Annual report [1925] / Staffordshire, Wolverhampton and Dudley Joint Committee for Tuberculosis.

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Staffordshire, Wolverhampton and Dudley Joint Committee for Tuberculosis.

ANNUAL REPORT

(Presented to the Joint Committee, 29th May, 1926).

Dispensaries.—NORTHERN AREA—NEWCASTLE.—The Joint Committee have completed the purchase of a piece of land at West Brampton, Newcastle, and plans for a new Dispensary have been prepared and approved by the Ministry of Health and a Contract entered into at a price of £2,041 12s. 2d., and the building is now in course of erection. It is hoped to be completed and ready for occupation in September. The sale of the old site in Friars Wood Road, Newcastle, for the sum of £500 has been carried out.

LEEK.—It has not been possible at present to secure other premises at Leek, but efforts are still being made to this end.

CENTRAL AREA.—CANNOCK.—It is understood that the Cannock Urban District Council have now entered into a Contract, subject to the usual approvals, to purchase premises at The Green, Cannock, and it is hoped that in due course arrangements will be made with the District Council for accommodation in their new premises for the purposes of a Sub-Dispensary.

SOUTHERN AREA.—There is nothing particular to report with reference to the Dispensaries in this area.

Sanatoria.—PRESTWOOD.—Additional accommodation for the nursing staff in the roof of the Administration Block, required in view of the treatment of advanced cases, has now been carried out at a cost of £1,476. In this connection it

will be necessary to arrange for the enclosing of certain portions of the pavilions and a Scheme for this purpose is now being considered.

The Sewage Disposal Plant is unfortunately causing trouble, and it has been thought advisable, with the approval of the Ministry of Health, to call in Messrs. Willcox and Raikes to advise thereon.

The Limes Sanatorium for Children.—As indicated in the last Annual Report, scheme and plans have been prepared and submitted to the Ministry of Health for the extension of these premises from 37 to 100 beds at an estimated cost (exclusive of the cost of purchasing the premises) of £44,437 14s. 9d., but in view of this high figure and the suggestion of the Ministry that the Joint Committee should re-consider the question of proceeding with the proposed extensions at the present time, it has been decided that the Scheme be deferred.

Yarnfield. — The additional accommodation foreshadowed in the last Annual Report has now been provided by the Stone Joint Hospital Board at Yarnfield and patients are now being admitted to that Institution in accordance with the new Agreement as from the 25th March last.

After-Care.—After-Care Committees are now being established in the Joint Area in accordance with the scheme adopted by the Joint Committee. The estimate for this service for the current financial year is £1,500.

Statistics.—The Medical Officer has prepared the usual statistical report for the year ending 31st December, 1925, as appended, together with certain observations on the working of the scheme.

Finance.—The Treasurer is preparing a statement of income and expenditure by the Joint Committee for the year ending 31st March, 1926, for submission to the next meeting of the Joint Committee.

ARTHUR NICHOLSON,
Chairman.

APPENDIX.

Report of the Medical Officer for the year ending 31st December, 1925.

In accordance with the instructions of the Minister of Health the Annual Report for 1925 is to be a Survey Report and, therefore, it will be necessary to refer in much greater detail than in previous years to the work of the Tuberculosis Scheme of the Joint Committee, indicating in what way it has been developed during the last five years as wel las stating what still remains to be undertaken.

1.—Incidence of and Mortality from Tuberculosis.

Owing to the action of the Public Health (Tuberculosis) Regulations, 1924, arrangements have been made whereby the Medical Officers of Health have been able to obtain much fuller knowledge of the incidence of tuberculosis in their districts, and from the information they have supplied to me I find there were 6,940 cases of all forms of this disease in the Joint Committee's area at the end of the year. This number is made up as follows :—

Total Cases	Pulmonary.			Non-Pulmonary		
	Males.	Females.	Total.	Males.	Females.	Total.
6940	2963	2282	5245	955	740	1695

It indicates that there is at least one case of tuberculosis in every 128 persons or nearly 8 per 1,000 of the population, and on reference to the mortality tables which follow it will be found that approximately one death occurs amongst 8 cases in the year.

In 1925, 666 persons died from pulmonary tuberculosis, giving a death rate of 0·75 per 1,000 of the population, whilst 173 deaths from other forms of tuberculosis were reported, yielding a death rate of 0·19 per 1,000. The ages at death divided into sexes are shown in Table 1.

Table 1.

Age Periods.	STAFFORDSHIRE.								WOLVERHAMPTON.								DUDLEY.							
	New Cases.				Deaths.				New Cases.				Deaths.				New Cases.				Deaths.			
	Pul.		Non-Pul.		Pul.		Non-Pul.		Pul.		Non-Pul.		Pul.		Non-Pul.		Pul.		Non-Pul.		Pul.		Non-Pul.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 ..	2	—	7	2	2	—	10	5	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
1 „ 5 ..	11	16	48	34	6	5	34	29	3	—	3	3	—	—	5	2	1	—	1	1	1	—	—	2
5 „ 10 ..	44	35	53	44	3	13	15	12	10	6	2	4	—	—	—	1	2	—	4	3	—	—	—	—
10 „ 15 ..	39	53	32	29					1	5	—	2	—	1	—	1	2	2	2	9	—	—	—	—
15 „ 20 ..	47	58	19	11	49	78	8	4	12	5	—	3	3	2	1	—	7	3	1	1	4	1	1	—
20 „ 25 ..	53	76	5	7					13	16	—	—	7	6	—	—	6	6	—	—	2	3	—	—
25 „ 35 ..	91	99	9	11	113	122	9	10	13	17	—	1	13	12	—	1	6	10	—	—	6	3	—	—
35 „ 45 ..	86	56	2	3					21	8	—	1	18	9	3	—	8	5	—	—	4	1	—	—
45 „ 55 ..	58	29	2	3	84	39	3	4	19	4	—	—	13	5	—	1	7	3	—	—	4	—	—	—
55 „ 65 ..	26	11	4	1					3	2	—	—	4	3	—	—	4	—	—	—	1	—	—	—
65 & upwards..	8	8	—	—	10	6	—	—	2	—	—	—	1	2	—	—	1	2	—	—	2	2	—	—
Totals	465	441	181	145	267	263	79	64	97	63	5	14	59	40	10	7	44	31	8	14	24	10	1	2

On reference to Table 2 the death rates for each Sanitary District are shown separately for 1925 with the mean death rate for the previous five years.

TABLE 2.

Showing Population, number of cases notified, number of deaths, and death-rates in the various districts.

District	Estimated Population to middle of 1925	No. of Deaths		Death Rate per 1000 of Population		Mean Rates for five years, 1921-25.		No. of Cases Notified	
		Tuberculosis of Respiratory System	Other Tubercular Diseases	Tuberculosis of Respiratory System	Other Tubercular Diseases	Tuberculosis of Respiratory System.	Other Tubercular Diseases.	Pulmonary	Non-Pulmonary
County Boroughs:									
Dudley	58810	37	13	0·63	0·22	0·80	0·14	75	22
Wolverhampton ..	108800	99	17	0·91	0·15	0·78	0·17	160	19
Urban Districts:									
Amblecote	3239	1	—	0·31	—	0·49	0·12	3	—
Audley	15220	10	2	0·65	0·13	0·54	0·25	24	28
Biddulph	8459	7	5	0·82	0·59	0·57	0·31	23	9
Bilston	30240	25	3	0·82	0·10	0·81	0·20	51	3
Brierley Hill ..	13110	11	2	0·84	0·15	0·83	0·15	17	5
Brownhills	20310	6	1	0·29	0·05	0·54	0·10	17	14
Cannock	35460	25	6	0·70	0·17	0·63	0·21	48	17
Coseley	25690	16	4	0·62	0·15	0·57	0·19	23	5
Darlaston	19180	18	5	0·94	0·26	0·97	0·24	25	6
Heath Town ..	14220	9	6	0·63	0·42	0·59	0·33	16	5
Kidsgrove	10350	8	3	0·77	0·29	0·71	0·33	19	12
Leek	16860	17	1	1·01	0·06	0·98	0·17	13	4
Lichfield	8387	7	1	0·83	0·12	0·71	0·12	16	5
Newcastle	21530	19	5	0·88	0·23	1·16	0·42	38	14
Perry Barr	3152	1	—	0·31	—	0·41	0·20	—	—
Quarry Bank ..	8631	6	1	0·69	0·11	0·67	0·17	12	4
Rowley Regis ..	42760	36	7	0·84	0·16	0·72	0·16	50	30
Rugeley	5197	3	—	0·57	—	0·57	0·12	10	1
Sedgley	19320	16	2	0·83	0·10	0·68	0·18	21	9

TABLE 2—continued.

