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WORCESTERSHIRE COUNTY COUNCIL.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

for the Year

1924

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.

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6. A Table showing the Districts, the names of the Officers and the number of Schools, Tuberculosis Dispensaries, Infant Welfare Centres etc. under their supervision will be found in Appendix A. to this report.

7. There are also twenty whole time Health Visitors or School Nurses, and 58 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.

8. 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.

9. The only change made since I presented my last report has been the appointment in the Tewkesbury Rural District of Mr. E. F. Brading to succeed Mr. W. E. Hancock as Sanitary Inspector.

County Vital Statistics.

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

Causes of Death during Year 1924 (Civilians only). (b)

	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.	(c) Diarrhoea, etc.	Appendicitis & Typhlitis	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Accidents and Diseases of Pregnancy and Parturition.	Congenital Debility and Malformation, including Premature Birth.	Suicide.	Other Deaths from Violence.	(d) Other defined diseases	Causes, ill-defined or unknown.
..	4	...	1	2	4	1	6	1	...	...	1	...	...	1	...	...	3	...	...	12	...
2	9	...	1	10	11	16	11	12	1	...	2	...	...	...	...	...	5	...	2	19	...
1	9	...	1	5	8	6	8	7	1	...	...	...	...	3	...	1	5	1	7	16	...
..	7	...	2	6	6	1	5	...	...	2	2	...	1	1	...	...	2	...	1	17	...
1	15	1	1	5	11	2	7	6	...	3	...	1	2	4	...	...	3	1	6	13	1
10	42	2	1	20	42	11	43	7	3	3	3	2	1	16	...	1	18	2	14	50	3
4	10	1	1	17	13	1	15	9	2	2	...	1	...	3	1	...	10	3	3	34	...
6	30	...	2	22	28	6	6	13	2	1	...	1	1	7	...	1	3	36	...



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Population.

11. In 1921 the Population of the Administrative County was 301,101 (166,718 Urban and 134,383 Rural) but the Registrar General estimated the population in 1924 to be 307,900 (170,700 Urban and 137,200 Rural).

County Birth Rate.

12. The County Birth-rate for 1924 was 17·9 per 1,000 of the population as compared with the following :—

1923.	18·6 per 1,000 of the population.
1918-22.	19·6 per 1,000 of the population.
1913-17.	20·0 per 1,000 of the population.
1908-12.	23·4 per 1,000 of the population.
1903-07.	26·6 per 1,000 of the population.

13. In England and Wales the birth-rate was 18·8 per 1,000 living.

14. The actual number of births in the County was 5,513 and in England and Wales 730,286.

District Birth Rates.

15. 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 (17·9), viz.: Bewdley Borough (20·9), Bromsgrove Urban (19·7), Droitwich Borough (22·8), Lye and Wollescote Urban (19·5), Oldbury Urban (21·9), Stourbridge Borough (19·5) Halesowen Rural (19·8), Martley Rural (19·2) Newent Rural (18·8), Stow-on-the-Wold Rural (33·0) Tenbury Rural (18·4).

County Death Rate.

16. The County Death-rate for 1924 was 11·4 per 1,000 of the population; the corresponding rate for 1923 was 11·2.

17. The following shows the average death-rates in the previous four quinquennial periods, viz.:—

1918-1922	13·3 per 1,000 of the population.
1913-1917	13·7 per 1,000 of the population.
1908-1912	12·9 per 1,000 of the population.
1903-1907	14·4 per 1,000 of the population.

County Infantile Mortality.

18. The Infantile Mortality in the County last year was 62 per 1,000 births, which, with the exception of the years 1922 (61) and 1920 (52) is the lowest on record.

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

1919—1923	66 per 1,000 births.
1914—1918	85 per 1,000 births.
1909—1913	99 per 1,000 births.
1904—1908	110 per 1,000 births.

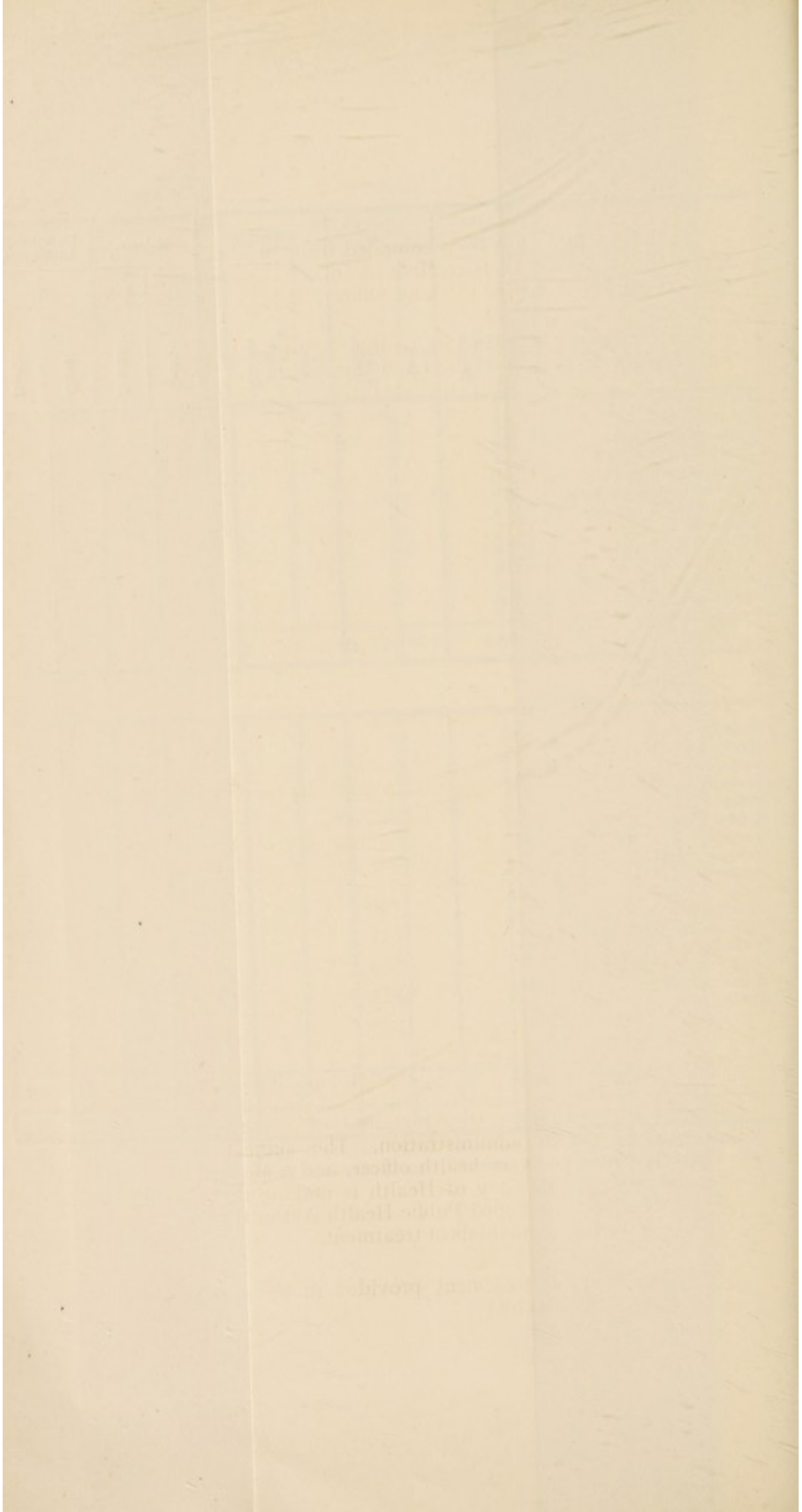
Notifiable Diseases.

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

District.	Ophthalmia Neonatorum.		Acute Poliomyelitis		Pneumonia.		Malaria.		Encephalitis Lethargica.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	(a) Deaths.	Cases.	Deaths.	Cases.	Deaths.
<i>Urban</i>										
Bewdley Borough					1	1				
Bromsgrove -						12				
Bromsgrove North						7			2	
Droitwich Borough										1
Evesham Borough					1	6				
Kidderminster Borough		3			12	7			1	1
Lye and Wollescote					10	9			1	
Malvern -			2		14	13			2	1
Oldbury -		11	6		77	36			8	2
Redditch -					39	11			4	2
Stourbridge Borough		2	3		40	16	1			
Stourport					3	3				
Totals -	38	16	11		197	121	1		18	7
<i>Rural</i>										
Bromsgrove -		1			16	8			2	1
Droitwich -					3	8				
Evesham -						9			1	
Feckenham -		1			1	1			1	
Halesowen -		3	1		37	29			4	2
Kidderminster						4				
Martley -					19	14			1	1
Newent (part)						1				
Pershore -					1	9			1	1
Rock -										
Shipston-on-Stour			1			1				
Stow-on-the-Wold (part)					1	2				
Tenbury -	2					5				
Tewkesbury (part)						1				
Upton-on-Severn	2				29	9				
Winchcombe (part)									1	
Totals -	21	5	2		107	101			11	5
Grand Totals -	59	21	13		304	222	1		29	12

NOTE.—Smallpox. No case

(a) The deaths refer to all



21. This Table has been compiled from the Quarterly Returns sent to me by the District Medical Officers of Health as but few of the Annual Reports of those Officers have yet come to hand.

22. Speaking of 1923, Sir George Newman writes that it was the healthiest year ever known in this country. He adds "there can be no doubt that the operations of Sanitary Authorities are exerting a great and beneficent influence in the reduction of disease and the increase of the public health. Again, a large share of the improved health is justly attributable not to the specific action of this or that central or local public health administration, but to a rising standard of knowledge practically applied to all citizens, by public officials, by medical practitioners and by the general public."

23. The Council made a representation to the Ministry of Health that power was needed to exclude children from Cinemas during Epidemics and that such action should not depend upon the good will of Proprietors as at present.

Scarlet Fever.

24. Table II. shows that 599 cases (11 deaths) of Scarlet Fever (380 Urban and 219 Rural) were notified in the County last year.

25. The following shows the average annual number of cases and deaths in quinquennial periods for the past 20 years, viz.:

	Cases.	Deaths.
1919—1923	671	7
1914—1918	563	8
1909—1913	1314	25
1904—1908	1538	33

26. These figures show that Scarlet Fever has been much less prevalent during recent years, but as Sir George Newman says, the control of Scarlet Fever remains one of the most baffling problems in health administration. The subject is one that intimately concerns every health officer, and a Medical Committee appointed by the Ministry of Health is making investigations as a result of which it is hoped Public Health Authorities may receive guidance as to future methods of treatment.

27. The hospital treatment provided in the County appears to have been satisfactory.

Diphtheria.

28. 136 cases (3 deaths) of Diphtheria were notified in 1924.

29. The following shows the average number of cases and deaths in quinquennial periods for the past 20 years, viz. :—

		Cases.	Deaths.
1919—1923	—	230	23
1914—1918	—	352	40
1909—1913	—	356	38
1904—1908	—	375	39

30. The disease does not appear to have been epidemic in any district.

31. An outbreak occurred at Malvern, where 15 cases were notified from a Home for Boys affiliated with the Waifs and Strays Society. The boys were admitted from all parts of the Country and the actual source of infection was not discovered.

32. The sanitary condition of the Home was good.

33. The decline of this disease appears to be general, and the cases notified in England and Wales in 1923 were the lowest since 1911.

34. The " Schick " test which was fully explained in my County Report for 1921, does not appear to have been applied in this County on a wide scale, but further research is being vigorously prosecuted and it is hoped that this method of immunisation may be improved and extended.

Enteric (Typhoid) Fever.

35. 16 cases (2 deaths) were notified in the County during 1924.

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

		Cases.	Deaths.
1919—1923	—	21	3
1914—1918	—	21	2
1909—1913	—	55	12
1904—1908	—	107	19

37. The few cases were scattered over the County, the largest number of cases in the year, viz. : three, occurring in the Upton-on-Severn Rural district.

38. In a neighbouring County an outbreak in which there were five fatal cases was traced to unrecognised cases of enteric fever among hop-pickers returning from Herefordshire.

