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Borough of Shrewsbury.



# REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1929.

A. D. SYMONS, M.D., D.P.H.

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## BOROUGH OF SHREWSBURY.

### THE PUBLIC HEALTH COMMITTEE.

Mr. Alderman ADAMS.\*† (Chairman).

THE MAYOR (Mr. Alderman PERKS).\*

Mr. Alderman DAVIES.*	Mr. Councillor BROMLEY.*†
Mr. Councillor ASBURY.*	„ „ COLE.*
„ „ JACKSON.*	„ „ MADDISON.*
„ „ PLIMMER.	„ „ SMOUT.*†
„ „ TIPTON.	„ „ WOOLLAM.

### THE MATERNITY and CHILD WELFARE SUB-COMMITTEE.

Mr. Alderman ADAMS (Chairman).

THE MAYOR (Mr. Alderman PERKS).

Mr. Councillor ASBURY.	Mr. Councillor BROMLEY.
„ „ COLE.	„ „ JACKSON.
„ „ PLIMMER.	„ „ SMOUT.
„ „ WITHERS.	„ „ WOOLLAM.

#### *Representative Members :*

Mrs. ALLEN.	Rev. Prebendary P. A. E. EMSON.
Mrs. GALE.	D. D. MACPHERSON, Esq.
	Miss THOMPSON.

### THE SHREWSBURY and ATCHAM JOINT HOSPITAL BOARD.

Mr. Alderman ADAMS (Chairman).

THE MAYOR (Mr. Alderman PERKS) *ex officio*.

Mr. Alderman DAVIES.	Mr. Alderman DEAKIN.*
Mr. Councillor ELLIS JONES.	Mr. Councillor MADDISON.
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J. H. INIONS, Esq.	T. KYNASTON, Esq.
Col. H. W. LOVETT.	Captain OFFLEY WAKEMAN.

\* Also members of the Housing Acts Committee of which Mr. Alderman DEAKIN is Chairman, together with Mr. Alderman PACE.

† Members of the Housing Selection Sub-Committee of which Mr. Alderman ADAMS is Chairman.

# STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health.	}	† A. D. SYMONS, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
School Medical Officer.		
Medical Officer for Maternity and Child Welfare.		
Medical Superintendent of Small- pox and Isolation Hospitals.		
Sanitary Inspectors :	}	*† THOMAS SPEAKE, F.S.I.A.
		† W. LITTLE, C.R.S.I.
Health Visitors :	}	† Miss F. E. BRETT, Cert.S.I. Exam.Bd., Dip.Nat.Health.
		† Miss W. KYD-AITKEN, C.M.B.
		Fully qualified Health Visitor.
Health Visitor and School Nurse		† Miss E. L. HUGHES, C.M.B.
School Nurse :		† Miss M. WILLIAMS.
Matron of Isolation Hospital :		Miss A. K. ELLIS.
Chief Clerk and Laboratory Assistant :		† G. NICHOLAS.
Assistant Clerks :	}	† Miss F. C. PUDDLE.
		L. G. W. HARDING.
Abattoir Superintendent and Meat Inspector :		* FRANK FARRELL.

## PART TIME OFFICERS.

Medical Officer of Ante-Natal Clinic :	R. L. E. DOWNER, M.D., B.S., M.R.C.S., L.R.C.P.
Dental Officer Maternity and Child Welfare :	W. BAILEY SHIELDS, L.D.S.
Food and Drugs Inspector :	W. C. HEAS.
Meteorological Observer :	H. A. HOWE.
Public Analysts :	A. BOSTOCK HILL, M.D., D.P.H., F.I.C. W. T. RIGBY, F.I.C.

\* Qualified Meat Inspectors.

† Contribution towards salary made under Public Health Acts  
or by Exchequer grants.



HEALTH CENTRE,  
MURIVANCE,  
SHREWSBURY,

May, 1930.

*To the Mayor, Aldermen and Councillors of the  
Borough of Shrewsbury.*

MR. MAYOR, COUNCILLOR MRS. MURRELL AND GENTLEMEN,

I have the honour to present to you my annual report on the health of the Borough during the year 1929.

It would have been a very uneventful year locally but for the abnormally cold weather and an Influenza epidemic in the first quarter, both of which contributed to a considerable amount of illness and an increase in the number of deaths mostly among the aged.

The death rate for the country generally was 13.4 which was the highest since 1919; Shrewsbury's death rate was 13.2 compared with 12.3 in 1928.

The Infant Mortality Rate for the whole country was 74, whereas for Shrewsbury it was 51, which is less than the rate for the previous year.

The birth rate of 16.9 was with the exception of one of the War years the lowest on record, being the same as that recorded the year before.

The arrangement and headings of this report conform to the requirements of the Ministry of Health with a resultant standardisation of contents, but as this introductory letter is not an official part of the report, I am at liberty, with your permission, to express some of my thoughts which are relevant to matters affecting the Public Health and which cannot be embodied in the report itself.

Progress in any branch of work should be deliberate and steady without panic or false steps which over enthusiasm or excessive zeal may engender, and progress has to wait for public opinion which in its turn depends on education, explanation or enlightenment.

The year which this report discusses has been one, I think, in which considerable attention in the Press and elsewhere has been focussed on one of the greatest social problems that we have to face—the problem of Mental Deficiency. The comprehensive Report of the Mental Deficiency Committee issued during the year has told us of the extent of the problem and has suggested some remedies and it seems that the time is coming for us to re-orientate our ideas with regard to social welfare.

Public opinion in these days can be moulded by the Press, but the Press is often prompted to print the pompous pronouncements of eminent persons on subjects with which they have no deep acquaintance and there is an element of danger in this, because precipitate or hurried legislation might as a result ensue.

On this big question of Mental Deficiency, and it is big seeing that it has been estimated that there are approximately 300,000 defectives in England and Wales whose existence is a burden imposed on the Community, some people are crying out for sterilisation to be put into force, others for segregation, but neither are practicable as means of preventing mental deficiency in the future.

Few people really understand what is meant by Mental Deficiency; it is distinguished from mental disorder or disease and mental degeneration or infirmity which states may be grouped under the term insanity, by being due to a defect which prevents the proper development of mental powers to within limits of the normal.

It is an innate incapacity for normal mental development, it is an incurable and life long incapacity, it is usually of an inherited and inheritable nature, and it occurs in all social classes. It varies in degree so that at one end of the scale there is the Idiot and the Imbecile, at the other a person in whom there exists in-





herited or acquired mental weakness such that he cannot compete on equal terms with his fellow men and cannot manage himself or his affairs with ordinary prudence.

So much lip service has been given to the doctrine of the equality of man, so much of our modern legislation is based on the mistaken idea that environment is everything, and that given the same chance all men are equal, that this great question of the unchecked procreation of the unfit, the irresponsible, and the improvident should now make us pause a bit and consider whether we ought not to start weeding our garden so that the flowers in it do not get choked.

It is true, of course, that human beings respond to good conditions of environment just as a plant responds to a well cultivated soil, but if a poor strain of seed is sown in soil however rich, the resultant growth can never be entirely satisfactory.

Constitution and environment are important in every case ; the only question is their relative value. It may be safely said that a good constitution in a fair environment is better than a bad constitution in an ideal environment.

Since 1875 when the great Public Health Act came into force, all efforts to improve the living conditions of the people were concentrated on environmental questions.

Since the advent of the twentieth century efforts have still been concentrated on environment, but also on individuals, and this evolution is still expanding.

Is not the time coming when humanitarianism and sentimentalism should yield a little ground to allow a changed moral outlook a place in the scheme of things ?

The remedy or partial remedy for the present state of affairs depends to a large extent on moral considerations ; we cannot at present anyhow, adopt the lethal chamber, but we can if moralists will change their attitude, prevent the arrival of the unfit by applying the methods of negative eugenics and aim at stopping the procreation of children by the definitely unfit members of the community.



Sentimentality favours the individual rather than the race and objectors dislike interference with the liberty of the subject, but in a community that wishes to prosper and progress without being hampered with the burden of maintaining the inefficient, the happiness of the greatest number is surely of more importance.

Whether public opinion demands a partial remedy of the problem by agreeing to legalised abortion, teaching on birth control, or sterilisation by operations or X-rays in selected cases, the major problem still remains for the reason that it is only a minority of mental defectives who are the offsprings of mentally deficient parents.

**The great majority of defectives are derived from parents who appear to be normal,** although many of them may be "carriers" of the defect or who are in some way mentally unstable or neurotic, but not certifiable defectives.

It follows therefore, that even if all certifiable defectives were sterilised, mental deficiency would not be eradicated and its prevention would be effected only to a relatively insignificant extent.

Similarly the extremely expensive method of segregation in Institutions would not solve the problem, nor would the prohibition of the marriage of defectives, which cannot prevent illegitimacy, be a solution.

Hence it follows, that whilst something can be done by adopting sterilisation, increasing segregation, and prohibiting the marriage of known defectives to check the perpetuation of an existing taint, we must go much further afield and search for the factors which operate, so as to produce germinal impairment and it seems that once more we are brought face to face with environment, but environment in a much wider sense than hitherto understood.

There is good reason to believe that the psychopathic diathesis which may lead to mental deficiency in the next generation is dependent on disease or disorders induced by faulty modes of life.

Such influences as alcoholism, syphilis and the stress and strain of modern life which is continuously bringing about disharmony and mal adjustment owing to the new conditions that have to be faced, are examples of faulty modes of life though the fault is not necessarily attributable to the individual.

There are an enormous number of people going about, who are suffering from minor illnesses which are labelled indigestion, gastritis, debility, headache, eyestrain, brain fag and many other names who in reality are suffering from neurosis—a term which implies a condition of mind reacting on the body, which is brought about by a failure to make adaptation to the difficulties of life.

People talk about industrial unrest as if it were purely and simply an economic problem, but actually it is largely a question of dreary jobs and bad food, boredom and indigestion.

Public Health of the future has got to concern itself with all these questions which seem trivial in themselves, yet in their cumulative effect may give rise to the condition I have been talking about.

One of the General Recommendations of the Mental Deficiency Committee is the consideration of the question of the institution of a post of a specialist Officer of Mental Health in allotted areas an indication of the trend of modern medicine, which when the public will let it, will substitute the teaching of the art of healthy living for the bottle of medicine.

I have to thank my colleagues, the various members of my Staff and all those who are connected with or taken an interest in the work that the Public Health department performs, for their co-operation and assistance throughout the year.

I have the honour to be,

Your obedient Servant,

A. D. SYMONS.



## GENERAL STATISTICS, 1929.

Rateable value of the Borough	...	...	...	£235,000
Sum represented by a Penny Rate	...	...	...	£927
Area of the Borough (excluding water) in acres	...	...	...	3,470
Population (Census 1921)	...	...	...	31,030
Population (Registrar General's estimate middle of 1929)	{ For Birth Rate For Death Rate			32,630 31,990*
Persons per acre calculated on 1929 population	...	...	...	9.4
Inhabited houses (Census 1921)	...	...	...	6,742
Families or separate occupiers (Census 1921)	...	...	...	6,995
		MALE.	FEMALE.	
Births	{ Legitimate Illegitimate	275 10	247 20	Total 552
Birth Rate	...	...	...	16.9
Deaths	...	...	...	424
Death Rate	...	...	...	13.2
Number of Women dying in, or in consequence of Childbirth	...	...	{ from sepsis other causes	Nil. 2
Deaths of Infants under 1 year of age per 1,000 births	...	...	{ legitimate illegitimate	53.6 Nil.
Infant Mortality Rate	...	...	...	51
Deaths from Measles (all ages)	...	...	...	1
„ „ Whooping Cough (all ages)	...	...	...	2
„ „ Diarrhoea (under 2 years of age)	...	...	...	1

\* Excludes non-civilians.

### NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Shrewsbury, the county town of Shropshire is situated in the centre of a fertile district and is surrounded by more or less unbroken country for a radius of ten miles.

The original old town is almost surrounded by the river Severn which makes a horse shoe curve some two miles round.

The river is sufficiently unpolluted and attractive in appearance to encourage the healthy exercises of boating and bathing although as yet there are no organised facilities for the pursuit of the latter pastime.



Despite the fact that playing field accommodation has been increased in recent years, there is still need of further provision in this respect.

The town varies in elevation from 150 feet to 260 feet above sea level.

The subsoil is composed mainly of river drift in the form of sand and gravel of varying thickness.

The climate of Shrewsbury is mild and somewhat enervating, but though under the shadow of the Welsh hills on the west, the rainfall is moderate, amounting on the average to 25 inches per annum.

Industrial works are not numerous, atmospheric pollution not being therefore augmented to any extent from such sources.

Shrewsbury may be described as a shopping and marketing centre, a centre for trading in farm stock, and an important railway junction.

### **WEATHER CONDITIONS.**

On July 1st a Climatological Station situated in the grounds of the Isolation Hospital was opened.

This station at which daily readings are taken and forwarded to the Meteorological Office in London, is officially recognised by the Air Ministry.

The following instruments have been installed :—Campbell Stokes Sunshine Recorder, Rain gauge, Barometer, Maximum thermometer, Minimum thermometer, Solar Maximum thermometer, Grass Minimum thermometer, Wet bulb thermometer, dry bulb thermometer, wind vane.

It would have been interesting if in a year that was one of climatic extremes, complete records for the whole year had been available.

Data obtained in the second half of the year are set out in the accompanying table.

Month.	Barometer Means in Inches.	AIR TEMPERATURE IN SHADE.				Hottest Day in Sun.	SUNSHINE IN HOURS.			RAINFALL IN INCHES.		
		Mean Maximum.	Highest Maximum and Date.	Mean Minimum.	Lowest Minimum and Date.		Most Sunshine in one Day.	Daily Means.	Total Sunshine.	No. of Rainy Days.	Most in one Day.	Total Rainfall.
July	—	70.0°	86° on 16th	50.7°	41° on 13th	133° on 11th	14.5 on 14th	5.72	177.4	14	.38 on 5th	1.85
August	—	67.1°	76° on 27th	50.6°	39° on 19th	130° on 30th	11.7 on 12th	4.85	150.1	16	.75 on 5th	2.55
September	—	69.3°	82° on 8th	47.9°	36° on 25th 27th	132° on 1st	11.7 on 13th	6.12	183.7	7	.36 on 3rd	1.14
October	29.70	56.8°	63° on 11th 12th	42.1°	27° on 27th	112° on 17th	7.9 on 2nd	3.59	111.3	16	1.27 on 5th	3.30
November	29.65	51.3°	58° on 11th	36.9°	20° on 15th	97° on 8th	7.3 on 3rd	1.93	58.1	22	.91 on 11th	4.87
December	29.51	48.0°	58° on 13th	37.0°	25° on 22nd	87° on 13th	6.0 on 19th	2.42	74.9	22	.58 on 6th	4.67



For the summer months of July, August and September the average daily amount of sunshine recorded was  $5\frac{1}{2}$  hours.

September, an exceptionally bright and fine month gave us more sunshine than any other month of the year, a total of 183.7 hours being registered.

The total rainfall for the year measured at Coton Hill by Dr. Gepp, who once more has kindly supplied the figures, was 22.57 inches.

December with 4.23 inches of rain was the wettest month, whereas March the driest month with only 5 days on which rain fell totalled 0.36 inches.

The wettest day of the year was October 5th when  $1\frac{1}{4}$  inches of rain fell.

### POPULATION.

The Registrar General's estimate of the population of Shrewsbury at the middle of 1929 was 32,630, which figure includes 640 non civilians.

The excess of births over deaths during 1929 was 128 and it would seem that the Registrar General having made a special effort to arrive at an estimate which was as correct as possible for the year 1928, which in the case of Shrewsbury he gave as being 32,510, has been content, virtually, to allow us the natural increase of population, although he has also most probably taken account of migration factors.

The following figures show the population as estimated since the census of 1921.

YEAR.	POPULATION.
1921 (Census)	... 31,030
1922 (Estimated)	... 31,240
1923        ,,	... 31,600
1924        ,,	... 32,360
1925        ,,	... 32,530
1926        ,,	... 32,760
1927        ,,	... 32,780
1928        ,,	... 32,510
1929        ,,	... 32,630



VITAL STATISTICS.  
VITAL STATISTICS OF WHOLE DISTRICT DURING 1929 AND PREVIOUS YEARS.

YEAR.	Population (estimated) each year.		BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.				
			Un- corrected Number.	Nett.			of Non- residents registered in the District.	of Resi- dents not registered in the District.	Under 1 Year of Age.		At all Ages.		
									Number.	Rate.		Number.	Rate per 1,000 Nett Births.
1920	31268	30964	776	778	23.9	405	13.0	81	50	46	65.5	374	12.1
1921		31030	703	664	21.3	423	13.6	98	57	55	82.8	382	12.3
1922		31240	647	611	19.5	436	13.9	87	68	29	47.4	417	13.3
1923		31600	650	627	19.8	469	14.8	103	36	39	62	402	12.7
1924	32360	31660	679	628	19.4	454	14.3	120	42	29	46	376	11.9
1925	32530	31730	628	579	17.8	435	13.7	116	48	45	77.7	367	11.5
1926	32760	31960	657	588	18.2	446	13.9	121	35	37	62.9	360	11.2
1927	32780	32080	642	598	18.2	479	14.9	124	71	26	43	426	13.2
1928	32510	31870	621	552	16.9	467	14.6	142	67	31	56.1	392	12.3
1929	32630	31990	603	552	16.9	492	15.4	163	95	28	50.7	424	13.2

**BIRTHS.**

The total births notified in the Borough during the year amounted to 603 which includes 29 stillbirths.

Deducting the 29 stillbirths as well as those births which took place at Shrewsbury in Hospitals, Nursing Homes or elsewhere, but were assignable to other districts, the net total of live births during the year was 552 which is exactly the same number as in the previous year.

The birth rate is also the same as last year and is 16.9 per 1,000 population.

BIRTH RATES.				
			Live Births.	Stillbirths.
England and Wales	...	...	16.3	0.68
107 Great Towns (including London)			16.6	0.69
157 Smaller Towns (Population				
20,000—50,000)			16.0	0.71
London	...	...	15.7	0.53
SHREWSBURY	...	...	16.9	0.43

The manner in which the notifications of births were made is shown in the following table.

Doctor.	Doctor and midwife.	Midwife. or Nurse.	Parent.	Registrar	Total
43	2	542	4	12	603

The 552 live births belonging to Shrewsbury can be analysed as follows :—

LEGITIMATE.		ILLEGITIMATE.		TOTAL.	
Male	... 275	10	=	285	} 552
Female	247	20	=	267	

**Illegitimate Births.** There were 30 illegitimate births compared with 29 in 1928. The illegitimate birth rate was 0.91 per 1,000 population; the illegitimate births being a percentage of 5.4 of the total births.



**Stillbirths.** There were 29 stillbirths during the year ; 14 of these by Shrewsbury women and 15 by women whose confinement took place in the town, but who lived elsewhere.

The stillbirth rate per 1,000 population was 0.43, the stillbirths being a percentage of 2.5 of the total births.

Of the 14 Shrewsbury stillbirths, 9 were males and 5 were females, all being legitimate births.

### DEATHS.

There were 492 deaths registered as occurring in the Borough, but after making corrections for death of visitors, and inhabitants of Shrewsbury dying elsewhere, the net deaths belonging to the town amount to 424, giving a death rate of 13.2 per 1,000 persons compared with 12.3 in 1928.

A comparison between the death rates of the following groups is shown below :—

					DEATH RATE 1929.
England and Wales	...	...	...	...	13.4
107 Great Towns (including London)				...	13.7
157 Smaller Towns		...	...	...	12.3
London	...	...	...	...	13.8
SHREWSBURY	...	...	...	...	13.2

There was an increase in the number of deaths by 32 compared with 1928 and half of the total deaths were those of persons of the age of 65 and over.

A scrutiny of the causes of death shows, as is the case in other parts of the country, that the very severe weather in the first quarter of the year, gave rise to a large amount of illness due to respiratory complaints.

In addition, there was an epidemic of Influenza in the early part of the year.

The Deaths from these respiratory diseases with the deaths from similar causes in the previous year in brackets can be specified as follows : Influenza 24 (11), Pneumonia 30 (20), Bronchitis 18 (14).

The number of deaths from Cancer which was 67 is greater than has ever previously been recorded.

For the eighteen years previous to last year the average annual number of deaths from Cancer was 39.

During the last five years, the deaths from Cancer have numbered respectively 48, 43, 55, 48, and 67.





### INFANT MORTALITY.

There were 28 deaths of infants under one year of age, 21 being male infants and 7 female.

There were no deaths of illegitimate infants.

The Infant Mortality rate per 1,000 live births was 51 as contrasted with 56 for the previous year.

The following table compares the Infant Mortality rate of Shrewsbury with the rest of the country :—

England and Wales	...	...	...	...	74
107 Great Towns (including London)	...	...	...	...	79
157 Smaller Towns	...	...	...	...	69
London	...	...	...	...	70
SHREWSBURY	...	...	...	...	51

In the table which shows the causes of and ages at death, it will be noticed that 14 or half of the total infant deaths occurred during the neo-natal period which is the first month of life.

Congenital causes, as has been the case during recent years, again gave rise to a greater number of deaths than any other one cause or group of causes.

Six infants died of Broncho-pneumonia, 4 of whom developed their illness in the cold first quarter of the year.



### Infant Mortality during the Year 1929.

Net Deaths from stated causes at various ages under 1 year of age.

