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Contributors

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WORCESTERSHIRE COUNTY COUNCIL.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY COUNCIL.

1. I have the honour to submit my report on the health of the County for the year 1934.

The late Colonel Henry Howard.

2. I have to record with much regret the death, early in 1934, of Colonel Henry Howard who was Chairman of the Public Health and Housing Committee since the year 1899.

3. Colonel Howard was rightly regarded as one of the pioneers in the Public Health Services. He was largely instrumental in the appointment of a County Sanitary Committee in 1890 and in the appointment that year of a County Medical Officer of Health.

4. He was keenly interested in all health matters and many health reforms were due to his initiative.

5. Those who were privileged to work with Colonel Howard will not easily forget his skilful leadership and particularly the unfailing courtesy with which he treated all with whom he came into contact.

SECTION A.

Statistics and Social Conditions of the Area.

Area in acres	-	-	-	-	-	438,221
Population, Census 1931	-	-	-	-	-	308,787
Registrar-General's estimate of resident population, mid 1934	-	-	-	-	-	319,200
Rateable value (1st April 1935)	-	-	-	-	-	£1,551,151
Sum represented by a penny rate	-	-	-	-	-	£5,914

			Males.	Females.	Total.
Live Births	Legitimate	-	2,282	2,246	4,528
	Illegitimate	-	89	86	175
Birth-rate per 1,000 of estimated resident population -					14.7
Still-births	-	-	-	-	211
Rate per 1,000 total (live and still) births -					43


				Males.	Females.	Total.
Deaths	—	—	—	1,928	1,862	3,790
Death-rate per 1,000 of estimated resident population						11.9

Deaths from Puerperal Causes.

			Deaths.	Rates per 1,000 total (live and still) births.
Puerperal Sepsis	-	-	8	1.7
Other Puerperal Causes	-	-	16	3.4
Total	-	-	24	5.10

Death-rate of Infants under one year of age :—

All Infants per 1,000 live births	-	-	53
Legitimate Infants per 1,000 legitimate live births			53
Illegitimate Infants per 1,000 illegitimate live births			57
Deaths from Measles (all ages)	-	-	12
Deaths from Whooping Cough (all ages)	-	-	15
Deaths from Diarrhoea (under 2 years of age)	-	-	24



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6. Apart from Infectious Diseases referred to later there has been no sickness or invalidity of note.

SOCIAL CONDITIONS.

Unemployment.

7. Information on this point has been obtained through the courtesy of the Managers of the several Employment Exchanges in the County whose combined areas approximate the administrative County of Worcester. A slight overlapping of Local Government boundaries occurs but the figures are sufficiently accurate to demonstrate the improving position as regards employment in this County.

8. The County Accountant has provided me with a Table of comparative monthly figures for the six sub-divisions of the County. These figures show that there has been a substantial reduction in the numbers of unemployed persons for these six areas during the years 1933 and 1934. The 1934 figure for the whole County area represents a reduction of 19% on the figure for 1933 and 47% for the year 1932.

9. The diversity of trades followed by the inhabitants of the County has been commented upon in previous reports. Carpets, chemicals, needles, iron and enamel ware and specialised forms of agriculture such as market gardening, fruit growing and canning are examples of the varieties of trades and occupations in which the people are engaged.

10. Whilst unemployment has been and still is a serious problem in this County the varieties of trades provide a safeguard against catastrophes resulting when the main trade of a locality fails, as experienced by the distressed areas of the Country.

11. The improvement in industry has a most important bearing upon the social well-being of the area, and coupled with active efforts now being made to improve the housing in both Urban and Rural areas, presents a more favourable outlook than that of recent years.

12. There is no evidence that any particular trade is specially detrimental to health, but the rather high incidence of Tuberculosis in Kidderminster is being kept under review.

13. In Kidderminster and Redditch the demand for female labour is exceptionally heavy and in this latter area the increase in employment of married women is given as an explanation of the smaller attendances recorded at Infant Welfare Centres.

14. Dr. H. E. Collier (Redditch) in his report states :—

“ The large number of married women employed in industrial occupations has necessitated the boarding out of small children below school age, a practice which in many cases is unsatisfactory from a health standpoint. The apparently high figures for unemployment in 1934 compared with the previous year are due to the inclusion of short time workers who were not included in the 1933 figures, actually the amount of unemployment is rather less this year. There is no statistical evidence that the limited amount of unemployment is having any significant beneficial influence on health. On the other hand employment of both parents in a family is such a common occurrence that the proper care of the children, especially the pre-school child, should be a point of real concern.”

SECTION B.

General Provision of Health Services for the Area.

STAFF.

15. No change took place in the Staff during 1934.

16. On the 1st January 1935 Dr. A. B. Follows, one of the Assistant County Medical Officers, was appointed temporary District Medical Officer of Health (part-time) for the Redditch Urban District and this necessitated the further employment on County work of the two part time Medical Officers, Dr. M. J. Quirke and Dr. V. Pugh, for an additional half day each per week.

Laboratory Services.

17. No change took place in the Laboratory personnel, but owing to increasing demands, particularly in connection with outbreaks of Diphtheria and the bacteriological examination of milk samples, it was reported by the Public Health and Housing Committee to the County Council that improved accommodation was required in the Chemical and Bacteriological Department, and that pending such provision and the appointment of additional staff, some restrictions in the number of samples to be examined must be adopted. Steps are now being taken by the County Council to provide a new Laboratory, and temporary arrangements have been made for such samples as cannot be examined at Worcester to be dealt with at other Laboratories.

Ambulance Facilities.

18. The ambulances provided by the Red Cross Society and Local Authorities are sufficient for the needs of the County and it has not been necessary for the County Council to make provision in this respect.

Nursing in the Home.

19. The County activities in this direction were set out on page 4 of my Report for 1933.

20. There are 78 District Nursing Associations, 64 of whom receive Grants from the County Council towards their work in connection with Maternity and Child Welfare, Schools and Tuberculosis.

21. The Grants to these Associations in the financial year ended 31st March 1934 amounted to £1,811 10s. 0d.

£1,176 was allocated to 73 District Nursing Associations for Midwifery work.

Clinics and Treatment Centres.

22. Reference to Clinics and Treatment Centres are made under their respective headings.

Hospitals—Public and Voluntary.

23. A complete list of all hospitals—Public and Voluntary—used by the inhabitants of the County was given in my Report for 1930, page 12.

24. The only addition to that list is the Mary Stevens Maternity Hospital, Stourbridge.

25. The co-operation between the County Council and the Voluntary Hospitals is complete and satisfactory.

26. Grants amounting to £350 were made last year to 19 Hospitals in, or serving, the County.

27. The Scheme required by Section 63 of the Local Government Act, 1929, relating to Isolation Hospital accommodation, has been completed and confirmed by the Minister of Health.

28. Considerable difficulty was experienced, and many conferences were held with the Local Authorities concerned, during the preparation of this scheme. It now rests with the Local Sanitary Authorities to give effect to, and put into operation, these proposals.

29. The following is a copy of the Scheme :—

WORCESTERSHIRE COUNTY COUNCIL.

LOCAL GOVERNMENT ACT, 1929 ; SECTION 63.

SCHEME for the Provision of Hospital Accommodation for the Treatment of Infectious Diseases (including Smallpox) within the County of Worcester.

The Worcestershire County Council in pursuance of Section 63 of the Local Government Act, 1929, hereby make the following Scheme :—

Infectious Diseases other than Smallpox.

(1) With a view to the provision of adequate hospital accommodation for the treatment of infectious diseases other than smallpox in the County of Worcester the County shall be divided into areas consisting of the county district or districts in the second column of the subjoined table and there shall be provided for each such area not less accommodation than that specified in the third column and placed opposite to the number and description of the area.

No. of Area.	County Districts comprised in the Area.	Minimum number of beds for patients.
1.	Halesowen Urban District Stourbridge Borough Kidderminster Borough Bewdley Borough Stourport Urban District Kidderminster Rural District	90
2.	Evesham Borough Evesham Rural District Persore Rural District	39
3.	Malvern Urban District	26
4.	Upton-on-Severn Rural District	18
5.	Droitwich Borough Bromsgrove Urban District Redditch Urban District Bromsgrove Rural District Droitwich Rural District	60
6.	Oldbury Urban District	25
7.	Martley Rural District Tenbury Rural District	8

(2) The accommodation rendered necessary by the provisions of this Part of this Scheme shall be provided by the Councils of the County Districts, subject to the provisions of paragraphs (3), (4), (5), and (6) of this Scheme.

(3) The Councils of the County Districts comprised in Area No. 1 in paragraph (1) of this Scheme shall for the purpose of providing the required accommodation initiate action and carry through any proceedings that may be necessary on their part for (a) forming a united district pursuant to the provisions of Section 279 of the Public Health Act, 1875, or (b) combining under Section 131 thereof.

Alternatively, the Councils may provide the accommodation as constituent members of an Isolation Hospital Committee formed under the Isolation Hospital Acts 1893 and 1901, or in some other manner satisfactory to the County Council.

(4) The accommodation specified for the Area No. 2 in paragraph (1) of this Scheme shall be provided by the Evesham Joint Hospital Board who, and the Rural District Council of Pershore, shall initiate action and carry through any proceedings that may be necessary on their part for extending the Joint Hospital District to include the Rural District of Pershore. Alternatively, the Rural District Council shall make an agreement with the Joint Hospital Board under Section 131 of the Public Health Act, 1875, for the provision of accommodation by the Board for inhabitants of the Rural District.

(5) The accommodation required for the Area No. 5 in paragraph (1) of this Scheme shall be provided by the Councils of the County Districts comprised in the Area either by arrangements with the Bromsgrove, Droitwich, and Redditch Joint Isolation Hospital Committee or otherwise.

(6) The accommodation specified for the Area No. 7 in paragraph (1) of this Scheme shall be provided by the Councils of the County Districts comprised in the Area in such manner as may be satisfactory to the County Council.

Smallpox.

(7) For the provision of adequate hospital accommodation for the treatment of smallpox in the county the county shall be divided into areas consisting of the county districts specified in the second column of the subjoined table and there shall be provided for each such area not less accommodation than that specified in the third column and placed opposite to the number and description of the area.

No. of Area.	County Districts comprised in the Area.	Minimum number of beds for patients.
1.	Bewdley Borough Droitwich Borough Kidderminster Borough Bromsgrove Urban District Redditch Urban District Stourport Urban District Bromsgrove Rural District Droitwich Rural District Kidderminster Rural District Martley Rural District Tenbury Rural District	21
2.	Evesham Borough Evesham Rural District Persnore Rural District	16
3.	Malvern Urban District Upton-on-Severn Rural District	6
4.	Stourbridge Borough Halesowen Urban District	12
5.	Oldbury Urban District	5

(8) (a) In Area No. 1 the accommodation rendered necessary by this Part of this Scheme shall be provided at the Tolladine Hospital by the County Council under the provisions of the County of Worcester (Prevention and Treatment of Smallpox) Regulations, 1926.

(b) In Areas Nos. 2, 3 and 4, the accommodation rendered necessary by this Part of this Scheme shall be provided by the Councils of the county districts comprised in the areas either by arrangement with the Evesham and Persnore Smallpox Hospital Committee, the Upton-on-Severn District Smallpox Hospital Committee, and the Stourbridge and Halesowen Hospital Committee, respectively, or otherwise.

(c) In Area No. 5 the accommodation rendered necessary by this Part of this Scheme shall be provided by the Council of the County District comprised in the area, but such obligation shall be deemed to be satisfied if the accommodation specified for the area in the third column of the table in paragraph (7) of this Scheme is secured to the Oldbury Urban District Council as a constituent of the South Staffordshire Joint Smallpox Hospital Board.

General.

(9) Any agreement made in pursuance of this Scheme under Section 131 of the Public Health Act, 1875, may provide for the payment of a capital sum to the Authority maintaining the hospital by a Council from whose district patients are to be received into the hospital, and every such agreement shall provide for the payment of such other sums by way of annual retaining fees and weekly payments for the maintenance and treatment of patients in the hospital as may be agreed between the parties thereto, or, in default of agreement, as may be determined by a single arbitrator in accordance with and subject to the provisions of the Arbitration Act, 1889, or any statutory modification thereof for the time being in force.

(10) If at any time the accommodation provided by any authority in pursuance of this Scheme is fully occupied and additional accommodation is required for a patient or patients from the area for which accommodation is provided by that authority as aforesaid, the Medical Superintendent of any hospital provided in pursuance of this Scheme shall be required to admit such patient or patients on application to him by the Medical Officer of Health concerned, provided that accommodation is available. In case of dispute whether accommodation is available the matter shall be referred for decision by the County Medical Officer of Health. Such patient or patients shall be admitted on such terms as may be agreed between the authorities concerned, or, in default of agreement, determined by a single arbitrator in accordance with and subject to the provisions of the Arbitration Act, 1889, or any statutory modification thereof for the time being in force.

Institutional Medical Services.

30. No important developments or alterations have been made during 1934 under this heading.

31. The Public Assistance Officer, Mr. S. C. Meredith, informs me that the following improvements were carried out or approved during the year at Public Assistance Institutions and Cottage Homes :—

Bromsgrove.

Infirmery block reconditioned. Defects in sanitary arrangements and water supply remedied.

Two fire escapes provided.

Wards of Infirmery refloored.

Lavatory basins and new firegrates provided in Nurses' Bedrooms.

Redecorative work carried out at Infirmery.

External redecorative work at the Cottage Homes.

Scheme for the reconstruction of the main portion of the Institution approved.

Martley.

Redecoration of part of Infirmary.

New storage calorifier installed.

Pershore.

Old laundry demolished and new structure erected.

Steam driven washing machine and hydro-extractor installed.

New Cooking Range installed.

Stourbridge.

Provision of adequate heating by low pressure hot-water system in dormitories and Foster Mothers' bedrooms in the Receiving Block at the Homes approved.

Erection of Recreation Room for the children approved.

New double oven cooking range installed.

External and internal repairs and painting approved.

Installation of electric light approved.

Upton-on-Severn.

Self-contained electrically driven foul washing machine installed at Institution.

Generally—

Provision of wireless sets or replacement of obsolete sets in order to provide satisfactory entertainment for the inmates of the Institutions and Homes.

Poor Law Medical Out-Relief.

32. No change has been made in the general policy.

33. Steps have been taken to ascertain the views of County doctors generally as to the present method of providing medical out-relief. There appears to be no general desire to adopt the "open choice" method, and for the present, therefore, it is not proposed to make any large revision of the existing arrangements. Any new appointments are made on a temporary basis, so that any modifications thought advisable at a later date will be facilitated.

Institutional Care of Mental Defectives.

34. As mentioned in my report for 1933, further consideration was given during 1934 to the possibility of providing an Institution through a Joint Committee representing the following authorities, viz. :—

Worcestershire County Council.
 Worcester City Council.
 Burton-on-Trent Borough Council.
 Dudley County Borough Council.
 Smethwick Corporation.
 Wolverhampton Borough Council.

35. In February this year the County Council agreed to join in the Scheme and expressed the opinion that the new Institution should provide for 600 cases with provision for extension to accommodate 800 cases.

Midwives Acts 1902—1926.

36. There has been no change in the administration of the Midwives Acts, and the Assistant County Medical Officers continue to act as Inspectors of Midwives for their respective divisions.

37. During 1934, the number of Midwives who gave notice of their intention to practice was 276. Only 11 of this number are now untrained.