39. Commenting on the decline in the figures for England and Wales Sir George Newman, the Chief Medical Officer of the Ministry of Health, says "while formerly the disease was concentrated chiefly in the northern industrial counties, the tendency in recent years is to a low level of diffusion over the whole country, suggesting that the major causes of enteric fever prevalence such as polluted water supplies and insanitary environment are being gradually eliminated and that there now remain the more elusive and less easily controlled factors such as carriers, contact infection, and contaminated shellfish and other foods."

40. Sir George adds "The elementary schools, public education in hygiene, the newspaper and the immense influence of the sanitary measures of the local authority—scavenging, water supply, health visitors, housing, food inspection, the care of the sick—are all exerting an effect which is changing the habits of a people. In a word it is not one influence but many, not one operation but many and varied which have in typhoid, as in tuberculosis, brought about an improvement."

41. Local factors in this decline have been an improvement in scavenging and the abolition of the objectionable privy midden system.

Puerperal Fever.

42. 13 cases (7 deaths) were notified during 1924, (see Table II.)

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

Years.	Cases.	Deaths.	Deaths from Accidents and Diseases of Pregnancy and Parturition apart from Puerperal Fever.
1919—1923	10	7	13
1914—1918	12	7	21
1909—1913	12	5	25
*1905—1908	19	8	19

* The figures for 1904 are not available.

44. In 1924 10 deaths were due to other accidents and diseases of Pregnancy and Parturition.

45. In only two of the Puerperal Fever cases was a Midwife in charge of the case, as in the others a Doctor was engaged and attended at the birth.

46. In the two cases where the midwife was concerned, investigations were made by the Assistant County Medical Officers and it was not necessary to take action in any instance. The majority of cases appeared to be due to auto-infection.

Influenza.

47. 186 deaths from Influenza occurred in 1924.

48. The numbers for the previous ten years were as under :—

1923	—	77	deaths.
1922	—	153	„
1921	—	52	„
1920	—	80	„
1919	—	336	„
1918	—	994	„
1917	—	70	„
1916	—	72	„
1915	—	59	„
1914	—	57	„

49. Influenza uncomplicated by Pneumonia is not notifiable so that the only evidence I have of its prevalence is in connection with school closures.

50. School closures were necessary in 34 instances and it would appear that the disease was prevalent during the months of January, February and March in the following districts:— Malvern, Stourport and Evesham Urban Districts, Pershore, Upton-on-Severn, Bromsgrove, Martley, Tenbury, Droitwich, Kidderminster and Shipston-on-Stour Rural Districts.

Smallpox.

51. No case of Smallpox was notified during 1924 but this disease was prevalent in neighbouring Counties.

52. In Gloucestershire there were 144 cases, in Warwickshire 68, and in Staffordshire 14 cases.

53. While the County's immunity is gratifying, it cannot be expected that this immunity will continue, especially as during pea picking, fruit picking and hop picking seasons a large number of "aliens" come into the County, and I hope therefore steps will be taken to complete the provision of Hospital accommodation for the County.

54. A further reference to the present Smallpox Hospital accommodation will be found on pages 39-40.

55. The following Table shows the number of cases in England and Wales and the cases which have occurred in the County during the last 20 years, viz. :—

Year.	England and Wales.		Worcestershire.	
	Cases.	Deaths.	Cases.	Deaths.
*1904			8	0
*1905			3	0
*1906			1	0
*1907			1	0
*1908			0	0
*1909			0	0
*1910			0	0
1911	289	23	0	0
1912	121	9	0	0
1913	113	10	0	0
1914	65	4	0	0
1915	93	13	1	0
1916	159	18	0	0
1917	7	3	0	0
1918	63	2	0	0
1919	311	28	0	0
1920	280	30	0	0
1921	336	5	0	0
1922	973	27	0	0
1923	2,504	7	1	0
1924	3,792	13	0	0
Total — —	9,106	192	15	0

* The figures for England and Wales during these years are not available.

In June 1925, a case of Smallpox was notified in the Borough of Stourbridge.

Measles.

56. During 1924 only 12 deaths from Measles were notified and the disease would not appear to have been prevalent during the year.

57. The following Table shows the number of deaths during the past ten years, viz. :—

1923	—	—	42 deaths.
1922	—	—	10 „
1921	—	—	34 „
1920	—	—	35 „
1919	—	—	11 „
1918	—	—	43 „
1917	—	—	63 „
1916	—	—	38 „
1915	—	—	148 „
1914	—	—	55 „

58. The disease is not generally notifiable so that the numbers of cases cannot be given.

59. As the juvenile population are susceptible to the infection of measles until they have suffered from an attack of the disease it is probable that an increase in the number of cases must be looked for in the near future, and it is hoped that in the event of an epidemic, local authorities will advise parents as to the necessity for careful nursing.

Anthrax.

60. No case of this disease was reported last year.

Acute Poliomyelitis. (*Infantile Paralysis*).

61. 13 cases (1 death) were reported in 1924, six of these being in the Oldbury Urban District.

62. The Medical Officer of Health (Dr. Buttery) writes me that “two cases were very slight and rapidly recovered, one “in nine days and the second one in 3 months without any “paralysis. The other 4 are having Hospital Treatment and “in every case making satisfactory progress and getting the use “of their limbs again.”

63. I am glad to record that the County Council are considering a Scheme for the treatment of Crippled Children and if, by reason of expense, it is not practicable to adopt a complete Scheme, I hope the cases to receive first consideration will be those among Infants. The necessity for early treatment of cripples is obvious when it is recognised that only a small proportion of children suffer from congenital defects and that even in the case of these the original defect is usually comparatively slight when born and is easily rectified then. As a rule these children only become seriously crippled as a result of growth and muscular action.

Cerebro Spinal Fever.

64. No case of this disease was notified during 1924.

Encephalitis Lethargica.

65. This disease which is popularly associated with "Sleepy Sickness" showed an increase in 1924 as no less than 29 cases were notified. Twelve of these cases proved fatal.

66. The following Table shows the number of cases and deaths during the last six years, viz. :—

			Cases.	Deaths.
1919	—	—	5	1
1920	—	—	8	6
1921	—	—	16	6
1922	—	—	5	3
1923	—	—	6	6
1924	—	—	29	12

67. Of the 29 cases notified in 1924 2 occurred in Bromsgrove, 8 in Oldbury and 4 in Redditch Urban, and 4 in Halesowen Rural Districts.

68. The comments of the Medical Officers of these districts were as under :—

69. *Bromsgrove Urban.* Both cases were adults, a woman of 20 and a man of 41. Both were notified from Birmingham Hospitals and I had no further communication about either case.

70. *Oldbury Urban.* Certain of these cases were of a very indefinite and doubtful character, but as they were reported as suffering from the disease, we had to accept them as such. Three of the cases were slight in character and of short duration, and made a recovery without any ill effects which usually follow

this disease. In two other cases the men had been discharged from the Army suffering from Malaria, and had had several attacks of that disease. Since their discharge one man died after six weeks illness after he was reported as suffering from Encephalitis Lethargica; the other man is still attending the Hospital and receiving massage and electrical treatment and is showing slight improvement towards recovery. Of the other three cases one has been in Hospital six months and is still there. The other two, who are unable to follow their employment, are also still attending Hospital.

71. *Redditch Urban.* The first case occurred in January in an old woman and the diagnosis is not absolute. Another was diagnosed at the Queen's Hospital, Birmingham and I know nothing about it from a Clinical point of view. The third was under my care and I could never trace any reasonably likely source of infection unless it was milk borne. The latter came from a farm where there worked a man who had the disease in 1922 and had made a good recovery. He was notified to Warwickshire where he lived. The fourth case appeared to me to have been definitely imported from Manchester where there were at the time a lot of cases and where he had been staying. It is curious that all the cases have occurred within an area of $\frac{1}{2}$ a square mile on one side of the Mill.

72. *Halesowen Rural.* The first case was a child 5 years of age and was seen by a Birmingham Specialist. The second was also a school child and had been ill for some time. The other two cases were adults. All the cases were widely separated and I found no connection between them.

73. The increase in the number of cases is general over the whole Country.

74. In my last Report I set out very fully the clinical features, mortality and the mental sequelae of Encephalitis.

75. The Ministry of Health are making special enquiries into this disease and state that "further experience is showing that many patients who have apparently overcome the acute attack succumb to a later recrudescence of the disease, and a final reckoning cannot be made (as shown by death certificates) until one, two or even three years have elapsed."

76. Case to case infection is rarely to be traced.

Malaria.

77. The only case of Malaria was notified at Stourbridge and there is no reason to believe that the disease was contracted locally.

Cancer.

78. In 1924 there were 391 deaths from Cancer giving a mortality rate of 1·27 per 1,000 of the population.

79. Below I give the death rates in the respective Sanitary Districts in the County for 1924, 1923 and for quinquennial periods since 1903 per 10,000 of the population.

80. Last year I quoted largely from a memorandum issued by the Ministry of Health for the guidance of Local Authorities concerning modern knowledge on the subject of Cancer.

81. One of the main recommendations in that Memo. was that immediate and decisive action is necessary as soon as Cancer is suspected.

82. A Committee of the Ministry of Health are making special enquiries into the subject and their terms of reference are as follows :

1. Propaganda and Public Action—To consider questions of propaganda and public action.
2. Surgical Statistics—To obtain and consider statistical and other evidence relating to the surgery of cancer.
3. Treatment—To consider the value of different forms of treatment for cancer, other than surgery.
4. Nutrition and Biochemistry—To consider the relation of nutrition to cancer.
5. Medical Officers of Health—To consider the social conditions and environment of cancer cases and the treatment facilities in a sanitary area.

83. In due course it is hoped that the Ministry of Health may be able to issue Statements likely to prove useful both to the lay public and to members of the medical profession.

84. The following figures show the average deaths per million from Cancer in England and Wales since 1901, viz. :

1901-05	-	866
1906-10	-	939
1911-15	-	1,054
1916-20	-	1,179
1921	-	1,215
1922	-	1,229
1923	-	1,267

84a. The following Table gives the County rates over a period of 22 years ;—

TABLE III.
Death-rate per 10,000 of Population.

Districts	1924	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
<i>Urban Districts.</i>						
Bewdley Borough ...	15.1	3.7	12.8	17.5	15.6	8.8
Bromsgrove ...	9.2	18.6	6.4	11.4	12.0	7.2
North Bromsgrove ...	10.4	9.4	12.3	10.2	7.6	8.6
Droitwich Borough...	18.1	25.7	24.4	15.1	8.0	11.1
Evesham Borough ...	17.5	12.7	14.0	9.3	8.4	7.2
Kidderminster Borough ...	15.4	13.5	13.7	13.5	10.0	8.9
Lye & Wollescote ...	7.8	7.9	12.0	7.4	8.0	5.3
Malvern ...	17.4	13.0	15.7	14.8	15.9	9.4
Oldbury ...	8.4	9.2	9.0	8.4	8.0	6.2
Redditch ...	14.9	11.3	10.6	10.3	11.1	8.9
Stourbridge Borough	12.9	10.8	14.1	9.9	9.8	8.6
Stourport ...	18.1	24.6	24.4	17.8	11.5	12.8
Urban Districts ...	12.7	12.0	12.5	11.0	9.5	8.1
<i>Rural Districts.</i>						
Bromsgrove ...	15.9	11.1	10.5	11.7	8.0	8.3
Droitwich ...	16.8	13.3	10.6	11.5	9.6	9.4
Evesham ...	12.8	11.1	11.5	13.3	9.6	9.1
Feckenham ...	12.5	5.4	10.9	12.6	9.5	8.8
Halesowen ...	9.1	11.0	9.8	7.3	7.1	5.0
Kidderminster ...	11.7	13.2	12.2	9.4	13.9	11.1
Martley ...	10.3	16.1	11.5	14.2	11.3	8.8
Newent (part) ...	0.0	79.5	21.2	5.2	19.0	14.0
Pershore ...	17.0	13.9	13.1	11.0	9.9	8.4
Rock ...	9.0	9.2	14.4	24.5	10.5	9.1
Shipston-on-Stour ...	11.6	9.4	13.9	12.0	10.6	13.0
Stow-on-the-Wold(part)	73.2	0.0	28.8	13.4	13.3	13.7
Tenbury ...	15.6	13.5	9.4	10.6	10.9	8.1
Tewkesbury (part) ...	14.0	23.5	13.2	10.3	7.8	8.5
Upton-on-Severn ...	11.0	13.3	10.8	12.8	12.4	9.4
Winchcombe (part)	0.0	0.0	19.0	0.0	0.0	0.0
Rural Districts ...	12.6	12.8	10.7	11.1	9.4	8.5
County ...	12.7	12.4	11.6	11.0	9.6	8.2

85. On the 10th December 1923 the County Council passed the following Resolution which was sent to the Ministry of Health and the County Councils Association.

