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TO THE
COUNTY COUNCIL OF WORCESTERSHIRE.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

Annual Report, 1932.

1. I have the honour to submit my report on the health of the County for the year 1932. Every five years the Minister of Health requires a report of a full and detailed character (termed a "Survey Report,") but, although it was expected that the report for 1932 would be of that nature, the Minister states in his circular of the 24th June 1932 that, owing to the changes involved by the passing of the Local Government Act, 1929, the time is not yet opportune to require a record of progress covering a period of years.

2. Certain changes in the County Boundaries of Worcester, Gloucester and Warwick operated from April 1st 1932 and other important changes affecting District Boundaries came into force on the 1st April 1933.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.


Vital Statistics.

| | | | | | |
|--|--------------|--|----------------|---------------|-------|
| Area in acres (31st December, 1932) | - | - | 438,221 | | |
| Population, Census 1931 | - | - | 308,940 | | |
| Registrar-General's estimate of resident population 1932 | - | - | 312,650 | | |
| Rateable Value (1st April 1932) | - | - | £1,366,120 | | |
| Sum represented by a penny rate | - | - | £5,240 | | |
| | | <i>Male.</i> | <i>Female.</i> | <i>Total.</i> | |
| Live Births | Legitimate | - | 2,348 | 2,255 | 4,603 |
| | Illegitimate | - | 97 | 72 | 169 |
| Birth-rate per 1,000 of estimated resident population | | | | | 15.2 |
| | | <i>Male.</i> | <i>Female.</i> | <i>Total.</i> | |
| Stillbirths | - | - | 101 | 102 | 203 |
| Rate per 1,000 total (live and still) births | | | | | 42 |
| | | <i>Male.</i> | <i>Female.</i> | <i>Total.</i> | |
| Deaths | - | - | 1,885 | 1,852 | 3,737 |
| Death-rate per 1,000 of estimated resident population | | | | | 11.9 |
| Deaths from Puerperal Sepsis | 10 | Rate per 1,000 total (live and still) Births - | | | 2.09 |
| Deaths from other Puerperal causes | 12 | do. | | | 2.51 |
| Total | - | - | 22 | | 4.61 |
| Death-rate of Infants under one year of age :— | | | | | |
| All infants per 1,000 live births | | | | | 66 |
| Legitimate infants per 1,000 legitimate live births | | | | | 65 |
| Illegitimate infants per 1,000 illegitimate live births | | | | | 94 |
| Deaths from Measles (all ages) | | | | | 6 |
| Deaths from Whooping Cough (all ages) | | | | | 19 |
| Deaths from Diarrhoea (under 2 years of age) | | | | | 32 |

24

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died outside these districts.
(b) These figures are supplied by the Registrar-General.
(c) Under 2 Years.
(d) Includes 4 deaths from Poliomyelitis, and 2 deaths from Polioencephalitis.

| | | | | |
|-----------------------|---|---|---|---------------|
| Birth Rate | - | - | - | 15.3 per 1000 |
| Death Rate | - | - | - | 12.0 " " |
| Infant Mortality Rate | - | - | - | 65 |



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3. The following Table gives the County rates for the past 30 years and the corresponding rates for 1932 for England and Wales, viz. :

| Years. | Birth-rate.* | Net Death-rate.* | Infantile Mortality rate.† |
|---------|--------------|---------------------|-------------------------------|
| 1903-07 | - 26·6 | 14·4 | 114 |
| 1908-12 | - 23·4 | 12·9 | 99 |
| 1913-17 | - 20·0 | 13·7 | 90 |
| 1918-22 | - 19·6 | 13·3 | 68 |
| 1923-27 | - 17·6 | 11·7 | 63 |
| 1928 | - 16·5 | 11·8 | 64 |
| 1929 | - 16·0 | 13·2 | 71 |
| 1930 | - 16·1 | 11·8 | 50 |
| 1931 | - 16·1 | 12·4 | 61 |
| 1932 | - 15·2 | 11·9 | 66 |

| | | | |
|---------------------------|------|------|----|
| England and Wales 1932 | 15·3 | 12·0 | 65 |
|---------------------------|------|------|----|

* per 1,000 of the population. † per 1,000 of the births registered.

3a. The following information relates to the principal causes of death :—

| | Population of Worcestershire. | Deaths from Cancer. | Deaths from Tuberculosis (all forms) | Deaths from Pneumonia and Bronchitis. |
|-------|----------------------------------|------------------------|--|---|
| 1932. | 312,650 | 425 | 237 | 426 |
| 1931. | 310,080 | 466 | 272 | 402 |
| 1921. | 301,120 | 376 | 274 | 465 |
| 1911. | 288,627 | 265 | 353 | 541 |

General Provision of Health Services for the Area.

1. STAFF.

4. The full Staff is given in my report for 1930. In 1932 the following changes took place.

(a) Medical.

5. Dr. S. Deaner (Assistant Tuberculosis Officer) has replaced Dr. R. Walshaw (resigned).

6. Dr. C. F. Brockington was granted six months leave of absence without pay to take up a temporary post at Great Ormond Street Children's Hospital. During his absence, Dr. M. J. Quirke was appointed as a temporary Assistant County Medical Officer.

(b) Health Visiting.

7. Miss Layton, a Health Visitor employed on Tuberculosis work in the North of the County, died on the 26th August, 1932. She was an excellent Officer whose services will be missed. A rearrangement of duties in that area has been made, Miss Mason (the Health Visitor for the Halesowen area) taking over the Tuberculosis duties formerly undertaken by Miss Layton, while Miss Marshall Meade was appointed on the 17th October 1932 as Health Visitor in the Halesowen Urban District.

(c) Clerical.

8. There has been a steady increase in clerical work during the last ten years. The Cripples Scheme, Registration of Nursing Homes, Infant Life Protection, the Housing (Rural Workers) Acts, the two new Maternity Hospitals, duties under the Vaccination Acts, Milk (Special Designations) Orders and certain duties under the Milk and Dairies Acts, have all been of recent origin. Although one additional Clerk was appointed in connection with duties transferred under the Local Government Act, the numerical strength of the office staff to-day is almost identical with that of 10 years ago. During 1932, one alteration took place, Mrs. Roy resigned on the 30th September 1932 and a new junior Clerk was appointed in her stead.

9. I consider it would be of advantage to centralise the records relating to medical inspection of school children. This would necessitate additional accommodation for the filing of records and the appointment of an additional Clerk, but would relieve Medical Officers of certain clerical duties which could be properly undertaken by a Clerk.

Local Government Act, 1929.

Public Assistance Institutions.

10. The general arrangements in the County were recorded in my last Report.

11. Dr. D. S. Macdonald has succeeded Dr. Montford (resigned) as Medical Officer of the Upton-on-Severn Institution.

12. The outstanding question of further accommodation for sick cases has made some progress during the year. At Kidderminster the alterations to a Block (previously included in the House), for the reception of sick cases have been completed and it is now in use; the result is that a number of additional beds is available, but of necessity, the new addition is not as convenient to administer as a new unit. The wards are rather narrow, but the extension should prove reasonably satisfactory. The final approval of additions to the Evesham Hospital, both in the way of added patient and staff accommodation, was obtained in 1932, and at the time of writing the main alterations are complete and the new wards are actually occupied. This should prove a most satisfactory and useful addition.

13. The provision of a new hospital at Bromsgrove has for the time being been abandoned and the County is therefore dependent on the various Voluntary Hospitals, and on the Hospitals provided by other Local Authorities, for the reception of acute cases.

HALLAM HOSPITAL, WEST BROMWICH.

14. Cases from the Oldbury area are still sent to this Hospital.

WORDSLEY. (Staffordshire County Council).

15. Worcestershire cases, both sick and mentally defective, have been admitted to this Hospital during 1932.

VOLUNTARY HOSPITALS.

16. The co-operation with Voluntary Hospitals, both in and adjoining the County, has been very satisfactory. It was found possible to dispense with the provision of an operating theatre in the extensions at Evesham as the Evesham Voluntary Hospital has suitable and sufficient accommodation to meet the requirements of the district. Arrangements for the admission of County cases are complete.

Improvements etc. at Institutions during the year 1932.

Bromsgrove.

New Washing Machine installed in Laundry.

Nurses' sleeping, day-room and servery accommodation extended.

Urgent Repair work.

Old coal range replaced by new Double Oven Gas Cooker.

Boiler removed from the Droitwich Institution to replace smaller of the two at Bromsgrove.

Structural alterations to Boiler House.
 New Heating Boiler installed in Infirmary.
 Committee Room re-decorated.
 New Sterilizer provided in Infirmary.
 Female Receiving Ward repaired.
 Proposal to provide additional accommodation for casuals approved by the County Council.

Evesham.

Alterations and additions at Institution in order to provide extra beds in Infirmary and Nurses' accommodation commenced.
 External decorative work at Homes.
 Proposal to provide additional accommodation for casuals approved by the County Council.

Kidderminster.

Adaptation of Infirm Block in order to provide additional infirmary accommodation.
 Laundry extended and additional machinery and motors installed.
 Electric light installed throughout the Institution.
 New Slicing Machine provided.
 Proposal to provide additional accommodation for casuals approved by the County Council.

Martley.

Erection of steel chimney in place of old brick chimney approved, also certain structural alterations to boiler house.
 Electric washing machine installed.
 Necessary external and internal decorative and repair work.

Pershore.

External repairs.
 Internal repairs at Infirmary.
 Store-room converted into bathroom.
 Re-decoration of boys' and girls' bedrooms at Homes.
 Adequate washing and sanitary accommodation to be provided for the children at the Homes.

Stourbridge Cottage Homes.

Necessary repairs and alterations.

Adaptation of playroom block for use as a laundry and addition of two small wings, one for baths and the other for a boiler-house and fuel store; the installation of laundry fittings, boiler, hot water system, baths and electric power; conversion of two wash-houses for use as stores.

Play-yards to be re-paved in view of the bad and dangerous condition of their surfaces.

Upton-on-Severn.

Erection of shed for casuals at the Malvern Casual Wards.

General.

17. It was originally suggested that a Nurses' Home should be erected at the Kidderminster Institution to accommodate the additional Staff required to look after the increased number of patients in the new Block, but on the grounds of economy this suggestion was not adopted and it has been necessary to obtain sleeping accommodation outside the Institution. I hope that it will be possible at some early date to reconsider this question. Whilst the existing arrangement provides a convenient makeshift, a permanent staff living on the premises provides the most suitable lasting arrangement for the efficient working of a Hospital.

18. Although additional accommodation for hospital patients has been provided at Kidderminster, the Minister of Health has pointed out that this accommodation would have to be supplemented by arrangement with neighbouring Authorities if the needs of the County sick were to be met even on a temporary basis.

19. The County Borough of West Bromwich is endeavouring to ascertain from other Authorities the number of beds they may require at Hallam House and Hallam Hospital, where there is accommodation surplus to the needs of that Authority. The question of reserving a certain number of beds in each of these Institutions, for cases from the North of the County, is under consideration. Cases from the Oldbury area are at present sent to Hallam House and Hallam Hospital and it is preferable from every point of view that the arrangement should be confirmed by an agreement on the basis of user for a definite period of years.

Poor Law Medical Out-Relief.

20. There has been no change in policy. Some minor alterations in the districts of the fifty part-time District Medical Officers who cover the County area have resulted from the revised boundaries under the County of Worcester Review Order which became effective on the 1st April 1933.

21. The importance of keeping accurate records of all medical relief cases has been pointed out to every District Medical Officer. These records provide the main information as to the work undertaken and must be the basis of salary revision in the event of any increase or decrease of work. I do not wish these remarks to be taken as a reflection on the treatment of poor people, for I believe they are well looked after, but a doctor's records do not always give him credit for all work done, and the only proper course is to see that the necessary statistical data are accurately recorded.

The Census—1931.

22. The details of the Census for the County were published early in 1933. The populations of the County and of the various Sanitary Districts will be found in Table I. The figures comprise visitors as well as residents.

23. It will be seen that in spite of the altered County Boundaries the population of the Administrative County increased from 298,455 in 1921 to 308,940 in 1931.

24. It should be remembered that the 1931 Census was taken in the month of June when the populations of holiday resorts were swollen by temporary visitors and the populations of other areas correspondingly affected.

25. Another factor is that in June 1921 boarding schools had children in residence, whereas such children were on vacation in April 1931. This applies specially to Malvern where the population shows a decrease of 2,178, which is out of all proportion to the real trend of movement.

26. The largest percentage increase is that recorded for North Bromsgrove Urban District, viz.: 31·6%, (2,639) followed by Stourport with 24·5%, (1,172 persons) and Bromsgrove Rural District with 22·5%, (3,624 persons). Other increases in excess of 10% are recorded in Oldbury Urban District and Stourbridge Borough. The largest numerical increase was that of 5,839 persons recorded in Oldbury.

27. The rate of increase in the aggregate of Municipal Boroughs and Urban Districts (7·3%) contrasts with the rates in the County Boroughs (5·0%) and in the Rural Districts (3·0%).

