officials and I unhesitatingly place on record the fact that their energies have materially assisted in the improved hygienic condition of the County.

I am, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

G. H. FOSBROKE, D.P.H. Camb.,

County Medical Officer.

County Public Health Offices,
29, Foregate Street,
Worcester.

July 1924.

APPENDIX.

WORCESTERSHIRE COUNTY COUNCIL.

REPORT OF CHIEF TUBERCULOSIS OFFICER FOR THE YEAR 1923.

Staff.

1. At the end of March, 1923, one of the Assistant County Medical Officers (Dr. W. H. Gordon) resigned, and with the consent of the Ministry of Health, the Council decided not to fill the vacancy, but to re-arrange the Districts for the remaining 9 Doctors.

2. The number of Health Visitors remained the same as in 1922.

Notifications.

3. Table I. (see page 53) gives in Age and Sex groups the number of notifications (Pulmonary and Non-Pulmonary) received during the year. It will be noticed that the totals are practically the same for males and females.

4. Table II. (see page 54) sets out similar information divided into Sanitary areas.

5. Of the 77 notifications between the ages of 5 to 15, 18 were made by the Assistant County Medical Officers during the course of School Medical Inspection.

6. It will be seen that the *total* number of notifications (456) has increased by 67 over the figure for 1922, but it is not so high as that for 1921. It would seem that this increase is probably due to notification being more efficient rather than an actual increase in incidence, as the number of un-notified deaths has dropped in 1923 to 29 from 74 in 1922.

7. The number of cases of pulmonary tuberculosis are practically the same as last year, but the number of non-pulmonary have nearly doubled. The greatest increases are between the ages 1 to 9.

8. Table III. (see page 54) sets out the number of notifications for each year together with deaths and death-rates.

Deaths.

9. The total number of deaths in the County was 262 (210 pulmonary and 52 non-pulmonary). This is the lowest figure we have recorded since notification has been in force.

10. The number of deaths as shown in Table VI. (176) represents the actual number of cases who had been dealt with under the County Scheme and who were known to have died during the year.

11. There were 29 deaths from tuberculosis which had not previously been notified to us. In 7 of these, the notification was received after death, 17 were thought to have been notified in other areas, 3 were undiagnosed till after death and 2 were accidentally omitted.

Institutional Treatment.

12. The number of beds available for County cases was slightly altered at the commencement of 1923. Certain beds became available at Knightwick Sanatorium and it was decided to reserve 16 of these and to discontinue the temporary use of shelters at Hayley Green and Hill Top Hospitals. This will mean that a larger number of our advanced cases will be admitted to Knightwick Sanatorium.

13. The immediate results of institutional treatment are set out in Table X. (see page 59).

Dispensary Treatment.

14. Table IV. (see page 55) sets out the Dispensaries held during 1923 and shews the number of patients attending at each.

Extra Nourishment.

15. Allowances consisting of milk, eggs and butter not exceeding the sum of five shillings per week were granted to 44 patients during the year—not more than 20 patients receiving the allowance at one time.

16. According to the Committee's instructions, the allowances have been confined to children and to hopeful adult cases who have recently been discharged from a Sanatorium, the financial circumstances of the family and the prospect of some permanent benefit being taken into account.

Contacts.

17. The total number of Contacts examined during the year was 1289. Of these, 25 were found to be suffering from tuberculosis.

18. The usual difficulty of getting adult contacts to submit to examination has been experienced during 1923, many who feel quite fit and are at work can never be found at home, and will not take the trouble to come to the Dispensary. The child contacts can be specially noted for examination at school. I think, however, that the questioning as to the health of the other members of the household must do something towards educating the people to obtain early advice in the event of illhealth.

19. Where the disease occurs in a house where lodgers are taken in, the difficulty is greater, as nothing may be done which might interfere with anyone's livelihood.

Environmental conditions.