"That the Worcestershire County Council consider it
 "is highly desirable that adequate funds should be placed
 "at the disposal of the Ministry of Health in order that
 "cause and prevention of Cancer may be further investigated
 "by co-ordinating all research work on this disease."

86. The County Councils Association recently passed the following Resolution :—

"That, in the opinion of the Committee, grant aid should
 "be available towards the expenditure incurred by Local
 "Authorities upon propaganda work in connection with
 "the treatment of cancer, and that representations be made
 "to the Ministry of Health accordingly."

Ophthalmia Neonatorum.

87. 21 cases occurred in 1924 compared with

30	cases in 1923
38	" " 1922
31	" " 1921
38	" " 1920
31	" " 1919
34	" " 1918
34	" " 1917
68	" " 1916
48	" " 1915

88. Ophthalmia Neonatorum is one of the chief causes of blindness in the Country and I have always attached great importance to the necessity for urging early medical supervision in these cases.

89. Immediately a case is notified, or where a Midwife seeks medical aid for "inflamed eyes" enquiries are made by one of the Assistant County Medical Officers and the case is supervised until the eyes become normal.

90. The Council have intimated their willingness to pay fees to Hospitals where Institutional treatment is desirable.

91. I maintained last year that the influence of this prompt supervision has already made itself felt as the number of blind school children in the County is on the decrease.

92. Of the 21 Infants who suffered from this disease in the County last year all recovered without any apparent injury to their eyes.

Pulmonary Tuberculosis.

93. 345 cases of Pulmonary and 95 cases of Non-Pulmonary Tuberculosis were notified in the County in 1924.

94. The number of deaths from the former class were 213 and from the latter 57.

95. The question of Tuberculosis and the administration of the County Scheme is dealt with by Dr. Gordon Smith the Chief Tuberculosis Officer in his annual statement which is given as Appendix B. to this report.

Vaccination.

96. During the "Smallpox Scare" of 1923, over 8,000 school children were vaccinated, but as the County continues to remain free from Smallpox the former indifference to vaccination again prevails.

97. I have frequently referred to the gravity of a large proportion of children being without protection against smallpox by vaccination as the introduction of smallpox into this County is an ever present danger.

98. The question of the Vaccination Laws in this Country is a question of controversy, but Sir George Newman in his last report states that the long experience of the country has taught us—

- (a) that beyond all question the mortality from smallpox is much less now than in pre-vaccination times ;
- (b) that the greatest diminution in the smallpox mortality is found in the early years of life in which there is most vaccination ;
- (c) that in countries in which there is adequate vaccination and re-vaccination relatively to the population, there is little smallpox ;
- (d) that in houses invaded by smallpox in the course of an outbreak, not nearly so many of the vaccinated inmates are attacked as of the un-vaccinated in proportion to their numbers ;
- (e) that the fatality rate among persons attacked by smallpox is much greater, age for age, among the unvaccinated than among the vaccinated ;
- (f) that the degree of protection conferred by vaccination corresponds to the quality of the vaccine and to the thoroughness with which the operation of vaccination has been performed ;

- (g) that the protection afforded by vaccination wanes with lapse of time ;
- (h) that improved sanitation, however beneficial in itself, cannot account for these facts ; and
- (i) that though early diagnosis, prompt isolation of smallpox patients in suitable hospitals, effective disinfection, supervision of " contacts " and other such public health methods are invaluable, they are no substitute for vaccination.

Public Health (Venereal Diseases) Regulations 1916.


99. 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.

Treatment Clinics.

100. 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.

101. The arrangements are much the same as given in my report for 1923. 

102. The work of each Clinic has been investigated by Dr. Quine, a Medical Officer of the Ministry of Health, who has also conferred with me at Worcester.

103. No evidence is available in the County as to what extent the incidence of Venereal Diseases is diminishing, but the Annual Report of the Ministry of Health states that " the available evidence suggests that especially so far as syphilis is concerned, there is a considerable diminution in the number of fresh infections. The medical officers of many treatment centres have stated that " it is rare for them now to see a case of primary syphilis.

104. "The figures for 1923 confirm the opinion expressed last year that the anti-venereal disease campaign is steadily achieving success in the diminution of syphilis. Confirmation of this view has been obtained on all sides from those dealing with the matter; for instance, at a Poor Law Infirmary one of the Medical Officers of the Ministry was informed that the female ward with 30 available beds used to be constantly filled, but of late barely half of the beds have been occupied on the average. The Medical Superintendent expressed the view that there was no explanation for this diminution except that there is less syphilis occurring among the class of people dealt with by the Poor Law Infirmary."

105. The following Tables give particulars of patients treated at each of the Clinics during the year: —

VENEREAL DISEASES.

This Table compares the number of County cases treated at Clinics in 1924, with those in the five preceding years, viz. :—

TABLE IV.

Year	* Worcester			Kidderminster			Birmingham			Dudley			Stourbridge			Grand Total 1922-1924
	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	
1919	50	32	82	123	34	157	38	49	87							
1920	66	36	102	135	49	184	34	46	80							
1921	31	17	48	42	35	77	20	25	45							
1922	26	17	43	46	14	60†	14	12	26	25	29	54	9	9	18	201
1923	21	16	37	44	19	63	17	22	39	38	41	79	9	24	33	251
1924	20	22	42	39	11	50	19	21	40	7	10	17	8	14	22	171

* These figures refer to County cases only.

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

VENEREAL DISEASES. SUMMARY, 1924.

TABLE V.

Institution.	"NEW " OUT-PATIENTS.					" NEW " IN-PATIENTS.				Total Attendances of all Patients.					SALVARSAN SUBSTITUTES.		No. ceasing attendance without completing treatment
	Syph- ilis.	Gonorr- hoea.	Soft Chancres	Not V.D.	Total	Syph- ilis.	Gonorr- hoea.	Not V.D.	Total days.	Syph- ilis.	Gonorr- hoea.	Soft Chancres	Not V.D.	Total attend- ances.	No. treated	No. doses	
*Worcester	18	21	-	12	51	2	1	1	198	447	339	-	56	842	65	254	44
Kidderminster	36	10	-	27	73	3	1	-	108	638	831	-	31	1500	68	202	60
Birmingham	19	21	-	16	56	-	-	1	30	314	844	-	28	1186	11	36	29
Dudley	7	10	-	1	18	-	-	-	-	133	331	-	1	465	13	30	6
Stourbridge	7	14	-	8	29	1	-	-	100	237	862	-	22	1121	26	139	15
Totals	87	76	-	64	227	6	2	2	436	1769	3207	-	138	5114	183	661	154
Corresponding totals for yr. 1923	115	111	-	68	294	14	11	-	527	2050	3515	-	119	5737	236	951	127

* These figures refer to "County" cases only.

Treatment of Gonorrhoea in Women.

106. Of the total number of cases of gonorrhoea shown in Table V., 73 were men and 5 women.

107. The Ministry of Health appear to be dissatisfied with the number of women who attend the Clinics for the treatment of Gonorrhoea.

108. Their attitude would appear to be justifiable so far as this County is concerned.

109. This small number may be due to lack of privacy at the Clinics or to the lessening of propaganda work.

110. In the County 89% of the Births are visited by Health Visitors and each such official is supplied with information as to the Clinics available for free treatment.

111. It is questionable whether many of the Lectures given reach the class for whom they are intended.

112. Handbills giving information to men as to treatment facilities have been posted.

113. Closely connected with the question of the prevalence of Gonorrhoea in women is the number of cases of Ophthalmia Neonatorum in the County. The number of the latter cases in the County would appear to be below the average.

114. No application was received in 1924 for the payment of any person's travelling expenses to attend a Clinic.

Maternity and Child Welfare.

A. Midwives Acts 1902 & 1918.

115. During the year 1924, there were 255 Midwives practising in the Administrative County, viz.: 109 in the Urban Districts and 146 in the Rural Districts.

116. The number of trained Midwives is 201 and untrained 54 *i.e.*, 79% of the County Midwives possess the Certificate of the Central Midwives Board by examination.

117. The work of the majority of untrained Midwives is reported by the Assistant County Medical Officers to be satisfactory and the constant medical supervision to which they have been subjected during the last 20 years has resulted in an improvement in their work so far as the rules of the Central Midwives Board are concerned.

118. Each Midwife is visited by one of the Assistant County Medical Officers at least twice a year and certain of the untrained much more frequently.

Training of Midwives.

119. The County Council voted £120 during the financial year 1924-5 towards the training of Midwives.

120. Six Candidates commenced training, one passed and the other five have not yet completed their six months students course.

121. The Ministry of Health have notified County Councils that as and from the 1st May 1926 the period of training will be increased from 6 to 12 months.

122. The Ministry's Grants to Institutions are not proportionately increased and if the supply of Midwives is to be kept to the present standard it would appear that the County Council will have to increase their present training Grant.

Births attended by Midwives.

123. The total number of confinements attended by Midwives in 1924 was 3338 *i.e.*, 60% of the total births. 2620 women were attended by trained and 718 by untrained Midwives.

Illegal practising by uncertified Midwives.

124. It has not been necessary to take action under this heading.

Nursing Associations.

125. There are 70 Nursing Associations affiliated with the County Nursing Association and one independent Association. Collectively these Associations employ 91 Nurse Midwives.

126. During 1924, four new Associations have been established, viz. : at

Badsey
Knightwick,
Abberley,
Areley Kings.

127. The supervision of these Nurses so far as the County Council work is concerned is the duty of the Assistant County Medical Officers and their reports show that the work is satisfactory.

Scarcity of Midwives.

128. This is a matter which will need serious consideration in the near future; there is already a shortage of Midwives in parts of the County and before long certain parishes will be left without the services of a Midwife.

129. The following are extracts from the reports of the Assistant County Medical Officers bearing on the subject, viz.:

Redditch.

130. "Owing to constant changes in the Nursing Staff of the local Nursing Association, there is sometimes only one Midwife available. This sometimes results in cases being refused. It is important to keep up an adequate supply of trained Midwives to prevent any reversion of cases to the untrained Midwives."

Pershore and Upton-on-Severn Districts.

131. "The absence of a certified Midwife in some districts tends to bring into use the unqualified Midwife which is detrimental to the welfare of the Infants and Mothers.

132. "Around Naunton and Ripple and Strensham there is no certified Midwife nor if one settled in the locality could she earn a livelihood and would need to be subsidized by the County Council.

133. "This also applies to White Ladies Aston, Spetchley, and Bredicot all thinly populated areas."

Droitwich.

134. "The position in this area shows improvement. The District Nurses in Droitwich and Chaddesley Corbett are making good progress. Each Nurse has recently taken over new areas and in neither case was the task an easy one."

Evesham and Shipston-on-Stour.

135. "The supply of trained Midwives is adequate except in the area including Alderminster, Newbold, Tredington and Shipston-on-Stour.

136. "Of the two available women one is untrained old and infirm and the trained Midwife is chiefly occupied with private nursing.

137. "A Midwife settling in this locality would not maintain herself, and it would be a public advantage if a Nursing Association could be established."

Subsidies to Midwives.

138. Five subsidies of £10 each were granted in 1924 to Midwives residing at Cradley (2) Malvern (1) Kidderminster (1) and Evesham (1). In each case the Midwife was necessary to the District and needed financial help to make even a very modest income.

Notifications.

139. Table VI. shows the Sanitary Districts in which the Midwives practised, and also the numbers of births and stillbirths notified to me by these Midwives.

