

[Report 1914] / Medical Officer of Health, Salop / Shropshire County Council.

Contributors

Shropshire (England). County Council.

Publication/Creation

1914

Persistent URL

<https://wellcomecollection.org/works/pd7r9eqp>

License and attribution

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

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

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



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

C 4491
County Council of Shropshire.

REPORT

BY THE

COUNTY MEDICAL OFFICER OF HEALTH

ON THE

**VITAL STATISTICS AND SANITARY CONDITION
OF SHROPSHIRE**

DURING THE YEAR 1914,

INCLUDING A

**SUMMARY OF THE ANNUAL REPORTS OF THE DISTRICT MEDICAL
OFFICERS OF HEALTH, AND A REPORT ON THE ADMINISTRATION
OF THE MIDWIVES ACT.**

JAMES WHEATLEY, M.D., D.P.H.

STREWSBURY,

September, 1915.

County Council of Shropshire.

REPORT

BY THE

COUNTY MEDICAL OFFICER OF HEALTH

ON THE

**VITAL STATISTICS AND SANITARY CONDITION
OF SHROPSHIRE
DURING THE YEAR 1914,**

INCLUDING A

**SUMMARY OF THE ANNUAL REPORTS OF THE DISTRICT MEDICAL
OFFICERS OF HEALTH, AND A REPORT ON THE ADMINISTRATION
OF THE MIDWIVES ACT.**

JAMES WHEATLEY, M.D., D.P.H.

REWSBURY,

September, 1915.



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

<https://archive.org/details/b30086528>

INDEX.

TO PART I.

	PAGE		PAGE		PAGE
Administrative County ..	6	Infantile Mortality ..	10, 12	Premature Births ..	11
Anthrax Order, 1910 ..	49	Infectious Diseases ..	13	Privies (Conversion of) ..	42
Atcham Combined District ..	64	Infectious Diseases (Notification by School Teachers) ..	14	Public Health (Tuberculosis) Regulations, 1912 ..	19
Bacteriological Examinations ..	30	Inspection ..	49	Puerperal Fever ..	17, 56
Births, Birth-rate ..	9, 10, 11	Isolation Hospitals ..	31	Rainfall ..	63
Births Acts, Notification of ..	27	Males ..	6	Refuse—House (Disposal of) ..	44
Cancer ..	26	Marriages ..	9	Sanatorium for Consumptives ..	21
Cancer (death-rates from) ..	26	Measles ..	13, 29	Sanatorium—number admitted ..	21
Care Committee ..	22	Meat Inspection ..	49	Scarlet Fever ..	13, 29
Closets (Water) ..	41	Medical Help (Notification of) ..	55	Scavenging ..	44
Closets (Earth) ..	41	Medical Inspection of School Children ..	29	School Children (Inspection of) ..	29
Confinements attended by Midwives ..	57	Midwives Act ..	54	School Closure ..	29
Consumption (Association for the Prevention of) ..	20	Midwives, Inspection of ..	54	Sewage Disposal ..	43
Cowsheds and Dairies ..	47	Midwives reported to Local Supervising Authority ..	61	Sewerage ..	43
Deaths (chief causes of) ..	11	Midwives (Supply of) ..	56, 61	Shelters for Tuberculous Patients ..	21
Deaths, Death-rates ..	10	Midwives (Training of) ..	56	Shropshire Nursing Federation ..	58
Death-rates, crude and corrected ..	10	Milk, Results of Analysis of ..	52	Small-pox ..	13
Dental Caries, Prevention of ..	27	Milk and Cream Regulations ..	53	Small-pox, hospital accommodation for ..	31
Diarrhoea ..	17	Milk and Dairies Act ..	48	Spitting, Prevention of ..	23
Diphtheria ..	15, 29	Milk Supply ..	47	Sputum—examination of ..	23
Disinfection ..	23, 30	Milk (Tuberculous) ..	48	Steam Disinfectors ..	31
Disinfectors, Steam ..	31	Milk, Examination for dirt in ..	48	Still-births (Notifications of) ..	55
Drainage ..	43	Maternity and Child Welfare, ..	12, 27, 62	Teaching of Infant Feeding ..	54
Dysentery ..	15	Notification of Births Acts ..	27	Tenements (particulars with regard to) ..	33—36
Enteritis ..	17	Notifications from Schools ..	29	Tuberculosis ..	17
Excrement Disposal ..	40	Nurses to visit Infectious Cases ..	14	Tuberculosis—Care Scheme ..	22
Factories and Workshops ..	50	Ophthalmia Neonatorum ..	27	Tuberculosis (Compulsory Notification of) ..	18
Feeding and Care of Infants ..	54	Parturition (Accidents and Diseases of) ..	27	Tuberculosis Dispensaries ..	19
Females ..	6	Phthisis ..	18	Tuberculosis, Nurse Inspectors ..	19
Food and Drugs ..	51	Phthisis—Work of Sanitary Authorities in the Prevention of) ..	24	Tuberculosis Medical Officer ..	19
Health Visitors (employment of) ..	29	Phthisis—Early Diagnosis and Notification of ..	24	Tuberculosis Order, 1913 ..	48
Hospital Accommodation ..	31	Population ..	6—9	Typhoid Fever ..	15
House Accommodation ..	32	Populations of Districts ..	6—9	Vaccination ..	13
House Refuse (Disposal of) ..	44	Population in Age Periods ..	8	Water Supplies ..	39
Housing and Town Planning, etc., Act, 1909 ..	36			Whooping Cough ..	14, 29
Housing Regulations, 1910 ..	38			Workshops ..	50
Infant Feeding (Teaching of) ..	54				

TO PART II. (DISTRICT REPORTS).

Atcham ..	66	Drayton ..	89	Shifnal ..	108
Chesham's Castle ..	70	Ellesmere U. ..	92	Shrewsbury ..	109
Chidgnorth U. ..	72	Ellesmere R. ..	93	Teme ..	115
Chidgnorth R. ..	74	Ludlow U. ..	95	Wellington U. ..	116
Chirford ..	75	Ludlow R. ..	97	Wellington R. ..	119
Chirbury ..	76	Market Drayton U. ..	90	Wem U. ..	120
Church Stretton U. ..	77	Newport U. ..	98	Wem R. ..	121
Church Stretton R. ..	80	Newport R. ..	101	Wenlock ..	123
Chobury Mortimer ..	82	Oakengates ..	104	Whitchurch U. ..	127
Chun ..	84	Oswestry U. ..	106	Whitchurch R. ..	130
Chawley ..	86	Oswestry R. ..	107		

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH AND HOUSING COMMITTEE OF THE SHROPSHIRE COUNTY COUNCIL.

GENTLEMEN,

I have the honour to present my Annual Report for 1914.

The general arrangement of previous reports has been continued in the present one. The second part of the report is a condensed summary of the reports for the various districts. In the first part each subject is dealt with as affecting the whole County.

A report is given on the administration of the Midwives Act.

The following are the duties of County Medical Officers of Health as prescribed by the Order of the Local Government Board, dated July 29th 1910:—

- “(1) The Medical Officer of Health of the County shall inform himself as far as practicable
 - “respecting all influences affecting or threatening to affect injuriously the public health in the County. For this purpose he shall visit the several County districts in the County as occasion may require, giving to the Medical Officer of Health of each County district prior notice of his visit, so far as this may be practicable.
- “(2) The Medical Officer of Health of the County shall from time to time inquire into and
 - “report upon the hospital accommodation available for the isolation of cases occurring in the County—
 - “(a) of small-pox, and
 - “(b) of other infectious diseases,
 - “and upon any need for the provision of further hospital accommodation.
- “(3) The Medical Officer of Health of the County shall communicate to the Medical Officer of Health of a County district within the County any information which he may possess as to any danger to health threatening that district.
- “(4) The Medical Officer of Health of the County shall consult with the Medical Officers of Health of County districts within the County whenever the circumstances may render this desirable.

- "(5) If the annual or special reports of the Medical Officer of Health of a County District in
 "the County shall not contain adequate information in regard to—
 "(a) the vital statistics of the district,
 "(b) the sanitary circumstances and administration of the district, and
 "(c) the action taken in the district for putting in force the provisions of the Housing of
 "the Working Classes Act, 1890 to 1909.
 "the Medical Officer of Health of the County shall obtain from the Medical Officer of
 "Health of the County district such further information on those matters as the circum-
 "stances may demand.
- "(6) The Medical Officer of Health of the County shall, when directed by Us, or by the County
 "Council, or as occasion may require, make a Special Report to the County Council on
 "any matters appertaining to his duties under this Order.
- "(7) The Medical Officer of Health of the County shall as soon as practicable after the 31st
 "day of December in each year make an Annual Report to the County Council up to
 "the end of December on the sanitary circumstances, the sanitary administration and the
 "vital statistics of the County.
 "In addition to any other matters upon which the Medical Officer of Health may
 "consider it desirable to report, his Annual Reports shall contain the following sections:—
 "(a) a digest of all annual and special reports made by the Medical Officers of Health of
 "all County Districts within the County.
 "(b) a section as to the isolation hospital accommodation available for each County district
 "and as to the steps which should be taken to remedy any deficiencies which may
 "exist.
 "(c) a section on the administration of the *Housing of the Working Classes Acts*, 1890 to
 "1909, within the County.
 "(d) a section on the *Water Supply* of the several County districts within the County;
 "(e) a section on the *Pollution of Streams* within the County and as to the steps for the
 "prevention of pollution taken:—
 "(i) by the *Local Authorities*, and
 "(ii) by the *County Council*;
 "(f) a section on the administration within the County of the *Midwives Act*, 1902; and
 "(g) a section on the administration of the *Sale of Food and Drugs Act*, 1875 to 1907,
 "within that part of the County in which the County Council have jurisdiction for
 "the purposes of those Acts.
- "(8) The Medical Officer of Health of the County shall send to Us two copies of his Annual
 "Report and two copies of any Special Report; he shall also send one copy of his
 "Annual Report to the Council of every County district in the County and shall send
 "three copies of any Special Report to the Council of every such County district affected
 "by the Special Report."

I am, Gentlemen,

Your obedient Servant,

JAMES WHEATLEY.

COUNTY HEALTH DEPARTMENT,
 COUNTY BUILDINGS,

September, 1915.

PART I.

THE ADMINISTRATIVE COUNTY.

POPULATION.

The population of the Administrative County in 1901 was 239,783, and in 1911, 246,307. It is estimated to be 248,465 at the middle of 1914. The population of the combined Urban and Rural Districts is slightly in excess of that of the Administrative County, as the Rural District of Shifnal administers a small portion of Staffordshire. In 1901 it was 240,606, and in 1911, 247,105. It is estimated to be 249,255 at the middle of 1914.

At the 1911 census the number of males in the County was 121,834, and the number of females 124,472, or an excess of females over males of 2,638, the ratio of females to males being 1,022 to 1,000. In the whole of England and Wales the ratio was considerably higher, viz., 1,068 to 1,000. It was the lowest in the mining counties and highest in the residential counties. The excess of females over males in the United Kingdom at the Census 1911 was 1,179,276. This excess is notwithstanding the larger number of males born. During the last 50 years the proportion of boys born has been 1,041 to every 1,000 girls, and during the last 20 years about 1,037 to 1,000.

The initial excess of males rapidly disappears owing to a greater infantile mortality amongst them (excess nearly 25 per cent.). It seems probable that this excess is due to the lower initial vitality of male infants.

TABLE I.

DISTRICTS.	FAMILIES OR Separate Occupiers, 1911	POPULATION.		Increase or decrease of population in Intercensal Period.		Percentage increase or decrease
		1901	1911	Increase.	Decrease.	
<i>Urban.</i>						
Bishop's Castle ..	360	1378	1409	31	—	+ 2.2
Bridgnorth	1346	6052	5768	—	284	— 4.7
Church Stretton ..	288	816	1455	639	—	+ 78.3
Dawley	1678	7522	7701	179	—	+ 2.4
Ellesmere	454	1945	1946	1	—	+ 0.05
Ludlow	1372	6373	5926	—	447	— 7.0
Newport	738	3241	3250	9	—	+ 0.3
Oakengates	2466	10906	11744	838	—	+ 7.7
Oswestry	2320	9579	9991	412	—	+ 4.3
Shrewsbury	6612	28395	29389	994	—	+ 3.5
Wellington	1721	7115	7820	705	—	+ 9.9
Wem	509	2149	2273	124	—	+ 5.8
Wenlock	3548	15866	15244	—	622	— 3.9
Whitchurch	1314	5221	5757	536	—	+ 10.3
Total Urban ..	24726	106558	109673	3115	—	+ 2.92

TABLE I.—STATISTICS FOR 1914.

URBAN DISTRICTS.	Estimated population in 1914 upon which the rates are calculated.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.				DEATH-RATES FROM VARIOUS CAUSES.							
		Un-corrected Number	Nett.						of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 year of Age.		At all Ages.		Phthisis.	Other Tuberculous Diseases	Cancer.	Organic Heart Disease.	Bronchitis.	Pneumonia. (all forms).	Diarrhoea and Enteritis.	Nephritis and Bright's Disease.
			Number	Rate.	Number	Rate per 1000 Nett Births.	Number	Rate.												
Bishop's Castle	1410	33	31	22.0	23	16.3	4	..	7	226	19	13.5	.70	..	2.12	.70	..	..	..	.70
Bridgnorth	5768	111	110	19.0	98	16.9	14	6	12	109	90	15.6	.69	..	1.73	1.38	.69	1.90	.34	.34
Church Stretton	1550	19	19	12.3	32	20.6	12	2	4	210	22	14.2	.0	..	..	1.93	2.58	..	..	.64
Dawley	7750	211	213	27.5	112	14.5	..	19	23	108	131	16.9	1.67	..	1.16	1.03	2.16	1.80	.64	.51
Ellesmere	1967	34	34	17.2	31	15.7	9	5	2	58	27	13.7	1.01	..	1.52	2.03	1.01	2.54	..	1.01
Ludlow	5794	112	109	18.8	119	20.5	16	2	10	91	105	18.1	1.03	.34	.86	1.89	1.89	.86	..	.69
Market Drayton	5062	119	116	23.0	81	16.0	11	1	9	77	71	14.0	.59	.19	.98	1.38	1.18	.39	..	..
Newport	3250	57	56	17.2	54	16.6	5	3	8	143	52	16.0	1.53	.61	2.15	1.23	2.15	1.84	..	..
Oakengates	11950	269	270	24.6	162	13.5	..	29	38	140	182	16.6	.25	.16	1.17	1.75	1.33	.83	.41	.50
Oswestry.. ..	10250	209	211	20.5	161	15.7	5	29	29	137	185	18.0	1.07	.29	1.36	1.85	.97	2.14	.39	1.85
Shrewsbury	29735	609	620	20.8	453	15.2	92	67	65	104	428	14.4	1.14	.30	1.00	1.58	1.14	.87	.43	.43
Wellington	8020	189	184	22.2	102	12.7	14	11	16	86	99	12.3	.99	.24	.87	1.49	.99	1.62	.49	.49
Wem	2313	44	44	19.0	25	10.8	5	2	3	68	22	9.5	.43	.43	2.59	.43	..	..	..	..
Wenlock	15130	286	285	18.8	239	15.8	11	10	26	91	238	15.7	.99	.52	1.18	2.11	1.58	1.45	.13	.33
Whitchurch	5890	132	131	22.2	76	12.9	3	6	15	114	79	13.4	.67	..	1.01	2.03	.16	.67	..	.33
Whole of Urban Districts ..	115767		2433	21.01	1768	15.27	201	181	267	109	1750	15.11	.95	.25	1.18	1.64	1.23	1.20	.31	.54
Whole of Urban and Rural Districts	249255		5205	20.88	3572	14.33	414	398	461	88	3556	14.26	.81	.23	1.22	1.72	1.02	.99	.22	.47
RURAL DISTRICTS.																				
Atcham	21050	452	444	21.1	430	20.4	162	28	29	65	296	14.06	.66	.09	1.61	2.04	.71	.66	.09	.23
Bridgnorth	9140	179	179	19.5	80	8.7	..	21	12	78	101	11.1	.54	.10	.98	.54	.98	.98	.10	.10
Burford	1323	29	30	22.6	22	16.6	7	4	2	63	19	14.3	..	.75	.75	2.26	.75	2.26	..	1.51
Chirbury	3304	53	53	16.0	40	12.1	..	4	3	56	44	13.3	..	.90	.90	2.11	2.11	.60	..	..
Church Stretton	4860	81	81	16.6	54	11.1	..	18	7	86	72	14.8	.41	..	.82	1.02	.82	1.23	.41	..
Cleobury Mortimer	7200	213	211	29.3	83	11.5	2	8	15	71	89	12.3	.27	..	.27	1.25	1.66	.83	.13	.41
Clun	6500	131	132	20.3	88	13.5	..	17	12	91	105	16.1	1.23	.46	1.84	2.15	.61	.61	..	.30
Drayton	7485	152	155	20.7	92	12.2	4	12	12	77	100	13.3	1.06	.13	1.20	1.87	..	.66	.13	.66
Ellesmere	8541	158	160	18.7	95	11.1	1	12	9	56	106	12.41	.81	.23	.93	1.52	.81	.81	.11	.23
Ludlow	9390	187	189	20.1	99	10.5	..	18	8	42	117	12.4	1.06	..	1.06	1.27	1.17	.10	..	.63
Newport	5990	111	112	18.7	70	11.7	1	14	9	80	83	13.9	.66	.16	1.16	1.83	1.33	.66	..	.33
Oswestry.. ..	15500	370	368	23.7	227	14.6	29	16	21	57	214	13.8	1.16	.32	1.61	2.32	.38	.83	.06	.64
Shifnal	8990	166	166	18.6	144	16.0	6	6	16	96	144	16.1	.44	..	.33	1.66	2.66	1.33	.66	.66
Teme	1644	37	37	22.5	23	14.0	..	2	6	162	25	15.2	..	1.21	.60	1.21	.60	..	1.21	.60
Wellington	11091	..	252	22.7	137	12.3	..	20	22	87	157	14.2	.81	.18	1.44	2.25	.72	1.71	.36	.45
Wem	8408	163	165	19.6	97	11.5	1	15	9	54	111	13.2	.35	.23	1.18	1.54	.59	.95	.11	.59
Whitchurch	1950	38	38	19.5	23	11.8	..	..	2	53	23	11.8	..	..	1.53	2.05	1.02	1.02	.51	.51
Whole of Rural Districts ..	133488		2772	20.76	1804	13.52	213	215	194	70	1806	13.52	.70	.20	1.20	1.79	.83	.81	.15	.41
Whole of Urban and Rural Districts	249255		5205	20.88	3572	14.33	414	398	461	88	3556	14.26	.81	.23	1.22	1.72	1.02	.99	.22	.47

Date	Particulars	Debit			Credit		
		To	By	Total	To	By	Total
1900							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

DISTRICTS.	FAMILIES OR Separate Occupiers. 1911	POPULATION.		Increase or decrease of population in Intercensal Period.		Percentage increase or decrease
		1901	1911	Increase.	Decrease.	
<i>Rural.</i>						
Atcham	4591	20895	21770	875	—	+ 4.2
Bridgnorth	2061	8573	9125	552	—	+ 6.4
Burford	286	1233	1308	75	—	+ 6.1
Chirbury	811	3539	3304	—	235	— 6.6
Church Stretton ..	1069	4479	4797	318	—	+ 7.1
Cleobury Mortimer ..	1419	6720	6976	256	—	+ 3.8
Clun	1517	6824	6565	—	259	— 3.8
Drayton	2846	11708	12340	632	—	+ 5.4
Ellesmere	1752	7911	8365	454	—	+ 5.7
Ludlow	2059	9585	9438	—	147	— 1.5
Newport	1306	6033	6005	—	28	— 0.5
Oswestry	3450	14727	15443	716	—	+ 4.9
Shifnal (without Weston & Blymhill) .	1859	8021	8155	134	—	+ 1.7
Teme	382	1846	1644	—	202	— 10.9
Wellington	2433	10941	11091	150	—	+ 1.4
Wem	1940	8266	8373	107	—	+ 1.3
Whitchurch	439	1924	1935	11	—	+ 0.6
Total Rural ..	30220	133225	136634	3409	—	+ 2.56
Total of Urban and Rural Districts ..	54946	239783	246307	6524	—	+ 2.72

TABLE 2.
POPULATION IN AGE PERIODS.

Age Period.			1901 Census.	1911 Census.	Increase or Decrease.
Under 1	..	..	5427	4985	
1—2	..	..	5167	4790	
2—3	..	..	5427	5321	
3—4	..	..	5285	5058	
4—5	..	..	5547	5199	
			— 26853	— 25353	— 1500
5—6	..	..		5106	
6—7	..	..		5202	
7—8	..	..		5271	
8—9	..	..		5142	
9—10	..	..		5145	
			26270	— 25866	— 404
10—11	..	..		5141	
11—12	..	..		4962	
12—13	..	..		5035	
10—13	..	..	15022		
13—14	..	..	4983	4926	
14—15	..	..	5088	5035	
			— 25093	— 25099	+ 6
15—16	..	..	4902	4811	
16—17	..	..	4798	4733	
17—18	..	..	4534	4658	
18—19	..	..	4477	4343	
19—20	..	..	4216	4139	
			— 22927	— 22684	— 243
20—25	..	..	19684	19119	— 565
25—30	..	..	18030	— 17902	— 128
30—35	..	..	16088	17342	+ 1254
35—40	..	..	15023	16667	+ 1644
40—45	..	..	13116	14981	+ 1865
45—50	..	..	11599	13695	+ 2086
50—55	..	..	10481	11379	+ 898
55—60	..	..	9326	9696	+ 370
60—65	..	..	8627	8077	— 550
65—70	..	..	6556	7277	+ 721
70—75	..	..	4999	5533	+ 534
75—80	..	..	2990	3270	+ 280
80—85	..	..	1549	1641	+ 92
85—90	..	..	470	577	+ 107
90—95	..	..	92	132	+ 40
95—100	..	..	6	17	+ 10
100 and upwards	..	..	4	0	— 4

As pointed out in previous reports, the age distribution of the population is altering owing to the diminishing birth-rate and the prolongation of life resulting from the diminishing death-rate.

The 1911 Census showed a decrease of population at every age period (with one unimportant exception) up to 30, compared with the 1901 Census, and an increase at almost every age period above thirty.

The effect of this alteration in the distribution of the population upon the producing capacity of the people has probably not yet been greatly felt. During the next 10 years it will become more perceptible.

Up to the present time it has principally been noticed in the reduction of the number of children attending the elementary schools.

The factors that have produced this change of age distribution, viz., a diminishing birth-rate and a diminishing death-rate, still continue.

MARRIAGES.

The number of marriages in the Registration County for 1914 was 1,771, compared with 1,755 for 1913, and 1,781 for 1912. The marriage rates were 13.19 in 1914, 13.1 in 1913, 13.3 in 1912, 12.8 in 1911, 12.8 in 1910.

BIRTHS.

The total number of births in the Administrative County was 5,205, giving a birth-rate of 20.88, compared with 21.1 in 1913, 21.8 in 1912, and 22.6 in 1911. The birth-rate for the year was again the lowest on record.

The urban rate was 21.01 and the rural rate 20.76.

The birth-rate for the various sanitary districts are given in Table 1 Urban and Rural.

As shown in previous reports these figures are much modified when the rates are calculated upon the number of females between 15 and 45. This method of calculation increases the rates of rural districts as compared with urban districts.

TABLE 3.

BIRTH-RATES IN ENGLAND AND WALES AND THE COUNTY OF SALOP FOR 1914, CALCULATED (1) ON WHOLE POPULATION, (2) ON FEMALES BETWEEN 15 AND 45, AND (3) ON MARRIED FEMALES BETWEEN 15 AND 45.

	Birth-rates calculated on the whole population.	Birth-rates calculated on the number of females between 15 and 45 years of age.	Birth-rates calculated on the number of <i>married</i> females between 15 and 45 years of age.
England and Wales	23.6	94.5	197.1
Shropshire (Urban and Rural Districts) ..	20.8	94.6	231.6
Shropshire—Urban Districts	21.0	91.0	218.5
Shropshire—Rural Districts	20.7	98.0	244.3

This table shows that the true birth-rate of Shropshire approximates closely to that of England and Wales. It shows also that the birth-rate is higher in the rural districts of Shropshire than in the urban districts.

DEATHS.

The number of deaths registered in the County was 3,573. The number of deaths after making corrections for non-residents dying in the County and persons belonging to the County dying outside, was 3,556. This is the number employed in the calculation of the death-rates.

The death-rate was 14.26, compared with 12.1 in 1913, 13.1 in 1912, and 13.8 in 1911.

For the fourth year the deaths of persons in public institutions and of other persons who have died away from home have been distributed by the Registrar-General to the various districts to which they belong. The total number of deaths deducted from the districts was 414, and the total number added was 398. This is no doubt a much more correct distribution than was previously obtained, and it should render statistics more reliable.

TABLE 4.

CRUDE AND CORRECTED DEATH-RATES IN THE
URBAN AND RURAL DISTRICTS OF SHROPSHIRE AND ENGLAND AND WALES,
FOR THE LAST 4 YEARS.

Period.	Shropshire.		England and Wales. Rates.	Urban Districts of Shropshire.		Urban Counties of England and Wales. Corrected Rates. †	Rural Districts of Shropshire.		Rural Counties of England and Wales Corrected Rates
	Crude Rates.	Corrected Rates.†		Crude Rates.	Corrected Rates.†		Crude Rates.	Corrected Rates.†	
1914	14.2	12.2	13.9	15.1	13.5	*	13.5	11.3	*
1913	12.1	10.4	13.7	12.7	11.4	12.7	11.6	9.7	10.6
1912	13.1	11.3	13.3	13.8	12.4	14.7	12.5	11.2	10.8
1911	13.8	11.9	14.6	14.3	12.8	15.2	13.4	11.2	11.4

* These figures are not yet available.

† These are the rates of mortality that would result if the age and sex constitution of the population of the Districts were identical with those of the population of England and Wales at the Census.

INFANTILE MORTALITY.

There were 461 deaths of infants under one year of age, equal to a mortality of 88 for every 1000 births, compared with a rate of 74 in 1913, 72 in 1912, 91 in 1911, 82 in 1910, 91 in 1909, 100 in 1908, 91 in 1907, 97 in 1906, 93 in 1905, and an average of 106 for the previous five years.

The rate for England and Wales was 105, and excluding 242 towns, 93.

In Table I. Urban and Rural are given the infantile rates for each sanitary district, and in Table IV. a detailed analysis is given with regard to causation of death and age at death.

The infant deaths have now been tabulated in accordance with the cause of death and the age at death (Table IV.) for ten years. It is interesting and important to note the changes that have taken place during this time. For this purpose the ten years are divided into two five year periods and the number of deaths in each period for selected diseases is given, and also the percentage decrease for each disease. In the second period there was also a decrease in the births. The number of births in each period is given and also the percentage decrease, so that this may readily be compared with the decrease in deaths.

TABLE OF CONTENTS CHAPTER I. THE HISTORY OF THE

CHAPTER I.	THE HISTORY OF THE	1
CHAPTER II.	THE HISTORY OF THE	1
CHAPTER III.	THE HISTORY OF THE	1
CHAPTER IV.	THE HISTORY OF THE	1
CHAPTER V.	THE HISTORY OF THE	1
CHAPTER VI.	THE HISTORY OF THE	1
CHAPTER VII.	THE HISTORY OF THE	1
CHAPTER VIII.	THE HISTORY OF THE	1
CHAPTER IX.	THE HISTORY OF THE	1
CHAPTER X.	THE HISTORY OF THE	1
CHAPTER XI.	THE HISTORY OF THE	1
CHAPTER XII.	THE HISTORY OF THE	1
CHAPTER XIII.	THE HISTORY OF THE	1
CHAPTER XIV.	THE HISTORY OF THE	1
CHAPTER XV.	THE HISTORY OF THE	1
CHAPTER XVI.	THE HISTORY OF THE	1
CHAPTER XVII.	THE HISTORY OF THE	1
CHAPTER XVIII.	THE HISTORY OF THE	1
CHAPTER XIX.	THE HISTORY OF THE	1
CHAPTER XX.	THE HISTORY OF THE	1
CHAPTER XXI.	THE HISTORY OF THE	1
CHAPTER XXII.	THE HISTORY OF THE	1
CHAPTER XXIII.	THE HISTORY OF THE	1
CHAPTER XXIV.	THE HISTORY OF THE	1
CHAPTER XXV.	THE HISTORY OF THE	1
CHAPTER XXVI.	THE HISTORY OF THE	1
CHAPTER XXVII.	THE HISTORY OF THE	1
CHAPTER XXVIII.	THE HISTORY OF THE	1
CHAPTER XXIX.	THE HISTORY OF THE	1
CHAPTER XXX.	THE HISTORY OF THE	1

TABLE IV. (URBAN).
 INFANTILE MORTALITY DURING THE YEAR 1914.
 DEATHS FROM STATED CAUSES IN WEEKS AND MONTHS UNDER ONE YEAR OF AGE.

CAUSE OF DEATH.	WEEKS.				TOTAL under 4 weeks.	MONTHS.				Total Deaths under 1 year.
	Under 1	1—2	2—3	3—4		1—3	3—6	6—9	9—12	
Small-pox	..	..	..	..	..	..	..	..	..	..
Chicken-pox	..	1	..	..	1	..	..	..	..	1
Measles	..	..	..	..	..	..	..	..	5	5
Scarlet Fever	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	1	1	4	3	..	7	15
Diphtheria and Croup	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis	..	..	..	..	..	..	1	1	1	3
Abdominal Tuberculosis	..	..	..	..	..	..	..	..	1	1
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..
Meningitis (not tuberculous)	..	..	..	..	..	..	1	2	2	5
Convulsions	3	..	1	..	4	4	4	..	2	14
Laryngitis	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	2	..	2	10	11	5	3	31
Pneumonia (all forms)	..	..	..	..	..	5	6	4	8	23
Diarrhoea	..	..	..	1	1	2	1	3	..	7
Enteritis	1	..	..	1	2	1	10	4	2	19
Gastritis	1	..	1	..	2	3	2	1	1	9
Syphilis	..	..	..	..	..	1	..	..	..	1
Rickets	..	..	..	..	..	..	..	..	1	1
Suffocation, over-lying	..	..	..	..	..	2	1	..	..	3
Injury at Birth	5	..	..	..	5	..	..	..	..	5
Atelectasis	4	..	..	..	4	..	..	..	..	4
Congenital Malformations	3	5	..	..	8	1	..	..	..	9
Premature Birth	41	5	6	2	54	4	..	..	..	58
Atrophy, Debility and Marasmus	12	3	5	3	23	5	4	4	..	36
Other Causes	3	..	1	1	5	3	3	4	2	17
TOTALS	73	14	16	9	112	45	47	28	35	267

TABLE IV. (RURAL).

INFANTILE MORTALITY DURING THE YEAR 1914.

DEATHS FROM STATED CAUSES IN WEEKS AND MONTHS UNDER ONE YEAR OF AGE.

CAUSE OF DEATH.	WEEKS.				TOTAL under 4 weeks.	MONTHS.				Total Deaths under 1 year.
	Under 1	1—2	2—3	3—4		1—3	3—6	6—9	9—12	
Small-pox	..	..	..	..	..	..	..	..	..	..
Chicken-pox ..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	2	2
Scarlet Fever	..	..	..	..	..	..	..	..	..	..
Whooping Cough ..	..	..	..	..	..	4	2	3	..	9
Diphtheria and Croup ..	..	..	..	..	..	..	..	..	1	1
Erysipelas	..	..	..	..	..	1	..	..	..	1
Tuberculous Meningitis ..	..	..	..	..	..	..	2	..	1	3
Abdominal Tuberculosis ..	..	..	..	..	..	1	..	..	1	2
Other Tuberculous Diseases ..	..	..	1	..	1	..	1	..	2	4
Meningitis (not tuberculous) ..	..	..	..	..	..	..	1	..	..	1
Convulsions	1	..	1	2	4	2	..	2	1	9
Laryngitis	..	..	..	..	..	..	..	2	..	2
Bronchitis	2	..	2	..	4	2	5	4	2	17
Pneumonia (all forms) ..	..	..	..	..	..	2	4	6	2	14
Diarrhoea	..	..	..	..	..	2	..	..	1	3
Enteritis	..	..	..	..	..	1	1	1	3	6
Gastritis	..	..	..	..	..	..	3	..	..	3
Syphilis	..	..	..	..	..	..	1	..	..	1
Rickets	..	..	..	..	..	..	..	..	1	1
Suffocation, over-lying ..	..	1	..	..	1	..	..	..	..	1
Injury at Birth	2	..	..	..	2	..	..	..	..	2
Atelectasis	3	..	1	..	4	..	..	..	..	4
Congenital Malformations ..	8	2	..	1	11	2	1	1	..	15
Premature Birth	32	5	4	1	42	4	..	..	..	46
Atrophy, Debility and Marasmus	12	3	2	3	20	9	3	2	..	34
Other Causes	3	..	1	..	4	5	2	..	2	13
TOTALS	63	11	12	7	93	35	26	21	19	194

II

	Years 1905—1909	Years 1910—1914	Percentage decrease
<i>Births</i>	29774	27134	8.9
<i>Deaths from all causes under one year</i> ..	2804	2222	21.
<i>Deaths from—</i>			
Infectious disease	190	114	40
Diarrhoea, Enteritis and Gastritis ..	284	261	11.2
Premature Birth	531	480	9.6
Atrophy	479	368	23
Tuberculous Disease	94	59	37
Convulsions	267	188	29
Bronchitis	229	163	29
Pneumonia	323	214	34

It will be noticed that whilst the births decreased less than 9 per cent., the deaths decreased by 21 per cent. The decrease in deaths due to premature birth, was practically at the same rate as the decrease in births. In other words there was no decrease in the rate from this cause. It is anticipated that the work under the maternity and child welfare scheme will have a marked effect upon this cause of infant deaths, as much attention will be paid to the health of the mother before confinement and the prevention of conditions conducive to premature birth.

The other cause of death that has shown little decrease is the group of diarrhoeal diseases. These diseases are subject to large fluctuations due principally to climatic conditions, and in particular to the temperature of the summer months. In consequence it is difficult to estimate over short periods the amount of progress that is being made in the prevention of these diseases. They are perhaps the best indication that can be derived from death-rates, of the general sanitation of a district, with particular reference to scavenging, disposal of excreta and cleanliness of the milk supply. The rate in the first five-year period was not an excessive one, but it is not altogether satisfactory to find that the rate in the second period is almost equal to that of the first period. Greater progress will no doubt be made with the establishment of a system of health visiting, as the training and habits of the people are probably of even greater influence in the prevention of these diseases than the sanitary condition of the surroundings.

The decrease in the other diseases is very satisfactory and although some of it may be due to the periodicity of infectious disease, there is good reason to think that part of it is due to a better knowledge of the feeding and care of infants. Except for the Urban districts of Bishop's Castle (226) and Church Stretton (210), in which the numbers are very small, the highest mortalities were in Newport (143), Oakengates (140), and Oswestry (137). The rates in the rural districts were on the whole low, except for the small districts of Teme with a rate of 162. The highest rural rates were Shifnal 96, Clun 91, Wellington 87, and Church Stretton 86.

