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TO THE  
COUNTY COUNCIL OF WORCESTERSHIRE.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

**Annual Report, 1925.**

1. As Acting County Medical Officer it falls to my lot to report on the health of the County for the year 1925.

2. My first duty is to record with sincere regret the death of Dr. George Haynes Fosbroke which took place on the 27th October 1925.

3. The late Dr. Fosbroke was the first Medical Officer of Health for the County of Worcester: his appointment dates back to the 5th May, 1890, and the improvement in the health of the County during his 35 years of office was very striking.

4. Dr. Fosbroke's influence on the Public Health will be felt for many years to come and on behalf of the County Public Health Officers I desire to place on record how deeply we deplore the loss of a great Health Reformer and a kind and considerate Chief of Staff.

**County Public Health Staff.**

5. There are nine Assistant County Medical Officers, one part-time School Oculist, and one part-time Tuberculosis Officer.

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 the respective areas.

7. There are in addition one whole-time and three part-time School Dentists.

8. 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.**

9. There are 24 District Medical Officers of Health and 28 Sanitary Inspectors engaged by the 28 (13 Urban and 15 Rural) Sanitary Authorities in the Administrative County.

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

##### **DROITWICH BOROUGH.**

Dr. Keith Roden succeeded Dr. F. C. Dawson as Medical Officer.

##### **EVESHAM BOROUGH.**

##### **EVESHAM RURAL DISTRICT.**

##### **FECKENHAM RURAL DISTRICT.**

Dr. G. E. Harthan succeeded Dr. G. H. Fosbroke as Medical Officer.

##### **STOURBRIDGE BOROUGH.**

Dr. G. J. Dudley succeeded Dr. J. R. Sinton as Medical Officer.

##### **PERSHORE RURAL DISTRICT.**

Dr. M. Clover succeeded Dr. G. H. Fosbroke as Medical Officer.

##### **NEWENT RURAL DISTRICT.**

Mr. W. Francis succeeded Mr. E. F. Brading as Sanitary Inspector.

11. This report refers to some of the activities of the Urban and Rural District Councils in the County and the names of those Authorities, together with the area, population and other statistical data will be found in Table I.



12. A further Table (see Appendix A) gives the Districts and duties of the Assistant County Medical Officers.

13. It should be noted that on the 1st April 1925, Halesowen became an Urban Sanitary Authority.

14. As mentioned in previous reports the Ministry of Health ask that this report should be prepared without waiting for the receipt of the reports of Medical Officers of Health on their respective districts, so that any questions raised in the District reports for 1925 cannot be reviewed until next year ; at the same time I propose to refer to matters of County Sanitation which have been considered during 1925.

15. The Ministry of Health in Circular 648 (10th December 1925) indicate the lines upon which they wish Medical Officers of Health to prepare their reports and for the sake of uniformity I am reporting under the headings suggested by the Ministry of Health.

#### **Natural and Social Conditions of the Area.**

Area in acres (1921).			
Urban Districts	.....	.....	39,527
Rural Districts	.....	.....	41,617
			————— 81,144

Population.	1921	Estimated 1925.
Urban Districts	194,937	201,400
Rural Districts	106,178	106,400
	————— 301,115	————— 307,800

#### *Physical Features and General Character of the Area.*

16. Worcestershire may be described as an agricultural County except in the North which is essentially manufacturing.

No. of inhabited houses (1921)	—	—	90,808
No. of families or separate occupiers (1921)	—	—	93,210
Rateable value (County Rate Assessment)	—	—	£1,643,828
Sum represented by a penny rate	—	—	£6,849 5s. 8d.

#### *Social Conditions including the Chief Occupations of the Inhabitants and the influence of any particular occupation on Public Health.*

17. There is no ground for singling out any particular occupation in the County as specially detrimental to the public health. The Social conditions in the agricultural parts of the County are on the whole improving. The problem of housing in the Rural areas

presents particular difficulty, for the wages prevailing in agricultural districts are usually low and the rentals of newly built houses are generally high. That progress can be made is brought out by the report of the Evesham Rural District for 1925. Here in a Rural area with a population of about 10,000 people, 78 houses were erected in 1925, and since 1912 the Council of this area has built 340 houses. In my opinion this is an extremely fine record for a typically rural district.

18. The opening up of the countryside by motor bus is an asset, it presents new possibilities in education and social intercourse, it provides a wider market to buy in and a freer market to dispose of agricultural produce.

19. With reference to the conditions in the manufacturing parts of the County very considerable progress has been and is being made in dealing with the Housing problem. The trades are varied, including, Carpets, Chemicals, Salt, Iron Works, Galvanized Utensils, etc.

20. The Chain and Anchor Industry has been especially unfortunate in the way of unemployment for a long period, and the trade depression still continues. Otherwise there seems little of note to record for Worcestershire.


### **Vital Statistics.**

21. Table I. gives the vital statistics for the year ; the figures are based upon information supplied by the Registrar General, viz. :



h during Year 1925 (Civilians only). (b)

URBAN	Cerebral Haemorrhage, etc.	Heart Disease.	Arterio-Sclerosis.	Bronchitis.	Pneumonia (all forms)	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	(c) Diarrhoea, etc.	Appendicitis & Typhitis	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.	Other defined diseases	Causes, ill-defined or unknown.
Newdley Borough	1	3	...	5	2	2	...	1	...	...	2	1	...	2	1	1	4	1
Fromsgrove	8	12	8	12	17	2	3	2	2	1	...	...	...	12	1	3	17	...
Fromsgrove No.	4	2	6	4	3	...	1	1	...	...	...	1	...	3	1	1	19	1
Roitwich Borough	4	5	3	3	3	4	...	...	...	1	2	...	1	2	...	2	10	...
Wesham Borough	6	11	3	5	6	...	2	...	1	...	1	...	...	2	2	1	16	1
Walesowen	25	31	8	29	23	6	2	...	...	1	5	1	3	17	3	13	52	...
Widderminster F.	22	52	13	45	18	5	2	6	1	1	14	1	2	12	5	7	34	3
Wye and Wollesc	9	13	6	12	13	3	1	1	...	...	3	...	...	6	...	4	24	...
Wolverhampton	16	40	5	13	10	3	1	1	2	...	6	...	...	6	2	2	39	1
Widbury	35	30	10	45	45	4	4	10	2	1	6	2	2	18	5	14	76	1
Widditch	16	21	3	17	13	...	2	1	...	...	7	...	1	6	1	4	36	...
Wolverhampton B.	16	44	1	20	21	7	2	2	1	2	5	...	2	6	1	5	37	...
Wolverhampton	7	11	1	7	3	1	...	...	1	...	3	...	1	2	1	2	10	...
	169	275	67	217	177	37	20	25	10	7	54	6	12	94	23	59	374	8
RURAL D																		
Fromsgrove	10	21	11	7	11	7	4	3	3	...	3	...	...	3	...	...	...	...



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### County Birth Rate.

22. The County Birth-rate for 1925 was 17.7 per 1,000 of the population.

23. Comparative Rates are given below, viz. :—

1924.	17.9 per 1,000 of the population.
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.

24. The Birth-rate for England and Wales in 1925 was 18.3 per 1,000 living.

25. The rates for the respective Sanitary Districts are given in Table I.

26. It will be seen that the rates for the Country and the County are declining.

### County Death Rate.

27. The County Death-rate for 1925 was 11.7 per 1,000 of the population.

28. Comparative rates are given below, viz. :—

1924.	11.4 per 1,000 of the population.
1923.	11.2 per 1,000 of the population.
1918-22.	13.3 per 1,000 of the population.
1913-17.	13.7 per 1,000 of the population.
1908-12.	12.9 per 1,000 of the population.
1903-07.	14.4 per 1,000 of the population.

29. The rates for the respective Sanitary Districts are given in Table I.

30. The Death-rate for England and Wales in 1925 was 12.2 per 1,000.

31. It is probable that the crude mortality rate is now nearing its lowest point.



32. The chief causes of death in 1925, were, viz. :—

Cause of Death.	No. of Deaths.				
Influenza	—	—	—	—	131
Tuberculosis of Respiratory System	—	—	—	—	223
Cancer Malignant Disease	—	—	—	—	409
Cerebral Haemorrhage, etc.	—	—	—	—	256
Heart Disease	—	—	—	—	510
Arterio Sclerosis	—	—	—	—	133
Bronchitis	—	—	—	—	291
Pneumonia (all forms)	—	—	—	—	233
Acute and Chronic Nephritis	—	—	—	—	88
Congenital Debility and Malformation, premature birth	—	—	—	—	143

### County Infantile Mortality.

33. In 1925, 338 infants died before reaching one year of age. This gives a mortality rate per 1,000 births of 62.

34. Comparative mortality rates are given below, viz. :—

1924.	62 deaths per 1,000 of the births registered.
1919–23.	66 deaths per 1,000 of the births registered.
1914–18.	85 deaths per 1,000 of the births registered.
1909–13.	99 deaths per 1,000 of the births registered.
1904–08.	110 deaths per 1,000 of the births registered.

35. The district mortalities are given in Table I.

36. The chief causes of the 338 infant deaths were, viz. :—

Whooping Cough	—	—	—	23
Bronchitis	—	—	—	28
Pneumonia (all forms)	—	—	—	44
Diarrhoea, etc.	—	—	—	24
Congenital debility and malformation, premature birth	—	—	—	140

37. In the Country generally there has been a decline in the mortality of female illegitimate infants at 6 to 9 months, and of males at 9 to 12 months. The mortality of male illegitimate infants under four weeks has risen; in fact the boys have fared badly in everything but in Tuberculosis and Measles, and particularly badly in the high mortality from premature birth and developmental and wasting disease.

38. The measures taken to preserve infant life are given later on in this report under the heading of "Maternity and Child Welfare."

39. The lower rate of Infantile Mortality implies a better physical condition in children from one to five years of age, and a more enlightened understanding of personal and public hygiene.

40. It is notable that while the figure 62 is satisfactory, further progress will be difficult, for the group, congenital debility, premature birth, etc., has invariably in the past shown smallest progress, and it is in this portion, which accounts for about 40% of the total rate, that further improvement is hoped for. The Ante Natal Centres and Home Visits to Expectant Mothers are the chief means of dealing with the problem, as most of the deaths occur at or shortly after birth.

### **Prevalence of, and Control over Infectious Diseases.**

#### *Notifiable Diseases.*

41. The following Table II. shows the number of cases notified and the number of deaths in each Sanitary Area :—





District.	Scarlet Fever.		Diphtheria and Membranous Croup		Pneumonia.		Malaria.		Encephalitis Lethargica.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths. (a)	Cases.	Deaths.	Cases.	Deaths.
<i>Urban</i>										
Bewdley Borough	3	1	5		1	2			1	
Bromsgrove -	15	1	3			17				
Bromsgrove North	56	2	8			3				
Droitwich Borough	7		4			3				
Evesham Borough	4		2			6				
Halesowen -	36		35		36	23				
Kidderminster Borough	48		13		6	18			1	
Lye and Wollescote	31		15		12	13				1
Malvern -	50		9		8	10			1	1
Oldbury -	31		27		82	45			4	1
Redditch -	18	1	5		39	13			2	2
Stourbridge Borough	30		14		57	21			1	1
Stourport	19	1	1		7	3				
Totals -	348	6	141	12	248	177			10	6
<i>Rural</i>										
Bromsgrove -	37		14	5	3	11			2	
Droitwich -	8		5			4				1
Evesham -	4		1			5				
Feckenham -	7		4		4	5				
Kidderminster	11		3			7				
Martley -	34		2		20	7			1	1
Newent (part)	2					1				
Pershore -	8		6		1	4			1	1
Rock -	6		1			1				
Shipston-on-Stour	6				3	1			1	
Stow-on-the-Wold (part)										
Tenbury -	5					3				
Tewkesbury (part)	1					3				
Upton-on-Severn	8		15		17	4			1	1
Winchcombe (part)										
Totals -	137		51	5	48	56			6	4
Grand Totals	485	6	192	17	296	233			16	10

NOTE.—Smallpox. One case occurred in Stour.  
Cerebro Spinal Fever. One case was notified in  
(a) The deaths refer to all cases of pneumonia.