TABLE VI.

Sanitary Districts	Estimated Population 1924	No. of Midwives practising in 1924	Numbers notified under Notification of Births Act	
			Births 1924	Still-Births notified by Midwives 1924
<i>Urban.</i>				
Bewdley - - -	2,633	2	71	2
Bromsgrove - - -	9,731	10	202	4
North Bromsgrove - - -	8,582	9	132	3
Droitwich - - -	3,858	3	99	1
Evesham - - -	8,554	7	152	9
Kidderminster - - -	27,170	12	501	23
Lye and Wollescote - - -	12,740	5	253	9
Malvern - - -	17,160	8	205	3
Oldbury - - -	40,050	26	868	25
Redditch - - -	16,740	10	294	9
Stourbridge - - -	18,570	13	371	7
Stourport - - -	4,912	4	94	4
	170,700	109	3,242	99
<i>Rural.</i>				
Bromsgrove - - -	17,580	16	256	7
Droitwich - - -	11,900	10	148	2
Evesham - - -	10,130	19	164	3
Feckenham - - -	5,565	8	51	1
Halesowen - - -	30,580	16	602	15
Kidderminster - - -	7,662	4	118	3
Martley - - -	12,570	16	251	6
Newent - - -	1,008	1	23	-
Pershore - - -	13,120	12	211	6
Rock - - -	2,184	3	29	-
Shipston-on-Stour - - -	4,288	4	71	1
Stow-on-Wold - - -	273	-	5	-
Tenbury - - -	4,467	8	81	1
Tewkesbury - - -	2,136	5	35	1
Upton-on-Severn - - -	13,630	24	235	11
Winchcombe - - -	107	-	1	-
	137,200	146	2,281	57
Grand Total	307,900	255	5,523	156

Fees of Doctors called in by Midwives.

140. The number of Medical aid Records sent in by Midwives in 1924 was 744.

141. In 250 cases the Medical attendants claimed their Fees from the County Council.

142. The total of these fees was £395 3s. 2d.

143. The amount recovered from patients was £98.

144. The adoption of the Scale referred to in my last report appears to have worked fairly. It has relieved parents who were obviously in a state of poverty and on the other hand patients who were liable to make a payment under the Scale have done so without serious objection.

145. I can confirm what I wrote last year that in my opinion Worcestershire Doctors do not claim their fees from the County Council except in those cases where they are unable to obtain their fees from the patients.

Pemphigus Neonatorum (Impetigo Contagiosa).

146. As cases of so called " Pemphigus Neonatorum " continued to be notified, particularly from Oldbury, the Council appointed a special Committee to investigate the matter.

147. In a report I presented to that Committee on the 5th June 1924 it was shown that 53 cases appeared in Oldbury between 1919 and May 1924, eight of them being fatal. In other parts of the County there were 26 cases (10 fatal).

148. The symptoms in each case arose within the first two weeks of birth and consisted of watery blebs appearing on the body, legs, hands and feet of the Infants.

149. The disease did not appear to follow any particular Midwife.

150. The conclusions as given in my report are as follows, viz. :

151. " The facts before mentioned entirely support the views of the leading Dermatologists in this and other Countries, namely that the cause is some septic infection arising in or brought to the home of the patient and that by far the most

"frequent source of infection is Impetigo occurring in other members of the household; bad sanitation such as overcrowding, dirt, want of sunlight, and defective drains while not actually causing the disease yet are important factors in the prognosis and prevention.

152. "That Midwives (if great care is not exercised) who attend cases may carry infection round to every case in their practice, and frequently the infection does not show itself for 2 or 3 days after contact occurs. The Midwife may also be the source of infection, although this is somewhat rare."

153. My report was considered by the special Committee who obtained the opinion also of the Medical Practitioners of Oldbury and the following is an extract from the Committee's report, viz. :

154. It seems to be obvious that the large number of so called cases of Pemphigus Neonatorum which have been met with in the County are really a form of Impetigo Contagiosa, a condition which is fairly common in school children. These two conditions have for years been recognised as simply one type of the latter disease.

155. It is probable that the disease is conveyed to the Infant either by some other person suffering from septic sores or is carried by the Midwife or nurse attending and the unhealthy home conditions materially assist in making the infant an easy prey to the disease.

156. It would appear that the majority of the reported cases were of a less virulent type than the fatal cases which occurred in Stourport in 1921.

157. The generally recognized varieties of true Pemphigus are Pemphigus Vulgaris, Pemphigus Foliaceus, and Pemphigus Vegetans. These varieties have no connection with the present outbreak. A great many of the cases described as Pemphigus Acutus are cases of Bullous Impetigo Contagiosa.

158. Pemphigus Neonatorum was an unfortunate name in so much that the disease referred to has no connection with Pemphigus except that they have a somewhat similar appearance. Pemphigus Neonatorum is a form of Impetigo which owing to the condition of the skin in infancy takes a different form, both in appearance and also anatomically but is caused by the same organisms.

159. The General Medical Council has now struck out Pemphigus Neonatorum from their official nomenclature of diseases and in future this disease should be referred to as Impetigo Contagiosa (Bullosa Neonatorum) (see page 141 Nomenclature of Diseases).

160. We are of opinion :

1. That the name "Pemphigus Neonatorum" should no longer be used and that the disease should be referred to as "Impetigo Contagiosa."
2. That the energetic action taken by Dr. C. W. Sharpley the Assistant County Medical Officer at Oldbury has materially assisted in keeping the outbreak in check.
3. That the Assistant County Medical Officers and Health Visitors should continue to take all precautionary measures to prevent the conveyance of infection.

Medical Aid Records.

161. 744 notices were sent to me by Midwives in 1924 as compared with 682 in 1923.

162. 686 cases came from trained and 58 from untrained Midwives.

163. In every instance where the form referred to any unusual condition one of the Assistant County Medical Officers made immediate enquiries into the case.

Still-births.

164. The following table shows the numbers of Still-births during the last seven years.

TABLE VII.

	1918	1919	1920	1921	1922	1923	1924
Notified by Midwives	142	145	217	165	162	157	156
Notified by Doctors and parents	- 49	53	36	67	49	43	25
	<hr/> 191 <hr/>	<hr/> 198 <hr/>	<hr/> 253 <hr/>	<hr/> 232 <hr/>	<hr/> 211 <hr/>	<hr/> 200 <hr/>	<hr/> 181 <hr/>

165. Since 1920 the annual number of Still-births has declined, there being 72 fewer in 1924 than 4 years ago.

166. While it must be remembered that the birth rate has decreased the smaller number of still-births is very satisfactory.

167. Dr. Mary Williams has been making enquiries as to the possible causes of Stillbirths but is unable to find any special factor.

168. In 1923 the five Counties having the highest number of still-births per 100 registered live births were :

Westmorland	-	5.0
Rutlandshire	-	4.8
Shropshire	-	4.6
Lancashire	-	4.1
Worcestershire	-	4.0

169. In publishing their comparative figures the Ministry of Health mention that *all* live births and still-births are not notified, so it is possible that the high rate attributed to Worcestershire is a statistical fiction.

B. Child Welfare Work.

170. A full description of the County Council scheme is given in my annual report for 1919 (pages 63 to 76).

Health visiting.

171. In 1924 there were 15 whole time County Health Visitors and 48 part time (Nursing Association Nurses) Health Visitors doing Infant Welfare work for the County Council.

172. 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 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. In 1924, these Associations received from the County Council a total grant of £2,394.

173. The Ministry of Health in their Circular 557 refer to the important duties of Health Visitors which they summarise as under :

- i. General supervision of children under school age.

- ii. Attend Maternity and Child Welfare Centres and advise as to the care and up bringing of children as well as the Mothers health during pregnancy and lactation.
- iii. School nursing and treatment of minor ailments.
- iv. Visiting Tuberculous patients.

174. To be able to carry out these duties the Ministry are of opinion that a Health Visitor "should possess not only good sense and an acceptable personality but also the trained mind and the professional qualifications which will enable her to deal wisely with the problems which may come before her."

175. They add these duties "can best be carried out by a woman who has been trained as a hospital nurse, is a certificated midwife, and has passed through a special course of training designed to equip her with a knowledge of the preventive and public health aspects of her work."

176. The Minister has now decided that on and after the 1st April 1928 he will not approve the appointment of a woman for the first time as a whole time officer unless she

- (I) is a fully trained Hospital Nurse (3 years).
- (II) has obtained the Certificate of the Central Midwives Board.
- (III) has completed six months training in public health work.

or

- (I) Has had two years training under the Board of Education Regulations.
- (II) Six months training in Hospital and
- (III) Possesses the Central Midwives Board Certificate.

177. The Ministry will pay Grant on Expenditure by the Council in Lectures and expenses for enabling their officers to obtain further qualifications.

178. This Grant will also be paid in respect of District Nurses as to whom the Ministry say "It is important however that District Nurses who undertake Health Visiting should receive suitable instruction in this part of their duties and the courses referred to in the preceding paragraph should be particularly valuable to them."

179. The concluding paragraph of the Ministry's Circular states "It will be observed that, under the conditions of grant, new entrants to the profession of Health Visiting will be required to devote $3\frac{1}{2}$ or 4 years of their training for this work. This

"consideration will no doubt be taken into account by Local Authorities in fixing the rates of salaries of their Health Visitors and the Minister trusts that in all cases the salaries offered will be sufficient to attract and retain qualified women who can reasonably be expected to render efficient service."

Notification of Births.

180. All Notifications of births must be sent to me within 36 hours and I forward lists of the births daily to the Health Visitors of the localities in which they occur.

181. Last year 5523 notices were issued.

182. 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 it was unlikely that the advice of the Health Visitor would be needed.

Failure to notify Births.

183. Of the 5,523 Births which occurred in the County, 170 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.

184. 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 1924.	Number of		Percentage Visited
		1st Visits	Total Visits to 3 yrs.	
County whole-time Health Visitors	3,326	3,019	34,728	90%
Association Nurses	1,128	999	21,429	88%
*" Voluntary Agencies "	565	533	8,834	94%
*Kidderminster Corpora- tion	504	386	6,944	76%
Totals	5,523	4,937	71,935	89%

* Information supplied by courtesy of Health Visitors.

Consultation Centres.

185. 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, 1925 :—

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, 1925.

TABLE IX.

County Council Centres.

	REDDITCH	OLDBURY.	WARLEY	LANGLEY	LYE.	HALESOWEN	CRADLEY.	BLACKHEATH	BROMS-GROVE	CATSHILL
	Opened 5th April 1916.	Opened 15th Aug. 1916.	Opened 11th April 1918.	Opened 6th Jan. 1925.	Opened 4th April 1916.	Opened 9th May 1916.	Opened 6th January 1919.	Opened 26th Feb. 1920.	Since 1st Jan. 1916.	Since 1st Jan. 1916.
1924.										
April	55	77	59		106	126	73	69	14	14
May	80	100	72		98	127	79	82	27	7
June	84	103	59		119	122	82	84	27	8
July	75	81	65		100	109	65	82	34	7
August	74	105	62		99	103	84	81	20	6
September	94	111	64		89	120	68	89	33	7
October	126	113	42		100	138	91	101	37	9
November	122	118	36		110	161	112	108	41	12
December	133	120	66		88	187	119	130	34	8
1925										
January	94	131	74	35	111	135	118	103	41	13
February	77	97	82	62	93	101	99	90	37	14
March	89	92	87	68	89	111	102	91	42	21

TABLE X.

Voluntary Centres.