The annual figures, for small districts especially, vary greatly. As a more reliable guide the following table has been got out stating the infant mortality in each district for the two periods 1901—1906 and 1907—1914, and for the year 1914:—

TABLE 5.

AVERAGE OF THE ANNUAL INFANTILE MORTALITY FOR THE PERIODS 1901—1906 AND 1907—1914,
AND FOR THE YEAR 1914.

URBAN DISTRICTS.	1901— 1906	1907— 1914	Percentage increase or decrease in second period.	1907—1914 Percentage above or below the average for Urban Districts.	Rates of 1914.	RURAL DISTRICTS.	1901— 1906	1907— 1914	Percentage increase or decrease in second period.	1907—1914 Percentage above or below the average for Rural Districts.
Bishop's Castle ..	86	100	+ 16.3	+ 4.2	226	Atcham ..	84	77	— 8.3	— 1.3
Bridgnorth ..	106	116	+ 9.4	+ 20.8	109	Bridgnorth ..	87	67	— 23.0	— 14.3
Church Stretton ..	96	99	+ 3.1	+ 3.1	210	Burford ..	59	68	+ 15.2	— 12.3
Dawley ..	112	97	— 13.4	+ 1.0	108	Chirbury ..	77	60	— 22.1	— 23.3
Ellesmere ..	103	65	— 36.8	— 32.3	58	Church Stretton ..	97	80	— 17.5	+ 2.3
Ludlow ..	113	84	— 25.7	— 12.5	91	Cleobury ..	..	..	..	..
Market Drayton ..	..	..	..	..	77	Mortimer ..	92	74	— 19.6	— 5.3
Newport ..	117	80	— 31.6	— 16.7	143	Clun ..	100	72	— 28.0	— 7.3
Oakengates ..	138	104	— 24.6	+ 8.3	140	Drayton ..	115	84	— 26.0	+ 7.3
Oswestry ..	102	101	— 1.0	+ 5.2	137	Ellesmere ..	92	84	— 8.7	+ 7.3
Shrewsbury ..	126	102	— 19.0	+ 6.2	104	Ludlow ..	91	69	— 24.2	— 11.3
Wellington ..	114	78	— 31.6	— 18.7	86	Newport ..	106	96	— 9.4	+ 23.3
Wem ..	93	87	— 6.4	— 9.4	68	Oswestry ..	96	87	— 9.4	+ 11.3
Wenlock ..	102	85	— 16.7	— 11.5	91	Shifnal ..	94	76	— 19.1	— 2.3
Whitchurch ..	103	104	+ 1.0	+ 8.3	114	Teme ..	127	102	— 19.7	+ 30.3
						Wellington ..	102	83	— 18.6	+ 6.3
						Wem ..	69	67	— 3.0	— 14.3
						Whitchurch ..	61	58	— 5.0	— 25.3
All Districts ..	112	96			109	All Districts ..	93	78		

Of the urban districts Bishop's Castle, Bridgnorth, Church Stretton and Whitchurch are the only ones in which the rates of the second period showed an increase over those of the first period. In the second period the Borough of Bridgnorth had considerably the highest mortality.

In the rural districts almost without exception the rates of the second period showed a very considerable decrease on those of the first period.

The reduction of infantile and child mortality can be brought about in various ways:—

1. By general improvement of the sanitary conditions of the district—particularly by a good system of scavenging and proper methods of disposal of excreta.

2. By teaching the mothers in their own homes the care and management of children.

3. By improved attention to mothers before, and during confinement.

These two matters are dealt with in the scheme of the Local Government Board for Maternity and Child Welfare (see page 28) by the provision of health visitors, baby clinics, etc.; and under the scheme of the Board of Education for schools for mothers.

4. The provision of nurses to visit the homes during outbreaks of measles and whooping cough, in order to prevent the development of complications.

5. Teaching general household management and the care of infants to the older girls in the schools.

TABLE III. (URBAN).
CAUSES OF DEATH IN AGE PERIODS DURING THE YEAR 1914, IN THE URBAN DISTRICTS OF SHROPSHIRE.

CAUSES OF DEATH.	TOTAL DEATHS IN URBAN DISTRICTS IN AGE PERIODS.									CAUSES OF DEATHS IN THE DIFFERENT URBAN DISTRICTS.														
	All Ages.	Under 1	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Bishop's Castle.	Bridg-north.	Church Stretton	Dawley	Ellesmere.	Ludlow.	Market Drayton	Newport	Oaken-gates.	Oswestry	Shrewsbury.	Wellington.	Wem.	Wenlock	Whitchurch.
Enteric Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	24	7	8	6	2	..	1	..	..	..	..	..	5	..	2	..	..	13	..	..	2	..	2	..
Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	31	15	10	6	..	..	..	..	..	..	2	..	2	..	..	..	1	9	..	8	1	..	2	6
Diphtheria and Croup	20	..	2	6	11	1	..	..	..	..	..	..	1	..	..	..	..	2	1	8	1	..	4	3
Influenza	38	3	..	..	2	..	..	10	21	..	1	..	1	..	2	5	3	12	1	8	..	..	4	1
Erysipelas	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Phthisis (Pulmonary Tuberculosis)	110	..	1	..	8	18	51	27	5	1	4	..	13	2	6	3	5	3	11	34	8	1	15	4
Tuberculous Meningitis	16	3	1	1	5	3	2	1	..	..	..	..	..	..	1	..	1	2	2	4	..	1	5	..
Other Tuberculous Diseases	14	1	1	..	3	1	6	2	..	..	..	..	..	..	..	1	1	..	1	5	2	..	3	..
Cancer, malignant disease	137	1	..	..	..	..	11	63	62	3	10	..	9	3	5	5	7	14	14	30	7	6	18	6
Rheumatic Fever	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Meningitis	11	3	2	2	2	1	..	1	..	..	1	1	3	1	..	..	..	1	2	..	..	..	2	..
Organic Heart Disease	190	..	1	..	3	5	10	59	112	1	8	3	8	4	11	7	4	21	19	47	12	1	32	12
Bronchitis	143	31	5	3	1	1	4	31	67	..	4	4	16	2	11	6	7	16	10	34	8	..	24	1
Pneumonia (all forms)	140	23	17	10	2	5	26	25	32	..	11	..	14	5	5	2	6	10	22	26	13	..	22	4
Other Diseases of Respiratory Organs	18	..	..	..	..	..	5	3	10	..	2	1	1	..	2	1	..	1	3	5	1	..	1	..
Diarrhoea and Enteritis	36	25	2	3	..	1	1	2	2	..	2	..	5	..	..	..	..	5	4	13	4	..	2	1
Appendicitis and Typhlitis	8	..	..	1	2	1	4	..	..	..	..	..	2	..	..	..	..	..	2	..	..	..	3	1
Cirrhosis of Liver	12	..	..	..	..	..	1	9	2	..	..	..	..	..	1	2	..	3	1	4	1	..	..	..
Alcoholism	4	..	..	..	..	..	1	2	1	..	..	..	..	..	..	..	..	1	1	1	..	..	1	..
Nephritis and Bright's Disease	63	..	1	..	..	..	5	18	39	1	2	1	4	2	4	..	..	6	19	13	4	..	5	2
Puerperal Fever	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Other Accidents and Diseases of Pregnancy and Parturition	6	..	..	..	..	1	5	..	..	..	..	..	1	..	..	3	..	..	..	1	..	..	..	1
Congenital Debility and Malformation including Premature Birth	106	105	..	1	..	..	..	..	..	7	6	1	7	1	8	6	..	9	12	24	9	2	5	9
Violent Deaths, excluding Suicide	50	6	4	2	5	5	9	15	4	..	..	..	5	1	1	1	2	5	1	20	3	1	9	1
Suicides	10	..	..	..	..	2	3	2	3	..	..	..	1	..	..	..	..	2	1	..	..	..	4	2
Other Defined Diseases	469	35	3	6	12	9	34	162	268	3	36	9	21	4	44	19	13	36	58	143	18	10	42	13
Diseases ill-defined or unknown	91	9	1	1	..	..	4	9	67	3	1	2	12	2	1	10	2	10	..	..	5	..	31	12
TOTALS	1750	267	59	48	59	54	186	382	695	19	90	22	131	27	165	71	52	182	185	428	99	22	238	79

TABLE III. (RURAL).

CAUSES OF DEATH IN AGE PERIODS DURING THE YEAR 1914, IN THE RURAL DISTRICTS OF SHROPSHIRE.

CAUSES OF DEATH.	TOTAL DEATHS IN RURAL DISTRICTS IN AGE PERIODS.									CAUSES OF DEATHS IN THE DIFFERENT RURAL DISTRICTS.																
	All Ages.	Under 1	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Atcham.	Brigdon.	Barlford.	Churchbury.	Stretton.	Cleobury Mortimer.	Clun.	Drayton.	Ellesmere.	Ladlow.	Newport.	Oswestry.	Shifnal.	Tem.	Welling-ton.	Wem.	Whit-church.
Enteric Fever	2	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	9	2	4	1	1	1	..	..	..	..	..	..	..	3	..	..	..	..	3	..	..	..	..	3	..	..
Scarlet Fever	..	..	..	..	..	1	3	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..
Whooping Cough	16	9	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
Diphtheria and Croup	14	2	1	4	4	3	..	..	..	..	..	..	..	..	..	..	..	1	..	2	2	..	..	1	4	1
Influenza	35	..	..	..	1	..	5	6	23	5	3	1	..	2	1	1	1	3	5	6	1	..	1	2	3	..
Erysipelas	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	94	1	..	..	4	18	44	22	5	14	5	..	..	2	2	8	8	7	10	3	18	4	..	9	3	3
Tuberculous Meningitis	7	2	..	..	2	1	2	..	1	..	..	..	1	..	..	..	..	1	..	..	1	1	..	2	..	..
Other Tuberculous Diseases	21	3	..	..	3	..	1	1	1	1	1	..	..	..	..	..	..	..	..	..	1	4	2	..	..	..
Cancer, malignant disease	169	1	..	1	3	2	18	72	75	34	9	1	3	4	2	12	9	8	10	7	25	15	1	16	10	3
Rheumatic Fever	5	..	..	..	2	1	1	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	1	..
Meningitis	13	1	2	2	..	1	..	1	..	3	2	..	..	..	..	..	..	..	..	2	3	..	..	2	..	..
Organic Heart Disease	240	..	..	..	3	5	11	62	109	43	..	3	7	5	9	14	14	13	12	11	36	24	2	25	13	4
Bronchitis	112	18	4	1	1	1	2	15	70	15	9	1	7	4	12	4	..	7	11	8	6	12	1	8	5	2
Pneumonia (all forms)	109	15	9	7	2	2	15	26	33	14	9	3	2	6	6	4	5	7	1	4	13	6	..	19	8	2
Other Diseases of Respiratory Organs	16	1	1	..	2	..	3	6	4	2	..	..	..	..	..	1	1	1	1	2	3	..	..	..	..	..
Diarrhoea and Enteritis	20	8	1	2	3	..	3	2	1	..	..	..	2	1	..	..	1	1	..	..	1	3	2	4	1	1
Appendicitis and Typhlitis	12	..	1	..	5	2	1	2	1	3	1	..	..	..	..	1	1	1	..	2	1	1	1	..	1	..
Cirrhosis of Liver	16	..	..	..	3	4	9	3	..	16	..	..	..	..	1	1	..	2	..	1	6	..	..	..	1	..
Alcoholism	3	..	..	..	..	2	1	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Nephritis and Bright's Disease	56	1	..	..	2	1	4	19	29	5	1	2	..	..	3	2	5	2	6	2	10	6	1	5	5	1
Peripneumonic Fever	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Other Accidents and Diseases of Pregnancy and Parturition	10	..	..	..	1	..	8	1	..	3	..	..	..	..	1	..	1	..	1	1	3	..	..	..	..	..
Congenital Deformity and Malformation including Premature Birth	98	97	..	..	1	..	..	..	..	16	5	..	2	4	6	6	8	6	7	6	7	3	1	14	6	1
Violent Deaths, excluding Suicide	69	8	5	3	1	1	3	20	16	13	17	1	1	3	3	7	4	4	1	3	2	14	3	1	5	..
Suicides	10	..	..	..	..	..	4	4	1	..	..	..	..	..	..	..	..	..	..	..	1	1	3	..	..	..
Other Defined Diseases	497	20	8	1	14	9	36	81	328	82	17	4	8	24	31	33	23	33	41	16	51	53	10	20	45	4
Diseases ill-defined or unknown	146	2	2	3	2	1	11	13	112	26	26	1	8	12	2	10	11	6	6	6	4	3	2	20	..	3
TOTALS	1806	194	40	30	62	58	200	356	866	296	101	19	44	72	89	105	100	106	117	83	214	144	25	157	111	23

Dawley Urban.—"The causes of infant death given above are largely preventible, and there is scope for good work to be done by a system of health visiting, organised under the Notification of Births Act by the County Council. The County Council decided on the adoption of the Act last year, but difficulties due to the outbreak of war have postponed further action."

Ludlow Urban.—"Seven of the ten deaths took place within a few hours of birth. I believe that the Notification of Births and the engagement of a health visitor would go a long way to checking this waste of infant life, which is apparent in the returns."

Newport Rural.—"The average infantile mortality rate in the district has shown a decrease in recent years which is satisfactory. The average rate for the five years preceding 1914 was 94, as compared with 99, the rate for Rural England in the same period. A rate of 94, is, however, high for a Shropshire Rural District, and a system of health visiting should do much good work in the District. The County Council last year adopted the Notification of Births Act, but difficulties due to the outbreak of war have postponed further action."

Wellington Urban.—"There is no doubt there is great need for some movement to check this waste of infant life. I regret very much that the Council did not take the opportunity which presented itself recently of engaging a thoroughly trained health visitor, who would have been invaluable in advising mothers about matters affecting their own health and that of their infants."

INFECTIOUS DISEASE.

Small-pox.—No case of small-pox has been reported during the year. The war is undoubtedly increasing the risks of introduction of infection, and the falling off of vaccination during the last 6 or 7 years greatly increases the danger from such introduction. It is important therefore that all Sanitary Authorities should have some hospital accommodation kept in readiness.

Scarlet Fever.—The number of cases notified was 427, compared with 568 in 1913, 418 in 1912, 874 in 1911, 729 in 1910, and 1,069 in 1909. There were 5 deaths, compared with 4 in 1913, 6 in 1912, 10 in 1911, 13 in 1910, and 31 in 1909.

The case mortality for the last 6 years has been:—1.1 in 1914, .7 in 1913, 1.4 in 1912, 1.1 in 1911, 1.8 in 1910 and 2.9 in 1909. There was no death in any of the urban districts.

The rural districts with the greatest prevalence were Clun 30 cases, Ellesmere 41, and Hem 37.

Two small milk outbreaks, one in the Newport Rural District, and one in the Borough of Newbury, are referred to on pages 102 and 111.

Measles.—There were 33 deaths from measles compared with 16 in 1913, 21 in 1912, 23 in 1911, 30 in 1910, 8 in 1909, 42 in 1908, and 57 in 1907.

In the Education County 1685 cases were notified by the school teachers, and 55 schools were closed on the recommendation of the School Medical Officer.

Twenty-four out of the 33 deaths were in urban districts. Oakengates had the highest mortality with 13 deaths.

In my report for 1912 I said :—" With our present knowledge and facilities little or nothing can be done to prevent the spread of measles. Much, however, can be done and should be done to lessen the mortality from measles. The mortality is mostly due to lack of care on the part of the parents, arising from the light way in which the disease is regarded, and it is probable that a good system of health visiting would reduce the mortality by at least 50 per cent. In the meantime some good may be effected by seeing that every household where there is measles has a leaflet of instructions pointing out the dangers and how they can best be obviated." This is now carried out so far as school children are concerned.

When the head teacher of a school learns that a child is suffering from measles, he immediately sends a card of directions to the home.

If the school is subsequently closed, another card is sent through the children to all the households.

In this way, information with regard to the disease is given to the parents as soon as possible after the onset of the illness or in many cases before onset. If this were followed up by visits by health visitors or nurses who could impress upon the parents the danger of neglect and at the same time demonstrate how the mouth and throat should be kept clean, a great reduction in mortality could undoubtedly be made.

The returns made by the parents for the medical inspection schedule appear to show that about 47 per cent. of the children have measles before the age of 5, and that 30 per cent. are affected between the ages of 5 and 12, which includes most of the school life. The great majority of the children found to have had measles at the age of 5 have no doubt been infected before school life. These figures are generally confirmed by the notifications through the schools. There is evidence to show that, although a large proportion of the children are attacked before school age, the infection in these cases is to a great extent introduced into the households through the schools.

The question of notification of measles and whooping cough has been raised in a circular of the Local Government Board dated 31st March, 1915. The notification suggested is to be made by the medical attendant for the first case in a household, and by the parents for each case in the household. The Board would include in any order made a clause empowering the sanitary authority to provide or contract for the provision of medical and nursing assistance for the poorer classes of the district who are suffering from any of these diseases.

There can be little doubt that if all the cases became known early, if they were visited as suggested above, and if the precautions could be insisted upon as in scarlet fever, a great reduction in the death-rate could be brought about, even though the prevalence were little affected.

There are, however, several points that should be borne in mind in considering this question. They are (1) that a fairly complete notification is now made by the school teachers. Although this does not include children under school age, yet few households escape notification, as infection is almost always introduced into a house by school children.

(2) The number of cases of measles that have medical attendance is comparatively small, probably not more than 30 per cent.

(3) There is at present no machinery for following up notifications by visiting. This should precede notification, if its adoption is contemplated.

On the whole it seems advisable to rely on school notification for the present and to develop a system of visiting during outbreaks. Powers for enforcing isolation are desirable.

Whooping Cough.—There were 47 deaths from whooping cough compared with 22 in 1913 and 26 in 1912. Thirty-one of the deaths were in urban districts and 16 in rural districts.

TABLE II. (URBAN).
CASES OF INFECTIOUS DISEASE NOTIFIED IN 1914 IN URBAN DISTRICTS.

NOTIFIABLE DISEASES.	CASES IN URBAN DISTRICTS IN AGE PERIODS.								TOTAL CASES NOTIFIED IN EACH DISTRICT.														
	AGE PERIODS.								1	2	3	4	5	6	7	8	9	10	11	12	13	14	15.
	All Ages.	Under 1 year.	1 to 3	3 to 15	15 to 25	25 to 45	45 to 65	65 and upwards	Bishop's Castle.	Bridgnorth.	Church Stretton.	Dawley.	Ellesmere.	Ludlow.	Market Drayton.	Newport.	Oakengates.	Oswestry.	Shrewsbury.	Wellington.	Wem.	Wenlock.	Whitchurch.
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria, including Membranous Croup ..	265	5	49	166	28	14	3	..	..	2	2	1	2	12	2	28	53	38	18	..	47	40	
Erysipelas	43	..	3	..	5	15	14	6	1	..	3	..	2	..	..	1	7	16	5	..	8	..	
Scarlet Fever	150	6	36	78	23	6	1	..	6	7	1	3	9	1	5	17	14	63	..	5	10	9	
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Enteric Fever	14	..	1	3	3	7	..	..	..	..	..	..	1	..	..	..	6	2	5	..	..	..	
Relapsing Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Continued Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Puerperal Fever	5	..	..	..	..	4	1	..	..	..	..	..	..	1	..	2	..	..	1	..	1	..	
Cerebro-spinal Meningitis ..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	
Polio-myelitis	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	
Ophthalmia Neonatorum ..	14	14	..	..	..	..	..	..	3	1	1	..	1	..	..	1	..	..	5	1	..	..	
Pulmonary Tuberculosis ..	197	..	1	16	53	91	30	6	..	4	3	16	4	10	5	5	10	18	92	10	1	14	
Other forms of Tuberculosis ..	35	1	9	9	6	9	1	..	..	2	..	1	..	2	1	2	5	6	2	4	2	8	
TOTALS	726	27	99	274	118	146	50	12	4	13	13	23	9	20	20	15	63	104	238	46	8	89	

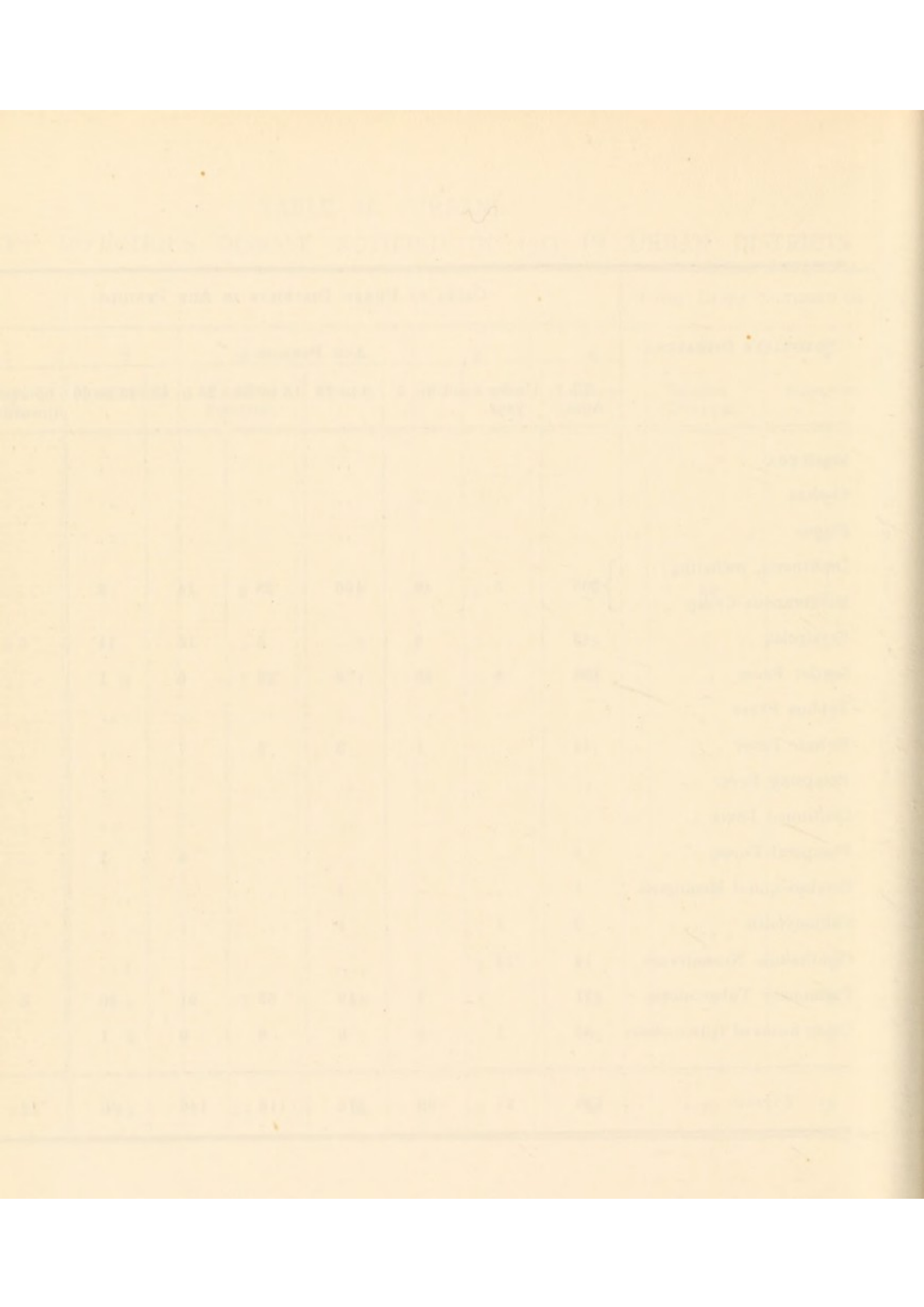


TABLE II. (RURAL).
CASES OF INFECTIOUS DISEASE NOTIFIED IN 1914 IN RURAL DISTRICTS.

NOTIFIABLE DISEASES.	CASES IN RURAL DISTRICTS IN AGE PERIODS.								TOTAL CASES NOTIFIED IN EACH DISTRICT.																
	AGE PERIODS.																								
	All Ages.	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	1 Atcham.	2 Bridgnorth.	3 Burford.	4 Chirbury.	5 Church Stretton.	6 Clebury Mortimer.	7 Chun.	8 Drayton.	9 Ellersmere.	10 Ludlow.	11 Newport.	12 Oswestry.	13 Shifnal.	14 Teme.	15 Wellington.	16 Wem.	17 Whitchurch.
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria, including Membranous Croup } 117	1	23	50	22	18	3	..	29	..	..	2	1	2	4	4	7	3	19	12	9	..	7	13	5	..
Erysipelas	43	1	..	1	3	12	20	6	10	..	2	..	5	1	..	2	4	1	5	2	..	7	2	..	..
Scarlet Fever	277	1	56	169	29	21	1	..	28	18	8	5	13	6	20	9	41	19	36	13	7	..	5	37	2
Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Euteric Fever	6	..	..	3	..	2	..	1	1	..	..	..	..	..	..	..	..	3	..	..	..	2	..	..	..
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Purpural Fever	4	..	..	..	1	3	..	..	1	..	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..
Cerebro-spinal Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum ..	6	6	..	..	..	..	..	..	1	..	..	1	..	..	..	1	2	..	..	1	..	..	..	..	..
Pulmonary Tuberculosis ..	98	1	1	15	22	42	14	3	21	6	1	1	2	8	3	5	3	16	5	16	1	4	..	6	..
Other forms of Tuberculosis ..	28	1	3	17	4	3	..	..	5	1	..	1	..	3	..	1	6	4	..	4	..	2	..	1	..
Measles	128	2	45	72	1	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	128	..	..	..
TOTALS	707	13	128	327	82	109	38	10	96	25	11	10	18	25	38	20	62	50	61	51	19	6	140	50	7

In the Education County 1137 cases were notified by the school teachers, and 29 schools were closed on the recommendation of the School Medical Officer.

The returns made by parents for the medical inspection schedule appear to show that at the age of 5 about 36 per cent. of the children have suffered from whooping cough, and that only about an additional seven per cent. are infected between the ages of 5 and 12, which includes most of school life. Seven per cent. is probably an underestimate of the percentage of children who suffer from whooping cough during school life. Notifications from the schools lead one to think that ten per cent. would be nearer the mark. Although the greater number of the cases occur before school life, the infection is probably in the majority of instances introduced from schools to the households by the older children.

The preceding remarks with regard to the notification and visiting of measles are applicable to whooping cough.

Diphtheria.—There were 382 cases and 34 deaths, compared with 246 cases and 27 deaths in 1913, and 181 cases and 17 deaths in 1912.

The urban districts were affected much more than the rural. The districts with the greatest incidence were Oswestry Borough (53), Wenlock (47), Oakengates (28), and Shrewsbury (58). And amongst the rural districts Newport (19), Atcham (29), and Wem (13).

The regulation of the Local Education Authority that no children who have suffered from diphtheria shall return to school until their throats have been declared free from diphtheria bacilli has been carried out during the year.

Referring to an outbreak at Broseley Dr. Gepp says :—" The chief feature in dealing with this outbreak was the great assistance rendered by the swabbing of suspected children in school at home, made possible by the system of school nursing. Some 46 children at least were swabbed by the nurses during the outbreak, and 14 of these showed diphtheria and were excluded from school until proved to be clear of infection. It is probable that few of these cases would have been discovered otherwise, and the children would have been going about, and to school, in an infected condition. The system also rendered possible the keeping open of the schools in general with comparative safety."

Enteric or Typhoid Fever.—There were 20 cases and 2 deaths compared with 13 cases and 2 deaths in 1913, 11 cases and no deaths in 1912, 10 cases and no deaths in 1911, 25 cases and 2 deaths in 1910, and 45 cases and 9 deaths in 1909.

The disease is so rare in this County that each case becomes of considerable interest and worth very careful investigation.

The following are the directions in which investigations are desirable :—

1. In every case an endeavour should be made to get a specimen of blood submitted for Widal's reaction.
2. A close search should be made for overlooked cases ; other persons in the house or intimate contacts who have suffered recently from ill defined illness should be examined for Widal's reaction.
3. If there is suspicion that any person is acting as a carrier, application should be made to the County Council for a bacteriological examination of the faeces.
4. Strangers from outside the district should be looked upon as probable sources of infection and their health carefully inquired into.
5. A careful inquiry into the sanitary surroundings of the case and possibility of food or water infection should be made.

A complete record with dates is essential.

The importance of this matter at the present time is very great. Of the 14 cases of typhoid in the urban districts, 11 occurred in the two districts Wellington and Oswestry after the billeting of troops in the early autumn, and two of the other three occurred in Shrewsbury amongst the German prisoners. The origin of the Oswestry cases could not be connected with the troops and the infection was spread by means of milk.

It is almost certain that the number of carriers of typhoid fever will be very largely increased by the war, and it is most essential that every effort should be made to lessen the danger from them.

The outbreak in Oswestry was traced with almost absolute certainty to contamination of a milk supply.

The first case was amongst the soldiers in camp at Oswestry, and did not come to light until after their removal to Northampton. There was not sufficient evidence to show whether this case was infected whilst in Oswestry, from August 9th to August 30th, or before coming to the town. The remainder of the cases, six in all, were notified between September 14th and September 24th. The Medical Officer of Health soon discovered that the milk supply to all these cases was from one farm. The whole of the milk from this farm was sold to a milk-seller in the Borough, from whose house it was distributed to the customers. It was obvious that the milk might have been contaminated at the farm or at the milk-seller's house. As a precautionary measure the supply of this milk was stopped. Investigation at the farm showed that there had been no illness, but bacteriological examination of the water supply showed that it contained a large amount of organisms derived from sewage or faecal sources.

Inquiries were made at the milk-seller's house, where one of the notified cases had occurred, and it was found that two of the occupants showed Widal's reaction, which gave a presumption of previous attacks of typhoid fever. There was a history of suspicious illness in one of the occupants some five years previous, and it was thought desirable to submit faeces for bacteriological examination. This was done with a negative result in both cases.

It appears that the onset of five of the cases was between September 4th and 7th, and the onset in the sixth case, although doubtful, may have fallen between these dates. Allowings for variations in the incubation period, it appears very probable that all the cases were infected at the same time, probably from the same delivery, and that only one infection of the milk took place. The possibility of the infection having been caused by a "carrier" living at the milk-seller's house, although it has not been proved, cannot be dismissed, particularly as these carriers are often only intermittently infectious, and an examination at any one time may fail to discover the bacilli. A list of customers was obtained from the milk-seller, and inquiries for suspicious illness were made without result. The epidemic differed considerably from most milk epidemics in certain particulars :—

(1) The small percentage of persons affected, and only one case in each infected household. On inquiries it was found that very little milk except in tea was drunk. Of the 29 occupants of the infected houses, only 4 were said to drink milk apart from tea, and of these, three were attacked, the fourth being a baby 15 months old. Of the 23, who were said to take milk in tea, only two were attacked. Of the two, who were said to take no milk, one was attacked, but there was an element of doubt with respect to milk drinking in this case.

(2) The small percentage of children attacked—This is explained partly by the fact that the proportion of children in the houses was small, but principally by the fact that only one child (15 months old) appears to have had milk apart from tea.

The houses were working class cottages without any serious sanitary defects, and it is satisfactory to observe that no secondary cases occurred. Three of the cases were removed to the Workhouse Hospital at Morda.

Of the Wellington cases Dr. White says:—"The five cases occurred in November and December, the first one notified was probably infected at Sittingbourne, but no connection could be established between this and the later cases, three of which lived close together. I could find no evidence that either the water or milk supply were responsible agents in this outbreak. All the patients gave Widal's re-action."

Dr. Orr says that the German prisoners were probably infected in the trenches.

The Ludlow Rural cases occurred at Craven Arms and were not confirmed by bacteriological examination. Dr. White says:—"The water supply in the first case was very unsatisfactory. The other cases were imported, one being a business man, who was constantly travelling about the country, and the other a visitor."

The Ludlow Urban case was not confirmed bacteriologically and its origin was obscure.

The Atcham case occurred at the County Asylum and apparently was not confirmed.

The origin of the two Wellington Rural cases was obscure and these also were not confirmed bacteriologically.

It is quite evident that the facilities for the diagnosis and investigation of typhoid fever placed at the disposal of practitioners are not fully utilised.

Diarrhoea and Enteritis.—There were 56 deaths from these diseases compared with 66 in 1913, 34 in 1912, 124 in 1911, 69 in 1910, and 72 in 1909.

Thirty-six out of the 56 deaths were under 2 years of age, giving a rate of .14.

These rates are now calculated by the Registrar-General per 1000 births and not per 1000 persons living. The rate per 1000 births for diarrhoea and enteritis under 2 years of age was 6.9. The corresponding rate for England and Wales was 20.41, and for England and Wales less 242 towns it was 12.64.

The rate for the urban districts of Shropshire was 11.1, and the rural districts 3.2.

The rate for the rural districts was exceptionally favourable.

Puerperal Fever.—Nine cases of puerperal fever (5 in the urban districts and 4 in the rural districts) were notified, with 2 deaths, compared with 10 cases and 6 deaths in 1913, 16 cases and 6 deaths in 1912, 18 cases and 7 deaths in 1911, and 11 cases and 6 deaths in 1910. All cases where a certified midwife had been in attendance were inquired into carefully by myself or my inspector. Further details with regard to these will be found in the chapter on the Midwives Act.

The number of deaths from puerperal fever has never before been so low. Commencing with 1914 the deaths for the last six years have been respectively 2, 6, 6, 7, 6 and 10. It appears as if the Midwives Act is slowly bringing about a lessening of puerperal infection, particularly as there is reason to believe that deaths previously registered under other headings are now attributed to this cause.

TUBERCULOSIS.

TABLE 6.

	DEATH-RATES FROM PHTHISIS.											DEATH-RATES FROM OTHER FORMS OF TUBERCULOSIS.										
	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
Urban districts	1.4	1.0	1.20	1.15	1.09	1.04	.93	1.12	1.01	.72	.95	.41	.37	.47	.27	.45	.41	.29	.31	.25	.22	.25
Rural districts	.87	.92	.91	.83	.83	.83	.77	.68	.71	.47	.70	.39	.28	.27	.31	.41	.38	.15	.17	.26	.21	.20
County	1.1	.96	1.04	.97	.95	.93	.85	.87	.84	.58	.81	.40	.32	.36	.29	.43	.39	.21	.34	.25	.21	.23
England & Wales	1.2	1.14	1.15	1.14	1.11	1.08	1.01	1.08	1.03	1.00	*	.54	.49	.49	.46	.47	.44	.41	.38	.32	.32	

* These rates are not yet available.

Phthisis.—The death-rate from pulmonary tuberculosis has not maintained the very marked improvement shown in 1913, but with this exception it was lower than that of any previous year. In commenting upon the enormous reduction in the phthisis death-rate of last year, I said :—" One must recognise that the decrease is principally due to some factor unconnected with the administrative measures taken for its prevention, as the preventive measures except those which tend to the general betterment of the population cannot yet have taken effect. If the curative measures have had any considerable effect in prolonging life and thus lessening the number dying this year, one would expect a corresponding increase of deaths in the one or two succeeding years. This cause has probably however not operated to any considerable extent."