28. For the *geographical* County as a whole it will be seen that the population increase of 5·6% consists of a gain by natural increase (*i.e.* the excess of births over deaths) of 6·0% and a net loss by migration amounting to 0·4%.

29. The information given by the Registrar General in the Census Report is of a very definite character which it may be well to review briefly in this Annual Report.

30. As already mentioned the population of the Administrative County increased during the 10 years from 1921 to 1931 from 298,455 to 308,940. During the same period, as a result of housing activities, the number of occupied dwellings increased by 12,400. On the assumption that 3.5 persons occupied each additional dwelling it will be noted that the number of houses more than counteracts the increase in population and the natural inference is that overcrowding is considerably less in 1931 than in 1921.

31. One of the most important features of the 1931 Census relates to the large increase in the number of private families. Even in the Rural districts, where there is a stationary or falling population there is in every instance an increase in the number of private families. This general increase in every district is mainly responsible for the continued demand for additional houses and can be accounted for by the continued fall in the birth rate and the increased expectation of life of the individual. Accompanying this increase in the number of private families there is in every district, as a result of activities of local authorities or other persons, an increase in the number of occupied dwellings ranging from 2.41% in Tenbury Rural District to 53.09% in North Bromsgrove Urban District.

32. Whilst the figures appear satisfactory it is necessary to point out that the increase in the number of occupied dwellings is generally counterbalanced by an equal or even greater increase in the number of private families.

33. It may be of interest to indicate the facts relating to houses and persons which may be extracted from the Census returns

(1) *Size of occupied dwelling.*

34. There has been little change in the average throughout the County as a whole during the period 1921-31. The extremes are Lye and Wollescote Urban District with 4.13 rooms per dwelling and Malvern Urban District with 5.69.

(2) *Size of private family.*

35. The average family of Worcestershire has decreased from 4.18 individuals in 1921 to 3.78 in 1931, which is a very big drop.

(3) *Overcrowding.*

36. Since 1891 Census records are available showing where overcrowding reached a density of more than 2 persons per room.

37. It is obvious that census figures can give no information as to the character of the accommodation or the size of rooms ; further, this standard of overcrowding does not differentiate between adult and child occupants. These are facts which call for care in drawing deductions from figures, but nevertheless the data is reliable. The standard of overcrowding (namely, where the density exceeds 2 persons per room) is more likely to be criticised on the grounds that it is too low than too high. There are undoubtedly many houses where the density falls between 1.5 and 2 per room which are unquestionably overcrowded. For these reasons, very considerable importance should be attached to ascertaining the individual and comparative figures.

(4) *Evidence of less overcrowding in Worcestershire.*

38. (a) The average number of persons per room has fallen from .89 to .81 during the 10 years. The figures range from 1.02 in Lye and Wollescote Urban District to .62 in Malvern Urban District.

39. (b) The overcrowded population based on density exceeding 2 per room was :—

| | | |
|------|---|--------|
| 1921 | — | 21,498 |
| 1931 | — | 14,781 |

40. In connection with this standard, the term room means kitchen, living room or bedroom but not scullery, larder, coal-house, &c.

41. It will be seen that a man, wife and 3 children with one living room and one bedroom, or a man, wife and five children with one living room and two bedrooms would be within the category of overcrowded.

42. Whilst a certain amount of satisfaction may be derived from the comparative figures it must be remembered that few new houses had been built between 1914 and the date when the 1921 census was taken ; the arrears which had accumulated as the result of the Great War resulted in a deplorable shortage of houses.

43. There remains the fact that on a standard which few would claim to be unduly generous rather more than 4% of the population were living under overcrowded conditions in April 1931.

44. The following Table gives details of the Sanitary Districts where overcrowding is most prevalent in the County :—

| District. | No. of families. | Total persons overcrowded. | Percentage of total population. |
|---------------------|------------------|----------------------------|---------------------------------|
| Droitwich Borough | — 56 | 407 | 10·65 |
| Lye Urban District | — 158 | 1130 | 9·32 |
| Bromsgrove Urban | — 105 | 830 | 9·32 |
| Oldbury Urban | — 429 | 3011 | 8·44 |
| Halesowen Urban | — 326 | 2348 | 7·67 |
| Bewdley Borough | — 26 | 184 | 6·86 |
| Stourbridge Borough | — 137 | 1006 | 5·20 |
| Droitwich Rural | — 82 | 610 | 5·16 |

45. In the Tenbury Rural District there are but two families, comprising 16 persons, classified as overcrowded. In Evesham Rural District there are only 30 families, comprising 257 people. Whilst the satisfactory character of the figures relating to Tenbury may be largely due to the fall in population, the Evesham Rural figures are based on an increased population and must, in the main, be the result of the active housing policy pursued by that Local Authority.

46. The need for still further action in connection with housing may be met by a criticism that overcrowding to-day is the result of large families where the parents have neither the accommodation nor the means to look after them, and that the falling birth rate will in due course right the position.

47. There is an element of truth in this contention but a study of the size of private families, and the rooms occupied by these families, indicates clearly that the existing deficiencies call for further action. There are in this County 685 families, comprising 1448 persons, who have but one room per family in which to live and sleep, and 7% of the total families have but 2 rooms for all purposes.

Vacant houses.

48. Vacant unfurnished dwellings are relatively most numerous in the Tenbury Rural, North Bromsgrove Urban and Martley Rural Districts. It is of interest to note that the North Bromsgrove Urban District with the greatest percentage increase in population has 93 unoccupied houses. I am afraid the explanation is that the rentals in some parts of this district are beyond the means of the would-be tenant.

Institutional Provision for the Care of Mental Defectives.

49. The Special Committee referred to in my last Report still has this question under consideration.

50. The Council do not possess any Institution or Colony for mental defectives. The action taken is limited to obtaining admission for urgent cases to out County Institutions. This is not easy, as the majority of Authorities are placed in a similar position to Worcestershire. The Wordsley Institution (Staffordshire) has the largest number of Worcestershire cases. An arrangement for Worcestershire cases to be admitted was made when the Institution (which belonged to the former Stourbridge Board of Guardians) was taken over by Staffordshire.

District Medical Officers of Health.

Arrangements for the future.

51. Section 58 of the Local Government Act, 1929, requires the County Council, after consultation with Local Sanitary Authorities, to formulate arrangements for securing that every Medical Officer of Health subsequently appointed shall be restricted from engaging in private practice as a medical practitioner.

52. I have prepared a preliminary report which has been referred to a Special Committee and consultations are now taking place with Local Sanitary Authorities in order that their views may be ascertained, after which the matter will be considered by the Public Health and Housing Committee and a report submitted to the County Council.

53. The review of Isolation Hospital accommodation has also been commenced and the same Special Committee is dealing with this subject concurrently.

Hospital Services.

54. A complete list of the Hospitals was given in my Annual Report for 1930, pages 13 and 14. The only change has been the addition of the Mary Stevens Maternity Home at Stourbridge, which is referred to in another portion of this Report. Under Section 3 of the Local Government Act 1929, a survey of the hospital accommodation for the treatment of infectious diseases is to be made. This survey has been delayed by reason of the changes in District boundaries, but it is now complete and is receiving consideration.

Ambulance Facilities.

55. *Fever Cases.* The provision of motor ambulances in the place of horse drawn vehicles has proceeded—only one Hospital in the County has not yet made this change.

56. *General.* No ambulances are maintained by the County Council. The ambulances provided by the Red Cross and Local Authorities are sufficient. An ambulance is now provided for the Tenbury district.

Nursing in the Home.

57. The main provision is through the County Nursing Association and the 73 affiliated District Nursing Associations.

58. The annual grant to the City and County Nursing Association on account of the training and supply of Midwives and the administrative expenses in connection with the County Superintendent, Miss Crothers, and her office work has been raised to £800. Part of this grant is passed on by the County Nursing Association to District Nursing Associations.

59. District Nursing Associations receive direct grants of approximately £3,000 a year from the County Council for services rendered by their Nurses as part-time Health Visitors, and in aid of their Midwifery services.

60. There has been little change in the arrangements during 1932, no new Associations being started. At the time of writing, the Arley District Nursing Association has ceased to function and the district has been absorbed into other existing Associations' areas. Hanley Castle District Nursing Association has also given up, although there is a hope that the activities in this area may be resumed at a later date.

61. There is overlapping, in several cases, between Gloucestershire and Worcestershire Associations, parishes in both Counties being included in individual Associations. Difficulties over grants and supervision may easily occur, and as some of the Associations in that portion of Worcestershire adjoining Gloucestershire have to receive very large grants in order to continue working, some revision seems to be required. It is hoped Miss Crothers, the County Superintendent, will be able to produce a workable scheme to deal with the difficulty.

62. Dr. Mitchell (Medical Officer of Health, Malvern) in his report states :

" Nursing in the Home."

" There is no change with regard to general nursing.
 " There are 5 District Nurses employed by 5 separate Nursing
 " Associations—Great Malvern and Welland ; Christ Church ;
 " Malvern Link ; North Malvern ; and West Malvern. I know
 " from many years' experience that at times the nurse in one
 " district may have more work to do than she can cope with,
 " when her fellow in perhaps an adjoining parish is complaining
 " that she has too little to do.

" I would again put forward a plea for the establishment
 " of a Central Nursing Institution, which with the extension
 " of public telephone boxes and the cheapness and simplicity
 " of motor-cars is much more feasible than it was when first
 " I advocated this in the year 1911.

" This is not a point of academic interest only. If I were
 " asked the question whether I considered the money sub-
 " scribed to alleviate the sufferings of the sick poor were
 " expended to the greatest advantage, I would reply
 " ' Certainly not.' I have known cases of cancer and other
 " septic diseases, whose sores have been left to be dressed by
 " relatives or neighbours, because the District Nurse rightly
 " said she could not attend them as she was expecting a
 " confinement.

" I should again like to report that it is to be regretted
 " that the arrangements for the District Nurses to act as Health
 " Visitors during Measles epidemics have been allowed to lapse."

63. The Council directly arrange for District Nurses to nurse tuberculous patients in the latter's own homes where this procedure is recommended by the Tuberculosis Officer ; such services are usually connected with dressings, and the care of advanced cases. A capitation fee is paid for each visit.

64. Similar fees are payable on account of Ophthalmia Neonatorum cases treated at home under a doctor. In special circumstances, Nurses have been provided for the nursing of Puerperal Fever cases.

65. Home helps are provided in certain cases. A fund raised by the Worcestershire Branch of the Federation of Women's Institutes makes this possible. This public spirited and extremely useful action by the Women's Institutes has been of great assistance to many cases, both when pregnant mothers have been removed to hospital, or when the confinement takes place at home.

Laboratory Facilities.

66. The County Laboratory is in charge of the County Analyst and Bacteriologist, Mr. C. C. Duncan, who makes a separate Annual Report. No change has been made in the staff since my last Report.

Legislation in Force.

67. Apart from the Orders constituting Isolation Hospital Districts, I am not aware of any Local Acts, Special Arrangements, General Adoptive Acts or Bye-laws relating to Public Health.

Children Act 1908.

68. No alteration was made in the arrangements for the supervision of Infants under the Infant Life Protection clauses of the Children Act, 1908.

69. Twenty-eight new cases were registered during the year, making a total of 153 cases dealt with since the 1st April 1930. The number of children on the Register at the end of the year was 55; and the number of homes in the County registered as suitable for the reception of either one or two infants is 104.

70. The condition of the homes and of the children has been generally satisfactory. Where necessary, attention has been drawn to the non-provision of sufficient fireguards.

71. During the year, two cases occurred where children were placed in homes which were not considered in every respect suitable. Instructions were given that alternative homes must be found. As a result, in the one case the child was returned to its grandparents, while in the other case the child was removed to another foster-mother for a fortnight and was then returned to its mother.

72. In one case, where the payments to a foster-mother in respect of two children (one of whom was an Infant Life Protection case) were not forthcoming, the facts were reported to the Public Assistance Officer for the area in which the father of the children resided. As a result, a boarding-out allowance is now being made to the foster-mother by the Public Assistance Committee.

73. *Part V. of the Children and Young Persons Act, 1932*, which came into operation on the 1st January 1933 materially alters the provisions relating to Infant Life Protection.

74. The age of children to be supervised has been extended from 7 to 9 years; and notice must now be given to the local authority prior to the reception of such infants.

75. Notice of death or removal of an infant must now be given both to the person from whom the infant was received and to the local authority. Any change of address must be notified in advance.

76. There is now power to prevent the reception of an infant as well as to remove it.

77. In addition to the considerations existing hitherto, an infant may now be removed if it is being kept in an environment which is detrimental to it, or by a person who by reason of old age, infirmity, or ill health, is unfit to have charge of it.

78. Anonymous advertisements offering to undertake the care of children under 9 years of age are prohibited.

79. The new provisions have been advertised in the local papers circulating in the County, and a leaflet setting out such provisions has been sent to every approved foster-mother in the County. The leaflet has also been sent to all Health Visitors and District Nurses and to the Assistant County Medical Officers.

Clinics and Treatment Centres.

80. Where new Clinics have been provided a reference has been made under the appropriate headings.

Midwives Acts 1902—1926.

