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WORCESTERSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1946.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH
AND HOUSING COMMITTEE.

Mr. Adam, Ladies and Gentlemen,

I have the honour to present my Annual Report dealing with the health of the County for the year 1946.

VITAL STATISTICS.

The various rates, which are indicative of the health of the community, continue, as during the war years, to be favourable, the one exception being the incidence of Venereal Disease.

The population of the Administrative County has, over the period of the last ten years, increased from 327,000 to 370,000. This increase is more noticeable in the Urban areas, such as Oldbury, Halesowen, Redditch and Stourport-on-Severn, but has also occurred in the rural areas (such as Bromsgrove Rural District) where they adjoin Urban centres.

The birth rate, at the relatively high index of 18.9 per 1,000 of the population, accompanied by a very favourable infant mortality rate, (36 per 1,000) is satisfactory; the natural increase in the population, which is the excess of the live births over the deaths in the year 1946, is approximately 2,500.

I have in previous years mentioned the increase in the numbers of illegitimate births. Prior to the war the births which were illegitimate varied between 3 per cent. and 3.5 per cent. of the total. The percentages for the last five years have been:

1942	—	—	—	—	4.3
1943	—	—	—	—	5.2
1944	—	—	—	—	5.7
1945	—	—	—	—	8.7
1946	—	—	—	—	6.6

Whilst the figure for 1946 is an improvement on 1945, the percentage is still double the pre war rate. In the towns of Kidderminster, Malvern and Stourport-on-Severn, one birth in every ten is illegitimate.

For the first time on record the maternal mortality rate fell to less than one death per 1,000 births, whilst the still birth rate at 25 per 1,000, is, along with the year 1944, the lowest ever recorded in the County.

Dr. R. B. Mayfield (Chief Tuberculosis Officer) records a small increase in the incidence of Tuberculosis. The long waiting list of patients for sanatoria beds presents a most distressing problem, the shortage of beds and even greater shortage of staff providing the two difficulties which remain unsolved.

The Greenhill Hostel at Kidderminster, which, during the war period, was used mainly as a maternity home for evacuees and County residents, reverted in 1946 to its normal function of assisting the unmarried mother and her child. Rigby Hall, Bromsgrove, purchased by the County Council for a Residential Nursery, was loaned for maternity purposes until beds can be made available at All Saints Hospital; unfortunately there was difficulty over the labour and materials required for adaptation, and it was not possible to admit patients until 1947. The closure of the Maternity Unit at Kidderminster and the failure to get the Bromsgrove Unit working added greatly to the County's problems, but the Birmingham Maternity Hospital rendered invaluable assistance by admitting a large number of complicated and abnormal cases. Without this help I believe the County figures for the year 1946 would have been less favourable.

The difficulties of staff have continued in all branches of the work, but I am grateful to the Medical, Dental, Nursing and Clerical staff for their co-operation and help; their loyalty and keenness provides the most effective answer to the disappointments and delays which are at the present time inevitable.

The year 1946 saw the National Health Service Act emerge on the Statute Book. The changes envisaged to operate from mid-1948 will materially alter the medical administration of Counties and County Boroughs and indeed all the local sanitary authorities. Already the stage of preparation and planning has become apparent in 1947 with a variety of circulars calling for much information and speculation as to the future services for which the Authority will be responsible.

The Regional Hospital Boards will take over all hospitals; in doing so they will inherit and meet the problems of shortages, labour, materials, and, most of all, nursing staff.

An increasing demand for hospitalisation has been the experience of past years, and will no doubt continue. The inability to meet that demand will call for increased domiciliary services in the form of district nurses and midwives. The success of the Act must depend upon the administration of the Local Health Authority and the Regional Hospital Board's Services bringing about a co-ordinated service at the periphery as well as at the centre; in brief, the Hospital management committees and the personal services administered locally provide the vital link which must be present for effective working.

In my report for 1945 I outlined the Hospital problems which it was hoped would emerge from the stage of planning to that of materialisation in the not too distant future. These included the provision of a General Hospital at Bromsgrove and a Sanatorium at Malvern, both of which were dependant on the conversion of army hutted Hospitals, the third being a cancer scheme for this County along with other Midland authorities. It is disappointing to record that no appreciable progress resulted in 1946, but the need is great and the proposals provide the most suitable possibility in present circumstances.

I have to thank you, Mr. Chairman, and the members of the Health Committee for their consideration to myself and my staff and their encouragement in the efforts made to improve the health and well-being of the residents in this County.

I am,

Your obedient servant,

WYNDHAM PARKER

County Medical Officer.

Public Health Department
County Buildings
Worcester

November 1947

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area in acres	—	—	—	—	438,221
Population, Census 1931	—	—	—	—	308,781
Registrar-General's estimate of resident population, mid 1946	—	—	—	—	369,310
Rateable value (1st April 1947)	—	—	—	—	
Sum represented by a penny rate	—	—	—	—	
		Males.	Females.		Total.
Live Births—Legitimate	—	3,331	3,175		6,506
—Illegitimate	—	235	225		460
Birth-rate per 1,000 of estimated resident population	—				18.9
		Males.	Females.		Total.
Still-births	—	99	79		178
Rate per 1,000 total (live and still) births	—				25
		Males.	Females.		Total.
Deaths	—	2,072	1,992		4,064
Death-rate per 1,000 of estimated resident population	—				11.0

Deaths from Puerperal Causes :—

		Deaths.	Rates per 1,000 live births.	Rates per 1,000 total (live and still) births.
Puerperal Sepsis	—	1	.14	.14
Other Maternal Causes	—	5	.72	.70
Total	—	6	.86	.84

Infant Mortality (Infants under one year of age) :—


All Infants per 1,000 live births	—	—	—	36
Legitimate Infants per 1,000 legitimate live births	—			33
Illegitimate Infants per 1,000 illegitimate live births				69
Deaths from Measles (all ages)	—	—	—	1
Deaths from Whooping Cough (all ages)			—	5
Deaths from Diarrhoea (under 2 years of age)	—	—	—	15
Deaths from Cancer (all ages)	—	—	—	676

4A

(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died outside these districts.
(b) These figures are supplied by the Registrar General.

(b) These figures are supplied by the Registrar General.

ENGLAND AND WALES :				
Birth Rate	-	-	-	19.1 per 1000
Death Rate	-	-	-	11.5 " "
Infant Mortality Rate	-	-	-	43 " "



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STAFF.

County Medical Officer of Health and School Medical Officer :

Wyndham Parker, C.B.E., M.C., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health and School Medical Officer :

S. C. Parry, M.R.C.S., L.R.C.P., D.P.H.

Chief Tuberculosis Officer :

R. B. Mayfield, M.D., D.P.H.

Assistant Tuberculosis Officers :

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

J. N. Macartney, M.B., B.Ch., B.A.O., D.P.H.

Assistant County and School Medical Officers :

L. J. Bacon, M.D., B.Ch., M.B., M.R.C.S., L.R.C.P., D.P.H.

Eileen M. Bulmer, M.B., Ch.B.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

J. J. Murray, M.B., B.Ch., B.A.O., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

Vera Pugh, M.B., Ch.B., M.R.C.S., L.R.C.P.

C. Starkie, M.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

A. F. Turner, M.B., Ch.B., D.P.H.

Sara C. Walker, M.D., M.B., B.S., M.R.C.S., L.R.C.P.,
D.P.H.

Oculists (Part-time) :

I. Lloyd Johnstone, M.B., M.R.C.S., L.R.C.P., D.O.

A. A. Douglas, M.D., M.B., Ch.B., D.P.H., F.R.C.S.

Chief Dental Officer :

B. D. Britten, L.D.S.

Deputy Chief Dental Officer :

F. H. Pugh, L.D.S.

Assistant Dental Officers :

Margaret R. Lindsay, L.D.S.

K. R. E. Simpkin, L.D.S.

E. V. Stone-Wigg, L.D.S.

B. N. Watkins, L.D.S.

Superintendent Health Visitor :

Miss N. Ashton, S.R.N., S.C.N., H.V.Cert.

Senior Health Visitor :

Miss J. C. Butler, S.R.N., S.C.M., H.V.Cert.

Health Visitors :

Miss E. Apinall, S.R.N., S.C.M., H.V.Cert.
 Miss E. R. Baird, S.R.N.
 Miss M. Blaze, S.R.N., S.C.M., H.V.Cert.
 Miss B. Brown, S.R.N., S.C.M., H.V.Cert.
 Mrs. H. L. Bryan, S.R.N., S.C.M., H.V. Cert.
 Miss E. M. Clarke, S.R.N., S.C.R.
 Miss A. Davies, S.R.N., S.C.M.
 Mrs. W. Dovey, S.R.N., S.C.M., H.V.Cert.
 Mrs. L. K. Flood, S.R.N., S.C.M.
 Miss G. C. Furnish, S.R.N., S.C.M., H.V.Cert.
 Miss M. Hopkins, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Hollins, S.R.N., S.C.N.
 Miss B. J. Hudson, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. Jones, S.R.N., S.C.M., H.V.Cert.
 Miss A. Lawson, S.R.N., S.C.M., H.V.Cert.
 Miss S. Mason, S.C.M.
 Miss M. Marshall Meade, S.R.N., S.C.M., H.V.Cert.
 Miss E. Nock, S.R.N., S.C.M.
 Miss E. E. Noke, S.R.N., S.C.M.
 Miss M. J. O'Grady, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. L. Pitt, S.C.M., H.V.Cert.
 Miss M. I. Robson, S.R.N., S.C.M., H.V.Cert.
 Miss M. Sheppard, S.R.N., S.C.M.
 Mrs. W. C. Wall, S.R.N., S.C.M., H.V.Cert.

Dental Attendants :

Mrs. M. J. Bennett.
 Miss A. Clissold.
 Miss V. A. Evans.
 Miss L. M. Fox.
 Mrs. G. Shepherd.
 Miss D. Yeates.

Midwives :

Mrs. E. Adams, S.C.M.
 Mrs. E. Dunn, S.C.M.
 Mrs. S. Hill, S.C.M.
 Mrs. A. M. Nightingale, S.C.M.

Orthopaedic Specialists (Part-time) :

F. G. Allan, M.B., B.S., F.R.C.S., L.R.C.P.
 T. S. Donovan, M.B., B.Ch., M.Ch., F.R.C.S., L.R.C.P.
 N. Duggan, M.B., Ch.B., F.R.C.S., M.R.C.S., L.R.C.P.

Orthopaedic Nurses :

Miss O. M. Woods.
 Mrs. K. J. Johnson.
 Mrs. W. M. Law (*Part-time*).

Senior Boarding Out and Welfare Officer :

Miss M. E. Denham.

Home Teachers for the Blind :

Mrs. A. Cooper.
 (One vacancy).

County Sanitary Officer :

Mr. R. W. T. Owen.

County Ambulance Officer :

Mr. G. L. Pitt.

Consultants (Part-time) :

May Pearce, M.B., Ch.B., D.P.H. (Psychiatrist).

S. Davidson, F.R.C.S., M.R.C.O.G. (Gynaecologist).

MATERNITY HOSPITALS.

*The Lucy Baldwin Maternity Hospital, Stourport-on-Severn**Medical Officers :*

R. S. MacArthur, M.D., M.B., Ch.B.

C. Mackie, M.B., Ch.B.

E. M. Winter, M.B., Ch.B.

Matron :

Miss E. M. Sayers, S.R.N., S.C.M.

*The Mary Stevens Maternity Home, Stourbridge.**Medical Officer :*

G. J. Meldon, B.A., M.D., M.B., B.Ch., B.A.O.

Matron :

Miss G. E. Winters, S.R.N., S.C.M.

*Rigby Hall Maternity Home, Bromsgrove**Medical Officer :*

D. C. Mundy, B.Sc., M.B., Ch.B., M.B., B.S., D.Obst.,
R.C.O.G.

Matron :

Miss D. E. Hull, S.R.N., S.C.M.

Section A.

The vital statistics call for no particular comment. The deaths from cancer continue to rise, one death in every six in Worcestershire being due to this cause. This is not entirely unexpected as the average age of the population is still increasing. It is because of this increase that the Authority is anxious the full cancer scheme shall be in operation at the earliest possible date.

Section B.

*Staff :—*There have been several changes in the Medical Dental and Health Visiting Staff. I have, therefore, included a list of the officers on my Staff.

Laboratory Services.

Mr. M. M. Love, the County Analyst, has supplied me with a brief statement of the work undertaken in the County Laboratory during the year 1946 (see appendix 'B').

Ambulance facilities.

The civil ambulance provision for both infectious and non-infectious illness was supplemented during the war by the Emergency Ambulance Service maintained by the County Council. The latter service is now very considerably reduced but at the request of the Ministry of Health certain duties are still undertaken on their behalf through the direction of Mr. G. L. Pitt, County Ambulance Officer, and a skeleton staff. The war-time extension of the civilian ambulance service, including ambulances based on Tenbury, Pershore, Upton-on-Severn and Stourport-on-Severn has been maintained, although it seems possible that the Upton-on-Severn arrangements will shortly be discontinued; these ambulances were provided by the Joint Committee of the B.R.C.S. and Order of St. John. The Hospital Car Service, for sitting cases has worked well at Worcester and Kidderminster, in both instances the Voluntary Hospitals concerned operating the service on terms agreed between the W.V.S., the County Council and the Hospital.

The Emergency Ambulance Service dealt with several convoys of Service patients arriving at the Worcester railhead during the early months of 1946. Throughout the year there were a large number of calls for the transfer of hospital patients, and in connection with the collection and transfer of medical equipment belonging to the Ministry or the Local Authority valuable assistance was given. Following the passing of the National Health Service Act 1946, a preliminary survey of ambulances, garages and depots in the County was commenced.

Nursing in the Home.

This service is provided entirely by voluntary Associations although they receive grants in aid from the County Council. The Nursing Associations cover the whole administrative area of the Worcestershire County Council, and employ 108 nurses a few of whom undertake district nursing duties alone, the majority having combined duties. It is estimated that the equivalent of 42 whole-time district nurses were employed on the domiciliary nursing service during the year 1946.

Clinics and Treatment Centres.

References to these activities will be found under their respective headings.

Hospitals—Public and Voluntary.

Worcestershire has continued to rely on the Voluntary Hospitals for the bulk of the acute medical and surgical work required. Grants have been made by the County Council towards the upkeep of Voluntary Hospitals over a period of years.