The continued reduction in the phthisis mortality as shown by the above table must be considered as very satisfactory.

The number of primary notifications of pulmonary tuberculosis (phthisis) was 256 on Form A and 2 on Form B, or a total of 258.

In my last year's report I said :—" It is evident that only a fraction of the cases were notified, and as the completeness of notification is an essential factor in the prevention of the disease, it is important to find out what this proportion was. It is important too, that one should adopt some method of estimating the completeness of notification, so that the results year by year can be compared. For this purpose it has been assumed that the average duration of cases of phthisis, in a condition that can be recognised, is 4 years. On this supposition, the number of cases at any one time would be equal to four times the annual number of deaths. The average annual number of deaths for the four years ending 1912 was 212, and the number of cases of phthisis alive on December 31st, 1912, may be consequently assumed to be 848. In order to arrive at the number of cases that should have been notified it is necessary to add to this number, the number of deaths during the year 1912 (208), and to deduct the number notified in 1911 that were alive in 1912 (approximately 35), as these cases did not require re-notification. This gives a total of 1,021. The actual number of cases notified in 1912, eliminating those notified a second time, was 426, or approximately 42 per cent. of the estimated number of cases. This must be deemed satisfactory as a first year's notification, considering the reluctance of patients to call in medical men and the difficulty of diagnosis in the early stages of the disease."

Applying this method of calculation in order to see what proportion of cases have been notified, one finds (a) that the number of deaths for the four years ending December 31st, 1914, was 774, (b) the number of deaths for the year 1914 was 204, (c) the number of cases notified in previous years that were alive on January 1st, 1914, was 525. $774 + 204 - 525$ gives approximately the number of cases that should have been notified in 1914, viz., 453. The actual number was 268, or 57 per cent., compared with 46 per cent. in 1913.

The cases notified were very equally divided between males and females.

Sixty-four per cent. of the cases of pulmonary tuberculosis were between the ages of 15 and 45.

TABLE V.
PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.
Summary of Notifications during the period from 4th January, 1914, to the 2nd January, 1915.

Age Periods.	Number of Notifications on Form A.												Number of Notifications on Form B.				Number of Notifications on Form C.			
	Primary Notifications.												Total Notifications (i.e., including cases previously notified by other doctors).	Primary Notifications.				Total Notifications. (i.e., including cases previously notified by other doctors).	Poor Law Institutions.	Sanatoria.
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Primary Notifica- tions.		Under 5	5 to 10	10 to 15	Total.			
Pulmonary, males	..	..	2	7	4	19	41	27	18	6	5	129	136	..	2	..	2	2	1	34*
Females	..	1	1	4	9	18	25	33	23	7	4	127	135	..	..	..	..	0	1	29*
Non-pulmonary, males ..	..	1	5	5	6	2	3	1	2	..	..	25	28	..	5	2	7	7	..	..
Females	..	1	4	6	6	2	3	6	3	1	1	33	34	..	1	1	2	2	..	..
Totals	3	10	17	28	26	50	81	55	26	11	7	314	333	..	8	3	11	11	2	63*

* The notifications on Form C. do not appear to have been complete, as 64 males and 51 females were admitted to the Sanatorium in 1914.

TABLE 7.

AVERAGE PHTHISIS DEATH-RATES FOR THE PERIODS 1901—1906 AND 1907—1914, AND 1914.

URBAN DISTRICTS.	1901—1906	1907—1914	Percentage increase or decrease in second period.	1907—1914 Percentage above or below the average for Urban Districts.	Rates for 1914.	RURAL DISTRICTS.	1901—1906	1907—1914	Percentage increase or decrease in second period.	1907—1914 Percentage above or below the average for Rural Districts.	Rates for 1914.
Bishop's Castle	1.68	1.42	— 15.5	+ 40.6	.70	Atcham ..	.98	.87	— 11.2	— 20.8	.66
Bridgnorth ..	1.56	.86	— 44.9	— 14.8	.69	Bridgnorth ..	.67	.44	— 34.3	— 38.8	.54
Stretton ..	.66	.70	+ 6.0	— 30.7	.0	Burford ..	1.33	.76	— 42.9	+ 5.5	.0
..	.90	.91	+ 1.1	— 9.9	1.67	Chirbury ..	1.25	1.20	— 4.0	+ 66.7	.0
..	.77	.51	— 33.7	— 49.5	1.01	Church Stretton ..	.73	.62	— 15.0	— 13.8	.41
..	1.17	1.51	+ 29.0	+ 49.5	1.03	Cleobury Mortimer ..	.37	.71	+ 91.8	— 1.3	.27
Drayton ..	..	..	..	..	.59	Clun ..	.84	1.06	+ 26.2	+ 47.2	1.23
..	1.33	1.23	— 7.5	+ 21.8	1.53	Drayton ..	.67	.65	— 2.9	— 9.7	1.06
..	.72	.60	— 16.6	— 40.6	.25	Ellesmere ..	1.03	.48	— 53.4	— 33.3	.81
..	1.25	1.10	— 12.0	+ 8.9	1.07	Ludlow ..	.49	.53	+ 8.1	— 26.3	1.06
..	1.35	1.09	— 19.2	+ 7.9	1.14	Newport ..	.80	.66	— 17.5	— 8.3	.66
..	.95	1.02	+ 7.3	+ 1.0	.99	Oswestry ..	.85	.84	— 1.1	+ 16.6	1.16
..	.76	.44	— 42.1	— 56.4	.43	Shifnal ..	.92	.61	— 33.7	— 15.2	.44
..	1.49	1.24	— 16.8	+ 22.7	.99	Teme ..	1.49	.60	— 59.7	— 16.6	.0
..	.84	.70	— 16.6	— 30.7	.67	Wellington ..	.97	.72	— 25.18	0.0	.81
						Wem ..	.88	.59	— 32.9	— 18.0	.35
						Whitchurch ..	.52	.51	— 1.9	— 29.2	.0
..	1.19	1.01	— 15.1		.95	All Districts ..	.83	.72	— 13.2		.70

The urban districts with the highest rates for the period 1907—1914, were Ludlow (1.51), Bishop's Castle (1.42), Wenlock (1.24), and Newport (1.23). The highest rates amongst the rural districts for the same period were, Chirbury (1.20), and Clun (1.06).

The scheme approved generally by the County Council for the treatment and prevention of consumption in the County was described in detail in the Annual Report for 1912.

Definite and satisfactory agreements have now been made between the County Council on the one hand and the Association for the Prevention of Consumption and the Insurance Committee on the other.

The position with regard to the scheme is that—

(1) One tuberculosis medical officer has been appointed and has been working in the County since June 9th, 1913.

(2) There are 56 sanatorium beds at the King Edward Memorial Sanatorium available for patients of the County.

(3) A central dispensary has been established in Shrewsbury, and a branch dispensary at Oswestry.

(4) Two whole-time tuberculosis nurses have been appointed and another nurse has been engaged for half her time.

The establishment of a dispensary at Wellington has been under consideration.

Two joint hospital Committees have been formed for the purpose of providing isolation hospital accommodation. At these hospitals, when erected, beds for advanced cases of phthisis will be provided for most of the East and South of the County.

Many attempts have been made to find a site in the neighbourhood of Shrewsbury for a hospital for advanced and acute cases, but so far without success.

So far, no beds have been provided under the scheme for the treatment of forms of tuberculosis other than pulmonary. The cases have mostly been treated in the General Hospitals and Baschurch Home, without any payment from the County Council.

A scheme for after-care has been started by the Association for the Prevention of Consumption. A Central Committee has been formed and branch committees covering the whole County.

Work under the scheme at the present time.—All cases notified are visited by the Tuberculosis Medical Officer unless there is some objection on the part of the patient or the medical attendant. In addition all cases discharged from the Sanatorium are visited at an early date, and also school children suspected of consumption. The cases previously notified are visited as opportunity offers.

The Tuberculosis Medical Officer makes a recommendation with respect to insured person as to the kind of treatment—domiciliary, dispensary, or sanatorium.

A complete report is made on every case dealing with the surroundings and conduct of the patient and his method of life. In all cases where application is made for sanatorium benefit the Tuberculosis Medical Officer examines the patient. In other cases, he examines the patient with the permission or on the request of the medical attendant. Instructions are given in all matters concerning the prevention of infection and the health of the patient. Contacts who show any signs of illness are examined or advised to attend the dispensary, if accessible.

Cards are made out of children living in phthisis houses, and they are examined at the school at the next visit of the medical inspector.

The cases are followed up by the Tuberculosis Nurse-Inspectors, who enter more into detail of household arrangement and try to bring about a strict observance of the rules relating to the prevention of infection. The efficiency of any scheme depends to a great extent upon the frequency of these visits.

The following is the number of visits paid by the Tuberculosis Medical Officer in 1914:-

Visits to insured persons	385
Visits to non-insured persons	189
Visits to school children	142
	716

Complete records of the initial inspections and of the examination of the patients are kept on loose sheets and filed with other papers concerning the case. Notes of subsequent inspections by both of the Tuberculosis Medical Officer and the nurses are made on cards and filed in card cabinets. A copy of the first report on the history and surroundings of the patient is sent to the District Medical Officer of Health and afterwards any further facts that should be brought to his notice.

The number of patients admitted to the Sanatorium in 1914 was 115, and consisted of:—

Insured patients—Males ..	..	—	52
" " Females ..	..	—	24
Non-insured patients—Males ..	..	—	12
" " Females ..	..	—	27

The fourth Annual Report for the King Edward Sanatorium for 1914 shows :—

	Males.	Females.	Total.
Admitted to Sanatorium ..	64	51	115
Discharged from Sanatorium	59	53	112
Died	1	0	1
Total	60	53	113

The stages of cases admitted were :—

	Males.	Females.	Total.
1st stage.. .. .	10	6	16
2nd stage	36	32	68
3rd stage	18	12	30
	64	50	114

The results of treatment are stated as :—

Good 69 ; Fair 31 ; Poor 12.

The average stay of the patients discharged in 1914 was 128 days.

The average gain in weight was 11.3 lbs for males and 8.3 lbs. for females.

As regards the average stay of patients, it is interesting to note that this was only 74.6 days in the administrative counties of England for 1913, so that in Shropshire the length of stay compares very favourably. It would be of advantage to have stated the length of stay of the patients grouped as follows :—

- (a) Cases in which permanent improvement or recovery may be anticipated.
- (b) Cases in which only temporary, though possibly prolonged, improvement may be anticipated.
- (c) Patients admitted for educational purposes only.

For patients who cannot go to the Sanatorium, for those leaving the Sanatorium who need a continuation of open-air treatment, and for more advanced cases who are a danger to the household, a number of shelters have been provided. For the insured persons, the County Council and the Insurance Committee have provided 42 shelters. Several of the Sanitary Authorities have provided shelters—Shrewsbury 4, Atcham 2, Whitchurch 2, Drayton 2, Chirbury 1. In addition a considerable number of shelters have been provided by private persons or by the branches of the County Associations. The Ludlow branch has provided four shelters.

The most valuable use for shelters will undoubtedly be found in providing living and sleeping accommodation for advanced and highly infectious cases. The removal of such a case from a crowded household into a shelter not only removes a most dangerous source of infection but also provides more room for the remainder of the occupants and thus reduces overcrowding. To what extent the use of shelters will do away with the necessity for hospital beds for advanced cases, it is at present impossible to say. There will always remain those cases that cannot be properly looked after at home, including especially those cases where the mother of the family is the person affected, and those in which the surroundings of the home do not permit of the use of a shelter.

Care Scheme.—A Central Care Committee and local Care Committees covering the whole County, have been appointed. Broadly speaking the object of these committees is to keep in touch with the cases of phthisis throughout the County and by means of advice and help to enable the patients to live as far as possible a "sanatorium life"; and also to report unfavourable conditions that they cannot remedy.

The routine procedure is as follows:—

- Reports are sent to the Central Care Committee from the Public Health Department—
 - (a) in all cases recommended for treatment under the Insurance Act;
 - (b) in all cases discharged from the sanatorium;
 - (c) in other notified cases where it appears that this can be done without objection.

Reports are also sent by the Medical Superintendent of the Sanatorium on discharge of patients.

These reports are sent to the district committees and they are asked to report periodically. Duplicates of these are sent to the County Medical Officer of Health.

The scheme appears to have got a good start and is undoubtedly doing excellent work, but its scope will be to some extent limited unless adequate funds are at the disposal of the Committee.

The work of a care-committee is partly educational and advisory, and in this direction may be extremely valuable, supplementing and emphasising the advice given by the tuberculosis officer and nurse-inspectors. In this category are efforts directed to persuading the patient to sleep in a room to himself or at least in a bed to himself, to keep the windows open, the room free from furniture and clean, to sleep and live entirely in a shelter if one is provided, to obtain a better occupation if one is available, and innumerable other matters of a similar nature.

The work of a care-committee is also to give direct help in certain cases. This may take the form of food either for the patient or for the rest of the family. The supply of food to incurable cases of phthisis can hardly be considered a 'public health' measure. On the other hand to supply food in such cases to other members of the family who are underfed, thus rendering them more likely to resist infection, is sometimes a public health measure of great importance. If the supply of food is undertaken by the care-committee it should be with definite ideas of the ends to be attained, or it may become a committee for poor relief with comparatively little result. Assistance to provide a larger and more suitable house, or a house where a shelter can be used, is a form of assistance that is likely to give excellent value for the money expended.

The boarding out of children or the provision of a woman to look after the children may in certain instances, particularly where the mother of a family is affected, be the only way in which the patient can receive appropriate treatment or the household be preserved from infection.

The question of the provision of a more suitable occupation is one of the most difficult that a care-committee has to deal with. Speaking generally there is a great advantage in a person keeping to the occupation he has been trained in. In this occupation he can usually earn more money for himself and family and with less effort than in any other. In many instances, the best course is to keep on with his own occupation under improved conditions. Many occupations are, however, quite unsuitable for a phthisical patient, and in these instances an endeavour should be made to procure a more suitable one. It may be desirable in some cases where funds are available, to supplement the smaller wages of the new occupation so as to provide a sufficient income for the family.

Disinfection in Cases of Phthisis.—In order to bring about more efficient disinfection in these cases, the County Medical Officer of Health after consultation with the District Medical Officers of Health, made the suggestion that phthisis houses should be disinfected on the following occasions :—

1. On notification of the case.
2. During progress of the case, to be determined by the nature of the case and its surroundings. This should only be necessary in exceptional cases.
3. On removal to the Sanatorium or change of address.
4. After death.
5. Disinfection of shelter when it has ceased to be used.

There is no doubt that disinfection on these occasions is most desirable, and the only difficulty lies in the fact that in some sanitary districts proper provision has not been made for this work. Dr. Gepp has made this definite recommendation in his reports.

Of all the occasions on which disinfection is necessary, probably the most important and certainly the one that is most neglected, is disinfection on receipt of notification. The reason is that previous to notification, no precautions have as a rule been taken to prevent the spread of infection, infective material being spread throughout the house. Disinfection on notification may not be necessary in cases where there is no sputum, or where frequent examination has failed to detect tubercle bacilli in the sputum.

Owing to representations from the Association for the Prevention of Consumption, communication has recently been sent to Sanitary Authorities, pointing out the desirability of carrying out disinfection thoroughly after phthisis.

Prevention of Spitting.—The prevention of indiscriminate spitting has engaged the attention of the Public Health Committee for many years. In the years 1903 and 1904 posters were distributed to every workshop, factory and public house in the County, and they were also hung in nearly all the waiting rooms, booking halls, and refreshment rooms of the stations in the County. The railway companies were approached with some success to put notices in their railway carriages. A bye-law was passed in 1904 prohibiting the spitting on the floors or walls of a public building or public carriage. These and other measures of general education have undoubtedly had a very marked effect. It is probable that the public have now been sufficiently educated for a more forward policy. In the City of Birmingham a bye-law has been in force since September, 1911, prohibiting spitting on the footway of any public street. The adoption of a similar bye-law and the further advertisement of the bye-law already in force is worth consideration. A further distribution of posters in public-houses, workshops, etc., is also desirable.

Examination of Sputum.—Of the 268 notified cases, the following are the results of examination of sputum for tubercle bacilli :—

Positive 103

Negative 41

Not examined 124

It is recognised as of the utmost importance that sputum, if present, should be examined in every case of phthisis, and that the examination should be repeated as often as may be necessary to determine the progress of the case or its infectiousness. The County Council have for many years provided facilities for examination of sputum, and it is now made a routine procedure, in every notified case where the sputum has not been examined, to forward an outfit to the medical attendant and ask him to submit a specimen.

Early Diagnosis and Notification of Phthisis.—It is estimated that only about 57 per cent. of the cases are at present notified. This is an improvement upon the 46 per cent. of 1913, but it must be considered as unsatisfactory. Many of the cases have also been notified late in the course of the disease after all chance of cure has passed, and when much harm to others by infection has already been done. In order to improve the notification, the following letter was sent to all practitioners of the County after consulting with the District Medical Officers of Health :—

" Dear Sir,

EARLY NOTIFICATION OF CASES OF TUBERCULOSIS.

The early recognition and notification of the cases is the basis of all direct measures for the prevention of tuberculosis.

In order to help to bring about early diagnosis the County Council have provided facilities for the examination of sputum and opportunities for consultation with the Tuberculosis Officer in doubtful cases.

It is a matter for regret that a considerable proportion of the cases are still not notified until all possibility of cure has disappeared and until the cases have for a prolonged period been a danger to the household.

The difficulty of diagnosing cases of phthisis in the early stages and the difficult relation of the medical attendant to the patient in these cases, is fully realised. It will probably be agreed however, that in the majority of cases a frank and early statement with regard to the case either to the patient or his guardians is essential both for the welfare of the patient and the protection of the household.

In any case of suspicion I would urge that *early and frequent* examination of the sputum should be made. I would also point out that the services of the Tuberculosis Officer are available for consultation in doubtful cases and that medical practitioners are invited to notify this department, whenever such consultations are desired.

The fear of interference by the Sanitary Authority need not act as a deterrent to notification as in any such exceptional case the Medical Officer of Health will leave the case to the practitioner if he gives an undertaking that he will see that every precaution is taken. In the same way, the officials of the County Council only act after consulting the medical attendant.

Yours sincerely,

JAMES WHEATLEY,

County Medical Officer of Health."

Work of Sanitary Authorities in the Prevention of Phthisis.—Dr. Newsholme says in his Annual Report for 1912—13 :—" It will be observed that the Medical Officer of Health is made responsible for the action needed to trace sources of infection, to prevent the spread of infection or to remove conditions favourable to infection. This responsibility rests with him whatever may be the local system of organisation as to tuberculosis. The officers of the tuberculosis dispensary acting independently can only deal with the cases attending the dispensary, including those applying for sanatorium benefit, and cannot undertake the work of cleansing, disinfection or other sanitary improvements that may be needed."

It must never be forgotten that housing conditions are one of the principal determining factors in the production of tuberculosis. The prevention of tuberculosis by the improvement of housing conditions acts not only in lessening infection but also in perhaps the more important matter of improving the general health and in consequence the resisting power.

Reports on phthisis houses made by the Tuberculosis Officer or Nurse Inspectors are forwarded to the Medical Officers of Health.

The following is a summary of the more important remarks with regard to tuberculosis contained in the health reports for the Sanitary Districts :—

Atcham.—The Council has two shelters for the treatment of non-insured patients. One was rented for part of the year by the County Council. Sputum mugs are supplied for non-insured poor persons.

Bishop's Castle.—The Borough has had a high phthisis mortality in recent years, and every effort should be made to prevent occurrences and spread.

Cleobury Mortimer.—All the cases of pulmonary tuberculosis were in the rural parts of the district, and several were associated with bad housing conditions. The Council should provide one or two shelters that could be used where the patients are treated at home.

Clun.—"The speedy establishment of a Tuberculosis Dispensary for the District is very desirable in view of the prevalence of tuberculosis shown by the number of deaths and of cases notified."

Dawley.—"It is intended to place a Dispensary at Wellington, and in view of the number of cases notified and of the deaths occurring annually, its value to the District will be unquestionable."

Ludlow Rural.—"Now that facilities for diagnosis are provided free, in the examination of the expectoration and in the consultations with the County Tuberculosis Officer, there should be no delay in notifying cases, and these advanced and hopeless cases ought to occur very seldom."

"The problem of the prevention of tuberculosis seems to become increasingly difficult as we realise the extent to which the disease is prevalent. Apart from the careful supervision of known cases, it is highly necessary that contacts should be systematically examined and that the milk and meat supply should be above suspicion. The lectures recently given in most of the villages will, I hope, direct attention to the mode of life, which most effectually prevents infection in this disease. My experience is that parents are very willing to carry out the directions of the Tuberculosis Officer, but that it is difficult to keep it up for long periods, and visits from a nurse and health visitor would provide the necessary encouragement."

Shrewsbury.—Sixty-two cases of phthisis were notified and 2 of other forms of tuberculosis. Forty-one of these were private cases, 15 hospital cases and 8 poor-law cases. Fifty-four of the cases were visited by the Health Visitor, 915 visits in all being paid. The cases under supervision at the end of the year were 73 of tuberculosis of the lungs and 14 of tuberculous joints. Four shelters were provided by the Council and have been used by six patients. Three persons have been treated in private shelters and 3 in shelters provided under the County Council scheme. 71 school children recommended to attend the Dispensary only 13 attended and were examined. A Local Care Committee has been formed in Shrewsbury and the work of the Health Visitor is thus supplemented and additional aid is given. The Committee is of great assistance in looking after the general welfare of the patients.

Whitchurch Urban.—The Council provided two Taunton shelters in 1913. They are lent to suitable cases.

The Registrar-General's Annual Report for England and Wales for 1913 brings out the following interesting and important facts with regard to phthisis :—

1. That the excess of phthisis in urban districts over rural districts is mainly confined to the male sex.

2. That the period of highest mortality occurs earlier in females than males ; and in both sexes earlier in rural districts than in towns.

3. In Wales for the 3 years, 1911—1913, the mortality of males was lower than in any of the divisions of England (North, Midland and South), and the mortality of females higher than in any of these divisions.

Wales uniformly furnished the highest female rate in all classes of areas (Boroughs, Urban and Rural Districts).

The marked excess of the male over female mortality in England is non-existent in Wales.

In Wales there is the lowest male and the highest female phthisis mortality.

No explanation of these facts is offered.

The excess of male mortality in towns is probably principally due to the greater exposure of males to infection.

The position of this County in 1914 with regard to sex incidence of phthisis cannot be stated as the tables prescribed by the Local Government Board for use by the District Medical Officers in their annual reports do not provide for separation of the deaths in sexes.

In the Registrar-General's Report for 1913, the deaths in Shropshire for that year are given as in the following table, and from these the rates have been calculated :—

		Urban Districts.		Rural Districts.		Total.	
		Deaths.	Death-rates.	Deaths.	Death-rates.	Deaths.	Death-rates.
Males	.. ..	45	.83	41	.59	86	.69
Females	.. ..	38	.67	31	.45	69	.55

CANCER.

Cancer caused 306 deaths during the year, compared with 295 in 1913, 268 in 1912, 265 in 1911, 298 in 1910, and 261 in 1909.

For the last three years the deaths have been carefully allocated to the districts that they really belonged to. It was anticipated that this would add materially to the number of deaths in the County, but apparently it has not had such a result.

The death-rates in the various districts will be found on Table 1 Urban and Rural.

As explained in previous reports, cancer rates are determined very much by the age distribution of the population. Other things being equal, a district with a large proportion of old people will have a high cancer rate, and districts with a large proportion of young people will have a low cancer rate.

Rates calculated on the population over 45 years of age for the 13-year period 1900—1912, show (1) that the rural districts had a lower rate than the urban districts, (2) that the highest rates were in the old towns of Ludlow, Newport, Bridgnorth, and Ellesmere, (3) that there was no markedly excessive prevalence of cancer in any district.

The apparent excess of cancer in this County over the rest of England and Wales is entirely due to the age distribution of the population, and that when this is allowed for, there is slightly less cancer here than in the country as a whole.

OPHTHALMIA NEONATORUM.

(INFLAMMATION OF THE EYES OF THE NEWLY BORN CHILD).

For the purposes of notification, this disease is defined as "a purulent discharge from the eyes of an infant, commencing within twenty-one days from the date of its birth."

Twenty cases were notified during the year.

In every case where a midwife was in attendance, the case was inquired into as in puerperal fever, and the midwife not allowed to attend further cases of confinement until she had disinfected satisfactorily. In only one case was there any infringement of the rules by a midwife. In this case the midwife did not send for medical help in accordance with the rules. She was finally reported to the Central Midwives Board.

The extreme importance of this disease is due to the fact that in a severe case not properly treated, the sight is usually lost. The prevention of such a disaster is worth a great effort.

The first step that a sanitary authority should take is to apply to the Local Government Board for sanction to the provision of medical and nursing assistance under section 133 of the Public Health Act, 1875, and the second is to authorise the medical officer of health to provide a nurse in any case where he considers one necessary. Dr. Gepp has advised to this effect in all his districts.

The County Council has urged the adoption of these measures on all sanitary authorities, but unfortunately some sanitary authorities say they are satisfied with the conditions already existing, whilst others give the infrequency of the disease as a reason for not taking precautionary measures. It is difficult to see how a sanitary authority that refuses to make use of the powers given to it, can be held blameless if a case of blindness results from lack of treatment.

ACCIDENTS AND DISEASES OF PARTURITION.

There were 16 deaths from accidents and diseases of parturition apart from puerperal fever, 11 in the urban districts and 5 in the rural. The numbers in previous years were 14 in 1913, 15 in 1912, 17 in 1911, 12 in 1910, 14 in 1909, 23 in 1908, 15 in 1907, 14 in 1906, and 25 in 1905.

PREVENTION OF DENTAL CARIES.

In the reports for 1912 and 1913 a short statement was given showing the extreme prevalence of dental caries, the enormous injury to health of the people, and the direction that preventive effort should take.

This statement, together with a pamphlet containing simple rules for the prevention of dental caries was forwarded to every Sanitary Authority in the County.

It is extremely difficult to persuade sanitary authorities that they have any concern with matters of personal preventive medicine.

It is hoped, however, now that a scheme of health visiting is likely to be carried out for the County, that this *by far the most urgent matter concerning the physical condition of the people at the present time* will receive proper attention.

NOTIFICATION OF BIRTHS.

MATERNITY AND CHILD WELFARE.

Notification of Births (Extension) Act, 1915.—By this Act, the notification of births is extended to all districts where it is not already in force. The Act empowers both the County Council and the District Councils to make such arrangements as they think fit for attending to the health of (1) expectant mothers, (2) nursing mothers, and (3) of children under 5 years of age who are not being educated in public elementary schools.

The Notification of Births Act, 1907, has already been adopted for the whole area of the County : for the Borough of Shrewsbury by the Town Council, and for the remainder of the County by the County Council. Owing to the outbreak of the war the Act has not yet been put into force in the County except for the Borough of Shrewsbury.

The following complete scheme for maternity and child welfare has been issued by the Local Government Board :—

MEMORANDUM.

MATERNITY AND CHILD WELFARE.

A complete scheme would comprise the following elements, each of which will, in this connection, be organised in its direct bearing on infantile health :—

1. Arrangements for the local supervision of Midwives.
2. Arrangements for—

Ante-Natal.	(1) An Ante-natal Clinic for expectant mothers. (2) The home visiting of expectant mothers. (3) A Maternity Hospital or Beds at a hospital, in which complicated cases of pregnancy can receive treatment.
-------------	--
3. Arrangements for—

Natal.	(1) Such assistance as may be needed to ensure the mother having skilled and prompt attendance during confinement at home. (2) The confinement of sick women, including women having contracted pelvis or suffering from any other condition involving danger to the mother or infant, at a hospital.
--------	--
4. Arrangements for—

Post Natal.	(1) The treatment in a hospital of complications arising after parturition, whether in the mother or in the infant. (2) The provision of systematic advice and treatment for infants at a Baby Clinic or Infant Dispensary. (3) The continuance of these Clinics and Dispensaries, so as to be available for children up to the age when they are entered on a school register, <i>i.e.</i>, the register of a Public Elementary School, Nursery School, Creche, Day Nursery, School for Mothers or other school. (4) The systematic home visitation of infants and of children not on a school register as above defined.
-------------	---

The scheme can no doubt be brought into operation gradually, proceeding step by step.

1. Inspection of midwives is already carried out.

2. The next step is the appointment of a sufficient number of properly trained health visitors, who will undertake the systematic home visitation of infants and perhaps of expectant mothers, and who will take part in the work of any ante-natal clinics, baby clinic or schools for mothers that may be formed.

3. Provision of assistance to ensure that necessitous mothers shall have skilled and prompt attendance during confinement. This must include attendance of a midwife and medical attendance where necessary. How this can best be done will require careful consideration, but in all probability, the best means of providing midwifery attendance will be by subsidies towards the expenses of Nursing Associations and so promoting their formation throughout the County.

4. The establishment of clinics for expectant mothers and babies. To carry out these it will be necessary to have the attendance of nurses or health visitors and of medical practitioners, preferably those who have given this work special attention.

5. The provision of hospital beds for complicated cases of pregnancy, for difficult confinements and for complications after parturition.

The scheme may with advantage be carried out in the order here set out. It will probably be found that in rural districts home visiting and skilled attendance at the homes rather than the provision of clinics and hospital beds will be most applicable.

The scheme of health visiting, school nursing and tuberculosis inspection approved in May, 1914, by the County Council, provided for 13 whole-time nurse-inspectors or their equivalent in part-time nurses. Owing to the war the scheme has not been put into operation so far as the health visitors are concerned, and only partly with respect to school nurses and tuberculosis nurses. The more complete maternity and child welfare scheme now put forward will necessitate more health visitors than was originally contemplated.

SCHOOLS AND SCHOOL CLOSURE.

The medical inspection of schools and school children of the whole County, with the exception of the Borough of Shrewsbury, is dealt with in a separate report to the Education Committee.

The inspection is carried out by two whole-time medical inspectors, and in the Borough of Wenlock by three practitioners. The work is supervised by the County Medical Officer of Health, who is also the School Medical Officer. Arrangements have been made for school nursing for a little over one-third of the County.

In the Borough of Shrewsbury the Medical Officer of Health is the School Medical Officer, and there is one school nurse.

The total number of nurses undertaking school nursing in the County, including the Borough of Wenlock, is 67, and the number of schools attended is 133. Of these nurses, 60 are employed by associations affiliated with the Shropshire Nursing Federation, 3 by other associations, and 4 by the Borough of Wenlock.

An inspection of the school premises is made at each visit of the Medical Inspectors, and the recommendations for improving the sanitary conditions are sent to the Secretary for Elementary Education. In the case of voluntary schools, these recommendations are forwarded to the managers for their consideration.

During the year the following cases of infectious disease were notified by the teachers:—

Measles	1685	Chicken-pox	655	Impetigo	284
Whooping Cough	1137	Mumps	720	Scabies	45
Scarlet Fever	187	Ringworm	272	Other Diseases	1215
Diphtheria	156				

Under Article 45 (b) the School Medical Officer advised the closure or approved of the closure of 143 schools for the following reasons:—55 for measles, 8 for chicken-pox, 29 for whooping cough, 13 for scarlet fever, 21 for influenza, 8 for diphtheria, 6 for mumps, and 3 for other causes.

Under Article 57, no school was closed by the Sanitary Authority on the advice of the District Medical Officers of Health.

Satisfactory arrangements have been made between the District Medical Officers of Health and the School Medical Officer for closure of schools.

BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

Quarters of 1914.				For Typhoid Fever. Widal's Reaction.		For Diphtheria.		For Phthisis.	
				Positive.	Negative.	Positive.	Negative.	Positive.	Negative.
First	..	..	..	*1	10	154	437	47	170
Second	..	..	..	0	3	71	185	54	170
Third	..	..	..	2	11	109	177	51	130
Fourth	..	..	..	14	10	139	324	37	102
Whole Year				17	34	473	1123	189	572
				51		1596		761	

* This case was finally decided not to be typhoid.

The total number of specimens sent was 2,408, compared with 1,344 in 1913, 1,118 in 1912, 1,212 in 1911, 1,424 in 1910, 827 in 1909, 620 in 1908, 497 in 1907, 393 in 1906, and 299 in 1905.

In addition one sample of faeces was examined for typhoid bacilli with a negative result, one sample of cerebro-spinal fluid, and 155 samples of hairs were examined for ringworm spores.

The total number of specimens examined was very greatly in excess of any previous year, the increase being most marked in the number of swabs submitted for diphtheria. It is satisfactory to note that examination of sputum is now made in a much larger percentage of cases.

It is very much to be desired, that every case of diphtheria should be examined for freedom from infection, and with this object in view, a letter was written to all medical practitioners in the County, in the year 1908. The following figures for the four quarters of the year 1914 show the extent to which bacteriological examination is used to determine freedom from infection.

Quarters of the year 1914.						Number of Positive Cases.	Number of these cases declared free by bacteriological examination.
First	..	..	..	..	..	92	65
Second	..	..	..	..	..	52	41
Third	..	..	..	..	..	66	51
Fourth	..	..	..	..	..	87	65

School children are examined and declared free from diphtheria bacilli before they are allowed back in school.

DISINFECTION.

In most districts disinfection is carried out by the Sanitary Inspector or directly under his supervision. In the majority of districts, rooms are disinfected by means of spraying, but in a certain number fumigation mostly with formalin is relied on.

The districts with steam disinfectors are :—Bridgnorth Urban, Wellington Urban and Rural, Ludlow Urban and Rural, Whitchurch Urban and Rural, Wem Urban and Rural, Drayton Rural, Market Drayton Urban, Atcham, Bishop's Castle, and Clun.

The Urban and Rural Districts of Ellesmere have made arrangements for the use of the Wem disinfectant.

TABLE VI.

A Summary of the Small-pox Hospital Accommodation for the County.