42. The report of Sir George Newman the Chief Medical Officer of the Ministry of Health on the health of the Country in 1924, contains much valuable information, and when discussing infectious diseases and other matters in this report I have included items from the Ministry's report which appear to be of local interest.

### Scarlet Fever.

43. 485 cases of Scarlet Fever (6 deaths) were notified as compared with 599 cases (11 deaths) in 1924.

44. 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

45. The Ministry propose issuing a report on the general subject of Scarlet Fever, which should be of considerable interest. Scarlet Fever was not specially prevalent in any part of the County : the largest number of cases occurred in North Bromsgrove (56 cases), and Kidderminster Borough (48 cases).

46. The type of case remains mild ; the case mortality is about 1% now, whilst 30 years ago the rate was 3%, and 60 years ago it ranked amongst our most fatal diseases.

### Diphtheria.

47. 192 cases of Diphtheria (17 deaths) occurred in 1925 compared with 136 cases (3 deaths) in 1924.

48. The following shows the average annual 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



49. In comparison with the population, it would not appear that the disease was specially prevalent in any Sanitary area in the County, and in the absence of the reports of the District Medical Officers of Health, I am unable to submit details of local outbreaks.

50. Unlike Scarlet Fever, diphtheria demonstrates little, if any, change in type. Some clinicians are of the opinion that what change has occurred is an actual increase in severity of the average attack of this disease.

51. By the admission of cases of Scarlet Fever and Diphtheria to Isolation Hospitals it was hoped that the incidence of these diseases would be greatly diminished, but it must be admitted the results fall far short of these expectations.

52. To-day, admission of these cases to Isolation Hospitals is mainly indicated on the grounds of nursing and necessity, where the surroundings or employment of relatives prevent the satisfactory isolation or treatment at home.

53. In diphtheria, particularly, good nursing and healthy surroundings are of the greatest importance during the acute stage and the subsequent convalescence, and these conditions are often obtainable only in hospital.

54. About two-thirds of all cases of diphtheria occur in children under 10 years of age. There are grounds for believing that the possibility of infection of these children is to-day greater than it was 15 years ago; for these reasons some further control of this disease seems desirable. By the Schick Test it is claimed that already a very appreciable reduction in the mortality from diphtheria has occurred in the larger cities of America. The method has already been tried in Edinburgh on a very considerable scale and it has been used in various Institutions in this Country; the results are described as most encouraging. The application of the test to nurses and others who are exposed to infection as part of their daily duty has been extensively made, and in the hands of experts has proved most reliable and free from bad results.

55. The actual Test can be divided into two stages:

- (a) the detection of those likely to contract the disease.
- (b) the production of an immune state in those found to be susceptible.

56. The uses of the test can be described under two main heads.

- (1) Prevention of disease.
- (2) Control of outbreaks already existing.

*Prevention of Disease.*

57. Infants or school children are tested as a routine measure. This is now done on a large scale in America, and a commencement has been made in this country.

58. In Fever Hospitals, new additions to the Staff are tested before being posted to Diphtheria Wards.

*Control of Disease.*

59. In schools, institutions or where outbreaks are prolonged and threaten to get out of control, the test is likely to be of the greatest value. The production of immunity in those found susceptible is a slow progress, and three injections at intervals are considered advisable.

60. A further point which is of particular interest to those who are concerned with Rural Areas is the difficulty sometimes encountered in producing the condition of immunity. This is well illustrated by an outbreak recorded by the Chief Medical Officer in his 1924 Report. In a certain institution composed of Rural children, the Schick Test gave the very high figure of 69%, and 85% for susceptibles in the two departments, and further, 15 out of 48 children still remained susceptible after 3 injections. It will be of great interest to note if similar figures are found for sparsely populated areas where villages have been free from outbreaks for long periods, for it is possible that this difficulty in the production of immunity may indicate an inherited lack of resistance and a possible explanation of the severity of certain outbreaks of not only diphtheria, but also scarlet fever and even measles. Without in any way wishing to detract from the value of the Test, which I think in time to come may provide a sheet anchor of defence against diphtheria, I do not think the available information is sufficient to advise a general testing of all children in what may be considered as largely a Rural County, but, on the other hand, as a control of outbreaks in Institutions, or where epidemics are extensive or unduly prolonged, the use of this Test should be considered.

**Enteric (Typhoid) Fever.**

61. Only 5 cases and no deaths were notified in the County as compared with 16 cases (2 deaths) in 1924.

62. 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



63. Table II. shows where the 1925 cases occurred.

64. The small number of five cases recorded in 1925 compares remarkably well with the figures in 1890 (the year your first County Medical Officer was appointed) when 128 cases (34 deaths) occurred in the County, and one would almost be justified in saying that except for a few sporadic cases the disease has almost vanished from the County.

65. The decline of the disease has been exceptional in recent years. It is definitely preventable and should be prevented.

### **Puerperal Fever.**

66. Eleven cases (6 deaths) were notified in 1925 against 13 in 1924 (7 deaths).

67. In England and Wales, 1,018 women died from Puerperal Fever, a preventable condition.

68. 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.
1925	—	11	6	15
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.

69. In 5 of the 1925 cases, a Doctor was in attendance at birth, and in 8 cases a midwife was in attendance.

70. In each of these cases a special report was made by the Assistant County Medical Officer, who reported upon any special circumstances and that the routine requirements as to disinfection had been carried out.

71. In one case the teeth of a midwife were in a very septic state; these were attended to before she resumed duty, and no further trouble has arisen in her practice.

### Influenza.

72. 131 deaths from Influenza were reported in 1925, as compared with 186 deaths in 1924.

73. The numbers for the previous ten years were, viz. :—

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

74. The following schools were closed during 1925, on account of this disease, viz. :—

School.		Closed from.	Until.
Ripple	—	26th January	2nd February
Leigh Sinton	—	23rd January	2nd February
Stoulton	—	26th January	2nd February
Welland C.	—	28th January	9th February
Droitwich C.E. and Winnetts Lane	—	30th January	23rd February
Pershore C.E.	—	16th February	23rd February
Ombersley C.E.	—	9th February	16th February
Hindlip	—	10th February	17th February
Claines	—	18th February	25th February
Stoke Works C.	—	18th February	25th February
Wilden	—	23rd February	9th March
Inkberrow	—	23rd February	9th March
Hill Pool Top	—	26th February	2nd March
Stourport C.E.	—	26th February	9th March
Stourport, Upper Mitton	—	26th February	9th March
Heightington	—	2nd March	23rd March
Hagley	—	6th March	23rd March
Inkberrow C.	—	9th March	23rd March
Pensax	—	9th March	16th March
Little Witley	—	11th March	23rd March
Hagley Infants	—	11th March	23rd March

75. The disease was prevalent during the months of January, February and March in the following districts :—Droitwich and Stourport Urban Districts, Bromsgrove, Droitwich, Feckenham, Kidderminster, Martley, Pershore, Rock and Upton-on-Severn Rural Districts.



76. Influenza makes its appearance in more or less serious form in the Autumn and Winter of each year, leading to an increase in the deaths from Pneumonia and other respiratory affections.

77. Sir George Newman says that no material advance has been made in our knowledge of the bacteriology of influenza. The view is gathering strength that the disease is due to a filtrable virus. Pfeiffer's bacillus, which is almost constantly found associated with the disease, is still regarded by some as the essential cause, but this view does not obtain wide acceptance.

### Smallpox.

78. In June, 1925, a case of Smallpox was notified in the Borough of Stourbridge. This was promptly isolated and no case has occurred in the County since then.

79. The local Medical Officer of Health writes :—

“ A case of Smallpox was notified on 10th June, 1925. “ The patient returned from holiday on the 2nd June. He was “ living in apartments and fortunately the only other inmate of “ the house had recently been re-vaccinated. He was immediately “ removed to the Smallpox Hospital, and the house and all bedding, “ clothing, carpets and washable goods were thoroughly dis- “ infected. The office where he was engaged was fumigated, “ and the room used by him was cleansed. He had attended “ Committee Meetings of a Public Body, and all the members who “ had been present were notified of the case, and suggestions made “ to them as to the desirability of re-vaccination. Dr. Sinton, “ as Public Vaccinator, re-vaccinated all known contacts as far “ as possible. The Medical Officers of the district where the “ patient had visited whilst on holiday, and the Medical Officers “ of the neighbouring districts of Stourbridge, were immediately “ notified of the case. No evidence was available of any other “ known case in those districts ”.

80. The number of cases in the adjoining Counties was :—

Gloucestershire	—	—	Nil.
Herefordshire	—	—	Nil.
Shropshire	—	—	Nil.
Staffordshire	—	—	2
Warwickshire	—	—	121

81. The general character of the disease appears to have undergone little change ; it still remains mild in type with a low mortality.

82. A reference to the accommodation available in the County for isolating cases of Smallpox will be found under the appropriate heading.

83. 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.
*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
1925	5,355	9	1	0
1926 (to 31 May)	4,812	§ 5	0	0
Total - -	19,273	206	5	0

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

§ To 31 March only.

### Measles.

84. During 1925, 36 deaths were attributed to Measles, and the disease would not appear to have been especially prevalent during the year.



85. The following Table shows the number of deaths occurring in the previous 10 years. The number of cases cannot be given as the disease is not notifiable.

1924	-	-	-	12 deaths.
1923	-	-	-	42 „
1922	-	-	-	10 „
1921	-	-	-	34 „
1920	-	-	-	35 „
1919	-	-	-	11 „
1918	-	-	-	43 „
1917	-	-	-	63 „
1916	-	-	-	38 „
1915	-	-	-	148 „

86. It has long been recognised that measles can be considered one of the most dangerous and damaging of infectious diseases to infancy and childhood. The mortality amongst young infants is considerable, and the after results are equally serious. Whilst the chest complications are well known, the possibility of blindness as a complication is probably not fully appreciated. Elsewhere it is noted that in one-third of our cases (four out of twelve) awaiting admission to blind schools, the eye defect was found to have originated in measles. Although the figures are small, I have reason to believe that records in other areas contain cases of a similar nature, and as the complication is so serious I have considered the fact worth recording. The infectivity of the disease makes control by isolation almost impracticable, and it is mainly by education of the population to appreciate these dangers, and by facilities for home nursing or admission to hospitals of serious cases from overcrowded homes, that improvement may be looked for.

#### **Anthrax.**

87. No case was notified in the County last year.

#### **Acute Poliomyelitis (Infantile Paralysis).**

88. Three cases (2 deaths) were notified in 1925 as compared with 13 cases (1 death) in 1924.

89. There is very little doubt that many cases are not notified. The insidious nature of the onset often makes the early recognition extremely difficult, and it is only when the subsequent paralyses are noticed, that the diagnosis is settled.