District	Estimated Population to middle of 1925	No. of Deaths		Death Rate per 1000 of Population		Mean Rates for five years, 1921-25.		No. of Cases Notified	
		Tuberculosis of Respiratory System	Other Tubercular Diseases	Tuberculosis of Respiratory System	Other Tubercular Diseases	Tuberculosis of Respiratory System.	Other Tubercular Diseases.	Pulmonary	Non-Pulmonary
Short Heath ..	4818	4	2	0·83	0·41	0·98	0·21	13	4
Stafford	29030	27	5	0·93	0·17	0·97	0·18	62	17
Stone	5649	2	2	0·35	0·35	0·50	0·32	6	2
Tamworth	8227	6	2	0·73	0·24	0·70	0·19	14	4
Tettenhall	5460	5	—	0·91	—	0·51	0·07	3	—
Tipton	36900	31	14	0·84	0·38	0·67	0·20	39	11
Uttoxeter	5541	5	1	0·90	0·18	0·94	0·21	7	3
Wednesbury ..	32960	47	16	1·42	0·48	1·03	0·53	46	25
Wednesfield	8110	2	1	0·24	0·12	0·68	0·10	3	—
Willenhall	21520	21	8	0·97	0·37	1·12	0·27	56	11
Wolstanton	30170	34	7	1·12	0·23	0·84	0·24	47	17
RURAL DISTRICTS:									
Blore Heath ..	2474	1	1	0·40	0·40	0·41	0·33	3	—
Cannock	23210	10	—	0·43	—	0·54	0·14	28	2
Cheadle	26430	9	6	0·34	0·22	0·48	0·21	30	11
Gnosall	4718	—	—	—	—	0·55	0·21	1	1
Kingswinford ..	22730	12	3	0·52	0·13	0·58	0·23	8	8
Leek	14610	5	—	0·34	—	0·49	0·13	21	6
Lichfield	31380	18	6	0·57	0·19	0·67	0·16	21	10
Mayfield	3918	2	—	0·51	—	0·40	0·25	4	1
Newcastle.	6215	4	1	0·64	0·16	0·57	0·03	1	—
Seisdon	17690	20	1	1·13	0·05	0·74	0·10	23	5
Shifnal (Staffs. por.)	685	—	—	—	—	0·58	—	—	—
Stafford	9201	4	2	0·43	0·21	0·40	0·28	13	4
Stone	12140	2	1	0·16	0·08	0·39	0·27	5	2

TABLE 2—continued.

District	Estimated Population to middle of 1325	No. of Deaths		Death Rate per 1000 of Population		Mean Rates for five years 1921-25.		No. of Cases Notified	
		Tuberculosis of Respiratory System	Other Tubercular Diseases	Tuberculosis of Respiratory System	Other Tubercular Diseases	Tuberculosis of Respiratory System.	Other Tubercular Diseases.	Pulmonary	Non-Pulmonary
Tamworth (Staffs. por.)	5873	2	3	0·34	0·51	0·35	0·17	2	2
Tutbury	8983	8	2	0·89	0·22	0·49	0·24	10	1
Uttoxeter	8220	5	3	0·61	0·36	0·63	0·17	2	1
Walsall	13800	3	2	0·21	0·14	0·48	0·26	12	7
Dudley (Castle Hill)	23	—	—	—	—	—	—	—	—
Totals and Averages	889610	666	173	0·75	0·19	0·73	0·21	1141	367
								1508	

In Table 3 the death rates for the Administrative County divided into urban and rural districts and Wolverhampton and Dudley County Boroughs are separately shown for 12 years, that is since the Joint Committee was formed. In 1925 there has been a slight increase in the death rate from phthisis in the urban areas of the County. This has also been observed in Wolverhampton County Borough, whilst Dudley County Borough shows the smallest death rate from this form of tuberculosis during the whole period of 12 years. The death rate from phthisis in the rural areas of the County is the lowest yet recorded. With regard to other forms of tuberculosis, the urban districts of the County and Dudley County Borough both have a death rate of 0·22 per 1,000, whilst in Wolverhampton it is only 0·15, which is practically the same as in the rural areas of the County, where it is 0·14. Generally speaking, these death rates are satisfactory, for they show that the gradual decline in the deaths from tuberculosis is maintained, but when we come to examine the rates in the districts separately there are a few areas in which the death rates remain persistently higher during the five years' period than the average for the whole area. Whilst the Joint Committee are only responsible for the treatment of the disease, they are vitally interested in its prevention

which is a matter for the Sanitary Authorities, and it is suggested that the attention of the District Councils in each of such areas should be drawn to this matter and invited to redouble their efforts in endeavouring to check the disease.

TABLE 3.

Year.	Staffordshire.				Wolverhampton County Borough.		Dudley County Borough.	
	Death Rate per 1,000 of the Population.				Death Rate per 1,000 of the Population.		Death Rate per 1,000 of the Population.	
	Phthisis.		Other forms of Tuberculosis.		Phthisis.	Other forms of Tuberculosis.	Phthisis.	Other forms of Tuberculosis.
	Urban.	Rural.	Urban.	Rural.				
1914	0·89	0·54	0·31	0·20	1·16	0·35	0·79	0·33
1915	0·94	0·67	0·34	0·29	1·22	0·48	1·06	0·39
1916	1·01	0·80	0·40	0·29	1·18	0·28	0·98	0·38
1917	1·01	0·74	0·34	0·31	1·10	0·26	1·28	0·27
1918	1·03	0·88	0·31	0·28	1·26	0·21	1·37	0·36
1919	0·83	0·61	0·22	0·30	1·14	0·17	0·89	0·16
1920	0·75	0·56	0·30	0·21	0·89	0·17	0·69	0·12
1921	0·80	0·53	0·23	0·21	0·77	0·15	0·80	0·15
1922	0·80	0·55	0·24	0·17	0·68	0·20	1·05	0·10
1923	0·75	0·58	0·25	0·22	0·73	0·18	0·74	0·13
1924	0·73	0·58	0·22	0·20	0·80	0·14	0·87	0·13
1925	0·83	0·49	0·22	0·14	0·91	0·15	0·63	0·22

2.—Notifications.

In 1925, 1,508 cases of tuberculosis were notified to Medical Officers of Health, of which 1,141 were pulmonary cases and 367 non-pulmonary forms of the disease. On comparing these numbers with previous years an increase is apparent, but this I consider is due to the operation of the Public Health Regulations of 1924 already referred to and not to any increase in the incidence of the disease. On reference to Table 1 the ages and sex of all cases notified during the year are set forth, and in Table 2 the numbers of notifications received from each district are

shown. Speaking generally, there is little doubt that the medical practitioners are carrying out their duties in notifying this disease, but in 7 out of the 47 Sanitary Districts of the County notification is not satisfactory as will be seen on reference to the Table, for in these districts the number of deaths exceed the notifications and, therefore, we must conclude that in these areas we do not properly know the incidence of tuberculosis.