Sanitary Districts served.	Situation of Hospital.	Number of Wards.	Total Cubic Space of Wards.	Number of Beds.	Bathing Facilities.	Administration.	Structure.
(1) Chirbury Rural Forden Rural Montgomery Borough	Forden Rural District	2	Feet. 11,000	6	No bathroom ; moveable bath ; No taps or drains.	Nurses' Sitting room, one bedroom (7 feet by 6 feet 6 inches). Kitchen, pantry, scullery, coalshed, earth closet.	Wood and Iron on brick foundation.
(2) Cleobury Mortimer Rural Burford Rural Rock Rural Tenbury Rural	Cleobury Mortimer	2	11,000	8	None.	3 Nurses' rooms, kitchen, two stores, wash-house.	Double wall of wood ; roof covered with iron, on brick foundations.
(3) Ludlow Borough Ludlow Rural	Ludford Parish	2	7,560	6	Detached room, moveable bath ; No taps or drains.	Nurses' sitting-room, one bedroom, kitchen, wash-house, larder, ambulance shed.	Wood and iron supported by wooden piles.
(4) Shifnal Rural Dawley Urban	The Nedge Hill, Shifnal Parish	2	15,500	8	Bathroom ; moveable bath ; No taps or drain.	Nurses' sitting-room, two nurses' bedrooms, kitchen, scullery, larder, wash-house, ambulance shed, earth closet.	Wood and iron on brick foundations.
(5) Shrewsbury Borough	Underdale Road, Shrewsbury	2		6	No bathroom ; moveable bath ; No taps or drain.	Two nurses' bedrooms, and two kitchens in ward blocks. Cottage with 3 bedrooms.	Wood and iron on brick foundations.
(6) Teme Rural Knighton Urban Knighton Rural	Knighton Rural District	3	3,224	5	Bathroom ; moveable bath ; No taps or drain.	One kitchen, scullery, one nurses' bedroom, a wash-house, and a discharging room.	Brick.
(7) Wellington Urban Wellington Rural	Wellington Rural District	2	10,800	8	Bathroom ; moveable bath with taps and drain.	Nurses' sitting-room, two nurses' bedrooms, kitchen, scullery, larder, ambulance shed, wash-house, coal store, earth closet.	Wood and iron on brick foundations.
(8) Wenlock Borough	The Batches, Broseley	2	9,000	8	Bathroom ; moveable bath with taps and drain.	Nurses' sitting-room, one bedroom, kitchen, scullery, larder, wash-house and coal store.	Wood and iron on brick foundations
(9) Whitchurch Urban Whitchurch Rural Wem Urban Wem Rural Drayton Rural Biore Heath Rural Overton Rural	Prees Higher Heath	2	10,400	8	Bathroom ; moveable bath with taps and drain.	Kitchen in the ward block, and an administration block with 4 rooms for nurses, and a kitchen, scullery, and 2 bedrooms for caretakers.	Wood and iron on brick foundations.

In the reports for Atcham, Bishop's Castle, Clun, Wem Urban and Rural, it is stated either that the steam disinfectors are not used in routine disinfection or that they are only used on the advice of the Medical Officer of Health.

If the scheme for the provision of isolation hospitals for the County is carried through, some of the problems with regard to disinfection will be met by the provision of disinfectors at the hospitals.

A steam disinfecter is recommended for Dawley, Newport Urban, Oswestry Rural, Shrewsbury and Wenlock.

The Medical Officer of Health for Shrewsbury says:—"Not only is a steam disinfecter very necessary in connection with the control of infectious disease, but it is also highly desirable in dealing with verminous persons, and especially school children. School medical inspection has shown how necessary it is to have baths constructed in conjunction with a steam disinfecter, in order that verminous and dirty children can have their bodies cleansed and at the same time their clothing disinfected."

"A steam disinfecter combined with a cleansing station is one of the most important sanitary matters which the Council has got to deal with. It is to be hoped that before long they will seriously consider the question, and by its provision assist materially in the sanitary administration of the town."

The necessity for a cleansing station and disinfecter was very great during the billeting of the troops in the town in August, for the purpose of getting rid of verminous conditions.

The most important matter of disinfection of phthisis houses is dealt with under the heading of that disease.

HOSPITAL ACCOMMODATION.

The hospital accommodation and the need for further provision was the subject of a special report during the year 1911.

In this report it was recommended that three hospital areas be formed—one for the east of the County, one for the north, and one for the south-west, and that one central hospital be established for small-pox.

Hospital Districts have been formed for the East and South-Western Districts, and Committees have been appointed. In each case sites have been selected, but the purchase has not been completed.

Since the termination of the year an inquiry has been held as to the necessity for a hospital for the Northern Division of the County, but the report to the Council has not yet been made.

If hospitals are provided for these three hospital areas, almost the whole of the County with the exception of Atcham Rural District will be supplied. Provision for Atcham should be made along with Shrewsbury as suggested in my hospital report of 1911. It is probable that a complete scheme providing for Atcham and Shrewsbury, and also for beds for advanced cases of tuberculosis will be found to be the best plan.

Existing Isolation Accommodation.—(1) *For diseases other than small-pox.*—This consists of (1) a hospital at Shrewsbury, with 20 beds for scarlet fever; 4 beds for a second disease, and 4 beds for a third disease; (2) a small hospital at Bridgnorth, also used for small-pox; (3) a hospital of 4 beds for the Newport Urban District; (4) a hospital of 8 beds at Market Drayton for the Drayton and Blore Heath Rural Districts.

(2) *For Small-pox.*—On Table VI. is given a summary of the small-pox hospital accommodation in the County.

In addition, the Atcham Rural District Council has a Berthon Hut and a small tent, but no site. The Oswestry Urban and Rural District Councils have each a site available for a hospital. Newport Urban and Rural Districts have an arrangement for the erection of a tent.

The Local Government Board in a circular on "the Co-operation between Civil and Military Sanitary Services," says :—"Satisfactory hospital provision for small-pox patients can rarely be improvised. A Sanitary Authority which has not such accommodation, either independently or under an agreement with some other Sanitary Authority, is incurring a heavy responsibility. Smaller Sanitary Authorities can best secure such provision by combined action with other Sanitary Authorities. The modern possibilities of communication by means of motor ambulances render it practicable for a single hospital to serve a large area. In view of the importance of having immediate hospital accommodation available for small-pox patients and of the extreme ease with which the infection of small-pox is spread, it should be arranged that :—

"1. Hospital accommodation for isolating first cases should at once be available.

"2. More extended hospital accommodation should be available at short notice."

In my report for the third quarter 1914 this matter is dealt with. "I have reported that a small hospital near Shrewsbury with a motor ambulance would be the best provision for those districts in the County that have no hospital accommodation for small-pox. In the meantime arrangements should be entered into by those sanitary districts without provision, for use in case of emergency of the hospitals already in existence. Such an arrangement would probably take the form of a retaining fee and a charge per week for each patient admitted. Such a payment would probably enable the owners of the hospitals to put them into greater readiness without further expense to the district. On these lines there should be no special difficulty in providing for the whole County with little additional expense. It should of course be understood that such provision would only be for initial cases and to give time, in case of any considerable outbreak, for further provision."

The Sanitary Authorities concerned were communicated with and this view put before them. The definite suggestions made were that :—

Bridgnorth Urban and Rural should apply for the use of Broseley Hospital.

Ellesmere Urban and Rural and

Oswestry Urban and Rural	"	"	"	Whitchurch Hospital.
Newport Urban and Rural	"	"	"	Wellington Hospital.
Oakengates	"	"	"	Wellington Hospital or Shifnal Hospital.
Atcham	"	"	"	Shrewsbury Hospital.
Bishop's Castle	"	"	"	Ludlow Hospital.
Clun	"	"	"	Ludlow Hospital.
Church Stretton Urban and Rural	"	"	"	Ludlow Hospital.

HOUSE ACCOMMODATION.

Housing and Town Planning, etc., Act.

Although the conditions vary considerably in different districts the reports, speaking generally, show that there is an insufficiency of houses, and that a large number of houses require frequent inspection and attention to prevent them becoming unfit for habitation.

The following table may be taken as a rough indication as to the amount of overcrowding in the various districts.

Those tenements are spoken of as "overcrowded" in which there are more than two persons per room. In many individual instances this may be quite incorrect, owing to the size of the room, but as a whole it is probably a safe guide.

TABLE VII.

Record of Sanitary Work done during the Year 1914.

Table showing the work done by the various Sanitary Inspectors; the returns are made on a uniform plan as far as possible.

SANITARY AUTHORITY.	Number of houses which have been inspected during the year, either in connection with outbreaks of Infectious Disease, or in consequence of complaints, or in course of a systematic Sanitary Survey.	Total number of notices of all kinds served, including both formal and informal notices.	Number of such notices complied with.	Letters written.	PARTICULARS OF SANITARY MATTERS REFERRED TO IN THE ABOVE NOTICES.										Houses disinfected after infectious disease (other than phthisis).	Houses disinfected in cases of phthisis.	Privies converted to water closets.	Privies converted to earth closets.	Plans for New Houses passed.	Certificates issued for water supply to New Houses.	Houses connected to public water Supply.	Repairs to Public Pumps and Wells.	New Public Wells.	Private Wells reconstructed or improved.	Houses connected to Public Sewerage.	Lengths of New Sewers laid.	Lengths of New Water Mains laid.	Proceedings before Magistrates.	
					Houses to be disinfected after Infectious Disease.	Deficient or objectionable Water Supply.	New Drains to be constructed or old drains to be amended.	New Closets to be provided or old ones to be amended in construction.	Houses damp, dirty, or admitting rain, or weather, or otherwise in a bad sanitary condition.	Offensive accumulations of all kinds.	Animals so kept as to be a Nuisance.	Houses overcrowded.																	
RURAL DISTRICTS.																													
Atcham	725	291	233	520	2	69	217	275	148	21	25	17	43	9	23	161	12	17	15	8	..	21	79	250 yds.	57 yds.	..	..	..	
Bridgnorth	975	108	106	..	16	19	25	12	39	12	..	5	16	..	..	..	..	..	..	..	..	12	..	..	..	..	..	..	
Burford	15	5	5	13	5	2	..	2	..	1	..	..	6	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	
Chirbury	267	136	98	..	10	29	27	14	4	31	..	..	7	3	..	10	..	..	25	..	..	..	..	..	..	..	..	..	
Church Stretton	213	35	31	101	..	1	7	5	..	..	..	..	14	1	3	8	3	3	..	..	..	..	..	..	..	..	..	..	
Cleobury Mortimer	116	16	12	114	..	13	7	8	21	2	1	3	6	1	..	..	32	55	170	1	..	6	..	..	..	..	..	1	
Clun	128	65	50	74	..	2	8	11	26	7	8	..	24	2	1	6	..	..	3	1	..	..	..	..	..	..	..	..	
Drayton	426	89	68	23	12	12	52	22	44	28	9	2	12	3	..	..	5	1	..	..	..	12	..	..	..	..	..	..	
Ellesmere	145	22	19	102	31	2	10	9	5	2	1	..	30	1	..	6	..	3	10	1	..	2	..	..	5 miles	..	..	..	
Ludlow	160	122	..	..	13	1	28	7	39	6	4	4	513	5	7	..	3	3	11	..	..	10	..	..	..	..	..	..	
Newport	254	101	2	211	26	2	1	..	2	..	..	..	35	1	..	25	..	3	1	3	..	1	..	..	..	..	..	..	
Oswestry	693	178	140	370	40	12	23	6	12	40	2	2	36	10	6	..	6	23	3	3	..	23	900 yds.	..	..	..	..	2	
Shifnal	630	109	93	181	23	2	64	11	7	12	5	1	19	4	25	..	8	..	6	..	..	2	112	3 miles	..	..	..	..	
Teme	120	..	..	11	5	..	2	4	5	..	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Wellington	601	332	..	64	15	21	90	121	99	62	4	2	12	3	..	..	..	8	33	..	..	17	..	..	34 miles	..	..	..	
Wem	947	52	52	217	29	27	35	32	13	1	..	..	28	1	..	..	11	6	..	..	..	..	..	..	..	..	..	..	
Whitchurch	86	26	30	35	7	16	34	15	6	12	..	1	7	..	..	..	4	..	..	3	..	3	..	2	..	..	..	..	
URBAN DISTRICTS.																													
Bishop's Castle	73	23	20	10	..	..	5	4	12	1	1	..	..	..	6	..	..	..	2	..	..	..	8	70 yds.	..	..	..	..	
Bridgnorth	950	20	15	26	10	2	18	12	4	4	4	3	7	3	..	..	6	..	13	..	..	13	198 yds.	168 yds.	..	..	..	..	
Church Stretton	198	12	12	76	..	..	9	1	..	..	1	..	9	2	1	..	7	..	8	..	..	1	9	166 yds.	60 yds.	..	..	..	
Dawley	112	64	64	300	15	..	88	53	37	56	4	5	4	11	28	4	3	..	5	..	21	..	24 yds.	..	..	..	..	..	
Ellesmere	380	21	17	26	1	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	
Ludlow	160	122	..	..	13	1	28	7	39	6	4	4	513	5	7	..	3	3	11	..	..	..	10	..	..	..	..	..	
Market Drayton	351	108	82	..	14	4	60	52	28	9	1	2	14	..	16	7	6	5	..	..	..	..	150 yds.	..	..	..	..	..	
Newport	207	60	54	121	10	..	15	9	8	16	3	2	6	4	14	..	2	..	11	..	..	42	..	..	..	..	..	1	
Oakengates	245	288	100	120	38	12	90	53	51	12	4	6	32	6	29	..	14	14	37	..	..	61	13783	183 yds.	..	..	..	..	
Oswestry	1200	160	150	47	..	..	72	59	12	16	..	..	61	7	..	..	2	..	3	..	..	2	60 yds.	..	..	..	..	..	
Shrewsbury	5796	747	567	722	7	..	538	124	364	44	25	23	143	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
Wellington	228	242	72	114	17	..	7	51	17	7	9	8	17	7	22	..	10	..	34	..	..	34	1470 ft.	1440 ft.	..	..	..	..	
Wem	289	132	131	22	11	..	23	27	29	799	6	..	9	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	
Wenlock	1149	199	102	587	..	7	110	74	101	51	13	4	67	18	3	..	..	60	..	..	1	12	..	..	..	..	..	..	
Whitchurch	73	23	20	10	..	..	5	4	12	1	1	..	..	..	6	..	..	..	2	..	..	8	70 yds.	..	..	..	..	..	

Record of Sanitary

Table showing the work done by the various districts

1890													1891													1892																					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total									
10	15	20	25	30	35	40	45	50	55	60	65	450	12	18	22	28	32	38	42	48	52	58	62	68	480	14	20	24	30	34	40	44	50	54	60	64	70	76	82	88	94	100	600				
8	12	16	20	24	28	32	36	40	44	48	52	360	10	14	18	22	26	30	34	38	42	46	50	54	420	12	16	20	24	28	32	36	40	44	48	52	56	60	64	68	72	76	80	520			
6	10	14	18	22	26	30	34	38	42	46	50	300	8	12	16	20	24	28	32	36	40	44	48	52	360	10	14	18	22	26	30	34	38	42	46	50	54	58	62	66	70	74	78	480			
4	8	12	16	20	24	28	32	36	40	44	48	240	6	10	14	18	22	26	30	34	38	42	46	50	300	8	12	16	20	24	28	32	36	40	44	48	52	56	60	64	68	72	76	80	520		
2	6	10	14	18	22	26	30	34	38	42	46	120	4	8	12	16	20	24	28	32	36	40	44	48	180	6	10	14	18	22	26	30	34	38	42	46	50	54	58	62	66	70	74	78	360		
1	4	8	12	16	20	24	28	32	36	40	44	60	2	6	10	14	18	22	26	30	34	38	42	46	120	4	8	12	16	20	24	28	32	36	40	44	48	52	56	60	64	68	72	76	80	520	
1	3	6	9	12	15	18	21	24	27	30	33	30	1	3	6	9	12	15	18	21	24	27	30	33	300	2	5	8	11	14	17	20	23	26	29	32	35	38	41	44	47	50	53	56	59	62	240
1	2	4	6	8	10	12	14	16	18	20	22	30	1	2	4	6	8	10	12	14	16	18	20	22	300	1	3	5	7	9	11	13	15	17	19	21	23	25	27	29	31	33	35	37	39	41	210
1	2	3	4	5	6	7	8	9	10	11	12	120	1	2	3	4	5	6	7	8	9	10	11	12	120	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210	
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	15	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	210
1	1	2	3	4	5	6	7	8	9																																						

TABLE VIII.
HOUSING AND TOWN PLANNING ETC., ACT, 1909.
REGULATIONS UNDER SECTION 17, ARTICLE V.
Analysis of Work done in the year under these Regulations.

SANITARY AUTHORITY.		Number of houses inspected.	Number of houses thought to be unfit for human habitation.	Number of representations to Sanitary Authority of unfitness.	Number of closing orders made.	Number of houses in which defects were remedied without closing orders.	Number of houses put into a fit state after closure.	Number of demolition orders made.	Number of these houses pulled down.	Number of houses still under consideration.	General Character of Defects found in course of this Inspection.										Other facts.						
											Water Supply.	Close accommodation.	Drainage.	Defects of dwelling house in regard to				Paving, Draining, and sanitary condition of yard or out-house.	Arrangements for deposit and disposal of house refuse.	Rooms unfit for habitation under Sec. 17 (7).							
														(a) Light.	(b) Free circulation of air.	(c) Dampness.	(d) Cleanliness.										
RURAL DISTRICTS.																											
Atcham	595	12	3	3	269	1	..	1	89	69	234	217	108	95	148	56	146	..	..	304							
Bridgnorth	130	7	7	1	6	..	..	..	..	19	12	25	4	18	17	5	13	..	..	..							
Burford	8	..	..	..	7	..	..	..	..	1	1	1	..	..	..	1	..	..	..	..							
Chirbury	67	..	..	..	17	..	..	..	6	2	6	8	..	..	..	4	1	..	..	..							
Church Stretton	48	..	..	..	3	..	..	..	35	1	..	16	..	..	2	1	..	..	..	3							
Cleobury Mortimer	26	3	3	..	3	..	..	..	19	6	10	8	7	14	8	1	10	2	..	4							
Clun	53	1	..	..	14	..	..	..	3	2	8	4	1	2	14	2	1	..	..	6							
Drayton	51	..	..	..	28	..	..	..	11	10	13	31	18	7	6	18	8	..	29								
Ellesmere	35	..	..	..	19	..	..	..	1	3	9	5	2	5	2	3	3	..	..	..							
Ludlow	40	1	1	1	30	..	..	1	9	4	6	10	7	2	10	1	6	12	..	..							
Newport	68	..	..	..	7	..	..	..	108	10	27	19	2	30	37	8	22	0	..	32							
Oswestry	63	9	..	..	23	..	..	..	40	0	..	6	37	17	30	13	31	0	..	..							
Shifnal	53	4	4	2	43	..	..	..	8	5	16	14	..	1	8	1	7	10	..	..							
Teme	120	..	..	..	4	..	..	..	..	4	2	..	5	..	..	..	..	..	..	..							
Wellington	535	4	..	1	..	..	..	..	..	20	104	79	21	174	15	12	7	37	4	428							
Wem	102	1	1	1	..	..	..	..	..	27	32	35	..	11	13	..	15	..	..	..							
Whitchurch	46	4	4	..	36	..	..	2	2	16	15	34	..	..	..	6	11	..	..	..							
URBAN DISTRICTS.																											
Bishop's Castle	11	..	..	..	5	..	..	..	6	..	3	3	..	1	3	..	4	..	..	..							
Bridgnorth	55	7	6	2	20	..	..	..	..	2	2	..	15	8	10	10	20	8	4	30							
Church Stretton	29	..	..	..	7	..	..	..	5	..	7	..	..	..	..	..	6	..	..	..							
Dawley	24	3	3	..	25	8	..	3	36	..	21	20	18	22	22	10	16	18	..	15							
Ellesmere	28	..	..	..	4	..	..	..	..	..	1	1	..	5	..	..	3	3	..	2							
Ludlow	110	4	4	4	30	..	..	..	40	1	13	10	11	18	23	17	18	9	1	25							
Market Drayton	53	1	1	1	39	..	..	..	10	4	42	41	26	15	4	19	22	..	11	..							
Newport	6	5	..	..	5	..	..	5	60	..	..	..	1	..	1	..	..	..	..	5							
Oakengates	73	2	2	2	47	..	2	..	70	6	45	49	24	18	51	12	34	24	4	20							
Oswestry	58	2	2	..	39	..	..	..	19	..	12	2	13	20	22	37	19	..	2	28							
Shrewsbury	385	..	2	2	..	..	..	..	..	..	343	..	130	96	..	348	357	..	391								
Wellington	171	2	2	..	..	..	..	..	84	..	5	9	33	..	17	9	70	87	0	89							
Wem	73	1	1	..	..	..	..	..	1	..	11	6	3	4	12	6	29	7	..	5							
Wenlock	147	6	6	4	38	1	..	..	87	7	66	90	19	37	21	36	55	25	..	111							
Whitchurch	11	..	..	..	5	..	..	..	6	..	3	3	..	1	3	..	4	..	..	..							
Total	3274	79	50	25	847	10	2	13	764	..	..	..	..	..	..	..	..	..	..	..							

TABLE 8.

TENEMENTS "OVERCROWDED," *i.e.*, WITH MORE THAN 2 OCCUPANTS PER ROOM.

Urban Districts.	Number.	Population in these tenements.	Proportion percentage of total population in private families.	Rural Districts.	Number.	Population in these tenements.	Proportion percentage of total population in private families.
Shop's Castle ..	5	40	3.0	Atcham	182	1,495	7.3
Bridgnorth	66	563	10.1	Bridgnorth	90	704	7.8
Church Stretton ..	3	20	1.7	Burford	12	97	7.7
Dawley	164	1,415	18.4	Chirbury	23	180	5.5
Ellesmere	6	51	2.8	Church Stretton ..	49	399	8.5
Ludlow	67	541	9.6	Cleobury Mortimer ..	77	661	9.7
Newport	33	280	9.1	Clun	47	380	5.8
Oaken-gates	241	1,974	16.9	Drayton	55	419	3.5
Oswestry	66	541	5.6	Ellesmere	67	548	6.8
Shrewsbury	261	2,131	7.6	Ludlow	91	739	7.9
Wellington	80	618	8.5	Newport	101	819	13.7
Wem	13	118	5.5	Oswestry	172	1,387	9.1
Wenlock	238	1,922	12.8	Shifnal	98	795	9.9
Whitchurch	47	379	6.8	Teme	12	92	5.6
				Wellington	147	1,216	11.1
				Wem	40	317	3.8
				Whitchurch	6	46	2.4
Total of Urban Districts ..	1,290	10,593	10.0	Total of Rural Districts ..	1,269	10,294	7.7

As no account is taken of the size of the rooms in this table, the figures cannot be accepted as representing accurately the amount of overcrowding. There is every reason to think that they do accurately represent the *relative* amount of overcrowding in each district and they enable one to form a rough estimate of the *absolute* amount of overcrowding.

The outstanding features are the excess of overcrowding in the mining and manufacturing districts and the comparatively small amount in the strictly rural districts.

The amount of overcrowding is very excessive in Dawley Urban District, Oaken-gates Urban District, Wenlock Borough, and Newport and Wellington Rural Districts.

The overcrowding in the Cleobury Mortimer Rural District is no doubt due to a great extent to the overcrowding on the Clee Hill, which, if stated separately, would probably be very excessive.

The high figure for Shifnal is not readily explainable, nor is the comparatively high figure for Church Stretton Rural. The figures for the purely agricultural districts to the north of the County are very low, *e.g.*, Drayton 3.5, Whitchurch 2.4, Wem 3.8, Ellesmere 6.8.

Of the Urban Districts, omitting the mining and manufacturing districts of Dawley, Oaken-gates, and Wenlock, the highest percentages of overcrowding are in Bridgnorth 10.1, Ludlow 9.6, Newport 9.1.

In the two Rural Districts (Newport and Wellington), if it were possible to separate the agricultural part from the manufacturing part, very excessive overcrowding would probably be found in the latter.

For example, if it is assumed that the percentage overcrowding in the agricultural parishes of the Wellington Rural District is equal to the average of rural districts, there would be a percentage of overcrowding in Wellington Rural Parish and Hadley Parish of 13.3.

On a similar supposition there would be a percentage of overcrowding in the Lilleshall District of 19.8; and a still higher percentage for the smaller area of Donnington Wood.

A more detailed consideration of the figures relating to individual districts shows many marked cases of overcrowding.

There are 2,923 two-roomed houses in the County. These houses can only have one bedroom, but if in a good sanitary condition they fulfil a useful purpose, for the accommodation of married couples without children or possibly with one child. There are, however, 321 of these houses in the County with 5 or more persons in each.

The following table shows the overcrowding in these houses in the various districts:—

DISTRICTS. Overcrowding in 2-roomed Tenements.

<i>Urban.</i>	<i>Persons per tenement.</i>	5	6	7	8	9	10	11
Bishop's Castle	Number of Tenements ..	0						
Bridgnorth	" ..	3	1	1				
Church Stretton	" ..	1						
Dawley	" ..	11	4	1	5		1	1
Ellesmere	" ..	0						
Ludlow	" ..	6	6	1	1			
Newport	" ..	0						
Oakengates	" ..	17	8	5	3	4		
Oswestry	" ..	4	2					
Shrewsbury	" ..	16	3	4				
Wellington	" ..	18	3	3		1		
Wem	" ..	0	1	1				
Wenlock	" ..	7	10	3		1		
Whitchurch	" ..	6	3	2				
<i>Rural.</i>								
Atcham	Number of Tenements ..	10	9	4			1	
Bridgnorth	" ..	5	3	2				
Burford	" ..	1						
Chirbury	" ..	1	1					
Church Stretton	" ..	2	1					
Cleobury Mortimer	" ..	3	3					
Clun	" ..	1						
Drayton	" ..	10	3		1			
Ellesmere	" ..	4	3	2				
Ludlow	" ..	7	3	2				
Newport	" ..	4	8	1				
Oswestry	" ..	12	3	4	1			
Shifnal	" ..	6	1	1	1			
Teme	" ..	1						
Wellington	" ..	10	6	4	2			
Wem	" ..	4	0	1				
Whitchurch	" ..	0						

Amongst the Urban Districts the overcrowding in 2-roomed houses was very marked in Oakengates and Dawley, to a less extent in Wellington, Ludlow and Wenlock.

The Rural Districts with most overcrowding of 2-roomed houses were Wellington, Newport, Oswestry and Atcham.

Three-roomed houses can only have two bedrooms and with few exceptions 4-roomed houses only have two bedrooms. With this class of house grave overcrowding almost always is present if there are more than 4 persons per bedroom, and serious overcrowding may be present with a smaller number.

The following statement shows the overcrowding of 3 and 4-roomed houses in each district in the County :—

DISTRICTS. Overcrowding in 3 and 4-roomed Tenements.

Urban.	Persons per Tenement.	9	10	11	12	13	14	15
Bishop's Castle	Number of Tenements ..	1	1					
Bridgnorth	" ..	15	9	2	2			
Church Stretton	" ..	0	0					
Dawley	" ..	28	25	11				
Ellesmere	" ..			1	1			
Ludlow	" ..	19	8					
Newport	" ..	7	5	1		1		1
Oakengates	" ..	56	21	9	4	1	1	
Oswestry	" ..	13	4	5	1			
Shrewsbury	" ..	42	24	5	2	1		
Wellington	" ..	19	3	4	1			
Wem	" ..		2	1	1			
Wenlock	" ..	36	16	8	3	1		
Rural.								
Atcham	Number of Tenements ..	36	18	9	2	1	1	
Bridgnorth	" ..	12	9	2				
Burford	" ..	3	0	1				
Chirbury	" ..	6						
Church Stretton	" ..	7	3	2				
Leobury Mortimer	" ..	17	10		1	1		
Longun	" ..	10	1	2				
Prayton	" ..	13	3		1			
Ellesmere	" ..	12	7	3				
Ludlow	" ..	24	6	1	2			
Newport	" ..	18	13	4		1		
Oswestry	" ..	33	14	7	2			
Walford	" ..	23	6	2		3		
Wem	" ..	3	1					
Wellington	" ..	35	14	5	5	2		
Wem	" ..	10	2					
Whitchurch	" ..		1					

Of the Urban Districts, Oakengates and Dawley show by far the greatest amount of overcrowding in 3 and 4-roomed tenements, followed by Bridgnorth, Newport and Ludlow.

Of the Rural Districts, Newport, Wellington, Cleobury Mortimer, Shifnal and Oswestry in the order named show the greatest proportion of overcrowding.

The table also shows that in nearly all the other districts where the proportion was less there were still many instances of serious overcrowding.

It is of much importance that these tables should receive very careful consideration in order that the overcrowding indicated in them may be abated.

The total number of overcrowded tenements in the County at the 1911 census, on the supposition that ^{tenements} ~~rooms~~ with more than 2 persons ^{per room} are overcrowded, was 2,559.

The reports of the inspection under the Housing and Town Planning Act show that 96 cases of overcrowding have been dealt with.

The impossibility of dealing satisfactorily with overcrowding owing to the absence of alternative accommodation is pointed out in many reports.

The provision of houses is engaging the attention of many of the Councils, but the prosecution of any schemes has been held up since the commencement of the war. The policy should be to get such schemes forward so that they can be carried out at the earliest opportunity after the termination of the war.

The following housing schemes have been carried out by the Councils :—

Atcham.—Six cottages have been built at *Cressage*, to take the place of the same number closed. The cost, exclusive of land, was £955. The cottages are let at a rental of 3/9 per week. *Withington*.—The improvement of 8 back to back houses known as Barker's Square, have been completed. A loan for this purpose of £425 was sanctioned. Six of the houses have been converted into three through houses, and the remaining two have been greatly improved as regards lighting and ventilation.

Shrewsbury.—A scheme comprising 63 houses at Ditherington.

Wellington Urban.—A scheme comprising 22 houses.

The following schemes have been under consideration by the Councils concerned :—

Ludlow Borough.—"An inquiry was held in the autumn into a scheme for building a number of artisans' dwellings, the sanction of the Local Government Board was granted to amended plans, but, unfortunately, the war has made it impossible to borrow the money, and the work has had to be postponed. Of the necessity for the erection of more cottages, I think there can be no doubt, and the views of the Local Government Board are expressed in their letter recommending that the complete scheme should be undertaken and not a partial one."

Wem Rural.—"It was proposed to build five pairs of Workmen's Cottages in the District. Plans were prepared and accepted, and land for sites was selected at Yorton, Prees Green, Rugeley Wood, Stanton and Whixall, but owing to the war the work has been postponed."

Cleobury Mortimer Rural.—A scheme for building ¹⁰~~150~~ houses at the Clee Hill. Dr. White says :—"No action has been taken to remedy the deficiency of housing accommodation on the Clee Hill, where a large number of occupied cottages are quite unfit for habitation. No doubt the war has to some extent relieved the urgency of this matter and made the time inopportune for building by the increased cost of labour and material, but it is a problem that will require to be faced in the near future and might with advantage be carefully considered now. In the meantime more active measures are required to enforce compliance with the notices issued under the Housing Acts."

Recommendations are made with regard to building in several of the reports. For instance :—

Atcham Rural District.—Dr. Gepp says :—“ Conditions at the present time are not favourable to public building schemes, but when progress again becomes possible further action by the Council will be desirable, and as regards parts of the District in which small schemes would be advantageous, Bicton Heath and Westbury might be specially considered. In the former case the pressure is chiefly caused by the housing requirements of the attendants at the County Asylum, and at Westbury additional cottages appear to be needed for the labour of the place. The Council during the year met in conference representatives of the Asylum Committee of the County Council, and the property owners at Bicton Heath, and the situation as to housing was considered. The question has been under consideration by the two Authorities, with a view especially to determine the relative advantages of building being undertaken by the one or other public body.”

Church Stretton Urban.—“ A small building scheme is desirable, if practicable, at a cost that would not burden the rates, in order to replace such old houses as these, and also to provide housing for necessary workmen and artisans who, there is no doubt, would be attracted to the town if reasonable accommodation were to be had. For this latter purpose a scheme should be found self-supporting.”

Newport Rural.—“ Having regard to the foregoing evidence as to deficient house room accommodation, and to the fact that old cottage property tends to decay and to become unfit for habitation, while little or no new building takes place, it would be well in my opinion for the Council to consider seriously their powers and duties as to providing houses for the working classes.”

Oakengates.—“ Much, however, remains to be done in respect of houses in the district, and there is no doubt, that when circumstances are more favourable, the Council will be well advised in building a considerable number.”

Shrewsbury.—“ The cases of overcrowding cannot be properly dealt with until better provision is made for the housing of large families of the poorer class who have not the means of paying the rent required for a house large enough to satisfactorily house them.”

“ The shortage of houses causes the standard of habitability to be kept below that which should be enforced, the result being that many poor people continue to be housed under conditions which, in the interest of the public health, ought not to be allowed to exist.”

An inspection and report were made during the year by the County Medical Officer of Health on the Housing Conditions of the Clee Hill. The conclusions were :—

- (1) That a considerable proportion of the houses are in their present condition unfit for habitation.
- (2) That of these a certain proportion could not be made fit, except by alterations which would, for practical purposes, mean re-building.
- (3) That there is a considerable amount of serious overcrowding.
- (4) That there is a deficiency of houses.

The following recommendations were made :—

That a number of houses be built by the District Council, say 20 as a beginning ;

That houses, that can be put into a fit state of habitation, be dealt with radically without delay ;

That houses unfit be closed as soon as other accommodation is provided ;

That a complete house to house survey should be made of this district, and for this purpose help be afforded the Inspector, if necessary.

HOUSING REGULATIONS, 1910.—The details of the work carried out under these regulations are given in Table VIII.

Number of Inspections.—The number of inspections made in 1914 was 3,274, compared with 2,913 in the year 1913. This is equal to about 6 per cent. of the total number of houses in the County. Although some allowance must be made on account of interference of this work by the outbreak of the war, the amount of inspection cannot be considered at all adequate. The success of the Housing and Town Planning Act depends in the first instance upon the amount and thoroughness of the inspection. It then depends upon the action of the Councils in ordering that the necessary work shall be done.

The houses inspected appear to be very insufficient in number in the Urban Districts of Dawley, Oakengates, Newport, Oswestry, Wenlock and Whitchurch, and the Rural Districts of Cleobury Mortimer, Drayton, Ellesmere, Ludlow, Oswestry, Clun and Church Stretton. It must however be recognised that the numbers of houses inspected does not accurately represent the work done, as the houses are much more carefully selected and the necessary work is carried out much more thoroughly in some districts than in others. In some districts the progress of the inspection has been greatly interfered with owing to the work of previous years not having been cleared off.

The following quotations from the Annual Reports bear upon this question of insufficiency of inspection :—

Church Stretton Rural.—"The annual number of houses inspected should be considerably increased, in order that the housing of the District may be inspected and recorded within a reasonable time."

Cleobury Mortimer Rural.—The small amount of inspection is accounted for by the extra work of supervision of the Garden Village.

Clun Rural.—"An increase in the amount of housing inspection is desirable in order that the conditions obtaining in the District may come under review within a reasonable time. The Inspector has now arranged to give more time to this systematic work and to make complete and recorded inspections of all houses visited for any purpose. In this way progress in housing inspection should be much more rapid."

Dawley.—"The number of houses inspected in the past two years has been small. In 1912, one hundred houses were inspected, and so much work remained to be done on these, that the Council decided that it was desirable to clear off this outstanding work. This has now practically been done."

Ludlow Rural.—Owing to the absence of the Sanitary Inspector, no systematic house inspection has been made since July.

Newport Rural.—"The number of houses inspected is by no means adequate to enable the whole number of houses in the district to be passed under review in a reasonable time, but good progress is not possible if arrears accumulate."

Wenlock Urban.—"Better progress has been made during the year, 147 houses being inspected."

Number of Representations of Unfitness for Habitation.—The number of these representations was only 50, compared with 101 in 1913, or 1.5 per cent. of the houses inspected.