38. The Chairman of the Administrative Health Committee investigated on behalf of the Local Supervising Authority the conduct of one Midwife. In this instance, the circumstances were sufficiently unsatisfactory to make it advisable to inform the Central Midwives Board, who reprimanded the Midwife.

39. This Midwife practised in the area of 3 separate Local Supervising Authorities, and all three were concerned with the circumstances of the charge. Arrangements for co-operation in regard to supervision, investigation of practice, suspension etc., have been revised and confirmed and appear to provide a satisfactory solution of unavoidable overlapping.

40. Difficulty has been experienced especially in rural areas in carrying out the new Rule of the Central Midwives Board which prohibits a Midwife from laying out the dead body of a patient upon whom she has been in attendance, unless she has been acting in the case as a Midwife or Maternity Nurse. The Council directed that a communication be sent to the Central Midwives Board expressing the hope that the Rule might be amended so as to bring it into line with the previous Rule which governed this procedure.

41. Circumstances have been brought to my notice where District Midwives have been called upon to attend septic cases during their general nursing work. Midwives have been informed that the Local Supervising Authority must be informed where there is a liability to be a source of infection. It is not easy to tabulate a list of conditions or illnesses which constitute a risk to Midwives and each case is better treated on its merits ; the Midwife being advised to inform me of all doubtful cases when she will be instructed to continue Midwifery or otherwise, as thought fit. Some latitude has to be exercised in the case of Village Nurses, but I have no reason to consider that the precautions adopted are insufficient.

42. Subsidies of £10 each in 3 cases and £5 in a fourth case have been paid to Midwives.

43. The amount paid in compensation where the Midwives were suspended to prevent the spread of infection was £31 7s. 0d.

44. In 8 instances grants amounting to £6 10s. 0d. were paid to Midwives who lost their fees through cases going to a Maternity Hospital, and in 10 cases grants amounting to £9 were made to Midwives (other than District Nurses) who were unable to obtain a fee through the poverty of patients.

45. Of the 4,490 notified Births, 69 per cent. were attended by Midwives.

46. The following Table gives information in connection with the claims of Doctors under Section 14 of the Midwives Act 1918 :—

Year.	Registered Births.	Medical Aid Records.	Number of Claims.	Fees paid.	Amount recovered.
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
1933	4678	1224	880	£1375	£382
1934	4703	1258	767	£1124	£335

Maternity Hospitals.

The Lucy Baldwin Maternity Hospital, Stourport.

47. The number of Beds at this Hospital (14 with 2 Isolation Beds) remains the same, but through the generosity of Sir Julien Cahn, extensions have been made which comprise an Ante-natal Department and Infant Welfare Centre, Lodge for the Gardener, and sleeping quarters for night nurses as part of the Lodge building. In the Hospital itself certain of the rooms have been re-arranged to provide an admission or waiting ward, for mothers in the early stages of labour, which in emergency can be used as an additional labour ward.

48. The Ante-natal department is a separate unit and will be available for booked cases and for local cases who are to be confined in their own homes. The premises are being used on certain days of the week for Infant Welfare sessions. The building has been specially designed to serve the double purpose. This new Clinic is an admirable unit and includes a covered shelter for perambulators adjacent to the building and connected to it by a covered way.

49. These extensions have been carried out by the Architect (Mr. Cyril Martin) for Sir Julien Cahn to meet two possible criticisms in past administration :

- (a) Night Nurses when off duty and sleeping in the main building were apt to be disturbed by noise which was unavoidable, and
- (b) It was undesirable for unselected ante-natal cases to attend the Clinic in the Hospital building, particularly as the increased attendances resulted in unavoidable overcrowding at times.

50. The County Council is most grateful to Sir Julien Cahn and Mrs. Stanley Baldwin for their continued interest in this Hospital.

51. The following information concerns the year's work :—

No. of beds	—	—	—	—	—	14
No. of maternity cases admitted during the year						227
Average duration of stay	—	—	—	—	—	17 days.
No of cases delivered by Midwives	—	—	—	—	—	195
No. of cases delivered by Doctors	—	—	—	—	—	31

No. of cases in which medical advice was sent for in emergency	—	—	—	66
No. of cases notified as Puerperal Fever	—			Nil.
No. of cases notified as Puerperal Pyrexia	—			11
No. of cases of Ophthalmia Neonatorum	—			Nil.
No. of Maternal Deaths	—	—	—	Nil.
No. of Still-births	—	—	—	5
No. of infants dying within 10 days of birth	—			7

52. The pressure on the beds has been fully maintained, but all applications relating to abnormal cases have been accepted.

53. The Medical Staff consists of Dr. E. Stanley Robinson and his partners, Dr. R. S. MacArthur and Dr. G. Mackie.

54. The Consultants are Professor Beckwith Whitehouse and Mr. A. Danby.

55. I am grateful to these gentlemen, to the Matron (Miss Sayers) the Sister (Miss Shuker) and the Staff for the admirable services they continue to render at the Hospital.

The Mary Stevens Maternity Home, Stourbridge.

56. The number of beds remains the same, namely 16, together with a two bedded Isolation Block.

57. The following information is given as to the year's work :—

No. of beds	—	—	—	—	—	16
No. of maternity cases admitted during the year						289
Average duration of stay	—	—	—			14 days.
No. of cases delivered by Midwives	—					194
No. of cases delivered by Doctors	—					80
No. of cases in which medical assistance was sought in emergency	—	—	—			69
No. of cases of Puerperal Fever	—					Nil.
No. of cases of Puerperal Pyrexia	—					8
No. of cases of Ophthalmia Neonatorum	—					1
No. of Maternal deaths	—	—	—			*2
No. of Still-births	—	—	—	—		14
No. of infants who died within 10 days of birth						10

* One died one month after transference to another Hospital.

58. The Home has been full throughout the year.

59. To the Medical Officer (Dr. G. Meldon) the Matron (Miss Garrett) the Sister (Miss Winters) and the Staff, I desire to express my grateful thanks for their skilful and loyal services during the year.

60. Throughout the year, the personal interest of Mr. Ernest Stevens in the Home has been evident.

Other Institutional Treatment.

61. Beds are provided at the Public Assistance Institutions, and 67 Maternity cases were admitted there in 1934.

62. Twenty-one cases of complicated pregnancy were sent to Special Hospitals at a cost of £221 18s. 5d.

63. The assistance of Consultants was necessary in 8 cases ; in addition 8 consultant Ante-Natal Sessions were held at the Mary Stevens and Lucy Baldwin Maternity Homes, when 36 patients and 2 babies were seen. The total cost of this service was £87 11s. 0d.

Maternal Death Rate.

64. It will be seen from the following Table that there were 8 deaths from Puerperal Sepsis, and 16 deaths from other accidents and diseases of pregnancy.

65. These give a death rate for 1934 of 5.10 per 1,000 of the births registered.

66. The deaths and death rates for the past 10 years have been as under, namely :—

Year.	No. of Births.	Sepsis.	Other Causes.	Total.	Rate per 1,000 of Births.
1934.	4703	8	16	24	5.10
1933.	4488	10	10	20	4.45
1932.	4772	10	12	22	4.61
1931.	5033	6	11	17	3.37
1930.	4964	17	11	28	5.64
1929.	4953	13	12	25	5.04
1928.	5108	5	15	20	3.90
1927.	5090	13	19	32	6.28
1926.	5309	11	15	26	4.89
1925.	5458	6	15	21	3.84
Average	4987	9	13	23	4.71

Dental Treatment for Expectant Mothers.

67. Assistance was given in 32 cases during 1934 at a cost of £42 17s. 6d. The treatment is given by private dentists and the amount contributed by patients was £5 18s. 6d.

Ante Natal Work.

68. The Council are giving attention to the Minister of Health's Circular No. 1433, which points out that in spite of what has been done during recent years to improve and develop the Maternity Services, the maternal mortality rate has remained stationary. The Table of maternal deaths given earlier in this report demonstrates that the Worcestershire figures for the last ten years do not indicate any improvement.

69. The special points on which the Minister lays stress are :

- (1) Improving the ante-natal service.
- (2) Ensuring that the services of a trained Nurse are available for all confinements.
- (3) Securing the provision of maternity beds for complicated cases and for patients with unsuitable home conditions.
- (4) Providing facilities for the adequate isolation and separate nursing of cases of puerperal sepsis.
- (5) Obtaining the services of a Consultant for doctors needing assistance in difficult or complicated cases.

(1) *Improving the ante natal service.*

70. The Council are taking steps to try and improve this service. The ante natal sessions which are held in various parts of the County are attended by Dr. Eileen Bulmer and Dr. Vera Pugh, (the latter being a part time Officer). The Council have agreed to increase the time available for ante natal work by one session per week. I have no doubt that if attendances further increase, such additional sessions as are required will be provided by the Council. The ante natal supervision exercised at these Clinics is linked up with the two County Maternity Hospitals, and all supervision reports on cases to be admitted, are made available for the Maternity Hospitals prior to admission.

71. The figures for average attendances and first visits are set out below. There is a small but definite increase in the numbers of expectant mothers attending these Clinics. One new ante natal Clinic at Cradley was opened in 1935.

Ante Natal Clinic.			Average attendance.	First visits.
Bromsgrove	—	—	8	48
Blackheath	—	—	5	48
Evesham	—	—	11	144
Halesowen	—	—	17	120
Lye	—	—	11	75
Lucy Baldwin Maternity Hospital	—		21	176
Mary Stevens Maternity Home	—		15	282
Newtown, Malvern	—	—	10	40
Stourbridge	—	—	12	95
Worcester	—	—	5	53

(2) *Ensuring that the services of a trained Nurse are available for all confinements.*

72. The activities of the County Nursing Association and the affiliated District Nursing Associations cover the Rural parts of the County fairly completely, the exceptions being, (1) The Shelsley, Witley, and Clifton-on-Teme portions of the Martley Rural District (2) a few parishes in the Droitwich and Pershore Rural Districts, east of Worcester, and (3) a few parishes south of Bromsgrove. It would not require many new Associations to complete the Rural portions of the County.

73. In the Urban areas there is no shortage of Midwives. The trouble is that they have difficulty in earning a reasonable income. The falling birth rate has resulted in there being a surplus rather than a shortage of Midwives in Urban areas.

74. Unqualified women need be seldom engaged, except in the above-mentioned Rural parishes, but I know of two instances where women who are neither trained Nurses nor on the Roll of practising Midwives, undertake work with Doctors in Urban areas where there is no shortage of qualified Midwives.

(3), (4), and (5). *The provision of Maternity Beds, Isolation Beds and Consultants.*

75. No difficulty is experienced in meeting the request of doctors in all three instances.

76. A Committee is considering the desirability of re-establishing a scheme for the supply of milk for expectant and nursing mothers and infants. The original Scheme was given up in 1920.

Health Visitors.

Infant Mortality rate per 1,000 births 1934	=	53
Average annual mortality rate 1924-33	=	61

77. Additional Infant Welfare Centres were opened at Crabbs Cross and Astwood Bank, Bretforton, Badsey and Wythall during the year. The Centre for Crabbs Cross and Astwood Bank was thought desirable because the distance from these districts to the Centre at Redditch was a sufficient reason to account for the poor attendance there of mothers and children from this portion of the Redditch Urban District.

78. The new Centre at Wythall is to meet the increasing population now residing in the parish. The Bretforton and Badsey Centres are Village Centres run in connection with the District Nursing Associations.

79. The Infant Mortality Rate, (53), whilst not a record, is an improvement on that of 1933, when the figure was 64.

80. The year 1934 brought another warm summer. Old reports used to contain much reference to the association between warm summers and the increased incidence of diarrhoea. The advent of the motor car to displace the horse, and improved sanitation and management in the home, largely do away with the need for such paragraphs. In the County last year, 24 deaths of babies under two years were recorded from Diarrhoea, a reduction of 10 on the figure for 1933. Of the fatal cases 21 occurred in Urban areas, 9 of these being in the Oldbury Urban District and 4 in Redditch. In no other district did the figure exceed 2.

81. The lowest Infant Mortality Rate recorded in 1934 for Urban areas was again Evesham Borough, this being the third year in succession that Evesham Borough have been so placed. The rates for 1932, 1933 and 1934 were 20, 23, and 35 respectively.

82. The figures for the enlarged Stourbridge Borough and Halesowen Urban District are very satisfactory, as there was no unusual freedom from Measles, Whooping Cough, etc. in either District.

83. The Bromsgrove Urban District figure for 1934, (80) is the highest in the County Urban Districts.

84. Dr. G. Cochrane (District Medical Officer of Health) dealing with comparative statistics states:—

“ In 1933 Bromsgrove had a slightly higher birth rate and
 “ a slightly lower death rate than England and Wales as a
 “ whole. In 1934 the position was reversed, the Bromsgrove
 “ birth rate being lower and the death rate higher than the
 “ rates for the whole County. In 1934 the infantile death
 “ rate for Bromsgrove was double that for 1933, and the

“maternal mortality rate also showed an increase. All the figures for 1934, therefore, were not as good as those obtained in 1933. There was no apparent reason for this, except perhaps that each year there has been an influx of population into the district, which has year by year become more crowded, and the public health facilities, in particular drainage have not increased in proportion to the population.”

85. In 1934 the total number of deaths of babies under 1 year of age which occurred in the County was 251. Of these, 152 (or 60%) were on account of congenital debility, malformation or premature birth. The Bromsgrove figures include an even larger proportion of deaths from these causes, which, coupled with the fact that whooping cough was prevalent in the area, make it probable that the rate ought to improve in the future. Nevertheless, the need of improved sewerage and sewage disposal arrangements is undoubtedly overdue and I entirely agree with Dr. Cochrane that the increasing population makes this deficiency an increasing source of danger to the district.

County Council and Voluntary Infant Welfare Centres.

	Average attendances.		
Blackheath	-	-	90
Bromsgrove	-	-	60
Cradley	-	-	52
Catshill	-	-	29
Crabbs Cross and Astwood Bank			27
Halesowen	-	-	86
Lye	-	-	73
Rubery	-	-	45
Redditch	-	-	42
Worcester	-	-	3
*Alvechurch	-	-	19
†Beoley	-	-	19
*Broadway	-	-	19
Belbroughton	-	-	10
†Bretforton	-	-	33
†Badsey	-	-	15
Evesham	-	-	57
Fairfield	-	-	14
*Littleton	-	-	16
Malvern Link	-	-	43
Poolbrook, Malvern	-	-	24
Newtown, Malvern	-	-	85
*Ombersley	-	-	12
*Stourport-on-Severn	-	-	20
†Stourbridge	-	-	59
*Tardebigge	-	-	14
†Upton-on-Severn	-	-	19
*Welland	-	-	13
*Wribbenhall	-	-	22
†Wythall	-	-	18

* Opened Fortnightly.

† „ Monthly.

‡ „ Twice weekly.

Unmarried Mothers.

86. The Grant of £420 to the Greenhill Hostel at Kidderminster has been continued. The premises have been much improved during the last few years, and the Hostel is now an efficient unit. There are eleven beds and 32 cases were admitted during 1934. The high proportion of beds to cases admitted and confined, is due to the need for these girls to be retained in the Hostel for several months, to feed and look after their babies. There was no case of Puerperal Fever, no maternal death and no case of Ophthalmia Neonatorum.

87. Unmarried Mothers are not admitted to the two County Maternity Homes, unless some clinical complication exists. Such cases as are expected to be normal, are referred to the Public Assistance Institutions or to Greenhill Hostel.

Nursing Homes Registration Act, 1927.