### Cerebro Spinal Fever.

90. One case was notified in the Lye and Wollescote Urban District. Of this case, Dr. Darby, the Medical Officer of Health, says he was unable to trace the infection. Swabs were taken from the throats of all those occupying the same house, and were all returned negative. The child was breast fed from birth.

### Encephalitis Lethargica.

91. This disease commonly referred to as "Sleepy Sickness" accounted for 10 deaths out of the 16 cases notified.

92. The following Table shows the number of cases and deaths during the last 6 years, viz. :—

				Cases.	Deaths.
1920	—	—	—	8	6
1921	—	—	—	16	6
1922	—	—	—	5	3
1923	—	—	—	6	6
1924	—	—	—	29	12
1925	—	—	—	16	10

93. Four cases (one death) were reported from the Oldbury Urban District. The Medical Officer of Health, Dr. Buttery writes :—

94. Four cases of Encephalitis Lethargica were notified during the year; they were all adults, and were not diagnosed as such at the commencement of the disease. They could not be traced to any previous case. One of the cases terminated fatally, while the others have not yet fully recovered from the disease.

95. The increase in this disease in England and Wales was very marked, notifications totaling 5,039 compared with 1,025 in the preceding year. The mortality however fell from 51.8 per cent. to 27.9 per cent.

96. The Ministry consider the increase is due to the fact that general practitioners are more familiar with the various manifestations of the disease. There are also grounds for believing that the infection may have lost some of its virulence.

97. Encephalitis Lethargica usually begins towards the end of December, and continues during the first quarter of the new year. The second quarter shows still many cases, but by the end of May the epidemic has waned, and much fewer cases as a rule are notified in the third and fourth quarters of the year.



98. All ages may be attacked, from the new born babe to the octogenarian. A woman of 84 has died from the disease. The main incidence of the disease begins to be apparent in those approaching adult life; 25 per cent. of a series of British cases occurred in persons between the ages of 10 and 20 years. The incidence appears to be fairly evenly distributed over the years 20 to 40, but the tendency to acquire Encephalitis Lethargica declines with advancing years.

99. The records of the Ministry show that the sexes are equally affected. Of 1,273 cases, 634 were males and 639 females. This proportion is evenly maintained at different age periods.

100. Careful enquiries have been made by the Ministry into possible predisposing causes, but little of value has resulted from the quest. The influence of pregnancy is regarded as of importance by some writers. Social conditions appear to exert no influence upon the disease. As regards occupation, from a study of 1,070 patients, Dr. Parsons found that 734 followed indoor occupations, 133 engaged in outdoor occupations, while 203 patients belonged to an intermediate group. He concludes that the disease chiefly attacks those who spend the greater part of the day indoors in pursuit of their avocations. Overwork is often assigned as a predisposing cause.

### **Malaria.**

101. No case occurred in the County in 1925.

### **Cancer.**

102. In 1925 there were 409 deaths from Cancer in the County, which gives a death rate of 1.33 as compared with a rate of 1.27 per 1,000 of the population for 1924.

103. The 1925 County death rate is the highest on record.

104. The following figures show the average annual 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
1924	—	—	—	1,300

105. The following Table gives the County and District rates for the past 23 years ;—

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

Districts	1925	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 ...	11·5	15·1	3·7	12·8	17·5	15·6	8·8
Bromsgrove ...	12·3	9·2	18·6	6·4	11·4	12·0	7·2
North Bromsgrove ...	10·2	10·4	9·4	12·3	10·2	7·6	8·6
Droitwich Borough...	15·5	18·1	25·7	24·4	15·1	8·0	11·1
Evesham Borough ...	13·9	17·5	12·7	14·0	9·3	8·4	7·2
Halesowen ...	9·6	9·1	11·0	9·8	7·3	7·1	5·0
Kidderminster							
Borough ...	15·8	15·4	13·5	13·7	13·5	10·0	8·9
Lye & Wollescote ...	14·0	7·8	7·9	12·0	7·4	8·0	5·3
Malvern ...	14·1	17·4	13·0	15·7	14·8	15·9	9·4
Oldbury ...	10·8	8·4	9·2	9·0	8·4	8·0	6·2
Redditch ...	17·8	14·9	11·3	10·6	10·3	11·1	8·9
Stourbridge Borough	13·8	12·9	10·8	14·1	9·9	9·8	8·6
Stourport ...	18·5	18·1	24·6	24·4	17·8	11·5	12·8
Urban Districts ...	13·1	12·2	12·4	11·8	10·5	9·3	7·7
<i>Rural Districts.</i>							
Bromsgrove ...	10·7	15·9	11·1	10·5	11·7	8·0	8·3
Droitwich ...	21·1	16·8	13·3	10·6	11·5	9·6	9·4
Evesham ...	6·9	12·8	11·1	11·5	13·3	9·6	9·1
Feckenham ...	20·0	12·5	5·4	10·9	12·6	9·5	8·8
Kidderminster ...	15·6	11·7	13·2	12·2	9·4	13·9	11·1
Martley ...	14·3	10·3	16·1	11·5	14·2	11·3	8·8
Newent (part) ...	0·0	0·0	79·5	21·2	5·2	19·0	14·0
Pershore ...	12·1	17·0	13·9	13·1	11·0	9·9	8·4
Rock ...	13·7	9·0	9·2	14·4	24·5	10·5	9·1
Shipston-on-Stour ...	11·6	11·6	9·4	13·9	12·0	10·6	13·0
Stow-on-the-Wold							
(part) ...	73·0	73·2	0·0	28·8	13·4	13·3	13·7
Tenbury ...	9·0	15·6	13·5	9·4	10·6	10·9	8·1
Tewkesbury (part) ...	14·0	14·0	23·5	13·2	10·3	7·8	8·5
Upton-on-Severn ...	14·6	11·0	13·3	10·8	12·8	12·4	9·4
Winchcombe (part)	0·0	0·0	0·0	19·0	0·0	0·0	0·0
Rural Districts ...	13·6	13·6	13·2	11·6	12·0	10·2	8·6
County ...	13·3	12·7	12·4	11·6	11·0	9·6	8·2



106. In the County reports for the last five years the steps taken to combat this disease have been set out very fully, and I do not propose to do more than record the most recent information on the subject.

107. The Ministry state that a Committee is pursuing its task of advising as to the best methods of utilizing the resources of the Ministry for the study and investigation of the problems the disease presents.

108. This Committee has already presented some valuable interim reports.

### **Ophthalmia Neonatorum.**

109. Seventeen cases occurred in 1925, this being the lowest number on record. Cases in previous years have been as under :—

1924	—	—	—	21 cases
1923	—	—	—	30 "
1922	—	—	—	38 "
1921	—	—	—	31 "
1920	—	—	—	38 "
1919	—	—	—	31 "
1918	—	—	—	34 "
1917	—	—	—	34 "
1916	—	—	—	68 "
1915	—	—	—	48 "

110. All the 17 infants affected in 1925, I am informed by the District Medical Officers of Health, recovered without any apparent injury to their eyes.

111. There is little doubt that the County's supervision of these cases will in due course make its mark on the number of blind persons in the County; quite recently I investigated the causes of blindness in 12 children of school age, who were waiting admission to a certified school for the blind, and in no single instance was blindness due to Ophthalmia Neonatorum.

### **Pulmonary Tuberculosis.**

112. 293 cases of Pulmonary, and 93 cases of Non-pulmonary tuberculosis were notified in 1925.

113. The number of deaths were Pulmonary 223, and Non-pulmonary 37.

114. These are the lowest numbers of deaths ever recorded in the County.

115. 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.**

116. In 1923, it was estimated that there were approximately 40% of school children unvaccinated. Similar information as to the whole population is not available, but there is little doubt that a very large part of the County population is unvaccinated, and that in the absence of a Smallpox "Scare" there is a general indifference to the benefits of vaccination. This is regrettable.

117. The Council in 1923 expressed the opinion that compulsory vaccination was desirable, and a Resolution to this effect was sent to the Ministry of Health. It is difficult to suggest any further action, but I am strongly of opinion that vaccination and re-vaccination constitute the only efficient protection against Smallpox.

### **Isolation Hospital Accommodation.**

#### *A. General Hospitals.*

118. The Isolation Hospital accommodation for Scarlet Fever, Diphtheria and Enteric Fever is generally satisfactory.

#### *B. Smallpox Hospitals.*

119. No satisfactory hospital accommodation 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.

120. This question was considered by the County Council on the 8th March, 1926, when they decided to apply to the Minister of Health for power to form the 9 districts above mentioned, together with Bewdley Borough, Kidderminster Borough, the Urban District of Stourport, and the Rural District of Kidderminster, into one hospital area and to provide a smallpox hospital for the Authorities concerned.

### **Venereal Diseases.**

121. The work in connection with Venereal Disease has proceeded on the lines indicated in previous reports, and there are no material developments to be recorded.

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



VENEREAL DISEASES. SUMMARY, 1925.

TABLE IV.

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	-	17	-	13	47	4	1	3	196	232	331	-	50	613	32	114	36
Kidderminster	-	29	-	21	63	3	1	-	240	451	507	-	25	983	58	236	26
Birmingham	-	9	-	10	48	-	2	-	31	308	796	-	16	1120	53	250	15
Dudley	-	17	-	8	36	1	-	-	27	270	1121	-	17	1408	26	109	4
Stourbridge	-	3	-	9	25	-	-	-	-	98	815	-	27	940	9	25	-
Totals	-	75	-	61	219	8	4	3	494	1359	3570	-	135	5064	178	734	81
Corresponding totals for yr. 1924	87	76	-	64	227	6	2	2	436	1769	3207	-	138	5114	183	661	154

\* These figures refer to "County" cases only.

# VENEREAL DISEASES.

This Table compares the number of County cases treated at Clinics in 1925, with those in the five preceding years, viz. :—

TABLE V.

Year	* Worcester			Kidderminster			Birmingham			Dudley			Stourbridge			Grand Total 1922-1925
	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	
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	9	24	33	201
1923	—	21	16	37	44	19	63	17	22	39	38	41	9	24	33	251
1924	—	20	22	42	39	11	50	19	21	40	7	10	8	14	22	171
1925	—	17	17	34	29	13	42	9	29	38	17	11	3	13	16	158

\* These figures refer to County cases only.



123. The returns for England and Wales show a further decline in the number of new cases of Syphilis, the number for 1924 being little more than half the number in 1920.

124. Gonorrhoea in the Country shows an increase. A satisfactory proportion of males attend for treatment, but the position with regard to females is unsatisfactory.

125. It is difficult to believe that the number of new infections of gonorrhoea in females was less than one quarter of the male figures. Gonorrhoea, although most serious in its after-results in females, often causes comparatively little discomfort, and the patient may be ignorant that she requires active treatment.

126. There was a considerable increase in the number of cases treated at the Dudley Guest Hospital, and this is believed to be due to the additional facilities that have been available for patients. Advantage was taken of Evening Clinics for intermediate treatment.

#### **Blind Persons Act 1920, and Public Health Act, 1925.**

127. The Council Scheme provides as under :—

(1) A subsidy of £80 per annum, which has been raised to £150 for this year, is paid to the Worcestershire Association for the Blind to supervise blind persons in this County, and a further £80 per annum is paid towards the salary and expenses of a Home Teacher.