No representation of unfitness for habitation was made in any of the following districts :—
Rural.—Burford, Chirbury, Church Stretton, Clun, Drayton, Ellesmere, Newport, Oswestry, Teme, Wellington. *Urban.*—Bishop's Castle, Church Stretton, Ellesmere, Newport, Shrewsbury, Whitchurch.

Number of Closing Orders Made.—The total number of these orders made in the whole County was only 25. In the whole of the rural districts only 9 closing orders were made.

The extraordinary little action taken to close houses appears to be due to a great extent to the lack of other accommodation.

Atcham.—"As in most Rural Districts there is a large number of very old houses becoming worn out and needing inspection and attention in order to keep them from becoming unfit for habitation. Closure of such houses often presents difficulty in the absence of alternative accommodation, and the Council is giving the question of building of cottages their careful consideration."

Shrewsbury.—"Under these circumstances (scarcity of houses) it has not been possible to deal with many houses which are in such a condition as to necessitate closure. Four houses only were represented for closure during the year."

Defects remedied without Closure.—In 847 houses or about 1.5 per cent. of the houses of the County, defects were remedied without closure.

Houses still under Consideration.—The houses under consideration is even larger than last year. In some districts it certainly appears that the Council is not exercising proper dispatch in carrying out this work. With regard to Newport Urban, Dr. Gepp says :—"Little progress has so far been made in the use of this inspection to bring about effective improvement in the condition of house property. One hundred and one houses have been inspected and reported on in the past four years, of which 60 still 'remained under consideration' at the end of last year. I have nothing to add to the recommendations I have already made in the matter."

WATER SUPPLIES.

The following statement shows the work that has been done during the year to improve the water supplies of the County and the suggestion made for further improvements :—

Schemes of Water Supply or Improvements to Water Supplies that have been carried out or completed during the year :—

Coalpits, Eaton Constantine (Atcham Rural District).—This water supply has been completed.

Longnor (Church Stretton Rural).—A scheme for supplying this village from springs at Lawley Hill is being developed.

Bushmoor and Leemore Common (Church Stretton Rural).—This supply has been much improved by the provision of two new pump wells.

Oswestry Borough.—A length of $1\frac{1}{2}$ miles of 7-inch main from the storage reservoir to the service reservoir has been duplicated.

Weston Rhyn (Oswestry Rural District).—This supply is being extended and improved.

Tong (Shifnal Rural District).—Water has been brought by a ram from a spring at Neachley to the Priory. An extension is recommended.

Red Lake and surrounding parts of Wellington Rural Parish (Wellington Rural District).—The supply to this district by extension of the mains from Lawley Bank has been completed.

New Schemes or Improvement of existing Supplies under Consideration :—

Cross Houses (Atcham Rural District).—Two alternative schemes for the supply of the village.

Arscott (Atcham Rural District).—A supply from a disused shaft.

Church Stretton Urban District.—A scheme for supplying all consumers from the large reservoir.

Picklescott (Church Stretton Rural District).—A scheme of supply having failed, notices have been served on the owners.

Lydham (Clun Rural District).—A new supply is being provided by the owner.

Norton-in-Hales (Drayton Rural District).—A scheme for supplying the village from a spring.

Morda (Oswestry Rural District).—A supply from the Liverpool mains.

Wellington Urban District.—The duplication of the bore hole and pumps has been decided on.

Recommendations of New Schemes of Supply or for the Improvement of existing Supplies :—

Alveley (Bridgnorth Rural District).—The provision of another storage tank.

Cardington (Church Stretton Rural District).—The provision of a pump near the School connected by a drawpipe with St. James's well.

Applications made to the Local Government Board for Loans for the purpose of Water Supplies in the year 1914 :—

£250 for the supply of *Chapel Lawn* and *Pentre* (Clun Rural District).

£900 for extending and improving the supply of *Weston Rhyn* (Oswestry Rural District).

£600 for the supply of part of the *Parish of Whixall* (Wem Rural District).

Schemes postponed on account of the War :—

Chapel Lawn (Clun Rural).

Craven Arms (the completion of) Ludlow Rural District.

Whixall (Wem Rural District).

Prees (Wem Rural District).

EXCREMENT DISPOSAL.

Speaking generally the method of disposal of excreta in the country districts is by means of privies with underground vaults. In towns where there is a system of sewers and a water supply, water-closets are becoming each year more exclusively the method of disposal.

As stated in my previous reports, the aim that sanitary authorities should keep in view are—

- 1.—In districts with a good system of sewers, sewage disposal, and water supply, **to make the water carriage system of excrement disposal universal.** The success of this system depends to a great extent on the care and precautions with which it is carried out.
- 2.—In districts without sewers or water supply, to make a good type of earth closet universal.

The following table published in the last two Annual Reports has been brought up to date so far as possible. It shows to what extent the sanitary authorities are endeavouring to make the water-carriage system universal in districts with sewers and water supplies.

<i>Urban Districts.</i>	Water-closets.	Earth-Closets.	Privies.	Privies converted to water-closets, or earth closets, or abolished.				
				1914	1913	1912	1911	1910
Bishop's Castle (town proper)	225	6	38	6	6	10	6	49
Bridgnorth (town proper) practically all	—	3	2	—	—	—	—	—
Church Stretton	294	16	18	1	3	—	1	3
Dawley	113	71	1132	28	—	—	—	—
Ellesmere Mostly water closets	—	—	20	—	—	—	—	—
Hudlow All water-closets except	—	—	86	7	13	16	—	—
Market Drayton	857	22	408	23	31	25	28	14
Newport	616	18	195	15	27	24	33	36
Oakengates	348	327	1170	29	11	18	22	20
Shrewsbury	2400	16	24*	—	—	—	—	—
Shrewsbury Practically all water-closets.	—	—	—	—	—	—	—	—
Wellington	937	0	233	22	15	34	15	10
Wem	234	412	9	2	9	15	10	5
Whitchurch	1089	22	229	9	9	10	4	0
<i>Towns or Villages in Rural Areas.</i>								
Alkington	—	—	—	27	17	34	38	9
Craven Arms	177	0	16	—	—	2	—	—
Hadley	187	4	345	—	—	—	—	—
Leole Brace	308	28	8	—	—	—	—	—
Rockwardine	18	6	42	—	—	—	—	—

* The privies and pail closets, with one exception, are outside the drainage area.

It must be borne in mind that a certain proportion of the privies are beyond the sewered area and therefore cannot be dealt with. It would add much to the value of this table if the number of privies inside and outside the sewered area were stated.

In some districts information is available with regard to this point, *e.g.*, only 56 out of the 229 privies in the Whitchurch Urban District are in the "town proper." The figures given in the table with regard to Bishop's Castle and Bridgnorth do not include the outlying parts of the town. Of the 20 privies in the Ellesmere Urban District 14 are on the outskirts.

It is obvious from the table, that whilst in some districts the type of the closet accommodation is satisfactory, in others there is a large amount of work to be done. Amongst the latter is the Urban District of Oakengates. It must, however, be acknowledged that there are special difficulties in this district tending to make the progress slow.

It is not satisfactory that there should still be 233 privies in the compact little town of Wellington. At the present rate of conversion it will take over 10 years to get rid of them.

A greater effort should be made in Newport Urban District where 195 privies still exist, and only 15 were converted during the year.

It should be the aim of all sanitary authorities of towns to get rid of privies within a limited time.

Of the districts in unsewered areas or partly sewerred areas there is comparatively little information in these respects, but what there is goes to show that little is being done in the conversion of privies to earth closets.

District.	Number of			Conversion during the year of privies to	
	Water-closets.	Earth-closets.	Privies.	Water-closets.	Earth-closets.
Atcham Rural	..	..	..	23	161
Church Stretton Rural ..	130	67	783	3	8
Clun Rural—large villages ..	21	49	202	..	..
Dawley Urban	113	71	1132	28	4
Newport Rural	39	115	1035	..	25
Whitchurch Rural	..	80	..	..	..

In many of the rural districts the conversion of insanitary privies to earth closets is urged.

The possibility of transmission of faecal matter from the privy to food in the house by means of flies has been so conclusively demonstrated that privies even in very isolated houses must be looked upon as absolutely unsatisfactory. A great effort should be made to get all privies converted to some kind of earth closet or water closet. The essential part of the management of an earth closet is that excreta shall be immediately covered with dry earth, garden mould being the most suitable. By this means not only is putrefaction stopped, but flies are prevented from gaining access to the excreta and consequently from carrying it to food.

Dr. Gepp recommends closets on the "dry catch" principle as an alternative to earth closets.

In Shrewsbury Dr. Orr reports that as a rule in the working class houses there is one closet to two houses. The provision of a closet for each house should be aimed at.

Expressions of opinion with regard to conversion of privies to water-closets or pail-closets :—

Clun Rural.—The privies are mostly of old construction with vaults. Where faulty in condition or in an objectionable situation, they should be converted to pail closets, or as an alternative, the "dry-catch" principle is recommended.

Market Drayton Urban.—"The water carriage system of disposal should be made compulsory wherever it is possible to connect with the sewer."

Oakengates Urban.—"There have been 29 privies converted into water-closets in 1914 and the new sewer makes the conversion of many more possible, and it is to be hoped that during the present year some serious effort will be made to carry this work out."

Wellington Urban.—"The number of privies in existence in the Urban District at the end of the year was 233. Many of these are in the centre of the town and are a serious nuisance when they are being emptied. A wholesale clearance of these places is required."

Whitchurch Urban.—The number of privies now remaining is comparatively small, and the Council should press on their extinction as rapidly as possible.

SEWERAGE AND DRAINAGE.

New work in connection with sewage disposal is being held up on account of the war.

At *Albrighton* the sewage works have been completed and about 100 connections made. The *Pontesbury* works are also complete and working satisfactorily.

All Stretton (Church Stretton Rural).—"I have reported previously on the drainage of this village. The exceptional feature here is the discharge of the main drain of a considerable private asylum, having a number of water closets, directly into the brook, causing serious pollution. The Council has endeavoured to obtain the removal of this pollution by voluntary action by the owner, but without result. Under continued pressure by the County Council as to the stream pollution the Council in 1911 engaged a firm of engineers to survey, and report as to a scheme of sewerage for this village. This report was received, and the estimated cost of a scheme, without purchase of necessary land, was some £1,400. The Council has had the question under consideration throughout the year, but no further steps have been taken, the Council being again in communication with the owner of the Asylum."

Highley (Cleobury Mortimer Rural).—"The sewage from the Garden Village will be conveyed to the outfall works at New England, and these works are to be considerably enlarged and improved."

Hinstock (Drayton Rural).—"The scheme for drainage, and the treatment of the sewage of a part of the village of Hinstock, has not been begun because the Local Government Board are unwilling to sanction a loan for the purpose at present. In October, 1913, I inspected the sewers and the means of disposal of sewage in Cheswardine village, and a special report was sent to the Local Government Board and to the County Council. The Sanitary Inspector is preparing plans for new sewers and for the scientific treatment of the sewage at the outfall."

Ellesmere Urban.—"A new system of sewerage and drainage is about to be adopted. When the necessary land has been acquired the work will be carried out."

Baschurch (Ellesmere Rural).—"With regard to the new sewerage scheme which has been adopted for Baschurch, the necessary land has not yet been acquired, but as soon as this is done the necessary improvement in this respect will be carried out."

Market Drayton Urban.—"The upper strata of Little Drayton sewage filter has been washed and replaced, and the treatment of the sewage is more satisfactory. The sewage of Market Drayton is still untreated and continues to pollute the river from the old outfall. The sewage scheme is still in abeyance, and probably nothing will be done until the great war is ended."

Oakengates Urban.—"The laying of the new sewer to parts of Priorslee, Wrockwardine Wood and St. George's, hitherto unsewered, has been completed and sixty connections made to it. When the whole of the houses are on the sewer, it will do away with many serious nuisances, the result of having to drain into ponds and brooks."

The provision of carriers and the underdraining of lands has doubled the land available for sewage treatment.

Wellington Urban.—"The sewerage works at Admaston continue to turn out a very satisfactory effluent. Additional land has been purchased to deal with the storm water in consequence of notices from the owners of the land, that the storm overflow at Spring Hill must be discontinued."

Wenlock.—"As regards the towns and townships of Ironbridge, Madeley, Coalbrookdale, Coalport, Broseley, and Jackfield, I have stated my definite opinion that further necessary progress in sanitation depends upon proper sewerage being provided."

SCAVENGING.

The importance to the public health of an efficient system of scavenging for all districts in which the aggregation of houses on comparatively small areas prevents the proper disposal of refuse by householders, is becoming more recognised each year.

The Local Government Board has recently issued a return as to scavenging in Urban Districts. In a Circular Letter accompanying the Return the Board state:—"That it is especially desirable at the present time, when so many districts are congested with troops and refugees, and when there are peculiar dangers of the spread of infectious disease, that sanitary authorities should do all that is in their power to prevent the retention of accumulations of refuse in the neighbourhood of dwellings, and generally to maintain an efficient service for dealing with house refuse," and suggest that the Council should consider whether all or any of the following steps are necessary in regard to their districts:—

1. To require a sanitary bin to be provided in connection with all new houses and buildings.
2. To encourage owners and occupiers of existing houses to provide covered sanitary bins in place of other refuse receptacles.
3. To undertake with their own staff the scavenging in the populated parts of their district, and to remove all refuse from these parts in properly covered carts at least once a week, especially during the summer.
4. Where no destructor is available, to avoid sending refuse out of the district in such a manner as to cause nuisance and danger to health, and where tips are used, to secure that they are as remote as possible from dwellings and that the refuse is covered with earth and the tip fenced in.

In previous reports I have stated that the essentials for a town are:—

1. Regular and frequent collection by the Sanitary Authorities. Speaking broadly the collection should be at least weekly.
2. The provision of covered movable impervious receptacles.
3. The collection should be carried out in such a way, that little dust escapes into the air. For this purpose, it is most desirable that the receptacles should be emptied directly into covered carts.
4. The disposal of the refuse either by burning or by tips away from buildings. If tips are used, the refuse should be quickly covered with earth.

It is most important that householders should be instructed to burn as far as possible all decomposable refuse.

For country districts where the householder has sufficient land to deal with the house refuse the problem consists of instructing the householder as to the proper methods of disposal, and seeing that no objectionable accumulations are allowed.

Where there is a weekly collection of refuse the provision of covered, impervious, moveable receptacles should be insisted upon. The Board is prepared to approve a bye-law for this purpose.

The Local Government Board state :—" The difficulties which are sometimes associated with the improvement of existing property do not apply to new houses, and there is no reason why any urban authority should fail to secure that every new house erected in its district should be provided with a galvanised-iron bin with a proper cover."

As regards existing property, action should be taken so that all ashpits and unsuitable receptacles are replaced by receptacles of approved type within a reasonably short time. This can also best be carried out by getting sanction to a bye-law. The bye-law is made under the powers contained in sec. 26 of the Public Health Acts Amendment Act, 1890.

The following is a summary of the remarks and recommendations of the District Medical Officers of Health on the question of scavenging and disposal of refuse :—

Atcham.—There is no system of public scavenging, and the question of a scheme for Meole is in abeyance owing to legal difficulties with regard to rating area.

Bishop's Castle.—Public scavenging came into operation in the year 1913. There is a weekly collection and householders place the refuse on the pavements in portable ashbins, boxes or buckets. Fixed ashbins have been abolished and 20 galvanised iron bins, 300 buckets and boxes are now in use. There is a tip about 100 yards distant from one isolated house. The cost of the scavenging is about £30 per annum.

Bridgnorth Urban.—" Public scavenging is undertaken by the Sanitary Authority free of cost to the tenant. Removal of house refuse is carried out either monthly, weekly, or more often, if desired. The refuse is finally disposed of on a tip by the North Gate Sewage Works for the High Town, and on the Grove for the Low Town.

Church Stretton Urban.—" The Council undertakes a weekly collection and has a tip outside the town. Two hundred and ninety-nine houses are now provided with galvanised iron portable bins, 26 have other portable receptacles, and only 3 have fixed ashpits. A covered cart has been provided during the year."

Cleobury Mortimer Rural.—" I would suggest to the Council that it would be in the interest of the district if they would undertake the scavenging of the Clee View houses, until the conversion of the closets has been carried out. The summer time is of course the most dangerous period of the year, where such a condition exists, and the risk of an outbreak of infective enteritis is very great. The spread of the recent scarlet fever epidemic at this place was, in my opinion, assisted materially by the insanitary condition of these back premises. It caused a condition of the throat, which made the children more susceptible to the disease than they otherwise would have been."

Clun Rural.—" There is no public scavenging, but there is a public tip at Clun.

Dawley Urban.—" The Council provides a horse and cart for the scavenging and removal of house refuse at cost price."

Ellesmere Urban.—" No public scavenging is undertaken by the Sanitary Authority. Every refuse is collected in receptacles, which are emptied periodically on to a refuse heap outside the town, and their contents burnt. No nuisance has arisen from the refuse heap during the year."

Ludlow Urban.—" The substitution of covered iron receptacles for ashpits has made some progress. The tip is receiving careful management.

Market Drayton Urban.—"A public system is about to be adopted for a portion of the town and will no doubt be rapidly extended."

Newport Urban.—"The scavenging of privies and removal of house refuse is undertaken by the Council. A very small number of ashpits remain in use under special scavenging arrangements, otherwise an ashbin system, with weekly removal of refuse, is universal. It is unusual now to find on inspection undue accumulations of house refuse, and yards and premises are found to be kept much cleaner in consequence."

Oakengates Urban.—"Forty-nine ashpits were replaced by 143 bins during the year. A better system of scavenging is badly needed. It ought to be possible to divide the District up into sections and empty the large ashpits twice a year."

Oswestry Rural.—"A tip has been provided at Weston Rhyn. A system of scavenging for larger villages is recommended."

Shifnal Rural.—At Shifnal the scavenging is carried out by contract, on the whole satisfactorily. It has to be carefully supervised by the Sanitary Inspector.

A number of portable ashbins have been provided in place of large open ashpits, and this policy should be actively pursued in the town.

Shrewsbury Urban.—Notices have been served for the provision of proper refuse receptacles in connection with 564 houses. The collection of refuse calls for much improvement. Covered carts should be provided and the scavengers should be forbidden to empty refuse on the roadways. "The tips, which are three in number, although well managed, are a constant source of nuisance and should not be favoured by the Council. It is almost impossible, except at much expense, to prevent nuisance from smell and from flies from these, and at the present time, when ample evidence is forthcoming of the mischief done by flies, the welfare of those living in the vicinity necessitates other arrangements for disposal being made. The only suitable and hygienic method of disposal is by means of a destructor, and this the Council should take steps to provide."

Wellington Urban.—Progress has been made in the substitution of sanitary bins for open ashpits. This change has been made in 87 houses. A destructor is recommended.

Wem Urban.—Scavenging is undertaken by the Sanitary Authority.

Wenlock Borough.—There are very few moveable receptacles for house refuse, fixed ashpits unconnected to privies being the rule. No ashpits have been converted to moveable bins in recent years.

The scavenging of Madeley Ward consists of weekly collection from moveable bins and the scavenging of ashpits on request of occupiers. In the Broseley Ward about a dozen ashpits are scavenged monthly by a contractor.

Whitchurch Urban.—There is a weekly collection of house refuse except in the outlying areas, where there is scavenging only once a fortnight in the winter months. All ashpits in the town with the exception of 12 have been replaced by moveable bins. There are 525 galvanised iron bins with covers, and 700 galvanised iron pails or wooden boxes in use. Sixty-eight houses were provided with bins during the year. The carts collecting refuse are covered with tarpaulin. The refuse is tipped at a distance of 450 yards from 5 isolated houses.

MILK SUPPLY, AND INSPECTION OF DAIRIES, COWSHEDS, MILKSHOPS, AND DAIRY CATTLE.

The following Table, compiled from the District Medical Officers' Reports, shows the amount of inspection in each District :—

	Number of Cowkeepers and Milk-sellers on Register.	Number of Premises.			Number of Inspections.	DEFECTS FOUND.											Number of Notices, verbal or written.	Number of these Notices complied with.	Number of defects found and not yet remedied.
		Cowsheds.	Dairies.	Milkshops.		In Cowsheds.					In surroundings of Cowsheds.	In sanitary condition of drains.	In sanitary condition of Milkshops.	In Water Supply.					
						Floor or Cubic Space.	Ventilation.	Lighting.	Structure of Floor.	Drainage.					Cleanliness.				
URBAN DISTRICTS.																			
Shop's Castle	9	8	1	..	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hignorth	26	23	23	..	170	..	2	1	1	..	1	1	..	..	..	5	5	..	..
Arch Stretton	6	1	1	..	6	..	..	..	..	..	..	1	..	..	..	1	1	..	..
Wley	27	26	26	1	34	1	1	1	2	2	9	..	..	..	..	12	12	..	..
esmere	7	5	3	1	2	..	..	..	..	..	..	..	..	..	..	1	1	..	..
flow	4	4	2	2	10	..	..	..	1	1	..	1	..	..	..	2	2	..	..
cket Drayton	17	17	..	..	22	..	..	..	..	..	3	1	1	..	..	5	4	1	..
port	27	10	3	2	87	..	4	1	2	2	5	2	..	..	..	16	16	..	..
engates.. ..	31	23	9	0	82	2	2	2	2	2	3	4	3	..	1	8	6	2	..
estry	28	10	6		64	..	..	..	..	1	5	..	..	..	..	6	6	..	..
ewsbury	35	..	..	..	80	..	..	..	..	..	..	..	..	..	..	2	2	..	..
ington	21	10	1	3	37	..	..	..	..	1	5	2	..	1	..	9	9	..	..
n	14	11	11	..	66	2	2	..	..	1	2	2	5	..	..	6	6	..	..
lock	42	38	38	4	34	..	4	4	5	5	5	2	2	..	..	10	8	2	..
tchurch	23	19	19	4	96	2	4	5	5	7	5	1	7	..	1	10	7	3	..
RURAL DISTRICTS.																			
eam	220	220	10	..	332	..	12	12	16	16	48	5	9	..	2	52	47	10	..
gnorth	23	23	..	..	45	..	2	..	2	3	7	3	..	..	2	7	7	..	..
ord	2	4	2	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..
oury	27	27	..	..	61	..	4	2	3	1	21	..	..	..	..	37	35	2	..
rch Stretton	16	18	16	..	58	..	1	12	12	12	3	3	..	..	..	11	9	1	..
oury Mortimer	7	..	..	..	4	..	..	..	..	1	..	1	..	..	1	..	..	..	..
.. ..	6	6	6	..	20	..	..	1	1	1	2	1	..	..	..	6	5	1	..
ton	102	102	..	..	92	..	..	..	..	1	9	..	..	..	..	10	10	..	..
mere	59	59	..	..	118	..	1	1	1	2	1	..	..	..	..	6	6	..	..
ow	28	40	..	..	60	..	4	1	3	7	6	4	..	..	..	10	10	..	..
port	37	34	..	..	136	..	1	1	..	..	..	..	..	..	..	69	69	..	..
estry	75	74	..	1	140	..	4	..	2	5	4	10	..	..	..	25	20	5	..
al	42	40	36	2	201	..	..	..	..	..	2	2	..	..	..	2	2	..	..
.. ..	1	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ngton	37	..	..	..	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..
.. ..	125	125	..	..	198	..	..	..	..	5	9	..	..	..	..	14	14	..	..
tchurch	26	26	26	..	55	..	..	..	..	..	14	..	..	..	..	14	12	2	..

The Milk and Dairies Act which will, it is hoped, bring about uniformity and thoroughness in the inspection of dairies and dairy cattle and in the control of milk supplies, was to have come into operation on 1st January, 1915. It was postponed until October 1st and finally until such date, not being later than one year after the termination of the war.

The remarks of the Medical Officers of Health on the inspection in their districts are given in the second part of this report. There can be no doubt that the measures taken, although in some districts effecting considerable improvement, are quite inadequate for the safeguarding of milk supplies. The fact that a new act is shortly to come into operation is no doubt deterring many authorities from making any advance in their methods of supervision.

In order to bring about greater cleanliness in milk a scheme was started in 1913 for the examination of milk to determine the amount of dirt. The examination is undertaken by the County Public Health Department, and sample bottles are sent to the Sanitary Inspectors on request. There can be no doubt that if this scheme, which was explained in detail to each Sanitary Inspector had been followed up energetically a great improvement in the cleanliness of the milk would have been brought about. The intention is that any milkseller who after proper warning continues to sell dirty milk shall be proceeded against under the Food and Drugs Act. No such proceedings have so far been taken.

During 1914, 19 samples of milk were submitted. Of these, 2 were pronounced dirty, *i.e.*, contained more dirt than the maximum standard adopted, *viz.*, 30 volumes of dirt per million of milk.

The new Act will no doubt give great assistance in this most important matter of the production of clean milk, but as it is to a large extent a question of education, it appears desirable that the school children who are now being taught this class of work should receive definite instruction in the essentials of the production of a clean milk supply.

Tuberculosis Order, 1913.—The following is a statement of the action taken by the County Council under this Order :—

No. of animals inspected.	DESCRIPTION.	Tuberculosis of the Udder.	Giving Tuberculous milk.	Tuberculosis with Emaciation.	Conclusions from Post Mortem Examination				
					A. Tuberculosis of the Udder.	B. Giving Tuberculous milk.	C. Tuberculosis with Emaciation.	D. Affected but not as in columns A, B, or C.	E. Not affected.
121	Cows in milk	7	2	36	6	2	32	6	15
71	Other cows or heifers ..	1	..	27	1	1	24	..	12
5	Other bovine animals ..	..	..	1	..	..	1	..	1
197	Totals	8	2	64	7	3	57	6	28

Order suspended from 6th August, 1914.

MEAT INSPECTION.

The inspection of meat particularly in the rural districts is of a very imperfect character. In only six districts is it stated that the slaughter-houses are visited at the time of slaughter. In only two districts carcasses appear to have been condemned for tuberculosis.

Dr. White in his report for the Shifnal Rural District says :—" It appears to me that the system of accepting the voluntary surrender of carcasses as a reason for not prosecuting is a very bad one, and can only result in a continuance of the traffic by butchers in diseased meat."

There can be no doubt that to accept voluntary surrender of a carcass that is unfit for food and to take no further steps is a procedure that should only be adopted under well specified conditions. The owner of the carcass should be able to show that he had taken the earliest possible opportunity of drawing the attention of the Inspector to the carcass.

Apart from tuberculosis, the most dangerous class of meat is that derived from animals that have died (or slaughtered shortly before death) from acute septic diseases.

The Anthrax Order, 1910, as now administered, is probably a considerable safeguard against the sale of this class of meat, and probably it can be made more effective in this direction.

During the year 1914, 264 suspected animals were reported, and 25 of these were diagnosed as anthrax ; in 1913 the numbers were 284 and 17, and in 1912, the numbers were 355 and 24.

When a suspected case is notified to the police, a veterinary inspector is at once called in, and he certifies either that the case is not anthrax, or that it is a suspected case of anthrax. In the latter event the carcass is cremated at once. In the former, the carcass is detained until the veterinary inspector's diagnosis is confirmed by the Chief Veterinary Officer of the County, after microscopical examination of the blood.

I have pointed out on previous occasions the importance of giving the sanitary authorities information with regard to these carcasses that are certified as not affected with anthrax, and which the police consequently do not see destroyed. It is probable that the use of one of these carcasses as food is rare, but such a contingency should be rendered impossible.

INSPECTION.

The work of sanitary inspection in the various districts is summarised on Table VII. The number of inspections given in Column 1 comprise all houses *inspected*, including those inspected under the Housing and Town Planning Act, but not houses that are visited for another purpose without an inspection of the premises being made. It is impossible to state in tabular form the quality of the inspection, and it is probable that returns made are not quite comparable. There are, however, certain outstanding facts that are quite evident.

In the following districts less than ten per cent. of the houses were inspected, and this amount of inspection must in ordinary circumstances be considered quite inadequate. In some districts the inspection has been considerably upset by the war.

<i>Rural Districts.</i>				<i>Percentage.</i>
Burford	..	..	..	5.2
Cleobury Mortimer	..	..	..	8.1
Clun..	..	..	..	8.4
Ellesmere	..	..	..	8.2
Ludlow	..	..	..	7.7
<i>Urban Districts.</i>				
Dawley	..	..	..	6.6
Oakengates..	..	..	..	9.9
Whitchurch	..	..	..	5.5

In the following districts more than 20 per cent. of the houses were inspected :—

Rural.—Bridgnorth, Chirbury, Drayton, Oswestry, Shifnal, Teme, Wellington and Wem.

Urban.—Bishop's Castle, Church Stretton, Ellesmere, Newport, Oswestry, Shrewsbury, Wem and Wenlock.

In the remaining districts the houses inspected were between 10 and 20 per cent. of the whole.

It is evident from the great variation in the number of defects found in different districts that there is a difference in the method of selection of the houses for inspection and in the thoroughness of the inspection. Speaking generally the inspection of less than 20 per cent. of the houses of a district cannot be considered as adequate in normal times.

FACTORIES AND WORKSHOPS.

Details of the inspection of factories and workshops are given on Table IX., and summaries of the remarks of the medical officers will be found in Part II. of the report.

The amount of inspection in many districts is about one visit a year to each workshop, and in some districts it falls short of this. Such an amount of inspection cannot be considered adequate for the purpose of seeing that the workshops are kept clean, well-ventilated, and in other respects in a sanitary condition.

The role that workshops play in the spread of phthisis in towns is probably not an inconsiderable one, and this factor alone emphasises the importance of close supervision of these premises.

Very few lists of outworkers have been received. The amount of work carried on in workshops throughout the County is small, and this no doubt accounts to a great extent for the comparatively little attention that appears to be given in most of the districts to this matter.

TABLE IX.
FACTORY AND WORKSHOP ACT, 1901.

SUMMARY FOR 1914.

URBAN DISTRICTS.	Number of Workshops on Register.	Number of Inspectors of Factories, Workshops, and Home-workers' Premises.	Written Notices sent.	Defects from					Defects remedied.	Failure to fix Abstract of Act.	Representations from H.M. Inspector.	Number of Underground Bakehouses.	Lists of Outworkers received.	Number of Outworkers in District approximate.	REMARKS.
				Want of Cleanliness.	Want of Ventilation.	Overcrowding.	Defective Sanitary Accommodation.	Breach of Sanitary Requirements of Bakehouses.							
BISHOP'S CASTLE ..	33	33	..	2	..	..	..	..	2	..	..	..	..	..	
BRIDGNORTH ..	81	456	..	..	..	..	..	..	..	..	..	..	..	..	
CHURCH STRETTON ..	30	63	1	1	..	..	..	..	1	..	..	..	..	..	
DAWLEY ..	40	82	15	5	1	..	..	5	9	20	..	..	2	2	
ELLESMERE ..	37	37	..	1	..	..	..	..	1	..	..	1	..	..	
LUDLOW ..	56	56	6	4	2	..	..	..	6	..	..	..	..	..	
MARKET DRAYTON ..	69	56	5	2	1	..	1	..	5	..	..	..	..	..	
NEWPORT ..	113	113	..	3	2	2	3	..	7	..	..	1	..	..	
OAKENGATES ..	77	..	..	3	3	..	..	..	..	..	..	..	..	..	
OSWESTRY ..	102	134	11	9	2	..	3	..	3	17	..	4	..	..	
SHREWSBURY ..	234	474	17	15	2	..	3	..	3	21	..	5	1	..	
WELLINGTON ..	83	85	9	5	..	2	2	..	9	..	..	..	2	9	
WEM ..	71	284	..	3	..	..	..	2	5	..	..	..	..	..	
WENLOCK ..	142	70	8	5	..	..	1	..	5	..	..	1	..	..	
WHITCHURCH ..	71	200	9	2	1	..	4	..	5	12	..	..	..	..	
ATCHAM ..	91	112	..	9	..	..	..	..	2	11	..	..	..	..	
BRIDGNORTH ..	27	25	..	..	..	..	1	..	1	..	..	..	..	..	
BURFORD ..	6	6	1	..	..	..	..	..	1	1	..	..	..	..	
CHIRBURY ..	†	..	..	..	..	..	..	..	..	..	..	..	..	..	
CHURCH STRETTON ..	28	80	..	..	..	1	..	..	..	..	1	..	..	..	
CLEOBURY MORTIMER ..	25	26	..	2	..	..	..	..	2	..	..	..	..	..	
CLUN ..	75	73	..	2	..	..	..	..	2	2	..	..	..	..	
DRAYTON ..	43	99	5	5	..	..	..	..	1	6	..	..	..	..	
ELLESMERE ..	48	98	..	4	..	..	..	..	4	..	..	..	..	..	
LUDLOW ..	44	40	..	..	..	..	..	..	..	..	..	..	..	..	
NEWPORT ..	15	33	..	..	..	..	..	..	..	..	..	..	..	..	
OSWESTRY ..	95	128	..	2	..	..	..	..	2	..	..	..	..	..	
SHIFNAL ..	60	159	1	1	..	..	2	..	1	..	..	..	..	..	
TEME ..	11	4	..	..	..	..	..	..	..	..	..	..	..	..	
WELLINGTON ..	39	..	..	..	..	..	..	..	..	..	..	..	..	..	
WEM ..	69	72	4	4	..	..	..	..	4	..	..	..	..	..	
WHITCHURCH ..	9	26	4	4	..	..	..	..	4	..	..	..	..	..	

* Inspected regularly.

† No details—inspected and found satisfactory.

FOOD AND DRUGS.

RETURN OF THE NUMBER OF SAMPLES TAKEN BY MEMBERS OF THE SHROPSHIRE CONSTABULARY
FOR ANALYSIS UNDER THE FOOD AND DRUGS ACT, DURING 1914.

Nature of Sample.	No. taken.	Result.		Remarks.
		Genuine.	Adulterated.	
Brandy ..	2	1	1	Convicted, fined 8s. and costs, £1 12s. od.
Gin ..	2	2	—	
Whiskey ..	10	9	1	Cautioned.
Arrowroot ..	2	2	—	
Margarine ..	10	10	—	.12 per cent. Boric Acid.
Butter ..	30	29	1	
Cocoa ..	1	1	—	
Coffee ..	10	10	—	
Cheese ..	2	2	—	
Ginger ..	1	1	—	
Lard ..	5	5	—	
Milk ..	82	76	6	
				One fined 2s. 6d. and costs, £1 9s. 6d. One cautioned ; three cases dismissed ; No action taken in one case.
Mustard ..	3	2	1	Fined 2s. 6d. and costs, £1 9s. 8d.
Oatmeal ..	4	4	—	
White Pepper ..	5	5	—	
Sugar ..	3	3	—	
Cream, not preserved ..	3	3	—	
Cream, preserved ..	6	6	—	
Sausage ..	4	2	2	Less than .5 per cent. Boric Acid.
Tea ..	4	4	—	
Vinegar ..	1	1	—	
Cream of Tartar ..	2	1	1	
Tartaric Acid ..	1	—	1	Ordered to pay costs, £4 1s. od. No action.
Tincture of Rhubarb ..	1	1	—	
Tincture of Quinine ..	3	3	—	
Sweet Nitre ..	1	1	—	
Ham ..	7	7	—	
	205	191	14	

As pointed out in previous reports the desirability of more extensive sampling of drugs in consequence of the operation of the National Insurance Act is worth considering. This should not, however, entail a smaller number of food samples.