3.—The Tuberculosis Scheme of Treatment.

The Committee's scheme provides for the establishment of dispensaries in various parts of the area as well as residential institutions for the treatment of patients suffering from pulmonary tuberculosis. Other forms of tuberculosis are treated by arrangement at institutions not belonging to the Committee.

Work of Dispensaries.—The work undertaken at each dispensary may be conveniently summarised thus:—It is (1) a receiving house and centre of diagnosis; (2) a clearing house for determining whether residential domiciliary or dispensary treatment is best, and a centre for observation; (3) a centre for curative treatment and supervision of domiciliary cases; (4) a centre for the examination of "contacts"; (5) a centre for "after-care"; (6) an information bureau and educational centre.

Situation of Dispensaries and Staff.—There are four main dispensaries, each in charge of a Tuberculosis Officer, at Newcastle, Stafford, Wolverhampton, and Dudley. In the Northern area, the Tuberculosis Officer from Newcastle, Dr. Leslie Browne, is in charge of sub-dispensaries at Biddulph, Leek, and Cheadle. In the Central area, the Tuberculosis Officer from Stafford, Dr. Parkinson, has sub-dispensaries at Stone, Uttoxeter, Lichfield, and Cannock. There is no sub-dispensary in connection with the Wolverhampton Dispensary, which is under the control of Dr. Hewison, for this serves a compact thickly populated area from which the patients can conveniently attend. The Tuberculosis Officer for Dudley, Dr. Lilly, has a sub-dispensary at Wednesbury.

There is a clerk at the Wolverhampton, Newcastle, and Stafford main dispensaries, and at Dudley the clerical work is done by the dispensary nurse. At the sub-dispensaries this work is undertaken from the main dispensary of each area, except at Wednesbury where the dispensary nurse and Health Visitor is responsible for the clerical work. The nursing work at the dispensaries is undertaken as follows :—

At Newcastle, the nurse also does health visiting in the Borough and goes to the sub-dispensaries at Biddulph and Leek. The Health Visitor at Cheadle attends the sub-dispensary there. At the Stafford main dispensary no nurse has been specially appointed, but at the sub-dispensaries at Stone, Uttoxeter, and Cannock the nursing duties are undertaken by district nurses. At Lichfield, one of the whole-time County Health Visitors is responsible for the work. At Wolverhampton the nursing duties at the dispensary are performed by two whole-time nurses who do the tuberculosis health visiting in the County Borough. At Dudley there is a whole-time nurse who also acts as clerk besides doing some of the tuberculosis health visiting work in the County Borough. At the Wednesbury sub-dispensary the whole-time health visitor is also dispensary nurse.

Dispensary Buildings.—The Committee are building a new dispensary at Newcastle to replace the present one which is rented and is not entirely satisfactory. They lease the premises at Biddulph and own those at Cheadle. The rooms used as a sub-dispensary at Leek are rented and are most unsuitable. The Committee have for some time been trying to acquire better premises, and it is hoped in the near future this difficulty will be overcome.

In the Central area the Committee have built the main dispensary at Stafford. They rent the premises used as sub-dispensaries at Stone, Uttoxeter, Cannock, and Lichfield. The Cannock dispensary premises are not at all satisfactory, and the Committee hope to arrange with the District Council to rent premises in new offices that are to be built.

The dispensaries at Wolverhampton, Dudley, and Wednesbury all belong to the Committee, the two former having been specially built for the purpose.

AREA COVERED.—These dispensaries and sub-dispensaries adequately cover the area except in the neighbourhood of Tamworth and Brownhills, which are now served from Lichfield. A proposal has been brought forward to open a sub-dispensary for the Brownhills area at Walsall Wood, but up to the present time it has been impossible to obtain satisfactory premises.

X-RAY EXAMINATIONS.—In connection with the work of the dispensaries, I should like to see better facilities for the use of X-Rays which is of such considerable service in the diagnosis of difficult cases. This method has been specially developed on the Continent where it is used as a routine in every case. At present medical practitioners who have specialised in this work at Newcastle, Stafford, and Wolverhampton undertake X-Ray examinations of patients sent by the Tuberculosis Officers. Whilst such an arrangement is satisfactory as far as it goes, it cannot be utilized during the clinical examination of a patient by the Tuberculosis Officer which I have indicated has proved so satisfactory abroad. This matter was considered last year by the Committee, but owing to financial stringency it was deferred; I hope when times are more favourable it will be possible to re-consider the question.

NEW CASES.—In 1925, 2,674 persons came for examination to the various dispensaries for the first time. The majority of these were sent by medical practitioners, the remainder by the School Medical Inspectors and Health Visitors, except 410 who came on their own initiative. On reference to Table 4 these numbers are set forth in detail showing the form of disease found, and that 1,039 proved to be not suffering from tuberculosis. Unfortunately, a large proportion, roughly 39 per cent., of cases of pulmonary tuberculosis came when the disease was so far advanced that it was impossible to expect to cure the patients. Many of these, as will be found in the Table, were sent by medical practitioners, but as Dr. Hewison observes, this is not a reflection on the medical men concerned, but is simply due to the fact that owing to economic reasons the patient has

remained at work and put off applying for medical help until he or she is absolutely compelled by failing health to give up. I think it may also be due to the insidious nature of the onset of phthisis in many persons, for, not realising the grave nature of their illness they do not seek advice in time to effect a cure. Another reason that has been advanced is that fear prevents patients coming for assistance, for unfortunately many people still are of opinion that the diagnosis of consumption practically means a sentence of death, whilst in fact tuberculosis is one of the most curable of infective diseases when taken in the early stage.

TABLE 4.

How new Patients are sent to the Dispensaries and particulars of diagonses.

	School Medical Inspectors	Medical Practitioners	Health Visitors	Otherwise	Contacts (included in previous columns)
Pulmonary Tuber. (Turb. Ger.) Stage I	45	221	10	30	64
„ „ Stage II	12	196	3	23	27
„ „ Stage III	14	295	2	35	37
Other forms of Tuberculosis..	66	116	13	57	21
Suspects	105	263	47	82	145
Non-tuberculous	177	531	137	194	332
Total	419	1622	212	421	626

Proportion of Notified Cases Seen.—Table 5 has been drawn up to show what proportion of notified cases of tuberculosis are seen by the Tuberculosis Officers. 77 per cent. of lung cases came for treatment in 1925, whilst last year the number was 72 per cent. This slight improvement is all to the good, but I hope a much larger proportion will be recorded in future years. Only 55 per cent. of other forms of tuberculosis came for treatment, as was the case last year. The majority of these cases require surgical treatment, which the Joint Committee arrange for on terms at special hospitals. Owing to the ration of expenditure by the Minister of Health, for some time we have not been able to send for treatment

all the cases that have come to notice, but in November we were allowed to increase the number of beds for which we pay and so have been able to deal with more cases. The treatment of this form of disease is necessarily long and expensive, and even if the money was available, the accommodation at the special hospitals is too limited to deal with all the cases who often have to wait for a considerable time and thus further prolong the period of treatment. The question of the establishment of a special orthopædic hospital is under consideration, and it is hoped that in the near future the much needed accommodation for this type of case will be available. Until this comes about the low percentage of cases which go to the dispensaries for assistance must be expected.

TABLE 5.

Showing classification of notified cases and numbers seen by Tuberculosis Officers during the year 1925.