81. The administration of the Midwives Acts has proceeded on the usual lines, the Assistant County Medical Officers acting as Inspectors in their own districts.

82. The number of practising midwives in the County in 1932 was 292 and of this number only 17 are untrained. Two cases were reported to the Central Midwives Board, one for a serious breach of the Rules and the other for misconduct. The certificates were cancelled in both cases.

83. Subsidies at the rate of £10 per annum were given to four midwives. Compensation has been granted in two cases where the midwives were suspended, to prevent the spread of infection, and a small grant was made to four other midwives to compensate them for the loss of fees in respect of patients transferred to Maternity Homes.

84. One midwife who was found to be a persistent carrier of haemolytic streptococci (nose and throat) was operated on and compensation paid for the suspension period. Her record of work which was previously unsatisfactory, has been uneventful since the operation.

85. The midwifery service of the County is, I think, improving from the point of view of efficiency but there are still a few rural parishes where new nursing associations are urgently required. No new District Nursing Associations have been formed but the parishes of Crown East and Cotheridge have been added to the area of the Hallow Nursing Association.

86. Of the 4417 notified births in the whole County 69 per cent. were attended by Midwives.

87. The following Table in connection with fees paid to Doctors in respect of midwifery may be of interest :—

| Year. | Registered Births. | Medical Aid Records. | Number of Claims. | Fees paid. | Amount recovered. |
|-------|--------------------|----------------------|-------------------|------------|-------------------|
| 1926 | 5309 | 721 | 375 | £537 | £74 |
| 1927 | 5090 | 966 | 516 | £767 | £112 |
| 1928 | 5108 | 986 | 602 | £1043 | £141 |
| 1929 | 4953 | 1088 | 725 | £1282 | £211 |
| 1930 | 4964 | 1082 | 697 | £1260 | £210 |
| 1931 | 5033 | 1110 | 828 | £1341 | £223 |
| 1932 | 4772 | 1121 | 813 | £1250 | £298 |

88. In my last report I mentioned that a new scale for the recovery of fees had been adopted. The scale is reasonable and more generous than that of some neighbouring authorities. The results are satisfactory but have necessitated some pressure upon individuals who can but will not pay. Proceedings were taken in the County Court in no less than 27 cases in 1931. It is probable the cost of collection equals or possibly exceeds the amount collected. The force of example is, however, very helpful and in certain parts of the County the failure to collect indicated that some drastic steps were required, if the principle of repayment was to continue. I believe that the examples made will prove helpful to the future working of this scheme.

Maternal Mortality.

89. (1) The County is fortunate in possessing two modern, well equipped and staffed Maternity Hospitals.

(a) *The Lucy Baldwin Maternity Hospital, Stourport.*

90. This Hospital was built as a gift to Mrs. Stanley Baldwin, of Astley Hall, Stourport, who presented it to the County Council. The number of beds proved unequal to the demand, and Sir Julien Cahn generously added a new Ward, provided an enlarged Nursery, extra Bedrooms, and an improved Isolation Block. The Number of beds is now 16, sub-divided into :—

One 8-bed ward ;
One 4-bed ward ;
Two 1-bed private wards ; and
Two Isolation Beds.

91. The following statistics relate to this Hospital for 1932, namely :—

| | | | | |
|---|---|---|---|------------|
| No. of cases admitted | — | — | — | 183 |
| No. of cases delivered | — | — | — | 175 |
| (Of these 157 were delivered by the Nurse Midwives on the Staff and 18 by doctors.) | | | | |
| Average duration of stay | — | — | — | 15.7 days. |
| No. of cases of Puerperal Fever | — | — | — | none. |
| No. of cases of Puerperal Pyrexia | — | — | — | 7 |
| No. of maternal deaths | — | — | — | none. |
| No. of Infant deaths | — | — | — | 5 |
| No. of Stillbirths | — | — | — | 6 |

92. It will be noticed that there were 5 Infant Deaths and 6 stillbirths ; this must be expected in view of the number of abnormal cases admitted to the Home, but it is satisfactory to note that all the mothers made a satisfactory recovery.

93. In connection with the admissions to this Maternity Hospital, it is necessary to point out that for a portion of the year 1932, the Hospital was closed for alterations and additions, and arrangements were made for the Mary Stevens Maternity Home to undertake the urgent work during the period from the 3rd October 1932 when the Hospital was closed for about 6 weeks. After this period the Matron (Miss Sayers) admitted a few cases in such

wards as could be used, and carried on under considerable difficulties until the alterations were finally completed in the first week of January 1933. I consider that Miss Sayers and her Staff are to be commended for the very helpful way they co-operated during this period.

94. The extensions are most satisfactory from a working point of view, and in no way spoil the appearance of the building. It is hoped that some shrubs will be planted on the west side of the extension in the park owned by the Stourport Urban District Council. Representatives of that Council have met the Management Committee of the Hospital in a most helpful way, and if this proposal becomes effective, the privacy of the Hospital and the appearance of the park will be improved.

95. I wish to thank Dr. E. S. Robinson for his assistance and Dr. R. S. McArthur (who has followed Dr. O. P. Giles) for the work done at the Hospital.

96. The medical staff now consists of Dr. E. S. Robinson, Dr. R. S. McArthur and Dr. C. Mackie and the consultants are Professor Beckwith Whitehouse and Mr. Alfred Danby.

(b) *The Mary Stevens Maternity Home.*

97. Mr. Ernest Stevens, Prescott House, Stourbridge, has—as a memorial to his Wife—built and equipped a Maternity Home at Stourbridge, which he has presented to the Stourbridge Corporation, but the County Council are to be the tenants so long as the Home is used for maternity and child welfare purposes. The Home although in the town and near the Stourbridge Junction station, is situated on an open site in grounds of more than six acres. It comprises, a main block, (three stories high), ante-natal clinic, isolation block, lodge, laundry, garage, boiler house, disinfecting unit, and other out-buildings. There are two six-bed wards, one two-bed ward, two single bed wards, and an isolation block with two beds—a total of eighteen beds.

98. The Home was opened by Sir Edward Hilton Young, the Minister of Health, on the 19th September 1932.

99. Dr. G. Dudley (Medical Officer of Health for Stourbridge) speaking of the Mary Stevens Maternity Home in his annual report, says :—

“ May I acknowledge the debt of gratitude which everyone
“ owes to Mr. Stevens for his foresight and wisdom in providing
“ this Home. Not only will it provide treatment for many
“ women who cannot receive proper attention in their homes,
“ but it is a real practical help in attempting to solve the
“ serious problem of Maternal Mortality, which one regrets
“ to state is still high.”

100. I cannot let this occasion pass without expressing my own appreciation of this most generous gift which has been made to the residents of Stourbridge and adjoining districts and which should prove of inestimable value to the north of the County.

101. As may be expected, there has been much work and thought put into the construction of this very fine Maternity Home, which was designed by Mr. Cyril Martin of Birmingham. The Matron (Miss Garrett) was largely responsible for the furnishing and equipment and has had to bear the brunt of the many arrangements to be made, both for the opening, and, more important still, for the reception of cases which followed almost immediately after the formal opening. The willing services of Professor Beckwith Whitehouse were early required and three Caesarean sections had to be performed before the end of December.

102. Between the 19th September and 31st December 1932, 65 cases were delivered there ; 42 by the nursing staff, and 23 by doctors. There was no maternal death, and no case of puerperal sepsis. Five babies were stillborn and one died within ten days of birth, due to prematurity. Several major operations have been performed at the Home by Professor Beckwith Whitehouse, and all the mothers recovered satisfactorily.

103. The Medical Officer of the Home is Dr. G. Meldon. The satisfactory progress so far made is in no small measure due to his efficient service, for to run a new Maternity Home, staffed by general practitioners, requires not only an expert knowledge of the subject but also tact ; I consider the County Council have been most fortunate in obtaining the services of Dr. Meldon. The practitioners of Stourbridge and district who constitute the part time medical staff of the Home have co-operated to the full in what is admittedly a difficult problem.

(c) *Public Assistance Institutions.*

104. Eleven beds are provided at Public Assistance Institutions, and during the year 78 cases were admitted.

(d) *Other Institutional Treatment.*

105. Apart from the treatment given above, there were 24 cases of complicated pregnancy which had to be sent to special Hospitals. The cost was £187 10s. 7d. During the year it was also necessary to obtain the assistance of consultants in 8 cases, at a cost of £42 0s. 0d.

106. Two consultant sessions were held when 8 ante-natal patients were seen. The cost incurred was £12 12s. 0d. which included operative procedure in one case.

107. The Maternal Mortality Rate for 1932 was 4.6 per 1000 of Births registered: this represents 10 deaths from Puerperal Sepsis and 12 deaths from other accidents and diseases of Pregnancy and Parturition.

108. The total number of such deaths and the death rates for the last ten years were:—

| Year. | Sepsis. | Other Causes. | Total. | Rate per 1,000 of Births. |
|---------|---------|---------------|--------|---------------------------|
| 1932 | 10 | 12 | 22 | 4.6 |
| 1931 | 6 | 11 | 17 | 3.3 |
| 1930 | 17 | 11 | 28 | 5.6 |
| 1929 | 13 | 12 | 25 | 5.0 |
| 1928 | 5 | 15 | 20 | 3.9 |
| 1927 | 13 | 19 | 32 | 6.2 |
| 1926 | 11 | 15 | 26 | 4.9 |
| 1925 | 6 | 15 | 21 | 3.8 |
| 1924 | 7 | 10 | 17 | 3.0 |
| 1923 | 4 | 9 | 13 | 2.3 |
| Average | 9 | 13 | 22 | 4.2 |

109. Although the death rate for the last two years shows an improvement over the years 1929 and 1930, the record of Worcestershire in relation to Maternal Deaths is not such as allows of complacency or inaction.

110. During 1927 to 1932, 90 mothers died in the County during child-birth: more complete arrangements would unquestionably have avoided many of these calamities.

111. Following the usual procedure, an inquiry was, with the consent and assistance of the medical attendant, made into each maternal death, and a report sent to the Ministry of Health.

112. In cases of Puerperal Fever, the notifying practitioner is offered Institutional facilities and the midwife concerned is suspended until she has ceased attendance and has disinfected. A report is also made to me on each case occurring in the practice of a Midwife by one of the Assistant County Medical Officers, and any necessary action is taken.

113. When a case of puerperal pyrexia is notified, the Midwife is not allowed to attend any other midwifery case unless the doctor in attendance expresses the opinion that there is no risk in so doing. In any case where medical aid is sought by reason of a "rise of temperature" in the patient, the Midwife is instructed by letter to ask the opinion of the medical attendant as to whether the case is one where there is any possibility of infection being conveyed, and, should this be so, a period of suspension is enforced.

Dental treatment for Expectant Mothers.

114. Assistance has been given in 13 cases at a cost of £21 8s. 0d. Towards this amount the patients agreed to contribute £2 18s. 6d. In every case a minimum contribution of 2/6 is required from the Expectant Mother.

Ante Natal Work.

115. In an old report made by Dr. H. C. Darby (Medical Officer of Health for Lye) in 1914, when commenting on the number of premature births he states :—

"In this connection one cannot help thinking that ante-natal lectures would possibly assist women, by teaching them how to take care of themselves and how to avoid abnormalities in their state of pregnancy and to thus avoid in some measure this wastage of lives."

116. The importance of ante natal supervision in the prevention of maternal mortality is to-day generally accepted, but to obtain results requires the co-operation of midwives, doctors, and most important of all, the mothers. Whatever steps may be taken by the local Authority this essential co-operation must be obtained to make real progress.

117. Some increase in the activities of ante natal Centres maintained by the Local Authority can be recorded particularly in connection with the Maternity Homes, but the bulk of cases depend on the ante natal supervision by the Midwife and her ability to sift out these cases and refer any abnormal cases to the Centre or private Doctors.

118. There is substantial evidence that both Doctors and Midwives are now selecting and referring abnormal cases to our Maternity Homes. The further provision of routine clinics where abnormal ante natal cases can be seen in groups by an obstetric consultant and his opinion made available for the private doctor is a step in the right direction. I believe these special clinics must be of first rate importance in our scheme if it is to be really effective.

119. Ante natal records for 1932 are set out below. The figures given relate to cases at doctors sessions only.

| Ante Natal Clinic. | Average attendance. | First visits. |
|---|------------------------|------------------|
| *Bromsgrove | 5 | 34 |
| †Halesowen | 8 | 105 |
| ‡Newtown, Malvern | 7 | 28 |
| †Stourbridge | 12 | 111 |
| †The Mary Stevens Maternity Home, Stourbridge. | 9 | 107 |
| §The Lucy Baldwin Maternity Hospital, Stourport. | 18 | 180 |
| †Worcester | 3 | 23 |

* Monthly.

† Fortnightly.

‡ When required.

§ Weekly.

120. Ante natal sessions for periodic supervision by the Matrons are also held at the Lucy Baldwin Maternity Hospital and The Mary Stevens Maternity Home.