	* BROADWAY VOLUNTARY AGENCY	* ALVECHURCH VOLUNTARY AGENCY	EVESHAM VOLUNTARY AGENCY	STOUR- BRIDGE VOLUNTARY AGENCY	MALVERN VOLUNTARY AGENCY.			WYCHE.	KIDDERMINSTER CORPORATION.				STOURPORT VOLUNTARY AGENCY
					MALVERN LINK.	BARNARD'S GREEN	NEWTOWN.		Since Jan. 1916. Prospect Lane	Since April, 1919. St. John's	Since Mar. 1923. Orchard St.	Since May, 1922. York St.	
	Open 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.	Opened 24th Oct. 1924.					
1924	13	9	65	60	33	28	22		92	65	51		
hil ...	15	11	66	80	42	29	32		98	60	56		
y ...	12	15	60	76	42	30	30		110	70	62		
e ...	12	14	57	95	42	29	34		110	59	57		
y ...	8	18	36	90	32	Closed.	41		111	67	67		
ust ...	8	17	56	74	29	26	32		100	65	68		
tember ...	10	Closed.	54	76	45	23	37	11	113	73	70		
ber ...	15	23	58	73	49	30	40	17	110	71	68		
ember	13	14	51	75	43	31	41	27	103	79	65		Average attendance of Five.
1925													
uary	10	20	50	77	42	33	30	28	116	89	86		
ruary	8	15	64	84	37	21	25	21	91	54	59		
ch ...	15	22	47	89	38	24	25	18	81	52	41		

* Opened Fortnightly.

186. One of the Assistant County Medical Officers attends bi-weekly at the following Centres :

Lye.
Oldbury.
Warley.
Blackheath.
Bromsgrove.

and weekly at the following Centres :

Cradley.
Halesowen.
Redditch.

187. Catshill Centre is visited monthly.

188. 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.

189. Health Talks are given regularly at each Centre generally by the Health Visitor and periodically by the Assistant County Medical Officer.

190. At many of the Centres instructions are given in knitting and making of children's garments.

191. Several Mothercraft classes are held and in accordance with a suggestion made by the Board of Education it is hoped that in the populous places a series of talks to the elder girls of 13 and 14 before they leave school will be given.

192. It is reported that at Redditch about one-third and at Halesowen about one-half of the babies born attend the Centre: this is consistent with the type of resident.

193. In January 1925 a new Centre was opened at Langley and local interest is not confined to the ordinary work of the Centre but funds have been raised locally which have enabled treatment to be given to crippled and delicate children.

194. Dried Milk is supplied at cost price on the written authority of the Medical Officer to Mothers attending the Centres.

Age of Infants visited.

195. The Council's Scheme provides for the visiting of infants until the age of 3 years. A fairly large number of children commence school life about the age of 4 years, and are inspected by the School Doctor, but many others are not officially supervised between the ages of 3 and 5 years.

196. It would not however appear that this fact materially affects the welfare of the children.

197. In order to further the present co-operation between the Maternity and Child Welfare Service and the School Medical Service the "Home visiting Schedules" have recently been amended by the addition of entries relating to vaccination, mental alertness, teething, date of walking, talking, etc.

Voluntary Agencies.

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

198. Voluntary Infant Welfare Centres are established at

Malvern (four)
Stourbridge.
Broadway.
Evesham.
Alvechurch.
Stourport.

and the Kidderminster Corporation have three Centres.

199. By the courtesy of the Voluntary Committees each of these Centres has been visited by an Assistant County Medical Officer and I am glad to be able to testify to the excellent work carried on.

200. The only one of these organisations which receives financial help from the County Council is Stourbridge where special circumstances exist which have made this necessary.

Voluntary Helpers and Social Activities.

201. At the County and Voluntary Infant Welfare Centres the Council are fortunate in receiving help from Ladies who attend the weekly sessions and carry out many lay duties which enable the Health Visitors to devote their time to nursing work.

202. These Ladies also encourage the social side and much of the success of the Infant Welfare work is due to their efforts.

203. The social activities include not only useful classes of instruction but Garden Parties, entertainments, outings, Christmas parties and Christmas trees.

204. Other functions have been held with the object of raising funds to meet local expense not only for social work but to enable treatment to be given to ailing Infants which is not provided by the County Council.

205. While it is impracticable to acknowledge the work of each individual helper I wish to place on record my appreciation of their valuable assistance.

Maternal Mortality.

206. In my last report I referred at length to the interesting report prepared by Dr. Janet Campbell on the cause of excessive maternal mortality.

207. A striking paragraph in this report was that 3,000 mothers died every year in giving birth to children and that a vastly greater number of Mothers are permanently injured or invalided in this physiological process of child birth.

208. Many of the remedial measures suggested by Dr. Janet Campbell are already in operation, but the County Administrative (Health) Committee considered there would be a practical difficulty in adopting a suggestion by Dr. Campbell that "all maternal deaths should be investigated by the Medical Officer of Health," and in accordance with their instructions such investigations are confined to maternal deaths in the practice of Midwives.

209. The following Table shows the deaths among parturient women in the County for the last ten years :

1924	1923	1922	1921	1920	1919	1918	1917	1916	1915
10	9	10	13	11	5	5	8	6	15

210. The number of Births in the County in 1924 was 5,513 so that the maternal mortality in this County was low.

Infant Life Protection.

211. The supervision of "boarded out" children is undertaken by the Health Visitors for the following Poor Law Unions, viz. :

Bromsgrove.
Newent.
Stratford-on-Avon.
Martley.
Persnore.
Upton-on-Severn.

212. 67 cases were visited in 1924.

Institutional treatment.

213. No provision has been made by the Council in this direction and while very few special cases of difficulty have come to my notice there must be serious drawbacks at times of confinement in many places owing to the unsatisfactory housing conditions. A Maternity Home of six beds has been provided at Worcester by the County Nursing Association.

Orthopaedic treatment of Infants.

214. The Council at their Meeting on the 15th September directed that a scheme be submitted to them for the treatment of crippled children and authorised the expenditure of £500 during the financial year ended 31st March 1926 on urgent cases.

215. This will I hope enable a certain number of Infants to receive treatment as there is little doubt that if these crippling defects can be treated at an early stage the prospects of cure are good and therefore one of the first considerations in a scheme for dealing with cripples should be the treatment of Infants.

Expectant Mothers.

216. 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	— —	662	1,427
„ District Nurses	— —	773	3,029
„ Voluntary Agencies and Kidderminster Corporation Health Visitors	—	307	670
		<hr/> 1,742	<hr/> 5,126

217. 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.

218. It is satisfactory to note the increase in the number of visits paid to Expectant Mothers.

219. A similar increase is also noted in the attendances of Mothers at the Council's Centres but even so the number attending is small; this is largely due to reluctance on the part of the Mothers.

220. This condition of affairs also applies to the Voluntary Centres.

221. The Redditch Assistant County Medical Officer suggests that in view of the extreme importance of ante-natal work a column should be added to the register kept by the Midwives for production to the Medical Officer at the time of inspection: on this, many abnormal cases could be followed up at the Maternity and Child Welfare Centres.

222. It is part of the duties of a Midwife to pay ante-natal visits but at present no record is made of these visits.

223. From the Droitwich area the Assistant County Medical Officer (Dr. Parker) states—

224. No provision is made so far for Ante-Natal work other than Urine Testing. We do not possess a couch at the Centre; some curtains would also be required. In my opinion it will be better to fix a separate hour (say earlier) on the same day if any real progress is to be made. Several expectant Mothers attend the Centre; the average would work out about 4 to 6 at present.

225. Records of Home Visits are kept and have been examined by the Assistant County Medical Officers.

Blind Persons Act 1920.

226. The Scheme approved by the Council is still in operation; and in the following paragraphs, some reference is made to action taken under it during the last financial year.

227. Provision was again made in the Estimates of the Education Committee for the expenditure of £100 on the training of blind persons.

228. As the result of representations from the Committee of the Birmingham Royal Institution for the Blind, the capitation charge in respect of each home worker supervised in the County was increased from £10 18s. 11d. to £13 0s. 0d. for the year 1924-25.

229. The admirable work performed by the Stourbridge Institution for the Blind was recognised by a grant of £60, which is double the amount the Committee of the Institution have received from the Council in previous years. The Committee of this Institution have workshops where goods are manufactured by blind persons; and arrange for the marketing of the finished articles. The average weekly earnings are considerably augmented, and in addition, grants are made to necessitous blind persons other than those employed in the workshops.

230. The National Library for the Blind, which supplies blind persons in the County with Braille and Moon type literature, received the customary grant of £10.

231. The Worcestershire Association for the Blind, who undertake, on behalf of the Council, certain duties under the Act, received the usual grant of £80 per annum, details of the expenditure of this sum being supplied to the Authority.

232. The activities of the Association include the home visiting of blind persons, providing them with literature, arranging for the sale of goods they manufacture and generally assisting blind persons as far as is practicable.

233. According to the last Annual Report of the Association, there were 355 blind persons on the Register, and, during the period covered by the Report, grants amounting to £264 1s. 0d. were made to 46 of these. It will therefore be seen that the financial aid rendered to necessitous blind persons amounts to considerably more than the sum of £80 which is received from the Council.

234. The good work of the Association has been considerably augmented as a result of the appointment of a Home Teacher, who will instruct blind persons in Braille, basket making, cane chair mending, etc. This appointment has secured more effective visiting of blind persons, particularly in the rural parts of the County, where local Visitors are unobtainable. A grant of £80 per annum is being made by the Council towards the salary and expenses of this official.

235. During the year, Mrs. de la Hey resigned her post as Organizing Secretary of the Worcestershire Association for the Blind, her place being filled by Miss Mence, of 33 Battenhall Road, Worcester. The thanks of the Committee were accorded to Mrs. de la Hey for the valuable assistance which she had rendered in connection with the working of the County Scheme.

Isolation Hospitals.

A. "Fever" Hospitals.

236. Apart from a few rural districts the Hospital Accommodation in the County for Scarlet Fever, Diphtheria and Typhoid Fever is generally sufficient.

B. Smallpox Hospitals.

237. With the exception of the districts mentioned hereafter the Smallpox Hospital Accommodation provided is reasonably satisfactory; the question has however been raised whether in view of the change in the type of smallpox the present number of beds is sufficient.

238. No provision exists for the following districts, viz. :—

Borough of Droitwich.
Bromsgrove Urban District.
North Bromsgrove Urban District.
Redditch Urban District.
Bromsgrove Rural District.
Droitwich Rural District.
Martley Rural District.
Rock Rural District.
Tenbury Rural District.

239. The first six mentioned areas form the Bromsgrove, Droitwich and Redditch Hospital District, and although they have made temporary arrangements to send cases to the Halesowen Hospital this is only on condition that the accommodation at that Hospital is not needed for the three areas sending cases to the Halesowen Hospital, viz., Stourbridge Borough, Lye & Wollescote Urban District and Halesowen Urban District (total population 61,890).

240. In my opinion the six Sanitary Districts referred to, together with the Martley, Rock and Tenbury Rural Districts are without sufficient hospital accommodation as defined by the Isolation Hospitals Acts 1893 and 1901.

241. A Committee is considering the possibility of providing a Central County Smallpox Hospital to provide for the nine districts above mentioned and in the hope that the Committees who maintain the several Smallpox Hospitals may see their way to join in a central Scheme, the County Council on the 16th March 1925 approved the principle of providing a Central Hospital and

directed a Committee to prepare a Scheme, but while this presents no difficulty in respect of the nine districts without accommodation those districts which have some accommodation, even if it is not entirely suitable, could not be included without their consent.

River Pollution.

242. The principal rivers are the Severn, Avon and Teme.

243. The Severn enters Worcestershire a short distance above Bewdley and flows past Bewdley, Stourport, Worcester, and Upton to Tewkesbury where it enters Gloucestershire.

244. Its tributaries on the left bank are the Stour, the Salwarpe, and the Avon.

245. The Ministry of Agriculture and Fisheries are about to make a general survey of the Severn. Samples will be taken at various points along the river from its source to the estuary. The results will in due course be published by the Ministry.

Public Health (Meat) Regulations 1925.

246. On the 29th December 1924, the Ministry of Health issued their Circular 547 and enclosed a copy of the above mentioned Regulations which are designed to secure more adequate inspection of animals slaughtered in this Country and improvement in the handling, transport and distribution of meat.

247. Part II. of the Regulations contains provisions for the regulation of slaughter-houses and slaughtering and in particular requiring notices of slaughtering and of evidence of disease to be given to the appropriate officer of the Local Authority.

248. Under part III. the Minister is empowered (where he is satisfied that the Local Authority have a competent staff of Inspectors) to authorise the Authority to adopt a distinctive mark for placing on carcasses which have been inspected and found fit for human consumption.