The Hospitals maintained by the Public Assistance Committee are in process of classification in anticipation of the requirements whereby the sick will be dealt with separately from the other inmates of these institutions. The outstanding event has been the extension of the Avonside Hospital, Evesham to include the hatted war hospital built on the adjoining land; a training school for assistant nurses has been established there with a sister tutor in charge. With full knowledge of the difficulties in getting new training units established, which is really the only way to obtain further trained nurses or assistant nurses, I think the staff of the Hospital are to be congratulated on providing a practical example of what can be done by hard work and courage.

Institutional provision for the care of Mental Defectives.

The County is still dependant upon Institutions maintained by other Authorities. Consideration is being given to this very urgent problem.

MATERNITY AND CHILD WELFARE.

Births. Birth rate and infant mortality.

	Legitimate Births.	Illegitimate Births.	Birth Rate live births. per 1000.	Infant Mortality rate.	Still Births.	Rate per 1000 births.
1937	4874	155	15.2	52	217	41
1938	5053	180	15.6	48	202	37
1939	5352	196	16.3	49	213	37
1940	4675	178	13.6	56	205	41
1941	5511	229	15.3	54	173	30
1942	6203	279	17.4	40	237	32
1943	6419	351	18.3	39	215	31
1944	6992	423	20.2	41	190	25
1945	5990	576	18.2	43	177	26
1946	6506	460	18.9	36	178	25

Infant Mortality Rate.

The rate of 36 deaths (infants under 12 months) per 1000 live births is the best figure recorded so far in Worcestershire. The relatively large proportion of illegitimate births is not only unfortunate in itself, but the chance of survival of the illegitimate child is not so good as the legitimate as the following figures shows :—

			1946	1945	1944
Infant Mortality rate.	Legitimate births	—	33	42	40
Infant Mortality rate.	Illegitimate births	—	69	59	52

Still births.

The improved rates for the last 3 years (see above table) is an indication of progress which is of a national rather than local character; nevertheless the ante-natal and maternity services can be credited as responsible for some part of the improvement although the generally improved dietary for the expectant mother is also concerned.

Maternal Mortality.

The figures for 1946 provide a new record for the County, the deaths from the complications of pregnancy during the year being less than one per 1,000 births.

	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
Deaths from sepsis	—	8	3	4	9	3	5	3	5	3
other causes	16	15	10	5	7	12	13	8	5	5
Total Maternal Mortality rate per 1000 births	—	4.57	3.31	2.41	2.47	1.63	2.5	2.3	1.7	1.19

These results fully justify the efforts taken by the Authority over a period of years. Whilst the introduction of new drugs has brought the deaths from sepsis within measure of control, it is to the ante-natal service (including the general practitioners) and the Maternity Hospitals that credit must be given for the reduction in the number of deaths from causes other than sepsis.

The six deaths in the year all occurred in Maternity Hospitals. Two followed Caesarean Section operations, one was caused by eclampsia, two from obstetric shock and the remaining case, a diabetic, developed toxæmia and other complications thought to be due to acute pancreatitis.

It should not be assumed that because all the deaths occurred in Hospitals that home confinements were not concerned. In several instances the complications arose in the home, but the availability of hospital treatment for such cases is necessary if the patient is to have the best chance of recovery ; and it is satisfactory to record that in all these cases such facilities were available and used.

OPHTHALMIA NEONATORUM.

The following Table shows the number of cases in 1946 together with other particulars :—

Cases			Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths	Removal from district	Still Receiving Treatment.
Notified	Treated							
	At Home.	In Hospital.						
County M. & C.W. area -	8	7	13	—	—	—	1	1

PREMATURE BIRTHS.

The following are the details for 1946 :—

Number of Premature Births	—	—	—	174
„ „ Full term Births	—	—	—	59
(5½ lbs. and under at Birth)				
Born at Home	—	—	—	95
Born in Hospital or Maternity Home			79	29
			174	59

BORN AT HOME.

No. nursed at home	-	-	87	27
No. sent to Hospital	-	-	5	3
Died within 24 hours	-	-	15	-
Survived at end of one month	-	-	72	28
Died within one month	-	-	7*	2*
Died after one month	-	-	1	-

BORN IN HOSPITAL.

Died within 24 hours	-	-	7	-
Survived at end of one month	-	-	61	28
Died within one month	-	-	10*	1
Died after one month	-	-	1	-

* *Infants who die within 24 hours are not included in this figure.*

MIDWIVES ACTS.

Domiciliary midwifery service.

During 1946, 234 midwives gave notice of intention to practise in the County; this number excludes midwives in the Borough of Oldbury, as the Borough Council is the Local Supervising Authority. The four domiciliary midwives in the Borough of Stourbridge, who are directly employed by the County Council, attended 369 confinements in 1946. The staff has since been increased by the appointment of a fifth midwife.

The 67 District Nursing Associations (all but two affiliated to the County Nursing Association) provide the main domiciliary midwifery service for the County. They employ 108 Nurses (exclusive of relief and supervising staff); a few of these nurses are engaged on midwifery duties alone, but the majority undertake combined duties.

During 1946, approximately 3,000 confinements were attended by the district nurse midwives. It is estimated that the service is equivalent to the work of 54 wholtime midwives, giving an average of 56 cases each. The independent midwives play a small part in the County domiciliary service; during 1946 only 196 births being attended by them.

Supervision of midwives.

The Assistant County Medical Officers are the medical supervisors of midwives in defined districts of the County.

Transport of Midwives.

Two County Council midwives are paid allowances for the use of their own cars on County duties.

District Nursing Associations provide 28 cars directly and pay a further 18 nurses fixed allowances for the use of their cars on duty. Eleven autocycles are also provided for nurses by the Associations.

Housing.

Fourteen houses and four nurses homes are owned by District Nursing Associations; in addition twenty houses are rented directly by the Associations for the use of their nurse or nurses.

Gas and air analgesia.

Rather more than 20 District Nurses had obtained their certificate by the end of 1946.

Staff.

The County Superintendent (Miss Meadway Russell) has had and continues to have the greatest difficulty in obtaining the necessary staff to keep the Associations functioning. A vacant District post, when there is a good house, may with some difficulty be filled; but when vacancies occur it is almost impossible to obtain suitable nurses for general relief duties or for districts where no house is available. Temporary relief work is sometimes available through the kindness of married or retired midwives living in the locality but to obtain a regular supply of relief nurses is not possible. The goodwork undertaken by the County Superintendent and her staff, both central and on the districts, is most praiseworthy.

Isobel Morcom Medal and Prize.

This Medal and Prize are awarded annually to a nurse who is considered to have rendered outstanding service to the County either as a District Nurse or Midwife; each third year midwives working in Maternity Homes or Hospitals are eligible to be considered by the adjudicators in making their recommendation. The award in 1946 was made to Miss F. E. Garrett who was Matron of the Mary Stevens Maternity Home, Stourbridge, from the opening until she retired on account of ill health after fourteen years service.

Institutional Midwifery.

There was considerable difficulty due to the closure of Greenhill Hostel in June 1946; the impossibility of opening Rigby Hall as a temporary Maternity Home until 1947; the increase in the birth rate; and staff difficulties generally, but particularly at the Lucy Baldwin Maternity Hospital. This combination of unusual and troublesome circumstances provided one of the acute problems of 1946. With a full knowledge of the difficult housing circumstances, it was not easy to refuse deserving cases admission to Hospital but a considerable measure of selection had to be made. As previously mentioned I had great assistance from the Birmingham Maternity Hospital. This Hospital admitted 169, mostly complicated, cases during 1946.

The Worcester Royal Infirmary was, as usual, most helpful. The numbers dealt with in the Maternity Wards at the Evesham and Kidderminster Public Assistance Hospitals, in spite of staff difficulties, was a real achievement. As usual both the Lucy Baldwin and Mary Stevens Maternity Homes had busy years; the work was hard but was well and cheerfully done by all the staff concerned. Miss Hull, who had previously been Matron at Lickhill Manor Maternity Annexe was appointed Matron of the Rigby Hall Maternity Unit. When busily engaged with preparatory work of adaptation, furnishing, equipping and staffing this home, she was taken ill and had to be off duty for several months. The County Council was fortunate to have had in emergency the assistance of a former matron they had known and trusted in the war years, (Miss Dunster, now Mrs. Thomson) who came to the rescue and who was able to hand back to Miss Hull in 1947 a functioning hospital with a happy staff and contented patients. I am more than grateful to Mrs. Thomson and her husband who allowed her to help temporarily.

	Lucy Baldwin Maternity Hospital.	Mary Stevens Maternity Home.	Evesham P.A. Instn.	Greenhill Hostel.	Kidderminster P.A. Instn.
NUMBER OF BEDS -	18	16	29	4 *	4
ISOLATION BEDS -	2	2	-	-	-
CASES ADMITTED -	492	486	333	158	105
AVERAGE STAY (DAYS) -	12	10-14	12	10-14	10½
CASES DELIVERED BY					
MIDWIVES -	339	180	292	137	98
" DOCTORS -	95	283	34	12	1
TOTAL CASES DELIVERED -	434	463	326	149	99
MEDICAL AID SOUGHT -	124	89	111	56	13
PURPERAL PYREXIA CASES	8	18	-	3	-
OPHTHALMIA NEONATORUM					
CASES -	2	4	-	-	-
MATERNAL DEATHS -	2	1	-	-	-
INFANT DEATHS :-					
(a) STILL-BIRTHS -	10	14	3	5	2
(b) WITHIN 10 DAYS -	10	8	6	1	-

15 to 30.9.46 *

Maternity Patients admitted to other Maternity Homes or Hospitals.

Worcester Royal Infirmary	-	-	71	} 310 cases.
Kidderminster & District Hospital	-	-	41	
Birmingham, Loveday Street	-	-	169	
Queen Elizabeth Hospital, Birmingham	-	-	6	
Hallam Hospital, West Bromwich	-	-	3	
Sunnyside, Cheltenham	-	-	4	
Private Nursing Home	-	-	16	

INFANT WELFARE CENTRES AND ANTE-NATAL CLINICS.

There are 25 County Council Centres and 34 Voluntary Centres established in the County together with 17 County Council and Voluntary Ante-Natal Clinics.

The location and average attendance are given below :—

County Council Centres.

			<i>Held</i>	<i>Average Attendance.</i>
Blackheath	—	—	Weekly & Fortnightly	63
Blackwell	—	—	Monthly	9
Bromsgrove	—	—	Weekly & Fortnightly	43
Cradley	—	—	Weekly	49
Crabbs Cross and Astwood Bank	—	—	Fortnightly	34
Catshill	—	—	Fortnightly	37
Cookley	—	—	Fortnightly	17
Droitwich	—	—	Weekly	39
Feckenham	—	—	Monthly	19
Halesowen	—	—	Weekly	101
Lye	—	—	Weekly	59
Malvern Link	—	—	Weekly	41
„ Lansdowne	—	—	Weekly	21
„ Newtown	—	—	Weekly	35
Pedmore	—	—	Fortnightly	25
Pershore	—	—	Fortnightly	30
Redditch	—	—	Twice weekly	44
Rubery	—	—	Fortnightly	35
Stoke Works	—	—	Fortnightly	15
Stourport-on-Severn	—	—	Fortnightly	44
Tenbury	—	—	Fortnightly	21
West Heath	—	—	Fortnightly	33
Worcester	—	—	Weekly	2
Wolverley	—	—	Monthly	20
Wribbenhall	—	—	Fortnightly	46

Voluntary Infant Welfare Centres.

Alvechurch	—	—	Fortnightly	—	27
Areley Kings	—	—	Fortnightly	—	16
Ashton-under-Hill	—	—	Monthly	—	9
Badsey	—	—	Fortnightly	—	18
Beckford	—	—	Monthly	—	14
Belbroughton	—	—	Fortnightly	—	27
Beoley	—	—	Monthly	—	219
Bretforton	—	—	Monthly	—	10
Broadheath	—	—	Fortnightly	—	9
Broadway	—	—	Fortnightly	—	29
Chaddesley Corbett	—	—	Monthly	—	16
Clent	—	—	Fortnightly	—	18
Cofton Hackett	—	—	Fortnightly	—	27
Evesham	—	—	Weekly	—	20
Fladbury	—	—	Fortnightly	—	10
Hagley	—	—	Fortnightly	—	23
Hallow	—	—	Fortnightly	—	21
Hanley Castle	—	—	Monthly	—	10
Honeybourne	—	—	Monthly	—	30
Kemerton	—	—	Monthly	—	24
Kempsey	—	—	Monthly	—	26
Littleton	—	—	Fortnightly	—	16

			<i>Held</i>		<i>Average Attendance.</i>
Norton	-	-	Monthly	-	27
Ombersley	-	-	Fortnightly	-	20
Rock	-	-	Fortnightly	-	12
Severn Stoke	-	-	Monthly	-	5
Stourbridge	-	-	Twice weekly	-	70
Tardebigge	-	-	Fortnightly	-	26
Upton-on-Severn	-	-	Fortnightly	-	11
Welland	-	-	Fortnightly	-	10
Wythall	-	-	Fortnightly	-	44
Bredon	-	-	Monthly	-	17
Cutnall Green	-	-	Monthly	-	19
Crowle	-	-	Monthly	-	19

Ante Natal Clinics.

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

			<i>Held</i>		<i>Average Attendance</i>	<i>First Visits.</i>
Bewdley and Wribbenhall			Monthly	-	22	56
Bromsgrove			Weekly, whole day	-	29	235
Blackheath	-	-	Weekly and Fortnightly	-	14	132
Cradley	-	-	Weekly	-	16	125
Evesham (District Nurses Clinic)			Weekly	-	7	88
Evesham Avonside Hospital			Three times weekly	-	8	264
Halesowen	-	-	Weekly and Fortnightly	-	18	153
Lye	-	-	Weekly	-	20	152
Lucy Baldwin Maternity Home			Weekly (Drs.) Weekly (Matrons)	-	28	456
Mary Stevens Maternity Home			Fortnightly (Drs.) Weekly (Matrons)	-	11	84
Newtown, Malvern	-	-	Fortnightly	-	7	52
Redditch	-	-	Weekly	-	17	143
Rubery	-	-	Fortnightly	-	11	46
Stourbridge	-	-	Weekly and Fortnightly	-	26	275
Worcester	-	-	Weekly	-	13	171
West Heath	-	-	Fortnightly	-	7	33
Droitwich	-	-	Fortnightly	-	16	85
Other Infant Welfare Centres						92
Total cases attending for first time					-	2,642

In addition to the cases supervised at Clinics, 1,662 first visits were made by Nurses and Midwives to the homes of Expectant Mothers.

Post Natal Clinics.

There are no separate post-natal Clinics, but 60 cases were seen at Ante-natal sessions.

Dental Treatment.

