

[Report 1940] / Medical Officer of Health, Worcestershire / County of Worcester County Council.

Contributors

Worcestershire (England). County Council.

Publication/Creation

1940

Persistent URL

<https://wellcomecollection.org/works/a2pju997>

License and attribution

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

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

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



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

1940

L. S. Owen

1



WORCESTERSHIRE COUNTY COUNCIL.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY COUNCIL.

An abbreviated report for the year 1940 is presented. Every effort has been made to continue the ordinary duties placed upon the Public Health Department and in addition many activities in connection with the War have been undertaken.

The health of the County was generally good. Measles was very prevalent but fortunately only one death resulted. The incidence of Whooping Cough was also above the average and it was necessary to provide Hospital accommodation for a number of infants and young children (mostly evacuees) who were removed from Rest Centres and Nurseries.

A reference to Dr. Deaner's report on Tuberculosis indicates that the experience of the last War may be repeated; there is an increase in both the numbers of new cases notified and in the numbers of deaths occurring. The increases are not large and it must be remembered that the Population open to risk has increased and the figures of the next few years cannot be expected to be in line with the satisfactory fall experienced in the years prior to the outbreak of War.

The incidence of Cerebro Spinal Meningitis, a disease which for some unknown reason is associated with war-time conditions, resulted in just over 100 cases being notified, with 24 deaths. The cases were not confined to any one district, as a few cases occurred in almost every district in the County.

The number of births in the County for 1940 are given as two separate sets of figures; the smaller figure represents the births of normal County residents and the larger figure includes the temporary visitors who have homes in other areas.

The Infant Mortality Rate (56) can only be said to be fair but the improved rate for Maternal Mortality recorded in the last few reports is maintained.

CHANGES IN STAFF. Dr. Sara Walker has been appointed Assistant County Medical Officer in the Stourbridge area in place of Dr. I. Hastilow who has obtained an appointment in another County.

Two members of the Clerical Staff, Mr. G. Neild and Mr. V. Glover joined the forces, during 1941.

Dr. J. Ferguson Walker resigned in May 1941 and his post as Assistant Tuberculosis Officer and Resident Medical Officer at Knightwick Sanatorium has been taken by Dr. Harold James.

The Chief Statistics for 1940 are given below together with the usual Table of Vital Statistics and the Table of Infectious Diseases.

The following are the Chief Statistics for 1940, viz. :

Area in Acres	-	-	-	-	-	438,221
Population, Census 1931	-	-	-	-	-	308,787
Registrar-General's estimate of resident population, 1940	-	-	-	-	-	356,460
Rateable Value (1st April 1940)	-	-	-	-	-	£1,800,557
Estimated product of a penny rate	-	-	-	-	-	£6,970
Live Births (for calculating Birth-Rates)	-	-	-	-	-	
			Males.	Females.	Totals.	
Legitimate	-	-	2,705	1,970		4,675
Illegitimate	-	-	91	87		178
Live Births (for calculating Infant and Maternal Mortality Rates).						
Legitimate	-	-	2,753	2,520		5,273
Illegitimate	-	-	91	88		179
Birth-rate per 1,000 of estimated resident population	-	-	-	-	-	13.6
			Males.	Females.	Total.	
Still Births	-	-	109	96		205
Rate per 1,000 total (live and still) Births	-	-	-	-	-	41
			Males.	Females.	Total.	
Deaths	-	-	2,381	2,236		4,617
Death-rate per 1,000 of estimated resident population	-	-	-	-	-	12.9
Deaths from Puerperal Causes :						
			Deaths.	Rates per 1,000 total (live and still) births.		
Puerperal Sepsis	-	-	9	1.59		
Other Maternal Causes	-	-	5	.88		
Total	-	-	14	2.47		
Death rate of infants under one year of age :						
All infants per 1,000 live births	-	-	-	-	-	56
Legitimate infants per 1,000 legitimate live births	-	-	-	-	-	53
Illegitimate infants per 1,000 illegitimate live births	-	-	-	-	-	80
Deaths from Cancer (all ages)	-	-	-	-	-	591
Deaths from Measles (all ages)	-	-	-	-	-	1
Deaths from Whooping Cough (all ages)	-	-	-	-	-	8
Deaths from Diarrhoea (under 2 years of age)	-	-	-	-	-	21

DISTRICTS.	Area in Acres.	POPULATION.			Net Birth Rate per 1,000 estimated population.	Total No. of Live Births (Net)		Total No. of Live Births (Net)		Total No. of Stillbirths.		Net Death Rate per 1,000 estimated population. (a)	No. of Deaths Registered (Net).	Infant Mortality, i.e., Deaths of infants under 1 year per 1,000 Births registered.
		Census 1931.	Estimated for Birth and Death Rates 1940			Illegitimate Births.	Illegitimate Births.	Illegitimate Births.	Illegitimate Stillbirths.					
-	-	3681	4279	4338	16.6	72	4	73	4	2	...	12.7	55	68
-	-	9228	21465	24690	15.0	370	13	380	13	16	...	12.0	296	74
h	-	1735	4764	4738	14.6	69	6	72	6	2	...	18.4	87	97
a	-	3958	10605	12070	12.0	145	8	149	8	4	...	14.5	175	60
gh	-	5247	30350	36500	15.9	582	13	587	13	20	...	11.2	409	55
orough	-	4694	29521	33870	14.9	504	25	511	25	22	...	14.5	492	53
-	-	7400	16665	18690	11.2	210	6	224	6	7	...	15.7	293	54
-	-	3304	36642	48700	18.7	913	13	912	13	37	2	11.2	544	49
-	-	12059	22207	23060	16.1	387	9	389	9	14	...	12.8	308	70
gh	-	4214	33140	33750	14.7	496	7	501	7	16	...	12.6	426	48
rn	-	3204	7340	8194	16.5	135	9	136	9	4	...	12.3	101	44
Totals	-	58724	216978	249500	13.6	3383	113	3934	113	144	2	12.8	3186	56
DISTRICTS.														
-	-	45646	17031	24120	16.1	389	11	396	12	15	...	11.8	286	71
-	-	51380	10338	11680	15.1	177	9	180	9	8	...	16.1	188	67
-	-	52872	14106	15220	13.1	199	8	210	8	7	...	12.2	186	38
-	-	36769	7904	8666	13.0	113	10	116	10	5	...	11.9	103	78
-	-	52838	10664	13290	11.1	147	10	152	10	8	...	11.2	149	20
-	-	57801	13780	14470	14.9	216	9	229	9	9	...	16.9	244	44
-	-	31244	5388	6654	10.8	72	1	74	1	2	...	12.5	83	54
-	-	50947	12598	12860	12.2	157	7	161	7	7	...	14.9	192	43
Totals	-	379497	91809	106960	13.7	1470	65	1518	66	61	...	13.4	1431	53
County	-	438221	308787	356460	13.6	4853	178	5452	179	205	2	12.9	4617	56

and at by excluding deaths of non-residents and including deaths of persons properly belonging to the figures are supplied by the Registrar General.
 .. Infant and Maternal Mortalities.

Causes of Death during Year 1940. (b)

Cancer Malignant Disease.	Diabetes.	Intra-Cranial Vascular lesions.	Heart Disease.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms.)	Other Respiratory Diseases.	Ulcer of Stomach or duodenum.	Diarrhoea under 2 yrs.	Appendicitis.	Other Digestive Diseases.	Nephritis.	Puerperal Sepsis.	Other Maternal causes.	Premature Birth.	Congenital Debility and Malformation.	Suicide.	Road Traffic accidents.	Other Deaths from Violence.	All other causes.
9	2	2	13	3	7	2	...	1	1	...	1	...	...	...	1	...	2	...	8	
50	2	34	56	6	11	19	4	4	3	3	7	3	...	1	11	8	2	2	15	38
13	1	9	15	3	9	1	2	1	...	1	4	3	...	...	3	3	1	2	2	12
19	...	15	44	3	15	4	3	2	...	1	4	2	...	...	2	3	3	6	8	19
56	7	35	83	11	40	27	9	5	1	3	7	8	...	...	9	10	3	6	18	42
59	5	48	116	9	48	25	6	3	...	4	7	28	1	2	5	8	4	6	8	53
36	7	38	89	4	9	17	5	3	...	2	4	17	...	...	5	1	2	3	5	25
73	6	37	95	9	57	29	10	9	4	1	11	13	2	2	11	23	3	6	21	51
39	3	28	99	4	20	18	8	1	2	1	6	9	3	...	4	13	2	2	11	23
54	3	56	93	8	33	20	3	3	4	2	9	9	1	...	6	6	1	4	14	46
14	...	10	22	2	8	1	2	...	...	1	7	1	...	...	2	3	...	3	2	10
422	36	312	725	62	257	163	52	32	15	19	67	93	7	5	58	79	21	42	104	327
45	4	25	67	9	15	14	1	...	3	1	4	6	...	...	8	13	2	8	10	26
28	...	17	50	2	15	9	4	3	2	...	8	3	1	...	4	3	1	4	3	16
21	6	15	62	4	19	5	3	...	1	1	6	6	...	...	1	...	...	2	1	21
11	...	12	18	4	9	3	...	...	...	...	1	7	...	...	5	3	...	1	3	18
11	1	26	30	12	9	6	1	2	...	1	3	5	1	...	...	2	2	4	5	16
22	4	39	47	8	22	11	4	1	...	1	9	4	...	...	2	5	2	4	12	28
13	1	6	13	3	8	8	2	2	...	...	4	1	...	...	1	...	1	2	5	7
18	2	18	64	3	10	10	5	...	...	1	2	9	...	...	2	1	3	1	5	18
169	18	158	351	45	107	66	20	8	6	5	37	41	2	...	23	27	11	26	44	150
391	54	470	1076	107	364	229	72	40	21	24	104	134	9	5	81	106	32	68	148	477