		Notified.	Seen by Tuberculosis Officers.
Pulmonary Tuberculosis		1141	880
Other forms of Tuberculosis.	Meningitis	36	2
	Glands	157	92
	Hip	16	13
	Knee	13	13
	Spine	22	19
	Ankle	5	5
	Skin	16	8
	Abdomen	54	34
	Various	48	17
	Totals	1508	1083

PROCEDURE ON DIAGNOSIS AND CO-OPERATION WITH MEDICAL PRACTITIONER.—When a case of tuberculosis comes to the dispensary the Tuberculosis Officer on confirming the diagnosis decides on the appropriate form of treatment, which

may be either at a residential institution, domiciliary, or in a few instances given at the dispensary. If the case is sent by a medical practitioner, the Tuberculosis Officer sends him a report on the case stating what form of treatment is advised, as provided for in Memorandum No. 286. If the patient is to be treated at home, periodical reports on his condition are sent by the panel doctor to the Tuberculosis Officer. Under the Regulations contained in the Memorandum referred to, the panel doctor should send a report on a special form to the Tuberculosis Officer when he notifies the case to the Medical Officer of Health, but in this area it is found that practitioners usually prefer to write a letter containing their observations in place of using the official form, if they do not bring the case personally to the dispensary which several do. The periodical reports required by the Memorandum are usually sent, and on the whole I think that this procedure has increased the co-ordination between the medical practitioners and the Tuberculosis Officers. If any patients are sent by the School Medical Inspectors they are specially reported upon and excluded from school if necessary.

Health Visiting.—The Tuberculosis Officer arranges for the Health Visitor of the area to visit the patient's home for the purpose of instructing him in measures to be taken to limit the spread of infection and gives advice as to the nursing of the patient, whilst she also takes full particulars of the environmental conditions of the home. Any adverse sanitary defects are notified to the Medical Officer of Health, and if it is found necessary and possible to re-arrange the sleeping accommodation so that the patient can sleep in a separate bedroom the appropriate advice is given. With regard to the latter, it has often been found possible by using a second living room, which otherwise would be uninhabited, as a bedroom for the patient to provide satisfactory accommodation under conditions that at first sight would appear to be most unfavourable. On reference to Table 6 the bedroom accommodation of dispensary patients will be seen, and it will be noted that 30 per cent. have a separate bedroom. Bearing in mind the present housing difficulties this is fairly satisfactory and is largely due to the work of the

Health Visitors. Routine visits are paid to each patient as experience shows necessary. To begin with, until they understand the various instructions given, these may be weekly. Many only require visiting every month, whilst some are only seen each quarter. This work is supervised by the Tuberculosis Officers who meet all the Health Visitors for their area every three months and give them instructions as to their work. 22,964 home visits were made during the year.

TABLE 6.

Bedroom Accommodation of Dispensary Patients.

Total Cases	Having separate bedrooms.		Separate beds but Rooms shared with				Bed shared with				*Shelters in use Dec. 31, 1925.
			One		More than one		One		More than one		
	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent	No.	Per Cent	
2361	680	30·0	122	5·4	275	12·1	865	38·1	326	14·4	93

* Not including 16 shelters at Yarnfield, and 9 at Groundslow.

The health visiting of tuberculosis cases is undertaken in the County Health Visiting area by 34 whole-time Health Visitors and 45 part-time Health Visitors, who are also responsible for the health visiting of children under five and those of school age. The part-time Health Visitors are District Nurses employed by Local Nursing Associations who do this work in the thinly populated areas. In the Boroughs of Newcastle and Wednesbury and the County Boroughs of Wolverhampton and Dudley the health visiting is undertaken by the whole-time Tuberculosis Nurses appointed by the Committee. In the remainder of the Joint Committee's area, not in the County Health Visiting scheme, the health visiting is carried out by Health Visitors appointed by the District Sanitary Authorities who have their own Maternity and Child Welfare Schemes, the only exception being in the Lichfield Rural District where the work is done by the County Council's whole-time staff.

EXAMINATION OF "CONTACTS."—The Health Visitors have been instructed to urge all "contacts" of tuberculous persons, who do not appear to be well and are not under

medical treatment, to come to the dispensary for examination. The Tuberculosis Officers also ask their patients to send any "contacts" for examination who are willing to come, and on reference to Table 4 it will be seen that 626 persons were examined. Fortunately, more than half proved to be non-tubercular, but 64 cases in the earliest stage were discovered by this means, which in itself shows the great value of the work, for otherwise, in all probability, they would not have come for advice until the disease was too advanced to cure. I must confess, however, that I should like to see a greater number of "contacts" examined, but we have found considerable difficulty in inducing them to come for examination, which is not to be wondered at if they live some distance from the dispensary and do not feel really ill.

Co-operation with Sanitary Authorities.—It has previously been mentioned that insanitary conditions observed by Health Visitors at their home visits are notified to the district Medical Officers of Health, and I am glad to be able to record that in every district we receive all possible assistance from the officers concerned. Arrangements have been made with the Sanitary Inspectors in the whole area to supervise the erection of shelters when required and for their disinfection together with the bedding when finished with. When a case of overcrowding is recorded in the environmental reports, a communication from the central office is sent to the district Medical Officer of Health, and if it is at all possible to alleviate the condition this is done, but unfortunately it must be admitted that, owing to the housing shortage, this has not always been possible.

Difficult Diagnosis.—In suspected cases, when it is impossible to make a diagnosis, the Tuberculosis Officer notifies the family doctor or the School Medical Inspector who sent the patient of the fact and arranges with him to send the case for further examination at stated periods. Sometimes it is decided to keep the patient under dispensary observation, and in the event of non-attendance the Health Visitor's assistance is requisitioned to ensure the patient's attendance. In a few instances, only 10, cases have been sent into a Sanatorium for observation so that the case can be closely observed and the diagnosis settled.

SPECIAL METHODS OF EXAMINATION AND TREATMENT.—With regard to the special methods of examination and treatment used at the dispensaries, in 1925 Dr. Browne has had 40 X-ray examinations undertaken, Dr. Parkinson 35, Dr. Hewison 23, and Dr. Lilly 11. Dr. Parkinson has used the Von Pirquet re-action as a routine in cases of approximately 206 children attending the Stafford and Cannock dispensaries. Dr. Hewison has used the Pondorffs cuti vaccination method of diagnosis in 5 cases.

Special methods of treatment by the Tuberculosis Officers in 1925 were as follows :—

Dr. Leslie Browne, Tuberculin injections for—

Pulmonary tuberculosis (positive)	11
,, ,, (negative)	3
Glands, cervical	13
Chronic Peritonitis and Mesenteric Glands ..	1
Eyes	2
Skin, lupus	1
Tuberculosis of Bladder	1
Tuberculosis of Bone	1

Dr. Parkinson has used the artificial pneumo-thorax method, which he states is undoubtedly of great value in selected cases, but suitable cases are not very numerous. 40 primary and secondary inflations were practised.

Dr. Hewison treated five cases by Pondorffs cuti vaccination method, and one case by injections of Sodium Morrhuate.

Dr. Lilly used P.B.E. for 24 glandular cases and Phagolysine in 8 cases. He states that P.B.E. appears to have a favourable influence on tuberculous cervical glands in children as there has been a marked improvement in the activity of the infected glands. Phagolysine apparently gave successful results in 3 out of the 8 cases.

SPUTUM EXAMINATIONS.—In connection with the ordinary methods of diagnosis, the Tuberculosis Officers undertake the microscopical examination of sputum. Dr. Leslie Browne examined 394 specimens, of which 69 were new positives.

Dr. Parkinson examined 583 cases. It is his practice to use Ellerman and Erlandsen's method of concentration for sputa negative to the ordinary Ziehl-Neelson method, and in 19 cases positive results were obtained by this means.

Dr. Hewison examined 565 specimens of sputum, and

Dr. Lilly 315 specimens.

In addition to these examinations the County Council have afforded facilities to all medical practitioners in their area to send specimens of sputum for examination at the County Laboratory. 1,488 specimens were examined during the year.