121. A total of 657 Mothers attended ante natal centres during 1932.

122. Furthermore 74 ante natal cases attended at the County Council Infant Welfare Centres and 151 at Voluntary Infant Welfare Centres.

123. Health Visitors also paid 6,262 visits to the homes of expectant mothers.

Health Visiting.

| | | |
|---|---|----|
| Infant mortality Rate per 1,000 births 1932 | = | 66 |
| Average annual mortality 1922-31 | — | 63 |

124. 4,772 births were registered in the Administrative County in 1932 and of these 317 died under one year of age. In the absence of bad epidemics of whooping cough and measles the rate of 66 is disappointing. The hot weather in the autumn was probably responsible for an increased number of deaths from diarrhoea but the figure for congenital debility, malformations, including premature births, is the largest individual factor in this rate. Although

the total number of births in the County continues to fall, this group of causes provides a fairly constant figure which one would expect to decrease to at least the same extent as the fall in the total births. A reduction in this figure is more likely to be obtained through efficient ante-natal care of the mother, as the bulk of the deaths occur within the first few weeks of life. Out of a total of 317 deaths under 1 year 169 were attributed to congenital defects and premature birth.

125. Dr. C. R. P. Mitchell (Malvern) states " During the year, 13 infants under 1 year died and the resulting Infantile mortality is 77.4 per 1,000 births registered. The causes of death were unusual and 8 of the deaths occurred within 24 hours of birth. Of these, 2 were due to neglect at birth, one being a coroner's case and the other a discharge by the Magistrates; 5 were due to premature birth (in one of these there was a complication of Placenta Praevia) and asphyxia of the new born accounted for the remaining one, after 12 hours. I cannot recall any year in my experience in which conditions have approached this, and I hope that this year will be quite exceptional."

126. The highest Infant Mortality rate was recorded in Halesowen with a figure of 94 followed by Oldbury with 91. Fifteen of the 32 fatal cases of diarrhoea under 2 years of age in the County occurred in Oldbury. There were also 10 deaths from whooping cough in this district. Some of these cases are probably infants under 1 year of age, but at the time of writing, the annual report of the Medical Officer of Health for this district has not been received.

127. Evesham Borough has the best figure for Urban Districts, namely 20.

128. The Kidderminster Borough figure, 53, is the lowest rate ever recorded in that area.

129. The birth of every child in the County is notified to me, and each child is visited within a few weeks of birth by either a County Health Visitor or a District Nurse. Supervision continues to school age.

130. The steps taken to safeguard the infant have been detailed in previous reports.

131. In 1932 93% of the notified births were visited in the area administered by the County Council; at Oldbury and Kidderminster the corresponding figures were 98% and 90% respectively.

132. The following Table gives details of attendances at the Infant Welfare Centres during 1932.

County Council and Voluntary Infant Welfare Centres.

| | Average attendances. | | | |
|--------------------|----------------------|---|---|----|
| Blackheath | - | - | - | 61 |
| Bromsgrove | - | - | - | 63 |
| Cradley | - | - | - | 63 |
| Catshill | - | - | - | 26 |
| Halesowen | - | - | - | 85 |
| Lye | - | - | - | 80 |
| Rubery | - | - | - | 32 |
| Redditch | - | - | - | 55 |
| Worcester | - | - | - | 3 |
| *Alvechurch | - | - | - | 23 |
| *Broadway | - | - | - | 15 |
| Belbroughton | - | - | - | 14 |
| Evesham | - | - | - | 31 |
| Fairfield | - | - | - | 17 |
| *Littleton | - | - | - | 23 |
| Malvern Link | - | - | - | 46 |
| Poolbrook, Malvern | - | - | - | 21 |
| Newtown, Malvern | - | - | - | 36 |
| †Offenham | - | - | - | 6 |
| *Ombersley | - | - | - | 13 |
| *Stourport | - | - | - | 29 |
| ‡Stourbridge | - | - | - | 51 |
| *Tardebigge | - | - | - | 3 |
| †Upton-on-Severn | - | - | - | 7 |
| *Welland | - | - | - | 18 |
| *Wribbenhall | - | - | - | 26 |

* Opened Fortnightly.

† „ Monthly.

‡ „ Twice weekly.

Unmarried Mothers.

133. The Council make an annual grant of £420 to the Greenhill Hostel, at Kidderminster, where 26 cases were admitted during the year, the average duration of stay being three months. One case of Ophthalmia Neonatorum was notified and even after treatment in Hospital the vision of one eye was slightly impaired.

134. There was no maternal death in the Institution.

135. It is a provision of the scheme under the Local Government Act that the Council must be satisfied with the provisions made by Voluntary Bodies receiving Grants from the County Council.

136. During the first three-year grant period there have been substantial improvements which in the opinion of the County Council were necessary :

1. The Nursing Staff has been strengthened.
2. Improvements to Labour Room, namely the provision of Hot and cold water and improved lighting.
3. The addition of an outside fire escape stairway.

137. It is now proposed that a separation room for cases which cannot safely be nursed in the common ward, and improved accommodation for the Staff should be provided.

138. A special grant of £100 which is rather less than half the total cost has been promised by the County Council towards the cost of these alterations. The balance will be raised as a special effort by the Voluntary Committee which administers the Home.

139. The County Council is now represented on the Greenhill Hostel Committee by a County Councillor who resides in the Borough of Kidderminster.

Nursing Homes Registration Act 1927.

140. There are now 28 Nursing Homes on the Register and 9 Institutions have been exempted from registration. Each Home is visited half-yearly by an Assistant County Medical Officer, and a report submitted to me.

141. During 1932, the following action was taken :—

| | | | |
|---|---|---|---|
| No. of applications for Registration | - | - | 3 |
| No. of Homes registered | - | - | 3 |
| No. of orders refusing or cancelling registration | - | - | - |
| No. of appeals against such orders | - | - | - |
| No. of applications for exemption from registration | - | - | - |

142. The County Council are the authority under the Act for the whole of the Administrative County.

Venereal Diseases.

143. The usual tabular statements are submitted.

144. Three cases, were admitted to Cleveland House, Wolverhampton, during the year.

VENEREAL DISEASES. SUMMARY, 1932.

28

| Treatment Centre. | "NEW" OUT-PATIENTS. | | | | | "NEW" IN-PATIENTS. | | | | | IN- PATIENTS | | Total Attendances of all Patients. | | | | | SALVARSAN SUBSTITUTES. | | No. ceasing attendance before completing treatment | No. of specimens examined. |
|----------------------------------|---------------------|------------------|------------------|-------------|-------|--------------------|------------------|------------------|-------------|----------------|-----------------|------------------|------------------------------------|-------------|----------------------------|----------------------|--------------------|---------------------------|------|---|----------------------------------|
| | Syph- ilis. | Gonorr- hoea. | Soft Chancres | Not V.D. | Total | Syph- ilis. | Gonorr- hoea. | Soft Chancres | Not V.D. | Total days. | Syph- ilis. | Gonorr- hoea. | Soft Chancres | Not V.D. | Total attend- ances. | No. Treat- ed. | No. of doses | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Worcester | | | | | | | | | | | | | | | | | | | | | |
| Royal Infirmary | 20 | 35 | - | 22 | 77 | - | 2 | - | - | 315 | 613 | 868 | - | 66 | 1547 | - | 485 | 23 | 250 | | |
| Kidderminster | 21 | 23 | - | 64 | 108 | 3 | 4 | - | - | 153 | 557 | 1111 | 1 | 66 | 1735 | 92 | 405 | 48 | 225 | | |
| Birmingham | 23 | 55 | - | 47 | 125 | - | 6 | - | 1 | 200 | 1034 | 2570 | - | 101 | 3705 | 138 | 807 | 43 | 1321 | | |
| General Hospital | 4 | 15 | - | 12 | 31 | - | - | - | - | - | 305 | 750 | - | 92 | 1147 | 20 | 79 | 10 | 112 | | |
| Guest Hospital, | 11 | 15 | - | 6 | 32 | - | - | - | - | 2 | 644 | 2299 | - | 7 | 2950 | 50 | 185 | 25 | 345 | | |
| Dudley | | | | | | | | | | | | | | | | | | | | | |
| Corbett Hospital, | | | | | | | | | | | | | | | | | | | | | |
| Stourbridge | | | | | | | | | | | | | | | | | | | | | |
| Totals | 79 | 143 | - | 151 | 373 | 3 | 12 | - | 1 | 670 | 3153 | 7598 | 1 | 332 | 11084 | - | 1961 | 149 | 2253 | | |
| Totals for previous year (1931). | 91 | 148 | 1 | 169 | 409 | 8 | 16 | - | 2 | 797 | 3891 | 7885 | 16 | 672 | 12464 | - | 2522 | 153 | 1943 | | |

VENEREAL DISEASES

This Table compares the number of County cases treated at Clinics in 1932, with those in the nine preceding years, viz. :—

| Year | Worcester | | | Kidderminster | | | Birmingham | | | Dudley | | | Stourbridge | | | Grand Total |
|------|-----------|------------|-------|---------------|------------|-------|------------|------------|-------|----------|------------|-------|-------------|------------|-------|-------------|
| | Syphilis | Gonorrhoea | Total | Syphilis | Gonorrhoea | Total | Syphilis | Gonorrhoea | Total | Syphilis | Gonorrhoea | Total | Syphilis | Gonorrhoea | Total | |
| 1923 | 21 | 16 | 37 | 44 | 19 | 63 | 17 | 22 | 39 | 38 | 41 | 79 | 9 | 24 | 33 | 251 |
| 1924 | 20 | 22 | 42 | 39 | 11 | 50 | 19 | 21 | 40 | 7 | 10 | 17 | 8 | 14 | 22 | 171 |
| 1925 | 17 | 17 | 34 | 29 | 13 | 42 | 9 | 29 | 38 | 17 | 11 | 28 | 3 | 13 | 16 | 153 |
| 1926 | 9 | 27 | 36 | 28 | 15 | 43 | 12 | 19 | 31 | 4 | 19 | 23 | 7 | 23 | 30 | 163 |
| 1927 | 18 | 26 | 44 | 15 | 23 | 38 | 12 | 27 | 39 | 4 | 16 | 20 | 8 | 33 | 41 | 182 |
| 1928 | 16 | 25 | 41 | 17 | 19 | 36 | 17 | 18 | 35 | 3 | 16 | 19 | 10 | 17 | 27 | 158 |
| 1929 | 24 | 42 | 66 | 33 | 25 | 58 | 18 | 51 | 69 | 1 | 4 | 5 | 4 | 15 | 19 | 217 |
| 1930 | 20 | 40 | 60 | 35 | 27 | 62 | 23 | 43 | 66 | 15 | 14 | 29 | 17 | 36 | 53 | 270 |
| 1931 | 21 | 41 | 62 | 21 | 24 | 45 | 30 | 42 | 72 | 9 | 12 | 21 | 10 | 29 | 39 | 239 |
| 1932 | 20 | 35 | 55 | 21 | 23 | 44 | 23 | 55 | 78 | 4 | 15 | 19 | 11 | 15 | 26 | 222 |

Sanitary Circumstances of the Area.

WATER SUPPLIES.

Wolverley Parish (Kidderminster Rural District).

145. A representation has been received from the inhabitants of the village of Kingsford who allege that they are without a proper supply of drinking water. I visited the area and as the result of my subsequent report, a communication was addressed to the Rural District Council as follows, viz. :—

- (1) That the Kidderminster Rural District Council be informed that in the opinion of the County Council the brook is not a suitable source of drinking water for the residents of Kingsford.
- (2) That no further houses ought to be erected unless plans have been submitted to the Rural District Council.
- (3) That the Rural District Council should inform applicants submitting plans that a water certificate will not be issued unless an alternative water supply to the brook is available.
- (4) That the Rural District Council be asked to consider the whole question and to ascertain at what cost a proper water supply could be provided for the inhabitants of Kingsford.

146. The District Council are now considering this matter.

147. Two schemes which were assisted by the County Council under Section 57 of the Local Government Act, 1929, were carried out in the Kidderminster Rural District in 1932. A water supply was obtained from the Birmingham mains for (1) the hamlet of Shatterford and part of the parish of Arley and (2) Trimpley and Habberley in the Kidderminster Foreign parish.

148. The provision of an improved water supply for the village of Chaddesley Corbett is still under consideration.

Pershore Water Supply.

149. This scheme is proceeding satisfactorily and water should be available in four parishes of the district this year.

150. There are other parishes which badly need a piped supply. Some of these could be conveniently supplied from the Bredon Hills mains, if an increased amount can, at some later date, be obtained.

Upton-on-Severn.

151. The County Council have agreed to assist this scheme which will supply the town of Upton, but not the whole of the parish. The work is now in progress. The well water in Upton is generally unsatisfactory. Dr. M. J. Quirke states—

“ It is to be hoped that inhabitants will take advantage
“ of the pure supply now offered to them.”

Evesham Borough.

152. Work on an 8" trunk water main of about 3 miles has commenced.

Bewdley Borough.

153. Owing to the faulty condition of one of the reservoirs, a new concrete water tower is to be constructed.

Bromsgrove Rural.