20. A certain amount of useful work has been done in this direction, though it is still difficult to get any defects remedied. The actual figures are given in Table XII. (see page 61).

Shelters.

21. The number of shelters available is 41. They are in continuous occupation.

Dental Treatment.

22. Very little dental treatment was undertaken during the year, as the patients hesitate to allow their teeth to be removed unless they can get artificial dentures to replace them. It is hoped however that in future, Insured persons will be able to obtain help in this direction through their Approved Societies.

Ex-service Men.

23. The Ministry of Pensions still continue to repay the cost of Sanatorium treatment in those cases attributable to or aggravated by service, but the numbers are gradually diminishing.

24. Reports are made to the local Pensions Committees as required and during 1923 these numbered 212.

25. Four ex-service men were in receipt of Vocational training in Institutions outside the County during the year.

Non-Pulmonary Tuberculosis.

26. This work was greatly restricted in 1923 owing to the lack of financial provision in the estimates.

27. Cases were treated as under :

Shropshire Orthopaedic Hospital	2 cases.
Worcester General Infirmary	4 cases.
Forelands Home, Bromsgrove	1 case.

In addition to these, 35 non-pulmonary cases received treatment in the County Sanatoria.

After-Care.

28. No after-care work was carried out in 1923, but now that the County Council have authorised the establishment of such Committees, it is hoped that work will be commenced shortly.

Nurses Visits.

29. The County whole-time Health Visitors and the local Association Nurses continue to visit each case and report to the Office monthly. 10,917 reports were so made last year.

Nursing.

30. There is often difficulty in obtaining adequate nursing attention for the really poor cases. In most districts the Nurse is only available for such persons as subscribe to the Association and those who can pay for her visits.

The advantage from the Public Health point of view would be greater if the same Nurse who visits for inspection work could at the same time carry out any actual nursing required, as she would then be looked upon more in the nature of a friend than an inquisitor.

Ambulance.

31. During the year, use has been made of the Red Cross Ambulances stationed throughout the County and we desire to place on record our appreciation of the prompt manner in which these ambulances are placed at our disposal.

Artificial Pneumothorax treatment.

32. Several cases have been treated by artificial pneumothorax treatment during the year, so far with very encouraging results.

Silicosis.

33. Two persons only were required to be examined under the Home Office Regulations. They were found to be healthy.

Statistics.

34. The annual statistics are published in the same manner as last year.

(Signed) H. GORDON SMITH, M.A., M.B., B.Ch., D.P.H.,

Chief Tuberculosis Officer.

Public Health Department,
29, Foregate Street,
Worcester.

July, 1924.

TABLE I.

Notifications of Tuberculosis during 1923 showing Age Periods.

Age periods :	0-1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 and upwards	Total.
Pulmonary—												
Males	—	2	2	7	14	23	41	28	24	9	3	153
Females	—	4	4	13	21	27	39	30	11	1	4	154
Non-pulmonary—												
Males	—	19	15	8	9	4	6	7	1	2	—	74
Females	—	8	23	5	12	6	8	5	4	1	—	75
Total	6	33	44	33	56	60	94	70	40	13	7	456

TABLE II.

Notifications of Tuberculosis during 1923 shown in Sanitary Areas.