(2) A capitation grant is made to the Birmingham Royal Institution for the Blind in respect of Home Workers.

(3) A grant of £60 per annum is made to the Stourbridge Workshops for the Blind.

(4) A sum of £10 is granted annually to the National Library for the Blind. The future grant will be based on the number of readers, and will be about £15.

(5) The Education Committee have appointed a School Oculist, who visits the schools in the County, and prescribes spectacles or any necessary treatment for children with visual defects.

(6) Arrangements have been made for children suffering from squint, to receive operative treatment at certain Eye Hospitals, and during 1925, eight such cases were dealt with.

128. With reference to Section 66, Sub-section (1) of the Public Health Act, 1925, I am of opinion that at the present time it is inadvisable to extend the Council's Scheme, but if in the light of further information such a course became necessary, I should be prepared to advise as to what additional measures were desirable.

129. No application, so far, has been received for cost of maintenance of Worcestershire cases in any Special Eye Hospital either in or outside the County.

130. Early in 1926, I visited and reported on the Birmingham Royal Institution for the Blind, Stourbridge Institution for the Blind, and Worcestershire Association for the Blind.

131. These three organizations deal with the various aspects of the work very completely, and I hope they will continue to do so.

132. I have made enquiries as to the 12 cases awaiting admission to Special Schools, with a view to ascertaining whether any further measures for prevention might be taken. It is satisfactory to note that in no single case was Ophthalmia Neonatorum the origin. In 4 cases (3 under one year and one aged 5 years) the condition followed upon measles. In one case the cause was thought to be neglect, and the child was taken away from the parents.

133. In all inflammatory conditions, treatment in Special Eye Hospitals at Birmingham, Dudley or Worcester, was obtained, and no mention of difficulty in obtaining treatment is recorded.

### **Maternity and Child Welfare.**

134. For some years past the work under the Maternity and Child Welfare Scheme has been very fully set out in these Annual Reports, so on the present occasion I have condensed this Section of the report without I hope omitting any essential detail.

#### **A. Midwives Acts 1902 & 1918.**

135. During the year 1925, there were 256 Midwives practising in the Administrative County, viz.: 127 in the Urban Districts and 129 in the Rural Districts.

136. The number of trained Midwives is 209, and untrained 47, i.e., 81% of the County Midwives possess the Certificate of the Central Midwives Board by examination.



137. Each Midwife is visited at least twice annually by one of the Assistant County Medical Officers, and from their reports I am glad to record satisfactory work by the trained Midwives, and a reasonably good standard of work from the untrained.

138. The system by which the Council made grants for the training of Midwives is shortly to cease and in lieu thereof grants will be made for each new Midwife who practises in the County.

#### *Births attended by Midwives.*

139. The total number of confinements attended by Midwives in 1925, was 3250, *i.e.*, 59% of the total births. 2800 women were attended by trained and 450 by untrained Midwives.

#### *Nursing Associations.*

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

141. During 1925, a new Association has been established at Areley Kings.

#### *Scarcity of Midwives.*

142. It was pointed out last year that in parts of the County the services of a Midwife were difficult to obtain. The localities specially mentioned were—Naunton, Ripple, Strensham, White Ladies Aston, Spetchley, Bredicot, Alderminster, Newbold-on-Stour, Tredington and Shipston-on-Stour.

143. The position of these parishes this year remains much the same except that an effort is being made to form a Nursing Association at Ripple.

#### *Subsidies to Midwives.*

144. Seven subsidies of £10 each were granted in 1925, to midwives residing at Cradley (2), Malvern (1), Kidderminster (1), Offenham (1), Wychbold (1) and Warley (1). In each case the Midwife was necessary to the District, and needed financial help to make even a very modest income.



*Notifications.*

145. 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 1925	No. of Midwives practising in 1925	Numbers notified under Notification of Births Act	
			Births 1925	Still-Births notified by Midwives 1925
<i>Urban.</i>				
Bewdley - -	2,606	2	53	2
Bromsgrove - -	9,778	10	215	7
North Bromsgrove - -	8,787	9	159	2
Droitwich - -	3,853	3	73	-
Evesham - -	8,606	7	159	7
Halesowen - -	30,160	11	589	20
Kidderminster - -	27,240	15	570	12
Lye and Wollescote - -	12,140	7	257	5
Malvern - -	17,000	10	189	2
Oldbury - -	40,740	31	861	19
Redditch - -	16,810	8	269	7
Stourbridge - -	18,770	10	357	15
Stourport - -	4,910	4	91	2
	201,400	127	3,842	100
<i>Rural.</i>				
Bromsgrove - -	17,690	16	253	1
Droitwich - -	11,800	10	169	8
Evesham - -	10,140	22	168	2
Feckenham - -	5,498	6	58	1
Kidderminster - -	7,591	6	125	2
Martley - -	12,540	12	211	5
Newent - -	1,007	1	20	2
Pershore - -	13,200	15	220	1
Rock - -	2,187	2	35	-
Shipston-on-Stour - -	4,286	5	89	2
Stow-on-Wold - -	272	-	3	-
Tenbury - -	4,421	7	75	4
Tewkesbury - -	2,132	6	29	-
Upton-on-Severn - -	13,530	21	230	7
Winchcombe - -	106	-	1	-
	106,400	129	1,686	35
Grand Total	307,800	256	5,528	135

*Fees of Doctors called in by Midwives.*

146. The number of Medical Aid Records sent in by Midwives in 1925, was 764.

147. In 329 cases the Medical attendants claimed their Fees from the County Council.

148. The total of these fees was £506 1s. 2d.

149. The amount recovered from patients was £73 15s. 7d.

150. The scale adopted by the Council appears to work quite fairly, but I have amended the system to provide that the Relieving Officer shall confirm the earnings given in those cases where the Council are informed that the parents cannot repay the Doctors' Fees.

*Bullous Impetigo Contagiosa.*

151. Twenty-one cases, 1 death, were notified during the year.

152. Every suspicious case was carefully watched, and no special action was necessary.

*Medical Aid Records.*

153. 764 notices were sent to me by Midwives in 1925 as compared with 744 in 1924.

154. 698 cases came from trained and 66 from untrained Midwives.

155. 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.*

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



TABLE VII.

	1919	1920	1921	1922	1923	1924	1925
Notified by Midwives	145	217	165	162	157	156	135
Notified by Doctors and parents -	53	36	67	49	43	25	32
	<hr/> 198	<hr/> 253	<hr/> 232	<hr/> 211	<hr/> 200	<hr/> 181	<hr/> 167

157. A special report is made by one of the Assistant County Medical Officers on any Stillbirth reported in the practice of a Midwife.

#### B. Child Welfare Work.

158. The Council have a very complete scheme which includes Home Visiting by Nurses, and attendance at Infant Welfare Centres, where the services of doctors are available.

159. Fifteen whole-time, and 58 District Nurses (part-time), are engaged on this work.

160. The services of District Nurses are utilized over nearly one half of the County, for the work connected with School Children, Infants and Tuberculous cases.

161. This work combined with Midwifery service is of decided value to the County, and any small disadvantages the system may entail are entirely out-weighed by the advantages of having a trained nurse or midwife in rural areas, where without such a system certain districts would quite possibly be without a trained nurse at all.

#### *Notification of Births.*

162. The notifications received in accordance with the statutory requirements numbered 5528. This figure differs from the number of births shown in Table I., as the latter is the corrected total supplied by the Registrar General.

163. Of this number, 178 births were not notified until the parents had been reminded of their obligations.

164. 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 90% of the Infants born. The remaining 10% occurred in better class houses where it was unlikely that the advice of the Health Visitor would be needed.



165. 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 1925.	Number of		Percentage Visited
		1st Visits	Total Visits to 3 yrs.	
County whole-time Health Visitors — —	3,427	3,100	35,856	90 %
Association Nurses —	1,140	954	20,139	84 %
*" Voluntary Agencies " —	512	491	10,066	95 %
*Kidderminster Corpora- tion — — —	449	429	6,937	95 %
Totals —	5,528	4,974	72,998	90 %

\* Information supplied by courtesy of Health Visitors.

166. Additional Mothercraft Classes are being held for school children in the Borough of Evesham.

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

#### *Voluntary Agencies.*

168. The following Voluntary Agencies exist in the County, viz. :—

Kidderminster Corporation	—	3 centres.
Malvern — — —	—	4 „
Broadway — — —	—	1 centre.
Alvechurch — — —	—	1 „
Evesham — — —	—	1 „
Stourbridge — — —	—	1 „
Stourport — — —	—	1 „
Tenbury — — —	—	1 „

169. The only one of these organisations receiving financial aid from the County Council is at Stourbridge, where special circumstances existed; all the others are self supporting. Each of these Centres has been visited by one of the Assistant County Medical Officers, and I am pleased to place on record the valuable work being carried out at these Institutions.

TABLE IX. GIVES THE AVERAGE WEEKLY ATTENDANCES OF NURSING AND EXPECTANT MOTHERS AT THE 23 CONSULTATION CENTRES IN WORCESTERSHIRE DURING 12 MONTHS ENDED MARCH 31st, 1926.

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.
118	94	84	68	97	131	102	91	36	13

Voluntary Centres.

* BROADWAY VOLUNTARY AGENCY	* ALVECHURCH VOLUNTARY AGENCY	EVESHAM VOLUNTARY AGENCY	STOUR-BRIDGE VOLUNTARY AGENCY	MALVERN LINK.	POOLBROOK.	NEWTOWN.	WYCHE.	KIDDERMINSTER CORPORATION.	STOURPORT VOLUNTARY AGENCY	TENBURY VOLUNTARY AGENCY.
Opened 9th 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.	Since Jan. 1916. Prospect Lane	Since April, 1919. St. John's Orchard St.	Since May, 1922. York St.
17	27	57	58	38	23	31	22	80	52	44
										10

\* Opened Fortnightly.



*Voluntary Workers.*

170. Most of the Welfare Centres in the County were established mainly at the instance of local enthusiasts ; later a certain number of these centres were taken over as County Council Centres, and, as can be expected, the transfer from a Voluntary to a Council enterprise was accompanied by the loss of some voluntary workers.

171. I have visited most of our centres during the last twelve months, and it is very pleasant to record that some of our most active and regular helpers to-day were among the original founders of the Centres. The Medical Officers and Health Visitors of our centres feel as I do, that we owe a debt of gratitude to these staunch helpers, and to those who have come forward more recently to assist in the carrying on of this work.

172. At each Centre Voluntary Committees have been established who aid in the administration of the work, give valuable assistance to the Health Visitors, and provide funds for remedial work which cannot be undertaken by the County Council.

173. These Committees also introduce Social amenities and gain the interest of the mothers in a way which can often be very successfully undertaken by local workers. That these social activities take a great deal of time I am well aware, but I am satisfied that the influence on the weekly attendance is considerable, and that the progress of the Centres repays our Health Visitors and Voluntary Workers for the labours which they so willingly give.

174. Recently an offer was received to provide treatment by Ultra Violet Rays for children in a town in the North of the County. I very much hope that this form of treatment will be available in the winter months of the year.