CAUSES OF DEATH.				Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
Congenital Causes	No.												
		Prematurity ...	...	4	—	—	—	4	1	—	—	—	5
		Debility ...	...	2	—	—	—	2	—	—	—	—	2
		Spina Bifida ...	...	1	—	—	—	1	—	—	—	—	1
	11	Melæna Neonatorum ...	...	—	—	—	—	—	1	—	—	—	1
		Congenital Heart Disease	...	—	—	—	—	—	—	—	1	—	1
Miscellaneous		Anencephalic Monster ...	...	1	—	—	—	1	—	—	—	—	1
	7	Marasmus ...	...	1	1	—	—	2	2	—	—	—	4
		Abscess of Chest ...	...	—	—	—	—	—	1	—	—	—	1
Respiratory		Injury to Brain through difficult labour ...	...	2	—	—	—	2	—	—	—	—	2
	7	Bronchitis ...	...	—	—	—	—	—	1	—	—	—	1
		Broncho Pneumonia ...	...	—	—	1	—	1	2	2	1	—	6
Infectious Diseases		Whooping Cough ...	...	—	—	—	—	—	1	—	—	—	1
	2	Pulmonary Tuberculosis	...	—	—	—	—	—	—	—	—	1	1
Gastro-Intestinal	1	Enteritis	...	—	1	—	—	1	—	—	—	—	1
Totals	28			11	2	1	—	14	9	2	2	1	28

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals provided or subsidised by the Borough or County Council.

**Fever.** Monkmoor Isolation Hospital with an accommodation of 37 beds is maintained by the Shrewsbury and Atcham Joint Hospital Board to serve an area the population of which is approximately 54,000. The hospital is situated 2 miles from Shrewsbury on a site of 5 acres, which would allow room for expansion. The accommodation is sufficient for ordinary purposes, but insufficient should a serious epidemic arrive.

**Smallpox.** A smallpox hospital containing 6 beds is maintained by the Borough Council at the end of the Underdale Road, Shrewsbury.

In view of the degree of unprotectedness of the population against Smallpox, the accommodation would be insufficient to deal with an outbreak of any size. Tentative arrangements, however, have been made to utilise the Isolation Hospital at Monkmoor should the necessity arise. The situation of the hospital is also unsatisfactory, seeing that, among other things, a public footpath adjoins the boundary fence on one side, which is less than 40 feet from one of the wards.

**Tuberculosis.** The County Council provide two Sanatoria situated at Prees Heath and at Shirlett, near Much Wenlock, with 11 and 62 beds respectively to which Borough cases are admitted. These Sanatoria are each about fifteen miles distant from Shrewsbury.

Hospital provision for cases of Surgical Tuberculosis is made by the County Council, who maintain beds at the Shropshire Orthopædic Hospital, Park Hall, Oswestry.

**Maternity.** Cases recommended by the Medical Officer of Health are admitted to the Maternity wards at Berrington Hospital, situated  $4\frac{1}{2}$  miles from Shrewsbury.

The maintenance charge made for such patients is £2/2/- per week, which charge includes the transport of the patient in a motor ambulance to and from the Hospital.

**Children.** There is no institution for sick or ailing children provided or subsidised by local authorities in the Borough.

**Orthopædic.** The Shropshire Orthopædic Hospital containing over 300 beds and situated near Oswestry is utilised by the Borough and County Councils for the admission and treatment of patients suffering from crippling conditions and surgical Tuberculosis. The cost of maintenance including treatment is 7/- per patient per day.



**Institutional Provision for unmarried mothers, illegitimate infants and homeless children in the area.** The Shrewsbury (and Shropshire) Refuge and Hostel is an Institution containing 10 beds maintained by voluntary subscriptions and grants.

Un-married mothers with their babies are admitted from Shrewsbury and elsewhere, some payment being made by those admitted, except in special cases who are received free of charge.

The period of stay varies from one week to one year, mothers with babies usually remaining for at least 6 months.

Homeless children are received into the Poor Law Homes, three of which are situated in the town.

**Ambulance Facilities.** A motor ambulance belonging to the Salop County Council is hired for the transport of infectious cases to the Isolation Hospital.

The same ambulance is used for non-infectious or accident cases.

Although the County Council ambulance may be hired for transporting sick persons or accident cases to Hospitals and Nursing homes, it is not always available in an emergency. There is a definite need in this town for an ambulance of its own, and it could be maintained for non-infectious and accident cases only, or be used for infectious cases, other than Smallpox, as well.

A horse drawn ambulance is used occasionally for infectious cases, when the motor ambulance is not available.

The horse ambulance is retained also for the transport of Smallpox cases.

### Clinics and Treatment Centres.

Name of Clinic.	Place at which held.	Day and Time.	By whom provided.
Maternity & Child Welfare Centre.	Health Centre, Murivance, Shrewsbury.	Thurs. and Friday 2—4 p.m.	Local Authority.
Ante-Natal Clinic.	Do.	1st, 2nd & 3rd Wednesdays 3-5 p.m.	" "
School Clinic and Minor Ailment Centre.	Do.	Daily 9-15 a.m.	" "
Cripple Care Centre.	Do.	Wednesday, 9-15 a.m.	Shropshire Orthopaedic Hospital.
Tuberculosis Dispensary.	17, Belmont, Shrewsbury.	Wednesdays and Saturdays 2 p.m.	Salop County Council.
Venereal Disease Clinic.	1, Belmont, Shrewsbury.	Wednesdays for women 2—4 p.m. Tuesdays and Fridays for men 6—8 p.m.	" "

### Nursing in the Home.

(a) GENERAL: The Victoria District Nursing Association employs 2 nurses who carry out nearly the whole of the professional nursing amongst the working classes.

(b) INFECTIOUS DISEASES. Arrangements have been made with the Victoria Nursing Association to provide a nurse for the domiciliary treatment of cases of Puerperal Pyrexia, when the certifying practitioner requests the adoption of this measure.

Nursing help in cases of Measles may be given at times by the Health Visitors or School Nurse.

**Midwives.** The Salop County Council is the supervising authority of midwives, 12 of whom are resident and practice within the Borough. None are employed or subsidized by the Borough Council.



**Maternity and Nursing Homes.** Under present circumstances the Borough Council have not sought delegation of powers from the County Council Sec. 9 (2) of the Nursing Homes Registration Act, 1927, but have arranged with the County Council that the work under this Act as far as it affects Shrewsbury should be carried out by the County Council.

**Arrangements for Investigation of Maternal deaths and cases of Puerperal Fever.**

**Maternal Deaths.** As the County Council are the Local Supervising Authority under the Midwives Acts, an arrangement has been entered into between the County Council and the Borough Council, that the former body shall undertake all investigations under this head in the Borough of Shrewsbury.

**Puerperal Fever.** In all cases in which the notifying practitioner asks for assistance under either of the four headings set out with regard to Puerperal Fever or Pyrexia on the notification form, he subsequently fills in a questionnaire form supplied by the Health department.

**SANITARY CIRCUMSTANCES OF THE AREA.**

**Water Supply.** The dual system of water supply is still in operation, consisting of drinking water supplied by means of self closing water pillars in the streets, and treated river water laid on in the houses for general domestic purposes.

Bacteriological analysis have been carried out at intervals during the year the results of which are set out in the following table.

## Bacteriological Analysis

	RIVER WATER.						DRINKING WATER.
	March, 1929.		June, 1929.		September, 1929.		June, 1929.
	After Filtration.	After Filtration and Chlorination.	After Filtration.	After Filtration and Chlorination.	After Filtration.	After Filtration and Chlorination.	
Organism per c.c. at 37° C.	33	4	48	8	44	1	4
Organisms per c.c. at 20° C.	143	5	79	16	221	15	4
Organisms indicative of sewage contamination.	No Spores or Streptococci in 100 c.c. but Coliform Bacilli present in 1 c.c.	Absent from 100 c.c.	No Spores or Streptococci in 100 c.c. Coliform Bacilli present in 1 c.c.	Absent from 100 c.c.	No Spores or Streptococci in 100 c.c. Coliform Bacilli in 1 c.c.	Absent from 100 c.c.	Absent from 100 c.c.



The above table is not easy of interpretation except by those who have been scientifically trained, but it can be explained to the lay reader in a few words by stating that the most important columns to look at are those which connect up the two headings "Organisms indicative of sewage contamination" and "After filtration and chlorination."

Wherever these two columns meet the result states "Absent from 100 c.c." which means that from the sample of water sent for analysis a portion amounting to  $3\frac{1}{2}$  fluid ounces i.e. 100 c.c. (about 25 drops of water make 1 c.c.) was taken and in that amount of water not a single organism usually associated with sewage contamination was found.

The figures given in the other columns of the table show that filtration alone does not ensure a sufficiently high standard of purification, but that subsequent chlorination considerably reduces the bacterial content.

Chlorination seems to have a selective action for organisms of intestinal origin and kills them, whereas certain organisms whose natural habitat is in water or elsewhere are not killed except by an excessive dose of chlorine.

Thus the organisms shown as remaining in the samples submitted, after filtration and chlorination, were probably quite harmless to the health of human beings.

Although the number of organisms found to be still present after filtration and chlorination is very small, yet they exceed the numbers found in samples taken in previous years.

It is possible that this may be due to increased speed of filtration necessitated by an increased demand for water.

If this is so, it points to the fact that to maintain the excellent standard at present reached and at the same time to cope with further increased demands of supply, preliminary storage before filtration and a larger filter plant would in all probability give the results required.

### **Drainage and Sewerage and Closet Accommodation.**

There is a water carriage system of sewage disposal whereby the town sewage gravitates to a Sewage Pumping station from which it is pumped to a Sewage Farm situated 2 miles from the centre of the town.

There are 50 houses in the town which cannot be connected to the general sewerage system owing to their position in relation to the sewers.

During the year the Hanwood road sewer has been extended from the top of the Roman road for a distance of 150 yards in the direction of the Borough boundary.

**Scavenging.** A start has been made to replace the old fashioned type of dust cart by the purchase of a covered motor van with a low loading line, which vehicle since it has been in use has not only facilitated the collection of refuse, but enables the collection to be carried out in a more sanitary manner than is the case with the old type of cart.

Refuse is dumped at various tips to fill up depressions and level or raise the level of low lying land and the practice of covering recent tippings with soil or builders rubbish has minimised the nuisances arising from tips so that complaints are now very infrequent.

Poison baits for rats are systematically laid on the tips and the arrangements for the destruction of potential food for rats in Corporation furnaces continue to work satisfactorily.

### **Sanitary Inspection of the Area.**

The following is a summary of the work carried out by the Sanitary Inspectors during the year :—

1.	Total number of inspections and visits made in connection with all branches of their work	...	...	7,482
2.	Visits in connection with disinfection	...	...	135
3.	Complaints received and dealt with	...	...	401
4.	Informal Notices served	...	...	580
5.	Legal notices served	...	...	13



The number of houses referred to in the above notices was 764 and the number of notices complied with was 490.

It was not found necessary to take proceedings before the Magistrates at all.

A tabulation of the particulars of the sanitary defects referred to in the above notices is given below :

**Details of Sanitary Defects dealt with as a result of routine  
Inspection or Complaint.**

Inadequate sanitary accommodation	...	...	...	12
Drains and closets choked or otherwise defective	...	...	...	187
Drains defective and requiring reconstruction	...	...	...	26
Defective roofs, eaves gutters and pipes	...	...	...	259
„ plaster, dirty walls and ceilings	...	...	...	48
„ paving of floors	...	...	...	104
„ „ „ yards	...	...	...	69
No scullery sinks	...	...	...	64
No proper refuse receptacles	...	...	...	382
Animals improperly kept	...	...	...	9
Accumulations of refuse	...	...	...	34
No proper food stores	...	...	...	117
Light and ventilation	...	...	...	57
Water Supply	...	...	...	59
Other defects	...	...	...	73
Total				1496

# **SANITARY INSPECTION OF FACTORIES, WORKSHOPS and WORKPLACES.**

## **1. Factories, Workshops and Workplaces, etc.**

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES (including Factory Laundries)	21	—	Nil.
WORKSHOPS (including Workshop Laundries)	144	4	Nil.
WORKPLACES	30	—	Nil.
Total	195	4	Nil.