Dental treatment for 25 expectant mothers was authorised in 1946.

Medical Aid.

Medical aid was required by midwives in 1,278 instances :

Domiciliary cases	-	-	-	1,122
Nursing and Maternity Homes	-	-	-	156

Specialist and Consultant Service.

Specialists were provided on nine occasions to see patients in their own homes ; in addition thirty-one cases were seen by consultants in County Maternity Homes.

There were 19 special consultant ante-natal sessions when 114 patients were seen ; this number included booked cases at Maternity Homes and cases referred by private practitioners. These consultation figures are exclusive of the large numbers of complicated cases seen at the Out-patient Departments of Hospitals.

Maternity Emergency Flying Column.

The Mobile Emergency Maternity Unit based on the Birmingham Maternity Hospital was summoned to patients in North Worcestershire on four occasions during 1946. The promptitude and efficiency of these arrangements are worthy of note. This provision may save lives and is of great assistance to general practitioners. There is need for a similar type of organisation based on Worcester Royal Infirmary, or some other Hospital, to deal with the Rural districts outside the radius of the area covered by Birmingham ; I have records of cases where I believe lives might have been saved if such an arrangement had existed and been promptly available in the home.

Puerperal Pyrexia.

During 1946 notifications of 58 cases of Puerperal Pyrexia were received ; in 18, in-patient treatment in Hospital was provided. Doctors are encouraged to notify the border-line case. The use of penicillin and the sulphonamide group of drugs is so successful that the temperature frequently falls at once, which may make notification, according to the strict definition, unnecessary. I think there may be risk of infection to other cases in such circumstances ; and it would seem the pulse rate should be considered as well as the temperature in deciding the need or otherwise for a separation ward and separate nursing.

Training of Midwives.

The Kidderminster and District Nursing Home is recognised for the second part of training for the midwife's certificate. Worcester City Nursing Association is similarly recognised. There is no training school (Part 1) in the County. This is most unfortunate because most student midwives by the time they have completed Part 1 and arrive in the County to undertake Part 2 have already fixed up for future work when this training is complete. The County Council has agreed to pay £20 for each midwife, supplied by the Training Institution, who remains in the County service for a minimum period of twelve months, but the solution would be a new Maternity Home in or near Worcester with at least 30 beds and recognised for Part 1 training. This suggestion is the adopted long term policy of the County Council, but present difficulties have made the implementation impracticable.

Post certificate instruction in the form of refresher courses has not yet been resumed on account of staff shortage.

Nursing Homes.

The registered Nursing Homes are regularly visited by the Assistant County Medical Officers. Three additional Homes were registered in 1946, bringing the total of registered Homes in the County to 23 on the 31st December, 1946.

During the war a Home was opened which received bombed-out persons, local interested persons assisting in the initial furnishing. A number of complaints were received as to the conditions existing in this establishment and visits were paid by Dr. J. J. Murray (the Assistant County Medical Officer and District Medical Officer of Health) and myself which clearly indicated that old and infirm persons were received and that the premises and staffing were insufficient. Medical practitioners in the vicinity were unwilling to attend the Home, and in emergency Dr. Murray was called. Several cases were transferred to the Evesham Avonside Hospital. The Home was not registered as it was contended by the Proprietor that it was not a Nursing Home. As cases were seen in the Home which were in need of skilled attention and nursing, proceedings were taken by the Authority. An undertaking was given to the magistrates that cases in need of nursing would be removed within a stated period and that no further cases of this type would be admitted. In view of this undertaking further action by the Authority was deferred.

Health Visiting.

The arrangements for training of suitable pupil Health Visitors has been continued. In future, the training will be obtained at Birmingham instead of Bristol as the former centre is more convenient.

Two Student Health Visitors (Mrs. W. Dovey and Miss G. C. Furnish) completed the Health Visitors Course at Bristol and joined the staff on 1st April, 1946. Another Health Visitor (Miss M. Blaze) was appointed 1st September 1946. She and Miss Furnish are working in Malvern and have undertaken all schools in the District.

Mrs. Dovey has been given an area for combined work (Health Visiting and Schools) in Stourbridge. This means that a further advance has been made towards the policy of combined work over the whole of the County, which gives continuity of contact with the child from the age of 14 days to school leaving age.

Miss Richards was appointed on the 1st September 1946 for tuberculosis work. Miss E. Lyons resigned and left in December in order to take up work for S.S.A.F.A. with the B.A.O.R. in the Ruhr.

Three students, (two for the County, and one for the City) commenced the Health Visitors Course with Birmingham Public Health Department, in conjunction with Birmingham University, on 1st September and are well reported on by Tutors. The scheme whereby all the students in the Course get experience of work outside the City of Birmingham has been extended and 8 students each worked in the Stourbridge area for 2 days per week for 8 weeks, the programme being arranged by Dr. S. Walker. The students appreciate the wider field thus open to them.

In the Rural parts of the County about 50 district nurses undertake part time Health Visiting duties; these part-time duties provide the equivalent of 12 whole-time Health Visitors or School Nurses.

MOTHER AND BABY HOMES.

The Worcester Diocesan Moral Welfare Association, in addition to providing a trained staff of outside workers, maintained two Homes for unmarried mothers and their children, the County Council making financial grants in aid of this work.

GREENHILL HOSTEL, KIDDERMINSTER.

As previously mentioned, the general maternity work undertaken during the war ceased in June 1946, the Hostel then reverting to its normal functions as an ante and post-natal Hostel for unmarried girls with nursery accommodation for their babies.

Difficulties at once arose in connection with the staff required to attend the confinements in the Hostel. The number of confinements was relatively small and the midwives engaged would have comparatively little midwifery work; further it would have been difficult and costly to maintain the necessary staff.

The County Council (through the Public Assistance and Administrative Health Committees) undertook to admit patients to their Maternity Homes for the actual period of confinement, and the arrangement appears to be working well.

The premises will accommodate at least twelve ante or post-natal mothers and twenty-four babies. Staff difficulties have I know been acute but progress is being made on sound lines.

ST. CATHERINES, MALVERN LINK.

This Home is provided for post-natal unmarried mothers and their babies; 18 mothers can be accommodated.

The object of the Home is to try to assist girls to retain their babies and re-establish their position in life.

At least a third of the beds are reserved for Worcestershire County Council cases. The after results are so far encouraging due in the main I think to the careful selection of girls admitted and to the enthusiasm, encouragement and understanding displayed by the staff responsible for the management of the Home.

The Association have engaged trained staff who are responsible for the nursery, a very necessary safeguard when dealing with very young children.

This Home has been fully used during the year and although it has only been open for a short period, the difficulties of starting a new venture have been very successfully overcome.

HOME HELPS AND DOMESTIC HELP SCHEME.

Arrangements for the provision of Home Helps in maternity cases have been operative in a small way for several years. I have previously mentioned the hard work put in by Dr. Walker in Stourbridge both in starting and maintaining the service in that area ; a beginning has also been made in Halesowen and Stourport-on-Severn but progress has been slow and difficult.

The Womens Voluntary Service offered to assist ; Mrs. Moore Ede the County Organiser, who has successfully launched a scheme in the City of Worcester, has helped with advice and has attended the initial meetings at several towns in the County where efforts are being made to establish a full Domestic Help Scheme available for emergencies in connection with sickness, confinement or accident in the home.

The Malvern Scheme where the pioneer work was undertaken by Miss Day, has now more home helps than previously existed in the whole of the County. The only requirement is need, save in the case of infectious disease. Ability to pay is settled by a County scale. Extension of the service in Halesowen and Stourbridge to include sickness and accident is being arranged. The possibility of establishing a service in other towns will in due course be explored.

About 20 domestic helps are at present employed.

Details of the present scheme with assessment scale at present in operation are as follows :—

FINANCIAL PROVISIONS

Appointment of Helpers.

- (1) Three types of helpers will be employed :
 - (a) *Whole-time*, with a normal working week of 42 hours.
 - (b) *Regular Part-time*, working less than whole-time, but under a definite contract for a fixed number of hours, usually not less than 12, per week.
 - (c) *Occasional*, who will not be under contract, but will assist when they can. Helpers in this category will not generally be employed for more than a few weeks each year.

Remuneration of Helpers.

- (2) *Whole-time and regular part-time helpers* will be paid 1/6d. per hour. They will be paid a guaranteed wage, according to the number of hours for which they have contracted, whether or not they have worked the full hours, *provided they are always available when required under the terms of their engagement.*
- (3) *Occasional helpers* will be paid 1/8d. per hour for the number of hours actually worked. There will be no guaranteed wage or payment during holiday and sick-leave.
- (4) Wages will be paid one week in arrear.
- (5) National Health Insurance cards must be produced on taking up appointments and appropriate deductions will be made from wages. Helps must also obtain Unemployment Insurance cards where working hours in any week exceed 30.

Leave for whole-time and Regular part-time Helpers.

- (6) Annual holiday will be granted, with pay, at the rate of one week after 6 months service, and 2 weeks after 12 months service.
- (7) The following Bank Holidays will be granted with pay :

Good Friday ; Easter Monday ; Whit Monday ;
August (Monday) ; Xmas Day ; Boxing Day.

Where a help is required to work on a Bank Holiday double-time will be paid for that day.

- (8) Sick-leave will be granted with pay at the following rates :—

After 2 months service	1 month with full pay.
" 4 " "	1 month with full pay and 2 months half pay.
" 12 " "	2 months with full pay and 2 months half pay.

Medical certificates must be produced for absence exceeding 3 days and Statutory N.H.I. benefits will be deducted when full wages are paid.

Travelling Expenses.

- (9) All helpers will be re-imbursed travelling expenses necessarily incurred in carrying out their duties.

Recovery From Householder.

- (10) Where the householder is able, or for any reason wishes, to pay the full cost the charge will be 1/8d. per hour for full-time or part-time help. There will be no enquiry as to means.

- (11) Where the householder's payment is to be assessed, information must be obtained as to the income of the applicant, the number of dependent children, and the cost of rent and rates, to apply the following formula :

	£	s.	d.	£	s.	d.
Gross weekly Income						
<i>Less</i>						
(a) 30/- for husband and wife						
or (b) 18/- for one adult			-			
(c) 12/6 for the first child			-			
(d) 7/6 for each subsequent child			-			
(e) Rent and rates			-			
Net Income			-			
Less one-third			-			
Maximum liability to pay						

Subject to this maximum weekly sum the charge will be at the full rate of 1/8d. per hour. There will be a minimum charge of 5/- per week.

NOTE—

Members of the family, living at home but earning wages, will be entirely excluded in applying the formula.

Miscellaneous Matters.

- (12) Travelling time will be allowed as working time for payment of wages where a helper is required to attend more than one household in the day.
- (13) Notice for termination of appointment will be one week, such notice to be given in writing on the day on which wages are paid.

HOME HELP SERVICE.

- (1) This is an emergency service of domestic help in cases of sickness, confinement, or accident.
- (2) The Home Helps will be local women and although all possible care will be taken to select persons who appear suitable for this kind of work the County Council cannot accept responsibility for the manner in which they carry out their duties.
- (3) The actual amount of the cost to be refunded by each householder will be assessed by the Organiser.
- (4) Payment must not be made direct by the patient to the Home Help.

- (5) If a case of infection has occurred in the household of the Home Help or if she has been in contact with, or is suffering from, any infection she should stop work at once and report to the Organiser and Health Department for instructions. In the case of the attendance of the Home Help at a house where there is a notifiable case of an infectious disease, attendances would be subject to the willingness of the Home Help and the consent of the local Medical Officer of Health.
- (6) The Home Help will attend patients as arranged by the Organiser.
- (7) She will do the ordinary household washing during attendance but will not be expected to undertake arrears of washing. She will also cook for the family and give general supervision of the family including children (if any).
- (8) She will be responsible for keeping the house clean and in good order, but the householder should ensure that it is clean when the Home Help first arrives. She will do the family shopping, if so required.
- (9) It is not the duty of the Home Help to undertake any work which properly belongs to the sphere of the Midwife nor to attend cases of confinement unless a doctor or Midwife is in attendance, in which event she acts under their supervision and direction.
- (10) The Home Help must provide her own food.
- (11) The householder must give 24 hours notice in writing to the Organiser when the Home Help is no longer required.
- (12) The Organiser reserves the right to withdraw the Home Help when the conditions of agreement signed by patient are not fulfilled.
- (13) Existing Home Helps to be given the opportunity of transferring to this new scheme or alternatively to remain employed under the existing contract entered into with the County Council. All new Home Helps should be employed and paid under the new scheme.
- (14) If and when outdoor uniform consisting of overcoat and hat becomes available for the Home Help service, this will be provided on the recommendation of the Organiser concerned on the surrender of the necessary number of clothing coupons. It will not normally be provided until the Home Help has given at least 3 months service and is considered likely to remain a member of the service. The uniform would remain the property of the County Council and be returned upon termination of appointment. Similarly Overalls will be provided on the surrender of the appropriate number of coupons, and will remain the property of the County Council.

VENEREAL DISEASES.

A study of the figures relating to the incidence of Venereal Diseases in 1946 is most disquieting. In 1945 there was a fall in the number of new cases of Syphilis dealt with for the first time, when compared with the previous years. Not only has this improvement failed to continue, but a new high record of cases treated for the first time for both Syphilis and Gonorrhoea has been reached for the year 1946.

A study of Table I. indicates that cases of Syphilis attending hospitals for treatment for the first time in 1946 have increased threefold over the pre-war years ; the cases of Gonorrhoea have doubled.

Some explanation of the worsening of the position in 1946 must be sought ; large scale demobilisation from the Services took place in 1946—may this be a possible explanation ?

Table II. indicates the increase is not confined to a single area ; the combined incidence figures for Syphilis and Gonorrhoea demonstrate that the increase is general throughout the County but particularly in Worcestershire patients attending the Centres at Worcester, Kidderminster and Birmingham. This would appear to indicate some national cause rather than a local one.

Since 1945, the War Office has notified the civil authorities of all service cases under treatment or surveillance for venereal diseases about to be discharged from the Service, in order that they might be advised of the facilities available for continuation of treatment upon return to civil life. The numbers of such notifications received in Worcestershire were :—1945 – 7 : 1946 – 78. This may have some bearing upon the increased figures for 1946 ; these cases would not ordinarily be included under the heading of new cases attending for the first time but the Clinic may not always be aware of the full circumstances.