*Maternal Mortality.*

175. The following were the numbers of deaths among parturient women in the County during the past seven years :—

1919	—	—	—	5
1920	—	—	—	11
1921	—	—	—	13
1922	—	—	—	10
1923	—	—	—	9
1924	—	—	—	10
1925	—	—	—	15



176. In England and Wales the mortality among women in child-birth still remains high, and has shown little improvement since 1894. No fewer than 2703 women died in child-birth in 1925, and another 144 from conditions associated with it.

177. All maternal deaths in the practice of Midwives are investigated by your Medical Officers, but in each of the 15 cases a Doctor was in attendance and therefore no investigation was made.

*Infant Life Protection.*

178. 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.

179. 69 cases were visited in 1925.

*Orthopaedic Treatment of Infants.*

180. During the financial year 1925-26, the Council authorised the expenditure of £300 on the treatment of crippled infants.

181. This sum enabled 30 cases to be treated.

182. It is hoped that one After-Care Centre may be established in the north of the county during the current year, as this will be of use in getting all our cases in that part fully classified. It is not likely with the limited funds available that any further progress with the scheme will be possible during this year.

*Ante Natal Work.*

183. The total number of Expectant Mothers visited was 1957, and the total number of re-visits 5563; details are given below:—

	Visits.	Re-Visits.
By County Council Nurses — — —	895	1,821
„ District Nurses — — —	815	3,080
„ Voluntary Agencies and Kidderminster Corporation Health Visitors —	247	662
	<hr/> 1,957	<hr/> 5,563

184. A good deal of attention has been given to this important work, and efforts to overcome the difficulty of persuading expectant mothers to attend at a clinic for medical advice have been made.

185. The Council have now accepted my suggestion that an Ante Natal Clinic should be established for an experimental period of 12 months, at Halesowen.

186. This has been done at small cost, and one of the Assistant County Medical Officers attends monthly.

187. Every effort is being made to justify the establishment of this Clinic, and a report on the progress made will be submitted to the Council in due course.

### **Housing of the Working Classes Acts.**

188. A report presented by me to the Public Health and Housing Committee in November, 1925, showed that including those houses already erected, and those about to be erected, 4695 new houses would be available by the end of 1926. Of these, 3263 would be in Urban and 1432 in Rural Districts.

189. Returns received from the Districts in the County showed that 156 houses which had been condemned as unfit for habitation were still occupied, and that there was a great disparity in the numbers of condemned houses in the various districts.

190. It appears, however, that in several large districts the Local Sanitary Officers had not condemned houses which were obviously unfit, for the reason that no other houses were available, and therefore it seemed to them to be useless to recommend their Authorities to make Closing Orders, which could not be enforced.

191. A communication was addressed to certain Authorities asking if their present Schemes would remedy the unsatisfactory housing conditions within a reasonable time, and in only one case was a negative reply received.

192. Speaking generally, many of the District Councils have been very active in providing houses. In other areas, where a lesser number of houses have been erected, the local Councils appear to be alive to the requirements of their Districts.

193. The wide gap between the economic rental of a newly built subsidised house, and the figure which the worker (especially in rural areas) can afford to pay, constitutes the main bar to progress.



### **Inspection and Supervision of Food.**

#### **Milk and Dairies.**

194. New legislation is foreshadowed which may have a considerable influence on the administration of dairies and cow-sheds.

195. Two applications to supply Grade "A" Milk have been granted, and periodical visits and analyses are made to ensure that there is no deviation from the high standard required by the Regulations.

196. Experience is proving that strict supervision is essential in these cases.

#### **Sale of Food and Drugs Acts.**

197. Information as to the administration of the 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.**

198. A report received from the Sanitary Inspector of the Martley Rural District stated that systematic visitation of the farms was made in 1925, and that there was a great improvement in the conditions as compared with former years.

199. I understand that some model Bye-laws have been issued by the Ministry of Health, and forwarded for the consideration of all Local Authorities concerning Hop growing. These Bye-laws will, of course, only be operative in those areas where they are adopted by the Local Authority, and the normal procedure as to advertising, etc., has been complied with.

### **Sanitary Circumstances.**

#### **River Pollution.**

200. The Ministry of Agriculture and Fisheries are continuing their enquiries into the state of the Rivers Severn, Stour and Avon.

201. At present, the information available is as under :—

##### *River Severn.*

202. A survey was carried out in June 1925, and a meeting of technical representatives of interested Authorities is being held shortly, when the results of the survey will be discussed and



proposals for further work considered. In his Annual Report on the Borough of Bewdley for 1925, Dr. Miles writes:—"the Sewage of the district is discharged in a crude state into the River Severn, but the volume of Sewage is so small in comparison with the size of the River, and the current runs so swiftly over extensive beds of sand and gravel immediately below the Town that no serious contamination is produced."

#### *River Stour.*

203. Surveys have been organised, a report upon which has been issued by the Ministry. It has been decided to convene a conference of all Authorities concerned, with a view to stimulating greater interest in the measures which are being taken to better the general condition of the River, arranging for general continuous observations to be maintained, and to arrange a further comprehensive survey this summer.

#### *River Avon.*

204. A meeting of representatives of Authorities in the watershed of the River is being held to discuss a report made by the Ministry's Technical Adviser, and to arrange a future programme.

205. The Public Health and Housing Committee have appointed the Chairman of the Council, the Chairman of the Committee, the Acting County Medical Officer and the County Analyst as their representatives at the three conferences above mentioned.

### **Water Supply.**

#### *Pershore Rural District.*

206. An Inquiry was held on the 30th January 1926, by the Ministry of Health, as a result of which the Rural District Council have been informed that, after some hesitation, the Ministry are prepared to approve the Scheme, and sanction a loan, if certain conditions as to borrowing powers are satisfied. As soon as the agreement for the taking over of the springs has been approved by the Ministry, tenders for the work will be obtained.

#### *Upton Warren.*

207. As property owners would not contribute to the cost of obtaining a supply of water from the East Worcestershire Waterworks Co., the Local Sanitary Inspector was instructed to take the necessary steps to see that a pure supply of water was available. It was subsequently reported that a well which had been thoroughly cleaned out and quoined as an experiment had turned out satisfactorily, the analysis showing the water to be fit for drinking purposes.

*Chaddesley Corbett.*

208. A special report made by the Local Medical Officer of Health showed that only one sample of water out of fifteen was fit for drinking purposes. As a result of a visit made by the Acting County Medical Officer and the County Analyst, a report was submitted to the Public Health and Housing Committee, in which certain conclusions were arrived at, and which have been forwarded to the Kidderminster Rural District Council for their observations.

*Wolverley and Cookley.*

209. Considerable progress has been made with the laying of the mains and the construction of the reservoir, and the foundations of the Engine and Pump House have been laid.

*Crowle.*

210. This matter has again been brought to the attention of the Public Health and Housing Committee, and the Acting County Medical Officer and the County Analyst have been instructed to visit the village, and to report on the present position.

**Drainage.***Shipston-on-Stour.*

211. Information has been received that an engineer's estimate of the cost of connection of the houses to the sewers was being prepared, prior to sanction for a loan being obtained.

*Cleeve Prior.*

212. In the Annual Report of the Sanitary Inspector on the Rural District of Evesham, it is stated: "Cleeve Prior is a village which should be sewered. The only means of drainage is a drain in the village street which is not sufficient to take sewage. There are several W.C's. connected to it."

*Pershore Sanitation.*

213. This was reported by the late County Medical Officer as far back as 1893, to be most unsatisfactory, and the conditions are still bad. The Ministry of Health are however aware of the circumstances.

**Sanitary Inspectors' Work.**

214. In reading through the reports of the Sanitary Inspectors I have been impressed with the vast amount of work they control, and carry out. Many of them are highly qualified, and their work cannot fail to improve the health of the County.

Your obedient Servant,

WYNDHAM PARKER

M.B. Edin., D.P.H. Lond.

Acting County Medical Officer.

Public Health Offices,  
29, Foregate Street,  
Worcester.

June 1926.

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## APPENDIX A.

## WORCESTERSHIRE COUNTY COUNCIL.

*Details of Districts of Assistant County Medical Officers.*

Name of Medical Officer and Number and Name of Medical Division.	(a) Area in acres.		(a) Number of Schools		Number of Tubercu- losis cases		(a) Number of Midwives		Infant Welfare Centres.	
	(b) Population	(b) Children on Books.	(b) Number of Children on Books.	(b) Lye	(b) Stourbridge	(b) Stourbridge	(b) of Infants under 3 yrs.	(b) of Infants under 3 yrs.	(b) Catshill Cradley	(b) Halesowen Redditch
Dr. Kathleen Hanby (1. Stourbridge and part of The Lye)	(a) 2636 (b) 25684	(a) 11 (b) 4377	(a) 11 (b) 4377	(a) 11 (b) 4377	(a) 179 (b) 179	(a) 179 (b) 179	(a) 2373 (b) 2373	(a) 2373 (b) 2373	(a) 15 (b) 4029	(a) 15 (b) 4029
Dr. C. W. Sharpley (2. Oldbury, Blackheath and Cradley)	(a) 5856 (b) 54537	(a) 8 (b) 3202	(a) 8 (b) 3202	(a) 8 (b) 3202	(a) 246 (b) 246	(a) 246 (b) 246	(a) 15 (b) 4029	(a) 15 (b) 4029	(a) 15 (b) 4029	(a) 15 (b) 4029
Dr. G. J. Eady (3. Stourport, Bewdley and Tenbury)	(a) 61634 (b) 46501	(a) 27 (b) 3196	(a) 27 (b) 3196	(a) 27 (b) 3196	(a) 290 (b) 290	(a) 290 (b) 290	(a) 30 (b) 3321	(a) 30 (b) 3321	(a) 30 (b) 3321	(a) 30 (b) 3321
Dr. W. Parker (4. Droitwich and District)	(a) 70473 (b) 29432	(a) 31 (b) 3996	(a) 31 (b) 3996	(a) 31 (b) 3996	(a) 176 (b) 176	(a) 176 (b) 176	(a) 23 (b) 2255	(a) 23 (b) 2255	(a) 23 (b) 2255	(a) 23 (b) 2255
Dr. Mary Williams (5. Malvern and District)	(a) 52405 (b) 28075	(a) 34 (b) 3231	(a) 34 (b) 3231	(a) 34 (b) 3231	(a) 130 (b) 130	(a) 130 (b) 130	(a) 20 (b) 1254	(a) 20 (b) 1254	(a) 20 (b) 1254	(a) 20 (b) 1254
Dr. M. Clover (6. Pershore and District)	(a) 133893 (b) 34133	(a) 59 (b) 4383	(a) 59 (b) 4383	(a) 59 (b) 4383	(a) 184 (b) 184	(a) 184 (b) 184	(a) 28 (b) 1767	(a) 28 (b) 1767	(a) 28 (b) 1767	(a) 28 (b) 1767
Dr. G. E. Hartham (7. Evesham and District)	(a) 71022 (b) 28912	(a) 32 (b) 3741	(a) 32 (b) 3741	(a) 32 (b) 3741	(a) 194 (b) 194	(a) 194 (b) 194	(a) 18 (b) 1578	(a) 18 (b) 1578	(a) 18 (b) 1578	(a) 18 (b) 1578
Dr. Carol Sims (8. Halesowen and District)	(a) 32550 (b) 21729	(a) 14 (b) 2944	(a) 14 (b) 2944	(a) 14 (b) 2944	(a) 167 (b) 167	(a) 167 (b) 167	(a) 15 (b) 1177	(a) 15 (b) 1177	(a) 15 (b) 1177	(a) 15 (b) 1177
Dr. B. W. Housman (9. Bromsgrove and Redditch)	(a) 20675 (b) 32112	(a) 17 (b) 4924	(a) 17 (b) 4924	(a) 17 (b) 4924	(a) 122 (b) 122	(a) 122 (b) 122	(a) 11 (b) 828	(a) 11 (b) 828	(a) 11 (b) 828	(a) 11 (b) 828

## APPENDIX B.

## WORCESTERSHIRE COUNTY COUNCIL.

## REPORT OF CHIEF TUBERCULOSIS OFFICER FOR THE YEAR 1925.

As this is a " Survey " Report as required periodically by the Ministry of Health, more detail has been included.