District.	Total cases notified 1923.	Population. 1923.	Notification Rate per thousand of the population 1923.
Bewdley Borough	3	2674	1.1
Bromsgrove Urban	15	9695	1.5
North Urban	6	8497	0.7
Droitwich Borough	6	3894	1.5
Evesham Borough	20	8640	2.3
Kidderminster Borough	57	27400	2.1
Lye and Wollescote Urban	17	12630	1.3
Malvern Urban - -	22	16940	1.3
Oldbury Urban - -	73	38970	1.8
Redditch Urban	25	16690	1.5
Stourbridge Borough	34	18500	1.8
Stourport Urban	8	4870	1.6
Bromsgrove Rural	13	17130	0.75
Droitwich Rural - -	14	12800	1.1
Evesham Rural - -	13	9944	1.3
Feckenham Rural	6	5507	1.1
Halesowen Rural - -	29	29920	1.0
Kidderminster Rural	11	7603	1.4
Martley Rural - -	20	12460	1.6
Newent (part) Rural	1	1006	1.0
Pershore Rural - -	17	12970	1.3
Rock Rural - -	2	2169	0.9
Shipston-on-Stour Rural	6	4248	1.4
Stow-on-the-Wold (part) Rural	1	280	3.6
Tenbury Rural - -	3	4443	0.7
Tewkesbury (part) Rural	3	2129	1.4
Upton-on-Severn Rural	31	13490	2.3
Winchcombe (part) Rural	-	101	-
	456	305600	1.49

TABLE III.

Year.	Notifications. all forms.	Deaths.* all forms.	Pulmonary Death Rate per 1000 of population
1913	889	270	0.66
1914	707	290	0.72
1915	661	275	0.74
1916	562	307	0.88
1917	671	315	1.02
1918	815	365	1.15
1919	657	320	0.85
1920	537	302	0.8
1921	471	274	0.74
1922	389	299	0.78
1923	456	262	0.68

* As obtained from the Registrar General's return.

TABLE IV.
Dispensary Work.

Dispensary.	Address.	Medical Officer.	Day and Time.	Total No. of Attendances 1923.	Average attendance per Session 1923.
Bromsgrove	Technical School, New Road	Dr. Parker	Thursday, 4.30 p.m.	135	2.6
Evesham	Nissen Hut, Briar Close	Dr. Harthan	Tuesday, 10 a.m.	207	4.3
Halesowen	14 Laurel Lane	Dr. Sims	Wednesday, 5 p.m.	384	7.4
Kidderminster	19 Lion Street	Dr. Eady	Thursday, 2 p.m. & 5 p.m.	308	6.0
Malvern	Barnards Green Lodge	Dr. Williams	Friday, 5 p.m.	29	0.6
Oldbury	25 Church Street	Dr. Sharpley	Friday, 6.0 p.m.	298	6.0
Redditch	Nissen Hut, Elm Road	Dr. Housman	Thursday, 5 p.m.	167	3.2
Stourbridge	Dispensary	Dr. Hanby	Monday, 5 p.m.	457	9.5
Warley	Warley Abbey	Dr. Sharpley	Friday, 3 p.m.	82	1.7
Worcester	29 Foregate Street	Dr. Clover	Wednesday, 3 p.m.	109	2.0

TABLE V.
Annual Return showing the work of the Dispensaries during the year 1923.

Number of		Under observation pending diagnosis on Jan. 1st.	Applying for the first time during the Year.	Total	Found to be			Under observation pending diagnosis on Dec. 31st.	Ceased attendance before completion of diagnosis
					Suffering from Tuberculosis		not suffering from Tuberculosis.		
					Pulmonary	Non-Pulmonary			
(a) All persons (including "Contacts")	Adults	M. F.	309 390	328 403	118 105	23 17	162 257	23 24	2 —
	Children	M. F.	542 563	551 572	7 14	27 28	507 514	9 14	1 2
	Total		1804	1854	244	95	1440	70	5
	Adults	M. F.	96 214	96 214	3 3	— —	93 211	— —	— —
Contacts included in (a)	Children	M. F.	482 497	482 497	10 9	— —	472 488	— —	— —
	Insured persons included in (a).	M. F.							

TABLE VI.

Dispensary Treatment and General Supervision (including " Domiciliary " Cases).