Enquiries at one Hospital Clinic as to their views on the cause of the increased number of cases at their Centre is of interest :—

1. It was not considered that Service personnel " under treatment or surveillance " would account for the increase. Out of 241 cases under treatment during the year under review 16 were new cases of military personnel actually serving, while the number of cases discharged from the Service during 1946 who still required treatment totalled 57, but none of these are shown as new cases.
2. Infection arising from military personnel on leave from overseas (Germany in particular) was an appreciable factor.
3. The biggest factor was considered to be the increase in the number of persons who know they have run risks attending Centres for " tests " ; this would appear to indicate that general and special propaganda is serving a useful purpose.
4. The appointment of a new and keen V.D. Officer was advanced as possibly having some bearing on the increase in the total number of attendances ; it must however be noted that other Centres where no Staff changes have taken place also experienced the same increase in cases attending.

Deaths from Syphilitic diseases.

No comparison can be made with pre-war figures as the Registrar General's headings were modified in 1940. Deaths notified during the last five years are given but it is difficult to draw any conclusions over such a short period of time :—

1942	1943	1944	1945	1946
11	22	8	11	16

VENEREAL DISEASES. SUMMARY 1946.
TABLE I.

Centre.	No. of cases dealt with for the first time				Total.	Total attendances of all Worcestershire patients	No. of doses
	Syph.	Gon.	Not V.D.	Total.			
WORCESTER -	36	66	249	351	2512	842	
KIDDERMINSTER -	18	46	44	108	1448	721	
BIRMINGHAM -	57	83	253	393	5273	1665	
DUDLEY -	1	9	12	22	299	30	
STOURBRIDGE -	14	22	34	70	1253	304	
TOTALS - 1946 -	126	226	592	944	10785	3562	
1945	88	140	675	903	8601	3171	
1944	93	70	555	718	8640	4454	
1943	114	129	661	899	9422	3639	
1942	94	135	517	746	8390	2299	
1941	58	99	304	462	6899	1866	
1940	55	126	241	422	6603	1587	
1939	33	83	237	353	7829	1712	
1938	48	138	187	373	12352	1704	
1937	48	110	145	304	11219	1896	
1936	47	117	184	348	10661	2042	

VENEREAL DISEASES, 1942-1946

TABLE II.

Centre	Cases dealt with for first time.										Total attendances of all patients					No. of specimens examined				
	Syphilis					Gonorrhoea					1942	1943	1944	1945	1946	1942	1943	1944	1945	1946
	1942	1943	1944	1945	1946	1942	1943	1944	1945	1946										
Worcester	28	31	15	19	36	25	26	15	35	66	1936	2124	1969	1872	2512	862	1008	696	870	2118
Kidderminster	30	28	15	14	18	29	9	8	15	46	690	823	816	773	1448	355	289	245	369	643
Birmingham	27	37	52	39	57	48	71	28	67	83	3259	4605	4332	4523	5273	1275	1896	1563	1447	1609
Dudley -	2	1	4	4	1	8	5	7	7	9	328	315	365	415	299	51	74	107	125	120
Stourbridge	7	17	7	12	14	25	18	12	16	22	2177	1555	1158	1018	1253	385	349	268	360	270
Totals	94	114	93	88	126	135	129	70	140	226	8390	9422	8640	8601	10785	2928	3616	2879	3171	4760

Regulation 33B.

The number of notifications received in 1946 fell to 12; they were all single notifications.

Nine only could be traced, six of the suspects attending subsequently for examination and treatment, if necessary.

The above rather disappointing figures indicate that the range of action possible by the Authority is restricted, particularly in dealing with single notifications, but I hope there will continue to be some similar or even stronger legal provision made for dealing with the really bad cases, examples of which have been met in this County in previous years.

Cleveland House Hostel, Wolverhampton.

A few cases used to be sent from the County to this Hostel, but information was received that the Home is temporarily closed owing to the decreased numbers of patients and lack of staff.

General.

I am of opinion that the present incidence of venereal disease is definitely a black spot in the present health records for the County. The increased incidence is probably connected with demobilisation of men from the Services. Further efforts in the form of propaganda are called for, a careful watch on records of future cases is needed, and such action as may be possible taken to follow up known carriers of the disease.

TUBERCULOSIS AND ORTHOPAEDIC TREATMENT.

The report of Dr. R. B. Mayfield (Chief Clinical Tuberculosis Officer) is included as Appendix 'A' to this report.

Non-pulmonary tuberculosis.

Dr. Mayfield draws attention to the small increase in non-pulmonary tuberculosis, particularly females, which, on account of the small figures, may be accidental and of no special significance. A proportion of the notifications and deaths from non-pulmonary tuberculosis arise from milk infected with the organism of bovine tuberculosis. It is of interest, but I would emphasise, as he does, that the figures are small and deductions must be guarded. The notification rate of non-pulmonary tuberculosis in the Rural Districts is twice that in the Urban Districts; this comparison holds good with bones and joints and also glandular infections, but there is no significant difference in the figures for abdominal disease. The fact that pasteurised milk is generally available in towns and to a much lesser extent in Rural Districts is significant. There is, I think, every reason to stress the danger of infected milk and to recognise that pasteurisation provides the only practical safeguard against much preventable crippling, ill-health, and even deaths, which occur each year. Fortunately the facilities for in-patient treatment of non-pulmonary tuberculosis are generally available without long waiting periods. The Woodlands and Forelands Hospitals, of the Birmingham Royal Cripples Hospital, admit most of the long stay cases.

To avoid duplication, the particulars given later refer to all forms of Orthopaedic defects and to all ages. Additional Orthopaedic facilities have been made at the Kidderminster and District General Hospital, the Hospital, the County Council and the Birmingham Royal Cripples Hospital agreeing conjointly to provide the arrangements. Mr. T. S. Donovan, F.R.C.S., has been appointed Visiting Consultant ; he is on the staff of both the Royal Cripples Hospital and the Kidderminster and District General Hospital. The new arrangement commenced on 5th February 1946 and is proving most satisfactory. Many cases have been saved long journeys to the Birmingham Out-patients Department. Short stay cases can be dealt with at Kidderminster and the link with the long stay Hospital at "The Woodlands," Birmingham, is most valuable.

ORTHOPAEDIC TREATMENT OF CRIPPLES.

In-Patient Treatment.

The following Table shows the number of Orthopaedic cases treated under the Scheme as in-patients in Hospitals :—

Hospital.	Tuberculous crippling defects.			Crippling defects (other than T.B.)		Total.
	Adults.	School children.	Infants	School children.	Infants	
Birmingham Royal Cripples Hospital	19	12	6	31	17	85
Worcester Royal Infirmary	*4	1	—	1	5	11
Worcester, Newtown Hospital	*4	2	—	—	—	6
Shropshire Orthopaedic Hospital	1	1	—	—	—	2
	28—4.	16	6	32	22	104

* Duplicate entry. Same four cases.

The four adult cases of Tuberculosis treated in the Worcester Royal Infirmary were subsequently transferred to the Newtown Hospital.

The 46 cases of tuberculous crippling defects were :—

Spine cases	—	—	—	—	22
Other Bone and Joint lesions	—	—	—	—	24

OUT-PATIENT TREATMENT.

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

1946.

Out-patient 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 -	223	511	72	266	17	32
Redditch -	78	208	46	226	1	4
Worcester -	65	118	38	98	15	42
Broad St., Birmingham -	35	679	30	173	29	103
Kidderminster -	173	488	11	38	3	10

Appliances.

The following is a list of the appliances supplied through the various Clinics :

Surgical boots	-	-	-	-	21
Supports	-	-	-	-	13
Calipers	-	-	-	-	10
Irons	-	-	-	-	56
Splints	-	-	-	-	14
T. Braces	-	-	-	-	3
Collars	-	-	-	-	5
Plasters	-	-	-	-	21
Repairs to Supports	-	-	-	-	5
Alterations and repairs to boots	-	-	-	-	92

(a) Stourbridge.

The attendances at this Clinic have been well maintained. The Surgeon, Mr. F. G. Allan, F.R.C.S. attends once per month.

Stourbridge Massage Clinic.

There were 2,162 attendances at this Clinic during 1946 ; 1939 were attendances of 72 school children, 169 attendances of 5 infants and 54 attendances of 2 tubercular cases. The arrangements by which the Sister in charge of the Massage Clinic, which is open daily, attends when her cases are seen by the Surgeon has been continued.

(b) Redditch.

The attendances at this Clinic have been well maintained. The Surgeon, Mr. F. G. Allan, F.R.C.S., attends bi-monthly.

(c) Worcester.

The arrangements at this Clinic work very satisfactorily. Miss O. M. Woods, the Orthopaedic Sister, attends weekly and the attendances have been well maintained.

The Surgeon, Mr. N. Duggan, F.R.C.S., attends weekly.

Postural Classes in Schools.

These have been continued in the South of the County, by Miss Woods and an Assistant.

Similar work in the North of the County has been carried out by a qualified Educational Gymnast appointed by the Birmingham Royal Cripples Hospital but she resigned her appointment in April 1947 and at the moment a successor has not been appointed.

During 1945 and 1946 the usual Orthopaedic aftercare arrangements were continued. The standard was not so satisfactory as in 1939 owing to conflicting demands in connection with war work. The Orthopaedic Surgeons were forced to restrict their other activities such as attendance at after-care Clinics and it has not yet been possible to revert to the pre war arrangements.

Miss Woods, who is the County Orthopaedic Nurse, has found difficulty in obtaining fully trained assistants. In country areas it is particularly valuable to have officers who are now termed Orthopaedic Physiotherapists. These orthopaedic sisters were in the first instance products of the Oswestry Orthopaedic Hospital but whether or not in the future it will be possible to combine in the one person the Orthopaedic trained nurse who is also a trained physiotherapist seems doubtful. What is clear at the moment is that the demand exceeds the supply and there is little hope of filling the vacant appointments with persons possessing the double qualification.

Child Life Protection.

The number of children under supervision on the 31st December 1946 was 49 in the care of 45 registered foster mothers. There was one death of a foster child during 1946. The number of first visits was 32 and the number of quarterly supervision reports was 197.

The number of children in Preparatory Schools and Voluntary Homes, in respect of which certificates of exemption from visiting were in force, was 207.

Special Investigations.

It was reported that a house in the County was being used as a Residential School for difficult children some of whom were under 9 years of age. As a result of the reports obtained from visits of inspection the County Council took up the matter with the Ministry of Education. This school has now closed.

Foster Mothers.

There is still a shortage of suitable persons who are willing to take an infant or young child into their home. The mother is at present responsible for placing and payment after approval of the home by a Child Life Protection Officer. The fact that payments are often intermittent and in some cases, cease altogether, is no doubt a deterrent to people who might otherwise take on this very responsible and valuable work.

If the County Council were to take over the responsibility for placing and payment and recover the cost from the mother it would probably give encouragement to a better type of foster mother and a more stable background for the child.

The Adoption of Children (Regulation) Act, 1939.

Only one person gave notice under Section 7 (3) : at the end of the year there were two children under supervision who had been notified under this Section.

Close co-operation has continued between the Secretary of the Diocesan Moral Welfare Association (Miss Marshall) the Superintendent Health Visitor, the Senior Health Visitor, the Senior Boarding-Out and Welfare Officer and all the Health Visitors and District Nurses in the County.

Each case placed for adoption by the Diocesan Moral Welfare Association is notified to the Public Health Department and is visited by the Child Life Protection Officer for the area.

Voluntary adoption societies invariably ask for a report on a home before a child is placed and visiting by a Child Life Protection Officer continues until legal adoption is complete, when the child comes under normal maternity and child welfare care. Information as to the particular child and proposed adopters is supplied to the Director of Education in his capacity as Guardian ad litem.

There is still a good deal of ignorance about the necessity for notification to the County Council in these cases. Vigilance on the part of Child Life Protection Officers and the close co-operation mentioned above helps to prevent unsuitable placing but there is no doubt that legislation relating to placing by an intervening third party could, with advantage, be revised.

Direct placing by the mother without notification is still legal and since the welfare of the child is often a very secondary consideration, is to be greatly deplored.

BOARDING OUT.

Miss M. E. Denham the Senior Boarding out and Welfare Officer has been responsible for the work, which has progressed smoothly and well. She has given the following report :

The Boarding-Out Scheme as outlined in last year's Report has been put into operation and the closest co-operation between the various departments concerned has been maintained.

On the 1st January 1946 six children had been already boarded-out, in February eight children were taken over from the Public Assistance Committee for supervision and a further twenty-three children were placed in foster homes during the year making a total of 37 in all. This included several children who were supervised for other Local Authorities.

Fortunately it has been possible to find a number of good homes where children are really wanted. The majority of the children have settled down well and have become members of the families; this is particularly the case where the children were under about 7 years of age, the older children taking longer to adjust themselves to their new environment. The development in some of the boarded-out children has been quite remarkable and they have responded well to the stimulus of their new surroundings.

During the year two boys have been adopted by their foster parents and one girl left school but she is still living with her foster parents and working in the village. Two children only have had to be removed from their foster homes, one as she proved to be very backward and it was felt that she would be better in a special school and the second child as the home became unsatisfactory. She has since been ill and is now in Hospital under observation.

In February the After-Care of Children who had left the Cottage Homes was taken over and in May the placing of the Cottage Homes children in employment was also undertaken. This work covered some 36 cases and has involved a considerable amount of work as much more than the statutory three monthly visits have been required. A number of young people have changed their employment during the year,—the main difficulties have been the finding of suitable lodgings and the fact that a number of these young people are of rather poor mentality. Some, however, have proved unsuitable for ordinary situations and have been placed, where possible, in training homes of various kinds, but some have had, for the time being, to be left in the Institutions of the Council.

A summer camp was held at Abergele for the children from the Cottage Homes and for some of those who have left the Homes and are working. I attended this camp and found it of the greatest assistance as it enabled me to make much closer contact with both the staff and children.

In addition to the forementioned I have dealt with quite a number of miscellaneous cases which included the after-care of some twelve ex-evacuees who have been left in the County, the after-care of a number of girls coming under the Children and Young Persons Act, 1933 on behalf of the Education Committee and the visiting of women notified under Regulation 33b.

WELFARE OF THE BLIND.

There has been no alteration in the general arrangements for the Welfare of the Blind which have been outlined in previous Reports.

The total number of blind persons on the Register on the 31st March 1946 was 441, of whom 225 were males and 216 females. The number over 50 years of age was 349 and only 15 were under the age of 16 years, there being none under the age of one year. The number of blind persons employed was 57 of whom 11 were in Workshops for the Blind and 18 in the Home Workers Scheme. The number of blind persons employed in sighted industry was 3 compared with 5 in 1945.