*Staff.*

1. The Medical Staff remained unchanged during 1925, except by the great loss of the Chief Administrative Officer, G. H. Fosbroke, D.P.H. Camb. Full details of the names, qualifications and Districts of the Assistant County Medical Officers are given in the report of the Acting County Medical Officer—see also Appendix A.

2. The Nursing Staff remained the same in numbers, but there were various changes both in the County Wholetime Health Visitors and in the District Association nurses.

*Notifications.*

3. The following Tables (Nos. I. and II.) give the number of notifications of tuberculosis in the County during 1925.

TABLE I.  
*Notifications of Tuberculosis during 1925 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 up-wards	Total.
Pulmonary—												
Males	1	1	5	9	11	26	41	32	24	10	5	165
Females	—	1	4	12	18	20	36	12	16	6	3	128
Non-pulmonary—												
Males	1	13	12	7	2	1	5	1	2	—	—	44
Females	2	11	6	6	9	5	6	2	1	—	1	49
Total	4	26	27	34	40	52	88	47	43	16	9	386



4. Table I. gives the notifications in age groups, while Table II. sets out the same total under Urban and Rural Districts.

TABLE II.

*Notifications of Tuberculosis during 1925 shown in Sanitary Areas.*

District.	Total cases notified 1925.	Population. 1925.	Notification Rate per thousand of the population 1925.
Bewdley Borough	8	2606	3.1
Bromsgrove Urban	12	9778	1.2
North Urban	9	8787	1.0
Droitwich Borough	5	3853	1.3
Evesham Borough	9	8606	1.0
Halesowen Urban	27	30160	0.9
Kidderminster Borough	32	27240	1.2
Lye and Wollescote Urban	17	12140	1.4
Malvern Urban	13	17000	0.8
Oldbury Urban	49	40740	1.2
Redditch Urban	23	16810	1.4
Stourbridge Borough	26	18770	1.4
Stourport Urban	6	4910	1.2
Bromsgrove Rural	20	17690	1.1
Droitwich Rural	19	11800	1.6
Evesham Rural	16	10140	1.6
Feckenham Rural	3	5498	0.5
Kidderminster Rural	7	7591	0.9
Martley Rural	20	12540	1.6
Newent (part) Rural	2	1007	2.0
Pershore Rural	20	13200	1.5
Rock Rural	2	2187	0.9
Shipston-on-Stour Rural	3	4286	0.7
Stow-on-the-Wold (part) Rural	-	272	-
Tenbury Rural	6	4421	1.4
Tewkesbury (part) Rural	2	2132	0.9
Upton-on-Severn Rural	30	13530	2.2
Winchcombe (part) Rural	-	106	-
	386	307800	1.25

5. As will be seen from Table III, this year's notifications are the lowest recorded in Worcestershire since 1913 when compulsory notification came into operation.

6. The decrease is most pronounced in pulmonary cases, *i.e.*, 299 in 1925 as compared with 345 in 1924.

7. The gradual and continual drop in the notification figures for the years 1913 to 1925 apart from a rise about the time of the end of the War is strikingly shown in the following Table (No. III.)

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
1925	386	260	0.72

\* As obtained from the Registrar General's return.

8. I do not think that this fall is due to neglect of notification, as we scrutinize our list of cases and notify any who we find have escaped.

9. Greater co-operation between the General Practitioners and Tuberculosis Officers has helped in the finding of early cases, but there are still a large number of cases notified in an advanced condition. This may be partly due to fear of unemployment influencing a man to remain at his job even though unfit, instead of consulting his doctor.

10. As mentioned in the 1924 report, the Ministry of Health in December 1924, issued further Regulations as to notifications. Under these Regulations, each District Medical Officer of Health has to submit to the County Medical Officer a quarterly return showing:

- (a) The number of cases (pulmonary, non-pulmonary, males and females) on his register at the commencement of the quarter.
- (b) The number of new notifications received during the Quarter.
- (c) The number of cases transferred to the District.
- (d) The number of cases who died, left, or were struck off the Register.
- (e) The number of cases remaining on the register at the end of the Quarter.

11. The Regulations provided that the Tuberculosis Officer should help the District Medical Officers of Health in bringing their Registers up to date and this enabled the Office to check each individual case.

12. The Regulations have given the Office and District Medical Officers a great deal more clerical work: in fact one or two Medical Officers have stated that they cannot understand why the whole return which is merely clerical work should not be prepared by the Office. It is often difficult to get these returns correct, and in our opinion it would be far more satisfactory if the Central Office dealing with the administration of the tuberculosis work were made responsible for all the local lists.

13. The figures for 1925 show:

No. of Cases on the Register at 1st January 1925	-	-	1214
New cases during the year (notifications)	-	-	386
Transfers to Worcestershire	-	-	36
Died, left, etc.	-	-	266
Remaining on Register at 31st December, 1925	-	-	1370



14. These figures refer only to notified definite cases and do not include Contacts or Observation cases.

15. The number remaining on the Register at 31st December 1925 (1370) represents a rate of 4.4 per thousand of the population. The notification rate is 1.2 per thousand and the death rate 0.8.

#### *Deaths of Unnotified Cases.*

16. In 27 cases a death notice was the first we heard of the Patient. In 12 of these, there was some adequate reason for non-notification, and on writing to the Practitioners in the remaining cases, it was found that in 9 cases it was thought the case had already been notified, in 4 the notification was received afterwards, in one case it was forgotten, and in the other the case died before the Doctor could make a diagnosis.

#### *Deaths.*

17. The number of deaths recorded by the Registrar General during 1925 was—

Pulmonary —	—	—	223
Non-Pulmonary —	—	—	37
			<hr/> 260 <hr/>

18. This is 10 less in the total than 1924 (see Table III). This total is, like the notification total, the lowest ever recorded in Worcestershire, though if the years 1916-1920 (war and its effects) are excluded there has been little variation.

#### *Institutional Treatment.*

19. No alteration was made during 1925 in the number of reserved beds for Pulmonary cases, see Table IV.

TABLE IV.

AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS.

	Observation. *	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions	
Adult Males .....	—	42	15	2	—	59
Adult Females .....	—	28	13	1	—	42
Children under 15 .....	—	*	*	11	—	11
Total .....	—	70	28	14†	—	112

\* Beds used as required.

† Approximate.



20. As far as possible the early and intermediate cases are sent to Knightwick Sanatorium, and the advanced cases to Hayley Green and Hill Top Tuberculosis Pavilions.

21. The following Table (No. V.) shows the extent of Institutional Treatment during 1925.

TABLE V.  
RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.	
Number of Patients .....	Adults.	M.	44	142	131	25	39
		F.	35	84	87	9	30
	Child- ren.	M.	5	45	21	1	10
		F.	5			—	8
Number of Observation Cases	Adults	M.	—	21	19	—	—
		F.	—	15	15	—	—
	Child- ren.	M.	—	9	9	—	—
		F.	—			—	—
	Total .....		89	316	280	35	87

22. Immediate results of treatment are given in the following Table VI.

TABLE VI.

Annual Return showing the immediate results of treatment of patients and of observation and doubtful cases discharged from Residential Institutions during the year 1925.

Classification on admission to 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 T.B. minus	Quiescent - - -	1	1	1	2	-	-	-	-	-	-	-	-	5
		Improved - - -	10	10	2	8	7	1	-	1	1	1	-	-	41
		No material improvement -	4	2	2	1	2	-	-	-	-	-	1	-	12
		Died in Institution -	4	1	-	-	-	-	-	-	-	-	-	-	5
	Class T.B. plus Group 1.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Improved - - -	10	5	-	4	1	-	1	-	-	-	-	-	21
		No material improvement -	1	1	-	1	1	-	-	-	-	-	-	-	4
		Died in Institution -	1	-	-	1	-	-	-	-	-	-	-	-	2
	Class T.B. plus Group 2.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Improved - - -	13	3	-	13	9	-	5	2	1	-	-	-	46
		No material improvement -	11	7	-	9	7	-	5	1	-	-	1	-	41
		Died in Institution -	3	-	-	2	1	-	3	1	-	1	-	-	11
	Class T.E. plus Group 3.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Improved - - -	2	-	-	-	-	-	-	1	-	-	-	-	3
		No material improvement -	6	2	-	5	5	-	2	3	-	-	1	-	24
		Died in Institution -	6	5	-	2	1	-	-	-	-	-	-	-	14
NON-PULMONARY TUBERCULOSIS.	Bones and Joints	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Improved - - -	5	1	4	4	-	1	3	1	2	-	-	-	21
		No material improvement -	2	1	2	-	-	-	-	-	-	-	-	-	5
		Died in Institution -	-	-	-	1	-	-	-	-	-	-	-	-	1
	Abdominal.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Improved - - -	-	1	1	-	1	1	-	-	-	-	-	-	4
		No material improvement -	-	1	-	-	-	-	-	-	-	-	-	-	1
		Died in Institution -	-	-	1	-	-	-	1	-	-	-	-	-	2
	Other Organs.	Quiescent - - -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Improved - - -	2	2	1	-	-	-	-	-	-	-	-	-	5
		No material improvement -	-	-	-	-	-	-	-	-	-	-	-	-	-
		Died in Institution -	-	-	-	-	-	-	-	-	-	-	-	-	-
	Peripheral Glands	Quiescent - - -	-	-	1	-	-	-	-	-	-	-	-	-	1
		Improved - - -	-	3	-	1	-	-	-	1	-	-	-	-	5
		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 - - -	-	-	-	-	-	-	-	-	-	6	4	-	10	
	Non-tuberculous - - -	-	-	-	-	-	-	-	-	-	9	9	8	26	
	Doubtful - - -	-	-	-	-	-	-	-	-	-	4	2	1	7	





23. A summary of this Table shows :

Of the 229 pulmonary cases discharged from Knightwick, Hayley Green and Hill Top :

63 were cases with definite signs, but no tubercle bacilli in sputum	-	-	-	28%	} 72%
27 were cases with positive sputum—Group I.	-	-	-	11%	
98 were cases with positive sputum—Group II.	-	-	-	43%	
41 were cases with positive sputum—Group III.	-	-	-	18%	

24. The immediate results summarised show :

5 were marked quiescent on discharge	-	-	-	2%
111 were marked much improved on discharge	-	-	-	48%
81 were marked no material improvement	-	-	-	35%
32 died	-	-	-	14%

25. In addition, there were 43 cases admitted to Sanatorium for observation purposes. 10 of these were found to be tuberculous, and are included in above statistics. 26 others were non-tuberculous, and in 7 cases the diagnosis was doubtful.