Number of Patients.	Pulmonary				Non-Pulmonary.			
	Adults.		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.
Under Treatment or Supervision on January 1st. - - -	382	245	35	55	38	59	46	35
Coming for the first time under Public Medical Treatment - -	117	104	9	13	23	17	26	26
Resuming Public Medical Treatment -	-	-	-	-	-	-	-	-
Transferred from Residential Treatment or from other areas - -	27	18	6	8	3	4	4	1
	526	367	50	76	64	80	76	62
Discharged as no longer requiring either Treatment or Supervision -	35	17	2	9	3	6	7	1
Transferred to Residential Treatment or to other areas - - -	21	15	1	4	2	2	4	1
Leaving Public Medical Treatment -	4	2	-	-	2	3	-	-
Lost sight of - - - -	18	14	3	2	2	2	3	-
Died - - - - -	85	64	5	9	4	6	2	1
Remaining under Treatment or Supervision on December 31st -	363	255	39	52	51	61	60	59
	526	367	50	76	64	80	76	62

TABLE VII.

Annual Return showing work of the Dispensaries.

1. Number of Persons placed during the year under observation for the purpose of Diagnosis :— - - - -	203
2. Number of Cases in which the period of observation exceeded two months - - - - -	89
3. Number of Consultations with Medical Practitioners at the Homes of Patients (insured) - - - - -	70
4. Ditto (uninsured) - - - - -	36
5. Number of other Visits paid by Tuberculosis Officers to the Homes of Patients - - - - -	1326
6. Number of Visits paid by Nurses or Health Visitors to the Homes of Patients for Dispensary purposes - - - - -	10917
7. Number of attendances of Patients at the Dispensaries :—	
Insured - - - - -	1070
Uninsured - - - - -	1106
8. Number of Patients under Domiciliary Treatment - - - - -	234
9. Number of Reports received in respect of patients under Domiciliary Treatment - - - - -	379
10. Number of Specimens of Sputum examined in connection with the work of the Dispensary - - - - -	356

TABLE VIII.

*Number of Sanatorium Beds normally available for Patients.
1923.*

	Knightwick	Hayley Green and Hill Top
Male	42	14
Female	28	14
Total	70	28

TABLE IX.

Annual Return showing the Extent of Residential Treatment during 1923.

Number of Patients	Children. Adults.	In Institu- tions on 1st January.	Admitted during year.	Discharged during year	Died in Institutions.	In Institutions on Dec. 31st.
	M.	33	154	139	15	33
	F.	25	110	95	11	29
	M.	6	13	13	-	6
	F.	11	18	18	3	8

TABLE XI.

PULMONARY

Condition.			PULMONARY																																																																															
			Previous to 1921.					1921.					1922.					1923.																																																																
			Class B.					Class B.					Class B.					Class B.																																																																
			Class A.	Group 1.	Group 2.	Group 3.	Total Class B.	Class A.	Group 1.	Group 2.	Group 3.	Total Class B.	Class A.	Group 1.	Group 2.	Group 3.	Total Class B.	Class A.	Group 1.	Group 2.	Group 3.	Total Class B.																																																												
ALIVE.	Disease arrested.	Adults	M.	99	4	1	-	5	7	-	-	-	-	-	3	-	-	-	-	-	-	-																																																												
			F.	92	1	-	1	2	1	-	-	-	-	-	3	-	-	-	-	-	-	-																																																												
		Child- ren	M.	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																												
			F.	24	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-																																																												
	Disease not arrested.	Adults	M.	98	23	47	14	84	29	2	13	5	20	32	8	22	4	34	22	14	36	14	64																																																											
			F.	81	5	14	9	28	20	1	14	3	18	25	3	10	7	20	36	4	20	18	42																																																											
		Child- ren	M.	22	1	1	-	2	7	-	-	-	-	3	-	-	-	-	5	-	-	-	-																																																											
			F.	25	-	1	-	1	8	1	-	-	1	10	-	1	-	1	6	2	-	-	2																																																											
Dead	Adults	M.	6	1	21	20	42	15	1	21	37	59	7	-	9	28	37	5	4	4	15	23																																																												
		F.	7	1	9	16	26	22	-	3	43	46	11	-	13	35	48	6	1	1	12	14																																																												
	Child- ren	M.	3	-	-	1	1	-	-	-	-	-	1	-	-	-	-	-	-	-	2	2																																																												
		F.	-	-	-	-	-	2	-	-	1	1	5	-	1	3	4	1	-	-	-	4																																																												
Lost sight of and left County.	Adults	M.	11	6	2	1	9	11	-	7	-	7	7	-	7	1	8	3	-	1	-	1																																																												
		F.	4	-	5	-	5	9	1	3	2	6	5	1	2	1	4	6	1	-	-	1																																																												
	Child- ren	M.	2	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																												
		F.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-																																																												
								136					6					61					91					158					112					12					65					79					157					91					26					62					65					153				