88. The County Council is the Authority under the Act for the whole of the Administrative County.

89. In 1934 there were 32 Nursing Homes on the Register.

90. Each Home is inspected half yearly by one of the Assistant County Medical Officers who submits a report to me.

91. The following action was taken in 1934, namely :—

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	—	—	—
No. of applications for re-registration when removed to new premises	—	—	1

92. Nine Homes have been exempted from registration.

Birth Control.

93. A Memorandum of the Minister of Health (31st May 1934) referred to the Departmental Committee's 1932 Report on maternal mortality which directed attention to the importance of the avoidance of pregnancy by women suffering from heart disease, diabetes, chronic nephritis, etc., and of the need for advice and

instruction in contraceptive methods being readily available for such women. The Minister advises that any form of sickness (mental or physical) in a married woman which makes pregnancy on medical grounds detrimental to health forms a proper basis for contraceptive advice. The Council considered it inadvisable to establish special birth control clinics in the County and decided that suitable cases should be referred to the Birmingham Women's Welfare Centre which is maintained by a Voluntary Committee. A small annual donation will be made to this Association.

Educational Work.

94. Arrangements were made in 1934 by which 18 lectures on health matters were given to the local branches of the Women's Institute.

95. The County Library has a "Nursing Section."

96. At the Infant Welfare Centres the following honours in the National Parentcraft Competitions for 1934 were gained, namely :—

Halesowen — 2 First Class Certificates.
 1 Second Class Certificate.
 3 Honours Certificates.

Blackheath — 4 First Class Certificates.
 2 Second Class Certificates.
 1 Honours Certificate.

Rhondda Shield for Mothercraft for Elementary School Girls : 4th place for all Schools.
 Honours Certificate obtained by a pupil at Hill Top Girls' School.

Malvern — 5 First Class Certificates.
 2 Honours Certificates.
 1 Local Honours Certificate.

Rubery — 3 First Class Certificates.
 1 Second Class Certificate.
 3 Honours Certificates.

97. It is pleasing to note that Miss Ashton (the Health Visitor for the Blackheath area) was successful in obtaining a First class certificate for her Essay on Mothercraft and an Honours Certificate for medical records.

98. Miss Marshall Meade, (Halesowen Infant Welfare Centre), Miss Hopkins, (Rubery Infant Welfare Centre) and Miss Wookey (Malvern) all obtained Honours Certificates for medical records.

99. The following two Lectures were given (under the auspices of the County Council) to Midwives and were greatly appreciated :

15.2.34. " Ante natal work." Lecturer :—Dr. Watts Eden.

4.5.34. " Modern Methods of Treatment in Obstetrical Practice." Lecturer, Professor Dame Louise McIlroy.

100. Several other Lectures to County Midwives were arranged by the Midwives Institute.

101. Mothercraft Lectures were given to Elementary School children by Miss Robson (Cradley) and Miss Vineall (Evesham).

Post-Certificate Instruction for Midwives.

102. Many of the District Nurse Midwives, after passing their examinations, settle down to village life, and have little or no opportunity of keeping themselves in touch with the latest developments in the Midwifery Service and particularly in the modern methods of the care needed by expectant Mothers.

103. To meet this position, twelve Midwives attended Post Certificate Courses in Birmingham, in accordance with arrangements made by the County Council.

104. Arrangements of a more comprehensive nature are now under consideration, and before the close of the year, it is hoped that a scheme will be in operation by which six Midwives will each be in residence at The Lucy Baldwin Maternity Hospital for a period of two months each.

Ophthalmia Neonatorum.

105. The following Table shows the number of cases in 1934, together with particulars of treatment and the result :—

Cases.		Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated.				
	At Home.	In Hospital.			
County M. & C.W. area —	3	5	8	—	—
Kidderminster Borough —	1	3	2	1	1
Oldbury Urban District —	7	3	9	—	1
	11	11	19	1	2

106. The care taken during the last few years to ensure early treatment of Ophthalmia Neonatorum makes it very unusual to have to record a case of Blindness following this condition.

107. The one case of blindness was a doctor's case. The inflammation was reported to have started on the ninth day, on which day removal to hospital was recommended and carried out. It seems probable that some discharge had existed for 2 or 3 days prior to the removal to Hospital and that the virulence of the organism infecting the eyes was responsible for the unfortunate result.

Children Act, 1908, and Children and Young Persons Act, 1932.

Infant Life Protection.

108. At the end of 1934, 183 homes were registered for the reception of either one or two children.

109. The Official Visitor (Miss J. C. Butler) reports that she paid 282 visits under this heading in 1934: this is an increase on previous records due to the extended age limit, to the work becoming better known, and to increased demands for foster children, involving inspection of a larger number of homes. I have to acknowledge much useful help given by Moral Welfare and other Voluntary Organisations. Problems in regard to the payment of Foster Mothers still arise, but are not so frequent. Unless application is made to the Public Assistance Department, or the foster child is not properly looked after, very little in the way of official action can be taken.

110. Since the duties under this Act were transferred from the former Boards of Guardians to the County Council in 1930, with one exception every foster child known to have settled in the County has been traced.

Venereal Diseases.

111. The usual tabular statements are submitted.

VENEREAL DISEASES. 1934.

24

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	Syph- ilis.	Gonorr- hoea.	Soft Chancres	Not V.D.	Total attend- ances.			No. Treat- ed.	No. of doses
Worcester																				
Royal Infirmary	17	21	-	17	55	-	-	-	-	409	571	917	-	303	1791	-	435	18	252	
Kidderminster	14	10	-	75	99	4	2	-	-	349	367	497	-	120	984	41	59	23	202	
General Hospital Birmingham	21	35	3	42	101	1	4	-	-	96	1386	1852	11	199	3448	193	360	37	1314	
General Hospital	6	11	1	16	34	-	-	-	-	-	405	1165	26	54	1650	40	165	8	213	
Guest Hospital, Dudley	12	17	-	9	38	1	2	-	-	83	587	2227	-	19	2823	74	292	15	294	
Corbett Hospital, Stourbridge																				
Totals 1934 -	70	94	4	159	327	6	8	-	-	937	3316	6658	37	695	10706	-	1311	101	2275	
Corresponding totals 1933 -	82	127	-	153	362	5	9	-	1	629	2684	6844	-	424	10272	-	1945	88	2301	

This Table compares the number of County cases treated at Clinics in 1934, with those in the ten 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	
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	158
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
1933	17	21	38	9	16	25	33	48	81	12	19	31	11	23	34	209
1934	17	21	38	14	10	27	21	35	57	6	11	17	12	17	29	164

Orthopaedic Treatment of Cripples.

112. There has been no variation in this work during the year.

113. Cases are seen at Stourbridge, Redditch and Broad Street, Birmingham and at the Worcester Royal Infirmary.

In-Patient Treatment.

114. The following Table gives the number of cases treated as in-patients in Hospitals :—

			Non-Pulmonary Tubercular Cripples.	School Children.	Crippled Infants.	Total.
Birmingham Royal Cripples Hospital	—	—	42	38	8	88
Shropshire Orthopaedic Hospital	—	—	2	1	1	4
Warwickshire Orthopaedic Hospital	—	—	1	2	—	3
Worcester Royal Infirmary	—	—	5	8	3	16
Birmingham Children's Hospital	—	—	1	—	—	1
Worcester, Newtown Hospital	—	—	9	—	—	9
Royal Alexandra Hospital, Rhyl	—	—	2	—	—	2
General Hospital, Kidder- minster	—	—	2	—	—	2
			64	49	12	125

Out-Patient Treatment.

115. The numbers of cases and total attendances at the Clinics are set out in the following Table :

1934.

Centre.	Number of School Children attending.	Total attendances by School children.	Number of Infants attending.	Total attendances by Infants.	T.B. Cases attending.	Total attendances by T.B. cases.
Stourbridge -	283	884	77	291	27	84
Redditch -	90	281	47	270	16	62
Worcester -	80	213	23	46	22	52
Broad St., Birmingham -	36	359	8	99	44	149

Massage and Remedial Exercises.

(1) *Stourbridge.*

116. There were 3,742 attendances at this clinic during 1934 an increase of 669 over the previous year; 3,087 were school children, 366 infants, 91 tubercular and 197 other cases.

(2) *Redditch.*

117. Cases continue to be referred to the Smallwood Hospital and the arrangement works quite satisfactorily.

(3) *Worcester.*

118. Miss O. M. Woods had had the part time assistance of Miss Lacey (who is employed by the Worcester Association) during the year and posture classes have been held most successfully at eleven different centres. The County Council have increased their Grant to the Worcester Association to cover the cost of this additional work. In addition 609 visits have been made to patients' homes.

SECTION C.

Sanitary Circumstances of the Area.

WATER SUPPLIES.

119. My Annual Report for 1933 contained a statement on the water position in the Worcestershire Sanitary Districts.

120. The year 1934 was again one of drought, the rainfall being below the average. In the case of the larger water undertakings supplying Urban areas the position was generally very favourable.

Evesham Borough.

121. The Council had to enforce certain restrictions: Dr. G. E. Harthan, Medical Officer of Health, states "as the result of unusually low rainfall throughout the winter 1933/34 and continuance of drought during the summer the yield from the ordinary sources, usually amply sufficient, began to fall short of consumption early in the summer. Fortunately the additional supply you were able to obtain from Middle Hill, together with some 30,000 gallons per day Evesham Rural District Council kindly afforded you for several weeks were sufficient, with some restrictions upon the use of water, to prevent serious shortage.

122. Much anxiety was felt at times ; the level of waters in the reservoirs fell considerably, but never to an alarming extent.

123. The need for acquisition of the further sources of supply you are seeking is clearly manifest."

Bewdley Borough.

124. A new 10" main was laid from the water works to Mount Pleasant Reservoir.

Kidderminster Borough.

125. Dr. J. R. Craig, Medical Officer of Health, gives the following information as to the Kidderminster supply which is of interest as in 1933 a very extensive outbreak of waterborne enteritis occurred.

126. "During 1934 extension of the Town Water supply was made to the hamlet of Hoobrook, the wells in use having been found unsatisfactory.

127. Weekly samples were taken from the main bore-holes throughout the year and showed slight variation from being " fit for drinking purposes " to " evidence of slight contamination." It was considered advisable to maintain the chlorination of the water supply. The efficacy of this process was checked by frequent sampling of tap water from all points of the town. In every case the report showed the water to be highly satisfactory.

128. The total absence of enteric fever and the relative reduction in the usual crop of cases of summer diarrhoea commonly met with during the autumn was additional evidence of the purity of the water supplied."

Redditch Urban.

129. The main supply is from the East Worcestershire Waterworks Company and there was no difficulty either as regards quantity or quality. There are however fairly extensive Rural areas included in the Urban district.

130. Dr. H. E. Collier, Medical Officer of Health states, "owing to a shortage of supply in part of the rural area (Ham Green district etc.) a special examination and report was presented upon the supply from the wells in existence. To augment or give a temporary supply, the Council arranged for a system of supplying all the houses in the area affected at a nominal cost, but the residents declined to avail themselves of the Council's arrangements."

Droitwich Borough.

131. A scheme is in hand for the provision of a new water storage reservoir with rising and distribution mains.

Halesowen Urban.

132. A Rural portion of this district, namely Illey, experienced a shortage of water in 1933. During 1934 all the houses in this Rural parish, with the exception of outlying farms, were connected with the mains of the South Staffordshire Waterworks Company and the position is now very satisfactory.

133. Assistance was given by the County Council towards the cost of the extension of mains to this part of the Urban district.

*Rural Districts.**Bromsgrove Rural.*

134. Extensions of water mains to serve Hopwood, Rowney Green and Withybed Green in Alvechurch parish were carried out.

135. Adams Hill, Clent and Bourneheath, Belbroughton parish, were also dealt with by extension of existing mains.

136. Dodford-cum-Grafton is a difficult parish the supply being unsatisfactory but no solution has yet been found.

137. The supply in the Dayhouse Bank and Chapman's Hill areas, Romsley parish, remains unsatisfactory.

138. The provision of a public water supply in the populated areas of Wythall is desirable. The parish is in the Birmingham water area and a certain number of houses near the boundary are connected with the Birmingham mains.

Evesham Rural.

139. It was necessary to introduce some restrictions and there was an excellent response by the general public to a request for economy in water consumption.

140. A grant was made towards the cost of a new 75,000 gallon reservoir erected at Stanway, the old storage collecting well being only of 750 gallons capacity. This work was carried out most expeditiously by Mr. R. J. Atkinson, Water Engineer to the Rural District Council.

141. The principal difficulty in the Rural District of Evesham is in connection with the recently added parishes. There is a very definite need for improved supplies in the extreme north and west of the Rural district. I feel confident the matter is being seriously considered by the Rural District Council, who have always been most progressive. It is, however, a most difficult and costly procedure to extend the lengths of unremunerative mains and so far no local supply has been found which would provide a remedy.

Pershore Rural District.

142. Dr. G. E. Harthan, Medical Officer of Health, states :
 " In this second year of drought scarcity of water was more widely and severely felt than in 1933. It was fortunate that the Overbury water was brought to Pershore that year : for except in those parts supplied from water works there was shortage in most of the District, and in some parishes it was acute.

143. Throckmorton, Naunton Beauchamp, Flyford Flavel and Dormston suffered badly. The whole area in which these villages lie is one in which it is difficult to get good water : shallow wells are liable to contamination, and in times of drought many run dry and if sunk deeper they generally yield mineral water unfit for use.

144. Yet it is only from local sources that these places can get water except at burdensome cost. The small population is widely distributed and the rateable value is so low that the cost of a supply piped from a distance could not be borne.

145. A system of small separate village supplies seems the only economical solution of the water problem in this part of the District if only water could be found locally for the purpose. No large quantity of water would be needed for any one village : in my opinion any source that could be counted upon to yield in times of drought a minimum of not less than five gallons per head of the population daily to augment existing supplies would be ample to prevent any serious shortage.

146. Near most of these villages there are spots where local repute suggests water is to be found. This talk is only vague but in some cases it might be well to make exploration. If water were found it would not be very expensive to raise it by means of a windmill into an iron tank whence it could be conveyed to stand pipes placed at convenient points in the village.

147. Peopleton is now supplied by an extension from your Pershore mains. At Stoulton the difficulty remains: here the local well water is of bad quality and a piped supply is very desirable, if it could be obtained at a reasonable cost.

148. I hope one or other of the schemes you are considering for the supply of Charlton, Cropthorne and Fladbury may prove feasible. Many of the wells, especially at Fladbury, yield water of poor quality."

149. The Surveyor, Mr. J. W. Holmes states "considerable shortage was experienced in several parishes and the cartage of water was carried out in the parishes of Throckmorton, Naunton Beauchamp, Flyford Flavel, Dormston and Kington. The transporting of water commenced at the end of July and was continued until the third week in December.

150. In several other parishes quite considerable shortage was in evidence, but through the generosity of neighbours the supplies stood the test.

151. Two hundred and fifty houses were supplied from the waterworks during the year, mainly from the Pershore Public Water Supply.

152. Out of 171 samples of water analysed 37 proved unfit for drinking purposes. A large percentage of the remainder just escaped being condemned, very few were found to be absolutely fit for drinking purposes."

153. The County Council has met members of the Rural District Council and has discussed the matter with them. I have no doubt the County Council would consider giving financial assistance if a solution of a water supply for these parishes could be agreed upon. It is a fact that the shortage of water is very serious and in my opinion is more needed than in any part of Worcestershire for the drought has merely accentuated what is a normal shortage of pure and wholesome water supply.