#### *Refusals to accept Institutional Treatment.*

26. In 1924, 53 cases refused Institutional treatment when it was offered, and in 1925 there were 44 who made the following excuses :

Too unwell to travel	-	-	-	10
Not sufficient clothing	-	-	-	1
Family and Business reasons	-	-	-	4
Did not consider Sanatorium treatment necessary	-	-	-	9
Under private treatment	-	-	-	2
Postponed for time being	-	-	-	2
No definite reason given	-	-	-	16
				44

27. These cases had all agreed to accept the treatment recommended, and their change of mind caused unnecessary waste of bed accommodation, while the admission of the next case on the waiting list was being arranged.

#### *Waiting List.*

28. At their Meeting in May 1925, the Tuberculosis and Sanatorium Committee requested me to prepare a statement as to the numbers of patients awaiting sanatorium treatment at different periods in order to see if the present number of beds is sufficient for the County.

29. It was found that in 1924, an average of 28 cases were waiting for admission while in 1925 during the period June to August, the average number was 17. It should be pointed out that these figures include all types of cases, i.e. :

- (1) New cases.
- (2) Those who have already been in a sanatorium.
- (3) Advanced cases for isolation purposes.
- (4) Children recommended for admission if a bed is available, but who would be suitable for an Open-air School.

30. Taking the patients who happened to be in Sanatorium on one day in May, it was found that the average period which elapsed between the day of examination by the Tuberculosis Officer and the day of admission was :

(a)	Males	-	-	16 days.
(b)	Females	-	-	21 „

*Isolation and Treatment of advanced cases.*

31. The 28 beds at Hayley Green and Hill Top are reserved for these cases, and it has generally been possible to keep them filled. It will now be possible to apply for an Order for the compulsory removal of an infectious case to an Institution, see also paragraph 94. It is anticipated that use will seldom be made of this Section except as a means of persuasion.

*Dispensary Treatment.*

32. All information as to the Dispensaries is given in the following Tables (VII. and VIII.) :

TABLE VII.  
*Dispensary Work.*

Dispensary.	Address.	Medical Officer.	Day and Time.	Total No. of Attendances 1925.	Average attendance per Session 1925.
Bromsgrove	Technical School, New Road	Dr. Parker	Thursday, 4.30 p.m.	232	4.5
Evesham	Nissen Hut, Briar Close	Dr. Harthan	Tuesday, 10 a.m.	145	2.9
Halesowen	14 Laurel Lane	Dr. Sims	Wednesday, 5 p.m.	221	4.25
Kidderminster	19 Lion Street	Dr. Eady	Thursday, 2 p.m. & 5 p.m.	350	6.7
Malvern	Barnards Green Lodge	Dr. Williams	Friday, 5 p.m.	22	0.44
Oldbury	25 Church Street	Dr. Sharpley	Friday, 6.0 p.m.	369	7.4
Warley	Warley Abbey	Dr. Sharpley	Friday, 3 p.m.	-	-
Redditch	Nissen Hut, Elm Road	Dr. Housman	Thursday, 5 p.m.	124	2.4
Stourbridge	Dispensary	Dr. Hanby	Monday, 5 p.m.	435	9.0
Worcester	29 Foregate Street	Dr. Clover	Wednesday, 3 p.m.	105	2.1





TABLE VIII—Continued.

1.	Number of persons on Dispensary Register on January 1st	—	1128
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	— — — — —	22
3.	Number of patients transferred to other areas and cases "lost sight of"	— — — — —	67
4.	Died during the year	— — — — —	195
5.	Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	— — — — —	50
6.	Number of attendances at the Dispensary (including Contacts)	— — — — —	2003
7.	Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	— — — — —	—
8.	Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for	— — — — —	—
	(a) "Light" treatment	— — — — —	—
	(b) Other special forms of treatment	— — — — —	—
9.	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	— — — — —	8
10.	Number of consultations with medical practitioners :—		
	(a) At Homes of Applicants	— — — — —	57
	(b) Otherwise	— — — — —	
11.	Number of other visits by Tuberculosis Officers to Homes	— — — — —	1026
12.	Number of visits by Nurses or Health Visitors to Homes for Dispensary Purposes	— — — — —	10870
13.	Number of—		
	(a) Specimens of sputum, etc., examined	— — — — —	326
	(b) X-ray examinations made in connection with Dispensary work	— — — — —	31
14.	Number of Insured Persons on Dispensary Register on the 31st December	— — — — —	429
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December	— — — — —	85
16.	Number of reports received during the year in respect of Insured Persons :—		
	(a) Form G.P. 17	— — — — —	10
	(b) Form G.P. 36	— — — — —	258

33. During the year, each Dispensary has been visited periodically by me in order to obtain co-ordinated work, to help in the diagnosis of doubtful cases, etc.

34. The site upon which the Nissen Hut used as a Dispensary at Evesham, is erected, is now required by the Hospital Authorities, and endeavours are being made to secure a suitable place to which the Dispensary can be transferred, though there is no immediate urgency.

35. The routine of the Dispensary work has not in any way changed. New cases are examined, old cases supervised, doubtful cases are kept under observation, but for actual treatment the patients are referred to their panel doctors if insured, or if uninsured to their private doctors. Only in a few uninsured patients who cannot afford a doctor is treatment granted. The accounts for the prescriptions in these cases do not exceed the limit for the whole County as passed by the Committee.

36. \*The total number of attendances at the ten Dispensaries during 1925 was 2003.



37. 576 new cases were examined. 339 (including 16 who were contacts) of these were found to be Tuberculous, 60 were suspicious and 193 were decided to be non-tuberculous.

#### *Domiciliary Treatment.*

38. All persons insured under the National Health Insurance Act who require treatment as distinct from supervision are referred to their Panel Practitioners, and a quarterly report is obtained on the lines laid down by the Ministry of Health.

39. Eighty-five patients were on Domiciliary treatment during 1925, and 258 reports were obtained from the Practitioners.

#### *Extra Nourishment.*

40. Grants of Milk, Eggs and Butter or other foodstuffs are made to certain cases recommended by the Tuberculosis Officers.

41. The amount allotted by the Council for 1925, was £250.

42. As a result of a question at the Committee in May 1925, it was requested that a report should be prepared showing the number of patients suffering from tuberculosis whose progress was definitely retarded by lack of nourishment.

43. On making enquiries from the Assistant County Medical Officers it appeared that there were only very few cases who came under this heading and these were practically all receiving extra food allowances.

44. The money provided for this purpose enables 19 patients to receive an allowance of 5/- per week, and during 1925 it was not necessary to exceed this amount. At the end of the year, however, it was noticed that additional cases were being recommended, and at the time of writing, there is a small waiting list.

45. If plenty of money were available, it would be of more advantage to make grants to the contacts (generally children) of the patients in order to keep them fit and prevent them becoming tuberculous.

#### *Contacts.*

46. The following Table IX. sets out the results of the examinations of contacts :

TABLE IX.

#### CONTACTS.

Total Number of Contacts examined during 1925				-	-	1352
(a)	Adults	-	Male	71	Female	140
(b)	Children	-	Male	570	Female	571
Number with Tuberculosis.						
(a)	Adults	-	Male	1	Female	2
(b)	Children	-	Male	4	Female	9
Not suffering from Tuberculosis.						
(a)	Adults	-	Male	70	Female	138
(b)	Children	-	Male	566	Female	562

Number of cases re-examined 207.



47. It will be seen that the total number examined rather exceeds the number examined in 1924. The percentage found to be tuberculous was 1.2 compared with 1.3 in 1924. The majority of those examined were children.

*Environmental Conditions.*

48. The following Summary (Table X.) sets out the work carried out in this branch of the Scheme.

TABLE X.

*Environmental Reports.*

Number of Environmental Reports made during 1925	-	-	-	-	-	168
Number of houses showing general overcrowding	-	-	-	-	-	47
Number of patients with separate bed and room	-	-	-	-	-	46
Number of patients with separate bed in room with other persons	-	-	-	-	-	31
Number of patients sharing beds	-	-	-	-	-	91
Number of houses showing :—						
(a) Bad ventilation	-	-	-	-	-	15
(b) Uncleanliness	-	-	-	-	-	13
(c) Dampness	-	-	-	-	-	12
(d) Drainage defects	-	-	-	-	-	9
(e) Bad water supply	-	-	-	-	-	4
(f) Nuisances	-	-	-	-	-	8

*Shelters.*

49. The number of shelters in use for County patients is 46.

50. Some difficulty has arisen in keeping them in use during the whole of the year.

51. As far as possible they are granted to patients who have received Sanatorium treatment, who are infectious and have not a room to themselves, and where the garden is suitable. It is felt that when these conditions are complied with, the shelter is being properly used, but when a shelter becomes vacant and there is no case such as above waiting, it is difficult to decide whether to leave the shelter vacant until a more suitable case turns up, or to transfer it to a non-infectious case. If this is done, it often means leaving the shelter with this non-infectious case for a very prolonged period during which there may occur more suitable urgent cases.

*Non-Pulmonary Tuberculosis.*

52. A much greater amount of work was accomplished on this type of case during 1925.

53. The following gives the number of cases discharged during the year, and information as to the immediate results of treatment is given in Table VI :

1. Shropshire Orthopaedic Hospital	-	-	-	-	7
2. Worcester General Infirmary	-	-	-	-	13
3. Kidderminster Infirmary	-	-	-	-	2
4. Birmingham Queen's Hospital	-	-	-	-	1
5. County Sanatoria	-	-	-	-	30
					—
					53
					—

54. This does not represent the total of the treatment carried out, as the figures only refer to discharges. Several other cases were actually receiving in-patient treatment at the 31st December, for example, nine cases were at the Birmingham Cripples Union Hospital at Woodlands.

55. Although extra money was voted by the County Council for this work, it has been necessary to watch very closely the expenditure, for the majority of these cases require long periods of Institutional treatment, and it is extremely difficult to estimate the duration of any one case in order to arrange for all the urgent cases to receive attention. The most important cases to treat are the younger people with early trouble, as they give more satisfactory results in a shorter time than the older cases.

56. Owing to the requirements of the Board of Education as to economy, the Scheme for dealing with crippled children has been postponed for the time being.

57. This Scheme provided for three extra beds for tuberculous cripples, but it is hoped that these beds can be made available now, rather than wait until the cripples scheme is adopted.

#### *Provision of Surgical Apparatus.*

58. Surgical instruments and special boots are supplied to necessitous cases. Eleven patients received help in this direction during 1925.

#### *Post-Graduate Course.*

59. With the Committee's sanction, I attended a Post-Graduate Course for five days on Non-Pulmonary Tuberculosis during 1925. The party attended various Hospitals for demonstrations in and around London, and the course was most instructive.

#### *After-Care.*

60. No further action has been taken as to the calling together of these Committees for which nominations were made in 1924, as the Cripples Scheme for which they would have been most useful has been postponed.

#### *Nurses Visits.*

61. Each Parish in the County is covered (a) by an arrangement with the local nursing association, or (b) by a whole-time County Health Visitor.

62. These visits are supervisory and distinct from the actual nursing mentioned in paragraph 75.

63. All definite cases are placed on the nurses' visiting list unless there is any objection, *i.e.*, a domestic servant in a private house is not visited.

64. Endeavours are made to visit the cases at least once a month, and a form is filled in giving information as to condition, whether at work, sputum, etc., and sent to the office. Any special remarks of the nurse are at once brought to the notice of the Tuberculosis Officer for the District. 10870 reports on patients were made during 1925.