Totals :

Alive

Class A	-	-	462	}	584
Class B	-	-	122		

Dead

Class A	-	-	16	}	1244
Class B	-	-	69		
Unclassified	-	-	1159		

Lost Sight of

Class A	-	-	18	}	528
Class B	-	-	14		
Unclassified	-	-	496		

2,356

NON-PULMONARY.

NON-PULMONARY.																					
Previous to 1921.					1921					1922.					1923.						
Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total		
15	7	3	10	35	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-		
9	9	2	14	34	3	-	-	-	3	1	-	1	-	2	-	-	-	-	-		
10	3	1	19	33	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-		
6	3	1	17	27	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-		
12	-	1	5	18	10	-	1	2	11	7	-	-	1	8	10	1	2	3	16		
6	3	5	7	21	11	-	1	1	14	9	1	1	2	13	6	3	2	5	16		
7	7	1	1	16	10	1	-	1	12	4	1	-	6	11	10	6	6	2	24		
9	4	2	5	20	3	1	-	-	5	3	3	-	2	8	6	6	6	9	27		
2	-	-	-	2	3	2	1	-	6	-	1	-	-	1	1	-	2	-	3		
2	1	-	1	4	-	2	1	-	3	1	-	1	1	3	-	1	-	-	1		
-	-	-	1	1	2	-	-	-	3	1	3	1	-	5	1	-	1	-	2		
-	-	-	-	-	-	1	-	-	1	-	2	1	-	3	-	1	-	-	1		
2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1		
1	-	-	-	1	-	-	-	3	3	-	-	-	1	1	1	-	-	-	1		
1	-	-	1	2	1	-	-	-	2	-	-	-	1	1	1	-	-	-	1		
-	-	-	1	1	1	-	-	1	2	-	-	-	1	1	-	-	-	-	-		
83	37	16	82	217	43	13	4	8	68	26	16	5	16	58	38	18	19	20	95		