154. Some extension of the water mains by the Council or Water Companies has taken place in the parishes of Alvechurch and Fairfield. The provision of water supplies for Wythall parish, Hopwood, Withybed Green and Rowney Green areas of Alvechurch parish is required.

DRAINAGE AND SEWERAGE.

Droitwich Borough.

155. Considerable progress has been made during the year in connection with new disposal works and re-sewering the Borough. The whole work will be completed in 1933.

Kidderminster Rural District.

156. *Chaddesley Corbett.* This matter has been under consideration for some years. The District Council have asked whether any grant could be given by the County Council towards the cost of the scheme, although at the same time they express the hope that in view of the present economic crisis the matter will not be pressed.

157. There are still instances where new disposal works or extensive sewerage facilities are urgently required. The uncertainty of the position of Local Authorities caused by the alteration in district boundaries has been advanced as a reason for delay. It is hoped that now this obstacle has been removed, progress will soon be made.

158. As details have been given in previous reports, I shall only mention the following as being the most urgent :

159. *Bromsgrove Urban.* A review of the sewerage facilities and disposal works of the area of the Bromsgrove Urban District as at present constituted, which are admittedly unsatisfactory, calls for extensive alterations.

160. *Pershore Town.* The River Avon receives the untreated sewage of this town. The provision of a piped water supply makes it even more necessary than previously that steps should be taken to remedy this condition of affairs.

161. *Bewdley Borough.* The area of this Authority now includes Wribbenhall. Both Bewdley on the west side and Wribbenhall on the east side of the Severn discharge untreated sewage into the river.

162. The possibility of a scheme to provide for a common disposal works for Kidderminster Borough, Bewdley Borough and the Urban District of Stourport, is being explored.

163. The exceedingly dry Summer of 1933 should provide useful information as to the adequacy of existing water supplies. All the Rural Districts in the County have been asked by the Public Health and Housing Committee to supply separate information as to each parish in the district, both as regards the quantity and quality of the existing water supplies, and also information as to sewerage facilities where piped water supplies have been provided.

Housing.

164. The Minister of Health states that he does not wish included in this report statistical details as to inspection and improvement of dwellings. My comments are therefore of a general character and refer to rural housing as to which the County Council have certain duties under the Housing Act, 1930.

165. Several District Councils appear to have experienced difficulty in proceeding with schemes by reason of the delay of the Minister of Health in giving the necessary approval.

166. The year 1932 saw the introduction of yet another housing policy. Briefly it may be described to be one of concentration on the slum problem. There have been several Acts and so many modifications of the conditions during the post war period that it is difficult for Local Authorities to accept the latest as a permanent part of the housing policy of the future. Criticism was bound to be levelled at any measure terminating a subsidy which did something to bridge the gap between the economic rental and the rental a tenant could afford to pay, but slums have withstood the onslaught of previous policies almost untouched, and few would gainsay that need exists for concentration of effort on this particular aspect of the problem.

167. Overcrowding and the cost of substantial repairs to working class houses are difficulties which existed before and will remain. It also seems logical to assume that the backward Authority which would not provide houses with the aid of a subsidy is unlikely to build without one. Nevertheless, with government assistance, the individual unfit house can and should be replaced and the slum area may be cleared. One hopes that the reconditioning of houses may in some way be assisted.

168. To the smaller Authority the building of new houses provides something definite which can be seen, but too little attention is I think paid to the routine spade work, namely, the keeping of houses in repair and the bringing up, to a reasonable standard, of the repairable houses in the area. In the Rural Districts in particular, the advantages to be obtained by reconditioning with assistance offers quite a wide field for activity, which may be used to raise the standard of housing which most persons who have practical knowledge of rural conditions will admit leaves much to be desired. The standard of housing in an area is set by the Local Authority and its Officers; I am aware of extreme variations existing in this County and even in adjoining districts.

169. Little progress appears to have been made during 1932 in Rural Districts in connection with the erection of the small number of houses allotted to Worcestershire under the Housing (Rural Authorities) Act 1931, or under the Act of 1930. The following statement shows the action taken in 1932 :—

| | | Houses erected | | Total houses inspected. | Houses erected and recorded. |
|-----------------|-------|---------------------------|------------------------------|-------------------------------|------------------------------------|
| | | By Local Authority. | By private enterprise. | | |
| Bromsgrove | Rural | Nil. | 146 | 182 | 85 |
| Droitwich | " | Nil. | 59 | 658 | — |
| Evesham | " | 14 | 42 | 130 | 70 |
| Kidderminster | " | Nil. | 36 | 452 | 218 |
| Martley | " | Nil. | 21 | 945 | 375 |
| Pershore | " | Nil. | 16 | 148 | 110 |
| Tenbury | " | 20 | 1 | 137 | 61 |
| Upton-on-Severn | " | Nil. | 11 | 20 | — |

Housing Act, 1930.

170. Under Section 32 of this Act, all Rural District Councils in the County were asked for information as to the inspection of houses occupied by persons of the working classes and as to the steps taken or proposed to be taken to remedy any unsatisfactory conditions which may exist. It was clear that many Rural Districts had no up-to-date information as to the conditions existing in the area. As a preliminary step, it was urged that the Local Sanitary Authority should provide the staff necessary to define their problems and at the same time require that houses which are repairable should be kept in a proper state.

171. A temporary additional inspector was appointed by the Droitwich Rural District whose survey of that area is now being made. Additional staff has been provided in the Pershore Rural District. The Evesham Rural District Council have up-to-date records of all houses in their district, while considerable progress is taking place in most of the other rural districts. The figures from the Upton-on-Severn Rural District Council are again disappointing. The Annual Reports for this area for a number of years indicate that the duties of inspecting and recording housing conditions are not being carried out. The question of whether it is possible for the existing staff to undertake those duties requires consideration by the Local Sanitary Authority.

172. An enquiry was made by the Martley Rural District Council as to whether the County Council would be willing to give additional assistance under Section 34 of the Act. As the County Council had already decided that additional assistance (limited to a further £1 per house per annum for 20 years) could only be granted in exceptional cases, no assistance could therefore be promised beyond the £1 per annum for 40 years definitely prescribed by the Act, but the Rural District Council were informed that any special application for additional assistance which they might submit would be treated on its merits.

Housing (Rural Authorities) Act, 1931.

173. The failure of previous Acts to make any substantial improvement in the provision of houses for agricultural workers led to the introduction of this Act which contemplated the erection of 40,000 houses for agricultural workers in England and Wales. Unfortunately, owing to the economic situation which arose in 1931, this number was reduced to 2,000, and eventually the special assistance available was only given in respect of 46 houses in the County of Worcestershire.

Housing (Rural Workers) Act, 1926.

174. Although there are many dwellings in the County which could be reconditioned with benefit to both owner and tenant, it is disappointing to record that the use of the Act in the County in 1932 was very much less than might have been anticipated.

175. There has, however, been a little more progress made in the first quarter of 1933, particularly in one district.

176. During the year, the grants approved amounted to £2,353 9s. 4d. in respect of 24 dwellings. No loans were approved during the year. The total number of dwellings for which certificates of approval have been issued since the beginning of the Council's Scheme up to the end of 1932 is 205, the grants involved totalling £19,471 14s. 5d. Loans in the same period amounted to £511 4s. 0d. These figures take into account the adjustment caused by the alteration of County boundaries which resulted in certain cases being transferred to Gloucestershire and Warwickshire.

177. One of the applications approved by the Committee related to a block of six dwellings in an area where complaints have been made as to the shortage of housing accommodation. The reconstruction of these houses has been of value to the Rural District Council in the efforts made to deal with the shortage of houses.

178. Although the Committee are always anxious to avoid rejecting applications and often give extended consideration, at more than one meeting, to certain cases which present difficulty, yet in some instances they have no option but to refuse to grant assistance under the Act. One such refusal last year concerned a block of six dwellings in a small town. Although the improvements would have effected a temporary improvement, the cost was out of proportion to the accommodation to be provided, and it was felt that the property could be better dealt with under a clearance order, rather than the County Council setting a doubtful standard of reconditioned property.

179. Another application was rejected owing to the bad access to the dwelling and the absence of a proper water supply.

180. Other applications were withdrawn by owners, as they were not prepared to accept the maximum rentals which the Committee were proposing to fix for the dwellings.

181. It is now a routine practice for an inspection of the properties to be made by members of the Committee prior to the case being considered by the Committee. This inspection is not only of value when the case comes before the Committee, but in some instances has resulted in the owner undertaking additional work which it was thought would improve the accommodation to be provided.

182. The customary annual review of the conditions as to rental and tenancy imposed when a grant was given, was made and did not disclose any necessity for action on the part of the Committee.

183. The rate of interest fixed by the Minister of Health for the various purposes of the Act has varied during the year. At one period it was $5\frac{1}{2}$ per cent. but has since been reduced to its present figure of $4\frac{1}{4}$ per cent.

184. A study of the following Table will show the distribution of the 251 houses which have been reconditioned under the Act. It is disappointing to admit that the Act has been to all intents and purposes a dead letter in such typically rural districts as Droitwich, Upton-on-Severn and Kidderminster. Little has been done in the Bromsgrove Rural District, but several parts of this area approach urban conditions.

Housing (Rural Workers) Act, 1926.

| District. | Total. | No. of Dwellings. | | | | | | |
|-------------------------|--------|--------------------|------|------|------|------|--------------------|------|
| | | 1927 (4 months) | 1928 | 1929 | 1930 | 1931 | 1932 (7 months) | 1933 |
| North Bromsgrove Urban* | 2 | — | — | 2 | — | — | — | — |
| Bromsgrove Rural | 10 | — | 6 | 4 | — | — | — | — |
| Droitwich Rural | 5 | — | 1 | — | — | 4 | — | — |
| Evesham Rural | 36 | 1 | 15 | — | — | 12 | 3 | 5 |
| Feckenham Rural* | 3 | — | — | — | — | 1 | 2 | — |
| Kidderminster Rural | 6 | 1 | — | 2 | — | 2 | — | 1 |
| Martley Rural | 23 | — | 9 | 5 | — | 4 | 5 | — |
| Pershore Rural | 93 | 2 | 26 | 7 | 12 | 11 | 8 | 27 |
| Rock Rural* | 12 | — | 1 | 2 | 4 | — | 3 | 2 |
| Tenbury Rural | 44 | 2 | 7 | 5 | 8 | 11 | 5 | 6 |
| Tewkesbury Rural* | 7 | — | 1 | 2 | — | 3 | 1 | — |
| Upton-on-Severn Rural | 10 | — | — | 2 | 6 | 2 | — | — |
| | 251 | 6 | 66 | 31 | 30 | 50 | 27 | 41 |

* Ceased to exist as separate Authority, 1st April 1933.

Norton-juxta-Kempsey (Persnore Rural District Council).

185. A complaint was received that the housing conditions existing in this parish were unsatisfactory. A personal visit confirmed this and as a result of a report submitted to the County Public Health and Housing Committee, and of representations made to the Rural District Council, the latter are proposing to erect six cottages which will help to improve matters.

186. The action of the County Housing (Rural Workers) Act Committee in reconditioning six houses in this parish has already been of assistance in providing improved housing accommodation.

Parish of Ombersley (Droitwich Rural District Council).

187. The Ombersley Parish Council made a representation to the Rural District Council to the effect that owing to the shortage of houses in that Parish, systematic inspection of the houses in the area should be accelerated. It has been ascertained that the Rural District Council have appointed an additional Sanitary Inspector for the sole purpose of making a systematic inspection of the houses in the district. The most recent information indicates that the inspection is not yet completed and that no details as to the parish of Ombersley are at present available.

Appeal against Demolition Order.

188. The Evesham Town Council issued a Demolition Order under the Housing Act 1930 in respect of an unsatisfactory property, against which Order an unsuccessful appeal was made to the County Court by the owner. This case was of interest as it was the first of its kind in the County.

Stourbridge Borough.

189. The Annual Report of Dr. G. Dudley includes information as to 22 houses repaired by the Local Authority under Section 17 of the Housing Act, 1930. In the case of 16 houses, the expenses of the Local Authority were repaid on demand; the rentals of the remaining 6 houses are being collected by the Council.

190. The cost of the repairs amounted to £1,237 5s. 3d.

Oldbury Urban District.

191. The Minister of Health has confirmed three Clearance Area Orders which will result in 70 houses being demolished.

Rivers and Streams.

River Severn.

192. The County Analyst is continuing his weekly tests of River Severn water for dissolved atmospheric oxygen.

River Stour.

193. A Memorandum submitted by the County Analyst to the County Public Health and Housing Committee shows that as a result of a survey made by him on the 29th June 1932, the river was not in such a satisfactory condition as compared with the previous survey.

194. A winter survey was made with special reference to certain bad points observed.

195. It was discovered that untreated sewage was being discharged into the river periodically near the Kidderminster Corporation's pumping station. A communication has since been received from the Town Clerk of the Borough stating that plans and specifications for improving the means of disposal of the sewage of the Borough are being prepared.

Rivers Avon and Arrow.