#### *Artificial Pneumothorax Treatment.*

65. Altogether, 13 cases have been dealt with by this method, one case only being started in 1925.



66. The treatment is always commenced at Knightwick Sanatorium, in order that the patients may be under my personal supervision both before and immediately after the start.

67. As the length of time between the refills is increased, the patients are discharged to their homes and attend periodically at the Worcester Dispensary for refill purposes.

68. Most of these were very advanced cases undertaken without any help from X-rays. It is hoped when sufficient electric current is available that an X-ray apparatus will be installed at Knightwick Sanatorium.

69. The condition of these 13 cases at the end of 1925 was as under :—

Improved	-	-	-	-	8
Dead	-	-	-	-	4
Temporary improvement			-	-	1
					<hr/> 13

70. Of the 4 who died, two insisted on discontinuing before giving the treatment a proper chance, and the other two received only temporary improvement.

71. Three cases were replacements for tuberculous empyema. Two were started for haemoptysis and the rest owing to their more or less serious condition.

#### *Nursing.*

72. As was mentioned in last year's report, it was hoped that arrangements would be made for the actual nursing of cases of tuberculosis who require it.

73. The Scheme for Nursing was approved and came into operation in July 1925.

74. Each District Nursing Association undertaking County Council work was asked if they would allow their Nurse to carry out this work and eventually they all agreed.

75. The following procedure is adopted in each case :

- (1) If a patient requires nursing, the Nurse or Medical Attendant makes application to the Office.
- (2) The Tuberculosis Officer visits the patient, and if conforming to the Scheme, recommends the issue of a Voucher. This Voucher authorizes twenty visits, and when 18 have been made and the Nurse thinks more should be carried out, a perforated slip is detached and sent to the Office when a further Voucher is issued. On the back of the Voucher is provision for the date of Nurse's visit and initials.
- (3) Payment to the Association is 1/- per visit or in long standing cases 5/- per week.

76. In those Districts where no Association exists, the Committee have given power for the best arrangements to be made with local Nurses or Midwives.

77. During the period July to December 1925, 13 cases were recommended for Nursing, and received a total of 475 visits.



78. Ten of these were pulmonary cases who were mostly in an advanced condition, and three were non-pulmonary cases requiring dressings.

79. The question of infection was raised by some of the District Nursing Associations, but it was thought that it would be quite safe if the Nurse takes the ordinary precautions as to cleanliness which she would take in the course of her usual duties. As is generally recognised it is advisable as far as possible to visit all maternity cases before commencing other work.

#### *Ambulance.*

80. We have made use of the Red Cross Ambulances on many occasions during the year, and would again thank Mr. Hilliar for his kindness in arranging transport so promptly.

#### *Statistics.*

##### *Memo. 37/T.*

81. During the year, the Ministry of Health formally issued Memo. 37/T as a definite instruction for the keeping of Records and compilation of statistics.

82. The forms and tables are practically the same as when the Memo. was issued in draft form, but only a portion of them are at present made obligatory and the Minister hopes that an endeavour will be made to furnish the whole information.

83. The clerical work entailed in keeping the statistics is very great, and just to give the bare tables would seem of very little use to ordinary readers as they require to be studied closely to obtain any information.

84. As the tables are so lengthy, we have extracted the items which we consider would be of interest to the Committee, and have included the figures in the text under the respective headings.

85. Under an Amalgamation Scheme such as has been adopted in Worcestershire where the Doctors have other things to do, and only a small part of their time is devoted to Tuberculosis, it is found more convenient to collect the statistics for all the dispensaries into one group as there is no clerical help at any of the dispensaries.

86. The following Tables (Nos. XI. and XII.) give the condition on 31st December, 1925, of all the definite cases since the commencement of the Scheme.

Condition.	1924.				1925.						
	Class B.				Class A.	Class B.					
	Group 1.	Group 2.	Group 3.	Total Class B.		Group 1.	Group 2.	Group 3.	Total Class B.		
Cured.	Adults	1	-	-	-	1	-	-	-	-	
	Adults	1	-	-	-	-	-	-	-	-	
	Children	1	-	-	-	1	-	-	-	-	
	Children	1	-	-	-	-	-	-	-	-	
Disease arrested.	Adults	1	-	-	-	-	-	-	-	-	
	Adults	1	-	-	-	-	-	-	-	-	
	Children	1	-	-	-	-	-	-	-	-	
	Children	1	-	-	-	-	-	-	-	-	
Disease not arrested.	Adults	1	10	22	10	42	26	15	39	11	65
	Adults	1	9	14	5	28	25	11	21	5	37
	Children	1	-	-	-	-	8	1	-	-	1
	Children	1	-	-	-	-	5	-	-	1	1
Dead	Adults	1	1	22	30	53	8	1	2	31	34
	Adults	1	2	12	32	46	7	-	3	19	22
	Children	1	-	-	2	2	-	-	-	1	1
	Children	1	-	-	-	-	-	-	-	1	1
Transferred to Pulmonary											
Lost sight of and left County											
Totals -											

26	79	82	187	84	29	70	69	168
----	----	----	-----	----	----	----	----	-----

Total  
Alive

Dead

Lost Sight





ALIVE.

Condition.			1924.					1925.				
			and joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.
Cured.	Adults	M.	3	-	-	-	3	-	-	-	-	-
		F.	-	-	-	-	-	-	-	-	-	-
	Children	M.	-	-	-	-	-	1	-	-	-	1
		F.	-	1	-	-	1	-	-	-	-	-
Disease arrested.	Adults	M.	-	1	-	1	2	-	-	-	-	-
		F.	3	1	-	5	9	-	-	1	-	1
	Children	M.	2	-	-	3	5	-	-	-	1	1
		F.	2	1	-	2	5	1	-	-	2	3
Disease not arrested.	Adults	M.	3	1	-	3	12	4	1	3	2	10
		F.	3	1	1	4	9	7	2	1	10	20
	Children	M.	1	7	-	1	12	9	2	1	7	19
		F.	3	-	1	4	8	9	2	1	1	13
Dead	Adults	M.	1	1	-	-	2	-	-	-	-	-
		F.	-	1	-	-	1	-	-	-	-	-
	Children	M.	-	2	3	-	5	1	-	-	-	1
		F.	1	1	-	-	2	-	1	-	-	1
Transferred to Pulmonary			-	-	-	-	-	-	-	-	-	-
Lost sight of and left County			1	-	-	3	4	1	1	-	2	4
Totals -			1	18	5	26	80	33	9	7	25	74



87. These are the Tables not at present made compulsory by the Ministry of Health, but as we have compiled a similar form since 1921, the information is continued, but a summary setting out the important points has been prepared, and is given after the Tables.

*Summary.*

88. Since the commencement of the Scheme in 1912, there have been 4324 definite cases under treatment.

89. The condition of these patients at 31st December, 1925, was :

Alive	-	-	-	-	1589
Dead	-	-	-	-	1984
Left County and Lost sight of	-	-	-	-	751
					<hr/> 4324

Taking the cases still alive, we find :

Pulmonary cases	-	-	-	-	1105
Non-pulmonary cases	-	-	-	-	484
					<hr/> 1589

The pulmonary cases represent :

With positive sputum	-	-	-	-	368
Without positive sputum but definite physical signs	-	-	-	-	737
					<hr/> 1105

Their condition was :

Cured	-	-	-	-	346
Arrested	-	-	-	-	29
Not arrested	-	-	-	-	730
					<hr/> 1105

"Cured" represents 5 years of quiescence and then struck off.

"Arrested" represents 3 years of quiescence and under supervision.

"Not arrested" represents still under treatment or supervision.

The non-pulmonary cases represent :

Bones and Joints	-	-	-	-	208
Abdominal	-	-	-	-	81
Other Organs	-	-	-	-	40
Peripheral glands	-	-	-	-	155
					<hr/> 484

Their condition was :

Cured	-	-	-	-	207
Arrested	-	-	-	-	72
Not arrested	-	-	-	-	205
					<hr/> 484

"Cured" represents 3 years of quiescence.

"Arrested" represents quiescence.

"Not arrested" represents still under treatment.



*New Regulations.*

90. The year 1925 was notable for the number of new Regulations and Orders issued by the Ministry of Health for the prevention of Tuberculosis.

(1) *Public Health (Tuberculosis) Regulations 1925.*

91. These Regulations require that no person suffering from tuberculosis of the respiratory tract in an infectious state shall have anything to do with the milking of cows, the treatment of milk, or the handling of vessels used for containing milk, in a Dairy which includes any farm, cowshed, milk store, milk shop or other place from which milk is supplied but does not include a shop or other place in which milk is sold for consumption on the premises only.

92. The local Sanitary Councils are the Authorities for dealing with these Regulations, but the County Council may apply to the Ministry of Health for an Order making them an Authority if they wish. As this would make the County Council liable to pay compensation in any case, the Tuberculosis and Sanatorium Committee decided not to apply for this power, but to instruct their Officers to report any such cases to the local Authorities. Two cases have up to the present time come to our notice, and each agreed to alter his occupation so as not to contravene the Regulations.

(2) *Milk and Dairies (Consolidation) Act 1915 and The Tuberculosis Order of 1925.*

93. The Act provides for the stoppage of any milk supply which is likely to cause tuberculosis and the Order provides for the notification of any bovine animal suffering from, or suspected to be suffering from tuberculosis, its examination by a properly appointed Veterinary Surgeon, and its subsequent destruction if found to be tuberculous. Compensation and penalties are provided for.

(3) *Public Health Act 1925.*

94. Section 62 of this Act provides for the compulsory removal of infectious cases to a suitable Hospital or Institution under certain definite conditions and by an order made by a court of summary jurisdiction.

95. It has not at present been necessary to make an application to the Court for an order in any case.

96. To have this power will be a great help in persuading obdurate patients to go to Hospital willingly, and it is hoped that it will be unnecessary to take any case into court.

(4) *Poor Law Cases.*

97. Circulars 607 and 607a were received from the Ministry of Health in July 1925.

98. The desirability of greater co-operation between Poor Law Authorities and County Councils is emphasised, and the appointment of the Tuberculosis Officers as Consultants on the Staff of the Poor Law Institution is suggested.

99. Persons suffering from pulmonary tuberculosis who seek admission to Poor Law Infirmaries should be examined by the Tuberculosis Officer, and if suitable accommodation is available under the Council's Tuberculosis Scheme, such cases should be admitted to a Sanatorium rather than the Poor Law Infirmary, particularly where the disease is in a stage which affords a reasonable prospect of arrest.

100. The Committee felt that as there exists satisfactory co-operation between Tuberculosis Officers and the Poor Law Medical Officers, it was unnecessary for the Tuberculosis Officers to be appointed on the Staff of the Infirmary. For some time cases have been examined at the Infirmaries, and if suitable removed to the County Sanatoria.

101. On making enquiries, it was found there were very few cases in the Worcestershire Poor Law Infirmaries.

*X-ray Examinations.*

102. Arrangements have been made for all X-ray examinations to be undertaken by an expert Radiologist, in Birmingham, and excellent results have been received.

103. Thirty-one examinations were made in 1925.

104. These examinations are of great assistance in the diagnosis and treatment of cases.

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

Chief Tuberculosis Officer.

Public Health Department,  
29, Foregate Street,  
Worcester.

June, 1926.