ENGLAND AND WALES :

Birth Rate	-	-	-	14.6	per 1000
Death Rate	-	-	-	14.3	" "
Infant Mortality Rate	-	-	-	55	" "

Additional War-time activities. The additional duties falling upon the County Health Department made it advisable to place upon the Senior Clerks in the several sections a special responsibility for certain branches of the new work.

Civil Nursing Reserve. The Chief Clerk, Mr. J. P. Holder, has acted as Honorary Secretary for the County. He has throughout maintained close contact with the Voluntary and County Hospitals included in the E.M.S. Scheme. His tact and very extensive knowledge of the County Services has been of the greatest assistance in connection with the difficult task of staffing Hospitals.

Casualty Bureau and E.M.S. Hospitals. The Bed State and other returns and administrative details and correspondence has been the responsibility of Mr. G. P. Cooper.

Equipment for Hospitals, First Aid Posts, etc. Mr. J. A. Carter has been undertaking all details connected with the equipment for Hospitals and Posts in so far as the stores are distributed through the Public Health Department. He has also undertaken similar duties in connection with the equipment of Emergency Maternity Hospitals and Hostels.

Ambulance Service. Mr. G. Pitt, my ambulance officer, has had the assistance of Mr. F. T. Fitzhugh in connection with returns of staff and equipment of the ambulance service. Mr. Fitzhugh has also acted as Committee Clerk to the Redditch Day Nursery.

Maternity Homes and Hostels. Mrs. N. D. Jones has dealt with the bed state figures of Maternity Homes and Hostels and her staff have also dealt with clothing coupons arrangements for expectant mothers.

These arrangements have worked very well, each senior clerk has been assisted by his or her clerks, and I have had the whole hearted co-operation of all my staff.

First Aid Posts and Mobile Units.

The following up to date list shows where these Posts and Units have been established and the Officers who administer them.

<i>First Aid Post.</i>	<i>Medical Officer in charge.</i>	<i>Deputy Medical Officer.</i>
BEWDLEY Wribbenhall Church Hall. (Bewdley 183)	Dr. G. S. Lawrence, Abbotsford, Bewdley, Worcs. (Bewdley 18).	
DROITWICH. Girl Guides Hut, Friar Street, (Droitwich 3186).	Dr. H. Milles Cromal House, Droitwich. (Droitwich 3161).	Dr. H. Bunting, Salwarpe, Droitwich. (Droitwich 64).
EVESHAM. Public Assistance Institution. (Evesham 6117).	Dr. H. M. Savery (S) 91 High Street. (Evesham 6042). (P) Plane-field, Bengehill. (Evesham 6053).	Dr. J. M. Robertson. 91, High Street, Evesham. (Evesham 6042).
HALESOWEN. Tenter St. Boys' School. (Halesowen 1493).	Dr. L. Bold, The Old Barn House, Hasbury, Halesowen. (Halesowen 1228).	Dr. J. M. McQueen, 110 Blackberry Lane, Halesowen. (Halesowen 1368).
CRADLEY. Colley Lane Infants School. (Cradley Heath 69022).	Dr. J. D. W. Shedden, Chapel House, Colley Gate, Cradley Heath, Staffs. (Cradley Heath 6340).	Dr. Nancy E. Robbins. 39, Highfield Road, Colley Gate, Cradley Heath.

Additional War-time activities. The additional duties fallow upon the County Health Department made it necessary to place upon the Senior Clerk in the several sections a special responsibility for certain branches of the war work.

Civil Nursing Service. The Civil Nurse, Mr. J. P. Hickey, has acted as honorary secretary for the County. He has throughout maintained close contact with the Voluntary and County Hospital in the E.M.S. Section. His past and very extensive knowledge of the County Service has been of the greatest assistance in connection with the difficult task of sending Hospital.

County Bureau and E.M.S. Hospital. The Red Cross and other returns and administrative details and correspondence has been the responsibility of Mr. G. P. Cook.

Equipment for Hospital. The Civil Nurse, Mr. J. P. Hickey, has been in charge of all details connected with the equipment for Hospital and has been in contact with the equipment of Hospital and Hospital and Hospital.

Administrative Service. Mr. G. P. Cook has been in charge of the administrative service of the County Health Department and has been in contact with the equipment of Hospital and Hospital and Hospital.

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

<i>First Aid Post.</i>	<i>Medical Officer in charge.</i>	<i>Deputy Medical Officer.</i>
BLACKHEATH.		
Hill Top School, Long Lane, Blackheath. (Woodgate 3056).	Dr. A. D. McQueen, (S) Inverugie, Blackheath. (BLA 1171). (P) 382 Ridgacre Road, Quinton. (Woodgate 2026).	Dr. Ribchester, Inverugie, Blackheath. (BLA 1171).
KIDDERMINSTER.		
District & General Hospital (Kidderminster 2431).	Dr. H. M. Buchanan. 28, Mill Street, Kidderminster. (Kidderminster 2509).	Dr. C. P. Porter, 27, Church Street, Kidderminster. (Kidderminster 3098).
The Baths, Castle Road, (Kidderminster 3114).	Dr. E. Mitton, 4, Lion Street, Kidderminster. (Kidderminster 2030).	Dr. Hill, Fairfield House, Comberton Road. (Kidderminster 2077).
STOURBRIDGE.		
Orchard Lane Clinic, Lye. (Lye 248).	Dr. J. K. McCarthy, Lye Cross House, Lye, Stourbridge. (Lye 91).	Dr. J. J. Martin, Lye Cross House, Lye. (Lye 91).
New Road Clinic, Stourbridge. (Stourbridge 5557).	Dr. A. R. Sharrod, Langdale, New Road, Stourbridge. (Stourbridge 57286).	Dr. M. Roberts. (Stourbridge 5590).
BROMSGROVE.		
New Clinic, Recreation Road, (Bromsgrove 2846).	Dr. A. J. Rae, Fownhope, College Road, Bromsgrove, (Bromsgrove 2076).	Dr. C. G. Auld, Sunnymede, New Road, Bromsgrove. (Bromsgrove 2163).
The Cinema, Rubery, (Rubery 251).	Dr. P. A. Sullivan, 14, Leach Green Lane, Rubery, B'ham. (Rubery 16).	Dr. F. H. Vollam, Cornhill, Whetty Lane, Rubery. (Rubery 91).
MALVERN LINK.		
Church Institute, (Malvern 1011).	Dr. G. Waugh Scott, Rampton House, Malvern Link. (Malvern 230).	Dr. J. B. Jessiman, St. Giles, Malvern Link. (Malvern 56).
REDDITCH.		
Handicraft Centre, South Street. (Redditch 759).	Dr. C. L. Potts, 3, Prospect Hill, Redditch. (Redditch 108).	Dr. N. C. Burns, 20, Easemore Road, Redditch. (Redditch 301). Dr. E. P. Smith, Richmond House, 16, Prospect Hill, Redditch. (Redditch 36).
STOURPORT.		
Lucy Baldwin Maternity Hospital. (Stourport 298).	Dr. R. S. MacArthur, York House, Stourport-on-Severn. (Stourport 29).	
PERSHORE.		
Defford Road Junior School. (Pershore 201).	Dr. H. G. Browning, Perrott House, Pershore. (Pershore 41).	Dr. J. C. Wilson, 7, Broad Street, (Pershore 16). Dr. F. H. Kennedy, Western House. (Pershore 63).