Upton-on-Severn Rural District.

Powick Water Supply.

154. Mr. H. E. Firth, Sanitary Inspector and Surveyor states, "the small gravitation scheme at Powick, which is dependent on surface springs, and which supplies a well from which some houses obtain their supply, gradually dried up. It was necessary to take advantage of the proximity of the Worcester City water main, which passes through the village to supply the Mental Hospital, by laying on the supply to the existing works."

General.

155. During 1935 the County Council has considered assisting water extensions for the parishes of Chaddesley Corbett and Rock (Kidderminster Rural District), Fernhill Heath-Claines Parish (Droitwich Rural District) and Peopleton, Wick and Great Comberton (Persnore Rural District).

Drainage and Sewerage.

Bewdley Borough.

Kidderminster Borough.

Stourport-on-Severn Urban District.

156. Conferences between the three Councils of these areas resulted in proposals for a joint scheme of Disposal Works for the three districts being agreed upon. I hope that this scheme will be proceeded with soon. The difficulties of Bewdley Borough, where it will be necessary for new sewers to be provided throughout almost the whole district, were considered by the Public Health and Housing Committee, and as a result the County Council has promised substantial financial help to Bewdley Borough Council in order to make it possible for the inclusion of that district in the joint scheme of sewage disposal.

Bromsgrove Urban.

157. Dr. G. Cochrane, Medical Officer of Health, states, "the scheme outlined in my report for 1933, of two trunk sewers from the Lickey through Catshill and Sidemoor, and from Birmingham Road through High Street, joining at Charford and running to outfall works at Fringe Green, has been proceeded with. The position in May 1935 was that advertisements had been placed inviting tenders. At last, therefore, definite progress has been made, and the works should be started in the near future.

158. The position at Rubery has been steadily getting worse. The Rubery sewage works were designed to deal with about half the number of houses at present connected to the sewers, and there has been new building going on every day. During 1934, there was no actual trouble, because the rainfall was considerably less than normal, and the engineer in charge, by much care and effort, was able to produce an effluent which was fairly satisfactory.

159. The only alternative to enlarging the sewage works is to take the sewage to Birmingham. In 1930, when the Ministry of Health refused sanction for the scheme of enlargement then proposed, the charges which Birmingham required were considered prohibitive."

160. Since this report was written work has commenced on the outfall works at Aston Fields but the position at Rubery is, I believe, unchanged.

Oldbury Urban.

161. Dr. C. W. Sharpley, Medical Officer of Health, states, "the sewage disposal works are now being remodelled. A complete project for the provision of Purification Works to provide for an ultimate population of about 60,000 persons has been prepared and this scheme is now being carried out in instalments to meet requirements as the district develops. The first instalment of the new works is now nearing completion and consists of two screening chambers, three sedimentation tanks, five bacteria beds and one humus tank.

162. The instalment of the works now under construction will treat about one half of the sewage flow from the present population. The Ministry of Health have just approved the construction of a further instalment of the comprehensive scheme and it is to be proceeded with at once. When completed the works will provide sufficient capacity to treat the whole of the flow of sewage and existing trade waste from the drainage area with a small margin for a further increase of population.

163. The Warley portion of the Urban District comprising an area of 300 acres lies outside the gravitational drainage area and is at present drained by arrangement through the Smethwick and Birmingham sewers to the Disposal Works of the Tame and Rea Drainage Board."

Pershore Rural District.

164. Dr. G. E. Harthan, Medical Officer of Health, states, "during the year about 60 more privies or pail closets were replaced by W.C.'s in Pershore. It is very desirable that more of these conversions should be made, and especially on those properties (upwards of 50 in number) where the night soil has to be carried through the house to reach the street. In such houses W.C.'s should be provided without delay to mitigate this abomination.

165. Fears have reasonably been entertained lest the multiplication of W.C.'s should cause trouble in the old imperfect sewers of the town, which it is felt cannot be replaced immediately. No ill consequences at present are noticeable from conversions already made ; and it is to be hoped none may follow the further conversions made in the meantime before a new sewerage scheme is carried out, which cannot indefinitely be postponed."

Upton Rural District.

166. Mr. H. E. Firth, Sanitary Inspector, in Dr. M. J. Quirke's report states, "at Powick no further extensions were carried out. Both disposal areas worked satisfactorily, although I must again point out the Powick village disposal is becoming overworked, and the Callow End disposal must at some future date be properly levelled and regripped.

167. At Upton-on-Severn, 268 yards of 6 in. sewer were laid at Tunnel Hill at a cost of £230 4s. 8d. for the purpose of receiving the drainage from the 22 new Council houses and 3 private houses. The work was carried out by contract.

168. The conditions of the disposal works are unsatisfactory. The filters are badly clogged, and the spray arms seriously worn. I am of the opinion that attention must be given to these matters in the near future.

169. The engines and pumps at the station are rather worn, but matters have been improved a little by re-lining, etc., the pumps, and by attention to the engines."

*Bromsgrove Rural District.**Wythall Drainage.*

170. A scheme has been adopted by the Bromsgrove Rural District Council for sewerage the parish of Wythall, a part of the County which is developing rapidly.

171. The County Council has agreed to assist financially in connection with this scheme subject to the details being approved by the Ministry of Health. The scheme is a costly one as valley sewers which must be provided are of considerable length. Some delay has been experienced in connection with acquisition of a disposal site.

Stoke Works.

172. An application was received from the Rural District Council for financial assistance towards the cost of a proposed sewage scheme for Stoke Works (parish of Stoke Prior). The County Council however did not see their way to grant such assistance but the Rural District Council were informed that if an extended scheme was introduced to cover other parts of the parish the application would be considered. Work is commencing on this scheme. Additional proposals dealing with other portions of the parish are being considered.

Rivers and Streams.

Severn and Stour.

173. The County Analyst (Mr. C. C. Duncan) continued his surveys of these rivers.

174. Mr. Duncan's report states that at two points, Corngreaves Bridge and at Stourport as the Stour enters the River Severn the dissolved atmospheric oxygen figures were low, showing a percentage deficiency of 37.8 and 23.9 respectively.

175. The Upper Stour appears to have contained more iron than in several past surveys. This may be due to less dilution as the Stour was on the low side owing to the continued dry period.

176. There was however no evidence of gross contamination with acid waste as the samples of river water were with one exception alkaline or neutral in reaction.

177. On the 14th May 1934 I received a communication from the County Medical Officer for Staffordshire referring to the increase in trade waste, presumably due to better trade conditions.

178. The general pollution of the Stour comes from the Worcestershire side and it is of little use for Staffordshire to take action unless Worcestershire acts similarly.

179. I met representatives of Staffordshire at the river on the 29th May. There can be no question that pollution from acid waste is again increasing and that the improvement in recent years is the result of poor trade rather than better methods of disposal.

180. Apart from this one inspection my time has been much too fully occupied to enable me to devote attention to the pollution of the rivers and watercourses in the County but with the recent appointment of a County Sanitary Officer I hope some real progress may be made in dealing with this problem.

181. I do not think that the birds-eye pictures of the state of the river which are obtained from occasional inspections will ever result in any appreciable improvement. It seems only fair to the trade as a whole that some uniform procedure appertaining to both sides of the river should be adopted.

Avon and Arrow.

182. The County Analyst reported on the 16th October 1934 that as a result of his survey he had found both rivers to be in a better condition than at the time of his previous survey.

Schools.

183. Twenty-five schools were closed during 1934 to prevent the spread of infection. These closures were in country schools and were mainly for Measles and Whooping Cough.

SECTION D.

Housing.

184. Details furnished by officials of Rural District Councils indicate that considerable progress has been made in the County in connection with the inspection and recording of houses.

185. The County Council have impressed upon Local Authorities the importance of this information being reasonably complete and up to date, otherwise it is quite impossible for the Local Authorities to review the position and define the problems which have to be solved. The new act dealing with overcrowding will require complete and accurate information of all houses in the Districts if action is to be effective.

186. Information is obtained periodically from the Rural Districts as to action taken or contemplated.

187. Under the Housing Act, 1930 the statutory grant of £1 was made in respect of 17 houses in the Evesham Rural District and in respect of 7 houses in the Martley Rural District. These figures will increase as the rehousing, following on demolition of unfit properties in Rural areas, proceeds.

188. The Council are only obliged to make a grant of £1 for 40 years for houses provided for agricultural workers within the meaning of the Act, but have agreed to make an additional grant of £1 per house per annum for 20 years for such number of houses as shall be agreed by the Public Health and Housing Committee for the particular district provided, the Rural District Council concerned makes a contribution equal to the additional grant of the County Council.

189. This proposal was adopted to meet the request of a Rural District Council who required additional new houses quite apart from those provided to rehouse persons under slum clearance schemes. No Government assistance being available the economic rentals were very high for the agricultural population, road workers, etc. unless some additional assistance was available.

Tents, Vans, Sheds and similar structures.

190. In previous reports mention has been made of the difficulties experienced at Stourport-on-Severn in connection with "Bungalow Town." The action taken by that Urban District Council under the Public Health Act resulted in a large number of such structures being demolished. Although a certain amount of individual hardship is bound to result it is essential that immediate steps should be taken to control the development of such areas.

191. In the initial stages a few of these structures intended for week-end or holiday occupation spring up in the night. No plans are submitted in the majority of instances and in some areas little action appears to be taken other than collecting rates when the structure is discovered.

192. The Kidderminster Rural District Council during 1934 dealt with a number of these structures in the Kingsford area under the Housing Act, 1930. The houses in question were mainly wooden bungalows without water supplies other than a stream which was quite unsuitable and which as the year advanced, became nothing more than a muddy trickle. In most cases neither drainage nor ordinary sanitary conveniences existed.

193. Some appeals arose in connection with these unfit dwellings, it being contended that the structures were not dwelling-houses within the meaning of the Act. In one appeal the appellant agreed.

1. To provide a supply of water for domestic purposes to the satisfaction of the Local Sanitary Authority.
2. To provide sink and drainage and arrangements for disposal to the satisfaction of the Local Sanitary Authority.
3. To occupy the house as a dwelling-house only between 1st April and 31st October and if sold or disposed of to be subject to these restrictions.
4. These restrictions may be varied with the consent of the Local Sanitary Authority and the County Council.

194. In view of this undertaking the Rural District Council consented to the appeal being allowed, each party paying their own costs.

195. An appeal in a second case concerned a very unsatisfactory wooden structure on brick pillars which had been in use for a number of years. No undertaking was accepted because the erection could not have been made fit at a reasonable cost.

196. The County Council had previously been requested by residents to visit this area with the object of requiring the Kidderminster Rural District Council to provide a proper water supply for this and a number of other bungalows. The Rural District Council formed the opinion that the type of structures generally were so unsatisfactory that the very large expenditure involved would not be justified and that the unfit houses should be demolished. After a prolonged hearing and adjournment in order that appellant might be legally represented, the demolition order was confirmed.

197. The introduction of a Town Planning Scheme for the County is now an accomplished fact. It remains to be seen whether these added powers will prevent the right house going up in the wrong place or the wrong house being erected at all.

198. At the present time many Local Authorities without special powers conferred by Local Acts find difficulty in controlling these Bungaloid collections, such as tents, vans, sheds and holiday camps generally. Usually the sites for these camps are in the beauty spots or in close proximity to the River Severn. The owner or tenant of the land has a profitable source of income but does not usually provide anything in the way of sanitary conveniences.

199. Without being a "kill joy" it does seem important to me that both for the benefit of the campers and the public at large greater control than at present exists should operate generally.

Housing (Rural Workers) Acts 1926 & 1931.

200. The grants approved by the Committee in 1934 totalled £6,837 3s. 10d. in respect of 77 dwellings, while loans of £1,043 0s. 10d. were made regarding 21 dwellings.

201. Between the inception of the County Council's Scheme and the 31st December, 1934, applications were submitted in respect of 450 dwellings. 63 of these were refused by the Committee, and 43 were withdrawn by the applicants. The grants approved for the remaining 344 dwellings amount to £31,237 1s. 7d. 11 of these have been conversions of buildings not previously used for human habitation.

202. In the same period the total loans approved amount to £2,177 15s. 4d. upon the security of 34 dwellings.

203. I am glad to state that the co-operation with Local Sanitary Authorities which has existed since the introduction of this Act has been continued. I am grateful to the various Local Sanitary Officers for the assistance they have been good enough to give.

204. During the year it was the invariable practice for members of the Committee to make an inspection of dwellings concerned in applications prior to their consideration. This procedure has been of great use, as on occasions it has resulted in additional work being undertaken which has enabled the Committee to approve a grant being made.

205. The grant approved by the Committee was formerly paid in one sum on completion of the work. The experience of the Committee, however, indicated that it was not uncommon to find some small defects (such as badly fitting doors due to shrinkage of wood) some weeks after the work has been completed, and it has been found difficult in certain instances to get this work carried out when the total amount due has already been paid by the Owner to the builder. For this reason the Committee decided that 90 per cent. of the grant should be payable on completion of the work, the balance of 10 per cent. being paid three months later. Owners are advised to come to an understanding with the builder as to this method of payment prior to the work being commenced.

206. As it is desirable that a proper plan and specification should be prepared in connection with any proposed work, the Committee have offered, as an inducement, to pay grant upon architect's fees conditional upon the architect's certificate of satisfactory completion of the work being available for the inspection of the County Council. Such fees will not normally be allowed to exceed 5 per cent. of the estimated cost. The fees will not, of course, be eligible for grant where the total cost of the work is already sufficient to qualify for the maximum grant of £100 per dwelling.

207. The customary annual Certificates as to the observance of the prescribed conditions relating to rental and tenancy have been obtained from the Owners. Certain cases of doubt have been considered by your Committee, but no case was found in which the restrictions were not being complied with. In order that there might be no difficulty in this matter, Owners are advised that in the event of any change of tenancy, details of the proposed tenant should be submitted to the County Council, as if this step is taken it will obviate the necessity for the owner to give unapproved tenants notice to quit, which action might result in considerable hardship to the family concerned.

208. The Committee considered it was essential owners should insure reconditioned properties against fire, and that any monies received from an Insurance Company in the event of a fire should be used for purposes of reinstatement. The formal Certificate of Approval now contains a condition to this effect, providing for the policy and subsequent renewal premium receipts to be produced to the Clerk of the Council.

209. During the year the Minister of Health approved the granting of assistance in a further 100 cases, making a total of 400 dwellings.

Town Planning.

210. On the 1st February 1934 the Town Planning Officer for the County (Mr. H. Robinson) took up his duties.

211. Initial steps included the setting up of the respective Joint Committees within the County. Pending the adoption of Schemes control of development and buildings is exercised. All building proposals are seen by the Town Planning Department and the constituent authorities of the Joint Committees are advised as to the desirability or otherwise of these proposals.

SECTION E.

Inspection and Supervision of Food.

212. The report of Mr. C. C. Duncan, the County Analyst, which deals with the administration of the Food and Drugs Acts is published separately.

Milk Supplies.

213. The year 1934 did not disclose any appreciable increase in the number of licences issued under the Milk (Special Designations) Order, 1923. The number of Grade A licences operative at the end of December was 21.

214. A deputation from the Farmers Union was received and their request that the routine voluntary inspection of all cattle should be undertaken by the County Council was considered by the Public Health and Housing Committee. The number of cattle in the County is estimated at rather more than 80,000 and the number of cows in Dairy herds at about 25,000.

215. The Public Health and Housing Committee also considered the increasing duties falling upon the County Council in connection with the supervision and control of the supply of milk to school children and the probable increase in the number of producers of graded milk.