HOME VISITS BY TUBERCULOSIS OFFICERS.—The Tuberculosis Officers visit the homes of their patients as far as possible, and when desired consult with the family doctor. In 1925, 169 consultations took place at the homes of patients, and 190 either at their surgeries or at the dispensary. The Tuberculosis Officers paid 1,105 home visits during the year. The object of these visits has been summarised by Dr. Parkinson as follows :—

(1) To see if the patient is carrying out the instructions given at the dispensary and to suggest improvements in the hygienic precautions.

(2) To keep in touch with patients who for various reasons are unable to attend the dispensary.

(3) To examine contacts who would not otherwise present themselves for examination.

(4) To visit patients too ill to travel. This is usually at the request of the medical attendant.

He states that there is no doubt these home visits are much appreciated by patients as it convinces them that the Tuberculosis Officer takes a real interest in their welfare.

The Domiciliary Order provides that the Tuberculosis Officer shall visit the homes of every patient at least once a year, but whilst very desirable it is, I am afraid, impossible in this area owing to the small staff available.

HOME NURSING AND PROVISION OF EXTRA NOURISHMENT.—When the Tuberculosis Officer desires that arrangements be made for home nursing, this is undertaken by local Nursing Associations at a charge of 50s. per case per annum, monthly reports being furnished to the central office.

During the year 170 persons received extra nourishment at a cost of £579. The conditions insisted upon by the Ministry of Health that govern these grants are similar to last year, namely :—

(*a*) Patients who have received an adequate course of Sanatorium treatment and whose medical condition is such that, with the grant of extra nourishment, they may be expected to maintain or recover full working capacity ; and

(*b*) Patients in whose cases ultimate arrest of the disease may reasonably be anticipated, and who are waiting for admission to a Sanatorium.

On the other hand, those patients whose conditions are such that they can only be adequately dealt with through the machinery of the Poor Law are not eligible for this grant.

In deciding if extra nourishment should be provided or not the Committee continue to use the same scale of income as last year, which applies to the net income of the family after deduction of rent and rates, namely :—

No. in Family	Weekly Income
1 ..	16/- per head after deduction of rent and rates.
2 ..	13/- " " " "
3 ..	10/6 " " " "
4 ..	9/6 " " " "
5 ..	8/6 " " " "
6 ..	8/- " " " "

For the purpose of verifying the statements of applicants for grants of extra nourishment as to the financial circumstances, the Committee are indebted to the voluntary assistance given by members of the District Councils in this direction.

SUPPLY AND SUPERVISION OF SHELTERS.—93 shelters in cases specially recommended by the Tuberculosis Officers are in use at the homes of the patients as follows :—

North	20
Mid	30
South	43

Beds and bedding have in a few instances been provided through the After-Care Committee in the Wolverhampton area to allow patients to occupy a room previously not used.

With regard to the provision of shelters, Dr. Parkinson states that when used regularly they are of very great benefit and they secure almost sanatorium conditions at home. He states that in the summer they are usually regularly used, but in the winter patients frequently will not go out to sleep, though in some cases they have been used with much benefit both in winter and summer for years. As a rule advanced cases are not suitable for treatment in shelters, and it is unfortunately just such cases that are so dangerous to the rest of the family. The shelters are inspected regularly by the Health Visitor of the district who reports periodically on their condition, and if they are properly used. They are kept in repair by the Committee.

The Ministry of Health have recently instituted tables for use throughout the country so that the work in one area

can be compared with another. That relating to the work of the dispensaries is as follows :—

Form T. 53.

Return showing the work of the Dispensary (or Dispensaries) during the Year 1925.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Ch.		Adults.		Ch.		Adults.		Ch.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New Cases examined during the year (excluding contacts) :—												
(*a*) Definitely tuberculous ..	347	252	68	66	32	23	84	79	379	275	152	145
(*b*) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	74	70	122	106
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	213	176	180	156
B. Contacts examined during the year :—												
(*a*) Definitely tuberculous ..	36	41	23	22	2	2	7	11	38	43	30	33
(*b*) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	13	31	42	50
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	40	62	121	123
C. Cases written off the Dispensary Register as—												
(*a*) Cured ..	381	204	113	136	23	30	45	38	404	234	158	174
(*b*) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	441	379	431	425
D. Number of Persons on Dispensary Register on December 31st :												
(*a*) Diagnosis completed	1474	844	678	527	45	58	225	213	1519	902	903	740
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	66	103	231	237

1. Number of persons on Dispensary Register on January 1st	5643
2. Number of patients transferred from other areas and of lost sight of cases returned	91
3. Number of patients transferred to other areas and cases lost sight of	572
4. Died during the year	489

5. Number of observation cases under A. (*b*) and B. (*b*) above in which period of observation exceeded 2 months	276
6. Number of attendances at the Dispensary (including Contacts) ..	22887
7. Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision..	1775
8. Number of attendances at General Hospitals or other Institutions approved for the purpose of patients for :—	
(*a*) Light treatment	22
(*b*) Other special forms of treatment	11
9. Number of patients to whom Dental treatment was given at or in connection with the Dispensary	20
10. Number of consultations with medical practitioners :—	
(*a*) At homes of Applicants	169
(*b*) Otherwise	190
11. Number of other visits by Tuberculosis Officers to Homes	1105
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	22964
13. Number of—	
(*a*) Specimens of sputum, &c., examined..	1972
(*b*) X-Ray examinations made	131
14. Number of Insured persons on Dispensary Register on the 31st December	1894
15. Number of Insured persons under Domiciliary Treatment on the 31st December	832
16. Number of reports received during the year in respect of Insured Persons :—	
(*a*) Form G.P. 17	45
(*b*) Form G.P. 36	1070

"CARE" AND "AFTER-CARE."—The After-Care scheme of the Joint Committee provides for the establishment of an After-Care Committee in connection with each main and sub-dispensary, 12 in number. The members of each Committee are voluntary workers who are appointed by the Committee chiefly on the recommendation of the District Councils. Under the scheme the Joint Committee contribute at the rate of not more than £2 per case per annum if the After-Care Committee think such financial assistance is required. Whilst this sum is a considerable help, each Committee is expected to raise funds itself if experience shows this is necessary. The objects of the Care and After-Care Committees may be summarised as follows :—

(1) To deal with all cases of Tuberculous persons insured and non-insured. It is desirable, however, that patients should be referred to the After-Care Committee at their own request, or at least with their concurrence, and that every case of Tuberculosis should not be automatically referred to the After-Care Committee.

(2) To allay any fears that may exist as to the danger of infection in early cases, subject to the patient taking reasonable precautions.

(3) Finding suitable employment and providing clothing and food in necessitous cases.

(4) The provision of beds and bedding to enable patients to sleep alone.

(5) The provision of grants in aid of rent to secure separate bedrooms for patients.

(6) When necessary the provision of assistance for the families of patients who are under treatment in residential institutions.

(7) Any other such assistance as experience may from time to time determine.

(8) In furtherance of the above objects to visit patients at the discretion and under the instructions of the Tuberculosis Officer to whom also the reports of the visitors should be submitted.

During the year After-Care Committees have been established at Newcastle and Biddulph. Those for Leek and Cheadle are in process of formation.

In the Central area the Stafford Guild of Social Welfare has become responsible for the after-care work in connection with the Stafford dispensary. The Committee for the Uttoxeter District has began work, but those for the Lichfield, Cannock, and Stone areas have yet to be formed.

The After-Care Committee of the Wolverhampton dispensary began work in the Autumn. The Tuberculosis Officer states that several cases who otherwise could not have taken advantage of sanatorium treatment through lack of the necessary outfit have been provided with clothing and have been admitted to the sanatorium. Beds and bedding have been supplied in other cases and suitable work found in a few instances for cases which have completed a period of sanatorium treatment.

The Dudley and Wednesbury After-Care Committees were only established at the end of the year.