<i>Mobile Unit.</i>	<i>Medical Officer in charge.</i>	<i>Deputy Medical Officer.</i>
KIDDERMINSTER. Oakes, Dudley St. (Kidderminster 2360).	Dr. R. F. Lurring, 22, Church Street, Kidderminster. (Kidderminster 2134).	Dr. M. L. Nairac, 25, Church Street, (Kidderminster 2051).
STOURBRIDGE. Mary Stevens Maternity Home. (Stourbridge 5534).	Dr. G. J. Meldon, 105, Hagley Road, Stourbridge. (Stourbridge 57210).	Dr. F. L. Keane, Beckman's Road, Pedmore. (Hagley 7000).
BROMSGROVE. Cottage Hospital, Bromsgrove. (Bromsgrove 2096).	Dr. F. W. J. Coaker, Battlefield, Bromsgrove. (Bromsgrove 2030).	Dr. Vera Pugh, Housmans, Fockbury Road, Bromsgrove. (Bromsgrove 2851).
MALVERN. Lansdown School. (Malvern 243).	Dr. F. L. Newton, Loddiswell, Avenue Road, Malvern. (Malvern 333).	Dr. D. R. Sloan, 1 Flat, Malvernhurst, Priory Road, Malvern. (Malvern 1104).
REDDITCH. Smallwood Hospital, Redditch. (Redditch 112).	Dr. W. T. Mitchell, 24, Worcester Road. Redditch. (Redditch 93).	Dr. J. C. Dow, The Limes, Worcester Road, Redditch. (Redditch 73).

First Aid Points. The Ministry of Health have asked that all First Aid Points should be reviewed with the object of upgrading those where vulnerability may exist. This work is proceeding.

Ambulance Service. The County Ambulance Officer is Mr. G. L. Pitt and his Deputy Mr. R. W. T. Owen, the County Sanitary Officer.

The Emergency Ambulance Service has functioned satisfactorily. A busy time was experienced after Dunkirk when several convoys arrived. The recruitment of Hospital stretcher bearers and the members of the County Staff, who were trained by Dr. Deaner and Mr. Pitt, dealt with these convoys very efficiently.

Mr. Pitt has proved a very hardworking and enthusiastic ambulance officer and owing to his efforts five additional Civil ambulances are now functioning in parts of the County previously without local service. These additional ambulances will be available for emergency use in war-time, and will, I believe, become a permanent peace-time provision in most instances.

CIVIL NURSING RESERVE.

At the time of writing this report (December 1941) the numbers of registered members of the Reserve in Worcestershire were:—

Trained Nurses	-	231	
Assistant Nurses	-	177	
Nursing Auxiliaries	-	1131	Total 1539

Of this total 52% can offer part-time-service only. In practice this part-time service in E.M.S. Hospitals has proved most difficult to use, and the Minister of Health decided on the 11th April, 1941, that no further applications should be accepted from Nursing Auxiliaries unless whole-time mobile service was offered.

Since the end of September 1941, only 5 candidates have been referred by the Labour Exchanges for training as Nursing Auxiliaries, but many have anticipated their call up and applied for training.

Between the 11th April and the 31st December, 1941, 50 Nursing Auxiliaries have received the fourteen days Intensive Courses at Hospitals and have been registered as members of the Civil Nursing Reserve.

The total number of Nurses (Trained, Assistant and Auxiliaries) on the County roll does not increase, in fact the losses, through withdrawals, exceeds the new enrolments. This position may be a local one, but the reasons for withdrawals appear to be national, viz. :—

- (1) The more attractive rates of remuneration payable in industry accounts for many girls giving up nursing.
- (2) Insufficient work of a nursing character. This complaint must of necessity arise if beds are to be kept fully staffed for the nursing of any appreciable number of casualties which may at any time arise. The remedy would appear to be an extension of the system of temporarily attaching these nurses to the understaffed and hardly pressed special hospitals.
- (3) Unsuitable work. Many auxiliaries complain they have maids domestic duties to perform. The shortage of domestic helpers is a really acute problem and the shortage can only be met by calling on both trained and auxiliary staff to perform these duties.
- (4) Whilst the auxiliary may still be recruited the making of a trained nurse is a long job, and in the main the only solution will be to use the existing supply to the greatest advantage. The calls of industry for Welfare Nurses in factories has resulted in the loss of several nurses who previously undertook midwifery and other forms of District Nursing; it seems questionable whether such transfers are likely to be of national benefit.

Valuable assistance in connection with the Civil Nursing Reserve has been given by the St. John, Red Cross and W.V.S. organisations, also by the Matrons of the E.M.S. Hospitals.

War time Nurseries. A Day Nursery has been established at Redditch and Blackheath, Halesowen, where infants are taken every week by mothers who are engaged on national work.

A scheme for the further extension of these facilities is under consideration.

Midwives Act. 234 Midwives gave notice of their intention to practise in the County during 1940. This number excludes the Borough of Oldbury.

The four whole-time County Council Midwives in the Borough of Stourbridge attended 356 cases.

In rural parts of the County the District Nurses act as Midwives in their respective Nursing areas and grants in aid are made by the Council.

A considerable number of Evacuee Expectant Mothers arrived in this County from other areas. There has been and still is serious difficulty in obtaining the services of qualified midwives. This shortage is not confined to Maternity Hospitals, and at no time since I have been in this County has the difficulty of obtaining District Nurse Midwives been so great.

Maternity Hospitals. In addition to the Lucy Baldwin Hospital, Stourport-on-Severn and the Mary Stevens Home, Stourbridge, both of which units dealt with a number of additional complicated cases, it became necessary to make some further provision for Evacuees and visitors who not infrequently obtained billets or accommodation in the remote and rural parts of the County.

The Greenhill Hostel at Kidderminster, administered by the Diocesan Moral Welfare Association, is ordinarily used for the accommodation of expectant unmarried mothers whose stay is usually for several months—a new nursery had recently been completed for the babies. This new accommodation was set aside as an emergency maternity unit, a new labour room being provided in the Matron's Office and the nursery for unmarried mothers' babies being provided in the dormitory for Nursery Nurses in training. As in other instances billeting of nurses outside became so difficult that the garden hut was improved and cubicled as accommodation for the Nursery Nurses. A number of mothers from Smethwick, Birmingham, London and other areas were admitted to this unit.

The Evesham Public Assistance Maternity Unit. This Unit was enlarged to provide for both waiting and lying-in accommodation for pregnant mothers. A number of Birmingham mothers were admitted under the "trickle scheme." Under this arrangement the mothers are evacuated in the last months of pregnancy. The parties arrive weekly and stay until the lying-in period is completed. Most of the mothers and babies then return to their homes but a few, with their babies, were able to obtain admission to one of Mrs. Priestley's Homes in Herefordshire.

Lickhill Manor, Stourport-on-Severn. This residence, the home of Mr. R. B. Worth, Chairman of the Public Health and Housing Committee, was adapted as an additional Maternity Home. This unit is administered in conjunction with the Lucy Baldwin Hospital. The adaption, although somewhat complicated, has resulted in a most suitable small Hospital; Calor gas was installed for the extra cooking facilities required and is also used for sterilization purposes.

Additional beds were also provided by the City and County Nursing Association at the Tything, Worcester. This accommodation is used by both the City and County cases.

Two Hostels, one at Rushwick, near Worcester and the other at a Convalescent Home at Bewdley were opened for Birmingham Evacuee expectant mothers and others whose billets were in inaccessible spots in the County.

I have received a great deal of help from many persons. The Broadheath Ambulance has never failed in daylight or blackout to respond to the calls from Rushwick; as many as three journeys in a single night were made on one occasion.

The Bewdley Emergency Ambulance Service has also rendered valuable service to the Bewdley Hostel.

The Matrons and Nursing Staffs of all these homes have worked very hard; shortage of domestic and nursing staff has been a nightmare. To keep the units going has resulted in many of their hours of leisure and off duty time being sacrificed.

This expansion of the Maternity Service has made heavy demands upon Dr. MacArthur and his partner Dr. Mackie and the County is fortunate in having the continued help of Professor Sir Beckwith Whitehouse, Mr. Danby and Mr. J. M. Connell.

Some details of the work undertaken at these Units is set out below.

The Lucy Baldwin Maternity Hospital.