249. Provision has been made with a view to preventing objectionable practices in the handling storage and transport of meat so far as this is practicable by Public Authorities.

250. These Regulations came into force on the 1st April 1925, and in next year's report it will be possible to show to what extent they will benefit the Public Health.

251. Most of the Sanitary Officials are, I know, actively engaged in carrying out the work imposed by the new Order and in several Districts Conferences have been held between the Sanitary Officer and representatives of the meat trade with results which will make smooth the working of these Regulations.

252. Mr. Jameson the Sanitary Inspector for Redditch has forwarded to me the following recommendations which he made to the local Butchers, and which the latter agreed to carry out, viz. :—

1. Notice of slaughter of all animals to be given at the Council House not later than 10 a.m. on the day of slaughter and three hours' notice after slaughter of any animals slaughtered under emergency.
2. Inflation of all animals to be by some mechanical means.
3. All meat as conveyed to shops and stalls to be covered with white or brown linen.
4. All stalls to have white or brown linen coverings with name of proprietor in conspicuous position and front of stall to be screened.
5. All meat, bacon, etc. to be wrapped in grease-proof paper and as cut from the piece or carcase to be put upon same, especially bacon, to avoid handling.
6. Discontinuance in use of newspapers from private houses for wrapping meat.
7. Advisability of all window boards being covered with white tiles or other impervious material instead of wood.
8. Bacon, hams, etc., not to be kept in any shop with fowl, corn, offals, hardware goods, etc.
9. All shop windows to be kept closed and meat covered with muslin as required.
10. The practice of handling meat to be prohibited.

Housing of the Working Classes.

253. On the 16th March 1925 the County Council passed the following Resolution, viz. :—

254. " That the Public Health and Housing Committee
" be directed to enquire and report to the next Meeting
" of the Council as to the extent to which the different
" Local Authorities in the County have carried out their
" powers under the Housing Acts and whether the present
" circumstances require any action to be taken by the County
" Council in the matter."

255. The enquiries referred to are now being made and a Committee is considering whether the Local Authorities are taking reasonable steps to provide their Districts with houses.

256. Although the County Council is not a " Local Authority " under the Act, the following powers have been given to them by various Acts of Parliament.

1. County Councils may provide houses for their own employees.
2. County Councils may provide houses for Small Holders.
3. County Councils may make a representation to the Ministry of Health that a Local Sanitary Authority have failed to exercise their powers and the Ministry may after enquiry make an Order authorising the County Council to do what is necessary.
4. County Councils may in the matter of Rural areas apply for an Order conferring on the Council the powers of a particular Rural Council in reference to the provision of houses for the working classes.
5. A County Council on the complaint of a Parish Council or of four inhabitant householders in a rural area that a Rural District Council is in default may hold an enquiry and if default is proved may take over the powers of the District Council.

257. In my last report I mentioned that 2,039 houses were built in the County under the Housing Acts between 1919 and 1923

Milk and Dairies.

258. During 1924 only one application was made to the Council for a licence to sell " Grade A " Milk ; in fact very little use is made in this County of the Milk (Special Designations) Order 1923.

Sale of Food and Drugs Acts.

259. Information as to the administration of the sale of Food and Drugs Acts is given in the report of the County Analyst and County Bacteriologist whose offices are at the Shirehall, Worcester.

Hop-Pickers.

260. The three Hop growing Districts in the County are the Rural Districts of Martley, Tenbury and Upton-on-Severn.

261. The Sanitary Officials Reports on the Hop-pickers show that inspections of the pickers quarters are made before arrival and during picking, and that the owners are very ready to carry out repairs or improvements or to remove refuse.

262. The last year's season was abnormally wet and much discomfort caused which was obviously unavoidable.

263. Generally speaking a fair state of cleanliness was met with, cooking facilities were provided and water was available.

264. The sanitary arrangements were reasonably sufficient.

Water Supply.

Feckenham Rural District.

265. Nearly the whole of the polluted wells have now been closed and the properties concerned connected with the mains.

Belbroughton (Bromsgrove Rural District).

266. The water main has been laid and a supply of water is being furnished to the inhabitants of the village.

Wolverley and Cookley (Kidderminster Rural District).

267. The work of boring a well is still proceeding. Difficulty has been caused by the silting up of the bottom of the bore.

Pershore Rural District.

268. This Scheme has been held up by the refusal of the Unemployment Grants Committee to render any financial assistance. Endeavours are being made to obtain a reconsideration of this decision.

Drainage.

Shipston-on-Stour Rural District.

269. A revised estimate for connecting the houses to the sewers is being obtained in order that application may be made to the Ministry for their sanction to a Loan.

Upton Warren (Droitwich Rural District).

270. Complaint was made to me as to the polluted state of the wells at Upton Warren and as the water mains of the East Worcestershire Water Works Company run within 300 yards of the village the Rural District Council are being asked for their observations.

Scavenging.

271. Many complaints were made as to the lack of Scavenging at West Hagley, and arrangements are being made by the Rural District Council whereby a weekly collection of house refuse will be made for which the residents will be charged a small sum by the Contractors.

272. The Scavenging of Halesowen is stated to have been improved.

Sanitary Inspectors' Work.

273. The Worcestershire Sanitary Inspectors have forwarded to me statements of the work carried out in their departments connected with Infectious Diseases, Housing, Moveable dwellings, House drains, Scavenging, Smoke nuisances, Offensive trades, Water supply, Slaughter houses, Factories and Workshops, Shop Hours Act, Dairies and Milksheds, Canal Boats, Lodging Houses, Food, etc.

274. These Health Officers are undoubtedly doing valuable work for the County.

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

Your obedient servant,

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

County Medical Officer.

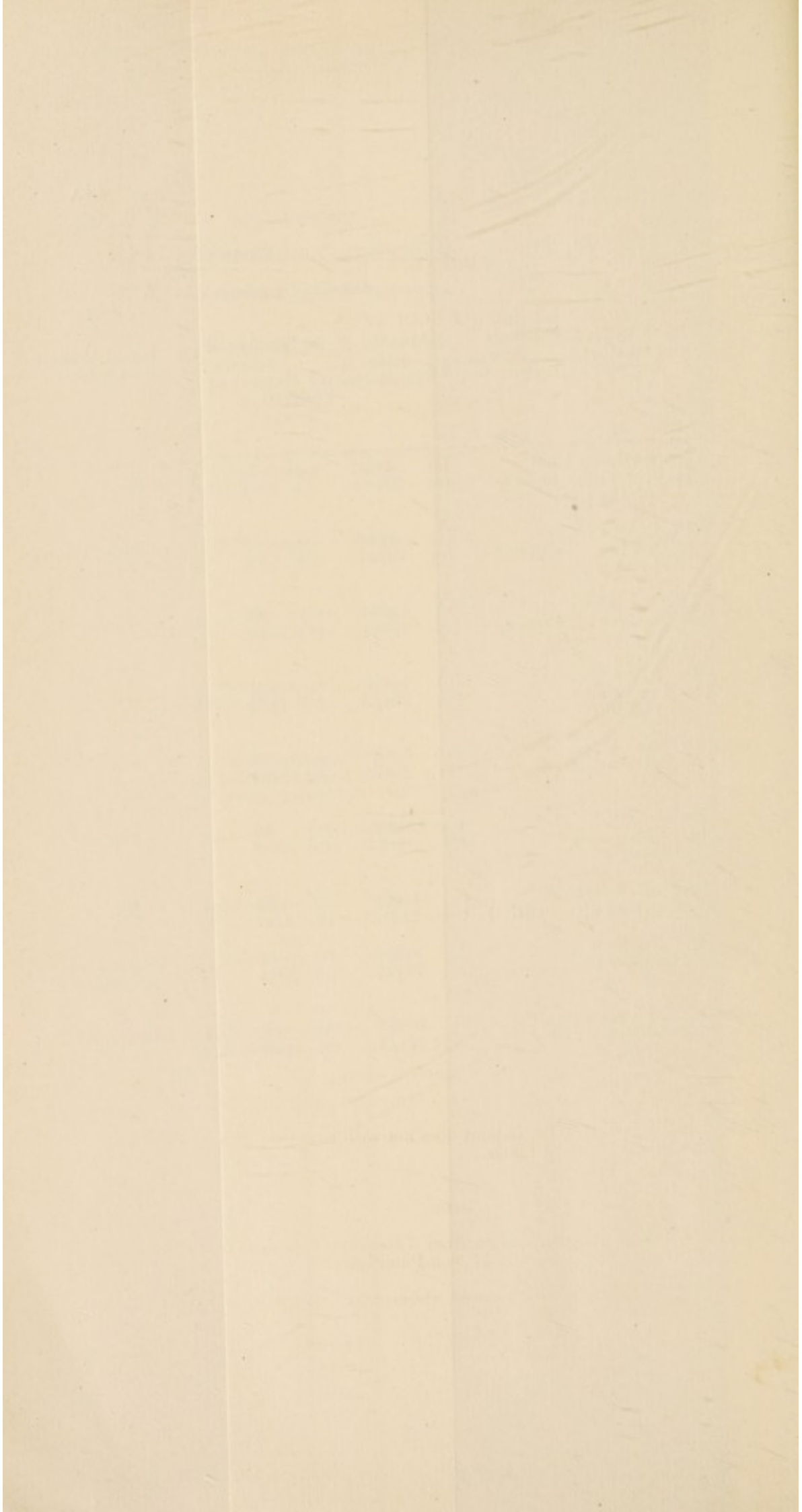
County Public Health Offices,
29, Foregate Street,
Worcester.

June 1925.

COUNCIL.

Officers.

Name of Medical Officer and Number and Name of Medical Division.	(a) (b)	Tuberculosis Dispensaries.	(a) Number of Midwives (b) Number of Infants under 3 yrs.	Infant Welfare Centres.
Dr. Kathleen Hanby (1. Stourbridge and part of The Lye)	(a) (b)	Stourbridge	(a) 9 (b) 2373	Lye
Dr. C. W. Sharpley (2. Oldbury, Blackheath and Cradley)	(a) (b)	Oldbury Warley	(a) 15 (b) 4029	Oldbury, Warley Blackheath
Dr. G. J. Eady (3. Stourport, Bewdley and Tenbury)	(a) (b)	Kidderminster	(a) 30 (b) 3321	Nil.
Dr. W. Parker (4. Droitwich and District)	(a) (b)	Bromsgrove	(a) 23 (b) 2255	Catshill Cradley
Dr. Mary Williams (5. Malvern and District)	(a) (b)	Malvern	(a) 20 (b) 1254	Nil.
Dr. M. Clover (6. Pershore and District)	(a) (b)	Worcester	(a) 28 (b) 1767	Nil.
Dr. G. E. Harthan (7. Evesham and District)	(a) (b)	Evesham	(a) 18 (b) 1578	Nil.
Dr. Carol Sims (8. Halesowen and District)	(a) (b)	Halesowen	(a) 15 (b) 1177	Halesowen Redditch
Dr. B. W. Housman (9. Bromsgrove and Redditch)	(a) (b)	Redditch	(a) 11 (b) 828	Bromsgrove



APPENDIX B.

WORCESTERSHIRE COUNTY COUNCIL.

REPORT OF CHIEF TUBERCULOSIS OFFICER FOR THE YEAR 1924.

Staff.

1. No alteration was made during 1924 in the Medical and Nursing Staff.

Notifications.

2. The usual Tables of notifications in age and Sex Groups (Table I.), in Sanitary Areas (Table II). and years (Table III.) are given on pages 49 & 50.

3. The total number of notifications is slightly lower than last year (440 against 456). The pulmonary cases have however increased from 307 in 1923 to 345 in 1924, whereas the non-pulmonary cases have decreased from 149 in 1923 to 95 in 1924.

4. In December 1924 the Ministry of Health issued a further Circular (No. 549) and Regulations as to Notifications, by which a closer co-operation between the local Medical Officer of Health and the County Medical Officer comes into force, the figures for each District having to be checked at the end of each Quarter.