## **2. Defects found in Factories, Workshops and Workplaces.**

PARTICULARS.	Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
Nuisances under the Public Health Acts :—				
Want of Cleanliness ... ..	25	25	—	—
Want of Ventilation ... ..	—	—	—	—
Overcrowding ... ..	—	—	—	—
Want of Drainage of floors ... ..	—	—	—	—
Other Nuisances ... ..	—	—	—	—
Sanitary Accommodation { insufficient ... ..	—	—	—	—
{ unsuitable or				
{ defective	3	3	—	—
{ not separate for				
{ sexes ... ..	—	—	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground Bake- house (Sec. 101) ... ..	—	—	—	—
Breach of Special Sanitary requirements for Bakehouses (Secs. 97—100) ... ..	—	—	—	—
Other Offences ... ..	—	—	—	—
Total ...	28	28	—	—



**3. Home Work.****OUTWORKERS' LISTS, Sec. 107.**

Nature of Work.	Lists. (Sent twice a year).	Outworkers.	
		Contrac- tors.	Work- men.
Wearing apparel :—			
(1) Making ... ..	4	—	8
(2) Cleaning and washing ...	—	—	—
Nets other than wire nets ...	—	—	—
Furniture and upholstery ...	2	—	5
Total ...	6	—	13

There were no failures to send lists of outworkers, nor were there any infringements of the Act.

**4. The Registered Workshops in the District are as follows :—**

Bakehouses ... ..	7	Domestic Workshops ...	10
Brewers ... ..	5	Milliners ... ..	8
Cabinet Makers ... ..	8	Sundry Trades ... ..	105
Dressmakers ... ..	10	Tailors ... ..	13

**5. Other Matters.**

Class.	Number.
Matters Notified to H.M. Inspector of Factories ...	—
Failure to fix Abstract of the Factory and Workshop Act (Sec. 133) ... ..	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (Sec.5) {	Notified by H.M. Inspector ... .. 3
Underground Bakehouses (Sec. 101) :—	
Certificates granted during the year ... ..	nil.
In use at the end of the year ... ..	nil.

### Smoke Abatement.

Smoke observations have again been made on 9 boiler chimneys at varying intervals.

The period of observation in each case was for 1 hour and 29 different observations were made.

The worst case was that of a chimney which emitted black smoke for an aggregate of 34 minutes in the hour. This same chimney 10 days earlier was also observed to emit black smoke for an aggregate of 32 minutes in the hour.

Subsequent visits were made to investigate this nuisance and it would appear that the brand of coal and defective stoking were the causes of this unnecessary amount of smoke.

It is some satisfaction to report that the various chimneys under Corporation control were not observed to give rise to serious nuisance as the following records show.

DATE.	WORKS.	MINUTES IN THE HOUR OF BLACK SMOKE.		
29 : 1 : 29	Water Works	...	...	3
22 : 4 : 29	" "	...	...	3
2 : 7 : 29	" "	...	...	3
6 : 8 : 29	" "	...	...	4
8 : 10 : 29	" "	...	...	3
8 : 3 : 29	Public Baths	...	...	0
7 : 8 : 29	" "	...	...	3
16 : 5 : 29	Sewage Pumping Station	...	...	4
5 : 10 : 29	" "	"	...	0

In last years report it was mentioned that a certain Institution about whose chimney complaints had been made, were considering the adoption of certain measures to minimise the nuisance.

During the year a smoke preventing appliance was fixed to the boilers at this Institution. The report received on the effect of this appliance is satisfactory.



It is stated that the only slight disadvantage noted at first was the noise made by the appliance when in operation, which noise was subsequently overcome by the use of a simple silencer.

The advantages are stated to be manifold. The appliance entirely and absolutely cuts out all smoke during all periods of firing except the occasions when the fire bars are being raked over and cleaned. It has been found too, that it is now possible to stoke much more fuel into the boiler than previously ; before the appliance was fitted a small fire and frequent stoking to avoid more smoke than necessary was customary, but since, less frequent stoking and a larger fire can be maintained so that a better head of steam is available.

The third and most satisfactory advantage to the owners is that there is a definite saving of coal.

It would seem that not only the community, but the owners have benefited by the fitting of this appliance which economises fuel, prevents smoke and provides a better head of steam.

The one drawback to such an appliance, however, is that it is under human control, and unless the stoker trains himself to make use of it with automatic precision bad results must occasionally occur.

It may be many a long day before the atmosphere of this town is rid of smoke from domestic chimneys which give rise to the major portion of pollution ; in the meanwhile it may be recorded that the Health Department is trying to set an example in that the heating of the building is obtained by a combination of electricity and smokeless fuel.

#### **PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.**

**Common Lodging Houses.** There are two registered Common Lodging Houses, one for males and the other for females, which are controlled by Bye-laws.

These Common Lodging Houses are visited periodically and the supervision is necessary as minor breaches of the Bye-laws are encountered from time to time.

**Houses Let in Lodgings.** No action has yet been taken to adopt bye-laws for Houses Let in Lodgings.

**Offensive Trades.** Six different types of offensive trade are carried on in the Borough and the following number of premises in the different trades are registered.

Fried Fish Shops	14	Fellmongers	...	...	1
Rag and Bone Dealers	3	Tanners	...	...	1
Tripe Boilers and Gut		Curriers and Leather			
Scrapers	2	Dressers			1

All these businesses were conducted satisfactorily and no need for action arose during the year.

**Cowkeepers and Milksellers.** The number of Cowkeepers and Milksellers registered in the Borough is 101.

These consist of 23 premises where cows are kept and from which milk is retailed ; 26 milkshops from which milk is retailed but no cows kept and 52 retailers whose premises are outside the Borough.

No gross infringements of the Milk and Dairies Order, 1926, were encountered, but 40 verbal or written notices relating to minor defects were given, 30 of which were complied with before the end of the year.

Some structural improvements to certain cowsheds were made during the year.

One milk retailer was removed from the register during the year because it was found on more than one inspection that milk was being stored in an improper place.

Registration was refused to one applicant who proposed to retail milk, owing to the unsuitability of his premises.

The work done by the Sanitary Inspectors in connection with Cowsheds, Dairies and Milkshops can be summarised as follows :—

Number of Inspections during the year	...	...	186
Notices verbal or written	...	...	40
Defects referred to	...	...	56
Notices complied with	...	...	39
Proceedings before Magistrates	...	...	Nil.
Samples of milk taken for Bacteriological examination			33
" " " Dirt sediment test	...	...	17



**Canal Boats.** No boats are registered in the Borough and none were seen on the Canal in the course of the year.

**Shops Acts.** The provisions of these Acts may be said to be generally very well observed. A few verbal warnings were given to keepers of some small general shops.

**Rag Flock Acts 1911 and 1928.** No Rag Flock is manufactured or used by upholstery firms in Shrewsbury.

**Schools.** A systematic sanitary survey of all the Elementary schools in the town is made each year during the Whitsuntide holidays, so that needed repairs, decoration or alterations can be executed in August when all schools are closed for the month.

During the year the lighting and ventilation of St. George's Infants' School was considerably improved by the provision of extra windows.

A folding partition fitted in the main classroom at St. Michael's Infants' School to replace a hanging curtain has made an improvement in the lighting of that school among other things.

A new temporary school constructed of wood, well lighted, cross ventilated and satisfactorily heated was erected at Coton Mount and opened in September.

There are 4 schools at which drinking water though available near by is not laid on at the schools themselves.

The procedure adopted for preventing the spread of infectious disease among elementary school children can be summarised as follows :—(1) Weekly returns of scholars absent from school on account of infectious diseases are sent by the Head Teachers to the School Medical Officer. (2) Children suffering from infectious diseases and their home contacts are excluded from school for the necessary quarantine periods according to the disease. (3) Before return to school such children are examined at the School Clinic which is held daily.

No schools were closed during the year on account of the prevalence of infectious disease.

Details of the work of the School Medical Service in relation to the health of scholars are given in the Annual Report of the School Medical Officer.

**Health Education.** What Health Education there is that goes on in Shrewsbury is carried out quietly and unobtrusively.

Many health leaflets are distributed and explained to supplement oral advice through the agency of the School Clinic, Welfare Centre, Health Visitors and Sanitary Inspectors, and there is evidence that such propaganda is helpful.

A lecture on some Health subject is given each year to all the elder elementary school children by the School Medical Officer.

During the Year 1700 elementary school children attended a Lecture and Film display arranged by the Salop County Council at which Dental disease, Cleanliness, and other topics were dealt with.

Your Medical Officer of Health has given lectures to various bodies of persons by request during the year.

### **HOUSING.**

Compared with recent years, very little has been done during the year in the provision of houses for the working classes, although the general feeling of the Town Council is that many more houses are needed and should be built.

The pause in the very good progress made so far may be attributed to two main causes. The first is the scarcity of building sites except on the periphery of the town ; the second, hesitancy to embark on fresh schemes in view of the promised Government measure to deal with Slum Clearance.

A laudable attempt to re-house slum dwellers in new Council houses has been made within recent years, seeing that 60 families or approximately 350 persons have been re-housed during the last 3 years.

Experience has shown, however, that despite the promises made by those eager to secure a decent house, that they can afford the rent and will pay it at all costs, the strain is often too great and arrears of rent gradually accumulate.

It is natural therefore, that a Local Authority while desiring to provide houses for those in urgent need of them, should prefer to wait a little until with suitable Government aid houses can be



built and let at a rent which the class of tenant to be housed in them can really afford, even if in receipt of Unemployment Benefit or Public Assistance.

Discouragement and demoralisation from inability to pay the necessary rent may detract from the physical benefits received by living in a good environment.

For the comfort of those in pressing need of better accommodation and there are many, it may be stated that the spirit of the Shrewsbury Corporation is willing and that when the time is opportune the response will not be weak.

**Building Progress.** The total number of houses erected in 1929 was 103 made up as follows:—

By the Local Authority	{ With State Assistance	28
By other bodies or persons	{ under the Housing Acts	31
By Private Enterprise ... ..		44
Total		<u>103</u>

Of the 28 houses erected by the Town Council, 12 were built for sale, the remaining 16 being built in co-operation with the Shrewsbury Voluntary Housing Trust for the sole purpose of re-housing slum dwellers displaced from houses that were closed.

**Closure of Unfit Houses.** The number of houses closed during the year was 16 ; two of these houses belonged to the Corporation, the tenants being transferred to Council houses, the remaining 14 were closed as unfit for human habitation by the operation of Closing Orders. No Closing Orders were made unless alternative accommodation was available for the tenants.

An instance of the co-operation of a Voluntary Body with a Local Authority for the public benefit may be recorded as having taken place with good effect during the year.