Number of Beds	-	-	-	-	18
Isolation Unit	-	-	-	-	2 beds.
Number of cases admitted	-	-	-	-	418
Average stay	-	-	-	-	17 days.
Cases delivered by Midwives	-	-	-	-	294
" " " Doctors	-	-	-	-	56
					<hr/>
				Total	350
					<hr/>

Number of cases where medical assistance was sought	-	-	-	-	109
Puerperal Fever	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	1
Pemphigus	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	6
Maternal Deaths	-	-	-	-	4
Infant Deaths					
(a) Stillborn	-	-	-	-	13
(b) Within 14 days	-	-	-	-	5
Ante Natal Cases					
(a) First visits	-	-	-	-	249
(b) Total attendances	-	-	-	-	1097

The Mary Stevens Maternity Home.

Number of beds	-	-	-	-	22
Isolation Unit	-	-	-	-	2 beds.
Number of cases admitted	-	-	-	-	379
Average stay	-	-	-	-	13 days.
Cases delivered by Midwives	-	-	-	-	207
" " " Doctors	-	-	-	-	139
					<hr/>
				Total	346
					<hr/>

Number of cases where medical assistance was sought	-	-	-	-	108
Puerperal Fever	-	-	-	-	Nil
Puerperal Pyrexia	-	-	-	-	4
Pemphigus	-	-	-	-	Nil
Ophthalmia Neonatorum	-	-	-	-	1
Maternal deaths	-	-	-	-	-
Infant Deaths					
(a) Stillborn	-	-	-	-	18
(b) Within 10 days	-	-	-	-	7
Ante-Natal cases					
(a) First Visits	-	-	-	-	96
(b) Total attendances	-	-	-	-	882

Greenhill Hostel. This Hostel was originally founded for work amongst unmarried mothers, but in 1939 additional provision was made for evacuee pregnant mothers, and 81 such cases were delivered in 1940 plus 35 unmarried mothers.

The arrangements have worked well and I am grateful to the Committee and staff for their co-operation.

Some details of the work undertaken at these clinics is set out below.

The Lady Balfour Maternity Hospital

18	Number of beds
2 beds	Isolation Unit
419	Number of cases admitted
17 days	Average stay
304	Cases delivered by midwives
54	Doctors
358	Total

109	Number of cases where medical assistance was sought
1	Postnatal Fever
1	Postnatal Pyrexia
8	Pneumonia
4	Gonorrhoea Neovaginae
19	Infant Deaths
19	(a) Stillborn
2	(b) Within 14 days
249	Anti-Natal Cases
1007	(a) First visits
	(b) Total attendances

The Mary Simon Maternity Home

23	Number of beds
2 beds	Isolation Unit
379	Number of cases admitted
13 days	Average stay
304	Cases delivered by midwives
159	Doctors
340	Total

109	Number of cases where medical assistance was sought
211	Postnatal Fever
1	Postnatal Pyrexia
20	Pneumonia
1	Gonorrhoea Neovaginae
1	Infant Deaths
18	(a) Stillborn
7	(b) Within 14 days
68	Anti-Natal cases
882	(a) First visits
	(b) Total attendances

General Work. The Home was originally founded for work amongst married mothers, but in 1939 additional provision was made for certain pregnant women, and 81 such cases were delivered in 1940 plus 22 unbooked cases.

The arrangements have worked well and I am grateful to the Committee and staff for their co-operation.

Public Assistance Institutions. As previously mentioned a number of mothers were confined in the Maternity Wards of the Evesham Public Assistance Institution and the following information refers to the year 1940:—

	Beds provided.	Admissions.	Births.
Kidderminster	—	—	—
Evesham	43	134	119
Upton-on-Severn	1	1	1
Martley	2	7	7

As the Maternity Wards at Kidderminster have been converted into a Theatre and X-Ray Unit, it was necessary to concentrate on the Evesham Institution.

Health Visiting, Infant Welfare Centres and Ante Natal Clinics. There are 14 County Council Centres and 27 Voluntary Centres in the County, together with 13 Ante Natal Clinics.

The locations and average attendances are recorded below:—

County Council Centres.

	Opened.	Average Attendance.
Blackheath	Twice weekly	109
Bromsgrove	Weekly	68
Cradley	Weekly	52
Crabbs Cross and Astwood Bank	Fortnightly	29
Catshill	Weekly	37
Droitwich	Weekly	38
Fairfield	Fortnightly	closed
Halesowen	Weekly	115
Lye	Twice weekly	50
Pershore	Fortnightly	18
Rubery	Weekly	45
Redditch	Twice weekly	27
Stourport-on-Severn	Fortnightly	50
Worcester	Fortnightly	7
Tenbury	Fortnightly	34

Voluntary Infant Welfare Centres.

Ashton-Under-Hill	Monthly	26
Alvechurch	Fortnightly	19
Broadheath	Fortnightly	16
Beoley	Monthly	14
Broadway	Fortnightly	16
Belbroughton	Fortnightly	12
Bretforton	Fortnightly	9
Badsey	Fortnightly	16
Clent	Fortnightly	9
Cofton Hackett	Fortnightly	32
Evesham	Weekly	59
Fladbury	Fortnightly	19

	Opened.	Average Attendance.
Hagley -	Fortnightly	28
Littleton -	Fortnightly	29
Malvern Link -	Weekly	46
" Poolbrook -	Weekly	22
" Newtown -	Weekly	26
Norton -	Monthly	28
Ombersley -	Fortnightly	8
Rock -	Fortnightly	12
Stourbridge -	{ I.W.C. twice weekly Toddlers' Clinic Fortnightly }	55
Severn Stoke -	Fortnightly	7
Tardebigge -	Fortnightly	7
Upton-on-Severn -	Fortnightly	13
Wribbenhall -	Fortnightly	37
Wythall -	Fortnightly	23
Welland -	Fortnightly	9

Ante Natal Clinics.

The average attendances and first visits are set out below :—

Ante Natal Clinic.	Average Attendance	First Visits.
Bromsgrove -	9	129
Blackheath -	13	143
Cradley -	11	93
Evesham -	8	88
Halesowen -	11	108
Lye -	14	120
Lucy Baldwin Maternity Hospital	20	249
Mary Stevens Maternity Home	10	96
Newtown, Malvern -	13	75
Redditch -	11	104
Rubery -	14	106
Stourbridge -	19	145
Worcester -	6	95
Other Infant Welfare Centres	-	263
Total cases attending for first time	-	1,814

Complications of Pregnancy and Labour (*excluding notified Puerperal Pyrexia*). Consultants were provided in 18 cases and Hospital treatment given in 62 cases. 65 cases of Puerperal Pyrexia were notified.

Maternal Mortality. During 1940 there were 9 deaths from Puerperal Sepsis, and 5 from other Maternal causes.

This gives a rate of 2.47 per 1,000 (live and still) Births.

Average Attendance	General	Partially	Weekly	Monthly
28	-	-	-	-
39	-	-	-	-
48	-	-	-	-
53	-	-	-	-
56	-	-	-	-
58	-	-	-	-
6	-	-	-	-
12	-	-	-	-
22	-	-	-	-
25	-	-	-	-
7	-	-	-	-
7	-	-	-	-
14	-	-	-	-
37	-	-	-	-
23	-	-	-	-
8	-	-	-	-

Anti-Tubercular

The average attendances and first visits are set out below:-

Average Attendance	First Visit	Anti-Tubercular
129	9	Barnes
143	13	Blackheath
93	11	Clayton
88	8	Enfield
108	11	Highgate
120	14	Isle of Dogs
219	20	King's College Hospital
98	10	King's College Hospital
72	13	Newman
104	11	Redfern
105	14	Rush
142	18	Stambridge
85	6	Wester
202	-	Other Anti-Tubercular Centres
1,814	-	Total cases attending for first time

Composition of Expenditure and Labour (including services provided in 18 cases and hospital treatment given in 65 cases, 65 cases of hospital treatment were treated).

National Mortality - During 1931 there were 8 deaths from tubercular disease, and 5 from other tubercular disease. This gives a rate of 2.45 per 1,000 live and still births.

It is satisfactory to note the decrease in the maternal mortality rate as shown by the following figures:—

Deaths per 1,000 (live and still) births.

1936	—	—	—	—	5·30
1937	—	—	—	—	4·57
1938	—	—	—	—	3·31
1939	—	—	—	—	2·41
1940	—	—	—	—	2·47

Ophthalmia Neonatorum. The following Table shows the number of cases in 1940, together with other particulars:—

Notified.	Cases.		Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.	Removal from district
	Treated						
	At Home.	In Hospital.					
County M. & C.W. area	24	11	33	—	—	2	—

Venereal Diseases. No full tables are submitted this year but a small table is given from which it would seem that there has been an increase in both the new out-patients suffering from Syphilis and Gonorrhoea. This comparison looks significant if only the year 1939 is taken for comparison, but it will be seen that this year was one well below the average. It would appear that there is a small though definite increase in the incidence of Syphilis in that part of the County attending the Worcester V. D. Centre. On the other hand there appears to be a small increase in Gonorrhoea cases attending the Stourbridge V.D. Centre.