Although these Committees are subsidised to a certain extent by the Joint Committee, yet they really are purely voluntary in character and their success entirely depends upon the activity of their members who have been chosen to represent each part of the district around their dispensary. Each Committee receives assistance and guidance from the Tuberculosis Officer of the area. The importance of this work cannot be too much exaggerated, for tuberculosis is a disease often of such long duration that all the resources of the patient's family are frequently exhausted in the struggle to make both ends meet, and without timely assistance such as an After-Care Committee can give it is rarely possible for a patient to obtain full benefit from the treatment afforded by the Joint Committee.

RESIDENTIAL INSTITUTIONS.—The accommodation available at residential institutions is shown in Table 7

TABLE 7.

Patients treated at SANATORIA, &c., 1st January to 31st December, 1925.

	*Prestwood for men	Edge View Advanced cases in men	Groundslow for women	Yarnfield Advanced cases in women	Himley for children	Outside Institutions. (a)	Totals.
Beds available	150	35	40	15	38	40	318
In Sanatorium at beginning of year	93	34	38	14	36	49	264
Admitted	345	98	188	37	89	44	801
Discharged	318	66	186	27	86	53	736
Died	10	31	1	11	1	3	57
Remaining at end of year	110	35	39	13	38	37	272

* Increased from 122 to 150 on 19th May, 1925.

(a) Figures in this column do not include cases sent for concurrent treatment and training, and pensioners receiving treatment at cost of Pensions Ministry.

The institutions provided by the Joint Committee are for pulmonary cases. Cases of surgical tuberculosis are treated at neighbouring outside institutions at a rate fixed by the Minister of Health. I have already referred to the limited number of beds available for this purpose and that at the end of the year they were increased from 40 to 55, but as already mentioned the difficulty is a double one, for even if we were not rationed in our expenditure for this form of treatment the special hospitals are so overtaxed at present that they cannot avoid having a long waiting list. In the earlier part of the year there were two special hospitals in the County in connection with which After-Care Centres or really out-patient departments had been established at Longfields, Stone, Stafford, Lichfield, and Leek. Unfortunately, in May, the larger of the two hospitals found it necessary to close its doors and since then the need for a hospital of this type in the County has become pressing. At the present time the After-Care Centres have difficulty in carrying on owing to the lack of beds at the remaining small hospital. This hospital and the after-care centres are not controlled by the Joint Committee, but are independent institutions which derive their income from voluntary sources in addition to payments for the treatment of patients sent by public bodies. The After-Care Centres are under the charge of the same Surgeon who operates on the case at the parent hospital, so that continuity of treatment is obtained in every case, a most important matter in such long standing disabilities, whilst, further, these centres allow of patients who have suitable home surroundings being discharged from the hospital earlier than if there were no specially trained assistance available near their homes.

Situation of Sanatoria and Hospitals.—With regard to the institutions provided by the Committee, three are situated in the south of the County, the largest being Prestwood Sanatorium for men with 150 beds. Then at Himley village, five miles from Wolverhampton, there is a sanatorium for children containing 37 beds; whilst at Kinver in the extreme south of the County the pulmonary hospital for

35 beds has been established The Sanatorium for women is at Groundslow with 40 beds, which is five miles south of the Potteries. Near it is Yarnfield Hospital belonging to the Stone Joint Hospital Board, which, by arrangement with the Committee, has 16 beds for advanced cases in women, and at the present time is being doubled in size so that there will shortly be 32 beds available.

STAFF.—Prestwood Sanatorium, near Stourbridge, is in charge of Dr. J. Stevenson, Medical Superintendent, who is assisted by Dr. Loughran. The

nursing staff is 19.
domestic staff, 18.
outside staff, 12.
clerical staff, 3.

24 of the 150 beds are in enclosed cubicles which are used for advanced cases, the other beds being for the earlier stages of the disease. This institution, which has been recently built, provides for all modern methods of treatment. Dr. Stevenson reports that :—" The treatment adopted at the Sanatorium is on the usual recognised lines and the education of the patient as to how to live is one of the aims of the institution. They are taught the value of fresh air, systematic rest, and graduated exercises and work. The results have shown that the majority of patients derive great benefit. Tuberculin and vaccines have been used on suitable cases with favourable results. A few orthopædic cases have been dealt with here, and these have done very well.

The X-ray plant has been of the greatest possible use, especially in aiding diagnosis of doubtful and early cases.

In addition every effort is made to occupy the patient's mind, and to keep his mental state in such a condition that he will not brood over his troubles. They have in the past year done a great deal of useful work—gardening, carpentry, motor repair work, car washing, general estate work, &c. Latterly pig rearing has been commenced, and promises well.

They have constructed all their own workshops, sheds, &c. A canteen is run by the patients themselves, the profits going to provide prizes, &c., for whist drives and billiard tournaments, and a great deal of good has been done to poor cases by getting relief from the distress fund ; boots, clothes, &c., have been bought, and railway fares provided for very poor cases who were due to be discharged home."

The Children's Sanatorium at Himley is under the supervision of Dr. Lilly, one of the Tuberculosis Officers, the resident staff being :—

nursing staff, 8.
domestic staff, 5.
teaching staff, 2.
outside staff, 1.

This institution is for early cases of lung disease, and the results obtained have been so favourable that the Joint Committee have had under consideration a scheme for enlarging the accommodation from 37 beds to 100, but owing to financial stringency and at the request of the Ministry of Health have deferred the matter at present. Table 8 shows at a glance the results of treatment for 12 months. In order to have an index of the improvement in these children they were carefully weighed on admission and discharge and six months after they had returned home. These observations showed that the majority had benefited to such an extent from their stay at the sanatorium that after returning home their improvement was maintained even although in many instances the environmental conditions were unfavourable. Most of the children were only in the institution for three months and their rapid response to treatment is most gratifying. The institution was only opened in 1921, and the results seem to show that a very considerable proportion of the cases have had their disease arrested by this short term of treatment, and so there is every reason to hope that they will grow up into useful citizens.

TABLE 8.

Children treated at Himley Sanatorium, 1st July, 1924, to 30th June, 1925.

Age	Average Weight.									General condition 6 months after discharge.					
	On admission.			On discharge.			After 6 months.			Disease arrested.	Improved.	*In statu quo.*	Worse.	Died.	Left district.
	St.	lb.	oz.	St.	lb.	oz.	St.	lb.	oz.						
1—5	2	7	3	2	8	4	2	10	0	—	2	1	—	—	—
5—10	3	4	5	3	11	9	3	12	6	8	28	8	4	—	—
10—13	4	4	11	4	11	3	5	3	8	10	12	5	2	2	—
82 cases	—			—			—			18	42	14	6	2	—

The Tuberculosis Hospital for advanced cases at Kinver was an hotel which has been adapted for the purpose and contains 35 beds. It is in charge of Dr. Murphy, a local medical practitioner, the other staff being :—

nursing staff, 10.

domestic staff, 7.

outside staff, 1.

The patients are encouraged to remain in hospital as long as they will, for advanced cases when living at home, unless they faithfully carry out the instructions given them, are a source of danger to those around them. In view of this the number of beds is too small to adequately serve the area. In addition to the 35 beds at Kinver there are 24 for this type of disease at Prestwood Sanatorium, but as they are insufficient the Committee are considering the provision of more beds for hospital treatment at Prestwood.

Groundslow Sanatorium, for women, near Tittensor, has 40 beds and is in charge of Dr. Fernie, a local medical practitioner.

The resident staff at the institution are :—

nursing staff, 5.
domestic staff, 7.
outside staff, 3.

The sanatorium consists of a country house adapted for an administration block and for 17 patients, a hut for 14 beds, and 9 shelters. Difficulty has been experienced in nursing febrile cases especially as many patients have had to be dealt with this year who would have been sent to a pulmonary hospital if there had been accommodation. The whole question of the institutional treatment of pulmonary cases in women is now under consideration and it is proposed to eventually provide for 60 beds at this institution, half of which are to be allocated for the hospital type of case.