5. Even now cases die who have not previously been notified. During 1924 there were 34 deaths of unnotified cases. In 24 cases the diagnosis was not made till death, 5 were presumed by their doctors to have been notified and in 5 cases a reasonable explanation was received from the Doctor.

6. Four important objects are served by a notification of Tuberculosis.

- (1) The Local Sanitary Authority knows of what may be a source of Infectious disease.
- (2) The patient is offered treatment under the Scheme.
- (3) The examination of Contacts is possible.
- (4) The housing condition is enquired into, and improved where possible.

7. In any case where the patient does not wish to come under the County Council Scheme no action is taken.

Deaths.

8. The total number of deaths from Tuberculosis in the County during 1924 was 270 (213 Pulmonary and 57 Non-Pulmonary).

9. Of these, there were 34 cases whose death certificate was the first intimation we had of the case.

10. Of the 345 pulmonary cases notified during 1924, 35 died within the month of notification, 27 within the month following notification and during the whole year (1924) 102 cases died who had been notified during that year.

11. Of the 95 non-pulmonary cases notified, 19 died during the month of notification. These were cases of meningitis or peritonitis mostly under five years of age.

Institutional Treatment.

12. The number of beds for pulmonary cases reserved for County patients remained the same in 1924 as in 1923.

13. Immediate results of Sanatorium treatment are set out in Table X.

14. Of the total number of patients who had been put on the waiting list, 53 when their turns came for admission to Sanatorium, declined to come for the following reasons :

Too unwell to travel	-	-	-	7
Not sufficient clothing (generally an excuse)	-	-	-	5
Family and Business reasons	-	-	-	6
Did not consider Sanatorium Treatment necessary				18
Under private treatment	-	-	-	2
Postponed for time being	-	-	-	2
No definite reason given	-	-	-	13
				<hr/>
				53

15. This helped to create an unnecessarily long waiting list and caused a delay in the offer being made to the next on the list and also in refilling the empty bed.

Dispensary Treatment.

16. The numbers of patients attending the Dispensaries with particulars as to each are given in Table IV.

17. The object of the Dispensary is that it should form the centre of the district for

- (1) Diagnosis of doubtful early cases and so help in obtaining early treatment.
- (2) Preventive measures, *i.e.* improvement in home conditions and the examination of contacts.
- (3) The supervision of the known cases in the district, their actual treatment remaining in the hands of the General Practitioners.

17a. In far too many cases, the disease when first brought to our notice, is in an advanced stage, *vide para.* 9 and 10 ; this is not by any means always the fault of the medical attendant, the patient often postponing calling in the doctor's help until he is quite ill. There are, however, some cases who might have come under treatment in the earlier and more curable stage had the Dispensary been more largely used as a Consultation Centre.

18. The question of closing the Malvern Dispensary has again been considered, but owing to the large area served, it was decided to continue for the present.

Extra Nourishment.

19. The number of grants of extra diet was increased during 1924 owing to the receipt of a sum of money for this purpose from the County Insurance Committee. Now that this sum has been exhausted it will be necessary to revert to the old arrangement in order to keep within the sum of £250 granted by the County Council.

20. In all 47 grants of milk, eggs or butter to the total value of not exceeding 5/- per week were made.

Contacts.

21. As will be seen from Table V. the number of Contacts examined in 1924 was 1225 and 16 of these were found to be Tuberculous.

22. The majority of these were children examined at School.

Enviromental Conditions.

23. The number of visits made to houses is given in Table XII.

24. The Medical Officers of Health are notified of those defects in ventilation, drainage, etc., which it would appear possible to get remedied.

25. In infectious cases endeavours are made to persuade the patient to alter the sleeping arrangements so that a separate bed and if possible a separate bedroom can be available.

Shelters.

26. The number of Shelters available is 45 and they are generally in continuous use.

Non-Pulmonary Tuberculosis.

27. Owing to the increase in the estimates for this work more cases were able to be dealt with.

28. The following shows the number of cases discharged during the year, but in addition 7 were still under treatment at the end of the year. :—

Shropshire Orthopaedic Hospital	—	—	6
Worcester General Infirmary	—	—	4
Forelands	—	—	1
Woodlands	—	—	2
			—
			13

29. In addition 35 non-pulmonary cases received treatment in the County Sanatoria.

30. It is hoped that the Council will shortly approve a Scheme for the treatment of non-tuberculous crippled children and that co-operation between the two Schemes will be possible.

After-Care.

31. Members of the After-Care Committees have been nominated and it is hoped they will be able to commence work shortly.

Nurses Visits.

32. Each case is visited by a County whole time Health Visitor or a local Association Nurse and a report sent to the Office each month; 11360 reports were made during 1924.

33. Any special information as to a patient is at once extracted and forwarded to the Tuberculosis Officer of the District for his attention.

Artificial Pneumothorax treatment.

34. Ten patients have been having artificial pneumothorax treatment during the year—two in order to check hæmorrhage in which it was quite successful, three for replacement in cases of tuberculous empyema—the condition of these is satisfactory, 5 for advanced disease—two of these are still doing well, while in three cases though there was improvement for a few months it has been discontinued through advance of disease in the better lung.

Nursing.

35. It is hoped that before long arrangements will be made for nursing such tuberculous persons as require it.

Ambulance.

36. Considerable use has been made during the year of the Red Cross Ambulances distributed throughout the County.

37. We desire to again express our appreciation of this service.

Silicosis.

38. All examinations under this heading have now been transferred to a Central Medical Board except the initial examinations which will be held at a Dispensary.

Statistics.

39. The statistics have been again prepared on the lines suggested by the Ministry of Health.

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

Chief Tuberculosis Officer.

Public Health Department,
29, Foregate Street,
Worcester.

May, 1925.

TABLE I.
Notifications of Tuberculosis during 1924 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	1	4	6	9	13	24	41	37	27	12	4	178
Females	1	1	8	12	25	32	39	31	12	6	—	167
Non-pulmonary—												
Males	5	12	9	7	8	5	3	2	3	—	—	54
Females	1	8	4	6	7	1	7	2	1	—	4	41
Total	8	25	27	34	53	62	90	72	43	18	8	440

TABLE II.

Notifications of Tuberculosis during 1924 shown in Sanitary Areas.

District.	Total cases notified 1924.	Population. 1924.	Notification Rate per thousand of the population 1924.
Bewdley Borough	2	2633	0.8
Bromsgrove Urban	11	9731	1.1
" North Urban	7	8582	0.8
Droitwich Borough	6	3858	1.5
Evesham Borough	14	8554	1.6
Kidderminster Borough	72	27170	2.6
Lye and Wollescote Urban	21	12740	1.6
Malvern Urban - -	22	17160	1.3
Oldbury Urban - -	66	40050	1.6
Redditch Urban - -	24	16740	1.4
Stourbridge Borough -	15	18570	0.8
Stourport Urban - -	9	4912	1.8
Bromsgrove Rural - -	13	17580	0.7
Droitwich Rural - -	16	11900	1.3
Evesham Rural - - -	17	10130	1.7
Feckenham Rural - -	5	5565	0.9
Halesowen Rural - -	38	30580	1.2
Kidderminster Rural -	10	7662	1.3
Martley Rural - - -	17	12570	1.4
Newent (part) Rural -	2	1008	2.0
Pershore Rural - - -	13	13120	1.0
Rock Rural - - - -	1	2184	0.5
Shipston-on-Stour Rural	2	4288	0.5
Stow-on-the-Wold (part) Rural - -	1	273	3.7
Tenbury Rural - - -	9	4467	2.0
Tewkesbury (part) Rural	4	2136	1.9
Upton-on-Severn Rural	23	13630	1.7
Winchcombe (part) Rural	-	107	-
	440	307900	1.4

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
1924	440	270	0.69

* As obtained from the Registrar General's return.

TABLE IV.
Dispensary Work.

Dispensary.	Address.	Medical Officer.	Day and Time.	Total No. of Attendances 1924	Average attendance per Session 1924.
Bromsgrove	—	—	Thursday, 4.30 p.m.	146	2.92
Evesham	—	—	Tuesday, 10 a.m.	270	5.51
Halesowen	—	—	Wednesday, 5 p.m.	302	6.0
Kidderminster	—	—	Thursday, 2 p.m. & 5 p.m.	399	8.0
Malvern	—	—	Friday, 5 p.m.	34	0.68
Oldbury	—	—	Friday, 6.0 p.m.	347	7.0
Redditch	—	—	Thursday, 5 p.m.	107	2.14
Stourbridge	—	—	Monday, 5 p.m.	416	8.5
Warley	—	—	Friday, 3 p.m.	93	1.9
Worcester	—	—	Wednesday, 3 p.m.	115	2.25

TABLE V.
Annual Return showing the work of the Dispensaries during the year 1924

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.	344 416	366 434	138 135	19 21	175 246	31 28	3 4
	Children	M. F.	579 552	590 566	17 17	21 19	520 493	32 34	- 3
	Total		1891	1956	307	80	1434	125	10
	Adults	M. F.	102 181	102 181	1 5	- -	101 176	- -	- -
Contacts included in (a)	Children	M. F.	481 461	481 461	5 5	- -	476 456	- -	- -
	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. - - -	370	259	43	42	50	60	57	53
Coming for the first time under Public Medical Treatment - -	133	131	12	13	21	22	19	19
Resuming Public Medical Treatment -	-	-	-	-	-	1	-	-
Transferred from Residential Treatment or from other areas - -	32	24	4	5	7	6	6	6
	535	414	59	60	78	89	82	78
Discharged as no longer requiring either Treatment or Supervision -	22	7	5	3	7	9	9	9
Transferred to Residential Treatment or to other areas - - -	41	34	5	3	6	3	4	4
Leaving Public Medical Treatment -	11	7	-	-	3	1	-	1
Lost sight of - - - -	23	18	-	1	3	2	3	1
Died - - - - -	91	79	3	3	2	7	7	1
Remaining under Treatment or Supervision on December 31st -	347	269	46	50	57	67	59	62
	535	414	59	60	78	89	82	78

TABLE VII.

Annual Return showing work of the Dispensaries.

1. Number of Persons placed during the year under observation for the purpose of Diagnosis :— - - - -	299
2. Number of Cases in which the period of observation exceeded two months - - - - -	156
3. Number of Consultations with Medical Practitioners at the Homes of Patients (insured) - - - - -	40
4. Ditto (uninsured) - - - - -	21
5. Number of other Visits paid by Tuberculosis Officers to the Homes of Patients - - - - -	1408
6. Number of Visits paid by Nurses or Health Visitors to the Homes of Patients for Dispensary purposes - - - - -	11360
7. Number of attendances of Patients at the Dispensaries :— Insured - - - - - Uninsured - - - - -	1170 1059
8. Number of Patients under Domiciliary Treatment - - - - -	127
9. Number of Reports received in respect of patients under Domiciliary Treatment - - - - -	243
10. Number of Specimens of Sputum examined in connection with the work of the Dispensaries - - - - -	404

TABLE VIII.

*Number of Sanatorium Beds normally available for Patients,
1924.*

	Knightwick	Hayley Green	Hill Top
Male	-	-	-
Female	-	-	-
Total	-	-	-
	42	8	7
	28	6	7
	70	14	14

TABLE IX.