The only other point of note is that whilst the new out-patient cases have very definitely increased, the total attendances for treatment is the lowest for several years; this, I suppose, can only be explained by difficulties in travelling and other War conditions.

It is satisfactory to note the decrease in the national mortality rate as shown by the following figures:-

Year	Deaths per 1,000 live and still births
1906	2.79
1907	2.57
1908	2.01
1909	2.41
1910	2.45

Opthalmia Neonatorum. The following table shows the number of cases in 1910, together with other particulars:-

Sex	Total number of cases	Total number of deaths	Cases treated	Cases treated		Cases not treated
				At Home	In Hospital	
Male	2	-	2	1	1	-
Female	2	-	2	1	1	-
Total	4	-	4	2	2	-

General Disease. No full tables are submitted this year but a small table is given from which it would seem that there has been an increase in both the new out-patients suffering from Syphilis and Gonorrhoea. This comparison looks significant & only the year 1909 is taken for comparison, but it will be seen that this year was one well below the average. It would appear that there is a small though definite increase in the incidence of Syphilis in that part of the County attending the Worcester V.D. Centre. On the other hand there appears to be a small increase in Gonorrhoea cases attending the Bourne V.D. Centre.

The only other point of note is that while the new out-patients for cases have very definitely increased, the total attendance for treatment is the lowest for several years, this decrease can only be explained by difficulties in travelling and other War conditions.

VENEREAL DISEASES. SUMMARY 1940.

Treatment Centre.	New Out-patients.				New In-patients.				Total Attendances for all Patients.					Salvarsan Substitutes		No. ceasing attendance before completion of treatment	No. specimens examined.
	Syph- ilis.	Gonorr- hoea	Soft Chancre	Not V.D.	Syph- ilis	Gonorr- hoea	Soft Chancre	Not V.D.	Syph- ilis	Gonorr- hoea	Soft Chancre	Not V.D.	Total Attend- ance	No. Treat- ed	No. Doses		
WORCESTER	16	34	-	45	4	9	-	9	607	463	-	677	1747	-	420	6	479
KIDDERMINSTER	13	11	-	127	2	-	-	-	227	99	-	156	482	-	168	33	238
BIRMINGHAM	15	38	-	51	-	1	-	1	885	883	-	437	2205	-	780	26	1045
DUDLEY	-	4	-	1	-	-	-	-	51	231	-	44	326	-	47	5	82
STOURBRIDGE	11	39	-	17	-	-	-	-	513	1283	-	47	1843	-	172	28	455
TOTALS 1940	55	126	-	241	6	10	-	10	2283	2959	-	1361	6603	-	1587	98	2299
COMPARABLE TOTALS FOR:																	
1939	33	83	-	237	7	15	-	5	2456	4231	-	1142	7829	-	1712	103	2442
1938	48	138	-	187	17	17	-	11	1586	2662	-	1084	12352	-	1701	72	2863
1937	48	110	-	145	5	19	-	-	2861	7576	-	771	11219	-	1896	109	1885
1936	47	117	-	184	8	10	-	2	3069	6998	-	594	10661	-	2042	73	2085

Year	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980
1967	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1968	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1969	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1970	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1971	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1972	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1973	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1974	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1975	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1976	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1977	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1978	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1979	100	100	100	100	100	100	100	100	100	100	100	100	100	100
1980	100	100	100	100	100	100	100	100	100	100	100	100	100	100

1967-1980

Sanitary Circumstances of the Area.

Water Supplies. War conditions have stopped, or one hopes postponed, a number of very necessary schemes for improved water supplies and sewerage provision.

The joint sewerage scheme for Kidderminster Borough, Bewdley Borough and Stourport Urban District had, at the onset of war, progressed to such an extent, and the improvement was so necessary, that work is being continued, though slowly, at the present time.

Overcrowding in certain parts of the County is unavoidable: a few serious cases have been referred to the Local Authorities concerned.

Rivers Pollution. Although a watchful eye has been kept to try and prevent new and avoidable pollution it is not now possible to require any major remedial measures to be undertaken.

Milk and Dairies Acts and Orders. The farmer has his difficulties and this fact has been appreciated by the Council's Officers who have continued to exercise as much supervision as is possible in the form of periodical sampling and occasional visits to farms.

The problem of the Graded Milk Producer in these abnormal times presents difficulty. It involves the payment of a bonus for a grade of milk and the farmer may through no fault of his own be short of skilled labour and fail to produce milk of the required standard; each case has been dealt with as fairly as possible and every effort is being made to try and maintain the Scheme. It has not been possible in about 20% of accredited licences but it is hoped that when more favourable conditions arrive some at any rate of these dairy farms will again be included in the list of County accredited producers.

Housing (Rural Workers) Act. Before the War, it was the practice of the Ministry of Health to authorise the County Council to deal with applications up to a specified number of dwellings. In 1940, however, the Ministry decided that the administrative procedure must be altered owing to the shortage of materials and the necessity for ensuring that any cottages reconstructed were definitely needed by members of the agricultural population of the particular district and they therefore required that all applications should in the first instance be submitted to them, so that they might consult the Ministry of Agriculture and Fisheries. This reversal of procedure caused such delays and difficulties that the Council decided that the Scheme be suspended for the time being.

War-time housing difficulties in a reception area such as Worcestershire have made it increasingly necessary to see that the conditions of rental and tenancy are being observed. Several instances of breaches have been found and the owners made to regularise the position.

Infectious Diseases. Table 2 gives details of Infectious Diseases occurring in the County during 1940.

The year was generally a satisfactory one from the point of Infectious Disease.

The pooling of all beds in the County proved most useful; without such a form of Mutual Aid the treatment of Infectious Diseases in Hospital would have broken down. There are increased demands in wartime which have to be met—the evacuee

Sanitary Circumstances of the Area

Water Supply. Water conditions have stopped on one page postponed a number of very necessary schemes for improved water supplies and sewerage provision.

The post sewerage scheme for Rishington through Fenabythorough and Stourport Urban District had at the time of writing progressed to such an extent, and the improvement was so necessary, that work is being continued, though slowly, at the present time.

Overcrowding in certain parts of the County is unavoidable. A few serious cases have been referred to the Local Authorities concerned.

River Pollution. Although a watchful eye has been kept to try and prevent new and avoidable pollution it is not now possible to remove any major remedial measures to be undertaken.

Milk and Dairy Acts and Orders. The former has been difficult and the latter has been superseded by the County's Officers who have continued to exercise as strict supervision as is possible in the form of periodical visiting and occasional visits to farms.

The problem of the Graded Milk Producer in these districts does not present difficulty. It involves the payment of a bonus for a grade of milk and the farmer may through no fault of his own be short of skilled labour and fail to produce milk of the required standard; each case has been dealt with as fairly as possible and every effort is being made to try and maintain the scheme. It has not been possible in about 20% of accredited houses but it is hoped that when more favourable conditions obtain some of the rate of these dairy farms will again be included in the list of County accredited producers.

Housing (Rural Workers) Act. Before the War a separate section of the Ministry of Health to advise the County Council to deal with applications up to a specified number of dwellings. In 1940, however, the Ministry decided that the administrative procedure must be altered owing to the shortage of materials and the necessity for ensuring that any cottage constructed was definitely needed by members of the agricultural population of the particular district and they therefore required that all applications should in the first instance be submitted to them, so that they might consult the Ministry of Agriculture and Fisheries. The Council decided that the scheme be suspended for the time being.

War-time housing difficulties in a certain area with a War-time Housing Board is being dealt with by the County Council. The conditions of rental and tenancy are being reviewed. Several instances of houses have been found and the owners have to register the houses.

Infectious Diseases. Table 2 gives details of infectious diseases occurring in the County during 1945.

The year was generally a calm one from the point of view of infectious diseases.

The posting of all beds in the County Council's hospitals without such a form of control and the treatment of infectious diseases in hospital would have been done from an increased demands in wartime which have to be met—the

in the crowded cottage suffering from Measles or Whooping Cough, may have to be moved—similarly a demand that the first cases of these diseases occurring in residential nurseries set up in the County had to be met. Requests from Children's Hospital Units to deal with their cases were also considerable.

The Army Authorities also made their demands and there were many anxious periods between November 1940 and Easter 1941.