196. A survey was made by the County Analyst on the 15th June 1932, when the rivers were found in a satisfactory condition, with the exception of the River Isbourne, a tributary of the River Arrow.

197. A winter survey is being made of these rivers.

Droitwich Canal.

198. The County Analyst reported in June 1932 that this Canal was "in fair condition."

199. Complaints have been received during 1933 as to the nuisance arising from the Canal and the matter is therefore to be considered by the Public Health and Housing Committee.

River Salwarpe.

200. As a result of a Conference held in 1932 between representatives of the Bromsgrove and the then North Bromsgrove Urban District Councils, instructions were given to prepare a scheme for the sewage disposal of the two districts.

Financial Assistance towards Water and Drainage Schemes.

201. Since my last Report, financial assistance under Section 57 of the Local Government Act 1929 has been given as follows, namely :—

Bromsgrove Rural District.

Parish of Hunnington.

202. Subject to the rate for Sewage Disposal Works being reduced to 2/- in the £, the Council agreed to pay £200 or one half of any resulting annual deficiency (whichever is the lesser sum), provided the Rural District Council make a similar or greater contribution.

203. The Council also agreed to pay half of the existing deficiency of £943 in connection with this Sewage Disposal Scheme, provided the Rural District Council undertook to make a similar payment.

Upton-on-Severn Rural District.

Water Supply for Parish of Upton-on-Severn.

204. The County Council have undertaken to provide, for a period of two years, the sum of £150 or one half of the deficiency (whichever is the lesser amount) if the Rural District Council will bear the balance of the deficiency out of their general rate. The County Council have also agreed to pay half of a sum of £428 already expended out of revenue in connection with the Scheme, provided no part of such sum of £428 be charged either directly or indirectly upon the parish of Upton-on-Severn.

205. This assistance by the County Council is subject to (a) the special water rate levied on the parish not exceeding 1/- in the £ and (b) a water rate of 2s. 6d. in the £ being levied on ordinary consumers of water for domestic purposes.

Schools.

206. Action taken in reference to the Sanitary condition and water supply of schools is given in my School Report for 1932.

Town Planning.

207. Dr. E. S. Robinson (Stourport Urban District) states—

“ The Town Planning Scheme is, apparently, in a state of suspended animation, if indeed, it has ever been alive.”

The above description accurately describes the position in quite a number of County districts.

208. The Midland Joint Town Planning Advisory Council has been functioning for a number of years, and efforts have been made to set up Executive Joint Committees representing groups of Authorities, including County Boroughs, Boroughs, and Urban and Rural Authorities in the Counties of Worcester, Warwick and Stafford.

209. With the exception of the South Staffordshire and North Worcestershire group which has appointed an Executive Committee and is actively functioning at the present time, no real progress has been made. The introduction of the Town and Country Planning Act, 1932, and the need for town planning action in parts of the County not included in any proposed groups has called for further consideration of the problem from the point of view of the County as a whole.

210. The County Council has decided, subject to the concurrence of the Local Authorities in the County, to employ a central staff at an estimated annual cost of £1,500 to prepare a Town Planning Scheme for such County Districts as can be included in a County Scheme. Draft proposals for setting up Joint Committee areas to cover the whole County have been prepared and the views of the various Authorities will be obtained in the near future.

Inspection and Supervision of Food.

211. The Report of the County Bacteriologist (Mr. C. C. Duncan) is published separately.

Milk Supply.

212. The following is a summary of the number of registered dairy farms and total number of cows compiled from the lists sent to me by the Local Sanitary Authorities :

| | | No. of Registered Dairy Farms. | Total number of Cows. |
|-------------|---|-----------------------------------|--------------------------|
| Urban areas | - | 195 | 1795 |
| Rural areas | - | 1514 | 14771 |
| | | <hr/> 1709 | <hr/> 16566 |

213. Consideration has been given to the question of the action which should be taken for the detection of cattle giving tuberculous milk.

214. No routine inspection of cattle is undertaken by the County Council and the present staff is insufficient to arrange for the routine examination of milk samples from the Districts of County Sanitary Authorities, but the Council have decided in order to deal with more samples in the County Laboratory that an additional assistant be appointed and extra apparatus purchased.

215. A practice sometimes exists of not including "strippings" in the milk sold for human consumption. The Council have authorised the Public Health and Housing Committee to take proceedings in any case where milk is found to be deficient in fat for this reason. This practice is so undesirable that even if a conviction is not obtained, the publicity given by proceedings will probably prevent it becoming general.

216. During 1932, enquiries were made into complaints that milk produced in the County was suspected to contain, or had been found to contain, tubercle bacilli. After the usual inspection by the District Veterinary Inspector, and after biological tests conducted in the County Laboratory, seven cows found to be giving milk containing living tubercle bacilli were reported to the County Police and were subsequently slaughtered under the Tuberculosis Order 1925.

Milk (Special Designations) Order, 1923.

217. The following are the numbers of "Grade A" milk licences issued by the County Council, namely :—

| | | | |
|----------------------------------|---|---|---|
| Production Licences | - | - | 6 |
| Production and Bottling Licences | | | 7 |

218. Licences for the production of "Certified" and "Grade A. (T.T.)" milk are issued by the Minister of Health and information has been received that the following numbers of such licences were issued by the Minister to farmers in this County, namely :—

| | | | | |
|-----------------|---|---|---|---|
| Certified | - | - | - | 2 |
| Grade A. (T.T.) | | - | - | 4 |

219. It is a matter for regret that several farmers have given up their licences as they were unable to find a market for the milk at a price which would meet the extra cost of production.

220. The Council supply "Grade A. (T.T.)" milk to the Open Air School. At some Elementary Schools "Grade A" milk is supplied to the children by means of Milk Clubs.

Clean Milk Competitions.

221. Miss Pritchard (County Dairy Instructress) has given me the following information with regard to the number of entries during recent years, namely :—

| 1925. | 1926. | 1927. | 1928. | 1929. | 1930. | 1931. | 1932. | 1933. |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 9 | 8 | 15 | 12 | 21 | 23 | 24 | 23 | 15 |

222. In 1933, all entries were from new competitors as it has been decided that producers of Graded Milks and previous winners of certificates are ineligible to enter.

Pasteurisation of Milk.

223. The desirability of compulsory pasteurisation of the ordinary milk supplies from untested herds has continued to be a subject of debate.

224. The considered opinion of most experts (including specialists attached to the leading Children's Hospitals) is that the nutritional value of the milk is not appreciably affected by this process ; further, the risk of conveying infections through the medium of milk is a very real one.

225. The controversy continues, but in this County, and I think generally, the advice given at Welfare Centres is that all milk (other than pasteurised or milk from tested herds) should be boiled. Any departure from this principle provides the exception rather than the rule. The use of orange juice and, in addition, cod liver oil in the winter, in the dietary of the young infant has produced satisfactory results.

226. In brief the position may be summarised as follows :—

- (1) The small amount of milk produced from tested herds cannot appreciably influence the incidence of milk borne disease ; further, the added cost of production is the principal obstacle to the extension of the sale.
- (2) Milk borne disease is a real risk, and results in many deaths, much ill health and suffering.
- (3) The danger associated with the consumption of raw milk can be prevented by
 - (a) efficient pasteurisation,
 - or (b) treatment by heat of the milk in the home.

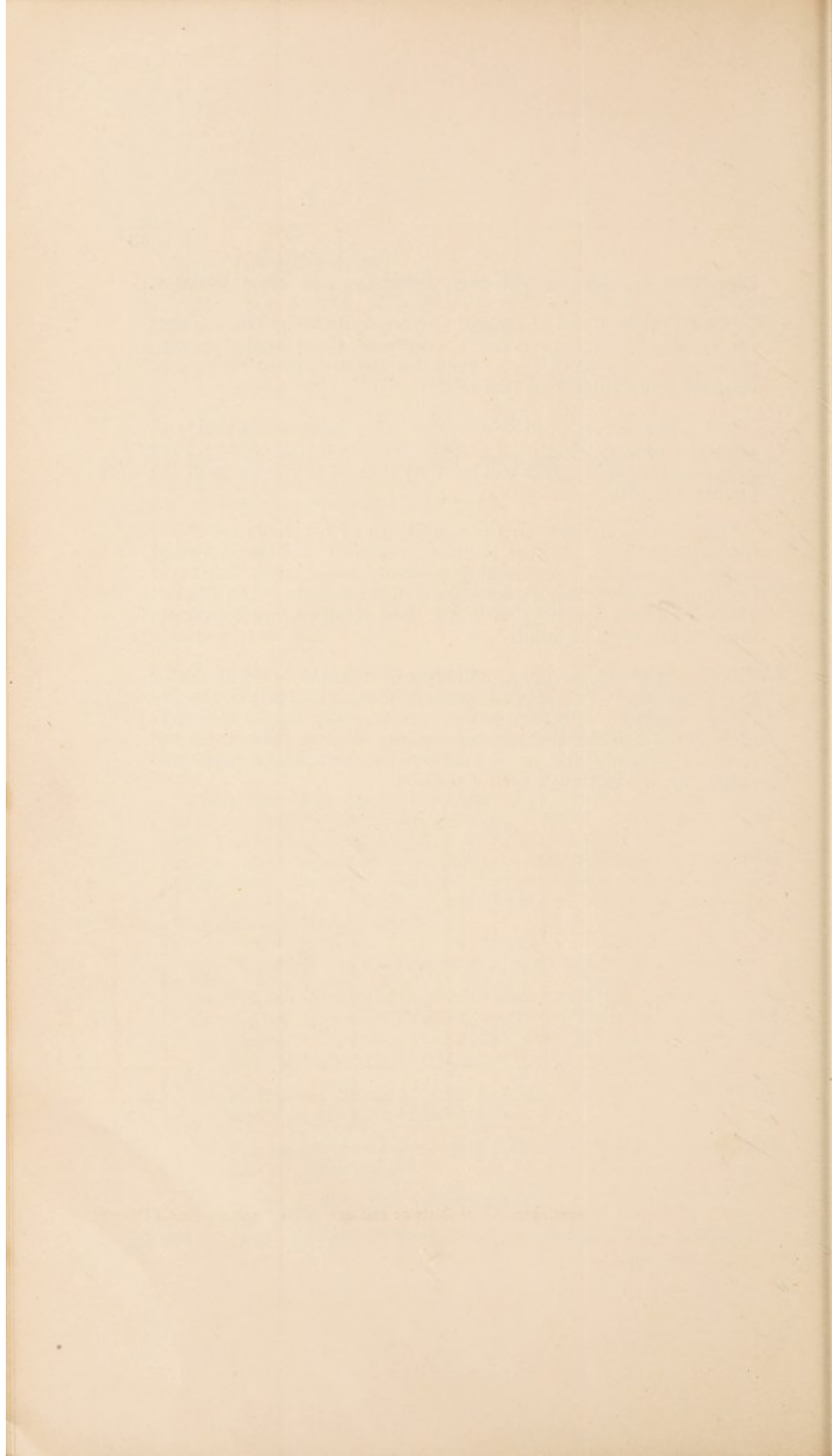
Prevalence of, and Control over, Infectious and other Diseases.

227. Section 63 of the Local Government Act, 1929, requires the County Council to make a survey of the Hospital accommodation available in the County for the treatment of persons suffering from Infectious Diseases.

228. The survey and my report have been completed and after the observations of the Local Authorities concerned have been received, the scheme will be submitted for the approval of the County Council.

229. With reference to the prevalence of notifiable infectious diseases in the County, the Minister of Health asks that I should comment upon any outstanding points of importance, but as at the time of writing this report several of the reports of the District Medical Officers for 1932 have not been received, my comments must of necessity be limited.

230. At the same time it will be seen from the following Table that there was no exceptional epidemic of infectious diseases in any County district. A special report was made by Dr. C. F. Brockington, the Divisional Assistant County Medical Officer, on the cases of Poliomyelitis in Redditch; the number of cases was small, but the outbreak was of interest.