The details of analysis of milk samples are of interest and are given separately.

RESULTS OF ANALYSIS OF ALL SAMPLES OF MILK SUBMITTED.

Fat.	Solids not fat.	Preservative.	Remarks.	Fat.	Solids not fat.	Preservative.	Remarks.
Per- centage.	Per- centage.			Per- centage.	Per- centage.		
3.6	8.84			3.7	9.2		
3.55	8.69			3.29	8.89		
3.6	8.74			3.28	9.04		
3.6	8.84			2.88	8.46		3.5 deficient in fat.
3.4	9.06			2.10	9.06		28 per cent. deficient in fat.
4.17	9.07			2.76	9.15		8 per cent. deficient in fat.
3.89	8.71			3.38	8.82	None	
4.97	9.05			4.15	8.67	"	
3.59	8.77			3.39	9.15	"	
4.11	9.43			8.8	8.4	"	
3.92	9.04			3.32	8.84	"	
4.87	9.03			3.28	9.02	"	
2.95	8.55			3.66	9.10	"	
3.06	9.42			4.31	9.11	"	
3.83	9.05			3.4	8.44	"	
3.97	9.09			3.07	8.81	"	
4.32	8.52			4.0	8.92	"	
4.81	8.73			3.7	9.1	"	
4.27	9.17			3.1	8.96	"	
4.52	8.94			3.21	8.99	"	
3.3	7.5		11.5 per cent. added water.	3.3	9.02	"	
3.9	8.76			3.89	9.47	"	
3.48	9.36			3.62	9.2	"	
3.6	8.88			3.6	8.94	"	
3.35	8.83			3.21	9.29	"	
3.7	8.9			3.14	8.7	"	
4.05	9.05			3.12	9.04	"	
5.24	9.02			3.56	9.2	"	
3.4	9.0			3.32	8.9	"	
3.62	8.96			3.67	8.99	"	
6.6	8.6			3.51	9.37	"	
4.82	8.42			2.37	9.05	"	21 per cent. deficient in fat.
4.33	9.31			3.77	8.97	"	
4.04	8.44	None		3.47	8.65	"	
3.74	8.72	"		3.17	8.43	"	
3.6	8.78	"		3.1	8.8	"	
3.46	8.62	"		3.3	8.8	"	
3.28	8.58	"		3.4	8.7	"	
3.3	8.56	"		3.4	8.6	"	
3.59	8.77	"		3.04	8.88	"	

The average amount of fat in all the samples taken was 3.71, or well above the minimum prescribed. No less than 21 per cent. of the samples contained 4 per cent. or more of milk fat.

REPORT OF ADMINISTRATION IN CONNECTION WITH THE PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912, IN THE COUNTY OF SALOP, FOR THE YEAR ENDED DECEMBER 31ST, 1914.

1.—*Milk : and Cream not sold as Preserved Cream.*

	Number of samples examined for the presence of a preservative.	Number in which a preservative was reported to be present.
Milk	43	Nil.
Cream	2	Nil.

2.—*Cream sold as preserved Cream.*

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i) Correct statements made	7
(ii) Statements incorrect	0
Total	7

(b) Determinations made of milk fat in cream sold as preserved cream.

(i) Above 35 per cent.	7
(ii) Below 35 per cent.	0
Total	7

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V (1) and the proviso in Article V (2) of the Regulations have not been observed.

Nil.

3.—*Thickening Substances.* Any evidence of their addition to cream or to preserved cream.

Nil.

4.—*Other Observations.* All the samples of milk taken between April 1st and October 1st were examined for preservatives and none found. The presumption is therefore that the winter milk supply was also free.

MIDWIVES ACT.

The following statement shows the number of midwives, the visits paid and notifications received in each year since 1905 :—

Year.	Number of Midwives practising in the County in June of each year.	Number of Visits paid.	Notifications of having sent for medical help.	Notifications of still-births.		Notifications of death of mother or child with no medical man in attendance.
				By Midwives	By Parish Clerks.	
1905	231	642	83	38	—	5
1906	345	829	325	105	—	13
1907	328	837	385	95	227	16
1908	310	868	504	91	220	13
1909	309	885	533	111	195	9
1910	321	711	516	90	166	8
1911	293	840	515	81	154	23
1912	284	770	555	86	170	16
1913	275	743	496	94	140	10
1914	260	695	539	100	122	11

The Inspector at her visits not only satisfies herself with regard to the condition of the bag, appliances, dresses and aprons, the keeping of the register and records, but she gives instructions to the midwives whenever necessary, on the essential matters concerning their practice.

Since it was made obligatory (Rule 13) for midwives to take and record the pulse and temperature, very special attention has been paid to this matter. A number of the midwives on the roll, are reported as unable to keep records and incapable of being taught. Some of these are really only practising as monthly nurses and as such are not required to keep records; and a few others can take the temperature but cannot record it. The remainder are taking and recording the pulse and temperature. These records are becoming more correct each year. They are of an educational value and enable the Inspector to direct her teaching with better effect.

The proper feeding of infants is made a subject of personal instruction, and leaflets drawn up for this purpose are given to the midwives for them to leave with and explain to the mothers. It is satisfactory to find that a very large proportion of the children in the County are breast-fed; the actual percentage so fed, of 3,867 births, that we have information of, being 83 per cent.* The midwives are instructed that under no circumstances must they recommend hand-feeding and that, if for any physical reason, breast-feeding is thought to be impossible, the case is one for medical advice. The Inspector reports that the midwives, generally speaking, take a very intelligent interest in the feeding of infants, and that they really exert themselves to overcome the mothers' objections to breast feeding.

In those cases where it has been possible for the Inspector to visit mothers and give advice with regard to infant feeding, it has been most encouraging to observe that the advice has been well received and the results have been good. This work will be undertaken thoroughly and systematically by the health visitors when appointed.

* This percentage refers to the number of children breast-fed during the time the midwife is in attendance but other information appears to show that a large proportion remain on the breast for the proper period.

More systematic teaching of midwives with regard to infant feeding is desirable. On this point Dr. Orr says :—" Much permanent good might result if proper instruction regarding the feeding and care of infants were given by midwives who are called upon to attend mothers at the very earliest period of the infant's life, when a great amount of damage can be done by insufficient care. The midwife's duty is not only to the mother, but also to the child, who is very readily affected by adverse circumstances and especially by improper feeding."

Notifications of sending for Medical Help.—It is obvious that one of the most important duties imposed upon Local Supervising Authorities is to see that medical help is sent for in accordance with the rules, and for this purpose it is necessary that all the formalities should be strictly adhered to. Preliminary inquiries are made in each case, and, if necessary, a personal investigation.

Notifications of Still-births.—In order to obtain an independent return of still-births as a check, the parish clerks and the cemetery authorities have been asked to supply me with particulars of still-born children who are buried in their burial grounds. All the cemetery authorities, with two exceptions, and practically all the parish clerks or the clergy acting for them, have very kindly undertaken to supply me with this information, and my thanks are due to them. The notifications thus received have been a considerable help in carrying out the Act. With the adoption of the Notification of Births Act, notification of still-births will be received directly from the midwife, doctor or parent.

Two hundred and twenty-two notifications of still-births referring to 175 cases have been received from midwives and Parish Clerks and Clerks to Burial Boards.

38	of the cases	were attended	by medical men,	no midwife	being in attendance.
100	"	"	"	by certified midwives	without medical assistance.
0	"	"	"	by uncertified midwives.	
36	"	"	"	by midwives,	medical help being obtained.
1	"	"	"	no particulars.	

Thirty-eight or 21.7 per cent. of the cases occurred in the practice of medical men, and for 36 or 20.6 per cent., medical help was obtained. In 42.3 per cent. of the cases, therefore, a medical man was in attendance.

The returns sent in by the certified midwives, although incomplete, show that they attended 1,867 births in 1914 out of a total of 5,205, leaving less than 1,338 or 25 per cent. to be attended by medical men and uncertified midwives.

Approximately the incidence of still-births was—

3.5 per cent. of the births attended by midwives including those in which the midwife sent for medical assistance.

2.8 per cent. of the births attended by medical men.

Analysis of the notifications of still-births sent in by the midwives shows that—

53 were at full time ; 44 premature ; in 3 no statement.

The condition of the child pointed to :—

Death during labour or shortly before in 49 ; death some time before labour in 35 ; in 16 there was no indication given.

The presentations were :—head 59, breech 12, footling 6, face 1, shoulder 1, cord 1. In cases the presentations were not mentioned, and in 8 cases the child was born before the midwife's arrival.

The sex of the children was as follows :—males 52, females 48.

An inquiry was made into all still-births, although frequently at some considerable time after the birth. There was no definite evidence that death was due to prolongation of labour in the absence of medical help, and in no case was there evidence that a live birth was returned as a still-birth.

These figures, although incomplete, are of some value in showing the number of children that might possibly have been saved if skilful attendance had been available at the time of confinement. It is particularly in breech presentations (including footling) that skilful and rapid completion of delivery is likely to save life. It seems a pity that the rules of the Central Midwives Board allow a midwife to attend all uncomplicated breech presentations, *especially in primipara*, because when complications arise, it is frequently too late to send for medical help.

The prevention of still-births is a part of the general question of the care of women during pregnancy.

Notifications of deaths of mother or child with no medical man in attendance.—The notifications sent by the police continue to be of great use in bringing to light cases that the midwives should have reported.

Puerperal Fever.—Nine cases were reported, compared with 13 cases last year. In two cases there was no midwife in attendance, and in a third case the doctor delivered the patient.

In two of the remaining six cases, the history pointed to infection before confinement. In no case could the infection be traced to a previous case of puerperal fever or to any other definite source of infection apart from the patient.

In one case the midwife was cautioned for not promptly sending the notification of sending for medical help, and in another the midwife was guilty of negligence, and on the report of the Local Supervising Authority was removed from the Roll by the Central Midwives Board.

Present Supply of Midwives.—In June, 1915, there were 260 midwives registered as practising in the County, compared with 260 at a corresponding period in 1914.

As previously pointed out one can only estimate the real supply by considering the age of training, and general capabilities and distribution of the midwives. A fresh estimate, necessarily only approximate, has been made of the number of midwives at the various ages. It is estimated that out of a total of 260, there are 150 over 50 years of age. Of this number, about 62 are over 60, and 22 over 70 years of age.

Of the 260 registered midwives, 120 are properly trained, and the remaining 140 are on the roll because they were in practice twelve months before the passing of the Act. The number of trained midwives on the roll on June 1st, 1915, was ten more than in the previous year. The numbers since 1907 are:—June 1st, 1907, 70; 1908, 73; 1909, 81; 1910, 93; 1911, 89; 1912, 105; 1913, 102; 1914, 110; 1915, 120.

In the same years the untrained midwives have decreased:—1907, 256; 1908, 237; 1909, 228; 1910, 228; 1911, 204; 1912, 179; 1913, 173; 1914, 150; 1915, 140.

There is a gradual diminution of untrained midwives and a still slower increase of trained ones. No individual instances of hardship from the absence of midwives have come under notice during the year, but it is evident that in some districts most of the cases must be attended by medical men or by uncertified midwives. The Notification of Births Act will clear up this matter effectually.

MIDWIVES GROUPED ACCORDING TO NUMBER OF CONFINEMENTS THEY ATTENDED IN 1914.

(a) TRAINED MIDWIVES.

Number who have not sent in returns of confinements	..	..	..	..	..	14
" " attended no confinements	..	..	..	..	..	5
" " " less than 10 confinements	..	..	..	..	..	37
" " " between 10 and 20 confinements	..	..	..	..	..	38
" " " " 20 and 30	..	..	..	..	..	8
" " " " 30 and 40	..	..	..	..	..	4
" " " " 40 and 50	..	..	..	..	..	4
" " " " 50 and 60	..	..	..	..	..	3
" " " " 60 and 70	..	..	..	..	..	1
" " " " 70 and 100	..	..	..	..	..	3
" " " " over 100	..	..	..	..	..	0

(b) UNTRAINED MIDWIVES.

Number of Midwives who have not sent in returns of confinements	..	..	..	7
" " " " attended no confinements	..	..	..	10
" " " " " less than 10 confinements	..	..	..	65
" " " " " between 10 and 20 confinements	..	..	..	37
" " " " " 20 and 30	..	..	..	16
" " " " " 30 and 50	..	..	..	7
" " " " " 50 and 70	..	..	..	6
" " " " " 70 and 100	..	..	..	2
" " " " " over 100	..	..	..	2

This analysis shows clearly that only a comparatively small number of midwives are making a living by this work. Unless a midwife is attending at least 50 cases a year she must have some other source of income, and applying this test it will be seen that only 17 or a little over 6 per cent. can rely upon midwifery alone.

The following classification of parishes was drawn up five years ago to give as accurate an idea as possible of the supply of midwives throughout the County. It has been altered each year in accordance with our more correct knowledge and with the changes in the distribution of midwives. It may now be considered as nearly accurate as such a classification can be.

UNION.	Parishes fairly well supplied with trained Midwives.	Parishes well supplied with untrained Midwives (many of these are becoming less active and capable of doing the work each year).	Parishes poorly supplied either on account of distance from a Midwife or other cause.	Parishes with practically no supply.
ATCHAM	I. Great Hanwood. Church Preen. Minsterley. Habberley. Battlefield. Eaton Constantine. Wroxeter. Uppington. Pontesbury. Berrington. Atcham. Uffington. Withington. Upton Magna. Montford. Shrawardine. Langley. Yockleton. Acton Burnell. Alberbury. Astley. Bicton. Condover. Cound. Cressage. Fitz. Ford. Frodesley. Pitchford. Preston Gubballs. Stapleton. Sutton. Shrewsbury. Ruckley.	II. Molverley. Meole Brace.	III. Kenley. Leighton. Church Pulverbatch.	IV. Albrighton. Hughley. Wollaston. Harley. Shineton. Westbury.
BRIDGNORTH.	Alveley. Bridgnorth. Chelmarsh. Quatt Malvern. Worfield. Linley. Burwarton. Neenton. Cleobury North. Ditton Priors.	Claverley. Billingsley.	Willey.	Oldbury. Eardington. Middleton Scriven. Acton Round. Astley Abbots. Aston Eyre. Chetton. Deuxhill. Glazeley. Monkhopton. Morville. Romsley. Sidbury. Stanton Long. Tasley.
CHURCH STRETTON.	Acton Scott. Little Stretton. Longnor. Church Stretton. Cardington.	All Stretton. Eaton-under-Heywood. Leebotwood. Rushbury.	Hope Bowdler. Wistanstow.	Upton Cressett. Easthope. Shipton. Sibdon. Smethcott. Woolstaston.

UNION.	Parishes fairly well supplied with trained Midwives.	Parishes well supplied with untrained Midwives (Many of these are becoming less active and capable of doing the work each year).	Parishes poorly supplied either on account of distance from a Midwife or other cause.	Parishes with practically no supply.
	I.	II.	III.	IV.
CLEOBURY MORTIMER.	Cleobury Mortimer.	Aston Botterell.	Woodhouse.	Kinlet.
"	Coreley.	Farlow.	Hopton Wafers.	
"	Highley.	Loughton.	Stottesdon.	
"	Milson.	Silvington.		
"	Neen Savage.	Mainstone.		
"	Neen Sollars.	Edgton.		
"	Wheathill.	Hopesay.	Clungunford.	Hopton Castle.
CLUN.	Clunbury.			Clun.
"	Bishop's Castle			Wentnor.
"	Urban.			
"	Bishop's Castle			
"	Rural.			
"	Lydham.			
"	More.			
"	Norbury.			
"	Shelve.			
"	Lydbury North.			
"	Myndtown.			
"	Ratlinghope.			
DRAYTON.	Hodnet.	Hinstock.		Ercall Parva or
"	Drayton-in-Hales.			Child's Ercall.
"	Moreton Say.			
"	Adderley.			
"	Tittenley.			
"	Stoke-upon-Tern.			
"	Cheswardine.			
"	Norton-in-Hales.			
"	Woore.			
ELLESMERE.	Baschurch.	Ellesmere Rural.		
"	Ellesmere Urban.			
"	Hadnall.			
"	Hordley.			
"	Myddle.			
"	Cockshutt.			
"	Welshampton.			
"	Great Ness.			
"	Little Ness.			
FORDEN.	Chirbury.		Brompton & Rhis-	
"	Worthen.		ton.	
KNIGHTON.		Llanfair Waterdine.		Bettws.
"		Bucknell.		Bedstone.
"				Stowe.
LUDLOW.	Ashford Bowdler.	Abdon.	Cold Weston.	Hopton Cangeford.
"	Ashford Carbonel.	Walford & Dinchop.	Clee St. Margaret.	Bitterley.
"	Bromfield.	Heath.	Onibury.	
"	Cainham.		Tugford.	
"	Diddlebury.		Culmington.	
"	East Hamlet.		Holdgate.	
"	Hope Bagot.		Stoke St. Milborough	
"	Ludford.			
"	Munslow.			
"	Stanton Lacy.			
"	Stokesay.			
"	Ludlow.			
MADELEY.	Much Wenlock.	Dawley Magna.	Barrow.	Little Wenlock.
"	Madeley.	Buildwas.	Much Wenlock	
"		Stirchley.	(part of)	
"		Benthall.		
"		Broseley.		
"		Madeley (part of)		
"		Posenhall.		

UNION.	Parishes fairly well supplied with trained Midwives.	Parishes well supplied with untrained Midwives (many of these are becoming less active and capable of doing the work each year).	Parishes poorly supplied either on account of distance from a Midwife or other cause.	Parishes with practically no supply.
	I.	II.	III.	IV.
NEWPORT.	Cherrington.	St. George's.		
"	Chetwynd.			
"	Chetwynd Aston.			
"	Church Aston.			
"	Edgmond.			
"	Lilleshall.			
"	Longford.			
"	Newport.			
"	Tibberton.			
"	Woodcote.			
OSWESTRY				
INCORPORATION.	Ruyton-of-the-	Kinnerley.		
"	Eleven-Towns.	Llanyblodwell.		
"	Saint Martin's.	Llanymynech.		
"	Selattyn.	Oswestry Rural.		
"	Weston Rhyn.	Sychtyn.		
"	Oswestry Urban.			
"	West Felton.			
"	Knockin.			
"	Whittington.			
SEISDON.		Rudge.		
SHIFNAL.	Albrighton.	Kemberton.	Boscobel.	Boningale.
"	Donington.	Prior's Lee.	Ryton.	Sheriffhales.
"	Shifnal.		Beckbury.	
"	Stockton.		Badger.	
"	Sutton Maddock.		Tong.	
TENBURY.	Boraston and			
"	Whatmore.			
"	Burford.			
"	Greet.			
"	Nash, Tilsop, and			
"	Weston.			
"	Whitton.			
WELLINGTON.	Bolas Magna.	Hadley.	Longden-upon-Tern.	
"	Eyton-upon-the-	Rodington.	Preston-upon-the-	
"	Wildmoors.	Wellington Rural.	Wildmoors.	
"	Waters Upton.	Wombridge.		
"	Wellington Urban.	Wrockwardine Wood		
"	Wrockwardine.			
"	Kinnersley.			
"	High Ercall.			
"				
WEM.	Broughton.	Lee Brockhurst.		
"	Clive.	Whixall.		
"	Grinshill.			
"	Loppington.			
"	Moreton Corbett.			
"	Shawbury.			
"	Stanton-upon-Hine-			
"	Heath.			
"	Wem Rural.			
"	Wem Urban.			
"	Prees.			Weston.
WHITCHURCH.	Ightfield.			
"	Whitchurch Urban.			
"	Whitchurch Rural.			

Midwives reported to the Local Supervising Authority during the year 1914 :—

ALLEGED OFFENCE.	ACTION TAKEN.
1. (1) Did not send for medical help on account of inflammation of, and discharge from, the eyes of a child, in accordance with Rules 19 and 20 (5). (2) Did not send for medical help for a feeble and premature child, in accordance with Rules 19 and 20 (5). (3) Did not notify the death of the child to the Local Supervising Authority, in accordance with Rule 21 (1) (b).	Midwife summoned but did not attend ; consideration postponed for her attendance. She was again summoned but failed to put in an appearance. It was then decided to report her to the Central Midwives Board.
2. (1) Did not send for medical help for a patient who was suffering from hemorrhage, in accordance with Rules 19 and 20 (2) (b). (2) Did not <i>at once</i> send for a doctor when patient was very ill, with a temperature of 102° F. (3) Did not make out a written note on a proper form when advising that a doctor be sent for, in accordance with Rules 19 and 22 (a). (4) Did not send in <i>as soon as possible</i> a notification to the Local Supervising Authority of having sent for medical help, in accordance with Rule 21 (1) (a).	A <i>prima facie</i> case of negligence was found, and it was decided to report the matter to the Central Midwives Board. She has since been struck off the Roll.

Future Supply of Midwives.—Hitherto the demands made by districts for midwives have been met. This has been made possible by the action of the County Council and of the Nursing Federation.

Under the present arrangement the County Council repay to the Shropshire Nursing Federation three-fourths of the actual cost of the training and equipment of any maternity nurses, who have been recommended by the Federation, and approved by the County Medical Officer of Health.

Under this arrangement 4 nurses were trained and 3 nurses trained by the Rural Midwives Association were taken over during the year.

The more complete enforcement of Sec. 1 (2) of the Act since April 1st, 1910, has not, with the exception of a few localities, caused any great inconvenience in this County. This is due to the fact that an exceptionally large number of midwives were originally enrolled, and that under Rule B (2) a number of midwives were added in those districts where they were most needed.

In certain localities there is undoubtedly a serious scarcity of midwives. This scarcity is most marked in the Rural District of Bridgnorth, in Clun, Bedstone, Stowe, Bitterley, Hopton Cangeford, Knowbury, Trefonen, Treflach, Cefnblodwel, and Porthywaen, and also the country between Minsterley and Lydham.

It is quite evident that a fresh and serious difficulty will be created as the older midwives die off or become less capable of work, for they are living under conditions that will not support a trained midwife.

Provision can under present conditions best be made by the formation of Local Nursing Associations, and towards this work there may be a Government Grant in the near future.

Many parishes are much too small to support a nurse, and in these cases the difficulty can only be overcome by the proper grouping of parishes.

It is important that the localities in which there is a scarcity of midwives should consider this matter without delay. Efforts are being made to discover unqualified practice, and when such practice comes under the notice of the Local Supervising Authority legal proceedings are taken. It is too late then for the locality to plead that no other midwife is available.

The County Council can under the Maternity and Child Welfare scheme make arrangements for the provision of a midwife and doctor in necessitous cases.

RAINFALL.

The following figures are taken from a table compiled by the Rev. W. M. D. La Touche :—

STATIONS.	RAIN GAUGE.		DEPTH OF RAIN.	
	Height above sea level.		1913	1914
	feet.		inches.	inches
Woolstaston	800		35.59	35.20
Bishop's Castle	720		35.47	33.18
Preen Manor	700		32.85	32.74
Oswestry, Mount Reservoir	698		36.55	37.86
Lydbury North, Walcot	662		35.54	33.91
Clun	606		—	39.99
More Rectory	600		36.92	35.27
Bishop's Castle Vicarage	596		38.50	35.78
Church Stretton	582		36.93	35.18
Bitterley Rectory	569		31.60	31.80
Willey Park, Broseley	492		—	30.17
Wistanstow Rectory	482		34.00	31.18
Bridgnorth, Coton Hall	460		31.80	31.89
Onibury, Stokesay Court	432		33.98	30.81
Bridgnorth, Aldenham Park	430		28.80	29.91
Netley, Dorrington	—		—	32.07
Ellesmere, The Grange	340		30.97	31.57
Bromfield	320		33.09	32.36
Ludlow, Ashford House	315		34.89	35.40
Bromfield, Oakley Park	300		30.87	31.90
Wellington	300		—	25.14
Bridgnorth	290		—	30.12
Newport, Aston Hall	280		27.13	28.30
Whifnal, The Schools	279		29.05	30.43
Whitchurch, Fenn's Bank	271		29.42	30.87
Edgmond	261		26.70	27.41
Shrewsbury, Highfield	250		27.15	28.29
Chetwynd Park	250		27.93	28.74
St. Giles Rectory	238		29.61	28.16
Newport, Harper-Adams College	220		24.99	25.32
Newport, Chetwynd Park	240		—	28.63
Shrewsbury, Ordnance Office	212		25.04	28.01
Woden	208		—	27.65
Shrewsbury, Abbey House	171		28.99	29.08
Worfield	150		—	26.47

PART II.

Abstracts, Etc., of Annual Reports of the Medical Officers of Health for the Various Districts.

For the eighth time the reports for the districts forming the Atcham Combined District have been issued as one report. The districts comprised in the reports are Atcham, Church Stretton, Clun, Newport and Whitchurch Rural Districts; Dawley, Newport and Whitchurch Urban Districts, and the Boroughs of Bishop's Castle and Wenlock.

"The Combined District was formed in 1897, by agreement among the Councils and under official sanction of the Local Government Board, for the purpose of appointing a Medical Officer of Health. A Joint Committee was formed, and met to arrange the salary and appointment of a Medical Officer of Health. The present Medical Officer of Health was appointed for one year on December 18th, 1897, and has been re-appointed in December, 1898, December, 1903, and December, 1908, for a period of five years on each occasion. The Joint Committee has not met since the date of the first appointment, the reappointments being made by separate re-election to each of the Councils in the Combination. The salary of the Medical Officer of Health is £375 per annum, to include all travelling, stationery, and other expenses, one half of the salary being repaid to the Councils by the County Council. The Medical Officer of Health is debarred from private medical practice, but may hold other public health appointments by consent of the Councils. He holds the appointment of Medical Officer of Health to the Church Stretton Urban District Council outside the combined district."

"I have in previous reports suggested the desirability of a division and re-arrangement of the Districts in the Combination in the interests of efficient administration. During 1913 the Local Government Board prepared a scheme for dealing with the question on the lines of an ultimate grouping of the County Districts, outside the Borough of Shrewsbury, into four combined Districts. This scheme was referred to the County District Councils for consideration, and in December last the Local Government Board held an Enquiry at Shrewsbury which was attended by representatives from the District Councils. As a result the Local Government Board has, since the end of the year, issued Orders under Section 286 of the Public Health Act, 1875, constituting two new Combined Districts, with the effect of dividing and altering considerably the old Atcham Combination. Under one Order the Atcham Rural, Church Stretton Rural, Clun Rural and Bishop's Castle Urban Districts will be joined with Chirbury Rural, Teme Rural and Church Stretton Urban Districts, to form a new Combined District; while under the other Order Newport Rural, Newport Urban, and Dawley Urban Districts will be joined with other Districts outside to form another new Combined District. By special arrangement and agreement the Borough of Wenlock will be temporarily joined to the new Atcham Combined District. Eight of the ten Districts forming the old Atcham Combination are provided for by the new Order, the Whitchurch Rural and Urban Districts being excepted."

" Hospital Isolation.—I have in former reports stated my views in favour of schemes for provision of hospitals for infectious diseases being undertaken for the County as a whole. The County Council has issued Orders under the Isolation Hospitals Acts, constituting Hospital Districts for the South Western and Eastern areas of the County, which together include seven of the ten Districts in the old Atcham Combination. The County Council has now before it a report by the County Medical Officer on the necessity for hospital accommodation for the North Western area, which includes two of the remaining three Districts, viz. : Whitchurch Urban and Rural Districts. The Borough of Wenlock alone remains unprovided for, having decided to exercise its powers to decline to come into the scheme."

" Small-pox Isolation Hospital Accommodation.—The County Medical Officer has reported 'that a small hospital near Shrewsbury with a motor ambulance would be the best provision for those Districts in the County that have no hospital accommodation for small-pox.' "

" As regards the Districts in the Combination without accommodation, I advise that the Councils should try to arrange to secure accommodation for a first case in one of the hospitals in the County, but having regard to the failure of such efforts made during the year by one or two Districts, I am strongly of opinion that the County Medical Officer's recommendation, for the establishment of a central hospital in the County, should be carried out as soon as possible."

" Ophthalmia Neonatorum.—Every Council which has not already done so should make application, under Sec. 133 of the Public Health Act, 1875, to the Local Government Board, for power to provide, at the public cost in cases of the poorer class, medical attendance and skilled nursing, when necessary, for cases of severe type. Such cases demand instant and constant nursing to avoid a possible complete loss of sight. To that end arrangements to secure a nurse immediately upon demand should be made. Unfortunately, at the present time it has been found impossible to find a Nursing Organization, either in the County or within easy distance outside, which will guarantee the supply of a nurse upon demand. It would appear to me that the best arrangement for the supply of a nurse to a District Council could be made in connection with the scheme of health visiting and school nursing which has been put forward by the County Medical Officer and in part adopted."

" In connection with this scheme (County Health Visiting Scheme) I suggest strongly the desirability of District Councils arranging to secure and pay for the services in part of the Health Visitors and Nurse-Inspectors, for visiting and advising in the homes of the people in outbreaks of measles and whooping cough, with a view to the saving of life ; for the securing of prompt nursing in cases of ophthalmia neonatorum ; and for other measures of public health administration."

Pulmonary Tuberculosis.—Disinfection is recommended on the following occasions :—

1. On notification of case.
2. During progress of the case, to be determined by the nature of the case and its surroundings. This should only be necessary in exceptional cases.
3. On removal to the Sanatorium or change of address.
4. After death.
5. Disinfection of shelter when it has ceased to be used."

ATCHAM (Rural).

Medical Officer of Health M. GEPP, L.R.C.P.E., D.P.H.

<i>Area in Acres</i> .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	123,200
<i>Population</i>	at 1911 Census	.. ..	.. ..	.. ..	.. ..	.. ..	21,770
<i>Number of inhabited houses</i> .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4,591
<i>Number of persons per house</i> .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4.7

General Character of the District.

"The District is a very large one, some 22 miles in length by some 14 in extreme breadth, its area being 125,207 acres. The river Severn runs through it from north-west to south-east, dividing it into two parts, of which the Northern and smaller part is continuous with the Midland plain, on the new Red Sandstone. The general elevation of this part is from 200 to 300 feet O.D. The Southern and larger part is more elevated, rising gradually from the river, southward and westward, from 200 to some 600 feet O.D., with considerably greater elevations on the hillsides which form the western and southern borders. The geological formation of this part is broken and diverse. The hills are the outliers of the Cambrian and Silurian ranges of Wales and Shropshire. There are also detached but considerable exposures of the coal measures and of the Permian Red Sandstone. There is in both parts a variable, but generally considerable, thickness of drift overlying the strata. The drainage is, on both sides, to the Severn, by numerous small tributary streams. The Borough and County town of Shrewsbury lies nearly in the centre of the district."

"The district is entirely rural in character, for the most part fertile and highly cultivated, supporting a comparatively large agricultural population, distributed in numerous villages, in smaller hamlets, and largely also in scattered isolated dwelling-houses. The density of population is equal to about 111 persons to the square mile. A few coalmines are worked around Hanwood but many of the small coal-fields are abandoned. Extensive quarries of Quartzite Stone, for road metal, are worked at Pontesbury."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	14.06	.09	.66	.09	.71	.66	1.61	65	21.1

The population on which the rates are calculated is adjusted for institutions.

The infantile mortality rate was very low, being calculated on 65 deaths.

Infectious Disease.—There were 2 deaths from whooping cough, 2 from diphtheria, and 2 from diarrhoeal diseases.

Twenty-eight cases of scarlet fever, 29 of diphtheria, 1 of enteric fever, and 1 of ophthalmia neonatorum were notified. *Scarlet fever* cases were very scattered. There was a small outbreak at Berwick of 9 cases in 4 houses. A slight case was discovered in a school child. The school was closed and there was no further spread. The cases of *diphtheria* were scattered except for

small outbreaks at Hanwood and Pontesbury. At Hanwood 10 cases came to light in 9 houses, the outbreak being associated with school attendance. Amongst the absentees with sore throat, one definite case of diphtheria was found and three others were discovered on swabbing. *Diphtheria Antitoxin* is supplied by the Council. The case of *Enteric Fever* occurred in the County Asylum. The case of *Ophthalmia Neonatorum* had the requisite attendance by the district nurse.

Tuberculosis.—There were 14 deaths from pulmonary tuberculosis and 2 from other forms of tuberculosis. Twenty-one cases of pulmonary tuberculosis were notified and 5 of other forms. The Council has two shelters for the treatment of non-insured patients. One was rented for part of the year by the County Council. Sputum mugs are supplied for non-insured poor persons.

Hospital Isolation.—There is no isolation hospital for the use of the district. "The Hospital Districts already formed do not include any part of the Atcham Rural District, and as regards the general scheme it has so far been considered that the needs of the district can best be served either by a combination with the Borough of Shrewsbury for the purpose, or by the Rural District providing its own independent hospital. I am in agreement with the opinion, as from geographical conditions, the Rural District could only be conveniently fitted in with other Districts in the County by dividing it into three or four parts."

"I offer the definite opinion that the District Council would do well to come to an arrangement now, if possible, with the Town Council for the establishment of a Joint Isolation Hospital for scarlet fever, diphtheria, etc. The Town Council has under consideration the enlargement of their Hospital, and the County Council is contemplating the erection of a Hospital, for cases of advanced tuberculosis for the Borough and Rural District. A site could probably be found in the Rural District, convenient for Borough and County Council purposes, and the needs of the three Councils be economically met by providing a Joint Hospital."

"*Small-pox*.—During the year an arrangement has been made by the District Council with the Town Council of Shrewsbury, for the retention of a bed in the Borough Small-pox Hospital for a first case occurring in the Rural District. The bed is retained at a charge of £5 per annum, and a valuable provision now exists for dealing promptly with an importation or sudden outbreak of small-pox."

Disinfection is carried out by the Council's officers by spraying with formalin or cyllin. The Council have a Thresh Emergency Steam Disinfector which is not used in routine disinfection.

Water Supply.—Public supplies are maintained by the Council at Meole Brace, Pontesbury village and the village of Bayston Hill. Private systems of supply are laid on from springs or wells, mostly to standpipes for the villages of Acton Burnell, Albrighton, Buildwas, Condover, Pound, Cressage, Dorrington, Eaton Constantine, Frodesley, Grafton, Harley, Harnage, Pitchford, Leaton, Ruckley, Rushton, Shrawardine, Uppington, and Upton Magna. Elsewhere the supply is from pumps and wells, of which the Council maintain a considerable number as public supplies. Good work has been done in the construction and protection of wells. Twenty-one old wells were reconstructed or improved during the year.

Public Supplies.—*Meole Brace, Pontesbury, Bayston Hill and Ryton*. The supply has been well maintained during the year. *Meole Brace*.—It is intended to increase the storage of Welbatch reservoir and lay a 4-inch pipe from the reservoir to the colliery supply main. *Bayston Hill*.—Forty-eight houses are now supplied. The extension to Sharpstones Lane will probably

be carried out this year. *Ryton*.—The boring is 96 feet deep, lined with 6-inch tubes to 79 feet and 4-inch tubes for the remaining 17 feet. The yield is about 6,000 gallons per day. There is some prejudice against the water, probably from insufficient use. *Cross Houses*.—The scheme already considered has fallen through and now alternative schemes are under consideration for a supply from the Workhouse or from a new well in the village. *Improvements* have been made to the following public pumps or wells :—Asterley, Bomere Heath (lower well), Bomere Heath (upper well), Berrington Village, Bayston Hill, Dorrington Village, Horsebridge, Merrington, Wheathall, Plealey Village, Bicton Village. Improvements have also been made to private supplies.