In addition to the pooling of beds the County Smallpox Hospital at Tolladine was used on several occasions as a reserve unit. Miss Glew, for many years Matron of the City Isolation Hospital at Newtown, Worcester became Matron, and assisted by Sisters Aldis and Taylor answered every call made upon them. The Hospital at one time accommodated Diphtheria cases; and at another time it was full to overflowing with Whooping Cough the majority of cases being babies and children under 5. Less exciting but equally useful was the influx of chickenpox cases from the Worcester Royal Infirmary Children's Wards. At the present time the prevailing ailment of Scabies is being treated at Tolladine.

Three Springs Hospital, Pershore, the other reserve Unit, has been used for Evacuees, Scabies and soldiers suffering from Influenza. The difficulty of billeting the nurses out has proved too great and the use of this unit will depend upon accommodation being provided for resident nurses and improved cooking facilities.

As previously stated Measles and Whooping Cough were prevalent. Fortunately the incidence of both Scarlet Fever and Diphtheria was below the average. The case mortality rate from Diphtheria was considerably better than those of recent years.

I have not got the actual number of children immunized against Diphtheria during the year, as some of the work is done by District Medical Officers of Health and some by your Staff. My Deputy, Dr. Chalmers Parry, has devoted a considerable portion of his time to this work. Each District is being asked by the Ministry of Health for a progress return of the work undertaken in the area.

The other Infectious Diseases call for no special comment except in the case of Cerebro Spinal Fever there being 102 cases notified during 1940, 66 occurred in the Urban Areas and 36 in the Rural Areas. With a total of 24 deaths, the case mortality rate is unexpectedly high.

Without being a destructive critic, it is worth recording our difficulties experienced in connection with the use of Rest Centres late in the year 1940. Some hundreds of evacuees were received at short notice into Rest Centres in the North of the County. The beds and bedding were new, the premises occupied were good, and the arrangements were intended to operate for 48 hours. For some reason the occupation extended for nearly a fortnight; the condition of beds, bedding, premises and lavatories was worse than in the hopfields. Infectious disease spread in the rest centres and it took at least three months to clear up cross infections in the wards of our Hospitals afterwards. With volunteer staff and temporary sanitary provision and occupants unaccustomed or unwilling to use it, extended occupation of these Rest Centres can only result in chaotic conditions for which the Reception Authority cannot be blamed.

Tuberculosis. The Report of the Chief Tuberculosis Officer, Dr. S. Deaner, is appended.

in the crowded cottages suffering from influenza or Whooping Cough may have to be moved—certainly a demand that the best cases of these diseases occurring in residential houses set up in the County had to be met. Requests from Children's Hospital Units to deal with their cases were also considerable.

The Army Authorities also made their demands and their were many anxious periods between November 1910 and March 1911.

In addition to the feeling of both the County Council Hospital at Tollymore was used on several occasions as a reserve unit. This view for many years past of the City location Hospital at Newtown, Waterloo became known, and asked by Sister Alice and Taylor answered every call made upon them. The Hospital at one time accommodated light cases and at another time it was full to overflowing with Whooping Cough the majority of cases being babies and children under 5. Last evening but equally serious was the infant of unknown case from the Waterloo Royal Infirmary Children's Ward. At the present time the prevailing strain of disease is being treated at Tollymore.

Three Springs Hospital, Falloway, the other winter 1911, has been used for influenza, scarlet and other serious cases. The difficulty of obtaining the cases and the great and the use of the unit will depend upon circumstances being provided for resident cases and improved working facilities.

As previously stated measles and Whooping Cough were prevalent. Fortunately the incidence of both Scarlet Fever and Diphtheria was below the average. The case mortality rate from Diphtheria was considerably better than that of recent years.

I have not got the actual number of children immunized against Diphtheria during the year, as none of the work is done by District Medical Officers of Health and now by your staff. My Deputy, Mr. Chairman, has devised a satisfactory method of his time to the work. Each District is being asked by the Ministry of Health for a progress return of the work undertaken in the year.

The other infectious diseases call for no special comment except in the case of Scarlatina Fever from being 102 cases notified during 1910-11 occurred in the Urban Area and 20 in the Rural Area. With a total of 34 deaths, the case mortality rate is correspondingly high.

Without being a distinctive strain, it is worth recording our diphtheria experts and in connection with the use of West County late in the year 1910. Some hundreds of cases were notified at that time into West County in the North of the County. The beds and bedding were new, the furniture excellent and good and the rooms were intended to operate for 48 hours. For some reason the occupation extended for nearly a fortnight, the condition of beds, furniture and curtains was worse than in the previous influenza disease spread in the past century and it took at least three months to clear the area. In the wards of our hospitals elsewhere with whatever staff and temporary sanitary provision and equipment necessitated or unwilling to use it, extended occupation of these West County can only result in classic conditions for which the Reception Authority cannot be blamed.

Tuberculosis. The Report of the Chief Tuberculosis Officer, Dr. S. Brown, is appended.

I wish to record my appreciation of the assistance received from the Medical, Dental, Nursing and Clerical Staff. The manning of the Office, day and night, since the outbreak of war the problems of evacuation, additional Ante-Natal Sessions in the evenings at Hostels and the many hours of overtime put in both inside and outside the Office is but part of the record for 1940 and for that matter for 1941.

Thanks are due to the many Voluntary Associations connected with District Nursing and Midwifery, the Blind, the Deaf and the Crippled.

There is also the Civil Defence Casualty Organisation in Post, Point, Hospital and Ambulance and to this last I would add the County Women's Voluntary Service, whose untiring help has often been sought.

The County is fortunate in having such wholehearted support from both the men and women voluntary workers in this County.

Your obedient Servant,

WYNDHAM PARKER, M.C.,

M.B., Ch.B. (Edin.) D.P.H. (London),

County Medical Officer.

Public Health Department,
County Buildings,
Worcester.

December 1941.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR THE YEAR 1940.

At the onset of war it was anticipated that there would be an increase in the incidence of tuberculosis. The satisfactory decline noted in the past years has been replaced this year by an increase in the rates of both notifications and deaths. These increases reflect the deterioration of social conditions produced by the present war. With the prolongation of the war and the extremely difficult post war conditions which must be anticipated, the future course of the disease should be regarded with anxiety.

At the moment the rise in deaths is not associated with the increasing number of transfer cases entering the County as a reception area, since in 1940 only one of these "war transfers" died, but their presence must increase the danger of exposure to infection on the part of the community as a whole and so affect the incidence of the disease in the County as time goes on.

The factors underlying the increasing incidence may be summed up as follows:—

1. The background of mental tension and anxiety due to the war must affect the population as a whole.
2. Overwork, often associated with unaccustomed heavy work, with long hours—usually with additional voluntary duties—result in marked fatigue.
3. The increasing numbers being absorbed into the industrial field must increase the exposure to infection; this will be particularly noted in "safe" areas such as Worcestershire.
4. The overcrowding which now prevails in this County is a serious problem and must be regarded as an important factor in the spread of the disease, especially when associated with "black out" conditions.
5. The lowered standard of nutrition associated with restricted dietary should be taken into consideration.

The combination of the above factors must result in diminished resistance to disease.

The following should be noted :—

1. The increasing number of acute cases, many of whom are suffering from advanced disease before realising the necessity of medical treatment.
2. The increasing incidence of tuberculous meningitis, the most accurate index of the total amount of known and undetected tuberculosis in the community. The frequency of this condition, the most tragic manifestation of the disease, makes it imperative that the importance of contact work should be realised.

In order to deal with the problem of increased tuberculosis it is necessary to consider the difficulties with which we are confronted under the following headings.

1. Early Diagnosis.

The difficulty of early diagnosis appears to be inherent in the disease itself ; patients may have X-ray evidence of considerable disease by the time symptoms have appeared which cause them to seek medical advice. In order to eliminate all cases of established or developing pulmonary tuberculosis, mass radiography is now being advocated. The routine and periodic X-ray examination of the population, particularly the industrial workers, would weed out all cases presenting abnormal shadows ; such cases would be investigated further and given treatment if necessary. This procedure has been undertaken already in some services and by some large industrial concerns. Miniature mass radiography is the method being adopted ; this requires special apparatus and there are various difficulties which in time will no doubt be eliminated. Any attempt to bring in the whole community for a periodic overhaul to eliminate disease and ensure the maintenance of health would be a great public health measure and must be strongly supported. Miniature mass radiography would have to be undertaken as part of a general health scheme established on a national basis since, if the public is required to co-operate, substantial financial aid on a family basis as well as rehabilitation will be necessary for those weeded out. It is apt to be forgotten that we are dealing with human beings and not machines. In present circumstances it is obvious that a considerable time will elapse before mass radiography can be undertaken on such a scale as to profoundly influence the incidence of tuberculosis. In the meantime, therefore, while every effort should be made to extend radiography as a routine measure into every service and industry, we must intensify our efforts to maintain the co-operation of the public and the general practitioner in order to secure our patients as early as possible, and to persevere in contact work.