A Society known as the Shrewsbury Voluntary Housing Trust constituted a few years ago with the object of attempting to abolish the slums in Shrewsbury obtained £1600 by voluntary subscription.

As this sum was too small to enable the Voluntary Housing Trust to embark on a scheme of their own, the Corporation was approached and it was agreed that in return for £100 per house,

the Corporation should build 16 houses which owing to the subsidy of £100 were to be let at a reduced rent to families displaced from slum houses which were closed.

These houses which resemble the cheaper Council houses ordinarily let at 8/- per week, were thus enabled to be let at 6/- per week—a rent which many of the poor could afford.

A feature of the scheme is that in perpetuity these houses are to be utilised for the purpose of re-housing slum dwellers, so that if a house becomes vacant, it will be re-tenanted by another family from a house which will be closed.

In selecting families for these Trust houses, special efforts were made to allot them to (a) those with several children, (b) those living in the worst type of slum house, (c) those who could not afford the rent of a Council house.

This small but very helpful effort enabled 95 persons, 60 of whom were children, to be re-housed in these 16 houses, each of which has 3 bedrooms and gardens back and front.

Another feature of the co-operation that took place between the Corporation and the Housing Trust was that in order to close some unsatisfactory court of houses, whereas the Corporation re-housed in Council houses those that could afford the rent of a Council house, those that could not do so were given a 6/- Trust house.

In this way the following courts have been dealt with.

- |   |                              |
|---|------------------------------|
| (1) Attfield Place, Wyle Cop, 4 houses.             | Court closed.                |
| (2) Reabrook Place, Coleham Head, 5 houses.         | Court closed and demolished. |
| (3) Court 1, Bridge Street, 2 houses.               | Court closed.                |
| (4) Court 3, Chapel Street, Frankwell, 8 houses.    | Court almost closed.         |
| (5) Hall's Court, Castle Foregate, 14 houses.       | Court closed except 1 house. |
| (6) Claremont Court, St. Austin's Street, 4 houses. | Court almost closed.         |
| (7) Court 1, Frankwell, 2 houses                    | Court closed.                |
| (8) Bakehouse Passage, Frankwell, 15 houses.        | 4 houses closed.             |
| (9) St. Austin's Court, 16 houses.                  | 1 house closed.              |
| (10) Court 3, Bridge Street, 6 houses               | 2 houses closed.             |



Number of New Houses erected during the year :—

(a) Total (including numbers given separately under (b) ).	103
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority ... ..	28
(ii) By other bodies or persons ... ..	31

1. **Inspection of Dwelling-houses during the Year :—**

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	784
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	46
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	Nil.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	740

2. **Remedy of Defects during the Year without Service of formal Notices :—**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	680
--	-----

3. **Action under Statutory Powers during the Year :—**

A.—Proceedings under section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	Nil.
(2) Number of dwelling-houses which were rendered fit after service of formal notices ... ..	Nil.
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil.

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	12
---	----

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners ... ..	12
(b) By Local Authority in default of owners	Nil.

C.—Proceedings under sections 11, 14, and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders ... ..	14
(2) Number of dwelling-houses in respect of which Closing Orders were made ... ..	14
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... ..	1
(4) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	46
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	Nil.

It will be noted that although Demolition Orders were made in respect of 46 houses, none were demolished during the year in pursuance of Demolition Orders.

In the present state of the law which is not altogether satisfactory it is the duty of a Local Authority when a Closing Order has been in operation for 3 months, to take into consideration the question of Demolition of the closed house. Whether or not it is practicable or desirable to demolish a house which cannot without reconstruction be made fit for human habitation a demolition order has to be made and the owner then has the right of appeal to the Ministry of Health who may or may not vary the Demolition Order.

In other words it is not left to the discretion of a Local Authority who have the local knowledge of the circumstances, to decide as to whether in lieu of demolition, the closed house may be allowed to remain and be converted into a warehouse or store.

Hence there is considerable delay whilst correspondence passes to and fro between the Ministry of Health and owners or officials of the Local Authority, culminating perhaps in a Local Inquiry followed by more delay whilst the report of the Inspector is being considered.



As a contrast to this official procedure it may be stated that 8 houses which had been closed by official Closing Orders were voluntarily demolished by the owners without waiting for Demolition Orders.

### INSPECTION AND SUPERVISION OF FOOD.

**Milk Supply.** The steps taken by the Health department to supervise the milk supplied to the general public come under two main heads, (1) the inspection of premises within the Borough at which milk is produced or retailed.

(2) the taking of samples of milk for analysis, whether that milk is produced within or outside the town.

On the whole the premises which are inspected from time to time are satisfactory and comply with the requirements of the Milk and Dairies Order 1926.

Samples of milk for analysis are taken at intervals from the various producers or retailers and during the year two sets of samples were taken. In the one set, 55 samples were taken with a view to an analysis for chemical constitution and dirt content; in the other set, 33 samples were taken specifically for the purpose of detecting the presence of Tubercle bacilli.

Thus 88 samples of milk were submitted for analysis.

The results of the chemical analyses are set out in the table appended.

Of the 55 samples, 8 were returned as not genuine which phrase does not necessarily imply adulteration, but intimates that they did not conform to the recognised standards.

It was considered necessary and desirable in the interests of the public to take legal action in one of these cases only.

This sample of milk contained 10 parts per 100,000 of moist extraneous dirt.

There is no legal standard or definition of what constitutes a sufficient amount of dirt in milk to render action being taken necessary, but it is now recognised that the discovery of dirt exceeding 2 or 3 parts per 100,000 necessitates prosecution.

On paper this may appear to be a very small amount of dirt ; it is the actual ascertainment of naked eye insoluble dirt and is only an index of a very much greater amount which has been absorbed by and dissolved in the milk itself, and includes chemical impurities such as soluble dung as well as invisible bacteria, many of which are harmless, but some of which may be dangerous to health.

The vendor of this sample was fined £10 and it was the first time that a successful prosecution of its kind had been obtained in the Borough of Shrewsbury.

Of the 33 samples of milk submitted for special bacteriological analysis to detect the presence or otherwise of Tubercle bacilli, only 1 was found to give a positive result.

The diseased cow giving rise to this infected milk on a farm situated within the Borough boundaries, was discovered and slaughtered.



Article.	Number of samples.		Result of Analysis.	Remarks on samples returned as "Not genuine."
	Formal.	Informal.		
New Milk	49	6	Formal { 41 genuine. 8 not genuine.	1. 3% below limit in fat. Re-sampled and result as in No. 2. 2. Of suspicious quality non-fatty solids 8.3%. Vendor kept under observation. 3. Slightly below limit in solids not fat. 4. Deficient of about 16% of fat. Re-sampled and found genuine. Cautioned. 5. Solids not fat 8.3%. No action taken. 6. Solids not fat 8.2% No action taken. 7. Deficient of 20% of fat. No action taken as report was received too long after sample taken to permit of "Appeal to Cow" sampling. Re-sampled and found genuine.
			Informal { 5 genuine. 1 not genuine.	8. Contained 10 parts per 100,000 of moist extraneous dirt. Vendor prosecuted and fined £10 including costs. 9. Informal sample 3% below limit in fat. Formal sample taken and found genuine.

**Milk (Special Designations Order) 1923.** No licences or supplementary licenses for the sale of milk under special designations have been issued.

"Grade A Tuberculin tested" and "Grade A" milk were on sale in the town during the year.

The former grade of milk is supplied for patients at the Isolation Hospital and the Eye, Ear and Throat Hospital among other Institutions.

**Public Health (Condensed Milk) Regulations 1923 and 1927.** Three samples of condensed milk were taken during the year and were found to comply with the Regulations.

**Public Health (Dried Milk) Regulations, 1923 and 1927.** No action was taken.

**Meat.** With the exception of two small private slaughterhouses all slaughtering is carried on at the Public Abattoir under the direct supervision of the whole time superintendent who is a qualified Meat Inspector and inspects all slaughtered animals.

It is hoped that the shortage of lairage accommodation which has been mentioned in previous reports, will soon be met by the provision of extra lairage room, seeing that the site for the proposed extensions has already been purchased.

The work carried out at the Abattoir during the year was as follows :—

**Public Abattoir.**

**Animals slaughtered.**

Beasts	...	...	3,210
Calves	...	...	1,261
Sheep and lambs	...	...	14,710
Pigs	...	...	7,009
Total			26,190

The following casualty carcasses were also brought in for inspection.

Beasts	...	...	25
Calves	...	...	24
Sheep and lambs	...	...	183
Pigs	...	...	151
Total			383



Diseased and unsound conditions found in the animals dealt with, caused the detention and surrender for destruction of a total weight in carcasses and offal of 8 tons, details of which are given in the following table.

				Carcasses. Offals. Total in lbs.		
Beef	...	...	lbs.	5907	4188	10095
Veal	...	...	"	347	36	383
Mutton and Lamb	...	...	"	2259	564	2823
Pork	...	...	"	3476	1143	4619
Private slaughterhouses :				Carcasses.	Offals.	
Beef	...	...	lbs.	—	53	
Mutton	...	...	"	132	20	

Particulars of the diseased conditions found are set out in the following table :—

Disease.		Cattle.	Calves.	Sheep & Lambs.	Pigs.
Tuberculosis	{ Localised	33	—	—	89
	{ Generalised	4	—	—	37
Uræmia	...	—	—	2	—
Black Quarter	...	3	1	1	—
Sepsis	...	1	3	10	1
Pyæmia	...	1	—	—	—
Hydræmia	...	—	—	9	...
Fervered	...	—	—	4	...
Septic Metritis	...	—	—	1	...
Anæmia	...	—	—	1	—
Swine Fever	...	—	—	—	6
Sarcoma	...	1	—	—	—
Anthrax	...	1	—	—	—
Septic Nephritis	...	1	—	—	—
Miscellaneous conditions	...	2	1	19	2

The circumstances in the case of Anthrax in a cow are worthy of mention on account of the prompt and comprehensive administrative action that became necessary.

This cow fell ill in the Smithfield and was slaughtered there with considerable contamination of the surroundings by infected blood. It was then removed to the Abattoir where on post mortem examination the cause of death was found to be due to Anthrax.

Thus two sets of premises together with persons and implements had been soiled with blood containing innumerable Anthrax bacilli.

Immediate closure, isolation and disinfection of those portions of the premises presumably infected were carried out. The same night with considerable care and precautions against the further spread of infecting material, the carcase in cut up portions was conveyed to a refuse tip at Monkmoor and cremated, together with the clothes, etc., of the slaughterers.

**Other Foods.** Shops where food is sold or premises on which food is prepared for sale, as well as the General Market, are visited regularly, and notices drawing attention to defects have been served.

It is rather surprising that though for the purposes of protecting the public food supplies there are legal powers to inspect and control, bakehouses, farms and milkshops, slaughterhouses and butchers establishments, where bread, milk and meat are prepared for sale respectively, nothing has been enacted to deal with the prevalent habit of displaying green groceries outside shop fronts, where produce may be contaminated not only by dung laden dust, but also by the passing attentions of dogs.