216. During 1935 the County Council, agreed to appoint one whole time veterinary officer (whose duties would include the examination of all Grade A herds) and also a County sanitary officer who would assist me in connection with the Rural Housing, Graded Milk Licences, Rivers Pollution etc. as I found it quite impossible to undertake these increasing duties properly without some assistance.

217. Both these Officers will it is hoped commence their duties during the year 1935.

Section 4. Milk and Dairies (Consolidation) Act, 1915.

218. Twenty complaints were received from outside authorities as to the presence of living tubercle bacilli in milk produced in the County and consumed in outside areas, 15 of these coming from the City of Birmingham.

219. All the complaints were investigated and the herds inspected by the part time District Veterinary Officers as a result of which 19 cows on 17 farms were slaughtered. In 3 instances it was not possible to detect the tuberculous cow.

Supply of Milk to School Children.

220. Under the Scheme of the Board of Education and the Milk Marketing Board milk is being supplied to school children at a reduced cost provided the source and quality is approved by me in co-operation with the Local Sanitary Officers.

221. The following are details of milk supplied since the scheme came into operation in October, 1934 :—

Supplies of milk have been approved for 221 Schools, (or separate Departments of Schools) representing 27,129 children out of a total average attendance of 30,395.

The total number of persons approved to supply milk to County Schools is 60.

The Grades of milk supplied are given below :—

Pasteurised.

18 approved suppliers.
148 schools or separate departments.
22,108 children in average attendance.

Grade A.

14 approved suppliers.
19 schools or separate departments.
1,785 children in average attendance.

Ordinary.

28 approved suppliers.
54 schools or separate departments.
3,236 children in average attendance.

" Ordinary Milk " has not been approved, until a satisfactory report has been received from the Local Sanitary Officers in respect of the methods of production and handling.

Sampling of milk was commenced on the 20th March 1935, and an average of 12 samples has been taken by a member of the Office Staff each week.

These samples are taken to the University Laboratories, in Great Charles Street, Birmingham.

Valuable assistance has been given, voluntarily, by the Local Sanitary Inspectors in collecting samples from isolated County Schools.

Where the cleanliness test has been reported unsatisfactory, a repeat sample has been or will be taken. Additional samples are also taken where approved retailers are supplying a large number of Schools.

Up to the 12th June 1935, sixty-six (66) samples had been taken for cleanliness and fifty-three (53) for the Tubercle test.

Reports have been received in respect of 66 samples for cleanliness, and 41 samples for Tubercle tests.

The Bacteriologist's report shows how necessary this sampling is.

In ten cases the test for cleanliness revealed unsatisfactory conditions, and in the worst case, the official approval was at once cancelled, and another retailer substituted.

In two cases tubercle was found in the milk, and in both these cases action was immediately taken.

The Scheme is working satisfactorily, and the only criticism met with is that in one or two Schools it is stated the children dislike drinking cold milk during the Winter months but as the milk is taken through straws, it is not considered that any harm will result through drinking cold milk.

Steps are being taken to co-ordinate the Grade A samples taken under this Scheme with the new Grade A Scheme of the Milk Marketing Board, so that duplication of sampling will be avoided.

The fees arranged with the Birmingham University Authorities are :—

for each Cleanliness Sample	—	5s.	0d.
„ „ examination for Tubercle	—	£1	1s. 0d.

The Director of Education has supplied me with information that up to the 29th March 1935, the number of children actually having milk was 15,447.

Apart from the supplies to Elementary Schools, Pasteurised milk is being supplied to the Redditch County High School, Hanley Castle and Halesowen Grammar Schools, the Bromsgrove County High School, and the Oldbury Technical School.

Grade A Milk is supplied to Kidderminster High School, Stourbridge County High School, and Hartlebury Grammar School.

Grade A (T.T.) Milk is supplied to the West Malvern Open Air School.

Clean Milk Competitions.

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

1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
8	15	12	21	23	24	23	15	17	41

223. The notable increase in 1935 is of course a response to the Milk Marketing Board's bonus scheme.

224. During the early months of 1935 Miss Pritchard has rendered me valuable assistance in connection with the flood of applications received.

225. The co-operation between the Public Health and Agricultural Departments has been very valuable, and I have found the short preliminary courses to intending applicants for Grade A licences most useful. It seems possible that these shorter courses might prove more popular than the longer ones in view of the altered position as regards Grade A licences.

226. The following notes by Miss Pritchard on surprise visits to farms when samples were taken is of interest.

"I should like to point out that on several occasions of surprise visits, hay was being fed during milking, also a quantity of bedding was down. Both of these will affect the results. Hay should not be fed until after milking otherwise the atmosphere is laden with dust. If there must be bedding down it should be left at the manger end of the stall until after milking and drawn back afterwards.

Also, in several cases, the utensils were simply washed and rinsed with boiling water. In order to obtain the best results it is essential that they should be sterilized either by live steam or by immersing for a few minutes in a copper of boiling water.

On some farms the foremilk was discarded on to the floor instead of into a separate vessel. This is bad practice.

If it is not possible to carry the milk straight away after milking it should be in a pail with a lid and should never be left uncovered, either inside the shed or outside in the yard.

It is very important when washing the cows to change the water frequently and the water for the final washing of the udder must be clear and unstained.

Two separate buckets should be used. The first for flanks, tail and udder, using dandy brush and coarse cloth. The second bucket should have clean water and a softer cloth for final wiping of udder and teats.

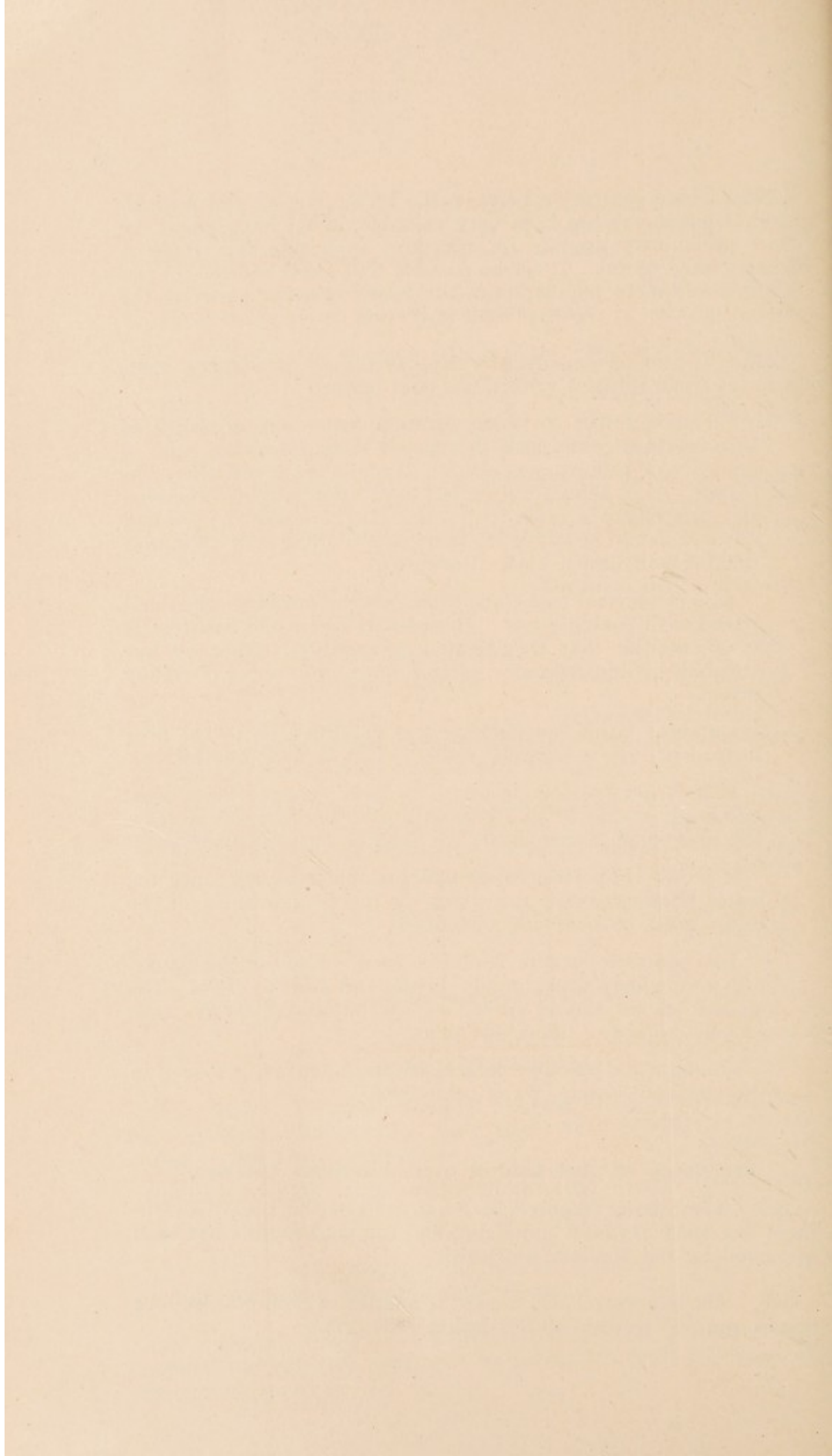
Provision for washing milkers hands should be provided in the cowshed — soap, water and towel."

SECTION F.

Prevalence of, and Control over, Infectious Diseases.

227. The Survey required by Section 63 of the Local Government Act 1933 has been completed and the final scheme has been approved by the Ministry of Health.

228. The following Table shows the number of cases of infectious disease notified in the County during 1934, viz. :—



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
Urban																								
Bewdley Borough			44	2	2	1	1						3		1									
Bromsgrove			87		42	6			2	1	2		27	16							5			
Droitwich Borough			5			1							5	2	9	1					25	22	1	1
Evesham Borough			7		37								9	2		1			1		3			
Halesowen			109		28	5	1	1					30	11	4	1					3			
Kidderminster Borough			293	5	34	5			4	1	6		54	27	12	3	12				26	9		
Malvern			30	1	10	3					5		16	11	1	2	4				36	20	1	2
Oldbury			151	3	128	9			2	2	8		70	29	14	4	10				16	12		
Redditch			69		107	10			1		3		31	14	11	2	2				69	22		1
Stourbridge Borough			113	2	53	3			3	1	9		30	21	9	5	3				50	21		
Stourport-on-Severn			78		15						11		14	7	8	1	1				50	30	1	1
Totals			986	13	456	43	2	1	12	5	53		289	140	104	36	22		1		278	143	3	6
Rural																								
Bromsgrove			31	2	17	2			1		3		16	7	3	1	1				5	10		
Droitwich			24		7	1	1	1	1		1		9	3	3	3					1			
Evesham			15		13	1			2	1			12	8	3	1					1	2		
Kidderminster			72		10	1					2		13	3	3	1					5	4	1	1
Martley			49	1	14	2		1	1	1	2		11	9	4	4					6	6		
Pershore			25	1	5		2		1		4		9	4	6	3			2		29	8		
Tenbury				1	4	1							2	4	1	1					3	4		
Upton-on-Severn			37		16	6	2				1		16	3	3	1			1		22	8		1
Totals			253	5	86	14	5	2	6	3	14		88	41	26	15	1		3		72	42	1	2
Grand Totals			1239	18	542	57	7	3	18	8	67		377	181	130	45	23		3	1	350	185	4	8

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

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

Anthrax. Four cases were notified in Kidderminster Borough.

Cerebro Spinal Fever. One case was notified in Bromsgrove Urban District.

Malaria. Two cases were notified in Stourport-on-Severn Urban District.

Smallpox.

229. No case was notified in the County in 1934 and during the last twenty years only eight cases, with one death, have been recorded.

Scarlet Fever.

Average annual number of cases, 1914-1933 = 598

Average annual number of deaths 1914-1933 = 6

Number of cases, 1934 = 1239

Number of deaths 1934 = 18

230. There was a considerable increase in the number of scarlet fever cases in 1934 and, with the exception of Tenbury Rural District, the disease spread to all parts of the County.

231. There were 18 deaths, five of which occurred in the Borough of Kidderminster.

232. Dr. J. R. Craig, Medical Officer of Health, (Kidderminster Borough) states, "during the first half of the year, fifty-five cases were notified. When the Schools re-opened after the September vacation the disease spread rapidly and during September, October and November the number of notifications reached the record figure of 170 for the three months, the largest number for one month being 77 in October. An unusual number of cases occurred in those over school age. In the face of this epidemic, it became necessary to resort to home isolation in many cases, and although in a few cases subsequent spread to other members of the household occurred, on the whole it proved just as satisfactory in preventing the spread of the epidemic as isolation in hospital. Moreover, there can be no doubt that the cases treated at home generally ran a milder course and were less affected by such complications as ear disease and nephritis, than those transferred to hospital. Of all the cases treated at home, only one had to be subsequently admitted to hospital for a mastoid operation.

233. Generally the type of case was mild, though there occurred several of the severe and rapidly fatal type which had not been seen in recent epidemics in the Borough. Anti-scarlatinal serum was employed in many cases and in all the severe ones, and whilst its remedial effect is not comparable to that of antitoxin in Diphtheria, there is no doubt that it is of material benefit. Early administration is of great moment.

234. The Matron and Staff at the Isolation Hospital have had a busy and trying year, but nobly overcame the handicaps of the existing hospital. Increased staff were drawn from a London Co-operation of Nurses and proved quite satisfactory.

No. of Cases notified	-	-	-	-	293
No. of Cases isolated in Borough Hospital	-	-	-	-	190
No. of Non-Borough Cases admitted to Hospital	-	-	-	-	20
Case rate per 1,000 living (Borough)	-	-	-	-	9.49
Case rate per 1,000 living (England and Wales)	-	-	-	-	3.76
No. of return cases during the year	-	-	-	-	3
No. of deaths from scarlet fever	-	-	-	-	5
No. of Borough deaths from scarlet fever in Isolation Hospital	-	-	-	-	5
No. of Non-Borough Deaths from Scarlet Fever in Isolation Hospital	-	-	-	-	2"

235. The heavy incidence of Scarlet Fever and Diphtheria in 1934 resulted in the Isolation Hospital accommodation being found to be insufficient to meet the demands. One good result was that it made a trial of home treatment of Scarlet Fever and the results as outlined by Dr. Craig should do much to combat the prejudice of isolating and treating in the home selected cases of Scarlet Fever.

236. It cannot be too strongly emphasised that a grossly overcrowded Hospital is a danger rather than an asset to the area. Selective isolation rather than overcrowding of the Hospital is necessary in the patient's interest.

Diphtheria.

Average annual number of cases, 1914-1933 = 249

Average annual number of deaths 1914-1933 = 23

Number of cases, 1934 = 542

Number of deaths, 1934 = 57

237. In 1933 there was an increase in the prevalence of Diphtheria in the County. In all 318 cases with 18 deaths occurred. The incidence was heaviest in Evesham Borough (93 cases) and the Redditch Urban District (105 cases).

238. In 1934 the outbreaks of Diphtheria became worse and the incidence was the highest for at any rate 20 years and was double the average for that period. What was even more serious was the high case mortality for whereas in 1933, 6 out of every 100 children with Diphtheria died, in 1934 there were 10 deaths in every 100 cases.

239. Whilst in Evesham the outbreak, which had lasted for more than 2 years, was abating in 1934, 37 cases with no deaths occurred, in the Redditch Urban District the high incidence continued, 107 cases with 10 deaths being recorded.