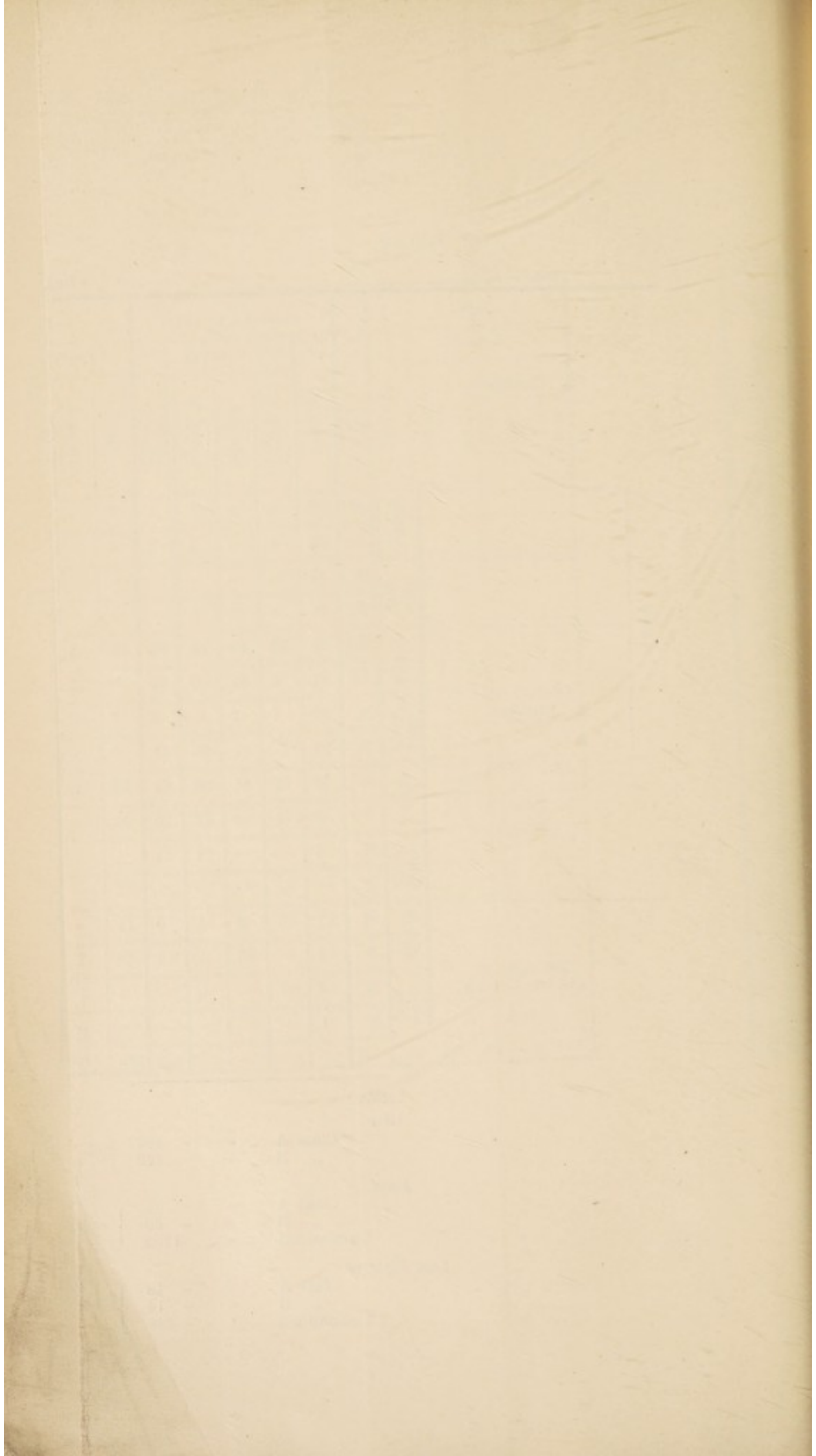


TABLE XII.

Environmental Reports, 1923.

No. of Environmental reports made during 1923	-	-	242
No. of second visits made	-	-	12
No. of houses showing overcrowding	-	-	45
No. of patients sharing beds	-	-	128
No. of patients with separate beds in room with other persons	-	-	36
No of patients with separate bed and room	-	-	78
Number of houses showing :—			
(a) bad ventilation	-	-	19
(b) uncleanliness	-	-	13
(c) dampness	-	-	23
(d) drainage defects	-	-	-
(e) bad water supply	-	-	-
(f) nuisances	-	-	14
No. of defects notified to Medical Officers of Health	-	-	36
No. of defects subsequently rectified	-	-	6
No. of defects not subsequently rectified and reported to the County Medical Officer	-	-	-

1841

JANUARY 1st 1841

The first of the month was a fine day

and the weather was very pleasant

The first of the month was a fine day

and the weather was very pleasant

The first of the month was a fine day

and the weather was very pleasant

The first of the month was a fine day

and the weather was very pleasant

The first of the month was a fine day

and the weather was very pleasant

The first of the month was a fine day

and the weather was very pleasant

The first of the month was a fine day

The first of the month was a fine day

and the weather was very pleasant

The first of the month was a fine day

and the weather was very pleasant