44

| District. | Smallpox. | | Scarlet Fever. | | Diphtheria and Membranous Croup. | | Enteric Fever. | | Puerperal Fever. | | Puerperal Pyrexia. | | Pulmonary Tuberculosis. | | Non-Pulmonary Tuberculosis. | | Ophthalmia Neonatorum. | | Acute Poliomyelitis & Polioencephalitis. | | Pneumonia. | | Encephalitis Lethargica. | |
|-----------------------|-----------|--------|----------------|--------|----------------------------------|--------|----------------|--------|------------------|------------|--------------------|--|-------------------------|--------|-----------------------------|--------|------------------------|--------|--|--------|------------|------------|--------------------------|--------|
| | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths (b) | Cases | | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths (a) | Cases | Deaths |
| <i>Urban</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| Bewdley Borough | | | | | | | | | | | 2 | | 1 | 2 | 1 | | 1 | | | | 2 | 2 | | |
| Bromsgrove - | | | 23 | 1 | 1 | | | | | | 1 | | 11 | 8 | 3 | 1 | | | | | 4 | 10 | | |
| Bromsgrove North | | | 11 | | 9 | 1 | 1 | | | | | | 12 | 9 | 4 | 1 | | | | | 7 | 4 | | 1 |
| Droitwich Borough | | | 1 | | | | | | | | 1 | | 7 | 2 | 1 | 2 | | | | | | | | |
| Evesham Borough | | | 20 | | 24 | 1 | 1 | | 1 | 3 | 10 | | 13 | 7 | 6 | 1 | | | | | 8 | | | 1 |
| Halesowen - | | | 29 | | 15 | | 3 | 1 | 3 | 3 | | | 39 | 25 | 8 | 2 | 1 | | | | 65 | 21 | | |
| Kidderminster Borough | | | 104 | 1 | 9 | 1 | | | 5 | 1 | 5 | | 35 | 17 | 30 | 7 | 6 | | 1 | | 20 | 28 | | |
| Lye and Wollescote | | | 2 | | 6 | | | | | | | | 13 | 15 | 6 | 1 | | | | | 23 | 8 | | |
| Malvern - | | | 29 | | 2 | | 3 | | | | | | 17 | 9 | 7 | 2 | 1 | | | | 26 | 9 | | |
| Oldbury - | | | 53 | | 25 | 2 | | | | 6 | 3 | | 45 | 21 | 9 | 2 | 11 | | | | 60 | 27 | | |
| Redditch - | | | 17 | 1 | 8 | 2 | | | 3 | | 3 | | 30 | 14 | 4 | 6 | | | 2 | 7 | 3 | 34 | 8 | |
| Stourbridge Borough | | | 54 | | 6 | | 4 | 1 | | | 5 | | 24 | 10 | 3 | 2 | 2 | | | | 29 | 13 | 3 | 3 |
| Stourport | | | 4 | | 3 | | | | | | 7 | | 4 | 5 | 5 | 2 | 1 | | | | 4 | 3 | | |
| Totals - | | | 347 | 3 | 108 | 7 | 12 | 2 | 12 | 10 | 37 | | 251 | 144 | 87 | 29 | 24 | | 10 | 5 | 274 | 141 | 3 | 5 |
| <i>Rural</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| Bromsgrove - | | | 14 | 1 | 11 | 3 | | | | | 2 | | 20 | 7 | 5 | 2 | 2 | | | | 6 | 16 | | |
| Droitwich - | | | 4 | | 1 | 1 | | | | | 2 | | 5 | 9 | 2 | 2 | 1 | | | | 3 | 9 | | |
| Evesham - | | | 10 | | 11 | 1 | 4 | | | | 1 | | 13 | 11 | 4 | 2 | 2 | | 1 | | | 7 | | |
| Feckenham - | | | 1 | | 2 | | | | 1 | | | | 1 | 2 | 1 | | | | | | 4 | | | |
| Kidderminster | | | 5 | | 2 | 1 | | | | | | | 5 | 4 | 4 | 1 | 1 | | | | 3 | 3 | | |
| Martley - | | | 25 | | | | 2 | 1 | | | 3 | | 14 | 4 | 4 | 2 | | 2 | 1 | | 11 | 7 | | |
| Pershore - | | | 8 | | 1 | | 2 | | | | 1 | | 10 | 5 | | | 3 | | | | 10 | 7 | | |
| Rock - | | | 2 | | 1 | 1 | | | | | | | 4 | 2 | 2 | 1 | | | | | 2 | 2 | | |
| Tenbury - | | | 14 | | | | | | 1 | | 1 | | 3 | 1 | 2 | 1 | 2 | | | | 1 | 1 | | |
| Tewkesbury (part) | | | | | | | | | | | | | 3 | 1 | | | | | | | | 3 | | |
| Upton-on-Severn | | | 8 | | 3 | | 1 | | 1 | | 1 | | 26 | 4 | 5 | 4 | | | | | 31 | 9 | | |
| Winchcombe (part) | | | | | | | | | | | | | | | | | | | | | | | | |
| Totals - | | | 91 | 1 | 31 | 7 | 9 | 1 | 3 | | 11 | | 103 | 49 | 30 | 15 | 11 | | 3 | 1 | 71 | 64 | | |
| Grand Totals | | | 438 | 4 | 139 | 14 | 21 | 3 | 15 | 10 | 48 | | 354 | 193 | 117 | 44 | 35 | | 13 | 6 | 345 | 205 | 3 | 5 |

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

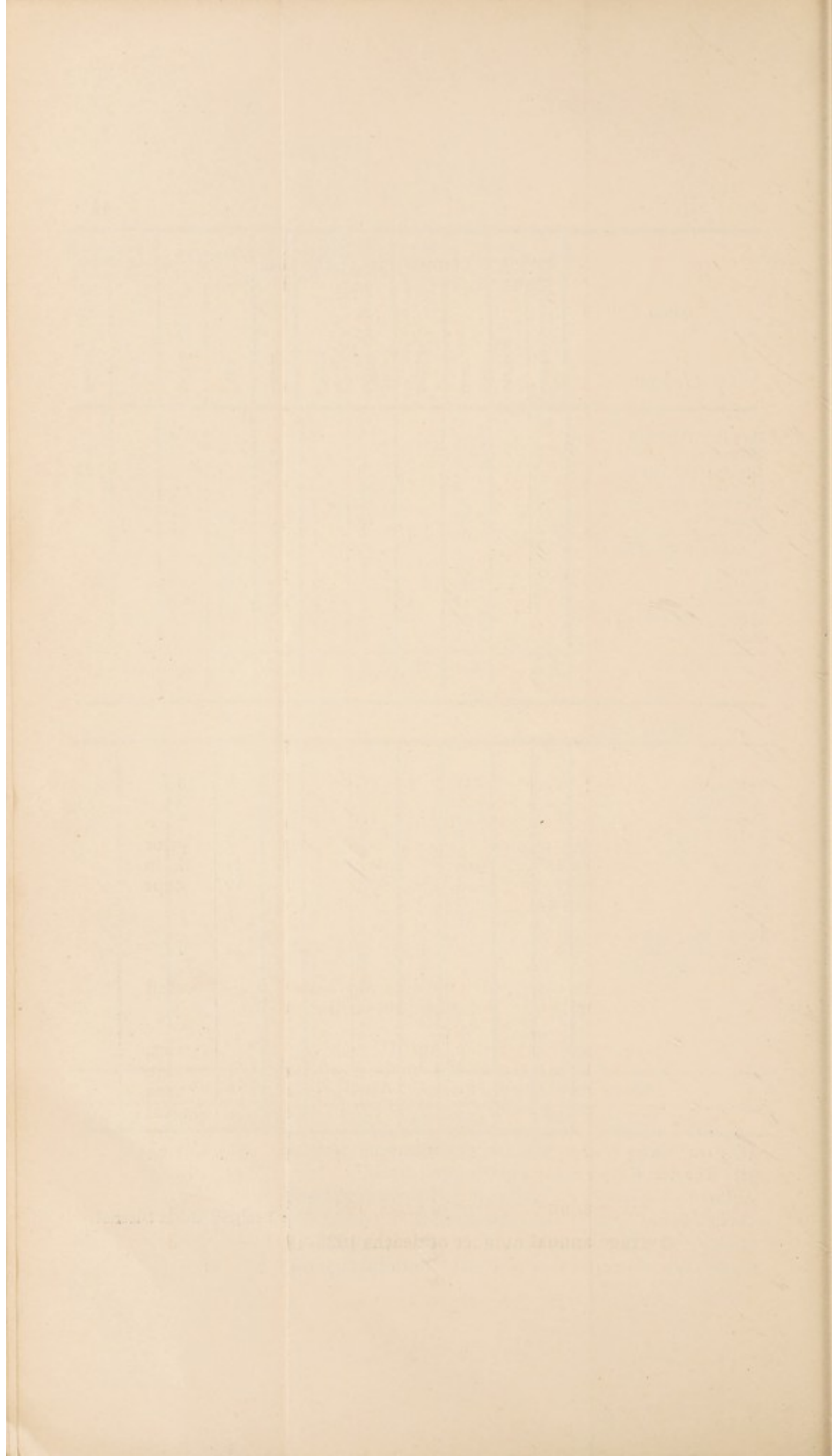
(b) The deaths refer to cases of Puerperal Sepsis.

Anthrax. Six cases were notified in Kidderminster Borough.

Cerebro Spinal Fever. Four cases were notified, one at Oldbury, one at Redditch, one in the Kidderminster Rural District and one in the Tenbury Rural District.

Malaria. One case was notified in North Bromsgrove Urban District.

Dysentery. Five cases were notified in North Bromsgrove Urban District.



231. Information giving a comparison of the number of cases notified in 1932 with those in previous years will be found in the following paragraphs.

Smallpox.

232. No case was notified during 1932 and during the last 20 years only 8 cases (one fatal) have been recorded.

Scarlet Fever.

233. In 1932, 438 cases were notified (347 Urban and 91 Rural). Only four of these were fatal. Of the urban cases, 104 were notified in the Kidderminster Borough, 53 in the Oldbury Urban District and 54 in the Borough of Stourbridge.

| | | |
|---|---|-----|
| Average annual number of cases, 1912-1931 | - | 612 |
| Average annual number of deaths 1912-1931 | - | 7 |

Diphtheria.

234. 139 cases (108 Urban and 31 Rural) were recorded; there were 14 fatal cases.

| | | |
|---|---|-----|
| Average annual number of cases, 1912-1931 | - | 250 |
| Average annual number of deaths 1912-1931 | - | 24 |

235. With the exception of Evesham Borough, where the incidence of Diphtheria has been low for a number of years prior to 1932 the figures do not call for comment. The outbreak in the Evesham district continued into 1933, but all possible steps appear to have been taken by the Local Sanitary Authority.

Enteric Fever.

236. Twenty-one cases, scattered over the County, were reported in 1932. This number is somewhat above the average.

237. Three cases occurred in the Halesowen Urban District, 3 in the Malvern Urban District, 4 in the Borough of Stourbridge and 4 in the Evesham Rural District. The cases in Evesham area were fully investigated by Dr. G. E. Harthan, the Local Medical Officer of Health, but no common cause for these cases, or any connection with the case in the Borough of Evesham, could be established.

| | | |
|---|---|----|
| Average annual number of cases, 1921-1931 | - | 19 |
| Average annual number of deaths 1921-1931 | - | 3 |

Measles.

238. Only 6 deaths (4 Urban and 2 Rural) occurred last year, against an annual average of 23 for the past ten years.

239. This disease is not notifiable but it would appear from the small number of deaths that the disease was not unduly prevalent in the County in 1932.

240. The tabular statement shows that there were 5 cases of Dysentery notified in the North Bromsgrove Urban District. All these were mild cases which occurred in a Voluntary Hospital in that area.

241. As previously mentioned, there was a small outbreak of Poliomyelitis and Polioencephalitis in the Redditch area which was the subject of a special report by Dr. Brockington. A copy of this report was supplied to the Ministry of Health. The cases in other County districts (except for one in the Martley Rural District which was undoubtedly connected with cases occurring in an adjoining County) were sporadic ones.

Cerebro Spinal Meningitis.

242. Only four cases were notified in Worcestershire in 1932, which is not exceptional. In the Country as a whole since 1923, there has been a gradual increase in the number of notified cases. The proportion of registered deaths to notifications has remained high and in some years the former has exceeded the latter. There is no great difference in the incidence in rural and urban communities. The incubation period is usually short (3—5 days).

243. The meningococcus will not survive long in cold conditions so that in winter months specimens sent for examination should be kept warm during transit to the Laboratory. The prompt use of anti-meningococcus serum is urged in all cases and the varying types of meningococci appearing at different periods of an epidemic makes it advisable to use a polyvalent serum.

244. The Minister of Health is anxious to obtain information on the efficiency and potency of all serum now in use, and medical men are invited to send information as to results of serum treatment. It is recommended that contacts be given fresh air and exercise rather than isolation in Hospital. The meningococcus usually disappears from the naso-pharynx of healthy persons within two or three weeks.

Cancer.

| | | | |
|----------------------------------|---|---|-----|
| Average annual deaths, 1912-1931 | - | - | 375 |
| Deaths, 1932 | - | - | 425 |

245. The figure for 1932 is somewhat better than 1931, when 466 deaths from cancer occurred.

Undulant Fever.

246. There were a few isolated cases diagnosed in County districts in 1931 and 1932.

247. One interesting case, discovered in an adjoining County Borough, was thought to have been infected through milk produced in this County. In June 1932, a visit was paid to the suspect farm where the patient had been an occasional visitor. I was informed that he only had milk in tea, but as there had been a number of cases of abortion amongst the cattle on the farm, an investigation was made.

248. It was ascertained that the dairy herd of about 25 cattle at this farm had been inoculated following abortion cases in 1931. The Veterinary Officer expressed the view that cases of abortion existed or had recently occurred on 40 to 50 per cent. of the farms in this particular district.

249. The first series of samples of milk taken in June were reported upon in September 1932 when a mixed sample was found by biological test to contain *B. abortus*. Further samples were taken, and in November the report of the County Bacteriologist confirmed the finding of the *B. abortus* in the milk of a cow which was born on the farm in 1928. This cow had aborted its first calf in the summer of 1931 and carried its second calf to full time, calving normally in October 1932. The cow was valued at £32.