240. The high mortality in other districts demonstrates the severity of the type of the disease. Bromsgrove Urban District had 42 cases with 6 deaths; Halesowen Urban District 28 cases with 5 deaths; Kidderminster Borough 34 cases with 5 deaths; Malvern Urban District 10 cases with 3 deaths and Upton-on-Severn Rural District 16 cases with 6 deaths.

241. Dr. M. J. Quirke, Medical Officer of Health, (Upton-on-Severn Rural District) records that 4 cases of Diphtheria occurred in one family in August 1934. He states "the onset was insidious but later all became very ill, failed to respond to antitoxin and died."

242. Dr. C. R. P. Mitchell (Medical Officer of Health, Malvern Urban District) gives an account of 5 cases, 4 deaths, in his area in November 1934, one child residing outside the district but attending the same elementary school as the other cases. Two of the cases died the day after admission to Hospital, a third died three days after admission to Hospital whilst the fourth died on the day of admission to Hospital. The fifth case recovered.

A curious feature is that in all the fatal cases the swab examinations were reported upon as negative.

243. Dr. V. Shaw a Medical Officer of the Ministry of Health, who investigated the outbreak, was of opinion that it was one of Diphtheria Gravis. In a communication I received from him on November 3rd 1934 it was suggested all scholars in this school (about 70 in number) should be Schick tested and the susceptibles subsequently immunised. This was done by a member of my Staff, 67 children being tested and 48 subsequently received injections only 3 failing to attend for the last dose.

The Malvern Urban District Council subsequently circularised the parents of scholars of all elementary schools and infants attending the Welfare Centres in the area. The response

as regards school children was fair, but the figure for Infants (for whom immunisation is even more important than for older children) was disappointing.

244. Dr. M. J. Quirke (who is a part-time Assistant County Medical Officer) is undertaking the immunisation work in Malvern during 1935 as the County Council have offered to co-operate with the Local Sanitary Authority in this work.

Redditch Urban District.

245. Dr. A. B. Follows, who has been appointed Medical Officer of Health for this District and is also an Assistant County Medical Officer has reported on the immunisation work he has carried out in Redditch.

He states, "the continued prevalence of Diphtheria in the Redditch Urban District has remained unabated throughout the year 1934, and has caused considerable anxiety. 107 cases of the disease were notified; the following table shews the distribution in the groups:—

1. Under School age (0-5 years)	-	16
2. School age (5-14 years)	-	64
3. Over School age (14-upwards)	-	27

There were 7 deaths.

Prophylactic inoculation for immunisation against diphtheria has been undertaken each week since the inception of preventive treatment at the end of 1933.

To date 2,744 injections have been given, and of these 884 have completed the full course of 3 injections and 61 are still unfinished, 31 having received 2 injections and 30 one injection.

The total number of sessions held up to the time of writing is 66.

57 at the Redditch Drill Hall.

5 at Feckenham Schools.

4 at Astwood Bank Schools.

Thus, the average number injected per session is 42.

The number of children immunised at the various schools is as follows :—

Up to January 25th, 1935.				Possible total.	Percentage.
Bridge St. Boys	—	96		251	38·25%
" " Girls	—	79		232	34·05%
" " Infants	—	24		128	18·75%
Crabbs Cross	—	83		267	31·09%
Headless Cross	—	98		321	30·53%
St. Georges	—	65		243	26·75%
Astwood Bank	—	75		187	40·11%
St. Stephen's Boys	—	46		303	15·18%
" " Girls	—	100		264	37·88%
" " Infants	—	38		127	29·92%
Ipsley Street	—	13		126	10·32%
George Street	—	3		48	6·25%
Mount Carmel R.C.	—	29		59	49·15%
Feckenham	—	36		93	38·71%
County High School (B.15. G.18.)	}	33		244	13·52%
Infant Welfare (or pre-school children		58		750	7·73%
Others	—	8		(approx.)	
Total				=	884.
Poss. School total				=	2,893.

The above numbers appear in the following age groups :—

Years.												
4	5	6	7	8	9	10	11	12	13	14	15	16
29	71	54	62	88	79	79	86	91	81	74	8	5

and in addition 77 children attending the Infant Welfare Centres were injected.

It is doubtful whether immunisation has yet affected the incidence on the population as a whole, and we shall not be able to arrive at any definite conclusion upon this point until more

time has elapsed. The individual protection, however, is considerable, shown by the fact that of all the cases which have been "protected" only 5 have been notified as diphtheria since receiving the injections, and that none of these had the typical clinical manifestations of diphtheria, and all were very mild cases. Below are the details of these cases :—

- Case 1. Girl, aged 10 years.
Completed course of inoculations 14.12.33.
Positive swab 25.2.34.
Nursed at home 3 weeks. Antitoxin given, 8,000 units.
Apparently quite well in bed. No membrane on throat and no rise in temperature or pulse.
- Case 2. Girl, aged 5 years.
Completed course of injections 21.12.33.
Positive swab 17.12.34. Organisms from throat reported "very virulent."
Institutional treatment. Temperature 99 on admission, slight fulness of neck and sore throat. Tonsils swollen and injected, but no membrane present.
Child apparently fit and no serum given.
- Case 3. Girl, aged 4 years.
Completed course of injections 21.12.33.
Sister to Case 2.
Admitted with sister to Institution 17.12.34.
Sore throat and slight nasal discharge.
All swabs negative.

Cases 2 and 3 both Schick negative on admission.
In both cases temperatures and pulse remained at normal after second day of illness.

- Case 4. Girl, aged 11 years.
Completed course of injections 19.12.34.
Admitted to Institution 21.12.34 with positive throat swab.
No membrane visible and all subsequent swabs negative.
Temperature and pulse practically normal throughout.

Case 5. Boy, aged 8 years.

Completed course of injections 18.12.33.

Admitted to Hospital 21.12.33.

Very mild case throughout.

Cases 1, 3, 4 and 5, were in all probability "carriers" and Case No. 2, possibly tonsillitis in a "carrier." It will be noted that in cases 4 and 5, complete immunity could not have developed, as the interval from the completion of the course of injections to the time of onset of symptoms was much too short, the usual time required for the development of complete immunity being approximately 3 months.

In several of the cases injected a skin reaction occurred, but in no instance was this of a serious nature. In 12 cases there was slight swelling and redness at the site of injection, subsiding within two days. In 2 cases there was a fairly severe reaction associated with slight rise of temperature lasting 3 days.

Although the response has been very good as far as the School children are concerned, almost exactly one third of the School population having been immunised, the effect on the community will be inappreciable so long as the pre-school child remains uninoculated.

Godfrey in a paper given at Montreal in 1932 on the results of preventive inoculation in populous centres in New York says that although 50% to 70% of School children had been protected, it was not until an additional 30% or more of those under 5 years of age had been immunised that any fall in the Diphtheria rate was produced.

At present only 106 children under the age of 5 have been treated, which on a total of approximately 800 represents the small percentage of 13.2. Until approximately 30% is reached the diphtheria attack rate will remain unaltered."

246. Dr. R. L. Corlett (an Assistant County Medical Officer) has assisted in Schick testing the children attending a private school and also a special school with some 300 scholars.

247. During the year 1935 he also Schick tested all the children in one of the Cottage Homes maintained by the Public Assistance Committee.

248. The severity of the Diphtheria outbreaks in the County make it probable that further calls will be made by District Councils for the services of Assistant County Medical Officers in dealing with immunisation work. The cost of serum is borne by the District Council but no charge has been made for the work done by the County Medical Staff.

249. So far no request of this nature has been refused but as each child has to receive at least three injections at intervals it will be realised that the work takes a great amount of time. It is necessary to fix in this additional work as far as ordinary routine duties will allow.

Enteric Fever.

Average annual number of cases, 1914-1933	=	18
Average annual number of deaths 1914-1933	=	2
Number of cases 1934	=	7
Number of deaths, 1934	=	3

250. The few cases were scattered and no special comment is necessary.

Measles.

Average annual number of deaths 1914-1933	=	43
Number of deaths 1934	=	12

251. Five Schools were closed during 1934 on account of measles.

Cerebro Spinal Meningitis.

252. The only case notified in 1934 occurred in the Bromsgrove Urban District.

Cancer.

253. In 1934 the number of deaths were 514.

254. The mortality from this disease continues to increase. The figures for 1929-1934 during which period there was very little variation in the population of the County are set out below.

1929	-	-	488
1930	-	-	469
1931	-	-	466
1932	-	-	425
1933	-	-	479
1934	-	-	514

Vaccination.

255. The operation on the 1st July 1934 of the Worcestershire Registration Scheme, 1934, necessitated the alteration of certain of the districts of Vaccination Officers in order that the requirement of the Vaccination Act, 1871, that the district or districts of Vaccination Officers should coincide with the district or districts of a Registrar of Births and Deaths, might be complied with.

256. This alteration was effected without difficulty, compensation for loss of office at the rate of 5s. 10d. per annum being paid to one Vaccination Officer.

As a result of the alteration, there are now 16 Vaccination Officers Districts. These districts are coterminous with the districts of the Registrars of Births and Deaths and the districts of the Relieving Officers. In the majority of cases, the same officer holds the three appointments.

257. The records of the Vaccination Officers and Public Vaccinators have been examined each quarter.

258. 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 1933.

259. Of the 4,178 births reported by the several Vaccination Officers in the Administrative County as having been registered during the year 1933, the number which, at the time the return was made, had been registered as successfully vaccinated was 1,660 (being 39·7 per cent. of the whole) and the number registered as having died unvaccinated was 192 (or 4·6 per cent. of the whole). Of the remaining children, 9 (or 0·2 per cent. of the whole) had been registered as insusceptible to vaccination; 17 (or ·04 per cent.) as having their vaccination postponed by medical certificate; 2,171 (or 52 per cent.) in respect of whom certificates of conscientious objection were received; and 124 (or 3·0 per cent.) as "removed" or "not found," leaving 5 (or 0·1 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 3,986 children, there were registered 41·6 per cent. as successfully vaccinated; 0·2 per cent. as insusceptible to vaccination; 0·4 per cent. as under medical certificate of postponement; 54·5 per cent. in respect of whom certificates of conscientious objection to vaccination had been obtained; and 3·2 per cent. as "removed" or "not found," leaving 0·1 per cent. as still unaccounted for as regards vaccination.

260. The numbers of persons successfully vaccinated and re-vaccinated at the cost of the rates during the year ended the 30th September 1934, 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.	
1374	57	1431	31

261. Prosecutions for non-vaccination of children are now comparatively rare, the Council's view being that proceedings shall only be instituted in cases where it appears there has been a deliberate attempt to evade or defy the law.

262. One Public Vaccinator has complained of the loss incurred by Rural practitioners in connection with the non-payment for unsuccessful vaccinations; at present he gets no fee even for travelling incurred.

Post Vaccinal Illness.

263. I investigated illnesses occurring in two children who had been vaccinated a short time before illness by the same Public Vaccinator with the same batch of lymph. The first case of illness followed four days after vaccination. The infant was treated in Hospital for a respiratory infection. There was no reason to associate the illness with vaccination in any way. The second case was vaccinated on the 25th April and suffered from a convulsion on the 16th June. The child died in Hospital the following day; a post mortem examination showed that the stomach and intestines were distended with flatus. It is unlikely in view of the incubation period that this condition was associated with vaccination.

264. All other children vaccinated with this lymph were seen and there were no unusual symptoms of any kind.

265. Dr. R. L. Corlett made enquiries as to all deaths of babies in this area and the vaccinal state over a period of four months, as I was informed that owing to influenza and colds and the occurrence of several Cerebral cases the Public Vaccinator had postponed his vaccinations. I found that there had been three deaths from Meningitis (one influenzal and two meningococcal) the children being aged 5 weeks, 6 months and 9 months respectively. Not one of these children had been vaccinated.

266. The negative value of this is of importance as in one instance the child was to have been vaccinated but this was postponed. The exclusion of vaccination as a possible cause might have been difficult.

Accommodation for Hop-Pickers.

267. The year 1934 was again a fortunate one for hop-pickers as regards the weather.

268. The health of pickers generally appears to have been good. One case of Diphtheria and three cases of Scarlet Fever occurred in the Martley Rural District.

269. Dr. A. E. White, who has been Medical Officer of Health for the Tenbury Rural District, for many years states "I accompanied Mr. Parkinson, the Sanitary Inspector, on his inspections on two days and can confirm the opinion that the general standard of accommodation for pickers has been very considerably raised in recent years and the provision of a Nurse to visit all farms daily for the purpose of giving advice where necessary is a very valuable improvement. Special wooden buildings with separate cubicles for each family, are I think, very desirable."

270. There were no notified cases of infectious disease in the Tenbury hop fields.

271. In 1934, six additional nurses were provided solely for attending to the pickers.

272. A conference convened by the County Council included invitations to the Martley and Tenbury Rural District Councils, the hop growers, the Salvation Army, the City and County Nursing Association, the British Red Cross Society and the Worcester Diocesan hop-pickers Mission when proposals to provide Nursing facilities were discussed. The County Council made a grant of £40 towards this work. The growers usually contributed about 3d. per picker.

273. I hope the Nursing Service will become a permanent feature of the hop-picking season as the results were, in my opinion, well worth the effort. Many persons and associations rendered valuable voluntary services, *e.g.* the Rev. J. R. Burns in the Knightwick and Suckley area and the Salvation Army in the Shelsley area. I think a special tribute is due to Dr. Garrett who has accompanied the latter for several years and has done much good work.

274. A Roman Catholic Mission established an Aid station in 1934 and maintained a crèche for the younger infants whilst their mothers were in the hop yards.

275. Efforts continue to be made to improve the quarters provided for pickers and although the conditions are far from perfect the improvement is substantial. Greater response from the picker is required as well as the grower before conditions will prove satisfactory to the onlooker.

276. It is hoped to strengthen the byelaws and to provide uniform conditions throughout the Midland hop fields.

277. I am of opinion that if we can obtain the assistance of the Local Authorities, from whose areas pickers are drawn, in the form of constructive criticism, much good will result. In one area in the County the views of the pickers themselves were obtained through a series of essays by older school girls. These proved most helpful and indicated the lines on which progress is required.

Fruit and Pea-Pickers.

278. Whilst much attention is directed to hop-pickers accommodation the control of fruit and pea pickers quarters and conditions is seldom heard of, probably because the gipsy picker is very largely employed, who certainly would resent rather than appreciate efforts made to improve his lot.

279. Dr. Smeeton Johnson's (Medical Officer of Health) report to the Kidderminster Rural District contains a paragraph which indicates that there is need for supervision and action in that district.

280. The report states "the improvement previously noted in the conditions under which pea pickers and other seasonal workers are employed in your area has been maintained during the year under review, and in only two or three cases was it necessary for officials to intervene for the purpose of securing better accommodation for the workers. Conditions generally contrast vividly with those of 20 to 30 years ago, and the number of casuals engaged has progressively decreased. In most cases the peas are picked by local people and others brought in from outside areas chiefly the Black Country, who travel to and from their work in motor vehicles. Where oversight of the conditions which takes up a deal of your officers' time in July and August, revealed anything wrong it was always in connection with the casual workers. Such cases occurred at Park Gate, where the grower had made no effort to provide separate accommodation for men and women, or sanitary arrangements as requested. At Blakedown a still worse case occurred where pickers had to sleep on the ground in a rain storm without shelter and work all next day in their wet clothes. It should be made impossible for the human factor to be treated with such scant respect, even though such cases are happily rare. A suggestion was made by your officers that Bye Laws should be approved to secure proper conditions for those engaged in agricultural work of this description."