Yarnfield Hospital, as already mentioned, does not belong to the Joint Committee, but by arrangement with the Stone Joint Hospital Board 16 beds are used for advanced cases in women, 8 beds being in an enclosed ward and 8 in shelters. This number is now being doubled so that we shall shortly have 32 beds available. The hospital is in charge of the same local medical practitioner who acts as Medical Officer of Groundslow Sanatorium.

Immediate Results of Treatment.—The accommodation available during the year, the extent of treatment, and the immediate results of treatment at residential institutions are shown in Forms T. 54 and T. 55 of the Ministry of Health.

Form T. 54.

RESIDENTIAL INSTITUTIONS.

(A) Average Number of Beds available for patients during the Year 1925.

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		Sanatorium Beds.	Hospital Beds.	Disease of Bones & Joints	Other Conditions.	
Adult Males ..	10	146	52	13	2	223
Adult Females ..	—	40	15	9	—	64
Children under 15 ..	3	22	6	25	5	61
	13	208	73	47	7	348

(B) Return showing the Extent of Residential Treatment during the Year 1925.

		In Institutions on Jan. 1	Admitted during the year	Discharged during year	Died in the Institutions	In Institutions on Dec. 31
Number of Patients	Adults, M.	187	463	433	42	175
	,, F.	57	236	224	12	57
	Children, M.	39	63	65	3	34
	,, F.	23	45	43	—	25
Number of Observation Cases	Adults, M.	—	20	17	—	3
	,, F.	—	—	—	—	—
	Children, M.	2	9	9	—	2
	,, F.	3	7	8	—	2
Total		311	843	799	57	298

Form T. 55.

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

Classification on admission to Institution	Condition at time of discharge	Under 3 Months			Duration of Residential Treatment in the Institution.									Total
					3-6 Months			6-12 Months			More than 12 Months			
		M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Pulmonary Tuberculosis Class T.B. minus	Quiescent	2	10	5	21	8	15	7	–	1	2	–	–	71
	Improved ..	29	31	17	92	28	40	22	1	9	1	–	1	271
	No material improvement	24	17	2	12	5	3	5	1	2	–	–	–	71
	Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
Pulmonary Tuberculosis Class T.B. plus Group 1	Quiescent	1	1	–	3	–	–	–	–	–	–	–	–	5
	Improved	5	8	1	6	2	1	2	–	–	1	–	–	26
	No material improvement	1	1	–	3	–	–	1	–	–	–	–	–	6
	Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
Pulmonary Tuberculosis Class T.B. plus Group 2	Quiescent	–	–	–	–	1	–	1	–	–	–	–	–	2
	Improved	9	13	–	28	17	–	15	1	–	–	1	–	84
	No material improvement	8	8	–	4	–	–	1	–	–	–	–	–	21
	Died in Institution	2	1	–	–	–	–	–	–	–	–	–	–	3
Pulmonary Tuberculosis Class T.B. plus Group 3	Quiescent	1	–	–	–	–	–	–	–	–	–	–	–	1
	Improved	5	2	–	10	4	–	5	2	–	1	–	–	29
	No material improvement	47	19	1	29	21	–	11	3	–	2	1	–	134
	Died in Institution	22	25	–	11	4	–	6	2	–	1	–	1	52
Non-Pulmonary Bones and Joints	Quiescent or arrested	–	–	2	–	1	4	–	–	2	1	–	1	11
	Improved	3	2	–	2	2	3	1	1	11	1	–	5	31
	No material improvement	2	–	–	–	–	–	1	1	–	–	–	–	4
	Died in Institution	–	–	–	–	–	1	–	–	–	–	–	–	1

Classification on admission To Institution	Condition at time of discharge	Under 3 Months			Duration of Residential Treatment in the Institution.									Total
					3-6 Months			6-12 Months			More than 12 Months			
		M	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F	Ch	
Abdominal	Quiescent or arrested	–	–	–	1	–	–	–	–	–	–	–	–	1
	Improved	–	1	–	1	–	2	–	–	–	–	–	–	4
	No material improvement	–	–	–	–	–	–	–	–	–	–	–	–	–
	Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
Other Organs	Quiescent or arrested	–	1	–	–	–	–	–	–	–	–	–	–	1
	Improved	–	1	1	–	–	–	–	–	–	–	–	–	2
	No material improvement	–	–	–	2	–	–	–	–	–	–	–	–	2
	Died in Institution	–	–	1	–	–	–	–	–	–	–	–	–	1
Peripheral Glands	Quiescent or arrested	–	–	2	–	–	2	–	–	–	–	–	–	4
	Improved	–	1	–	–	–	4	–	–	3	–	–	–	8
	No material improvement	–	–	–	–	–	–	–	–	–	–	–	–	–
	Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
Observation for purpose of Diagnosis		Under 1 week.			1—2 weeks.			2—4 weeks.			more than 4 weeks.			
	Tuberculous ..	–	–	–	–	–	–	–	–	–	1	–	–	1
	Non-tuberculous ..	–	–	–	–	–	–	–	–	–	4	1	1	6
	Doubtful	–	–	–	–	–	–	1	–	–	1	–	1	3

721 cases of pulmonary tuberculosis were discharged during the year, of which 79 were quiescent, 410 had improved and in 232 cases no material improvement was observed; 55 patients died in the institutions. 68 cases of non-pulmonary tuberculosis were discharged from residential treatment of which 17 were quiescent, 45 had improved, and in 6 cases no material improvement was observed; two cases died in the institutions.

Ten observation cases were discharged of which one was found to be tuberculous, six non-tuberculous, and one doubtful.

Special Surgical appliances were provided in necessitous cases by the Committee for 6 cases that were treated at the Birmingham Orthopædic Hospital but three of these were not sent there under the official scheme owing to the rationing of expenditure. These were :—Special Boots, 2 ; Caliper, 1 ; Spinal Supports, 3.

TREATMENT AT RESIDENTIAL INSTITUTIONS OF EX-SERVICE MEN.—As in former years the policy of offering preferential treatment to ex-Service men suffering from tuberculosis, that has been recognised by the Ministry of Pensions as being aggravated by war service, has been continued. During the year 65 cases were treated at Prestwood Sanatorium as compared with 84 the previous year, whilst 21 cases were sent to Edge View Hospital, Kinver, as against 29 last year.

In Table 10 the number of ex-Service men sent for concurrent treatment and training in 1925 is shown. These were treated at special institutions recognised by the Ministry of Pensions who bore the whole cost of treatment and training as they did for those pensioners previously referred to who went to our own institutions.

TABLE 10.

Showing number of ex-Service Men sent for Concurrent Treatment and Training during 1925.

Cases under Treatment and Training at commencement of year.	New cases sent during the year.	Number who left prematurely.	Number who completed Course.	Remaining under Treatment and Training at end of year.
45	27	17	29	26

DENTAL TREATMENT.—This has only been arranged for at the sanatoria which are visited regularly by Mr. Roberts, the Dental Surgeon, who is appointed jointly by this Committee and the Education Committee, his time being equally divided between the work of the two Committees. On reference to Table 9 the work undertaken during the year

is set forth. In addition to conservative dentistry and extractions, the Committee allow the Dental Surgeon to provide dentures for the patients at their own cost. Under this scheme the services of the dentist are free, who arranges with a dental mechanic to make the dentures, the patients paying the mechanic's actual cost.

TABLE 9.

Summary of Dental Operations during the year 1925.