Arscott.—Some difficulty has been met in supplying water to 12 houses, on account of mineralisation of the water. It is now intended to take a supply from a disused pit shaft. Upon analysis, this water is organically suitable, although hard.

Pitchford.—This private supply has been extended during the year to supply a farm, small holding and cottage. *Coalpits*.—A new supply has been completed, water being piped from a spring well in a good situation to a tap conveniently placed for 7 houses.

Sewerage and Drainage.—Meole, Pontesbury, Minsterley, Dorrington, Asterley and Bayston Hill are sewered, and the two first have outfall works.

Seventy-nine houses were connected to public sewers, namely, 66 at Pontesbury, 4 at Meole, and 9 at Grafton.

The *Pontesbury* new sewage works, consisting of septic tanks, percolating filters and sand filters are working satisfactorily. One hundred and ten houses have been connected to the sewers. The old sewers take road water only. At *Grafton* a sewerage scheme has been carried out by the Council and the property owner jointly. It deals with 9 houses, and the sewage is discharged on to gravel and clinker beds.

Excrement Disposal.—The general system is by earth closets and privies. The latter mostly with underground vaults. Last year 161 conversions from privies to earth closets were made, and during the last 5 years, 541 such conversions have been made. Twenty-three privies have been converted to water-closets. The "dry-catch" closet described in the last report, continues to give satisfaction.

Scavenging.—There is no system of public scavenging, and the question of a scheme for Meole is in abeyance owing to legal difficulties with regard to rating area. "Large or objectionable accumulations of house refuse are not often met with on inspection of house premises, but difficulties of disposal from time to time lead to accumulations of refuse improperly thrown on to waste ground, or on the banks of the stream, or on the road sides."

Housing.—As a rule the housing conditions are fair. Building appears to keep pace with increase of population. "As in most Rural Districts there is a large number of very old houses becoming worn out and needing inspection and attention in order to keep them from becoming unfit for habitation. Closure of such houses often presents difficulty in the absence of alternative accommodation, and the Council is giving the question of building of cottages their careful consideration."

Six cottages have been built at Cressage, to take the place of the same number closed. The cost, exclusive of land, was £955. The cottages are let at a rental of 3/9 per week. *Withington*.—The improvement of 8 back-to-back houses known as Barker's Square, have been completed. A loan for this purpose of £425 was sanctioned. Six of the houses have been converted into three through houses, and the remaining two have been greatly improved as regards lighting and ventilation.

Overcrowding.—Seventeen cases of overcrowding have been dealt with during the year.

Figures furnished by the Sanitary Inspector show a large amount of thoroughly good work effected by him in the course of inspection. As regards 12 houses considered unfit for habitation, 5 were closed voluntarily by the owners; in 3, closing orders were made; and in 2 others, the owner had undertaken to close. The work under the Housing Regulations has resulted so far in the closure of 41 houses and in their re-placement by 20 new houses, making a total loss of 21.

“Conditions at the present time are not favourable to public building schemes, but when progress again becomes possible further action by the Council will be desirable, and as regards parts of the District in which small schemes would be advantageous, Bicton Heath and Westbury might be specially considered. In the former case the pressure is chiefly caused by the housing requirements of the attendants at the County Asylum, and at Westbury additional cottages appear to be needed for the labour of the place. The Council during the year met in conference representatives of the Asylum Committee of the County Council, and the property owners at Bicton Heath, and the situation as to housing was considered. The question has been under consideration by the two Authorities, with a view especially to determine the relative advantages of building being undertaken by the one or other public body.”

Permissive Powers.—“Sections 29, 30, and 31, of the Public Health Acts (Amendment) Act, 1890, applying to slaughter-houses, have been adopted. The Infectious Diseases (Prevention) Act, 1890, is not adopted in the District.”

“By-laws, applying to the whole Rural District, have been made as to Nuisances, New Streets and Buildings, Private Scavenging, and Slaughter-houses.”

“The Nuisance By-laws were re-modelled and applied to the whole District in 1913, and a new set of Building By-laws was adopted for the whole District on the lines of the model Intermediate Code.”

Slaughter-houses.—There are 20 slaughter-houses on the register. They are periodically inspected but not regularly at times of slaughtering. No tuberculous carcasses were found.

Bakehouses.—There are 20 on the register; inspected periodically and appear to be kept clean.

Dairies, Cowsheds and Milkshops.—The Model Regulations are in force. There are 220 cowkeepers and milksellers on the register. Much good work has been done in obtaining better structural conditions in cowsheds. One sample of milk was sent to the County Medical Officer for examination for dirt.

BISHOP'S CASTLE (Urban).

<i>Medical Officer of Health</i>		M. GEPP, L.R.C.P., D.P.H.
<i>Area in Acres</i> .. ..	.. ..	1,867
<i>Population</i>	at 1911 Census	1,409
<i>Number of inhabited houses</i>	"	360
<i>Number of persons per house</i>	"	4.1

Physical Features and General Character of the District.

" The Borough forms an area some three miles in length by a mean breadth of about one mile, lying within the south-west border of Shropshire, touching the Montgomeryshire border at one end, but otherwise surrounded by the Clun Rural District. It has the small town of Bishop's Castle about the centre. The elevation varies from about 500 feet O.D. in the valley at the south-east to 1000 feet or more in the hill country forming the north-west end. The town lies on a hillside rising out of the valley, the main street rising steeply from about 600 feet to 700 feet O.D., and the houses are placed on either side of the street and about the crest of the hill above it. The subsoil is the Wenlock and Ludlow beds of upper Silurian age. The natural drainage is from north and west to south and east by small streams, the district lying upon the drainage system of the river Teme. The town is a market town and borough of great age, and the area outside is very sparsely populated. There are no industries in the district."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	13.5	.0	.70	.0	.0	.0	2.12	226	22.0

The infant mortality was 226 per thousand, a very excessive figure. It was due to 7 deaths from conditions of congenital debility, 4 being premature. Six of the 7 deaths took place within the first week.

Infectious Disease.—There were no deaths from the common infectious diseases. One case of erysipelas and 3 of ophthalmia neonatorum were notified. The cases of *ophthalmia neonatorum* were slight and no special arrangements were made.

Tuberculosis.—No cases of tuberculosis were notified, but there was one death from pulmonary tuberculosis. The Borough has had a high phthisis mortality in recent years, and every effort should be made to prevent occurrences and spread.

Isolation Hospital Accommodation.—There is no isolation accommodation for ordinary infectious disease or small-pox. The District is included in the Joint Hospital District formed by the County Council.

Disinfection.—Disinfectants are provided and the Sanitary Inspector has a spraying apparatus. The Council has a steam disinfector along with the Clun Rural District Council.

Water Supply.—The supply is of upland surface water from an uncultivated moorland area. A good supply was maintained throughout the year, being only turned off on 14 nights in October, during which time the pumping plant installed in 1911 was used. The population supplied by this scheme is 1200.

Sewerage and Drainage.—A scheme was carried out in 1910 and was a great sanitary advance. The sewers have shaft ventilators at high points and arrangements for flushing. The treatment of the sewage is by septic tanks and double filtration. Over 100 house drains have been re-laid and connected to the new sewers during the last three years. There is still a good deal of this work to be done.

Excrement Disposal.—In the town area there are 225 water-closets (47 being hand-flushed), 6 pail closets and 38 privies. Seventy-seven old privies have been converted to water-closets during the last 5 years. Six were converted last year.

Removal of House Refuse.—Public scavenging came into operation in the year 1913. There is a weekly collection and householders place the refuse on the pavements in portable ashbins, boxes or buckets. Fixed ashbins have been abolished and 20 galvanised iron bins, 300 buckets and boxes are now in use. There is a tip about 100 yards distant from one isolated house. The cost of the scavenging is about £30 per annum.

Housing.—There has been a good deal of improvement noticeable in the old cottage property in recent years. There are many old cottages which need inspection and attention.

Housing (Inspection of District) Regulations.—"Not much progress was made last year, owing to the Inspector being called up for military service upon the outbreak of war. This work should be proceeded with as quickly as possible, special attention being continued to be given to insanitary old privies, to drainage, refuse accumulations, paving of yards, and troughing and spouting of houses. Attention to these points will do much to improve the sanitary surroundings of houses."

Overcrowding.—No case of overcrowding came under notice during the year.

Permissive Powers.—"The Infectious Disease (Prevention) Act, 1890, and the Public Health Acts (Amendment) Act, 1890, Part III., are adopted."

"The Council has adopted Part IV. of the Public Health Acts Amendment Act, 1907. The sections in force are secs. 52 to 68 inclusive (with the exception of sec. 59.)"

The adoption of Part III. of the 1907 Amendment Act is recommended.

"By-laws have been made in respect to Nuisances, Cleansing of footways, removal of house refuse, cleansing of earth closets, privies and ashpits, Slaughter-houses, Common Lodging Houses, and New Streets and Buildings."

Slaughter-houses.—There are 4 on the register; visited periodically but not regularly at times of slaughtering. No tuberculous carcasses were found.

Dairies, Cowsheds and Milkshops.—Regulations are in force. There are 9 cowkeepers on the register.

BRIDGNORTH (Urban).

Medical Officer of Health .. L. E. DICKSON, M.D., M.R.C.S., L.R.C.P.

<i>Area in Acres</i>	..	..	..	..	..	..	3,018
<i>Population</i>	at 1911 Census	..	..	..	..	..	5,768
<i>Number of inhabited houses</i>	..	..	..	..	..	..	1,346
<i>Number of persons per house</i>	..	..	..	..	..	..	4.3

General Character of the District.

"The Borough of Bridgnorth is situated on the river Severn, and is divided by that river. The Borough consists of four parishes:—St. Leonard's, St. Mary Magdalene, Quatford, and Quatt Jarvis, of a total area of 3,018 acres. The population at the census of 1911 was 5,768. Geographically, Bridgnorth is divided into a High and a Low Town. The High Town, so called from being situated on a sandstone rock, 250 feet above sea level, is situated on the west bank of the river Severn, and the Low Town is mainly on the east bank of the river, 130 feet above sea level. Bridgnorth is a centre for a large agricultural district, and a weekly market for farm produce takes place in the High Street every Saturday. There is also a fortnightly stock market at the local Smithfield. Its principal factories are a carpet factory, a spinning mill, and a silk printing mill."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	15.6	.34	.69	.0	.69	1.90	1.73	109	19.

The infantile mortality was 109. Of the 11 deaths under one year of age, 5 were prematurely born infants.

Infectious Disease.—Six cases of scarlet fever, 1 of ophthalmia neonatorum, 4 of pulmonary tuberculosis and 2 of other forms of tuberculosis were notified. There has been no case of enteric fever within the Borough for two years.

Disinfection is carried out by the Sanitary Inspector after a case of infectious disease, or death from phthisis. The rooms are fumigated with formalin and the bedding and clothing are disinfected by steam.

Hospital Isolation.—"There is an Isolation Hospital on the Grove, built primarily as an isolation hospital for small-pox. It is used for the isolation of cases of scarlet fever, occasionally of diphtheria; and arrangements are made for the immediate isolation of cases of small-pox."

Water Supply.—Drinking water is obtained from Oldbury Wells and delivered to stand-pipes. It is of good quality and plentiful. For other purposes, water is obtained from the river and filtered through four Candy's Filters and afterwards through sand. The quantity used is 40 gallons per head per day. "These waters are reported by the analyst as (1) very good, (2) excellent."

Housing and Town Planning Act.—Closing orders have been made for 5 houses which were under consideration at the end of 1913. Reports have been made on 17 of the 55 houses inspected, and two closing orders have been made. In the remaining cases the owners are proceeding to carry out the necessary repairs. Twelve new houses have been completed during the year.

Sewerage and Drainage.—"The sewage works draining the north part of the town continue to act satisfactorily. The w.c. accommodation in some parts of the town is sufficient. There are three vault privies in the town proper, and in the rural part of the Borough vault privies and earth closets are in use, and are emptied by the tenants."

Disposal of House Refuse.—"Public scavenging is undertaken by the Sanitary Authority free of cost to the tenant. Removal of house refuse is carried out either monthly, weekly, or more often, if desired. The refuse is finally disposed of on a tip by the North Gate Sewage Works for the High Town, and on the Grove for the Low Town."

Schools have been regularly inspected and are in a sanitary condition.

Inspection of Meat and Foods.—Two carcasses have been condemned and destroyed.

Food and Drugs.—"Samples of milk have been examined in four cases, one for dirt and impurity, three cases for adulteration with water. In two of the latter, fines were imposed for £5 and costs, and 30s. including costs, respectively."

Milk Supply.—Regulations are in force. There are 23 cowsheds and 20 dairies on the register. They have been inspected regularly.

Factories and Workshops—have been regularly inspected and are satisfactory.

Bakehouses—14 on the register ; kept clean and properly whitewashed.

Permissive Powers.—"The following Acts are not adopted in this Borough :—Public Health Acts (Amendment) Act, 1890, Infectious Disease (Prevention) Act, 1890, Public Health Acts (Amendment) Act, 1907."

Bye-laws are in force with regard to Nuisances, Cleansing of Footways, Slaughter-houses, and Common Lodging Houses. There are no bye-laws in force with regard to New Streets and Buildings, Houses let in Lodgings, Offensive Trades, Tents, Vans, &c., used as habitations."

BRIDGNORTH (Rural).

Medical Officer of Health .. J. C. PADWICK, M.R.C.S., L.R.C.P.

<i>Area in Acres</i>	70 521
<i>Population</i>	at 1911 Census 9,125
<i>Number of Inhabited houses</i>	2,061
<i>Number of persons per house</i>	4.4

General Character of the District.

"The Bridgnorth Rural District is an agricultural area surrounding the Bridgnorth Urban District, and is nearly equally divided by the river Severn. It contains 27 parishes, with a total area of 70,521 acres. The principal parishes are those of Worfield, Claverley, and Alveley, with a population (at the last census) respectively of 1,448, 1,358, and 940. The occupation of inhabitants is principally that of agriculture. There is also a coal mine at Billingsley, and large stone quarries on the Clee Hill."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	11.1	.10	.54	.10	.98	.98	.98	78	19.5

Infectious Disease.—Eighteen cases of scarlet fever, 6 of phthisis and 1 of other forms of tuberculosis were notified. Three of the cases of *scarlet fever* died. There were outbreaks of whooping cough, measles and chicken-pox, and six schools were closed.

Disinfection is carried out by the Sanitary Inspector, by fumigation with formalin or sulphur; the walls are whitewashed or re-papered and the floors scrubbed with carbolic.

Water Supply.—The water supply is derived from wells with the exception of Alveley and Worfield and a few houses at Cleobury North, Ditton Priors and Monkhopton, which are supplied by springs mostly by gravitation. An extra tank is advised at Alveley so as to provide more storage. Nineteen private wells were re-constructed and improved.

Pollution of Streams.—There is no serious pollution.

Excrement Disposal is by means of pail closets and privy cesspits.

Scavenging.—There is no public scavenging.

Housing.—Seven houses were represented as unfit for habitation, one closing order was made and the remainder were made satisfactory. "With regard to the huts at Billingsley, a few only are now in use, and these will be closed when circumstances permit."

Schools have been inspected and were found satisfactory as regards water supply, office accommodation and drainage.

Dairies and Cowsheds.—There are 23 on the register ; regularly inspected.

Unsound Food.—Two carcasses of beef were condemned and destroyed.

Slaughter-houses.—There are 6 on the register ; kept in a cleanly condition.

BURFORD (Rural).

Medical Officer of Health A. F. WHITE, M.B., D.P.H.

<i>Area in Acres</i>	..	..	..	..	7,798
<i>Population</i>	at 1911 Census	..	..	..	1,308
<i>Number of inhabited houses</i>	..	..	..	..	286
<i>Number of persons per house</i>	..	..	..	..	4.5

General Character of the District.

" It lies on the southern slopes of the Clee Hill, and for the most part at an elevation of 200 to 800 feet above sea level. It covers 7,798 acres, and is the smallest Rural District both as regards area and population in the County. It is composed of five parishes and is entirely agricultural in character. There is one person to about six acres, and an average of 4.8 persons per house.

" There is a Cottage Hospital on the southern border, which is chiefly used and supported by the adjacent town of Tenbury. The Workhouse is in Tenbury and the Joint Small-pox Hospital at Cleobury Mortimer."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	14.3	.0	.0	.75	.75	2.26	.75	66	22.6

Infectious Disease.—Eight cases of scarlet fever, 2 of erysipelas, and 1 of phthisis were notified. Six of the cases of scarlet fever were in one house and one case was introduced into the district.

Housing Accommodation.—Eight cottages were reported on under the Housing Act. There were no new houses built and none closed, and no case of overcrowding came under notice.

Water Supply.—Most of the houses have plenty of water but in certain villages the wells are not protected. The carrying of a pipe from the Tenbury main to the Dean Farm is recommended.

Cowsheds and Dairies.—There are 4 cowsheds and 2 dairies; regularly inspected and found satisfactory.

There is one *bakehouse* and there are one or two wheelwright's and blacksmiths' shops in the district.

There is no *slaughter house* in the district.

There are no bye-laws in existence and no adoptive acts have been made applicable to the district.

CHIRBURY (Rural).

<i>Medical Officer of Health</i>	..	J. R. WOODS, B.A., M.R.C.S., L.R.C.P.							
<i>Area in Acres</i>	..	..	..	..	..	..	..	27,045	
<i>Population</i>		<i>at 1911 Census</i>	..	..	..	..	..	3,304	
<i>Number of inhabited houses</i>		..	..	..	..	..	..	811	
<i>Number of persons per house</i>		..	..	..	..	..	..	4.1	

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	13.3	.0	.0	.90	2.11	.60	.90	56	16

Infantile Mortality.—Of the three deaths of infants, two were prematurely born.

The greater part of the district is now provided with district nurses, who are trained midwives.

The Medical Officer of Health has been authorised to obtain the services of a trained nurse, when necessary, in cases of *ophthalmia neonatorum*.

Water Supply.—Chirbury and Marton have satisfactory supplies laid on. Brockton and Worthen schemes are temporarily suspended.

Drainage and Sewerage is on the whole good. Nuisances are promptly dealt with.

Excrement Disposal—principally by middens and pan closets.

Refuse Disposal is in the hands of the occupiers.

Factories and Workshops.—"There are no factories employing large number of hands in the District."

Milk Supply.—A register of milk sellers is kept and their premises inspected. The dairies are well kept and greater attention is being paid to cowsheds. There is no veterinary inspection of milk cows.

The *slaughter-houses* were inspected from time to time.

"I strongly feel that in country districts where Schools are very few and far between a certain laxity in the matter of school attendance, during the winter, should be allowed, as I find that many cases of illness in children are directly traceable to the children sitting in wet clothes and boots during school hours. This is a point I feel sure should engage the attention of the School Authorities."

CHURCH STRETTON (Urban).

<i>Medical Officer of Health</i>	.. ..	M. GEPP, L.R.C.P., D.P.H.	
<i>Area in Acres</i>	.. ..	.. ..	978
<i>Population</i>	at 1911 Census	.. ..	1,455
<i>Number of inhabited houses</i>	.. ..	.. ..	288
<i>Number of persons per house</i>	.. ..	.. ..	5.0

Physical Features and General Character of the District.

"The district comprises the small ancient town of Church Stretton, lying in an open valley running nearly north and south, 600 feet above sea-level, together with the lower slopes of the bold hills which form the sides of this valley, and which rise to some 1,600 feet O.D. The area is 978 acres. The subsoil of the valley is glacial drift, generally of dry and well drained gravel, the hillsides to the west being of hard Longmyndian rock strata, of Pre-Cambrian age, those to the east being also of hard rock, of Ordovician age. The town lies on a watershed, the natural drainage of the valley being on the North towards the Severn, and on the South towards the Teme, the fall being gentle in either direction. The situation is one of great natural beauty and healthfulness, and in consequence the number of residents and visitors has for some years been increasing. The Urban District was constituted in 1899."

"The area of development and of new building has been rapidly extended, and the character of the place has been changed into that of a modern residential district, and a health and holiday resort of high class, for which its open elevated situation and beauty of surroundings well fit it."

"Climate, soil, aspect, and natural drainage are favourable to a high standard of health, and such it certainly enjoys. The Council has since its formation been active in promoting and encouraging the progress of the District on sound sanitary lines. The Urban District has acquired the waterworks, giving a plentiful supply of soft and excellent upland water, laid on to every house, and an admirable and extensive scheme of sewerage has been carried out, with the result that the town is thoroughly well drained."

"The development of building and laying out of new streets has been well regulated under a very complete and carefully considered series of By-laws. A public system of removal of house refuse has been adopted, and the Council is prepared through its Surveyor to test the drainage of any house and to issue to the householder a certificate of sanitary efficiency where the drains pass the test. This is designed to encourage householders to keep their drains and sanitary arrangements up to a high standard, and as an assurance to visitors to houses in the District, where the certificate is obtained and exhibited."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	14.2	.0	.0	.0	2.58	.0	.0	210	12.3

The high infantile mortality was based on 4 deaths, 2 of whom died within a week of birth.

Infectious Disease.—Two cases of diphtheria and 7 of scarlet fever were notified. The schools do not appear to have been involved.

Ophthalmia Neonatorum.—Having failed to make arrangements with the Shropshire Nursing Federation for a nurse, the Council propose in the event of an urgent case, to take any steps that may be possible.

Hospital Isolation.—The District has been formed into a Hospital District, and a site at Craven Arms has been approved and provisionally adopted. Attempts to make arrangements for small-pox have failed, and the District Council propose to erect a tent in case of outbreak upon a site retained by the Urban and Rural District Councils.

Disinfection.—The Sanitary Inspector carries out and supervises disinfection. There is no steam disinfecter.

Water Supply.—The Council have purchased the water works at a cost of £17,850, and took over control on May 1st, 1913.

“ There are two reservoirs, one at a height of about 1000 feet O.D., holding twelve million gallons, and one small one holding some hundred and forty thousand gallons, at a lower level of about 800 feet O.D. The gathering grounds are uninhabited and uncultivated moorland, grazed by sheep and ponies.”

“ The action of the Council in taking full control of the supply is a great step in advance, rendering possible the necessary measures for obtaining at all times the purity of the supply. I have recommended for careful consideration the practicability of taking the whole supply from the large reservoir, so that the question of increasing storage, or of providing filtration treatment, of the water of the small reservoir may receive consideration. I have also recommended arrangements for regular inspection of the banks of the streams, especially where footpaths adjoin the streams, for the removal of any animal remains or other matters that might be objectionable. Arrangements for the regular inspection of the reservoirs and the banks of the contributing streams have now been made, and the question of supplying all consumers from the large reservoir in New Pool Hollow has been under consideration, and it is proposed to carry out the necessary works during the coming summer, if possible.”

A sample of water was submitted to Prof. Delepine for examination. Dr. Gepp considers the result satisfactory, taking into consideration the nature of the gathering ground, but strongly recommends that periodic analysis should be made.

Sewerage and Drainage.—The sewerage scheme was completed in 1906, and provides efficient drainage for the whole district. Manholes for flushing and three automatic tanks are provided. There are 11 tall shaft ventilators at dead ends and other points.

The disposal of the sewage is by septic tank, contact beds, storm water filters and land filtration. An improvement in the method of dealing with storm water is under consideration.

Excrement Disposal.—Two hundred and ninety-four houses have water-closets, 16 pail or earth closets, and 18 have privies. One privy was converted to a water-closet during the year. There are still some privies in the town that should be converted.

House Refuse.—The Council undertakes a weekly collection and has a tip outside the town. Two hundred and ninety-nine houses are now provided with galvanised iron portable bins, 26 have other portable receptacles, and only 3 have fixed ashpits. A covered cart has been provided during the year.

For the abatement of the dust nuisance the more important streets are surface tarred annually.

House Accommodation.—Air space about houses is adequate but there are still a few yards where paving, re-drainage, provision of water-closets or proper movable receptacles are required. Nine houses were completed during the year. No case of overcrowding came to light. A scheme has been under consideration for the erection of 10 or 12 houses for the working classes, but is now in abeyance. "A small building scheme is desirable, if practicable, at a cost that would not burden the rates, in order to replace such old houses as these, and also to provide housing for necessary workmen and artisans who, there is no doubt, would be attracted to the town if reasonable accommodation were to be had. For this latter purpose a scheme should be found self-supporting."

Permissive Powers.—"The adoption of the Infectious Disease (Prevention) Act and of the Public Health (Amendment) Acts, 1890 and 1907, together with By-laws as to Nuisances, has been advised in previous reports and has been considered by the Council from time to time. The Council has adopted the Infectious Disease (Prevention) Act, 1890, and the Public Health Acts Amendment Act, 1890, which came into operation during 1913. The adoption of certain sections of the Public Health Acts (Amendment) Act, 1907, is still under consideration."

"By-laws as to Nuisances were adopted in 1913, and are now in force. They were needed especially for the regulation of the keeping of animals and the provision of proper receptacles for manure."

"By-laws are in force with respect to slaughter-houses and new streets and buildings. Regulations for dairies, cowsheds and milkshops are also adopted."

"The adoption of a new series of By-laws as to New Streets and Buildings is still under consideration."

Slaughter-houses.—There are 2 registered; periodically inspected but not regularly at times of slaughtering. No tuberculous carcasses were found.

Dairies and Cowsheds.—There is one registered cowkeeper in the District. Practically the whole of the milk sold in the District comes from outside the boundary.

CHURCH STRETTON (Rural).

<i>Medical Officer of Health</i>	..	..	M. GEPP, L.R.C.P.E., D.P.H.
<i>Area in Acres</i>	..	..	45,106
<i>Population</i>	at 1911 Census	..	4,797
<i>Number of inhabited houses</i>	..	..	1,069
<i>Number of persons per house</i>	..	..	4.5

General Character of the District.

"The District is one of hills and dales, highest across the centre from west to east, forming the watershed between the Severn and Teme river systems, and sloping gently to north and south. The natural drainage is by various small streams rising in the uplands, and affording good natural drainage towards the Severn on the north, or the Teme on the south side of the watershed. Three parallel ranges of hills run through the District from south-west to north-east, the "Longmynd" range, of Pre-Cambrian age, along the western side; the steep escarpment of "Wenlock Edge," of Silurian age, along the eastern border; while between lies a tract of Ordovician age, through which the Caradoc and Hope Bowdler range of hills rise. The elevation varies from 1,700 feet at the summit of the Longmynd moorland, to some 400 feet at the northern and southern limits of the District. The hillsides are largely cultivated, but in the higher parts are uninhabited moorland. Between the ranges are fertile valleys with several villages and many isolated farms and cottages."

"The District is entirely rural and agricultural. In the centre lies the small Urban District of Church Stretton. There is an unimportant exposure of coal measures at the north end of the District. These measures are not now worked."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	14.8	.41	41.	.0	.82	1.23	82.	86	16.6

Infectious Disease.—Thirteen cases of scarlet fever, 1 of diphtheria and 2 of erysipelas were notified. There was a small outbreak of 4 cases of *scarlet fever* at Wistanstow and some suspicion attached to the school. Two children were found peeling at Hope Bowdler school.

Tuberculosis.—Two cases of pulmonary tuberculosis were notified.

Ophthalmia Neonatorum.—"What is required is that the Medical Officer of Health should be empowered to engage medical attendance and skilled nursing at the public cost, in any necessary case, the work of a nurse in a severe case being to apply treatment unremittingly for a few days, under the direction of a medical man." Powers to provide medical attendance and nursing should be applied for to the Local Government Board under section 33 of the Public Health Act, 1875.

Hospital Isolation.—The District is in the Joint Hospital District that has been formed.

Disinfection.—The Inspector disinfects infected rooms. There is no steam disinfectors.

Water Supply.—There is no public system of water supply in the District, except that *Little Stretton* is supplied by Church Stretton Urban District. *All Stretton* has its supply from a small local Company. There are private supplies at Leebotwood, Plaish, Shipton, part of Wistanstow, and Woolstaston villages, and Woolstone. *All Stretton.*—The safety of this supply was threatened by the construction of a sheep dipping tank on the gathering ground. Owing to representations this was abandoned. *Longnor.*—A scheme for supplying this village from springs at Lawley Hill is being developed and will probably be completed this year. *Bushmoor and Leemore Common.*—This supply has been much improved. Two new pumps were erected during the year by the owners. In all six new wells with pumps have been provided in this area in the past three or four years. *Cardington* has two public wells. The provision of a drawpipe from St. James's well to a pump near the school for the use of the house and school is recommended. *Picklescott.*—The Council after failing to provide a scheme for this village consisting of 10 houses, served notices in 1913 on the owners. Nothing further has been done.

Sewerage and Drainage.—"There are short lengths of public sewer, laid and maintained by the Council, in Picklescott and Wall villages. In other villages, as Wistanstow, All Stretton, Little Stretton, and Cardington, the slop-water drains are commonly connected with old road-water drains, discharging on the land or running into streams."

"*All Stretton.*—I have reported previously on the drainage of this village. The exceptional feature here is the discharge of the main drain of a considerable private asylum, having a number of water closets, directly into the brook, causing serious pollution. The Council has endeavoured to obtain the removal of this pollution by voluntary action by the owner, but without result. Under continued pressure by the County Council as to the stream pollution the Council in 1911 engaged a firm of engineers to survey, and report as to a scheme of sewerage for this village. This report was received, and the estimated cost of a scheme, without purchase of necessary land, was some £1,400. The Council has had the question under consideration throughout the year, but no further steps have been taken, the Council being again in communication with the owner of the Asylum."

The sewage works of the Church Stretton Urban District are situated in the Rural District. No complaint was received during the year.

Excrement Disposal.—The Sanitary Inspector reports approximately that the water-closets number 130, pail closets 67, privies 783. There were three conversions to water-closets and 8 to pail closets during the year. The "dry-catch" principle of earth closet is recommended.

Housing.—"There are many houses in a practically worn-out condition, and needing periodical attention to keep them near to a habitable standard."

"The annual number of houses inspected should be considerably increased, in order that the housing of the District may be inspected and recorded within a reasonable time."

"In the case of one house at Wall, in which a closing order was made towards the end of 1912, no steps have been taken by the owner who is also the occupier, and no further action has so far been taken."

No overcrowded houses were dealt with or found during the year.

Permissive Powers.—"The Infectious Disease (Prevention) Act, 1890, and the Public Health Acts (Amendment) Act, 1890, have not been adopted. By-laws for common lodging houses are in force."

Common Lodging Houses.—There are 2 in All Stretton. Both are old houses. They are inspected periodically.

Dairies, Cowsheds and Milkshops.—No regulations are in force. The number of cow-keepers and milksellers on the books for the year was 16. A special inspection was made in 1911. The defects were pointed out to the cowkeepers, but very few structural defects were remedied.

Slaughter-houses.—There are 2 in the District; occasionally visited. No tuberculous meat was found.

CLEOBURY MORTIMER (Rural).

<i>Medical Officer of Health</i>		..	..	A. E. WHITE, M.B., D.P.H.		
<i>Area in Acres</i>	..	..	..	..	..	44,338
<i>Population</i>		<i>at 1911 Census</i>	..	..	..	6,976
<i>Number of inhabited houses</i>		"	..	..	..	1,419
<i>Number of persons per house</i>		"	..	..	..	4.9

General Character of the District.

"The District covers an area of 44,336 acres, and contains fifteen parishes. It lies on the eastern slopes of the Clee Hills between the rivers Severn and Teme. It is very hilly and exposed, and much of it is several hundred feet above sea level. The District is to a large extent an agricultural one, with two coal-pits on the north-eastern boundary and stone quarries at the Clee Hill. The opening and development of the Billingsley Colliery just over the border has resulted in the building of about two hundred houses for the workmen in Highley parish. The majority of these are not yet completed."

"The Workhouse is at Cleobury Mortimer, near to which is also the Joint Small-pox Hospital for Burford combined district."

Statistics.

Period	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	12.3	.13	.27	.0	1.66	.83	.27	71	29.3

The birth-rate was 29.3. The average for the previous 5 years was 26.6. Both the general death-rate and infantile death-rate were satisfactory.

Infectious Disease.—Two cases of diphtheria, 5 of erysipelas, 6 of scarlet fever, and 1 of puerperal fever were notified. Five of the cases of *scarlet fever* occurred in Cleobury Mortimer in June and July, three being connected with a private school. The elementary schools were entirely free from diphtheria and scarlet fever throughout the year.

Tuberculosis.—There were 8 notifications of pulmonary tuberculosis and 3 of other forms. All the lung cases were in the rural parts of the district and several were associated with bad housing conditions. The Council should provide one or two shelters that could be used where the patients are treated at home. One school was closed on account of measles and 4 on account of chicken-pox.

Housing Accommodation.—Twenty-six houses were inspected; three were considered unfit for habitation and were represented for closure but no closing order was made. In three houses inspected the defects were remedied, in 19 they are still under consideration. The small amount of inspection is accounted for by the extra work of supervision of the Garden Village.

"No action has been taken to remedy the deficiency of housing accommodation on the Clee Hill, where a large number of occupied cottages are quite unfit for habitation. No doubt the war has to some extent relieved the urgency of this matter and made the time inopportune for building by the increased cost of labour and material, but it is a problem that will require to be faced in the near future and might with advantage be carefully considered now. In the meantime more active measures are required to enforce compliance with the notices issued under the Housing Acts."

Water Supply.—"The Garden-village is to be supplied from a spring at Hampton Lode, which will be pumped up to a tank, and this with the existing well at Clee View, will give an ample supply of pure water to these houses. Some dozen new houses near the village of Highley have been connected with Highley Mining Company's main. In a number of cases of isolated farms and cottages, an endeavour is being made to improve the supply."

Sewage and Drainage.—The closets at Clee View, Highley, are to be converted to water-closets. This will remove what has been a very serious menace to the district.

The sewage from the Garden Village will be conveyed to the outfall works at New England, and these works are to be considerably enlarged and improved.

Permissive Powers.—"The Infectious Diseases (Prevention) Act and parts of the Public Health Amendment Act, 1890, are in force, together with bye-laws relating to New Buildings, Slaughter-houses and Nuisances."

Factories and Workshops.—There are 30 places on the register. They have been inspected and found satisfactory.

The *bakehouses* are on the whole clean and well constructed.

Cowsheds, Dairies and Milkshops.—There are 7 on the register; regularly inspected.

"I would suggest to the Council that it would be in the interest of the district, if they would undertake the scavenging of the Clee View houses, until the conversion of the closets has been carried out. The summer time is of course the most dangerous period of the year, where such a condition exists and the risk of an outbreak of infective enteritis is very great. The spread of the recent scarlet fever epidemic at this place was, in my opinion, assisted materially by the insanitary condition of these back premises. It caused a condition of the throat, which made the children more susceptible to the disease than they otherwise would have been."