Potential contamination of this sort matters little when such fruit or vegetables displayed can be washed, wiped, peeled or cooked prior to consumption, but in the case of soft fruits such as strawberries and raspberries, the practice is unhygienic.

There is no reason why such commodities as mentioned should not be displayed behind the protecting cover of the shop window.

The following foodstuffs were surrendered voluntarily as being unfit for human consumption and were destroyed :—

Fish, 4 cwt— 2 qrs— 16 lbs.      Tomatoes, 56 lbs.

**Sale of Food and Drugs Acts 1875—1927 and Public Health (Preservatives, etc., in Food) Regulations, 1925—1927.**

Besides the 55 samples of milk the results of the analyses of which have been set out elsewhere, 42 other samples of foodstuffs were submitted for analysis under the above Acts or Regulations as set out in the following table.



Articles.	Number of Samples.		Result of Analysis.	Remarks.
	Formal	Informal.		
Butter	5	—	Genuine	
Cheese	5	—	"	
Margarine	5	—	"	
Coffee	—	1	"	
Tea	—	1	"	
Lard	2	2	"	
Mincemeat	2	2	"	
Cream	2	6	"	Fat content: 45.4%, 45.8%, 49.0%, 41.0%, 42.0%, 55.0%, 49.0%, 60%.
Sausage	5	4	Formal. { 4 Genuine. 1 Not "	The "not genuine" sample suspicious of containing a little sulphur di-oxide estimated at 12 parts per 100,000, unlabelled and no notice in shop. Cau- tioned.
			Informal 4 Genuine	

# PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Monthly Incidence of Infectious Diseases Notified 1929.  
(Not including Tuberculosis).

Month.	Diphtheria.	Erysipelas.	Ophthalmia Neonatorum.	Pneumonia.		Puerperal Fever.	Puerperal Pyrexia.	Scarlet Fever.
				Prim-ary.	Influenzal.			
Jan. ...	2	1	—	—	—	1	—	15
Feb. ...	—	1	1	3	3	—	—	8
March	—	2	1	7	6	—	—	3
April	—	—	—	—	—	—	—	2
May ...	1	1	—	2	—	1	—	3
June ...	—	1	—	—	—	—	—	—
July ...	—	2	—	1	—	—	—	5
Aug. ...	1	1	—	1	—	—	—	2
Sept. ...	4	—	1	—	—	—	—	5
Oct. ...	1	1	—	1	—	—	1	2
Nov. ...	5	—	—	—	—	1	—	—
Dec. ...	5	1	—	—	—	—	—	7
Totals	19	11	3	15	9	3	1	52

There were no cases notified of the following notifiable infectious diseases: Smallpox, Typhoid fever, Cerebro-Spinal Meningitis, Encephalitis Lethargica, Poliomyelitis, Malaria, Dysentery.

The possible outbreak of Diphtheria on a large scale has not so far occurred, though it may still be expected.

There were 19 cases notified and treated in Hospital during the year compared with 9, 4 and 8 cases in the previous years respectively. Two children died of this disease.

There was a considerable decrease in the amount of Scarlet Fever cases notified, the total number being 52, compared with 125, 110, and 124 in the preceding years. There were no deaths from this disease.



A small outbreak occurring among adults in two adjacent medical wards at the Royal Salop Infirmary at the beginning of the year, was investigated and the methods of control adopted as a result of the findings of the investigation are somewhat interesting.

On December 29th 1928, a nurse who worked in the men's medical wards developed Scarlet Fever and was removed to the Isolation Hospital.

On January 5th 1929, Case No. 2, had a sore throat and on the next day a rash. He too was removed to the Isolation Hospital. This man occupied a bed in one of the wards by the fireplace.

Five days later Case No. 3, a male patient from the opposite ward developed a sore throat and subsequently the rash of Scarlet Fever. This man was a convalescent patient who used to get up daily and cross over to the other ward where he sat by the fire close to the bed occupied by Case No. 2, and used to do things for this fellow patient. It was presumed therefore that Case No. 2 infected Case No. 3.

On the following day Case No. 4, who was a patient in the same ward as Case No. 3, but did not get out of bed contracted Scarlet Fever.

Here was a new problem, as no direct contact with any of the previous cases could be traced.

It was decided to close both wards, which was carried out from January 13th—21st, no new cases being admitted during that period. Contact between the two wards however was perpetuated by the fact that patients from the one ward visited the other and also the nursing staff had to do their work in both wards.

On January 21st the wards were re-opened and the empty bed by the fireplace was filled by the admission of a boy on that day.

Three days later he developed Scarlet Fever and was transferred to the Isolation Hospital.

This boy Case 5, may (a) have been incubating the disease on admission which would have been an extraordinary coincidence or (b) have been infected by a patient named X, who having recently suffered from a Quinsy, was allowed to get up and sit by the fire and close to this particular bed by the fire or (c) have been infected by a carrier nurse.

As the source of infection of Cases 4 and 5 was inconclusive it was decided at this juncture to try and ascertain as to whether any of the nursing staff were acting as carriers of the infection.

The throats of the House Physician, Sister and 6 nurses were swabbed on January 28th and the results showed that in every case Hæmolytic Streptococci were discovered to be present. The bacteriologist in his report stated "From each of these swabs streptococci have been obtained and in each case there are one or more varieties hæmolytic. I am unable to say whether any of them correspond to the Streptococcus Scarlatinæ (Dick) and it appears that identification tests would be long and difficult. The general prevalence of streptococci amongst the staff may suffice to justify any administrative action that may be taken."

Recent researches have demonstrated that Scarlet Fever is associated with a Streptococcus of the Hæmolytic variety and though the bacteriologist did not employ the difficult technique to identify the particular strain, the presumptive evidence that the Hæmolytic Streptococcus the whole of the staff were harbouring in their throats was that specific for Scarlet Fever is rather strong

As the patients in these two wards were practically all grown up men, the majority of them were probably immune to the disease or more cases might have occurred but personal immunity does not prevent anyone from developing into a temporary or chronic "healthy" carrier.

At this particular time there was an undue prevalence of sore throats in these two wards evidently due to some variety or varieties of Hæmolytic Streptococcus. In some cases the throat



symptoms were the only ones, one patient having a Quinsy and it is probable that those who showed nothing else but sore throats were unsusceptible to Scarlet Fever.

The last case, Case 6, a nurse, developed Scarlet Fever on February 1st that is, 4 days after she had been swabbed.

As now it seemed clear that the Hæmolytic Streptococcus was responsible for the outbreak it was decided to close both wards, send all the patients home and give the nursing staff a fortnights leave, so that by being withdrawn from their environment they would be given a chance to rid themselves of their temporary carrier condition.

Epidemiological evidence is overwhelming in favour of carriers both healthy and convalescent being responsible for the spread of Scarlet Fever, and when a simpler technique has been evolved for isolating and identifying the causative organism, the control of outbreaks of this disease will become easier and more effective.

In connection with this carrier question it has recently been discovered that certain cases of Puerperal Fever are due to infection of the patient by a certain variety of Hæmolytic Streptococcus, which infection may be transferred from the carrier attendant to the patient not only by instruments or hands, but also by what is termed "droplet infection" which is sprayed from the nose or throat of the doctor or nurse.

There is thus always the potential danger when pregnant women are grouped together in wards for their confinement in a Maternity Home, that infection may, if introduced by a carrier patient or nurse, spread to others with serious results.

The death rates per 1,000 population from the principle infectious diseases are given in the following table for England and Wales, etc., during 1929.

	Enteric fever.	Small- pox.	Measles.	Scarlet fever.	Whooping Cough.	Diph- theria.	Influ- enza.
England & Wales	0.01	0.00	0.08	0.02	0.15	0.08	0.74
107 Great Towns	0.01	0.00	0.12	0.02	0.19	0.09	0.76
157 Smaller Towns	0.01	0.00	0.06	0.02	0.15	0.07	0.71
SHREWSBURY	0.00	0.00	0.03	0.00	0.06	0.06	0.81

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1929.

[illegible]



### **NON NOTIFIABLE ACUTE INFECTIOUS DISEASES.**

Of the non notifiable infectious diseases, Mumps, Chicken pox and Whooping Cough were chiefly prevalent, 297, 54, and 113 cases of the above mentioned complaints respectively having been reported as occurring among elementary school children.

Measles and German Measles were practically non-existent ; only 5 cases being reported.

One infant died from Measles and two infants as a result of Whooping Cough.

During the cold first quarter of the year an epidemic of Influenza spread over the town and directly or indirectly accounted for the death of 26 persons, over half of whom were of the age of 65 or over.

The epidemic, although more deaths occurred than was the case in the 1927 epidemic did not affect so many people ; it was more selective in its action as can be gathered from the fact that whereas in 1927, school children contracted the disease to such an extent that all the elementary schools had to be closed, in 1929 the incidence among school children and young adults was comparatively slight and it was not found to be necessary to close a single school.

### **THE ISOLATION HOSPITAL.**

The Isolation Hospital administered by the Shrewsbury and Atcham Joint Hospital Board is situated 2 miles from the centre of the town in approximately 5 acres of grounds.

There is accommodation for 37 patients, though a few more could be admitted and nursed without overcrowding should it become necessary.

Transport of patients to the Hospital is by means of motor ambulance which belongs to and is hired from the Salop County Council.

Patients are received into the Hospital from (1) Borough of Shrewsbury and the Atcham Rural District which together con-

stitute the area served by the Joint Board with an approximate population of 54,000 ; (2) the following districts in the County of Salop, the Local Authorities of which have entered into an agreement to pay maintenance charges for patients sent in by them : Borough of Bishop's Castle, Chirbury R.D.C., Church Stretton U.D.C., Clun R.D.C., Dawley U.D.C., Ellesmere U.D.C., Ellesmere R.D.C., Ludlow R.D.C., Borough of Much Wenlock, Newport R.D.C., Oakengates U.D.C., Shifnal R.D.C., Wem U.D.C., Wem R.D.C., Wellington U.D.C., Wellington R.D.C., Whitchurch U.D.C., Whitchurch R.D.C. (3) Newtown, Welshpool, Montgomery and various districts in the County of Montgomery and paid for by the Montgomeryshire County Council.

**Cases admitted.** During the year 153 cases were admitted, 71 from Shrewsbury, 26 from the Atcham Rural District, 42 from districts in the County of Salop and 14 from Montgomeryshire.

The respective number of cases, the diseases for which they were admitted and the locality from which they were sent are set out in the following table.

	Scarlet fever.	Diphtheria.	Typhoid fever.	Paratyphoid Fever.	Erysipelas.
SHREWSBURY	51	19	—	—	1
Atcham Rural District	19	5	1	—	1
Shifnal	—	1	—	—	—
Wem	—	1	—	—	—
Bishop's Castle	—	3	—	—	—
Clun	—	3	—	—	—
Ludlow	—	1	—	—	—
Oakengates	—	2	—	—	—
Dawley	—	1	—	—	—
Newport	—	2	—	—	—
Whitchurch	—	4	—	—	—
Much Wenlock	—	—	—	3	—
Wellington	11	6	1	2	—
Church Stretton	1	—	—	—	—
Montgomeryshire	2	12	—	—	—
Total	84	60	2	5	2



**Revised Diagnosis.** Of the 153 cases admitted, 12 after due observation were found to be suffering from conditions other than for which they were admitted, the revised diagnosis being as follows :—

REVISED DIAGNOSIS.	ORIGINAL DIAGNOSIS.
Tonsillitis (4 cases).	Scarlet Fever.
Tonsillitis (3 cases).	Diphtheria.
Scarlet Fever.	Diphtheria.
Measles.	Scarlet Fever.
Pneumonia.	Scarlet Fever.
Erythema.	Scarlet Fever.
Secondary Syphilis.	Diphtheria.