281. Local authorities who receive foreign pickers into their area should adopt Bye Laws for the proper control of the camps. There are, I believe, Rural authorities in the County who have not done so. I think it would be advisable for the camps to be inspected by an officer of the County Council in conjunction with the officers of the Local sanitary authority.

Mental Hygiene.

282. The following are the attendances at Worcestershire Clinics, viz. :—

	No. of Cases.	No. of Attendances.
Birmingham General Hospital —	10	30
Stourbridge Corbett Hospital —	12	17
Worcester Royal Infirmary —	16	17

283. The Worcester Clinic is attended by Dr. H. F. Fenton (Medical Superintendent, City and County Mental Hospital) and the Birmingham and Stourbridge Clinics by Dr. A. H. Firth (Medical Superintendent, Barnsley Hall Mental Hospital).

284. By arrangement, the Clinics are also used by other authorities who pay a proportionate share of the cost, based on the number of cases attending from the respective areas.

Prevention of Blindness.

285. The County Scheme has been fully described in previous reports and its administration during 1934 does not call for special comment.

286. The Worcestershire Association for the Blind has efficiently supervised the work of the unemployable blind. For this work the Association receives a grant from the County Council.

Tuberculosis.

287. Dr. J. R. Craig's Annual Report for the Kidderminster Borough contains some figures which indicate that Tuberculosis was more prevalent in the Borough in 1934 than in the previous four years.

288. In dealing with small numbers it is unwise to attach too much importance to the figures of a single year, but the increase in both notifications of new cases received and in deaths occurring during the year makes it advisable to keep the position under careful review.

289. The Report of the Chief Tuberculosis Officer (Dr. H. Gordon Smith) is given as an appendix to this report.

Assistance from Voluntary Associations.

290. The County Federation of Women's Institutes continue
• their valuable work of paying for suitable "home helps" who look after the home while the mother is in a Maternity Home.

291. Such assistance was given in 39 cases, and I have received many letters appreciating this assistance both from the mothers and from the District Nurses who know how badly this particular help was needed.

292. The Stourbridge Rotary Club again arranged for an outing for the local crippled children.

293. The Committee of the Stourbridge Infant Welfare and Maternity Centre have continued their valuable work in the interest of mothers and children in the Borough.

294. The County is fortunate in having voluntary helpers in many spheres associated with the prevention of disease and the search for better health.

295. I desire to acknowledge the valuable assistance rendered by the District Medical Officers and Sanitary Inspectors: also the loyal co-operation of the Assistant County Medical Officers, Health Visitors and Clerical Staff.

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, 1935.

WORCESTERSHIRE COUNTY COUNCIL.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR THE YEAR 1934.

Staff.

1. No change in the Medical or Nursing staff affecting the Tuberculosis scheme has taken place during the year.

Notifications and Deaths.

2. The following are the notifications and Deaths for 1934 together with averages for the previous ten years :

Year.	Notifications.			Deaths.		
	Pul.	Non-Pul.	Total.	Pul.	Non-Pul.	Total.
Average						
1924-33.	329	124	453	204	47	251
1934	349	103	452	181	45	226

3. Pulmonary notifications have increased by 20 and pulmonary deaths decreased by 23, compared with the average for the previous 10 years.

TABLE I.
Notifications of Tuberculosis during 1934 showing Age Periods.

Age periods :	under 1 yr.	1-4 (4 yrs.)	5-9 (5 yrs.)	10-14 (5 yrs.)	15-19 (5 yrs.)	20-24 (5 yrs.)	25-34 (10 yrs.)	35-44 (10 yrs.)	45-54 (10 yrs.)	55-64 (10 yrs.)	65 and up- wards	Total
Pulmonary—												
Males - - -	1	2	5	6	18	21	35	33	29	13	4	167
Females - - -	-	3	9	8	30	39	39	34	12	6	2	182
Non-Pulmonary—												
Males - - -	-	9	9	12	5	5	10	1	-	-	-	51
Females - - -	-	10	11	7	4	9	5	2	2	1	1	52
Total - - -	1	24	34	33	57	74	89	70	43	20	7	452

TABLE II.
NOTIFICATIONS OF ALL CASES OF TUBERCULOSIS SHOWN IN SANITARY AREAS.

District.	Total cases notified 1934.	Population. 1934.	Notification Rate per 1,000 of Population.		Death Rates per 1,000 of Population.	
			Average 1929-33.	1934.	Average 1929-33.	1934.
Bewdley Borough	4	4313	1.53	0.90	0.46	0.00
Bromsgrove Urban	33	21840	0.98	1.05	0.65	0.78
Droitwich Borough	5	4467	1.28	1.12	0.60	0.67
Evesham Borough	13	11120	1.31	1.17	0.83	0.23
Halesowen Urban	40	32490	1.70	1.20	0.83	0.43
Kidderminster Borough	83	30870	2.30	2.70	1.00	1.20
Malvern Urban	12	17590	1.33	0.68	0.87	0.74
Oldbury Urban	75	40720	1.76	1.80	0.80	0.81
Redditch Urban	38	22120	1.67	1.70	0.90	0.72
Stourbridge Borough	34	34480	1.14	0.98	0.74	0.75
Stourport on-Severn Urban	21	7390	1.72	2.84	0.97	1.08
Bromsgrove Rural	16	17540	1.20	0.91	0.57	0.45
Droitwich Rural	4	10430	0.76	0.38	0.72	0.57
Evesham Rural	14	14100	1.18	0.92	0.94	0.64
Kidderminster Rural	15	7721	1.39	1.94	0.82	0.52
Martley Rural	13	10600	1.38	1.23	0.66	1.23
Pershore Rural	13	13430	1.34	0.97	0.66	0.52
Tenbury Rural	3	5429	1.60	0.55	0.77	0.92
Upton-on-Severn Rural	18	12550	1.76	1.43	0.67	0.32
	454	319200	1.48	1.42	0.79	0.71

4. Looking at Table II. it is seen that the Oldbury figures show a slight increase in 1934 over the average for the previous five years both as regards notifications and deaths.

5. It is really more disconcerting to find that Kidderminster and Stourport-on-Severn, which both had rather a high five year average, should have a still higher rate in 1934 for both notifications and deaths.

6. It would be an advantage as a preventive measure to have some means of excluding all known positive cases from work in factories, where infection may be spread to other workers. We are making an inquiry into the numbers of such cases and will report later.

7. The figure for Martley Rural District is as a matter of fact the highest in the Table, being roughly twice as high as the preceding five years. This is probably accidental and may be due to the comparatively small figures involved and also to the fact that the population was reduced by alteration of boundaries.

New Cases and Mortality.

8. Table III. sets out the number of new cases becoming known to us and deaths occurring in the County during the year, in sex and age groups.

TABLE III.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	1	—	3	1	—	—	3	1
1	3	3	9	12	—	—	5	1
5	5	9	9	12	1	—	—	2
10	7	8	12	8	1	2	2	—
15	18	30	6	4	7	13	3	—
20	23	40	5	9	9	19	2	—
25	35	41	12	7	17	26	4	2
35	35	35	3	4	15	15	2	2
45	31	14	1	2	23	3	1	1
55	15	7	1	1	7	6	2	1
65 and upwards	4	2	1	1	3	4	1	—
TOTALS	177	189	62	61	83	88	25	10

Tuberculosis Regulations 1924.

9. The total number of cases on the registers of Medical Officers of Health at the end of 1934 was :—

			Males.	Females.	Total.
Pulmonary	-	-	739	686	1425
Non-Pulmonary	-	-	281	294	575
			1020	980	2000

Deaths of Unnotified cases.

10. Twenty-five Cases who had not been notified in Worcestershire, died during the year. In 16 cases the reason for non-notification was apparent, but the usual letter was sent to the certifying practitioner in the other 9 cases. It appeared that in 8 cases, it was thought that notification had been made previously or in another area, and in one the diagnosis was made only at operation just previous to death.

Institutional Treatment.

11. The waiting list averaged 16 during the whole year. It was highest in June (34) and lowest in January (2).

12. A certain amount of selection is used and on the whole it can be said that such cases for whom Institutional treatment can be expected to be of much permanent benefit do not have long to wait, while some of the Chronic ones (often re-admission cases) for whom a period of rest is considered desirable for recuperative purposes may be passed over for longer periods.

Institutional Treatment.

Table IV. sets out the beds available during 1934.

TABLE IV.

			Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.	Total
				"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints. Other Conditions	
Adult Males	2	37	26	8	73
Adult Females	1	33	9	4	47
Children under 15		...	2	9	—	20	31
Total		...	5	79	35	32	151

TABLE V.
RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT.

	Adults.	M. F.	In Institutions on Jan. 1.	Admitted during the year	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients	Adults.	M.	51	149	133	28	43
		F.	37	151	117	10	61
	Child- ren.		25	21	33	—	13
Number of Observation Cases	Adults	M.	6	12	9	—	9
		F.	2	5	5	—	2
	Child- ren.		1	3	2	—	2
	Total	—	122	341	299	38	130

Date		Description		Amount	
1890	Jan 1	Balance		100.00	
	Feb 1	Interest		5.00	
	Mar 1	Interest		5.00	
	Apr 1	Interest		5.00	
	May 1	Interest		5.00	
	Jun 1	Interest		5.00	
	Jul 1	Interest		5.00	
	Aug 1	Interest		5.00	
	Sep 1	Interest		5.00	
	Oct 1	Interest		5.00	
	Nov 1	Interest		5.00	
	Dec 1	Interest		5.00	
1891	Jan 1	Balance		100.00	
	Feb 1	Interest		5.00	
	Mar 1	Interest		5.00	
	Apr 1	Interest		5.00	
	May 1	Interest		5.00	
	Jun 1	Interest		5.00	
	Jul 1	Interest		5.00	
	Aug 1	Interest		5.00	
	Sep 1	Interest		5.00	
	Oct 1	Interest		5.00	
	Nov 1	Interest		5.00	
	Dec 1	Interest		5.00	

TABLE VII.
Dispensary Work.

Dispensary.	Address.	Medical Officer.	Day and Time.	Total No. of Attendances 1934	Average attendance per Session 1934.
Bromsgrove -	-	-	-	-	-
Halesowen -	-	-	-	-	-
Kidderminster -	-	-	-	-	-
	Over 98 High Street	Dr. Deaner	Tuesday, 3 p.m.	265	5.5
	14 Laurel Lane	Dr. Deaner	Wednesday, 5 p.m.	422	8.3
	General Hospital	Dr. Deaner	Thursday, 2 p.m. and 5 p.m.	653	12.8
Oldbury -	-	-	-	-	-
Redditch -	-	-	-	-	-
Stourbridge -	-	-	-	-	-
Worcester -	-	-	-	-	-
	25 Church Street	Dr. Deaner	Monday, 5 to 7 p.m.	950	19.4
	Elm Road	Dr. Deaner	Friday, 2 to 4 p.m.	323	6.3
	Dispensary	Dr. Corlett	Monday, 5 p.m.	408	8.4
	Shirehall Yard	Dr. Clover	Wednesday, 3 p.m.	288	5.7

TABLE VIII.

RETURN SHOWING THE WORK OF THE DISPENSARY (OR DISPENSARIES) DURING THE YEAR 1924.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts) :												
(a) Definitely tuberculous	138	136	10	8	13	18	17	20	151	154	27	28
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	59	38	19	14
(c) Non-tuberculous	—	—	—	—	—	—	—	—	59	51	22	27
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous	2	4	—	7	—	1	4	2	2	5	4	9
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	5	17	8	11
(c) Non-tuberculous	—	—	—	—	—	—	—	—	77	124	122	139
C.—CASES written off the Dispensary Register as												
(a) Recovered	13	30	11	12	11	9	25	24	24	39	36	36
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	156	193	156	183
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—												
(a) Diagnosis completed	575	513	76	76	78	83	124	137	653	596	200	213
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	90	90	60	48

TABLE VIII.—*Continued.*

1.	Number of cases on Dispensary Register on January 1st	—	1864
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	— — — — —	36
3.	Number of patients transferred to other areas and cases "lost sight of"	— — — — —	129
4.	Died during the year	— — — — —	170
5.	Number of attendances at the Dispensaries (including Contacts)		3390
6.	Number of consultations with medical practitioners :—		
	(a) Personal	— — — — —	130
	(b) Other	— — — — —	1098
7.	Number of visits by Tuberculosis Officers to Homes	— —	2710
8.	Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	— — — — —	12617
9.	Number of—		
	(a) Specimens of sputum, etc., examined	— —	402*
	(b) X-Ray examinations made in connection with Dispensary work	— — — — —	425
10.	Number of "Tb plus" cases on Dispensary Register on December 31st	— — — — —	533

Tables IX. and X. show the actual numbers of pulmonary and non-pulmonary cases on the register, and their condition at the end of 1934.

*In addition 1729 samples of sputum were examined from Worcestershire in-patients in County Institutions and County patients sent by General Practitioners.

Immediate results of Institutional Treatment.

13. The exclusion from Table VI. of patients who stay less than 28 days as advised by the Ministry of Health, reduces the total number of discharges and increases the average length of stay.

14. Twenty-seven cases stayed less than 28 days, generally owing to some worry at home or to being temperamentally unable to settle down. Some cases may be admitted for only short periods *e.g.*, for removal of glands or aspiration of pleura. Others may be transferred, after a short stay, from one Institution to another, this would be recorded as two admissions and two discharges.

Dispensaries.

15. No alteration has been made in the Dispensaries though it is hoped that Oldbury will have its new premises during 1935.

16. It will be seen that the attendances continue at their increased number. A considerable amount of work is carried out in connection with artificial pneumothorax treatment. Refills are required in each case about every two to four weeks and special morning sessions are held at Oldbury and Worcester when required.

17. Enquiries have been made to find another suitable site in Halesowen, but, so far, nothing as good as the present position has been found. It is not an urgent matter, so long as we can stay where we are.

Contacts.

18. The number of Contacts examined was 523 : 20 of these were tuberculous (13 lungs, 7 non-pulmonary) and 41 were doubtful cases which remain under observation. The remainder were all non-tuberculous.

Environmental Condition.

19. A report on the environmental condition of each new patient is obtained from the Health Visitor and then referred to the Tuberculosis Officer : any remediable defects are referred to the local Sanitary Authority.

20. The housing of the people is steadily improving but there are still a number of positive cases who cannot be satisfactorily isolated in a bedroom to themselves.

21. To diminish the risk of infection, the Council provides shelters and extra beds, but space for these is not always available.

Extra Nourishment.

22. Food allowances were continued during the year and 69 patients received help in this way. A number of other cases who obviously required help of a more substantial nature were referred to the Public Assistance Officer.

Nurses' Visits.

23. The Health Visitors and Association nurses continue to pay supervisory visits to those patients on their lists. A total of 12,617 visits were so made and each report is handed to the Tuberculosis Officer if any special action is necessary.

Shelters.

24. There are 38 shelters distributed over various parts of the County and these were in full use during the year. Eleven transfers took place and one shelter was sold to the contractor as it was not considered worth the cost of repairing.

Beds.

25. In addition, there are approximately 35 county beds which are loaned to infectious cases (in congested areas where there is no accommodation for the erection of a shelter) who would otherwise be a danger to the other occupants of the house.

TABLE VIIIa.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS ON THE
31ST DECEMBER, 1934.