A new scale of payments to Workshop Employees in the Birmingham workshops (Grade V of the West Midlands J.I.C. Scale viz. £4 10s. 8d. for men and £3 8s. 0d. for women) was adopted as from the 1st April 1946 resulting in an increased expenditure of approximately £540 per annum. Subsequently the same scale was adopted in respect of the Stourbridge Workshops with effect from the 1st September 1946 the increased expenditure in this instance being approximately £230 per annum. Later in the year in consequence of the decision of the West Midlands J.I.C. the scale of payments to Workshop Employees was further increased by 6/- per week.

New scales of augmentation and allowances to come into force on the 1st April 1947 and involving an additional annual expenditure of approximately £450 were approved for Home Workers and it was also agreed that Home Workers should have two weeks holiday each year with pay.

As a result of the passing of the National Insurance Act 1946 the amount of contributory and non-contributory Old Age Pensions was substantially increased. This meant that the allowances payable by the County Council to the unemployable blind were considerably reduced. This reduction is however likely to be of temporary character only as a conference was held in October of representatives of the Herefordshire, Shropshire, Warwickshire and Worcestershire County Councils at which recommendations were made with regard to an increase in the scale of allowances to unemployable blind persons to come into operation on the 1st April 1947. Under these recommendations a single blind person will have his income made up to 30/- and a blind man with a sighted wife will have his income made up to 50/-. Where both man and wife are blind the income will be made up to 60/-.

VACCINATION.

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

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 1945.

Of the 5868 children reported by the several Vaccination Officers in the Administrative County as having their births registered during the year 1945, 2604 (44.37%) were successfully vaccinated, while certificates of conscientious objection to vaccination were received in respect of 2269 (38.49%). Of the remaining 995 children, 184 (3.12%) died unvaccinated; 26 (.44%) had their vaccination postponed by Medical certificate; 14 (.24%) were certified to be insusceptible to vaccination; leaving 771 (13.14%) as "removed," "not found," or otherwise unaccounted for as regards vaccination.

Year.	Births		Vaccinated		Objections		Died un-		Vaccination		Insus-	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1929	4752	1889	38.8	2459	57.1	253	4.9	38	0.8	9	0.2	
1930	4667	1943	41.6	2403	51.5	184	3.9	17	0.4	8	0.2	
1931	4665	1898	40.7	2364	50.7	225	4.8	30	0.6	19	0.5	
1932	4251	1717	40.4	2225	52.3	183	4.3	24	0.6	19	0.5	
1933	4178	1660	39.7	2171	52.0	192	4.6	17	0.4	9	0.2	
1934	4363	1649	37.8	2427	55.6	150	3.5	18	0.4	13	0.3	
1935	4488	1653	36.8	2500	55.7	178	4.0	29	0.7	10	0.2	
1936	4789	1701	35.6	2714	56.7	174	3.6	22	0.4	9	0.2	
1937	4732	1662	35.1	2648	55.9	167	3.6	37	0.8	5	0.1	
1938	4837	1684	34.8	2725	56.3	173	3.6	32	0.6	10	0.2	
1939	5247	1891	36.0	2796	53.3	176	3.3	24	0.4	11	0.2	
1940	4737*	1746	36.9	2253	47.6	199	4.0	26	0.6	22	0.5	
1941	5951	2540	42.7	2363	39.7	247	4.2	45	0.8	36	0.6	
1942	6099	2809	46.1	2375	39.0	188	3.1	30	0.5	49	0.8	
1943	6121	2704	44.0	2384	39.0	151	2.5	27	0.4	33	0.5	
1944	6859	3090	45.1	2616	38.1	226	3.3	20	0.3	13	0.2	
1945	5868	2604	44.4	2269	38.5	184	3.1	26	0.4	14	0.2	

*The Births registered in the No. 3 District (Bromsgrove) were not included in this figure as all the records had been destroyed.

The number of persons successfully vaccinated and revaccinated at the cost of the rates during the year ended 30th September 1946, 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	Total
2106	183	2289	88

Prevalence of, and control over, Infectious Diseases.

The details for 1946 are set out in Table II.

TABLE 2.

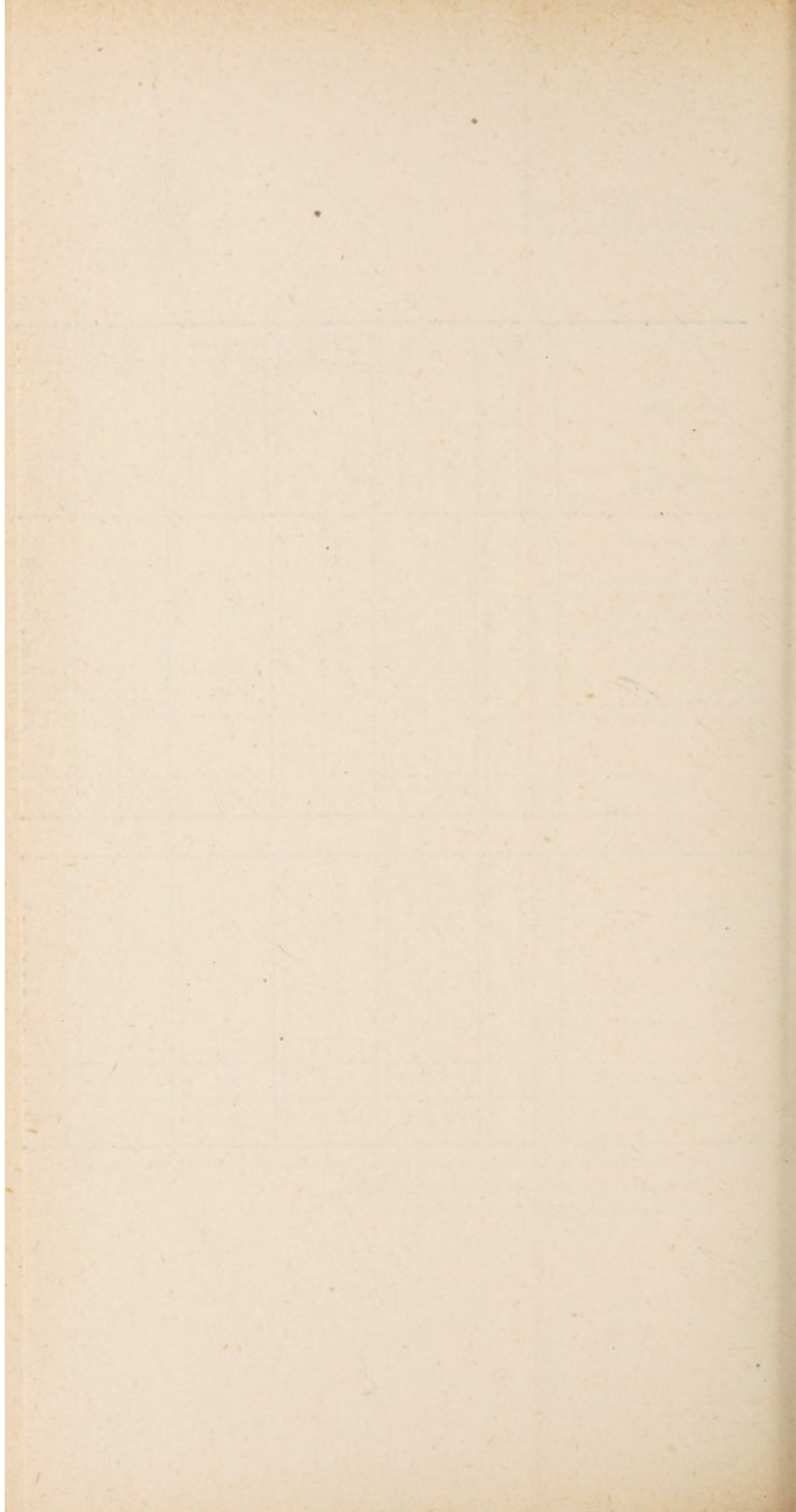
34A

District.	Cerebro Spinal Fever.		Scarlet Fever.		Diphtheria and Membranous Croup.		Enteric Fever.		Puerperal Pyrexia.		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Ophthalmia Neonatorum.		Acute Poliomyelitis & Polio Encephalitis.		Pneumonia.		Encephalitis Lethargica.		Measles.		Whooping Cough.		Dysentery.		Malaria.		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (b)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (a)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	
Urban																															
Bewdley Borough			8		2				2		3	5	1						20	5					33						
Bromsgrove	2		45	8	2				12		26	8	5	2	3				5	7			10		22		14				
Droitwich Borough		1			2				12		6	3	1		1				2	2			6		4						
Evesham Borough			1								11	6	3	1					6	2			3		30						
Halesowen Borough	3	1	36		33	1	3		3		25	19	5					17	15			23		163	2	9					
Kidderminster Borough			16		10	1			8		30	20	4	3	2				3	9		1	5		169	1	1				
Malvern	5		28		14				1		23	7	5	5					79	8		1	152		28		91				
Oldbury Borough	1		118		40	4	3		2		82	38	8	5	3				46	18	1	1	320		137	1	2				
Redditch	1		41		4				5		23	9	2	3	1				5	14			4		7						
Stourbridge Borough			29		21	1			18	1	32	11	5	7					3	11		1	107		80	1					
Stourport-on-Severn			3		2				8		4	12			12				4	7			7		17		1				
Totals -	12	2	329	-	136	7	8	-	51	1	265	128	39	26	18	-	1	-	190	98	1	5	637	-	630	5	118	-	1	-	
Rural																															
Bromsgrove	1		26		2		1				24	7	6	1				18	15		1	29		124		1					
Droitwich			19		5				1		9	6	6	3			2		2	3			24		21						
Evesham	2		7		3				1		12	3	2	3				8	4					8							
Kidderminster			15		1				1		4	1	6	2	1			12	4					21							
Martley			8		4				5		10	6	8	1	1			25	3			50		19				1			
Perthore			2		4	1					19	4	4	2				1	12			4									
Tenbury					1				1		4	1	3					1				4	1	2							
Upton-on-Severn	3		42								15	2	-					13	5			48		16		3					
Totals -	6	-	119	-	20	1	1	-	9	-	97	30	35	12	2	-	2	-	80	46	-	1	159	1	211	-	4	-	1	-	
Grand Totals	18	2	448	-	156	8	9	-	60	1	362	158	74	38	20	-	3	-	270	144	1	6	796	1	841	5	122	-	2	-	

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

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

These figures exclude Non Civilians.



Smallpox—No cases were notified in 1946.

Scarlet Fever. There was no large epidemic ; the 448 cases were spread well over the whole County. The type was again mild, no deaths occurring. This is a continuation of the trend experienced over a period of years, in which the type of disease is subject to variation, fortunately at present in the favourable direction toward a less virulent type. The desirability of a careful selection of the cases to be sent to hospital, an arrangement already operating in a number of districts, is stressed.

Diphtheria. Immunisation provides the long sought answer to the control over this disease. There were eight deaths during 1946 ; this is the first occasion when the deaths have been reduced to a single figure, but more can still be done and should be done.

I set out below the deaths occurring during the period 1935-46 :—

1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
57	27	23	22	25	16	18	14	10	18	16	8

Immunisation is provided without cost to the parent, yet the number of children still unprotected is considerable. Whilst the evidence of the usefulness of this simple inoculation is overwhelming, further steps, by information and persuasion, are called for as will be apparent from the following details of the number of children in the County who had completed a full course of immunisation at any time up to the 31st December, 1946, which are taken from the Annual Returns submitted to the Ministry of Health by the Medical Officers of the County Districts. The estimated mid-1946 child population is also given :—

District.	Number of Children who had completed a full course of Immunisation at any time up to the 31st December, 1946.					Estimated mid-year population 1946.		
	0—5	5—10	10—15	Total under 15	0—5	5—15	Total.	
<i>Boroughs.</i>								
Bewdley —	367	375	353	1095	415	670	1085	
Droitwich —	203	265	257	725	480	760	1240	
Evesham —	385	620	255	1260	1010	1570	2580	
Halesowen —	1997	2483	2362	6842	3350	5340	8690	
Kidderminster —	489	111	Nil.	600	3090	4760	7850	
Oldbury —	1984	2820	3093	7897	4870	8100	12970	
Stourbridge —	1353	1900	1938	5191	2780	4820	7600	
<i>Urban Districts.</i>								
Bromsgrove —	879	1458	1185	3522	2380	3680	6060	
Malvern —	511	732	899	2142	1310	2280	3590	
Redditch —	1425	1603	1267	4295	2460	3330	5790	
Stourport-on-Severn —	484	557	528	1569	835	1300	2135	
	10077	(25061)		35138	22980	36610	59590	

District	Number of Children who had completed a full course of Immunisation at any time up to 31st December, 1946.				Estimated mid-year population 1946.	
	0—5	5—10	10—15	Total under 15	0—5	5—15
<i>Rural Districts.</i>						
Bromsgrove	681	954	1133	2768	2180	3690
Droitwich	474	694	671	1839	950	1650
Evesham	400	619	378	1397	1240	2100
Kidderminster	294	345	228	867	780	1310
Martley	458	(1150)		1608	935	1680
Pershore	595	810	907	2312	1220	2140
*Tenbury	80	7	3	90	450	780
Upton-on-Severn	489	591	671	1751	935	1670
TOTALS	3471	9161		12632	8690	15020
Boroughs and Urban Districts	10077	25061		35138	22980	36610
GRAND TOTAL	13548	(34222)		47770	31670	51630
						83300

* The figures for the Tenbury Rural District are in respect of immunisations carried out during the year 1946 only.

Enteric Fevers (Typhoid Groups). There were 9 cases notified in 1946 with no deaths. These cases do not call for particular comment.

Measles. There were 796 cases during 1946, with one death. The average annual number of deaths for the period 1916-1935 was 25. The figures for deaths for the last 10 years are :—

1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
10	3	1	1	14	3	4	1	10	1

In Worcestershire, as in the rest of the country, the severity of the type of the disease would appear to be decreasing ; selective isolation and treatment in hospital is, however, required for a small percentage of cases if the best possible results are to be obtained. The incidence was most marked in Oldbury Borough and Malvern Urban District.

Whooping Cough. Bromsgrove Rural District, Halesowen Borough and Kidderminster Borough had a relatively high incidence in a fairly well distributed outbreak with 841 cases spread over the whole County. There were 5 deaths.

The deaths occurring each year during the last 10 years are as under :—

1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
14	5	9	8	15	1	13	3	5	5

I have set out these figures relating to measles and whooping cough to stress the fact that these two infectious diseases at present constitute a greater danger to young children than does, say, scarlet fever, in its present mild form. There can be little justification for hospitalisation of scarlet fever, save for the exceptional clinical case or particular environmental conditions existing in the home. Cases of measles and whooping cough are often refused by the smaller isolation hospitals whilst scarlet fever cases are accepted as an ordinary procedure arising from custom and the policy of the past years. What is obviously the general need is cubicle or small ward accommodation for selected cases of any type of infectious disease where the exceptional circumstances and not the name of the disease governs admission to hospital.