2. Provision of Beds.

The shortage of beds in the County for the treatment of the disease was recognised by the Tuberculosis and Sanatorium Committee before the war, and it was therefore most regrettable that arrangements made for increasing the number of beds had to be abandoned at the onset of hostilities. The lack of beds has become acute because of these factors :—

1. The increasing number of transfers requiring treatment.
2. The increasing incidence of the disease.
3. The necessity to isolate as much as possible the case of advanced disease because of the herding together of families in shelters or in downstairs rooms associated with air raids and black-out conditions.

To make matters worse the shortage of nursing and domestic staff renders it most difficult to extend their work by adding even temporary accommodation for patients in our sanatoria. At present Knightwick Sanatorium is really a pulmonary hospital. It is therefore necessary to consider each case awaiting admission on its own merits. Active treatment will be undertaken at home prior to admission if necessary.

It is to be hoped that the time will soon come when a hospital-sanatorium with the requisite number of beds can be established. It must also be pointed out that the weeding out of cases by mass radiography will involve the provision of more beds.

3. After-Care.

In these days of diminished resistance contacts to infection are exposed to a grave risk, and therefore in households containing an infectious case it is necessary to regard the family as a unit and to devote after care work to maintain the health of the family, not only of the patient himself. This policy involves

The following should be noted:-

1. The increasing number of cases of this disease in the district has been advanced during the past few years.
2. The increasing incidence of this disease is due to the fact that the total amount of sewage and industrial effluents in the community. The frequency of the disease has increased in the district since the Government has been making arrangements to contact with the district.

In order to deal with the problem of this disease it is necessary to consider the difficulties with which we are confronted under the following headings:

1. Etiology

The difficulty of early diagnosis appears to be inherent in the disease itself. Patients may have a very evidence of constitutional changes for the first symptoms have appeared which cause them to seek medical advice. In order to determine all cases of this disease or developing pathology laboratory work is necessary. The results of these tests are being reported. The industrial workers would need to be examined at intervals and the results of these tests would be reported to the district. This procedure has been suggested already in some papers and by some large industrial concerns. It is suggested that the method being adopted in the district should be similar to that of the other districts which is now being adopted in the district. It is suggested that the results of these tests should be reported to the district at intervals of one month and that the results of these tests should be reported to the district at intervals of one month. It is suggested that the results of these tests should be reported to the district at intervals of one month and that the results of these tests should be reported to the district at intervals of one month.

2. Prevention of beds

The question of beds in the County for the treatment of the disease was considered by the Tuberculosis and Sanatorium Commission in the year 1912 and a recommendation was made regarding the number of beds to be provided at the level of treatment. The fact that the number of beds has increased since that time is noted:-

1. The increasing number of cases requiring treatment.
2. The increasing incidence of the disease.
3. The necessity to include as much as possible the case of advanced disease because of the health of the patient in relation to the health of the community.

To make matters worse the shortage of nursing and domestic staff makes it most difficult to extend these beds by adding extra nursing and domestic staff to the existing staff. At present the number of beds is only a very small number and it is difficult to extend these beds by adding extra nursing and domestic staff to the existing staff. At present the number of beds is only a very small number and it is difficult to extend these beds by adding extra nursing and domestic staff to the existing staff.

It is to be hoped that the time will come when a hospital is provided with the requisite amount of beds can be established. It must also be pointed out that the existing staff of nursing and domestic staff is the primary factor in the extension of these beds.

3. After-care

In these days of increased knowledge and contact with the patient and his family it is necessary to consider the health of the family as well as the health of the patient. It is necessary to consider the health of the family as well as the health of the patient. It is necessary to consider the health of the family as well as the health of the patient.

1. The provision of extra nourishment to other members of the family if necessary, supplying other necessities of life as well as milk. "While we should do everything we can for the horizontal, surely we should maintain the vertical."
2. Financial aid. Only too many patients find themselves on a public assistance level; they feel they must return to work in order to maintain the standard of living of the family and so all the benefit derived from treatment is lost. In view of the chronicity of the disease the present National Health Scheme fails to help the tuberculous. It appears that these patients must be placed in a special category so that increased benefits could be made available for a sufficiently prolonged period. In this manner the patient will be freed from economic anxiety and the family health maintained.

Rehabilitation of the tuberculous worker is a national problem which will have to be taken in hand when mass radiography comes to the fore. What constitutes a great problem is the large number of tuberculous housewives; often they cannot settle down in sanatorium because they are away from their children, to whom they return to infect further; the standard of health and cleanliness of the household depends upon them and they infect their neighbours who come to help them. These housewives cannot be rehabilitated, home-helps can only be temporary and often aggravate domestic worry, and it is impossible to separate the children from them unless the patients are isolated in Sanatorium.

TABLE I.

Year.	Notifications.			Rate	Deaths.			Rate
	Pulmonary	Non-Pulmonary	Total		Pulmonary	Non-Pulmonary	Total	
1936	330	80	410	1.35	200	43	243	0.74
1937	317	99	416	1.29	172	40	212	0.63
1938	293	92	385	1.32	171	28	199	0.59
1939	237	65	302	0.87	151	35	186	0.54
1940	281	76	357	0.98	172	40	212	0.59

The number of transfer cases into the County in 1940 was 76, compared with 54 in 1939.

TABLE II.

This table gives the notifications of tuberculosis during 1940 showing age periods. The figures in the respective age groups are being followed up and will be reviewed at a later date.

1. The provision of extra treatment to other members of the family is necessary, especially when treatment of his is well as well as when it is not. While we should be satisfied to see the treatment given to the patient, we should remember the patient.
2. Financial aid. Only two more patients had treatment on a regular basis. They had been treated by work in order to maintain the standard of living of the family and so all the family members had treatment in fact. In view of the character of the disease the present National Health Service is to help the patient. It appears that these patients would be placed in a special category as that treatment benefits would be more available for a substantial treatment period. In this manner the patient will be treated on a regular basis and the family health maintained.
- Rehabilitation of the tuberculous worker is a national problem which will have to be taken in hand when more completely known to the public. What constitutes a good worker in the large number of tuberculous workers is often that worker who is able to work because they are not too tired, but in fact they are not so tired but the standard of health and character of the tuberculous worker is often that which is not so good as the worker to help them. These workers cannot be treated in any other way than by rest and other measures and the patient can only be treated and other measures and the patient can only be treated in certain conditions from their own work, and it is necessary to ensure conditions from their own work.

TABLE I

Year	Tuberculosis		Deaths	
	Total	Rate	Total	Rate
1922	236	1.35	42	0.24
1923	217	1.23	40	0.22
1924	231	1.32	38	0.21
1925	227	1.27	37	0.21
1926	261	1.48	40	0.22

The number of deaths due to the disease in 1926 was 16 compared with 24 in 1922.

TABLE II

The table gives the incidence of tuberculosis during 1926 showing age groups. The figures in the respective age groups are being followed up and will be reported as a later date.

TABLE II.

Notifications of Tuberculosis during 1940 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 -	-	-	2	2	11	19	39	31	22	18	3	147
Females -	-	2	4	6	24	23	33	19	7	7	3	128
Non-Pulmonary---												
Males -	3	5	5	6	3	5	7	3	1	3	-	41
Females -	1	3	3	4	8	5	1	3	2	-	2	32
Total -	4	10	14	18	46	52	80	56	32	28	8	348

Year	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	Total
Wheat	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Barley	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Oats	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Hay	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Other	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

TABLE I
 Description of the various types of wheat

TABLE II

TABLE III.

NOTIFICATIONS OF ALL CASES OF TUBERCULOSIS SHOWN IN SANITARY AREAS.

District.	Population 1940.	Total cases notified 1940.	Notification rate per 1,000 of Population 1940.	Total Deaths 1940.	Death rate per 1,000
Bewdley Borough -	4338	3	.69	2	.46
Bromsgrove Urban -	24690	29	1.17	12	.49
Droitwich Borough -	4738	5	1.06	-	-
Evesham Borough -	12070	16	1.32	7	.58
Halesowen Borough -	36500	29	.79	21	.58
Kidderminster Borough -	33870	33	.97	20	.59
Malvern Urban -	18690	18	.96	10	.54
Oldbury Borough -	48700	70	1.44	47	.97
Redditch Urban -	23960	23	.96	6	.25
Stourbridge Borough -	33750	30	.89	22	.65
Stourport-on-Severn Urban -	8194	3	.37	7	.85
Bromsgrove Rural -	24120	20	.83	14	.58
Droitwich Rural -	11680	11	.94	10	.86
Evesham Rural -	15220	11	.72	3	.19
Kidderminster Rural -	8666	2	.23	5	.58
Martley Rural -	13290	17	1.28	5	.38
Pershore Rural -	14470	14	.97	8	.55
Tenbury Rural -	6654	4	.6	2	.3
Upton-on-Severn Rural -	12860	10	.78	11	.86
	356460	348	.98	212	.59

Institutional Treatment. The total number of cases admitted and discharged were 262 and 256 respectively.