### **Treatment.**

**SCARLET FEVER.** On the whole the type of Scarlet Fever with a few exceptions was mild and there were no deaths among the 84 patients treated.

Scarlet Fever Antitoxin is given according to the clinical condition and not as a routine administration.

The following complications occurred in the course of the disease.

Rhinorrhoea	11 cases.	Otorrhoea	4 cases.
Rheumatism	2 „	Relapse	1 case.
Cervical Adenitis	10 „	Dacrocystitis	1 „
Albuminuria	3 „	Quinsy	1 „

Nephritis or inflammation of the kidneys, one of the most serious complications that can occur as a result of Scarlet Fever did not manifest itself apart from slight degrees of Albuminuria in 3 cases.

It is the custom to give a compound alkaline mixture to all patients with the object of neutralising the acid toxins generated by the disease, which damage the kidneys, and it is probable even though the majority of cases were mild, that this treatment has prevented the onset of Nephritis in some cases.

**Diphtheria.** There were 60 patients—twice the number of the previous year, admitted as cases of Diphtheria, only 19 of whom were Shrewsbury cases and one of these died. There were 3 other deaths of patients admitted from other districts.

Some of the cases were very severe and gave rise to much anxiety when paralyses set in subsequently.

One child who recovered had paralysis in 11 different situations including partial paralysis of the heart, diaphragm and gullet.

The following complications occurred :—

Palatal Paralysis	7 cases.	Cardiac Irregularity	4 cases.
Cardiac	3 „	Rhinitis	2 „
Ciliary	2 „	Nephritis	1 case.
Pharyngeal	2 „	Cervical Adenitis	1 case.
Multiple Paralyses	1 case.	Cardiac Angina	1 „

**TYPHOID.** Seven cases of Typhoid fever received treatment and all recovered.

Of these 7 cases, 5 were Paratyphoid fever and 2 Typhoid fever.

**Operations.** The work done by the Ear, Nose and Throat Specialist, together with other necessary operations under a general anæsthetic were as follows :—

Removal of tonsils and adenoids	4 cases.
Tracheotomy	2 „
Opening of Pyæmic Abscesses	2 „
„ „ Lachrymal abscess	1 case.

**Return Cases.** There was only 1 “return case” \* of Scarlet fever from the 84 Scarlet Fever patients treated, which gives a return case rate of 1.2 compared with 3.0 and 4.0 in the previous years respectively.

There were no “return cases” in respect of Diphtheria.

\* A “return case” may be defined as a case of Scarlet Fever which occurs in a house to which a patient has been discharged from the Isolation Hospital within the preceding 28 days.

**Duration of Stay.** Mild and uncomplicated cases of Scarlet Fever are usually discharged from hospital at the end of 4 weeks from the day of onset of the disease.

In Diphtheria and Typhoid the detention in Hospital is dependent on the clinical state of the patient and the disappearance of the infecting bacillus as demonstrated by bacteriological investigation.



The average duation of stay of patients was as follows :—

Scarlet Fever	...	30 days.
Diphtheria	...	30 days.
Typhoid	...	44 days.

Four severe cases of Diphtheria were retained in Hospital for 89, 82, 82 and 70 days respectively and 1 case of Septic Scarlet Fever was kept for 85 days.

**Cross Infection.** It is satisfactory to report that there were no cases of cross infection from ward to ward.

**Health of Staff.** There was no case of serious or prolonged illness among the Nursing or Domestic Staff during the year and no cases of infectious disease.

The following preventive inoculations were performed on the staff :

Schick test for Diphtheria, 3 Nurses, 2 Ward maids.

Dick test for Scarlet fever, 2 Nurses.

Anti-Typhoid and Paratyphoid fever inoculations, 3 Nurses.

**Deaths.** There were 5 deaths during the year, the cause of death being due to Diphtheria in 4 cases.

Of the Diphtheria deaths, one followed the operation of Tracheotomy, and 2 were cases of Hæmorrhagic Diphtheria, a very fatal form of the disease.

One patient died of Pyæmic abscesses as a result of Erysipelas.

### BACTERIOLOGICAL WORK.

The following work was carried out during the year.

		Number.	Positive.	Negative.
Diphtheria	Swabs from Isolation Hospital	670	72	598
	„ „ School cases and contacts	90	10	80
	„ sent by Local Doctors	110	7	103
Tubercle				
Bacillus	Specimens of sputa examined	27	5	22
Vincent's Angina	... ..	5	1	4

The undermentioned specimens from the Borough and paid for under the County Council Scheme were sent to the University of Birmingham for examination.

	POSITIVE.	NEGATIVE.
Sputum for Tubercle Bacillus	... 3	23
Swabs for Diphtheria	... —	2
Widal's reaction for Typhoid fever	... —	2

Bacteriological investigations of a simple nature only, are undertaken in the Borough Laboratory and consist chiefly of the culture and examination of Diphtheria swabs, examination of specimens of sputa for Tubercle Bacilli, specimens of blood from the Abattoir for Anthrax, and bacteriological culture of water samples for the purposes of bacterial counts.

### DISINFECTION.

Preliminary steps have been taken with a view to the provision of a Disinfecting Station centrally situated in the town.

With the exception of smallpox, the control of infectious diseases is carried out nowadays with less elaborate, costly and time occupying methods of disinfection than was the case in former times, without any evidence that infection is any more widespread.

None the less a disinfecting and cleansing station is a very useful asset to a community of a size like that of Shrewsbury.

Applications are made from time to time to the Health department by relatives of patients who have died of cancer for bedding to be disinfected, and though present day opinion does not consider that cancer is infectious, yet more good than harm would be done to relatives and bedding too perhaps, by a process of steam disinfection, applied to contaminated articles.

In addition, the military authorities in and near Shrewsbury at times require, according to their regulations, the proper disinfection of blankets and equipment, for which service payment would be made.



It has already been mentioned that for Smallpox, it is desirable to subject infected clothing and bedding to steam disinfection, and considerable use of such a process could be made in the disinfection of verminous bedding and clothing as was set out in last year's report.

Appended is a summary of the work done by the Sanitary Inspectors in respect of infectious diseases and disinfection work.

Visits made in connection with infectious disease	239								
Cases removed to Hospital by Inspectors	14								
Disinfection carried out after	<table> <tr> <td>Tuberculosis</td><td>36</td></tr> <tr> <td>Scarlet Fever</td><td>3</td></tr> <tr> <td>Diphtheria</td><td>—</td></tr> <tr> <td>Other diseases</td><td>2</td></tr> </table>	Tuberculosis	36	Scarlet Fever	3	Diphtheria	—	Other diseases	2
Tuberculosis	36								
Scarlet Fever	3								
Diphtheria	—								
Other diseases	2								
	41								

On three occasions after floods cleansing and disinfection of a number of houses and yards was carried out.

Four houses were repeatedly fumigated and sprayed in an attempt to get rid of bugs.

### TUBERCULOSIS.

There were 26 deaths from all forms of Tuberculosis during 1929 compared with 25 in 1928 ; the death rate for Tuberculosis was 0.81 per 1,000 population.

Of the 26 deaths, 24 were due to Phthisis or Pulmonary Tuberculosis, which gives a Phthisis death rate of 0.6 per 1,000 persons, which is the same rate as in the previous year.

The following table gives the number of new cases of Tuberculosis notified during the year, together with the deaths.

## Tuberculosis.

Age Periods.	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 ... ..	1	—	—	—	1	—	—	—
1—5 ... ..	—	1	3	3	—	—	—	1
5—10 ... ..	—	—	1	3	—	—	—	—
10—15 ... ..	—	—	1	1	—	—	—	1
15—20 ... ..	—	—	1	1	1	2	—	—
20—25 ... ..	4	3	—	1	2	2	—	—
25—35 ... ..	5	6	—	1	1	3	—	—
35—45 ... ..	4	4	1	1	1	3	—	—
45—55 ... ..	3	—	—	1	3	—	—	—
55—65 ... ..	4	—	—	—	5	—	—	—
65 and upwards ...	—	—	—	—	—	—	—	—
Totals ...	21	14	7	12	14	10	—	2

Of the 26 deaths from Tuberculosis 5 or 19% were not notified before death.

**Public Health (Prevention of Tuberculosis) Regulations, 1925.**

It was not found necessary to take any action under the above regulations.

**Public Health Act 1925, Section 62.**

This section deals with the compulsory powers of removal to hospital of infectious persons suffering from Pulmonary Tuberculosis, when such persons' accommodation prevents the adoption of proper precautions to guard against the spread of infection, and in which there is serious risk of infection to other persons.

It was not found necessary to take any action on these lines during the year.



### **MATERNITY AND CHILD WELFARE.**

The aim of this branch of Public Health activities is, as its title implies, to make provision by means of education and supervision for the rearing of healthy infants. To obtain desired results it is becoming more and more evident that the health of the expectant mother is a very important factor, so that a beginning must be made long before the infant enters this world.

Ante-natal supervision embraces many things, the most important from the point of view of future generations as a whole is not the mere examination to ascertain as to whether the labour is likely to be normal or abnormal.

This type of examination should be a definite event, and be regarded as a final passport, the receipt of which some form of guarantee, though not an absolute one, for the safety of the mother and child at the time of confinement.

The safety of mother and child is all important to them as individuals, but the future welfare and progress of the child is more important to the State, and concern for such things should occupy the efforts of those connected with ante natal work to a greater extent than anything else.

With this end in view, attention must be paid to the physique and general health of the expectant mother. In the healthy, pregnancy is a period of enhanced health ; in the unhealthy it may be a period of weariness and discomfort, and there are those very numerous borderline cases who are neither well nor ill, but in a state of sub health or debility for whom guidance and help are more necessary than ever at such times.

The reasons why every attempt should be made to render an expectant woman physically fit are threefold. Firstly, it is desirable that the nutriment she provides via her blood to the growing foetus should be adequate and pure. Secondly, she should possess sufficient reserve of strength to undergo and triumph over the mental and physical hardships of the confinement. Thirdly, she should be in such a subsequent state of health that she can breast feed the baby with ease.

Pregnancy and childbirth are not pathological but natural conditions ; in the former state when a child is desired, radiant health should be enjoyed, in the latter, its accomplishment should not entail terrifying tortures. The stress of modern life is tending to make both more difficult, hence the need for ante natal advice which may do something to restore peace of mind and perfection of bodily functions.

The Ante Natal work which was already in operation and has been set out in previous reports has been extended in some degree in that during the year a scheme was introduced whereby artificial dentures can be provided on part payment for those mothers whose dental condition necessitated the complete removal of decayed and septic teeth.