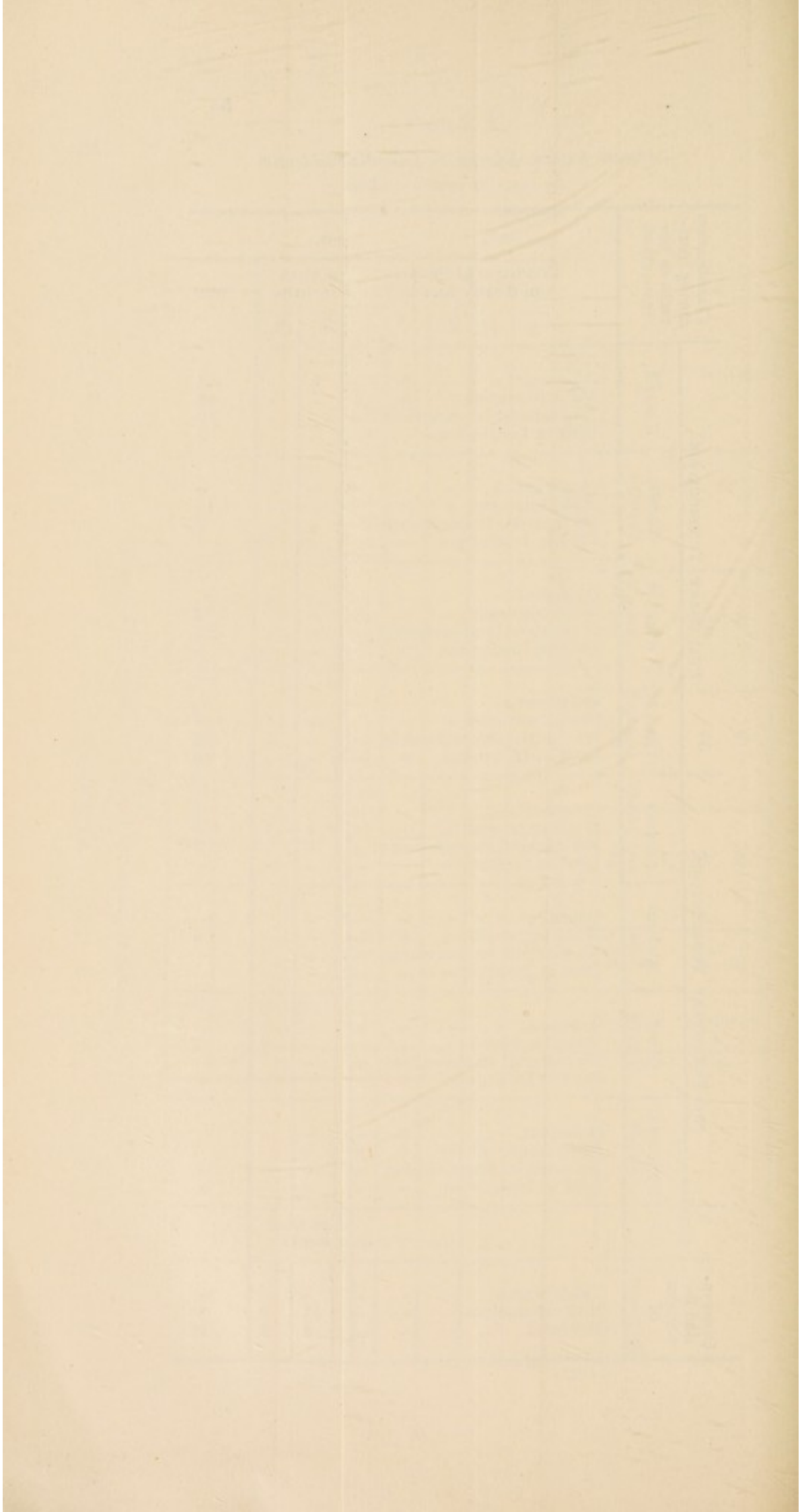
Annual Return showing the Extent of Residential Treatment during 1924.

		In Institu- tions on 1st January.	Admitted during year.	Discharged during year	Died in Institutions.	In Institutions on Dec. 31st.
Number of Patients		34	151	130	11	44
	M.					
	F.	27	110	91	12	34
		9	20	22	-	7
	Children.	10	18	22	1	5

TABLE X.

Annual Return showing the immediate results of treatment of patients discharged from Residential Institutions during the year 1924.

Classification during treatment in the Institution.		Condition at time of discharge.	Duration of Residential Treatment.												Total
			Under 3 months.			3-6 months			6-12 months			More than 12 months			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class A.	Quiescent - - -	2	2	-	-	-	-	-	-	-	-	-	-	4
		Much improved - -	14	11	1	7	8	6	-	-	-	1	-	-	48
		No material improvement -	5	2	1	1	-	-	1	-	-	-	-	-	10
		Died in Institution -	1	-	-	-	1	-	-	-	-	-	-	-	2
	Class B. Group 1.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Much improved - -	7	4	1	1	-	-	-	1	-	-	-	-	14
		No material improvement -	2	1	-	-	1	-	-	-	-	-	-	-	4
		Died in Institution -	1	-	-	-	-	-	-	-	-	-	-	-	1
	Class B. Group 2.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Much improved - -	12	8	-	18	12	-	5	2	-	-	-	-	57
		No material improvement -	11	5	-	9	1	-	1	-	-	-	-	-	27
		Died in Institution -	3	1	1	-	1	-	-	-	-	-	-	-	6
Class B. Group 3.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Much improved - -	1	1	-	1	-	-	-	1	-	-	-	-	4	
	No material improvement -	5	4	1	6	2	-	2	1	-	1	-	1	23	
	Died in Institution -	3	6	-	3	2	-	-	1	-	-	-	-	15	
NON-PULMONARY TUBERCULOSIS.	Bones and Joints	Quiescent - - -	-	-	1	-	-	1	-	-	-	-	-	-	2
		Much improved - -	2	2	1	1	-	2	2	1	-	-	1	1	13
		No material improvement -	-	-	1	-	-	1	-	-	1	-	-	-	3
		Died in Institution -	-	-	-	-	-	-	-	-	-	-	-	-	-
	Abdominal.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Much improved - -	1	2	2	1	-	1	-	1	-	-	-	-	8
		No material improvement -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Died in Institution -	-	-	-	-	-	-	-	-	-	-	-	-	-
	Other Organs.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Much improved - -	1	-	-	-	-	1	-	-	-	-	-	-	2
		No material improvement -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Died in Institution -	-	-	-	-	-	-	-	-	-	-	-	-	-
Peripheral Glands	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Much improved - -	1	1	2	1	-	2	-	-	-	-	-	-	7	
	No material improvement -	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Died in Institution -	-	-	-	-	-	-	-	-	-	-	-	-	-	
Observation for purpose of diagnosis.			under 1 week			1-2 weeks.			2-4 weeks			More than 4 weeks			
	Tuberculous - - -		-	-	-	-	-	-	-	-	-	-	-	-	
	Non-tuberculous - -		-	-	-	-	-	-	-	-	-	12	11	6	
	Doubtful - - -		-	-	-	-	-	-	-	-	-	4	4	2	



ALIVE.

Previous to 1921.						1923.					1924.				
Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.
17	7	3	10	3	2	1	-	-	-	1	2	-	-	-	2
11	9	2	15	3	2	-	-	-	-	-	-	-	-	-	-
11	6	1	20	3	-	1	1	1	-	3	-	-	-	-	-
8	3	1	20	3	1	-	1	-	1	2	-	-	-	-	-
10	-	2	4	1	8	8	-	2	2	12	7	4	-	6	17
6	3	4	4	1	12	5	4	1	5	15	6	2	-	9	17
7	2	1	-	1	9	6	4	3	4	17	6	8	-	3	17
5	3	1	2	1	8	7	4	5	8	24	7	3	1	6	17
2	-	-	-	-	1	1	-	3	-	4	1	-	-	-	1
2	1	1	2	-	3	1	3	-	1	5	-	1	-	-	1
-	-	-	2	-	5	2	2	1	-	5	-	1	3	-	4
-	-	-	-	-	3	-	1	1	-	2	-	1	-	-	1
4	-	-	-	-	-	4	-	-	2	6	-	-	-	-	-
2	-	-	-	-	1	1	-	-	-	1	1	-	-	1	2
1	-	-	1	-	2	1	-	-	-	1	-	-	-	-	-
-	1	-	1	-	1	-	-	1	-	1	-	-	-	-	-
86	35	16	81	21	58	38	20	18	23	99	30	20	4	25	79

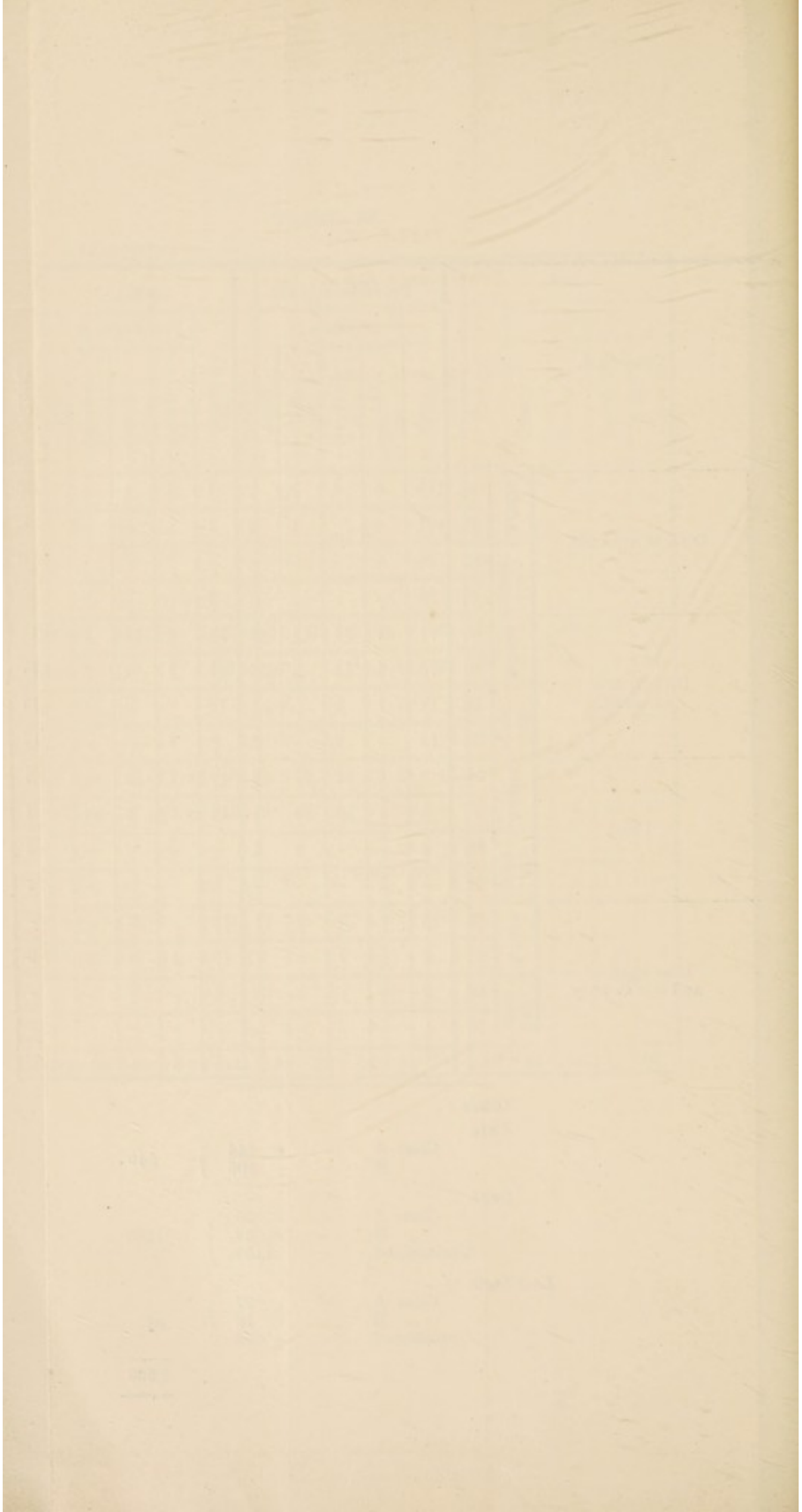


TABLE XII.

Environmental Reports, 1924.

No. of Environmental reports made during 1924	-	-	229
No. of second visits made	-	-	5
No. of houses showing overcrowding	-	-	66
No. of patients sharing beds	-	-	120
No. of patients with separate beds in room with other persons	-	-	50
No of patients with separate bed and room	-	-	59
Number of houses showing :— [*]			
(a) bad ventilation	-	-	42
(b) uncleanliness	-	-	18
(c) dampness	-	-	28
(d) drainage defects	-	-	12
(e) bad water supply	-	-	2
(f) nuisances	-	-	11
No. of defects notified to Medical Officers of Health	-	-	33
No. of defects subsequently rectified	-	-	4