Dysentery.

There were 122 notifications with no deaths ; 91 cases occurred in Malvern. The circumstances were in no sense alarming. The microscope has made the diagnosis possible, but the particular organism in question usually causes brief and slight symptoms and little anxiety. In a town with a large school population it is obviously of first rate importance that such outbreaks should be dealt with with thoroughness as was done on this occasion, but it is well to realise that in many areas these mild forms of dysentery, which bear little relation to the severe types which previously constituted the bulk of notifications, are consequently undetected or not notified because no doctor is called in.

*Wartime Nurseries.**Day Nurseries.*

On the 1st April, 1946, four nurseries :—

Halesowen, Tenter Street,
Hill and Cakemore,
Redditch, Beoley Road, and
Redditch, Evesham Street

were transferred to the Local Education Authority and were continued as nursery schools taking children from 2 to 5 years of age.

The other three day nurseries :—

Stourbridge,
Bromsgrove, and
Redditch, Church Green

were retained as a Maternity and Child Welfare provision.

Stourbridge and Bromsgrove each provide accommodation for 40 children between the ages of 0—5, while Redditch takes 30 babies from 0—2 years.

Medical Arrangements.

Each of these nurseries (both nursery schools and the maternity provision) is supervised by the local Assistant County Medical Officer who visits regularly, examines the children, arranges for diphtheria immunisation, and generally keeps an eye on the health of the children.

Staff.

The staff usually consists of a Matron, deputy Matron or staff nurse, two nursery nurses and four or five students, with domestic staff.

It has been possible to keep a fairly adequate staff at each nursery, but difficulty was experienced at Bromsgrove owing to resignations and sickness.

Attendances.

The attendances at each nursery are set out below :—

		<i>Accommo- dation.</i>	<i>Total Attendances.</i>	<i>Days Open.</i>	<i>Average daily attendance.</i>
Bromsgrove	—	40	7104	286	25
Redditch	—	30	6578	273	24
Stourbridge	—	40	6648	242	27

There is a waiting list at all three nurseries; preferential admission is given to the children of unmarried mothers who are working and to special circumstance cases such as illness or engagement in work of national importance.

Infectious diseases.

Cases of chickenpox, measles and whooping cough occurred at each nursery during the year, but in only one instance was closure necessary—at Stourbridge, for chickenpox.

On health grounds, very young children are better off at home providing the circumstances there are reasonably good; as this is not the case in many instances, the nursery provision is justified as a short term policy.

Buildings and Equipment.

The Hut at Bromsgrove has been purchased by the Council and leases of the premises at Stourbridge and Redditch have been obtained. All available nursery equipment has been purchased from the Ministry of Health. Any surplus not actually in use is stored at Tolladine Hospital and used for replacement at nurseries or for other County Council purposes.

Training of Staff.

The training of the students is an important part of the working of the nurseries. During the war, with one exception, all the County nurseries were approved for training and affiliated to the National Society of Children's Nurseries. Candidates were prepared by the Matrons and lectures, etc., were arranged in accordance with the syllabus laid down.

During the years 1943-6, 20 candidates were successful in obtaining their Diplomas.

Since the war, a National Nursery Examination Board has been established, and a syllabus issued giving details of the training required. Unfortunately it has not been possible to make complete arrangements for this training owing to lack of teaching staff. It is essential that this training should be provided if young girls are to be encouraged to take up nursery work. The training provides a useful and interesting permanent occupation, or it may fill the gap between school and the commencement of training at Hospital for general nursing. Even if marriage interferes with the above mentioned careers, practical training in mothercraft for the mothers of children will in no sense be a wasted effort.

Contributions by parents.

Up to 12th August, 1946 the contribution fixed by the Ministry, *i.e.* 1/- per day was continued. After that date contributions were assessed in accordance with the scale laid down by the Committee.

A full year's working is not yet available, but the following figures show the income received towards the cost of the nurseries.

	<i>Year ended</i> 31.3.46.	<i>Year ended</i> 31.3.47. = (8 months of new fees).
Bromsgrove	... 349 14 0	437 16 3
Redditch ...	... 336 16 6	468 3 0
Stourbridge	... 311 8 0	480 11 10

Payment for Worcestershire children attending Day Nurseries in Birmingham.

During 1946 the Council was approached by the Birmingham Authority for payment for Worcestershire children living in the north of the County who attended Birmingham day nurseries. The Committee agreed to this payment and a sum of £1,272 was incurred. The nurseries were subsequently closed or transferred to the Education Authority and the expenditure ended in 1947. In the same way responsibility was accepted for certain Worcestershire children who were accommodated in Birmingham residential nurseries or admitted by arrangement, as when Evesham Residential Nursery was closed no other accommodation was available.

Hop Pickers Accommodation.

In my Annual Report for 1945 I dealt with this matter at some length and mentioned certain outstanding problems, and the necessity for the early revision of the existing bye-laws.

Last year the County was fortunate in getting through the season with nothing happening of a serious nature to the health of the pickers. I use the word "fortunate" because the weather during the picking season was probably the worst that can be remembered by growers and others for very many years. The Teme valley was flooded during the picking season and one Barracks situated on the bank of the River, where a considerable number of pickers were accommodated, was completely surrounded by water several feet deep, the pickers being marooned. Part of the embankment immediately adjoining the quarters was washed away and although the position at one time looked serious, the police, with the aid of the military rescued everyone without accident.

During the season visits were paid by a Medical Officer of the Ministry of Health and by the County Sanitary Officer. In a subsequent report received from the Ministry attention was called to several irregularities and to the non-observance of the bye-laws in one or two instances.

In the Martley Rural District, new barracks have been constructed by several growers ; in one case on a large scale.

MILK SUPPLY.

The appointed day for the transfer to the Ministry of Agriculture and Fisheries of certain functions of District Councils in relation to the conditions under which milk is produced at the farm, and of the County Council under the Milk (Special Designations) Regulations, has still not been fixed.

As stated in my last Report, the present position is one of uncertainty, confusion and overlapping. The District Councils, having been told that their responsibilities at the farm are to cease, have, in some instances, not unnaturally, slackened their interest in farm inspection work.

From the point of view of efficient administration, it is essential that the whole matter should be settled on some uniform basis. It is not an uncommon experience for officials of the various authorities, some statutorily responsible, others advisory, to be sampling at the same dairy farm, and as one irate milk producer told the County Sanitary Officer, it would soon require the product of one cow to keep these sampling officers going.

There is a very interesting change taking place in the method of milk production, not only in Worcestershire, but throughout the country as a whole, by the introduction of the "walk-through" or "milking parlour" system.

There has always existed a conflict of opinion between the owner of the orthodox cowshed (where milking is carried out in the same building as animals are housed, and where the farmer, quite naturally, is desirous of obtaining comfortable quarters for his cattle), and the demands of the health officer for the highest possible standard of cleanliness. Unfortunately, the two interests do not always coincide.

To meet these two conflicting standards the milking house system has been evolved. The cows are admitted in batches into a special milking house where they are cleansed and milked. In most instances this system is associated with mechanical milking, often of the releaser type, by which arrangement the milk is automatically conveyed to the dairy, which for convenience, should be built alongside the milking house. The system is a development of and an improvement on the mobile Hosier Bail system which latter arrangement has not proved too successful in Worcestershire, owing to the unsuitability of much of the land where dairy farming is carried on.

Although no progress has so far been made in the scheduling of areas in which all milk must be subjected to pasteurisation or other forms of heat treatment, there can be no doubt that the object in view is already generally operative in the larger towns.

The County Council has continued to take regular samples for the Ministry of Food, from Milk Depots licensed by the Ministry for the heat treatment of milk. To avoid overlapping, in a number of instances where these Depots are licensed by the Local Authority for pasteurised milk, the samples are collected for the County Council.

The following table shows the number of samples collected during the year by or on behalf of the County Council, as the Food and Drugs Authority, for the Ministry of Food, under Defence Regulation No. 55 G.

No. of Samples during 1946 under Defence Regulation 55G.

	PASS		FAIL	
	M.B.	Phos. Test	M.B.	Phos. Test
Pasteurised —	135	133	—	2
Heat Treated —	17	13	—	4
Sterilized —	45	45	—	—

The Milk (Special Designations) Regulations.

The total number of licences operative at the end of 1946 were :—

Tuberculin Tested.

Production and Bottling	...	20	
Production	...	90	
		—	110

Accredited

Production and Bottling	...	25	
Production	...	160	
		—	185
			295

Whilst the total number of licences has remained about the same as last year there has been an increase in Tuberculin Tested Licences from 91 to 110.

During the year 3 Accredited licences were suspended by the County Council.

The following table shows the number of licences in force at the end of each of the past five years. The significance of the figures is the growth of the Tuberculin Tested Licences from 33 to 110.

According to information available there were, near the end of the year, 1630 milk producers in the County, holding contracts with the Milk Marketing Board. Of these 110 were licensed by the County Council for the production of Tuberculin Tested Milk. This figure is approximately 7 per cent. of the whole, but as Tuberculin Tested herds are somewhat larger than the average herd, a fairer estimate of the milk produced in the County would be 10 per cent.

Number of Milk licences in force.

Type of Milk.	31.12. 1942	31.12. 1943	31.12. 1944	31.12. 1945	31.12. 1946
Accredited —	236	210	209	193	185
Tuberculin Tested —	33	41	72	91	110
Totals —	269	251	281	284	295

Samples.

The following table shows the number of samples of designated milk examined during the year.

Grade of Milk.	Total No. of Samples	Result of Examination.				
		Pass	Fail	Failures due to		
				Methy. Blue only.	Coli only.	Both
Tuberculin Tested —	493	469	24	—	—	24
Accredited —	822	732	90	7	—	83
TOTAL —	1315	1201	114	7	—	107

The above figures show that 4.8% of the Tuberculin Tested Milk samples, and 10.9% of the Accredited milk samples did not reach the standard of cleanliness required by the Regulations.

The percentage of failures is reasonably low, but it must be remembered that the cold wet summer of 1946 may have had something to do with the results. It is when the temperature gets in the 80's that the failures increase rapidly.

The following table shows the number of samples of Pasteurized and Heated Treated milk examined from all sources in the County during 1946.

Type of Milk.	Total No. of Samples.	No. Satisfactory.	No. Unsatisfactory.
Pasteurized —	298	287	11
Heat-Treated —	61	53	8
Sterilized —	69	69	—
TOTALS —	428	409	19

During the year 136 samples of all grades were submitted to the biological test, two being positive.

The Milk in Schools Scheme.

The scheme has been maintained throughout the County. The difficulties have not been so formidable as during the war years, but there are still a few schools where it has not been possible to obtain a supply.

During the year, with the co-operation of the Area Milk Officer of the Ministry of Food, more and more schools have changed to supplies of pasteurized milk. In the case of Urban Schools, this is possible without much difficulty, but frequently in the rural areas this grade of milk is not available.

All school supplies are periodically sampled, the samples being taken at the school; biological tests are carried out twice a year.

I hope that some day it will be possible to provide a different shape bottle from the type now in common use. School milk bottles, and indeed the majority of milk bottles, are closed with cardboard discs which do not completely cover the whole neck of the bottle and the recess between the disc and the inside of the neck of the bottle is the unsatisfactory feature. The best type of bottle cap is the metal one which overlaps the lip of the bottle.

The following table shows the grade of milk supplied to schools under the scheme :—

Grade.	Per cent.
Pasteurized Milk... ..	83
Tuberculin Tested Milk	10
Accredited Milk	3.5
Undesignated	3.5

Rural Water Supplies and Sewerage Act, 1944.

This is rather a disappointing section of the report to write. Everyone had hoped that some progress would by now have been made in carrying out schemes under the Act, especially in the areas where the water supply is entirely unsatisfactory. There can be little doubt that it will be a long time before piped water supplies for rural parishes are generally available, but most of the rural districts in the County have now reached the stage where outline schemes have been prepared. In one or two instances proposals have been submitted to the Ministry of Health, but more generally detailed plans are still in process of preparation.

Consultations have been held between the Sub-Committee of the County Public Health and Housing Committee and the representatives of the rural district councils, and between the Consulting Engineer engaged by the County Council and those employed by the district councils.

Next year it may be possible to give more information but the indications are that only the very urgent schemes will be allowed to proceed.

Rivers Pollution Prevention.

Efforts to prevent pollution of rivers and streams have continued throughout the year; the County Sanitary Officer (Mr. Owen) has made every possible effort to control existing sources of pollution and to prevent new ones from arising.

Public attention is being focussed more and more on the pollution of our streams.

It is, however, doubtful whether any material progress will be made in connection with the prevention of river pollution until the defects in the existing law are remedied. No proceedings can at present be taken in respect of manufacturing and mining pollutions unless the consent of the Minister of Health is obtained. Whilst the protection of the trade of the country is a matter of paramount importance, the necessity of having to obtain the prior consent of the Minister has certainly resulted in a complete absence of progress in dealing with this class of pollution.

It would be of considerable advantage if a rivers authority were vested with the same powers as a local authority under the Public Health Act, 1936, either by making it an authority under that Act or by re-enacting such provisions under the Rivers Pollution Prevention Act.

It seems reasonable, also, that a rivers authority should be given notice of the establishment of any new works involving the discharge of a trade waste into a watercourse or of any change in trade effluents.

The Sugar Beet Factory at Kidderminster experienced trouble during the season, due it is understood to a breakdown of the settlement lagoons. The Factory management attributed the failure to the considerable overloading of the plant and to the large quantity of soil adhering to the beets on arrival at the Factory. The matter is still under the consideration of the Public Health and Housing Committee.

The pollution of a tributary of the Carrant Brook by the "effluent" coming from a canning factory in Gloucestershire is still awaiting solution. The pollution, however, is not now so bad as when the factory was engaged during the war in canning potatoes; the waste from this process is particularly polluting and difficult to treat.

The River Arrow, below Redditch, is not in a satisfactory condition. The opening of the new sewage disposal works has not so far resulted in the improvement of the River Arrow which had been hoped for. The proportion of trade waste in the crude sewage, especially of one particular type of waste, has resulted in a sewage which is proving most difficult to treat.