Improved arrangements are being made in regard to surgical procedure associated with collapse therapy.

Dispensary Work. Table IV. gives the return showing the work of the Dispensaries during 1940.

The increasing number of new cases referred for opinion reflects the anxiety of the general practitioners in regard to the general health of their patients and it is gratifying to record the close co-operation between the tuberculosis service and the general practitioners.

It is obvious that there cannot be any complacency in regard to the future of tuberculosis. The work is increasing and the problems require urgent consideration.

S. DEANER,

November 1941.

Chief Tuberculosis Officer.

TABLE III
 MONTHLY NUMBER OF ALL CASES OF TUBERCULOSIS FOUND IN BARTLEY AREA

Date	Total	Notified	Total	District
1940	1941	1940	1941	
1	1	1	1	Bartholomew Hospital
2	2	2	2	Bartholomew Hospital
3	3	3	3	Bartholomew Hospital
4	4	4	4	Bartholomew Hospital
5	5	5	5	Bartholomew Hospital
6	6	6	6	Bartholomew Hospital
7	7	7	7	Bartholomew Hospital
8	8	8	8	Bartholomew Hospital
9	9	9	9	Bartholomew Hospital
10	10	10	10	Bartholomew Hospital
11	11	11	11	Bartholomew Hospital
12	12	12	12	Bartholomew Hospital
13	13	13	13	Bartholomew Hospital
14	14	14	14	Bartholomew Hospital
15	15	15	15	Bartholomew Hospital
16	16	16	16	Bartholomew Hospital
17	17	17	17	Bartholomew Hospital
18	18	18	18	Bartholomew Hospital
19	19	19	19	Bartholomew Hospital
20	20	20	20	Bartholomew Hospital
21	21	21	21	Bartholomew Hospital
22	22	22	22	Bartholomew Hospital
23	23	23	23	Bartholomew Hospital
24	24	24	24	Bartholomew Hospital
25	25	25	25	Bartholomew Hospital
26	26	26	26	Bartholomew Hospital
27	27	27	27	Bartholomew Hospital
28	28	28	28	Bartholomew Hospital
29	29	29	29	Bartholomew Hospital
30	30	30	30	Bartholomew Hospital
31	31	31	31	Bartholomew Hospital
32	32	32	32	Bartholomew Hospital
33	33	33	33	Bartholomew Hospital
34	34	34	34	Bartholomew Hospital
35	35	35	35	Bartholomew Hospital
36	36	36	36	Bartholomew Hospital
37	37	37	37	Bartholomew Hospital
38	38	38	38	Bartholomew Hospital
39	39	39	39	Bartholomew Hospital
40	40	40	40	Bartholomew Hospital
41	41	41	41	Bartholomew Hospital
42	42	42	42	Bartholomew Hospital
43	43	43	43	Bartholomew Hospital
44	44	44	44	Bartholomew Hospital
45	45	45	45	Bartholomew Hospital
46	46	46	46	Bartholomew Hospital
47	47	47	47	Bartholomew Hospital
48	48	48	48	Bartholomew Hospital
49	49	49	49	Bartholomew Hospital
50	50	50	50	Bartholomew Hospital
51	51	51	51	Bartholomew Hospital
52	52	52	52	Bartholomew Hospital
53	53	53	53	Bartholomew Hospital
54	54	54	54	Bartholomew Hospital
55	55	55	55	Bartholomew Hospital
56	56	56	56	Bartholomew Hospital
57	57	57	57	Bartholomew Hospital
58	58	58	58	Bartholomew Hospital
59	59	59	59	Bartholomew Hospital
60	60	60	60	Bartholomew Hospital
61	61	61	61	Bartholomew Hospital
62	62	62	62	Bartholomew Hospital
63	63	63	63	Bartholomew Hospital
64	64	64	64	Bartholomew Hospital
65	65	65	65	Bartholomew Hospital
66	66	66	66	Bartholomew Hospital
67	67	67	67	Bartholomew Hospital
68	68	68	68	Bartholomew Hospital
69	69	69	69	Bartholomew Hospital
70	70	70	70	Bartholomew Hospital
71	71	71	71	Bartholomew Hospital
72	72	72	72	Bartholomew Hospital
73	73	73	73	Bartholomew Hospital
74	74	74	74	Bartholomew Hospital
75	75	75	75	Bartholomew Hospital
76	76	76	76	Bartholomew Hospital
77	77	77	77	Bartholomew Hospital
78	78	78	78	Bartholomew Hospital
79	79	79	79	Bartholomew Hospital
80	80	80	80	Bartholomew Hospital
81	81	81	81	Bartholomew Hospital
82	82	82	82	Bartholomew Hospital
83	83	83	83	Bartholomew Hospital
84	84	84	84	Bartholomew Hospital
85	85	85	85	Bartholomew Hospital
86	86	86	86	Bartholomew Hospital
87	87	87	87	Bartholomew Hospital
88	88	88	88	Bartholomew Hospital
89	89	89	89	Bartholomew Hospital
90	90	90	90	Bartholomew Hospital
91	91	91	91	Bartholomew Hospital
92	92	92	92	Bartholomew Hospital
93	93	93	93	Bartholomew Hospital
94	94	94	94	Bartholomew Hospital
95	95	95	95	Bartholomew Hospital
96	96	96	96	Bartholomew Hospital
97	97	97	97	Bartholomew Hospital
98	98	98	98	Bartholomew Hospital
99	99	99	99	Bartholomew Hospital
100	100	100	100	Bartholomew Hospital

Bartholomew Hospital. The total number of cases admitted and discharged were 501 and 508 respectively.

Important arrangements are being made in regard to patient treatment associated with cottage therapy.

Discharge Work. Table IV gives the total number of work in the Dispensary during 1940.

The increasing number of new cases referred for special attention in the dispensary is a result of the general health of the patients and it is gratifying to record the close co-operation between the dispensary and the general practitioners.

It is obvious that there cannot be any comparison in regard to the figures of cases. The work is increasing and the patients require special consideration.

G. D. BAKER
 Chief Tuberculosis Officer
 December 1941

TABLE IV.
RETURN SHOWING THE WORK OF DISPENSARIES DURING THE YEAR 1940.

Diagnosis.	Pulmonary.			Non-Pulmonary.			Total.						
	Adults.		Children.	Adults.		Children.	Adults.		Children.				
	M.	F.	M.	F.	M.	F.	M.	F.					
A.—NEW CASES examined during the year (excluding contacts) :													
(a) Definitely tuberculous	108	82	3	4	18	19	16	11	126	101	19	15	261
(b) Doubtfully tuberculous									61	52	18	15	146
(c) Non-tuberculous									143	83	30	25	281
B.—CONTACTS examined during the year :—													
(a) Definitely tuberculous	4	5		1					4	5		1	10
(b) Doubtfully tuberculous									6	11	7	10	34
(c) Non-tuberculous									34	76	57	80	247
C.—CASES written off the Dispensary Register as													
(a) Recovered	17	14	1	4	4	2	6	9	21	16	7	13	57
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)									215	196	97	112	620
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—													
(a) Definitely tuberculous	505	446	92	41	78	88	100	101	583	534	142	142	1401
(b) Diagnosis not completed									102	116	40	44	302

Description	1950		1951		1952		1953		1954		1955	
	Area	Volume	Area	Volume	Area	Volume	Area	Volume	Area	Volume	Area	Volume
(a) <i>Perforatus</i> (all specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(b) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(c) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(d) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(e) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(f) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(g) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(h) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(i) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(j) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(k) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(l) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(m) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(n) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(o) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(p) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(q) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(r) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(s) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(t) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(u) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(v) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(w) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(x) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(y) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100
(z) <i>Perforatus</i> (specimens)	100	100	100	100	100	100	100	100	100	100	100	100

TABLE 1A
 DATA FROM THE U.S. GEOLOGICAL SURVEY, BUREAU OF MINERAL INVESTIGATION, WASHINGTON, D.C., 1955

TABLE 1A