In many cases on medical grounds the removal of septic foci is essential, but an edentulous woman is debarred either from proper mastication or the partaking of certain articles of diet which are necessary to keep her well—a state of affairs which a properly fitting denture can partially remedy.

Passing now to the child itself, extensions of the Service have been made in two directions during the year for its benefit.

An extra Health Visitor was appointed and began effective work in September ; the results of her appointment are best seen in the Table which sets out the visits of Health Visitors. In that table a rise in the number of visits paid to the homes of the people is noticeable in the latter part of the year.

The chief reason for this new appointment was to enable the supervision of children from 1—5 years to be carried out more effectively. In this way, it is hoped among other things that defects will be discovered before such children enter the elementary schools.

In the latter part of the year, too, the Ministry of Health sanctioned a scheme for the treatment of Minor ailments in children below school age, thus bringing such children into line with school children for whom that provision has already been made.



The Maternity and Child Welfare Service in Shrewsbury as it exists to-day comprises the following :—

(1) Home Visiting of Expectant Mothers, Infants and Children up to the age of 5 years by three Health Visitors, (2) the provision of an Infant Welfare Centre, (3) the provision of an Ante Natal Clinic, (4) the provision of Maternity beds, (5) provision for the treatment of Puerperal Fever or Pyrexia, (6) assistance to expectant or nursing mothers, infants and children up to 3 years of age in the form of milk grants, (7) Dental treatment for young children and for mothers including the provision of dentures, (8) Orthopædic treatment for children up to 5 years of age, (9) provision for the treatment of defects of eye, ear, nose or throat in infants or young children, (10) treatment of minor ailments.

The work of the Health Visitors is given in the accompanying table.

The number of visits paid is greater than has ever been the case before, despite the reduced birth rate.

## Visits of Health Visitors, 1929.

	Ante-Natal Visits	Under 1 year		1-5 Years Visits	Infant Death Enquiries	Still-birth Enquiries	Home Nursing	Totals
		First Visits	Return Visits.					
January ...	60	36	405	241	1	1	—	744
February ...	82	25	321	258	3	—	1	690
March ...	112	58	222	233	—	2	—	627
April ...	57	39	209	173	5	—	—	483
May ...	78	42	320	249	3	—	—	692
June ...	96	63	368	327	1	2	—	857
July ...	109	41	422	355	3	2	—	932
August ...	94	37	340	309	2	2	—	784
September	87	47	403	852	1	—	9	1399
October ...	74	42	425	933	—	—	26	1500
November	93	32	423	662	3	—	16	1229
December ...	65	30	325	417	1	1	1	840
Total ...	1007	492	4183	5009	23	10	53	10777

The method of feeding of infants, as ascertained at the first visit, is indicated below :—

Breast.	Bottle & Breast.	Bottle Fed.	Artificial Food.	Not investigated.	Died before Fed.	Total.
390	12	20	11	129*	13	575

\* Of this number 63 were born in Shrewsbury, but live outside the Borough boundaries.

Some of the children who were breast fed on the occasion of the first visit had a change of feeding later and the number and length of time breast fed were as follows :—



Total children served.	Left after 1st Visit.	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	2 months	3 months	4 months	5 months	6 months & over.
190	9	13	6	5	24	3	8	47	32	11	12	220

### WELFARE CENTRE.

Infant Welfare clinics are held at the Health Centre on two afternoons each week at which the Medical Officer of Health, Health Visitors and Voluntary Helpers attend.

The numbers compared with last year show no appreciable rise or fall.

The following figures indicate the amount and nature of the work that is performed.

		Under 1 year.	1—5 years.	Expectant Mothers.
Borough	...	213	98	69
New Cases	...			
County	...	11	9	—
Borough	...	75	252	15
Old Cases	...			
County	...	—	7	—
Total Attendances	...	3737		195

The amount of work done at each session may be gauged from the following average number.

Average attendance of Mothers each afternoon	...	30
„ „ „ Children „ „	...	39
„ number of children medically examined	...	27

Other activities may be summarised as follows.

Number of Mothers who received Dental treatment	...	18
" " Children " " " "	...	14
" " Children referred to Eye, Ear & Throat Hospital		22
" " " " " Cripple Care Centre	...	6
" " " treated at Minor Ailment Clinic	...	56
" " " admitted to Orthopædic Hospital	...	7
" " " referred to Doctors, Infirmary or Relieving Officer	...	29
" " " under 3 years receiving Free Milk	...	30
" " Expectant Mothers " " "	...	9
" " Nursing " " "	...	39
" " Cases admitted to Maternity Home	...	14

The co-operation and steady attendance of the Voluntary helpers at the Welfare Centre is very much appreciated seeing that by their aid, what would be chaos in their absence, is converted into smooth working and a general feeling of good will all round.

**Ante-Natal Clinic.** Expectant Mothers seen at the Welfare Centre or interviewed in their homes by the Health Visitors are advised to attend the Ante-Natal Clinic which is held the first three Wednesdays in each month, if they are not under supervision of their own doctor.

The following figures show the work that has been done.

Number of sessions held	...	...	...	24
Number of patients examined Ante-Natally	133*	}	140	
Post Natally	7*			
Total number of attendances	...	...	...	264

\* 29 and 2 respectively of these numbers were County cases.

Of the 109 Borough patients examined, the reference of the patients to the Ante-Natal Clinic was brought about as follows:—

By whom referred.	For Ante-Natal. For Post Natal Examination. Examination.	
Doctors	...	6
Midwives	...	8
Health Visitors	...	63
Own Initiative	...	27



Of the 104 women examined Ante-Natally, 79 were known to have been confined during the year and the results of the confinements were as follows.

Number of Live Births	...	...	...	...	...	75
„ „ Stillbirths	...	...	...	...	...	1
„ „ Miscarriages	...	...	...	...	...	3
No record of birth (e.g. Left town, etc.)	...	...	...	...	...	1
Not yet confined	...	...	...	...	...	24
Confinements at own Home	...	...	...	...	...	46
„ „ Royal Salop Infirmary	...	...	...	...	...	16
„ „ Maternity Home	...	...	...	...	...	17
Deaths as a result of or following confinement	...	...	...	...	...	Nil
Cases of Puerperal Fever or Pyrexia after confinement	...	...	...	...	...	1

**Maternity Home.** Mothers whose home circumstances are such that confinement is impossible or inconvenient owing to insufficient accommodation can be admitted by ambulance to the Maternity Wards at Berrington Hospital situated  $4\frac{1}{2}$  miles from Shrewsbury.

All patients admitted are examined at the Ante Natal Clinic or by their own doctors prior to admission, and they make payment towards the cost of maintenance which is £2/2/- per week, according to the family income, the sum arrived at, half of which has to be paid up before admission, being agreed upon by the patient, her husband and the Medical Officer of Health.

Under this scheme 14 patients were admitted to the Maternity Home which is double the number sent in the previous year.

#### **The Incidence of Infectious Diseases among Parturient Women.**

During the year 3 cases of Puerperal Fever and 1 case of Puerperal Pyrexia were notified. There were no deaths.

Under the arrangements in force for treating such cases, 1 was admitted to Hospital.

## OPHTHALMIA NEONATORUM.

Cases.			Vision unim- paired.	Vision impaired	Total Blind- ness.	Deaths
Notified	Treated.					
	At Home.	In Hospital.				
3	—	3*	3	—	—	—

\*Two of these were treated as out-patients at Eye Hospital.

**ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS,**  
with date of adoption :—

Public Health Acts (Amendment) Act, 1890. Adopted 1908.

Infectious Disease (Prevention) Act, 1890. Adopted 1909.

Public Health Acts (Amendment) Act, 1907. Adopted 1912.

Public Health Act, 1925. Adopted February, 1927.

Byelaws with respect to Slaughterhouses. Adopted 13th  
Feb., 1888.

Byelaws with respect to Nuisances in the Borough. Adopted  
28th Aug., 1905.

Byelaws with respect to Common Lodging Houses. Adopted  
13th Aug., 1906.

Byelaws with respect to Public Slaughterhouses. Adopted  
16th Oct., 1911.

Byelaws and Amended Byelaws with respect to Public  
Slaughterhouse. Adopted 26th Nov., 1919.

Byelaws with respect to New Streets and Buildings. Adopted  
22nd June, 1877. Revised 9th October, 1923.





# INDEX.

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	PAGE.
Abattoir, Public ... ..	42
Acts, Adoptive and other ... ..	66
Ambulance facilities ... ..	21
Ante-Natal Clinic ... ..	64
Bacteriological Work ... ..	55
Birth Rates ... ..	15
Canal Boats ... ..	33
Clinics ... ..	22
Closet Accommodation ... ..	26
Closing Orders ... ..	35
Common Lodging Houses ... ..	31
Cowkeepers and Milksellers ... ..	32
Deaths ... ..	16
Deaths, Causes of ... ..	17
Dental Treatment ... ..	64
Disinfection ... ..	56
Dainage and Sewerage ... ..	26
Eye, Ear and Throat Conditions, Treatment of ... ..	64
Factories, Workshops and Workplaces, etc. ... ..	28
Foods, Inspection of ... ..	39
Food and Drugs Acts, Sale of ... ..	44
Health Visitors, Work of ... ..	62
Hospitals, Provided or Subsidised ... ..	19
Houses let in Lodgings ... ..	31
Housing ... ..	34
Housing Statistics ... ..	37
Illegitimate Births ... ..	15
Infant Mortality ... ..	18
Infantile Mortality Rates ... ..	18

Infant Mortality, Causes of	...	...	...	...	...	19
Infectious Disease, Prevalence of, and control over	...	...	...	...	...	46
Infectious Disease, Acute Non-Notifiable	...	...	...	...	...	51
Isolation Hospital	...	...	...	...	...	51
Maternity and Child Welfare	...	...	...	...	...	59
Maternity Home	...	...	...	...	...	65
Meat, Inspection of	...	...	...	...	...	42
Meteorological Report	...	...	...	...	...	12
Milk Supply	...	...	...	...	...	39
Milk (Special Designations) Order, 1923	...	...	...	...	...	41
Natural and Social conditions of the District	...	...	...	...	...	10
Nursing Arrangements	...	...	...	...	...	22
Offensive Trades	...	...	...	...	...	32
Ophthalmia Neonatorum	...	...	...	...	...	66
Orthopædic Treatment	...	...	...	...	...	64
Population	...	...	...	...	...	13
Puerperal Fever and Pyrexia	...	...	...	...	...	65
Rag Flock Act	...	...	...	...	...	33
Rainfall	...	...	...	...	...	12
Sanitary Inspection of the Area	...	...	...	...	...	26
Scavenging	...	...	...	...	...	26
Shop Acts	...	...	...	...	...	33
Smoke Abatement	...	...	...	...	...	30
Staff	...	...	...	...	...	4
Statistics, General	...	...	...	...	...	10
Statistics, Vital	...	...	...	...	...	14
Tuberculosis	...	...	...	...	...	57
Voluntary Helpers	...	...	...	...	...	64
Water Supply	...	...	...	...	...	23
Water, Analysis of	...	...	...	...	...	24
Welfare Centre	...	...	...	...	...	63