The Sewage Disposal Works provided by the Borough of Oldbury is only capable of fully treating part of the sewage; until full treatment can be given to the total flow, pollution of the River Tame will continue. Here again, the effect of excessive trade waste has seriously interfered with the bacterial filters, but since the installation of a lime plant at the sewage works the filters have recovered and the effluent from that part of the flow which receives full treatment is of excellent quality.

Other pollutions dealt with during the year concerned oil pollution from the R.A.F. Depot at Hartlebury; industrial pollution of the Spadesbourne Brook at Bromsgrove; a rather serious pollution due to the overloading of the sewage disposal arrangements at Hewell Grange; oil pollution at Blackmore Park, Hanley Castle; the River Stour at Halesowen; a small stream at Hunt End in Redditch; the Wyre Brook, etc.

Sewerage and Sewage Disposal.

Very little new work has been undertaken during the year under review.

A start has been made on the scheme for the construction of sewers and a new sewage disposal works for the parish of Powick. This scheme was urgently necessary to stop gross pollution of Carey's Brook.

Approval has also been obtained for the inclusion in this scheme of the parish of Rushwick (Martley Rural District). The sewers will eventually be connected to the disposal works at Powick.

Evesham Borough. A scheme for the provision of new sewage disposal works for the Borough has been approved in principle by the Ministry of Health, but it seems probable that existing circumstances will prevent any start being made on the work in the near future.

Tents, Vans and Sheds.

The control of moveable dwellings or tents, vans, sheds, and similar structures, to use the official description, is a problem that still awaits solution.

The rural parts of Worcestershire are sufficiently near the industrial Midlands to have experienced to the full the difficulties which can accompany summer invasions. There can be no doubt that there will be an ever increasing tendency for the public to spend their holidays and other leisure time in camps. The indiscriminate and haphazard development which has taken place in some of the beauty spots of the County should not be allowed to continue. Restriction of ribbon development along our roads might usefully extend to our main River.

The town dweller is perfectly entitled and must be allowed to visit and enjoy the benefits of the countryside, but the sites of, and conditions in camps, must be controlled to avoid danger to health or nuisance to the community at large.

At one time it was believed that these sites could best be controlled under Town and Country Planning legislation, but the control of conditions on these sites can only be achieved through the medium of Public Health legislation.

HOUSING.

Housing (Rural Workers) Acts, 1926—1942.

The Acts expired on the 30th September, 1945. At the closing date the Committee found themselves with a large number of applications which are very slowly being completed.

It is hoped that soon the official intentions of Parliament will be made known as to whether assistance is to be given towards the cost of re-conditioning rural houses.

It might be of interest to place on record a statement showing the work undertaken under the Housing (Rural Workers) Acts since their adoption, in this County, by the County Council. In addition to these bare figures I should like to mention the outstanding services rendered by the first and only Chairman of the Committee, Alderman W. S. Lane.

He personally investigated practically every application. This has meant visits to the site, inspection of the properties, interviews with Architects, local surveyors, etc., during the preliminary stages, and subsequent inspections during the progress of the work, both on the ground and up aloft on scaffolding and ladders. Mr. Lane's thoroughness and conscientiousness has been a model for all. It would have been quite impossible to have had a better Chairman, or one who had a more thorough grasp of the administrative and legal side of the County's scheme.

The following details are given of work done under the Acts since the Council's scheme came into operation in 1927 :—

Number of houses in respect of which applications were submitted	—	—	—	—	—	—	914
Number of houses in respect of which applications were refused	—	—	—	—	—	—	107
Number of houses in respect of which applications were withdrawn by the owners	—	—	—	—	—	—	118
Number of houses in respect of which grants were approved							689
Total amount of grants approved	—	£66,219	6s.	10d.			

In 67 cases loans amounting to £5,373 0s. 10d. were approved in addition to the grant.

General.

The survey of rural houses recommended in the Hobhouse report has continued through the year, perhaps rather slowly in one or two districts, owing to shortage of staff, but it is hoped that most will have completed the survey by the end of 1947.

The following tables show the progress made up to 31st December, 1946. At this stage of a fact finding survey it is too early to form any judgment on these figures as in some areas the inspections have been somewhat selective, but one thing is fairly certain, viz. : that the percentage of houses classified as "totally unfit" will be higher than was generally thought to be the case.

WORCESTERSHIRE COUNTY COUNCIL.

RURAL HOUSING SURVEY.

Return of Houses Surveyed to 31st December, 1946.

Rural District	Population Mid. 1946 (R.G.'s Estimate)	No. of Houses Inspected	CLASSIFICATION OF HOUSES INSPECTED				Houses included in the preceding four categories which have been noted for action under the Housing (Rural Workers) Acts	Remarks.
			(i) No.	(ii) No.	(iii) No.	(iv) No.		
			%	%	%	%		
Bromsgrove	24,640	758	192	193	308	65	—	Survey expected to be completed by 1.4.1948
Droitwich	12,200	2,448	1,067	631	470	280	35	" " " " 30.6.47
Evesham	15,480	1,083	952	40	74	23	—	" " " " end of 1947
Kidderminster	9,710	1,357	284	578	306	189	59	" " " " 30.6.47
Martley	11,480	1,758	171	650	571	366	170	" " " " 30.4.47
Pershore	14,350	967	113	278	411	165	241	" " " " 30.9.47
Tenbury	5,440	774	159	308	172	135	—	" " " " 31.3.47
Upton-on-Severn	12,870	907	37	259	460	151	82	" " " " 31.5.47
Totals and Averages		10,058	2,975	2937	2772	1374	587	—

The percentages should not be taken too seriously at this stage of the survey as a certain amount of selection has been exercised by Upton-on-Severn for example who have omitted houses which are obviously fit.

Classification.

- (i) Satisfactory in all respects.
- (ii) Minor Defects.
- (iii) Requiring repair, structural alteration and improvement.
- (iv) Unfit for habitation and beyond repair at a reasonable cost

APPENDIX A.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR 1946.

Staff.

Dr. S. Deaner, Chief Tuberculosis Officer and Medical Superintendent of Knightwick Sanatorium, died on 15th October 1946. Tribute has been paid to his many qualities elsewhere. Those of us who worked under him for seven most difficult years understood his genuine worth as a Tuberculosis Officer, and the County Service gained much under his leadership.

The present staff is as follows :

Chief Clinical Tuberculosis Officer.	R. B. Mayfield, M.D., D.P.H.
Assistant Tuberculosis Officer.	R. C. Cronin, M.B., Ch.B.
Assistant Tuberculosis Officer.	J. N. Macartney, M.B.E., M.D., D.P.H.

Dr. Macartney took up his duties with the County on 1st August, 1946. During the greater part of the previous two years, the work has been done by two medical officers only, and difficulties had frequently arisen, not lessened by the addition of Worcester City to their territory in December 1944. The return of the medical staff to full strength has greatly increased the efficiency of the service.

Duties are allotted as follows, including the City work, which is not otherwise covered in this report.

Dr. Mayfield :	Shirehall Dispensary (South Worcestershire). Worcester City Dispensary. Tuberculosis Pavilion, Newtown Hospital.
Dr. Cronin :	Kidderminster. Redditch. Seconded to Knightwick Sanatorium as Resident Medical Superintendent.
Dr. Macartney :	Oldbury. Halesowen. Stourbridge. Bromsgrove. Weekly visits to the Tuberculosis Pavilions at Hayley Green and Hill Top Hospitals by arrangement with the Medical Superintendents.

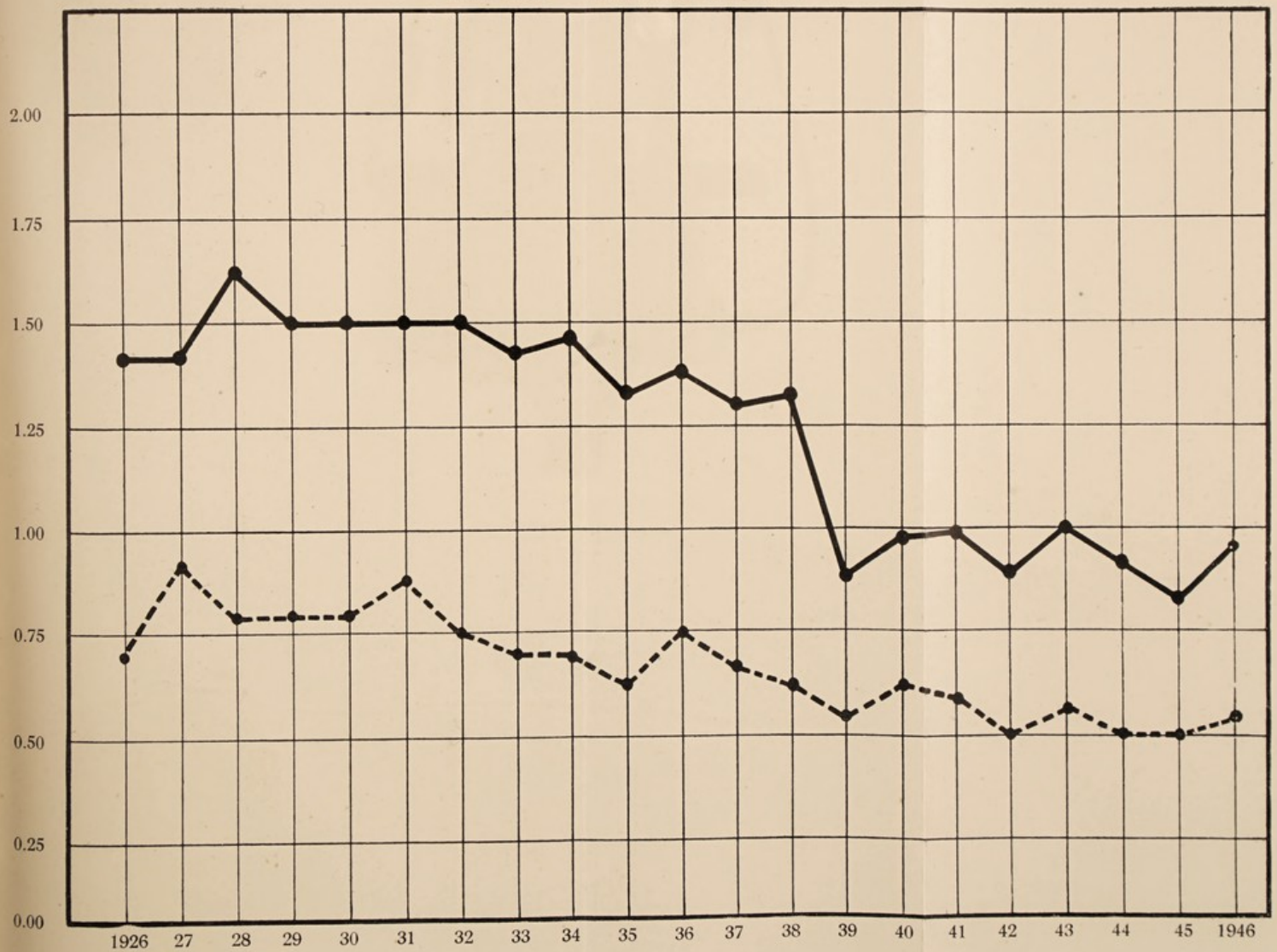
Notifications and Deaths.

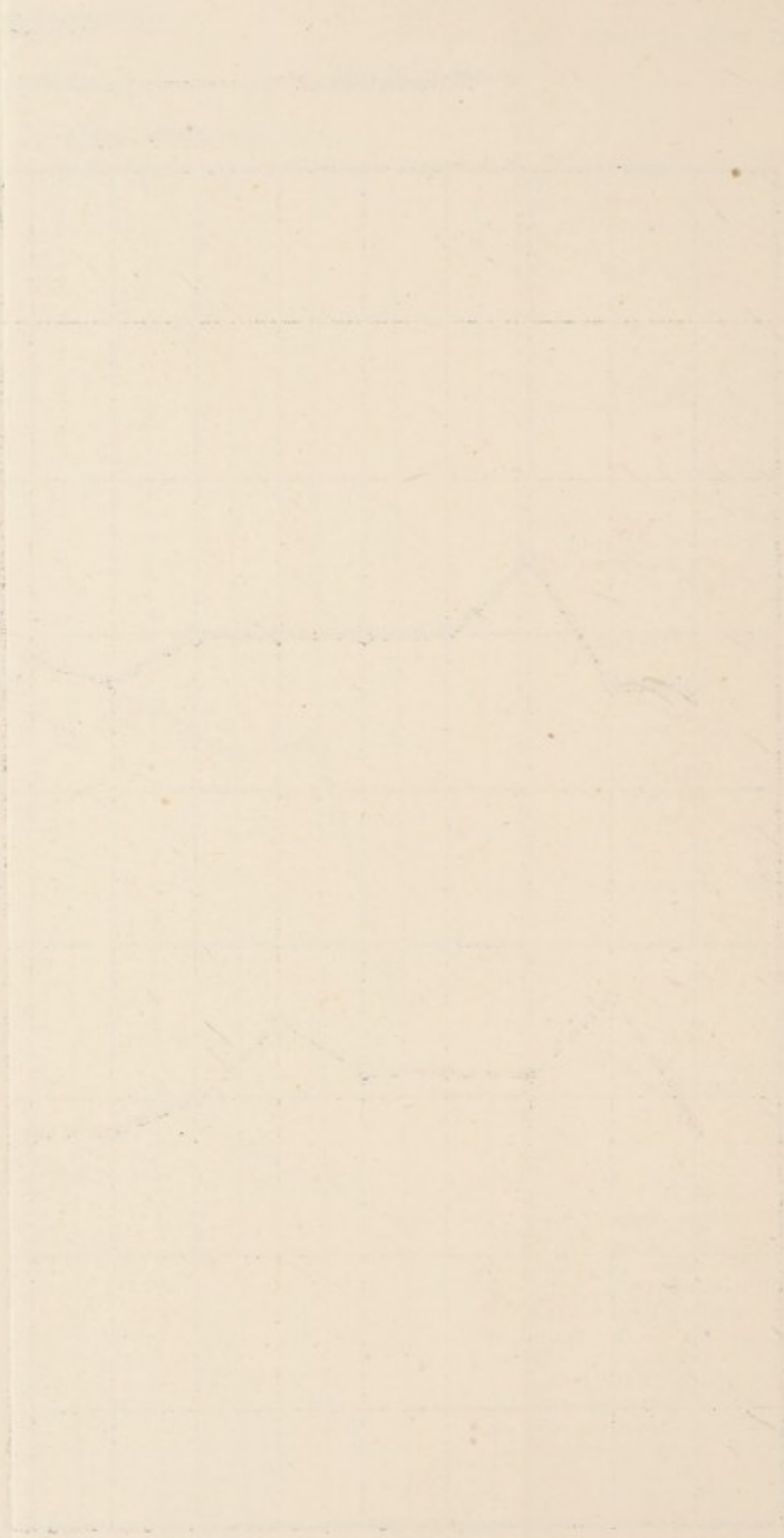
Table I. shows the numbers of notifications and deaths in each of the past five years, and Graph Ia shows the trend of the notification and death rates per thousand of the population during the past twenty years. The small rise in both rates is disappointing, though not of alarming proportions. They have changed little since 1939, and such fluctuations as have occurred are within the limits of chance variations. In other words, the course of the disease in this County seems to have been stationary during the past eight years. In tuberculosis as in some other spheres of life, we have not yet recovered from the effects of the war, and, indeed, progress is unlikely until substantial improvements in housing are well established. Local authorities have been fully co-operative in their efforts to provide suitable accommodation for tuberculous patients and their families, but they are limited by factors outside their control. Moreover, though the relief of overcrowding where a case of tuberculosis has occurred is certainly of the utmost importance, by the time a case is discovered the worst of the damage has probably been done, for it is the unknown case that is the most dangerous. Those who know they are tuberculous, are usually careful not to spread their infection. Consequently, the fullest measure of prevention of tuberculosis will not be reached until the entire population is housed under first-rate conditions.