Institution.	No. of Patients Treated.	Attendance for Treatment.	Administration of Local Anaesthetics.	Fillings.	Extractions.	Dressings.	Scalings.	Other Treatment.	No. of Dentures Completed.	No. of Repairs to Dentures.
Groundslow	113	267	198	141	203	2	31	10	11	—
Himley	63	162	106	76	189	3	1	1	—	—
Prestwood	183	422	344	167	373	15	79	20	10	4
*Yarnfield	14	15	26	—	26	—	—	—	—	—
Total	373	866	674	384	791	20	111	31	21	4

* Urgent cases only

Mr. Roberts in reporting on his work states :—

"Lectures on oral hygiene, and the importance of a healthy mouth in the treatment of tuberculosis, have been given to the patients at each institution. These lectures have been essential to the success of the scheme, for, by them, the patients have been made to understand fully the value of a healthy mouth, and so have been desirous of seeking dental treatment.

"During the year 21 dentures have been completed and inserted in the mouths of patients, and repairs to 4 dentures as well. More patients would have had dentures but for the fact that they could not afford the cost, small as it is."

At present there is no dental treatment at the dispensaries, but as a matter of convenience Mr. Roberts has seen a few patients on their return from the sanatorium at dispensaries during the year for the fitting of dentures which is recorded in the Tables on Dispensary work.

In addition to the routine visits at sanatoria, Mr. Roberts attends to urgent cases at the pulmonary hospitals which are not visited in the ordinary way.

4.—Progress of the Scheme during the last five years.

Much progress has been made in the provision of accommodation for patients at residential institutions during the last five years as will be seen from the following tabular statement contrasting the accommodation at the beginning of 1921 and at the end of 1925 :—

No. of Beds Available.

	January, 1921.	*December,* 1925.
(*a*) *Pulmonary.*		
1. For men.		
Early cases	60	126
Advanced cases.. ..	35	59
2. For women.		
Early cases	26	40
Advanced cases.. ..	16	16
3. For children	Nil.	37
(*b*) *Non-pulmonary.*		
At outside institutions ..	15	55

During 1921 Himley Sanatorium for children was opened for 20, which was increased to 37 in October, 1922.

In October, 1922, the temporary sanatorium at Moxley was closed and Prestwood Sanatorium was opened for a limited number of patients, at the end of the year 56 being under treatment. It was only possible to open it partially because a fire occurred in the administration block and so one of the pavilions had to be temporarily used for this purpose whilst the new administration block was being built, and it was not until the end of 1924 that the institution could accommodate 150 patients as originally designed.

At Groundslow Sanatorium for women, the number of beds was increased from 20 to 40 in August, 1923.

Considerable improvement has also been effected in the premises used for dispensaries.

In 1922 Lichfield Dispensary was transferred from a small inconvenient cottage to larger premises which had been leased to the County Council for the work of the Education and Health Visiting Committees.

At Wednesbury the Committee bought premises adjoining their temporary dispensary and converted them specially for use as a dispensary.

In June, 1923, a new dispensary which had been built at Dudley was opened.

In 1925 the Committee decided to build a new dispensary at Newcastle to replace the rooms rented there, and the work is now in progress.

In 1921 the Committee altered their policy with regard to the work of the dispensaries, which up to then had been to treat large numbers of persons who really were domiciliary cases. The dispensaries are now chiefly consultative centres, the only cases treated being those who are not panel patients and whose means do not allow of their being attended by a medical practitioner, or those who require some special form of treatment. This change of policy has had the effect of considerably reducing the attendances at the dispensaries and has given the Tuberculosis Officers more time for consultative work and home visiting besides allowing them more opportunities of supervising the treatment of their patients. Incidentally it has had the advantage of bringing the Tuberculosis Officers into closer touch with the medical practitioners of their area who have consequently become better acquainted with the scheme of treatment of the Committee, and have, therefore, recommended more patients to take advantage of it.

During the last five years much improvement has been effected in the health visiting of tuberculous patients. Arrangements have been made for the Tuberculosis Officers to see each Health Visitor at least quarterly so that they could

confer with them about their work. The Health Visitors have also attended lectures at Stafford in the winter months and there is little doubt that by these measures much co-ordination of effort has resulted. In addition the co-ordination between the staff of the Joint Committee and those of the Sanitary Authorities already existing has been considerably strengthened so that all adverse environmental conditions at the homes of the patients are promptly notified to the appropriate Medical Officer of Health.

In February, 1924, the Joint Committee decided to establish After-Care Committees in connection with each dispensary. Some delay occurred in carrying out the scheme as legal difficulties had first to be overcome and the various District Councils consulted and invited to nominate members for the Committees. The Committees have now been established in the more populous parts of the area and it is hoped the remaining ones will soon begin work.

In February, 1923, the Committee established a dental scheme for their residential institutions, details of which have already been given.

5.—Further Requirements.

Owing to the incompleteness of the existing scheme a special report was made at the end of 1925 indicating in what way further provision was required. This report was prepared for the information of the Committee, and whilst some of the matters contained therein are now being dealt with, others have not yet been discussed. As the report has been so recently published it will only be necessary to include here a summary as follows :—

Summary of Proposals.

A. Dispensaries.

(1) Leek Dispensary inadequate. This matter is now under consideration.

(2) Cannock Dispensary inadequate—now under consideration.

(3) Tamworth and Walsall Wood area not sufficiently provided for. To deal with this, in addition to the building, an increase in the staff would be required.

(4) X-rays. Further provision for X-ray examination.

B. Residential Institutions.

(*a*) Pulmonary Tuberculosis.

(1) *Men.* Inadequate provision of Hospital beds. Proposal to enclose the top pavilion at Prestwood.

(2) *Women.* Inadequacy of Hospital beds. Proposal to make provision at Groundslow Sanatorium.

(3) *Children.* Insufficiency of present provision. Scheme deferred.

(*b*) Other forms of Tuberculosis.

Further provision necessary—now under consideration.

There is, however, one matter of great importance which must be mentioned in dealing with this subject although it does not come within the power of the Committee to arrange for. The effect of tuberculosis on different individuals is so variable that any complete scheme must be sufficiently elastic to provide for all types. Quite 60 per cent. of the cases suffer from chronic phithisis but in a varying degree. Some are totally incapacitated; others can do a little work; and a few suffer comparatively little inconvenience. When a man goes to a sanatorium if he is to receive full advantage of the treatment afforded, his mind must be at rest as to his family affairs, so that he will be able to stay sufficiently long to derive permanent benefit. Unfortunately, these considerations often prevent him from seeking advice in the earliest stage of the disease, but if he does go for treatment it is necessary for him to remain at the sanatorium for quite 12 months. Our experience, however, is that patients nearly

always want to go home after three or four months' treatment, for they feel better and want to start work again. Even under most favourable circumstances a convalescent consumptive requires careful supervision for two years after leaving the sanatorium, and during this time he will certainly not be able to resume his ordinary employment but can only work in broken periods. This means that he must receive assistance if he and his family are not to become financially impoverished, but at present the existing agencies, whilst helping as best they can, cannot adequately deal with the problem. The sickness benefit of the National Health Insurance Act is only operative if the man is incapable of work, and then only for six months, after which period Disablement Benefit at a considerably lower rate is paid. The sum allowed by the sickness benefit is not sufficient for a married man with a family, but apart fron this it is desirable that the man should be in a position to do any work which his condition allows of, whereas he is really encouraged to do nothing at all during the time the benefit is operative. No doubt there are administrative difficulties in the way, but if it were possible to allow him to do work of some kind under medical supervision to augment this sickness benefit it would be of great advantage to the man physically and mentally, to say nothing of that of his family. When the After-Care Committees become fully developed they will be of considerable assistance to convalescents, but as voluntary bodies it is unlikely that they will ever be able to obtain sufficient funds to allow them to really meet the difficulties referred to. Meanwhile, until the defect in our organisation has been overcome we cannot say that we have built up all the machinery necessary to effect a cure, and unhappily many cases will relapse and require further treatment besides being incapacitated from work and, therefore, from the point of view of the community, unproductive.

W. D. CARRUTHERS, M.B., D P.H.,
Medical Officer.

Stafford,
May 22nd, 1926.