250. It was not possible to arrange for the pasteurisation of the milk, and, in view of the opinion that the cow was suffering from a condition of the udder or teats likely to convey infection, it became necessary to stop the use of the milk for human consumption.

251. Veterinary inspection of the cow at 5 day intervals in accordance with the provisions of the Milk and Dairies Order, 1926, would have been an expensive and useless procedure in this case. It did not appear that in the light of present knowledge any useful information would be obtained by examination of the blood of the cow, the whole herd having been inoculated. The fact that biological tests take a long time and that the excretion may be intermittent made the problem a difficult one.

252. The farmer had the opportunity of stating his case before members of the Council, and as a result was offered the choice of compensation for loss following the stoppage of the milk (which was estimated at 5 gallons per day) at the rate of 3s. 0d. per day until such time as the cow was certified as fit, or slaughter and compensation (being the difference between the value as a milking cow and for food consumption). As he choose the latter alternative, the rather unsatisfactory investigation was closed.

253. The experience gained indicates that if the investigation is solely dependent on biological tests for findings, an almost impossible position might arise with an unreasonable farmer. The present irregular distribution of this ailment, which is mainly detected amongst adults, particularly males who consume little milk, makes it doubtful whether the complicated and expensive investigation is justified as a practical measure to control this form of milk-borne infection.

Vaccination.

254. The County is now divided into 20 Vaccination Officers' Districts, which, in turn, comprise 58 Public Vaccinators' Districts.

255. The records of the Vaccination Officers and Public Vaccinators have been scrutinised each quarter.

256. The Annual Returns of Vaccination Officers with respect to infants whose births are registered are not made until 13 months after the completion of the year to which they relate ; the last available figures are those for the year 1931.

257. Of the 4,665 births reported by the several Vaccination Officers in the Administrative County as having been registered during the year 1931, the number which, at the time the return was made, had been registered as successfully vaccinated was 1,898 (being 40·7 per cent. of the whole) and the number registered as having died unvaccinated was 225 (or 4·8 per cent. of the whole). Of the remaining children, 19 (or ·4 per cent. of the whole) had been registered as insusceptible to vaccination, or as having had smallpox ; 30 (or ·6 per cent.) as having their vaccination postponed by medical certificate ; 2,364 (or 50·7 per cent.) in respect of whom certificates of conscientious objection were received ; and 121 (or 2·6 per cent.) as " removed " or " not found " ; leaving 8 (or ·2 per cent.) not accounted for. If the deaths that took place before vaccination be deducted from the births returned by these Officers, it appears that, at the time of the return, of the surviving 4,440 children, there were registered 42·7 per cent. as successfully vaccinated ; ·4 per cent. as either insusceptible to vaccination or

as having had smallpox ; .7 per cent. as under medical certificate of postponement ; 53.3 per cent. in respect of whom certificates of conscientious objection to vaccination had been obtained ; and 2.7 per cent. as " removed " or " not found " ; leaving .2 per cent. as still unaccounted for as regards vaccination.

258. The numbers of persons successfully vaccinated and re-vaccinated at the cost of the rates during the year ended the 30th September 1932, are given in the following Table :—

| Number of Successful Primary Vaccinations of persons :— | | | Number of Successful Re-vaccinations. |
|--|--------------------------|--------|--|
| Under one year of age. | One year and upwards. | Total. | |
| 1463 | 74 | 1537 | 37 |

Hop-pickers' Accommodation.

259. I visited the larger farms in the Martley and Tenbury Rural Districts in September 1932. The most noticeable improvement was the better arrangements for scavenging at almost all farms. This is due to the fact that it is becoming an established custom for a man to be specially detailed for this work. An unfavourable feature is that overcrowding and insufficient separation of the sexes has been more prevalent in 1932 than usual. These conditions resulted from (1) extra pickers above the number ordered having arrived at certain farms and (2) more adult male pickers having sought work in the hop-fields, probably owing to the large amount of unemployment.

260. Details of the defects noted were sent to the Clerks of the respective Sanitary Authorities.

261. As considerable interest is taken in the hop-fields by outside Authorities, I thought it would serve a useful purpose if a conference of these outside Authorities was held.

262. Accordingly, the Public Health and Housing Committee met representatives of various Education Committees from outside the County, representatives of the Rural District Councils and representatives of the Hop-growers. During the Conference a frank interchange of views, in which a spirit of co-operation was evinced by all the interested parties, took place and although no definite resolution was adopted, tacit agreement was arrived at upon many points.

Mental Hygiene.

263. The Clinics at the Birmingham General Hospital, the Stourbridge Corbett Hospital and the Worcester Royal Infirmary, have been continued and the following were the attendances of Worcestershire cases during 1932 :—

| | | No. of Cases. | No. of Attendances. |
|------------------------------|---|------------------|------------------------|
| Birmingham General Hospital | — | 11 | 17 |
| Stourbridge Corbett Hospital | — | 13 | 15 |
| Worcester Royal Infirmary | — | 11 | 11 |

264. It has recently been decided to alter the session at Worcester from a weekly to a fortnightly session, thus bringing this Clinic into line with those held at Birmingham and Stourbridge.

Educational Work.

265. *Women's Institutes.* Lectures on Health subjects are given by County Health Visitors. The demand for Lectures is at present in excess of the annual number approved by the County Council and this point will therefore receive consideration.

266. *Mothercraft Lectures.* Health Visitors have continued the courses of instruction to older girls in several of the Elementary Schools.

267. *Health Week.* Halesowen Urban District Council organised a most successful Health Week in October 1932, when 5,500 persons attended the various meetings and lectures. Cinema films on Dental work, Milk, and Cleanliness were included and the Schools and Infant Welfare Centres joined in the movement. The arrangements made by the Halesowen Urban District Council's Officers were admirable and the effort was a great success.

268. *Infant Welfare Centres.* The educational work at these Centres has been continued on the usual lines. In the Parentcraft Competitions open to the Centres all over the Country, *Malvern Centre* secured third place in the Competition, being awarded a silver medal, and *Halesowen Centre* obtained 4 First and one Second Class Certificates.

269. *Blackheath Centre.* Dr. Bulmer has long been of opinion that the premises at Blackheath were a handicap to health propaganda work and new premises which are most satisfactory have now been acquired. This Centre obtained 3 First, 3 Second and 2 Honours Certificates during the year.

270. *County Library.* Professional books have been added to the Library and are now available for Health Visitors and District Nurses.

271. *Midwives.* Lectures to Midwives, District Nurses, etc., are arranged by the County Council. These Lectures are open for all Midwives in the County. The response has been good and the interest taken in no way diminishes; the attendances in 1932 averaged 80. An active branch of the Midwives' Institute has been formed in the County and this carries on educational work amongst its members. This branch of their work is closely associated with the County Lectures mentioned above and no overlapping occurs. The success of the movement to date is encouraging. The efforts of Mrs. H. Neville Crowe and many other helpers in arranging for tea is greatly appreciated. Arrangements are made for practising Midwives to attend "Refresher Courses" in Birmingham and several Midwives in the north of the County attend these each year.

272. *Milk.* In previous years, the County has arranged educational tours for farmers, dairymen and sanitary inspectors. Mr. D. Llewellyn, (the Sanitary Inspector of the Kidderminster Rural District) has displayed much energy in arranging for meetings both in his own district and further afield. Meetings of farmers, retailers, and sanitary officers is likely to result in progress, and I am glad to hear such meetings are contemplated in other County districts.

Ophthalmia Neonatorum.

| Cases. | | | | Vision unimpaired. | Vision im- paired. | Total Blind- ness. | Deaths. | | |
|------------------------|----------|--------------|----|--------------------|-----------------------|-----------------------|---------|---|---|
| Notified. | Treated. | | | | | | | | |
| | At Home. | In Hospital. | | | | | | | |
| County M. & C.W. area | - | - | 19 | 13 | 6 | 16 | 2 | - | 1 |
| Kidderminster Boro' | - | - | 5 | 1 | 4 | 3 | 2 | - | - |
| Oldbury Urban District | - | - | 11 | 9 | 2 | 11 | - | - | - |
| TOTALS | - | - | 35 | 23 | 12 | 30 | *4 | - | 1 |

* Three of these cases will have little or no vision in one eye.

273. The figures relating to Ophthalmia Neonatorum for the County as a whole cannot be described as satisfactory. It will be seen from the above Table that although there were no cases of total blindness, of the four recovering with impaired vision one was a slight case but the remaining three will probably be blind in one eye.

274. In order that the figures of the County as a whole might be available, Dr. C. W. Sharpley (Oldbury Urban District) kindly sent me details of the Oldbury cases although this District is a separate Maternity and Child Welfare Authority and makes all the arrangements for treatment.

275. I commented last year that I was not satisfied that notification under the Regulations was carried out in all instances.

276. Dr. J. R. Craig (Kidderminster Boro') in his annual report states :

" During the year it was necessary to call the attention
 " of the medical practitioners of the importance of immediate
 " notification of all suspected cases of Ophthalmia in the
 " newly born. Otherwise proper control and supervision of
 " the midwives by the County Council officials is rendered
 " difficult. The number of cases is above the average and
 " the fact that two cases have permanent defects of vision
 " emphasises the need for more stringent care."

277. I do not see what further action the County Council can take. The arrangements seem complete and no part of the cost of treatment is recovered from the parent where the midwife calls in medical assistance or for treatment in Hospital when this is found necessary.

Blind Persons Act, 1920.

278. The principles of the County Scheme, including the Grants paid, were embodied in my Reports for 1930 and 1931. It will be sufficient this year to record that all practicable steps have been taken to ensure that the provisions of the Acts of 1920 and 1925 have been duly observed. Much of the work is carried out on the Council's behalf by the Worcestershire Association for the Blind who received a grant of £621 in 1932. Grants in respect of Blind Persons were also made to the Birmingham Royal Institution for the Blind, the Stourbridge Workshops and other Institutions concerned in this work. The total cost of the service for the financial year ended 31st March 1933 was £1,707. I am of opinion the work of these voluntary associations is efficiently carried out.

General.

279. Dr. Eileen Bulmer, whose duties are largely in connection with Ante-Natal and Maternity and Child Welfare Centres, includes in her Report to me certain information with regard to Puerperal Fever.

" In March 1932, a serious outbreak of Puerperal Sepsis occurred in a North Worcestershire town. Between March 6th and April 2nd, there were eight cases of puerperal sepsis, two of them ending fatally. All these cases occurred in the practice of two midwives. Both Midwives attended the first patient on March 6th, and she died of the disease on March 17th. On March 21st a bacteriological examination was carried out on Midwife " A " with the result that a haemolytic streptococcus was isolated from the swab from her throat. On April 11th a similar investigation was carried out on Midwife " B " and of the six strains of streptococci isolated from her throat, four proved to be haemolytic in type."

280. In order to complete the investigation it would have been necessary to ascertain that the organisms from the Midwives throats were identical with those isolated from the affected patients—unfortunately this was not done. There seems little doubt, however, that the Midwives were carriers of the haemolytic streptococci. This outbreak is similar to that recorded by P. Courmont and P. Sidallion (*Presse Medicale*, Paris, 39 : 1325 : Sept. 9th 1931), in which a Midwife, a passive carrier of a haemolytic streptococcus, caused puerperal infection in six women with resultant death in one out of the eleven deliveries in eighteen days. Studies of the organisms isolated from the carrier and from the infected patients proved that the organisms were culturally identical. The Authors stress the importance of the recognition of droplet infection as a source of epidemic infection, and advise a stringent and careful aseptic technic during all deliveries.

281. Midwives " A " and " B " were suspended for several months ; the former had a tonsillectomy performed. On returning to duty the throat swabs from both Midwives were negative for the haemolytic streptococci.

282. From April to July 1932, Dr. Bulmer took vaginal swabs of patients attending the Ante-Natal Clinic in this area of Worcestershire. These were examined bacteriologically for haemolytic streptococci at the Department of Midwifery, University of Birmingham.

283. Dr. Bulmer reports :—

" 108 swabs were taken from 93 patients, and of this number, 15 were found to contain the haemolytic streptococci ; this is a percentage of 14. In one case three swabs were taken at intervals—two contained the haemolytic streptococcus, and one was negative. The puerperium was normal in all these patients irrespective of the pathogenicity of their vaginal flora. Whilst the figures are too small to draw conclusions from, they agree fairly closely with those of other workers."

Tuberculosis.

284. The Report of the Chief Tuberculosis Officer (Dr. H. Gordon Smith) which will include information as to the orthopaedic treatment of cripples will be published separately.

285. The County is well served by the District Sanitary Officers and I am grateful for their friendly and valuable co-operation.

286. I also appreciate the loyal assistance I have received from the Medical, Dental, Nursing and Clerical Staff of the Public Health Department.

Your obedient Servant,

WYNDHAM PARKER, M.C.,
M.B., Ch.B., (Edin.) D.P.H. (Lond.)

County Medical Officer.

Public Health Department,
County Buildings,
Worcester.

September 1933.