WORCESTERSHIRE.

Notification rates (—) and Death rates (.....) per 1000 of population.

1926—1946. All forms of Tuberculosis.





Apart from housing, the other principal means of preventing infection from one person to another are individual precautions taken by the patients themselves and the isolation of infectious cases in sanatoria or hospitals. Both Health Visitors and Tuberculosis Officers do their best to instruct patients in the former respects, and, on the whole, the patients co-operate well. The isolation of infectious cases in sanatoria, however, falls far short of what might be attained, and is dealt with more fully in a further section of this report.

TABLE I.

Year.	Notifications			Deaths		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
1942	270	62	332	156	38	194
1943	309	77	386	156	47	203
1944	273	62	335	150	35	185
1945	255	45	300	157	29	186
1946	282	55	337	158	38	196

Table II. analyses the notifications for the year in age groups. Points that strike the eye are the increases in pulmonary male cases from 139 in 1945 to 168, and in non-pulmonary females from 24 to 36. In the former instance the rise occurs chiefly in the 15 to 24 age group, *i.e.* from 29 cases to 54, accounting for 25 of the extra 29 pulmonary males. Even when compared with the average figure for this age group for the past 5 years, namely 38, this rise is noteworthy. The 1945 figure, however, is unusually low and taking 1945 and 1946 together this age group amounts to 83 compared with the figures for the two previous two-year periods of 87 and 71. It is possible therefore that this may be a variation of no significance, but the point will bear watching.

The increase in non-pulmonary females is distributed over all ages and is probably of no special significance.

TABLE II.

Notifications of Tuberculosis during 1946 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 -	-	6	1	2	16	38	35	23	29	13	5	168
Females -	-	1	-	4	16	31	28	18	12	2	1	114
Non-Pulmonary—												
Males -	-	3	3	2	5	1	3	1	1	-	-	19
Females -	-	4	5	6	4	5	5	6	-	1	-	36
Totals -	1	14	9	14	41	75	71	48	42	16	6	337

Table III. shows the notification and death rates in districts. Here the numbers are so small that it is impossible to draw conclusions from them from year to year. It is hoped to compare these rates over a longer period in a subsequent report.

A number of cases of tuberculosis come to the knowledge of the Medical Officer of Health otherwise than by formal notification. The numbers in the past five years are as follows :

1942	.....	.....	86
1943	.....	.....	85
1944	.....	.....	77
1945	.....	.....	45
1946	.....	.....	94

In 1946 these cases came from the following sources.

	Pulmonary.	Non Pulmonary
Death returns		
Local registrars	20	6
Transferred deaths from the Registrar General	10	8
Posthumous notification	0	1
Transfers from other areas	44	2
Lost-sight-of cases returned	3	0
Totals	77	17

1946.

TABLE III.

Population	District.	Notif'n Rate per 1000	Death Rate per 1000	Total cases notified	Total Deaths
4576	Bewdley Borough	0.66	1.09	3	5
24970	Bromsgrove Urban	0.90	0.40	22	10
5725	Droitwich Borough	1.05	0.52	6	3
11680	Evesham Borough	1.03	0.60	12	7
38240	Halesowen Borough	0.73	0.50	28	19
35670	Kidderminster Borough	0.79	0.64	28	23
20020	Malvern Urban	1.05	0.60	21	12
51890	Oldbury Borough	1.29	0.83	67	43
26040	Redditch Urban	0.73	0.46	19	12
35260	Stourbridge Borough	0.79	0.51	28	18
9069	Stourport-on-Severn Urban	0.33	0.22	3	2
24640	Bromsgrove Rural	0.97	0.32	24	8
12200	Droitwich Rural	0.65	0.74	8	9
15480	Evesham Rural	0.58	0.39	9	6
9710	Kidderminster Rural	0.82	0.31	8	3
11480	Martley Rural	1.57	0.61	18	7
14350	Pershore Rural	1.11	0.42	16	6
5440	Tenbury Rural	1.29	0.18	7	1
12870	Upton-on-Severn Rural	0.78	0.16	10	2
369310	Whole County	0.91	0.53	337	196

DISPENSARY WORK.

The work of the dispensaries is summarised in Tables IV. and IVa. Many more contacts have been examined than in 1945, and there is no doubt that this is partly due to the fact that the medical staff was once more at full strength during the last four months of the year. The examination of contacts is still far from complete, however, and it is hoped to improve further on this important part of the work.

Attendances at dispensaries have been well maintained, and have almost doubled in the past ten years, the average number per session being 18.3 compared with 9.4 in 1936. About a quarter of the attendances were for refills, mostly artificial pneumothoraces and pneumoperitoneums with a few extra-pleural pneumothorax refills. Of the 590 refills at the Worcester Dispensary, 251 were Worcester City cases who attend the refill clinic there as a matter of convenience.

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.		M.	F.		M.	F.	
A.—NEW CASES examined during the year (excluding contacts) :																		
(a) Definitely tuberculous	139	81	2	7	14	17	3	7		153	98	5	14			270		
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	—	162	152	40	27			381		
(c) Non-tuberculous	—	—	—	—	—	—	—	—	—	225	147	34	34			440		1091
B.—CONTACTS examined during the year :—																		
(a) Definitely tuberculous	—	3	3	—	—	—	—	—	—	—	3	3	—			6		
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	—	1	—	1	—			3		
(c) Non-tuberculous	—	—	—	—	—	—	—	—	—	72	138	105	99			414		423
C.—CASES written off the Dispensary Register as																		
(a) Recovered	6	7	1	1	6	2	8	10		12	9	9	11			41		
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	—	396	380	164	159			1099		1140
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—																		
(a) Definitely tuberculous	721	569	42	50	82	100	93	81		803	669	135	131			1738		
(b) Diagnosis not completed	—	—	—	—	—	—	—	—		392	355	120	105			972		2710

TABLE IVA.
ATTENDANCES AT DISPENSARIES.

Dispensary		Consultations	Visits to homes	Total attendances	Refill attendances	Average Weekly attendance
Bromsgrove - -	-	124	41	561	107	11.4
Halesowen - -	-	105	64	559	87	11.0
Kidderminster	-	271	46	1130	175	22.6
Oldbury - -	-	287	118	1295	220	25.9
Redditch - -	-	76	23	553	178	11.0
Stourbridge - -	-	91	17	665	220	13.3
Worcester - -	-	409	83	1645	590	31.6
		1363	392	6408	1577	18.3

After Care Committees. A little more progress has been made this year in rehousing tuberculous families. The remaining seriousness of the situation is not the fault of the local After Care Committees and Medical Officers of Health who have certainly done as well for the tuberculous as their resources would allow.

After Care Committees in this County have no funds at their disposal, and their activities are chiefly limited to recommendations to the local authorities for rehousing, and to the County Council for the provision of shelters, beds and bedding, free milk, etc., in suitable cases. At the present time, garden shelters are chiefly used where it is impossible for the patient to have a single room in the house.

Rehabilitation. Patients are regularly referred to the Disabled Persons Rehabilitation Officers of their districts when they are fit to start work, with recommendations as to their capabilities, though it is sometimes difficult to find work suitable for individual cases, and patients often still return, by their own wish, to jobs which are too strenuous for them. The provision of special factories offering sheltered employment would do much to solve this difficulty, though it would be difficult to work such a scheme in an area such as South Worcestershire, where the population is widely scattered. Small workshops or organised homework might meet the case in rural areas.

Institutional Treatment.

Beds are reserved for pulmonary cases as follows :—

	Male.	Female.
Knightwick Sanatorium - - -	46	38
Hayley Green Hospital - - -	19	—
Hill Top Hospital - - -	—	18
Romsley Sanatorium - - -	4	2
Papworth Sanatorium - - -	6	—
Holly Lane Hospital - - -	2	2

Non pulmonary cases during the year have been accommodated at

Worcester Royal Infirmary - - -	6 cases.
Birmingham Royal Cripples Hospital - - -	37 "
Shropshire Orthopaedic - - -	2 "
Newtown Hospital - - -	8 "
Other beds have been used at :	
Newtown (pulmonary cases) - - -	4 "
Burton - - -	1 "
Birmingham Women's - - -	1 "
Rhyl Convalescent - - -	2 "
London Chest (Surgical) - - -	3 "

Grants have been made to patients towards the cost of their maintenance fees for treatment in the following private sanatoria :

Midhurst	-	-	1
Cotswold	-	-	1
Ventnor -	-	-	1
Mundesley	-	-	2

The average duration of stay of patients discharged during 1946 (excluding those who stayed less than 28 days) at the principal sanatoria used for pulmonary cases is shown here.

Knightwick Sanatorium -	-	315 days.
Hayley Green -	-	263 days.
Hill Top -	-	259 days.
Romsley -	-	138 days.

This period has increased considerably in recent years, and has risen at Knightwick from 137 days ten years ago. It is due to a number of factors, some of which are listed below.

1. The population is becoming more enlightened and thus more ready to accept expert advice about their treatment.
2. Maintenance allowances enable patients to complete their treatment, instead of returning home prematurely to start work before they are fit because their funds are running low. This applies particularly to men with families.
3. Owing to the housing shortage it is more difficult to nurse chronic cases in satisfactory conditions at home, and some of these become semi-permanent residents in sanatoria.
4. The medical tendency nowadays is more to aim at complete recovery than temporary alleviation as appears sometimes to have been the case in the past, and this is partly related to the increased use of active collapse therapy.

Waiting list.

The average numbers on the waiting list for pulmonary beds is given for each of the past 9 years.

	Average waiting list.	Notifi- cations.	
1938	12	293	It will be noted that the notifications of pulmonary cases, given alongside, show no corresponding rise.
1939	16	237	
1940	13	275	
1941	23	291	During this period, the number of Sanatorium beds in use for pulmonary cases has been increased by 20.
1942	29	270	
1943	48	309	
1944	62	273	
1945	50	255	
1946	71	282	

The increased length of stay in sanatorium is obviously largely responsible for this, and it is noteworthy that Maintenance Allowances were introduced in July, 1943 and were followed by a steep rise. It should also be remarked that facilities for minor thoracic surgery at Knightwick were developed in 1942 in association with Mr. Holmes Sellors, and this also may have had some influence on the length of stay and waiting list.

There is no doubt, also, that patients are more ready to accept sanatorium treatment than in the past, and refusals to come in are much less common.

It is pleasing to report that the thirty-five beds at Knightwick which were closed towards the end of 1945, were re-opened early this year.

Like a mirage in the desert, the opening of Brickbarns Hospital, lately re-christened St. Wulstan's, still eludes the weary traveller. Perhaps it will be one of the good things to be brought us by the new Health Service.

X-Rays. The number of films taken in 1946 were 3058. There has been no change in the arrangements for this work.

To sum up, the facts set out in this report give little cause for satisfaction with the trend of tuberculosis in the County. The pre-war gradual fall of notifications and deaths has not yet been resumed. Two things, above all, are lacking—houses and sanatorium beds. These, of course, are national problems, but, until they are solved, little progress can be expected in the fight against tuberculosis.

(Sgd.) R. B. MAYFIELD, M.D., D.P.H.,

Chief Tuberculosis Officer.

APPENDIX B.

The County Laboratory also serves the City of Worcester. The County Analyst (Mr. M. M. Love) has given me the following information which includes all samples from the County and the City:—

The following table shews the number of examinations made in the County Laboratory during the year 1946.

Chemical Analyses.

Fertilisers and Feeding Stuffs	—	—	—	—	—	—	187
Food and Drugs	—	—	—	—	—	—	2,076
Miscellaneous	—	—	—	—	—	—	80
Sewage and Effluents	—	—	—	—	—	—	53
Water	—	—	—	—	—	—	1,261
							<hr/> 3,657

Bacteriological Examinations.

Diphtheria	—	—	—	—	—	—	—	4,112
Milk, Graded	—	—	—	—	—	—	—	2,178
Milk for Tubercle	—	—	—	—	—	—	—	162
Miscellaneous	—	—	—	—	—	—	—	633
Tubercle (Sputa, etc.)	—	—	—	—	—	—	—	2,862
Typhoid and Dysentery	—	—	—	—	—	—	—	386
Water	—	—	—	—	—	—	—	1,635
								<hr/> 11,968

Total number of specimens examined during the year, 15,625.

Of the 2,076 samples of Food and Drugs, 1,976 were taken either as formal or informal samples under the Food and Drugs Act, 1938.

Of these, 1,478 were samples of Milk, of which 138 were adulterated.

Of the remaining 498 miscellaneous samples of food and drugs, 43 were adulterated.

The average composition of all samples of milk examined was Fat 3.6 per cent. and Solids not fat 8.9 per cent.

The percentage adulteration of all samples was 9.2 and of milk 9.3

The Milks examined bacteriologically (apart from the samples specially examined for T.B.) are divided as follows:—

Accredited	—	—	—	—	—	900
Heat Treated	—	—	—	—	—	67
Pasteurised	—	—	—	—	—	434
Sterilised	—	—	—	—	—	69
Tuberculin Tested	—	—	—	—	—	545
Undesignated	—	—	—	—	—	163
						<hr/> 2,178

Of the 162 samples of milk examined for the Tubercle bacillus, two were positive.

Under the Gas Undertakings Acts, the number of testings made by the County Gas Examiner, of gas supplied by the various Gas Undertakings in the County was 383.