IN PUBLIC ASSISTANCE INSTITUTIONS BELONGING TO THE COUNCIL (OR TO THE
CONSTITUENT AUTHORITIES OF THE JOINT COMMITTEE).

Name of Institution.	For PULMONARY cases.		For NON-PULMONARY cases		TOTAL
	Adults	Children under 15	Adults	Children under 15	
Evesham - -	2	—	—	—	2
Martley - -	1	—	—	—	1
Kidderminster -	7	—	—	—	7

Return showing the Extent of Residential Treatment provided during the year in Public Assistance Institutions for persons chargeable to the Council (or to the Constituent Authorities of the Joint Committee).

		In Institutions on January 1st	Admitted during the year.	Discharged during the year	Died in the Institution.	In Institutions on Dec. 31st
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult Males -	3	10	10	1	1
	Adult Females	1	—	—	1	1
	Children -	—	—	—	—	—
	TOTAL -	4	10	10	2	2
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment.	Adult Males -	1	1	—	1	1
	Adult Females	—	—	—	—	—
	Children -	1	—	1	—	—
	TOTAL -	—	—	—	—	—
GRAND TOTAL -		2	1	1	1	1

Prevention of Tuberculosis Regulations 1925.

Public Health Act 1925. Section 62.

26. It was not necessary to take action under either of these Regulations during the year.

Non-Pulmonary Tuberculosis.

In-patient treatment.

27. Cases from the north of the County are treated in the Birmingham Royal Cripples Hospitals, Oswestry, and St. Gerards and in the South at the Worcester Royal Infirmary and Newtown. 64 cases received treatment during the year and information as to the condition of patients discharged is given in Table VI.

Out-patient treatment.

28. The clinics at Stourbridge, Redditch, Worcester and Broad Street, Birmingham continue to be well attended. 109 cases made 347 attendances during the year.

X-Rays.

29. The sessional basis for X-Ray examinations has been continued with satisfactory results.

30. At the time of writing definite arrangements have been made on similar terms with Worcester, Redditch, Kidderminster and West Bromwich General Hospitals. It is hoped to obtain similar facilities at Corbett Hospital, Stourbridge where a new apparatus has just been installed.

31. A total of 425 cases were X-Rayed during 1934 against a total of 303 in the previous year.

Ultra-Violet Ray Treatment.

32. Four cases received this treatment at Worcester Royal Infirmary during the year. Three were cases of glands in the neck and one was an abdominal case. Certain other cases received treatment at Knightwick Sanatorium.

Dental Treatment.

33. Extractions of carious teeth were made at Knightwick Sanatorium as required. 38 patients received attention.

Artificial Pneumothorax Treatment.

34. During 1934, Artificial Pneumothorax Treatment was attempted in 22 cases, and in 4, owing to adhesions, etc., it was impossible to continue. In the cases where the induction was successful, refills have been continued, and the condition of the patients at the end of the year was :

- 5 were continuing treatment, were improved and positive sputum had been converted to negative or no sputum.
- 10 ditto, but still showing positive sputum.
- 1 discontinued and remaining positive sputum, though improved in health.
- 1 discontinued and not doing well—insufficient collapse obtained, and active disease in other lung.
- 1 died.

35. Of the 44 cases who were still under treatment at the end of 1933, the condition at the end of 1934 was :

- 20 were continuing treatment, were improved, and positive sputum had been converted to negative or no sputum.
- 2 ditto, but still showing positive sputum.
- 8 discontinued and were doing well. Negative or no sputum.
- 4 ditto, but still showing positive sputum.
- 1 discontinued—not doing well.
- 6 died.
- 3 left County.

36. Where applicable and unfortunately only a small proportion are really suitable, this Collapse treatment is of undoubted benefit both to the patient and to the community.

37. The patients dealt with were all in the positive group (known sources of infection) and most of them going down hill.

Propaganda.

38. In co-operation with the Oldbury Urban District Council, a further lecture was held in Oldbury in March 1934. The Hall was well filled and it is hoped that some good may result not only through those who attended, but also from the press reports.

Tables IX. and X.

39. It is difficult to deduce any useful information from these large tables, but the following information has been abstracted.

40. Since 1912 and up to the end of 1934, 8,217 cases were registered under the County Scheme. 1,313 of these have been removed from the register as recovered, 1,634 as lost sight of, and 3,608 as having died, leaving 1,662 definite cases.

41. These definite cases are 1,240 pulmonary and 422 non-pulmonary.

42. The 1,240 pulmonary represent 533 cases with positive sputum and 707 with definite signs but no tubercle bacilli found in sputum. The number of cases (533) with positive sputum should be the County's index figure for Tuberculosis as it shows the number of known infectious cases in our midst. One would like to see this number gradually becoming smaller, even with an increasing County population, but since 1929 it has been :—

1929	-	-	424 (1.4 per 1000).
1930	-	-	459.
1931	-	-	481.
1932	-	-	503.
1933	-	-	502.
1934	-	-	533 (1.7 per 1000).

43. This gradual increase might be due to :—

- (1) an increase of Tuberculosis, or
- (2) a more intensive search for positive cases.
- (3) a postponement of deaths due to better housing and financial circumstances and such treatment as Artificial Pneumothorax which tends to prolong life, and though it often converts positive sputum to negative, such cases still have to be recorded as positives.

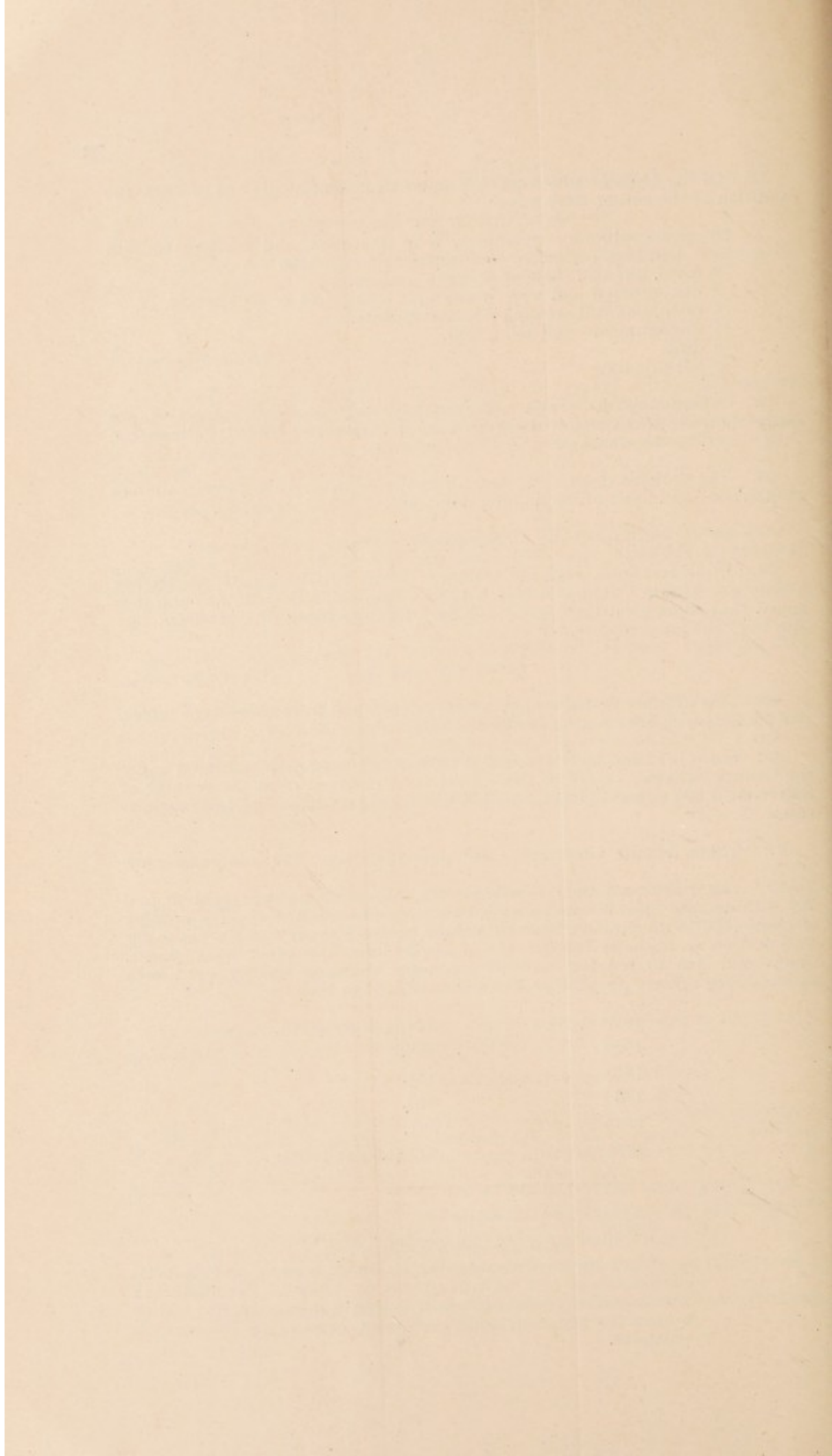


TABLE IX.
PULMONARY.[illegible]

* In addition to these totals and prior to 1921 there are

Dead	-	Unclassified 1159.
Lost sight of	-	Unclassified 496.

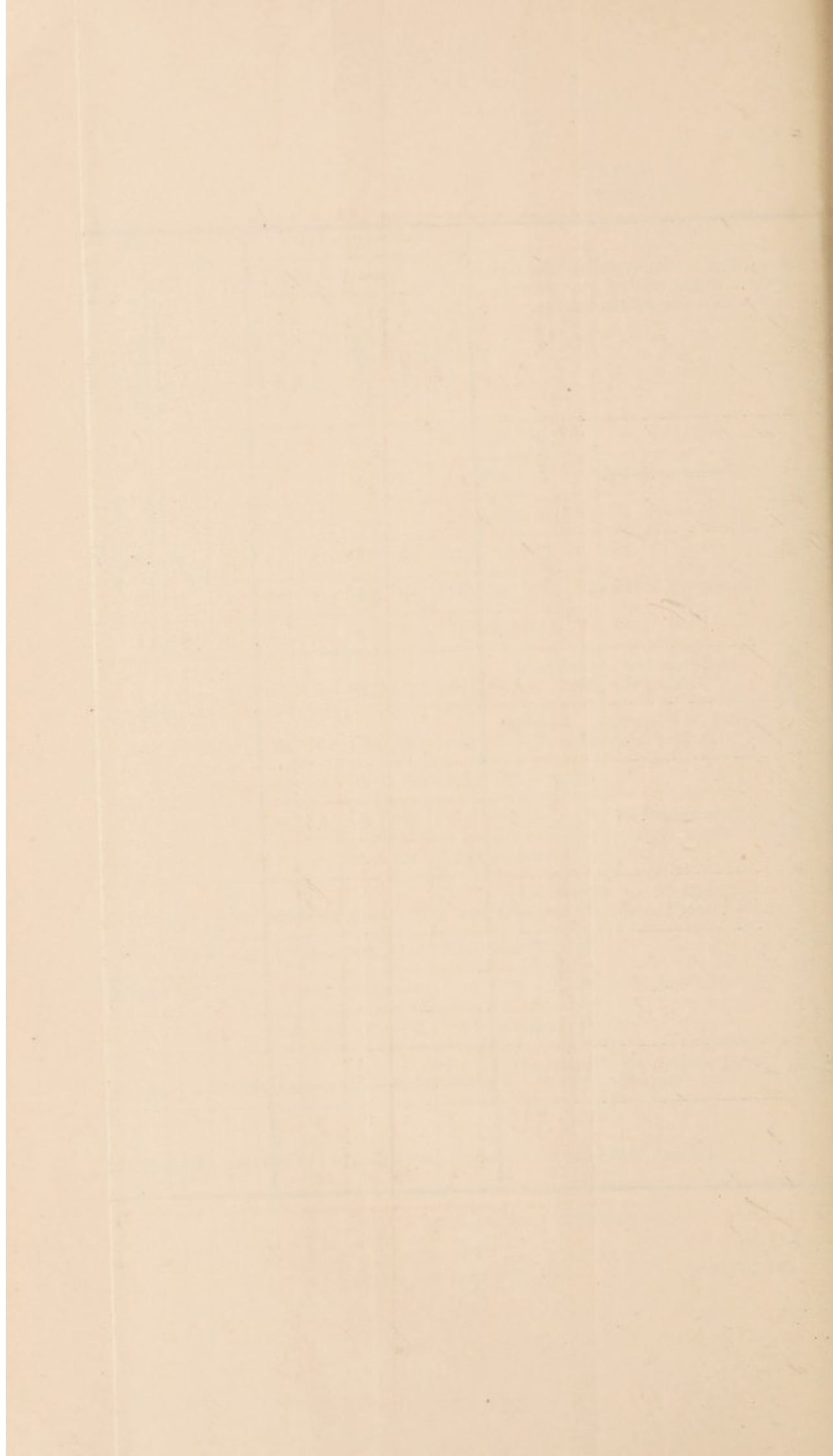


TABLE X.
NON-PULMONARY.

NON-PULMONARY.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Condition at the time of the last record made during the year to which the return relates.			Previous to 1926.				1926.				1927.				1928.				1929.				1930.				1931.				1932.				1933.				1934.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Adults	M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		Children	F.	1	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		Adults	M.	1	-	1	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	Disease not arrested.	Children	F.	1	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		Adults	M.	6	-	-	6	1	-	-	1	-	-	2	-	1	1	6	3	1	1	-	5	6	1	1	-	8	4	1	1	6	5	4	2	4	11																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		Children	F.	1	-	-	3	1	-	-	-	-	-	-	-	-	-	1	2	5	3	3	-	1	7	3	1	1	2	7	5	2	1	10	4	4	2	16																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
	Condition not ascertained during the year.			Children	19	-	1	20	4	1	-	5	-	-	2	9	8	1	-	3	12	10	3	-	2	15	7	1	4	6	18	7	1	-	6	14	10	10	-	5	25	8	9	1	17	35	14	12	-	12	38																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Total on Dispensary Register at 31st December.			4	-	1	3	8	-	1	-	1	2	-	2	1	5	1	1	-	3	5	1	2	-	6	9	1	3	-	5	9	3	2	-	2	7	4	6	1	5	16	3	7	2	3	15	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Transferred to Pulmonary			32	-	5	4	41	8	2	-	10	9	-	2	3	14	14	4	2	9	20	17	6	2	11	36	16	8	5	13	42	20	6	2	13	41	25	21	4	16	66	21	26	7	23	77	21	21	-	24	66																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	(b) Not new on Dispensary Register and reasons for removal therefrom.	Discharged as Recovered.	Adults	M.	44	8	7	20	79	3	2	-	3	8	1	2	-	4	7	2	4	1	3	10	2	4	-	3	9	-	1	2	1	4	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Children			F.	40	18	6	34	98	4	1	-	2	7	1	3	-	5	9	-	4	-	3	7	1	4	-	5	1	-	2	3	1	1	-	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Adults			M.	44	8	7	20	79	3	2	-	3	8	1	2	-	4	7	2	4	1	3	10	2	4	-	3	9	-	1	2	1	4	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Lost sight of, or otherwise removed from Dispensary Register.		Children	F.	40	18	6	34	98	4	1	-	2	7	1	3	-	5	9	-	4	-	3	7	1	4	-	5	1	-	2	3	1	1	-	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		Adults	M.	19	4	6	1	30	2	-	-	2	4	3	1	2	10	1	3	-	4	-	1	2	4	1	-	-	-	-	1	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