CLUN (Rural).

<i>Medical Officer of Health</i>	..	..	M. GEPP, L.R.C.P.E., D.P.H.
<i>Area in Acres</i>	..	..	82,206
<i>Population</i>	at 1911 Census	..	6,565
<i>Number of inhabited houses</i>	..	..	1,517
<i>Number of persons per house</i>	..	..	4.3

General Character of the District.

"The Rural District is essentially a hill country, lying in the south-west of the County, and on the borders of Wales. Much of the District lies at an elevation of 1000 feet and upwards, especially in the northern and western parts. The centre and south-eastern parts consist of open valleys, at an elevation above Ordnance Datum of 400 to 600 feet, and broken and divided by small groups of hills. The main structure is that of an old elevated table-land much dissected, weathered down, and glaciated."

"The geological formation is much broken, the upper and lower Silurian, and Ordovician measures being exposed in considerable areas, with less extensive exposures of the old Red Sandstone, and of Cambrian and Pre-Cambrian measures. The natural drainage is by various streams rising in the hill country to north and west, and forming the small rivers Onny and Clun, which leave the District through the valleys of the south and east to join the river Teme."

"The District contains 16 parishes, and is sparsely populated and agricultural in character, much of the hill country being cultivated or grazed. A small area in the north was in the past worked for lead, barytes, and other minerals, but these industries are now practically extinct. The District contains the small market town of Clun in the south, and has several villages of small size which are principally placed in the valleys, and some smaller hamlets, and many isolated farmsteads scattered about the valleys and hillsides. The Borough of Bishop's Castle is within, and near the centre of, the District."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	16.1	.0	1.23	.46	.61	.61	1.84	91	20.3

Of the 12 deaths under one year of age, 7 occurred within 4 weeks of birth.

Infectious Disease.—Thirty cases of scarlet fever, 4 of diphtheria and 1 of erysipelas were notified. *Scarlet Fever.*—The outbreaks centred round four different schools. Hopesay School was closed on three occasions. "Although the cases were not numerous fresh outbreaks followed each re-opening of school, and repeated closure was the only practical means of preventing spread of infection in the absence of any means of keeping the school under constant medical supervision when open."

Norbury, Clungunford and Edgton schools were also closed on account of small outbreaks. The type of the disease was mild. *Diphtheria.*—Stocks of anti-toxin are held by two chemists in Bishop's Castle and Clun respectively. Three schools were closed on account of *Measles* and three on account of *Mumps*.

Tuberculosis.—There were 8 deaths from pulmonary tuberculosis and 3 from other forms. There were 3 cases of pulmonary tuberculosis notified during the year. "The speedy establishment of a Tuberculosis Dispensary for the District is very desirable in view of the prevalence of tuberculosis shown by the number of deaths and of cases notified."

Ophthalmia Neonatorum.—"What is required is that the Medical Officer of Health should be empowered to engage medical attendance and skilled nursing at the public cost, in any necessary case, the work of a nurse in a severe case being to apply treatment unremittingly for a few days under the direction of a medical man. The Council has resolved to provide such assistance in poor cases, if it be found practicable to arrange for skilled nursing to be forthcoming when required. At present the difficulties appear to be great."

Hospital Isolation.—The District is included in the Joint Hospital District formed by the County Council.

Disinfection.—The Sanitary Inspector sprays infected rooms. The Council possess an "Emergency" Steam Disinfector, but it is not used in routine disinfection.

Water Supply.—There are public systems of supply at Clun, Newcastle, Clunbury, Clunton, Clungunford and Brockton, the latter four were carried out in 1912. The supplies have worked efficiently and constitute a great sanitary improvement. All the houses in Clunbury, Clunton and Brockton are supplied and all but four in Clungunford. There are public wells or pumps at Chapel Lawn, Cefn Einion, Hopton Heath and Round Oak, Hopesay. *Chapel Lawn.*—Sanction has been obtained from the Local Government Board for a loan of £250 to carry out a scheme. "The supply is to be obtained from Pentre Spring situated at the foot of Hodre Hill. The gaugings showed a minimum flow of 10,000 gallons per diem, and it is intended to inclose and protect the spring and supply the villages by a gravitation main. I analysed the water for the Council and found it a good and pure spring water of only moderate hardness. The population to be supplied is some 65 persons, and the Chapel Lawn School. The Council has decided to postpone carrying out the scheme till the end of the war."

There are combined private supplies at Lydbury North, Acton, Lydbury Down, Linley, Norbury, Little Brampton and Hopton Castle. *Lydham.*—This defective supply was described in last year's report. The owner is arranging to secure a supply from another source.

Sewerage, Drainage and Excrement Disposal.—The principal sewers of the town discharge into the river *Clun*. Elsewhere there are no recognised public sewers.

Excrement Disposal.—Figures with regard to 13 villages show 21 water-closets, 49 pail closets and 202 privies. This may be taken as fairly representative of the District as a whole. The privies are mostly of old construction with vaults. Where faulty in condition or in an objectionable situation, they should be converted to pail closets, or as an alternative, the "dry-latch" principle is recommended.

There is no public scavenging but there is a public tip at Clun.

Housing.—Speaking generally the housing conditions are very fair, though there are many old houses requiring periodic inspection and attention to keep them in a habitable condition. The amount of housing appears to be adequate for the present population. There were no cases of overcrowding discovered during the year. No house was certified as unfit for habitation.

"An increase in the amount of housing inspection is desirable in order that the conditions obtaining in the District may come under review within a reasonable time. The Inspector has now arranged to give more time to this systematic work and to make complete and recorded inspections of all houses visited for any purpose. In this way progress in housing inspection should be much more rapid."

Permissive Powers.—"The Public Health Acts (Amendment) Act, 1890, and the Infectious Disease (Prevention) Act, 1890, have not been adopted, and the Council possess no Urban powers under the Public Health Act, 1875. The Council has not made any By-laws."

Slaughter-houses.—There are 3 in the District; visited periodically but not specially at times of slaughtering. No tuberculous carcasses have been found.

Dairies, Cowsheds and Milkshops.—There are 6 cowkeepers and milksellers on the register. The regulations have not been adopted.

Bakehouses.—There are 7 in the District; periodically inspected and very fairly kept.

DAWLEY (Urban).

Medical Officer of Health M. GEPP, L.R.C.P.E., D.P.H.

<i>Area in Acres</i> .. ..	.. ..	.. ..	.. ..	.. ..	2,790
<i>Population</i>	at 1911 Census	.. ..	.. ..	.. ..	7,701
<i>Number of inhabited houses</i> .. ..	"	.. ..	.. ..	.. ..	1,678
<i>Number of persons per house</i> .. ..	"	.. ..	.. ..	.. ..	4.6

Physical Features and General Character of the District.

"The District lies at a considerable elevation upon the Shropshire Coalfield and tableland, of which it forms one of the higher parts. Its surface falls irregularly from north and north-west to south and south-east, and from 670 feet O.D. to some 400 feet O.D. roughly. The surface drainage is good owing to the steep fall of this part of the northern watershed of the Severn. The geological formation is the Carboniferous, the District being for the most part upon the Coal Measures, but with small exposures of the Millstone Grit in the south-western part."

"As regards its general character, it may be described as a coal and iron mining and iron-working district largely worked out. Coal mines long out of work and dismantled ironworks are common features. At the present time it is chiefly the place of residence of an industrial community, many of whose members work in one or two large modern engineering or pottery works within the District, while large numbers work in mines, ironworks, and brick and tile works outside the District."

"For an urban community it is very scattered in character. There is a compact business centre with some continuous lengths of houses radiating for some distance from it along the main roads. The rest of the District is practically rural in character, with houses isolated or in groups of more or less number."

"The District is naturally very healthy, being high, dry, and wind swept, and surface drainage being good."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	16.9	.64	1.67	.0	2.16	1.80	1.16	108	27.5

Owing to the inclusion of 4 deaths not belonging to the district, these rates are overstated. The crude rate of 16.9 should be 16.4.

The death-rate was above the average, and this excess was to some extent due to deaths from measles and whooping cough.

"In the past five years there has been a satisfactory fall in the District's death-rate, coincident with the provision of a public water-supply."

Infantile mortality was considerably above the average. "The causes of infant death given above are largely preventible, and there is scope for good work to be done by a system of health visiting, organised under the Notification of Births Act by the County Council. The County Council decided on the adoption of the Act last year, but difficulties due to the outbreak of war have postponed further action."

Infectious Disease.—Two cases of diphtheria, 1 of scarlet fever and 3 of erysipelas were notified. *Measles* and *whooping cough* were very prevalent, there having been no epidemic of measles for six years. Four schools were closed on account of measles and three on account of whooping cough. *Diphtheria Anti-toxin Order.*—Arrangements have been made with a chemist to supply anti-toxin.

Tuberculosis.—There were 13 deaths from pulmonary tuberculosis. Sixteen cases of pulmonary tuberculosis and one of other forms were notified. "It is intended to place a Dispensary at Wellington, and in view of the number of cases notified and of the deaths occurring annually, its value to the District will be unquestionable."

Ophthalmia Neonatorum.—"The disease being notifiable, definite action should now be taken to provide means of medical attendance and nursing."

"An application should be made to the Local Government Board, under Sec. 133 of the Public Health Act, 1875, to provide these means."

Isolation Hospital Accommodation.—There is a small-pox hospital at Nedge owned jointly with the Rural District of Shifnal. The District has been included in the Wellington Joint Hospital District.

Disinfection.—The Sanitary Inspector sprays infected premises and disinfectants are provided by the Council. A small portable steam disinfector has been recommended.

Water Supply.—"The supply is from the Madeley reservoir of the Borough of Wenlock Water Works, delivered at the District Council's pumping station, by meter, at a charge of 6d. per 1000 gallons up to 50,000 gallons per diem, and 5d. per 1000 gallons for any quantity in excess up to 100,000 gallons, which is the limit of supply."

The water is pumped to a low level reservoir of 175,000 gallons, and a high level reservoir of 25,000 gallons. The average daily consumption was 27,048 gallons, or nearly 4 gallons per head. Three hundred and thirty-two of the houses are connected to the mains, about 150 are supplied by wells, and about 1,200 are supplied from standposts.

Sewerage and Drainage.—"The sewers of the District are being improved and extended by the Council from year to year. Many of the old sewers are rough culverts with large, and in some cases frequent, catchpits in their length, but all new work is laid in pipes with cement joints, and with manholes, and generally designed to form part of a complete system of sewerage."

The re-modelling, etc., of the sewers is now carried on in accordance with plans prepared by a firm of engineers.

The present outfalls are as a rule into open channels, and eventually into water-courses draining into the Severn. The conditions of house drainage are being steadily improved.

Excrement Disposal and Scavenging.—The Sanitary Inspector returns the number of water-closets as 113, earth or pail closets 71, privies 1,132. During the year 28 privies were converted to water-closets, 4 to pail closets, and 10 were re-constructed to conform to the model by-laws. About 120 of the old type of privies have been abolished during the last three years.

Scavenging.—The Council provides a horse and cart for the scavenging and removal of house refuse at cost price.

Housing.—Increased demand for houses has led to a great deal of improvement in recent years. The Inspector works in accordance with a list prepared by the Medical Officer of Health in consultation with him. "The number of houses inspected in the past two years has been small. In 1912, one hundred houses were inspected, and so much work remained to be done on these, that the Council decided that it was desirable to clear off this outstanding work. This has now practically been done."

Twenty-five houses were overhauled and repairs completed without closing orders, 8 were put into a fit state after closure, and 36 incomplete at the end of the year have mostly been attended to. The work done under the Inspector's supervision has been good and of a thorough description. The surroundings of houses are found to be considerably more cleanly in recent years. Five cases of overcrowding were dealt with. "That real, and in some cases gross, overcrowding exists is in my opinion shown by 23 instances from the tables where from 5 to 11 persons occupied a two-roomed house, *i.e.*, a house with one bedroom only. As to three and four-roomed houses, which would ordinarily have two bedrooms, 64 instances occur with from 9 to 11 occupants. As regards these figures some explanation may be found in the facts that the proportion of houses of four, or less, rooms is very high in Dawley, and that the birth-rate has been notably high also. In any case the facts indicate need for careful investigation, and for any action possible for remedying the condition."

Permissive Powers.—"Part III. of the Public Health Acts (Amendment) Act, 1890, was adopted in 1902. The Infectious Disease (Prevention) Act, 1890, is not adopted in the District."

"The adoption of certain parts of the Public Health Acts Amendment Act, 1907, has been under the Council's consideration."

"The Council has made By-laws with respect to Nuisances, New Buildings, Slaughter-houses and Common Lodging Houses."

The By-laws as to New Buildings are in the form of the Model Code for Rural Districts, referring specially to drainage and sanitation. They came into force in 1905."

Slaughter-houses.—Eleven on the register; inspected regularly and periodically at times of slaughtering. No tuberculous carcasses was found.

Dairies, Cowsheds and Milkshops.—Regulations are in force. There are 27 dairies on the register; periodically visited.

Bakehouses.—There are 11 bakehouses on the register—in fair condition.

DRAYTON (Rural).

Medical Officer of Health A. MACQUEEN, M.D.

<i>Area in Acres</i>	51,384
<i>Population</i> <i>at 1911 Census</i>	12,340
<i>Number of inhabited houses</i>	2,846
<i>Number of persons per house</i>	4.3

General Character of the District.

"The Rural Sanitary District of Drayton comprises an area of upwards of 50,000 acres, situate in the great central plain of England. The general elevation of the District is about 300 feet above sea level. The District extends from the parishes of Moreton Saye, Adderley, and Norton-in-Hales on the north, to the parish of Woore on the north-east, where the three counties, Cheshire, Staffordshire, and Shropshire, join; to the south as far as and including the parishes of Hinstock and Childs Ercall and the villages of Eaton and Little Bolas. On the east it is bounded by the river Tern and the parish of Cheshardine. On the west it extends to and includes the parish of Stoke-on-Tern, the parish and village of Hodnet and the hamlet of Marchamley. The formation throughout is the new red sandstone, which attains its greatest elevation in England in the Hawkstone Hills, near the western limit of the District. The river Tern in its winding course to the Severn drains the greater portion of the District. The land in general contour is level, well watered, highly cultivated, and there are some finely timbered residential estates. The population is employed chiefly in agricultural pursuits."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	13.3	.13	1.06	.13	.0	.66	1.20	77	20.7

Infectious Disease.—Nine cases of scarlet fever, 4 of diphtheria, 1 of ophthalmia neonatorum and 6 of pulmonary and other forms of tuberculosis were notified. No cases were removed to the Isolation Hospital.

Disinfection is carried out under the directions of the Sanitary Inspector, on the termination of all cases and immediately after removal to a Hospital. Clothing is disinfected by steam before patients are allowed to leave the Isolation Hospital.

Two schools were closed on account of measles, 2 on account of chicken-pox and 1 on account of influenza.

The cost of administration of antitoxin is defrayed by the Council.

Housing.—Under the Town Planning Act 51 houses were inspected. No closing order was made. Defects were remedied in 28 houses, and 11 are still under consideration.

Lodging Houses, Bakehouses and Slaughter-houses are regularly inspected.

Dairies, Cowsheds and Milkshops.—There are 102 cowkeepers and milksellers on the register. The Sanitary Inspector is making a detailed inspection. "The whole of the dairies, cowsheds and milkshops in the district were systematically inspected in 1910—11, and special reports sent to the Local Government Board and the County Council. A note of the defective conditions found was sent to each occupier and a good many improvements have resulted. Much more remains to be done in the way of structural alterations, and for the increase of lighting and ventilation."

Sewerage and Drainage.—"The scheme for drainage, and the treatment of the sewage of a part of the village of Hinstock, has not been begun because the Local Government Board are unwilling to sanction a loan for the purpose at present. In October, 1913, I inspected the sewers and the means of disposal of sewage in Cheswardine village, and a special report was sent to the Local Government Board and to the County Council. The Sanitary Inspector is preparing plans for new sewers and for the scientific treatment of the sewage at the outfall."

Water Supply.—"Betton and Ridgwardine are supplied by the Market Drayton Water Company. The spring which has been selected for the supply of Norton-in-Hales has been tested for a considerable time, and found to be constant and sufficient in quantity."

MARKET DRAYTON (Urban.)

Medical Officer of Health A. MACCUEEN, M.D.

General Character of the District.

"The Urban District of Market Drayton was constituted on 1st April, 1914. It is surrounded by the Drayton and Blore Heath Rural Districts, and has an area of 1,213 acres, comprising the parishes of Market Drayton and Little Drayton. The general elevation varies from about 230 to 350 feet above sea level. The subsoil is the red marl of the new red sandstone. The town of Market Drayton occupies the central and higher part of the District, the general fall of the ground being from north to south, and the natural drainage is to the river Tern which bounds the District on the east and south. An ancient and important market, it is the centre of a large and fertile agricultural district, with a weekly cattle auction, a monthly cheese fair, and an annual horse fair. There are two iron foundries, a large flour mill, a brewery, gas works, electric light and power works, a creamery, and a steam laundry. The public institutions are the Town Hall, Cottage Hospital, County Grammar School, and the National School. An Elementary School on the most modern lines has been recently erected at Little Drayton by the County Council. The Union Workhouse and the Joint Isolation Hospital are at Little Drayton."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	14.0	.0	.59	.19	1.18	.39	.98	79	23.0

Infectious Disease.—Twelve cases of diphtheria, 1 of scarlet fever, 1 of puerperal fever, and 6 of pulmonary and other forms of tuberculosis were notified. Eleven of the cases of diphtheria and one of scarlet fever were removed to the Isolation Hospital. The Little Drayton schools were closed in February on account of influenza, in June and July on account of measles, and in October on account of diphtheria.

Diphtheria Antitoxin.—The cost of administration of anti-toxin is provided by the Council.

Housing Accommodation for the Working Classes.—Building by-laws are in force. Fifty-three houses were inspected under the Housing and Town Planning Act and one was found unfit for habitation. In 39, defects were remedied without closing orders, and 10 are still under consideration.

Lodging Houses (3), Bakehouses (14), Slaughter-houses (6), are regularly inspected.

Dairies, Cowsheds and Milkshops.—There are 17 cowkeepers and milksellers on the register.

Removal and Disposal of House Refuse is regulated by by-laws. "A public system is about to be adopted for a portion of the town and will no doubt be rapidly extended."

Excrement Disposal.—At the end of 1912 there were 857 water-closets, 22 pail-closets and 408 privies. Sixteen privies were converted to water-closets and 7 to pail-closets during the year. "The water carriage system of disposal should be made compulsory wherever it is possible to connect with the sewer."

Sewerage and Drainage.—"The upper strata of Little Drayton sewage filter has been washed and replaced, and the treatment of the sewage is more satisfactory. The sewage of Market Drayton is still untreated and continues to pollute the river from the old outfall. The sewage scheme is still in abeyance, and probably nothing will be done until the great war is ended."

The *Water Supply* is from the Market Drayton Water Company, and is excellent in quality and ample in quantity.

ELLESMERE (Urban).

Medical Officer of Health .. W. R. L. DRAWBRIDGE, M.R.C.S., L.R.C.P. LOND.

<i>Area in Acres</i>	..	..	..	..	..	..	1,206
<i>Population</i>	at 1911 Census	..	..	..	..	..	1,946
<i>Number of inhabited houses</i>	..	..	..	..	..	..	454
<i>Number of persons per house</i>	..	..	..	..	..	..	4.3

General Character of the District.

"The Urban District of Ellesmere is a market town situated in north-west Shropshire, occupying an area of 1,204 acres. The inhabitants for the most part are mainly dependent on agriculture, there being no manufactures of any importance."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	13.7	.0	1.01	.0	1.01	2.54	1.52	58	17.2

Infectious Disease.—Three cases of scarlet fever, 1 of diphtheria and 1 of ophthalmia neonatorum were notified. The *scarlet fever* was in one house and contracted outside the district. The *diphtheria* was in a house with unsatisfactory drainage.

Isolation Hospital.—"There is no isolation hospital for the district, and at present thorough isolation is very difficult to carry out. A scheme is under consideration for providing an isolation hospital to which cases of infectious disease in the district could be sent, and this will be a great boon."

Disinfection.—"The Wem Steam Disinfecting Apparatus is available for use when required."

Tuberculosis.—Four cases of tuberculosis of the lungs were notified. Each case was visited by the Medical Officer of Health.

Water Supply is from the Liverpool main either laid on to houses or to standpipes.

Sewerage and Drainage.—"A new system of sewerage and drainage is about to be adopted. When the necessary land has been acquired the work will be carried out."

Removal and Disposal of House Refuse.—"No public scavenging is undertaken by the Sanitary Authority. Dry refuse is collected in receptacles, which are emptied periodically on to a refuse heap outside the town, and their contents burnt. No nuisance has arisen from the refuse heap during the year."

Excrement Disposal is by water-closets with a cistern flush or flushed by hand.

Housing.—Twenty-eight houses have been inspected. None were found unfit for habitation. Twelve were found to have minor defects and 4 of these have been remedied.

Pollution of Rivers.—"The drainage from the Urban area is received into the brook at Tetchill." A new sewerage disposal scheme is in process of fulfilment, and as soon as the necessary land has been acquired, the work will be carried out."

Milk Supply.—There are no regulations in force. The number of cowkeepers and milksellers is 7. The sanitary condition of the premises is good.

Slaughter-houses.—There are 4 on the register; frequently inspected and in good sanitary condition. No carcasses have been condemned for tuberculosis.

ELLESMERE (Rural).

Medical Officer of Health .. W. R. L. DRAWBRIDGE, M.R.C.S., L.R.C.P. LOND.

<i>Area in Acres</i>	..	..	..	..	..	..	51,115
<i>Population</i>	at 1911	<i>Census</i>	..	..	..	..	8,365
<i>Number of inhabited houses</i>	..	..	..	..	..	..	1,752
<i>Number of persons per house</i>	..	..	..	..	..	..	4.7

General Character of the District.

"The Rural District of Ellesmere comprises an area of 51,115 acres. The District is entirely agricultural. There are a few small villages, the largest of which is Baschurch. The District is for the most part undulating, but some portions are very flat. Nearly all the land is under cultivation, and the subsoil is gravel, with some clay and drift in places."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	12.41	.11	.81	.23	.81	.81	.93	56	18.7

Four of the infantile deaths were due to premature birth.

Infectious Disease.—Seven cases of diphtheria, 2 of erysipelas, 41 of scarlet fever, 2 of ophthalmia neonatorum and 1 of puerperal fever were notified. The origin of the cases of *diphtheria* was obscure. The greatest prevalence of *scarlet fever* was in the Nesscliff area. Dr. Drawbridge says :—" To summarise, most of the cases occurred in Nesscliff area, where the disease took the form of two distinct epidemics, separated by an interval of 5 months. In both the infection was probably brought from Shrewsbury."

The very mild epidemic in Lower Frankton and Tetchill was probably brought there by barge-children.

The routine practice in use on the receipt of a notification of infectious disease in the area is for the Medical Officer of Health to visit the house, as soon as possible, and endeavour to trace the origin of the disease, and give instructions to prevent its spread. At the same time the notification is forwarded to the Sanitary Inspector who visits the house and leaves plain printed instructions as to the prevention of its spreading. Children from the house, and, where it is semi-detached, the adjoining one, are excluded from school for a period of Quarantine and the room, bedding, etc., are disinfected with formalin at the end of the period by the Sanitary Inspector, and, after a carbolic bath and change of clothing, the child returns to school."

Tuberculosis.—Three cases of pulmonary and 6 of non-pulmonary tuberculosis were notified.

Isolation Hospital.—" Accommodation in an isolation hospital is badly needed for cases of infectious disease in the area, it being most unsatisfactory to nurse such cases at home."

Water Supply.—The supply from the Liverpool main to Dudleston Heath continues to be satisfactory. Some of the houses are supplied from Brynkinalt. The public supply at Cockshutt is satisfactory. The Baschurch supply will be taken in hand when the district has been drained. The remainder of the district is supplied by wells which are inquired into under the systematic inspection of premises in connection with the Town Planning Act.

Sewerage and Drainage.—" With regard to the new sewerage scheme which has been adopted for Baschurch, the necessary land has not yet been acquired, but as soon as this is done the necessary improvement in this respect will be carried out."

Pollution of Rivers.—" The drainage from the Urban area is received into the brook at Tetchill."

" A new sewerage disposal scheme is in process of fulfilment, and, as soon as the necessary land has been acquired, the work will be carried out."

House Refuse is satisfactorily disposed of by the householders.

Excrement Disposal by privies with movable receptacles.

House Accommodation.—Thirty-five houses were inspected under the Housing and Town Planning Act, and none were found unfit for habitation. In 19, defects were remedied.

Inspection of Meat and Foods.—No carcasses have been condemned for tuberculosis.

Milk Supply.—There are 59 cowkeepers and milksellers on the register. Their premises are regularly inspected ; 118 inspections have been made. There are no regulations in force.

Factories and Workshops Act.—There are no factories in the district.

Bakehouses—10 on the register ; frequently inspected and in good sanitary condition. None of them are underground.

LUDLOW (Urban).

Medical Officer of Health A. E. WHITE, M.B., D.P.H.

<i>Area in Acres</i>	..	..	..	..	..	..	420
<i>Population</i>	at 1911	<i>Census</i>	..	..	..	..	5,926
<i>Number of inhabited houses</i> ..	..	..	..	..	..	..	1,372
<i>Number of persons per house</i> ..	..	..	..	..	..	..	4.3

Character of the District.

"It is situated on the south-west border of the County, and bounded on the north, south, and west by the rivers Corve and Teme, which form a junction on the western side. The industries of the District are those of a market town, serving the wide agricultural district that surrounds it. In addition, it is, to some extent, a residential place, and is much frequented by visitors on account of its historical interest."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	18.1	.0	1.03	.34	1.89	.86	.86	91	18.8

The chief causes of death were heart disease (11), bronchitis (11), cancer (5), phthisis (6), pneumonia (5), and nephritis (4). There were 2 deaths from measles and 2 from influenza.

Infantile Mortality.—Seven of the 10 deaths took place within a few hours of birth. "I believe that the Notification of Births and the engagement of a Health Visitor would go a long way to checking this waste of infant life, which is apparent in the returns."

Infectious Disease.—Two cases of diphtheria, 2 of erysipelas, 9 of scarlet fever, 1 of enteric fever, 10 of phthisis and 2 of other forms of tuberculosis were notified.

Tuberculosis.—Of the 10 cases of phthisis notified, 2 died and 2 were treated in the Shirlett Sanatorium. Three other cases were treated in the Sanatorium during the year.

Some of the elementary schools were closed on account of measles and whooping cough.

"The question of whether there would be any benefit from notification of these two diseases has been raised by the circular letter of the Local Government Board. I certainly think that these diseases could be controlled, if a Health Visitor were appointed and the Council provided medical attendance where it was necessary. There is little doubt that the fatal cases are due to neglect, and that notification would draw attention to the primary importance of isolation and efficient nursing in these diseases."

Housing Accommodation.—One hundred and ten houses were inspected up to the time the Inspector was called up for military duties.

"An enquiry was held in the autumn into a scheme for building a number of artisans' dwellings, the sanction of the Local Government Board was granted to amended plans, but, unfortunately, the war has made it impossible to borrow the money, and the work has had to be postponed. Of the necessity for the erection of more cottages, I think there can be no doubt, and the views of the Local Government Board are expressed in their letter recommending that the complete scheme should be undertaken and not a partial one."

Water Supply.—"The sources of supply are two: firstly, a spring in the Silurian Limestone in Whitcliffe Woods, and, secondly, a spring in the old red marl through glacial and alluvial drifts at Burway. There is a yield of 30,000 gallons per day from the former and 250,000 from the latter. The supply is constant and the pressure as a rule sufficient. During the autumn there was some diminution in the amount for two or three weeks, but the springs soon recovered themselves."

"There are two service reservoirs, one in Whitcliffe Woods holding 60,000 gallons and another on Whitcliffe Common with a capacity of 240,000 gallons."

"One sample of water from the service main in the town was submitted to Professor Delepine, Manchester University, for bacteriological examination, and stated to be a very suitable water for drinking purposes."

Sewerage and Drainage.—The effluent from the sewage works continues to be satisfactory. Seven privies were converted to water-closets during the year.

House Refuse.—The substitution of covered iron receptacles for ashpits has made some progress. The tip is receiving careful management.

Factories and Workshops Act.—There are 56 workshops on the register; carefully inspected

Dairies and Cowsheds.—There are 4 in the district; in good structural condition and kept clean. "Most of the milk sold in the town is produced in the Rural District, and veterinary inspection of the cows is undertaken by a surgeon appointed by the Council. Advantage should be taken of the arrangement made by the County Council to examine milk for dirt."

Slaughter-houses are frequently inspected. A public abattoir is recommended.

LUDLOW (Rural).

Medical Officer of Health A. E. WHITE, M.B., D.P.H.

<i>Area in Acres</i>	66,348
<i>Population</i> <i>at 1911 Census</i>	9,438
<i>Number of inhabited houses</i>	2,057
<i>Number of persons per house</i>	4.6

General Character of the District.

"It lies on the southern border of the County and on the western slopes of the Clee Hills, where, in places, it reaches a height of 1,500 feet above sea level. A good deal of it is very hilly, and the road gradients are often severe. The population is for the most part thinly scattered, with an average density of one person to six and a half acres. The two most populous centres are the Clee Hill, where many of the quarrymen employed at the various Granite works reside, and Craven Arms, a railway centre of some importance, where large Cattle, Sheep and Horse Sales are held frequently. The District is essentially an agricultural one, with a considerable number of residential estates scattered throughout it."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	12.4	.0	1.06	.0	1.17	.10	1.06	42	20.1

Six of the 8 infant deaths were due to congenital conditions.

Infectious Disease.—Three cases of diphtheria, 4 of erysipelas, 19 of scarlet fever, 3 of enteric fever, 1 of puerperal fever, 16 of phthisis and 4 of other forms of tuberculosis were notified.

Scarlet Fever.—"In July there were two very doubtful cases at Bouldon. In every case we succeeded in limiting the outbreak to the house infected except in the case at Stoke, but the efforts of the parents to isolate the patient was an utter failure in most cases, and once more clearly indicates the necessity for a Hospital for these cases."

Enteric Fever.—The small outbreak of enteric fever occurred in Craven Arms. In the one case the water supply was very unsatisfactory. The other two cases are said to have been imported. There was no bacteriological confirmation in any of the cases.

Tuberculosis.—Dr. White draws attention to the late notification and says that there is now no excuse.

Housing Accommodation.—Owing to the absence of the Sanitary Inspector, no systematic house inspection has been made since July. Forty houses were inspected in the earlier months. "In certain villages cottages exist that urgently require to be replaced by new ones."

Water Supply.—There has been delay in completing the new scheme at Craven Arms, and now the work has been postponed until after the war. Notices have been served to improve 25 cottage supplies.

Drainage and Scavenage.—The re-laying of the sewer at Ashford Carbonell has been deferred owing to the absence of the Surveyor. The Council have applied for powers to enable them to undertake the scavenging of Craven Arms.

There are 44 *workshops* on the register. They have all received attention.

The *bakehouses* have been inspected.

Cowsheds are in good structural condition.

Permissive Powers.—Bye-laws are in force in regard to Slaughter-houses, Dairies, Cowsheds and Milkshops, New Streets and Buildings, Cleansing of Ashpits, Earth Closets, Privies and Cess-poots, and also for Nuisances (1903).

NEWPORT (Urban).

<i>Medical Officer of Health</i>		..	..	M. GEPP, L.R.C.P.E., D.P.H.			
<i>Area in Acres</i>	..	..	..	..	..	..	768
<i>Population</i>		<i>at 1911 Census</i>	..	..	..	..	3,250
<i>Number of inhabited houses</i>		..	..	..	..	..	738
<i>Number of persons per house</i>		..	..	..	..	..	4.4

Physical Features and General Character.

"The Urban District is of small area, of rather more than a square mile, lying on the eastern border of the County. It is level in contour, the general elevation being some 250 feet above Ordnance Datum. The natural drainage is to the west, but there is no stream of any importance. The subsoil is the Bunter beds of the New Red Sandstone. The District includes the town of Newport, consisting chiefly of one long and wide street about a mile in length, running north and south, with several narrow lanes and passages and courts running from it at right angles. This part of the town is old and compact, and there is about the centre some crowding of houses upon area. To east and west is open country with extensions of more modern villa residences and artisan cottages along the roads converging on the town, and some outlying collections of houses. Newport is a market and residential town. There is a brewery and a gasworks, and a creamery. The Newport Union Workhouse is within the District."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	16.0	.0	1.53	.61	2.15	1.84	2.15	143	17.2

The infantile mortality rate was 143, following on very low rates for the two preceding years.

Infectious Disease.—The only death was due to whooping cough. This has been by far the most fatal infectious disease in the past 10 years. Two cases of diphtheria, 5 of scarlet fever, and one of ophthalmia neonatorum were notified. One of the cases of *diphtheria* proved negative on bacteriological examination and another one was probably contracted outside the district. Diphtheria antitoxin is supplied to medical men for use amongst the poorer classes. One case of *scarlet fever* may have been imported, another occurred in connection with an outbreak in the Rural District due to milk. Four of the 5 cases were removed to the Isolation Hospital.

Ophthalmia Neonatorum.—The Council is advised to apply to the Local Government Board for power to provide medical and nursing assistance in cases of ophthalmia neonatorum, and the Council is advised to empower the Medical Officer of Health to engage medical attendance and skilled nursing.

Tuberculosis.—There were 5 deaths due to pulmonary tuberculosis and 5 cases of pulmonary and 2 of other forms of tuberculosis were notified. The Sanitary Inspector inspected and disinfected the premises at the termination of the cases.

Isolation Accommodation.—The Council maintains a small isolation hospital of two wards of the capacity of two persons of each sex suffering from the same disease. The district is part of the Wellington Joint Hospital District. There is an arrangement for small-pox for the erection of a tent.

Disinfection.—The Sanitary Inspector disinfects infected rooms with a spraying apparatus. The provision of a small steam disinfector is recommended.

Water Supply.—Water is derived from three wells in the Bunter Beds of the New Red Sandstone. It is pumped by an oil engine to a covered reservoir holding 152,000 gallons, and giving a head of 130 feet above the centre of the town. The consumption is 30 gallons per head per day. Analysis in 1911 showed the water to be very pure.

Sewerage and Drainage.—The scheme of sewerage and sewage disposal was completed in 1904. The new sewers have manholes for flushing and surface openings for ventilation. "The outfall works are some distance outside the town, and consist of grit chamber, open septic tank, and single contact filter, the effluent passing through trenches over an area of land. This land is underdrained at a depth of six feet, the land effluent passing into the Strine Brook. The detritus tank is cleansed monthly and half yearly."

Excrement Disposal.—The Surveyor returns the number of water-closets in the District as 616, earth or pail-closets 18, and privies 195. The privies are old and defective. Some 134 privies have been converted to water-closets during the past five years. Fifteen privies were abolished last year.

Proceedings were taken in the case of a factory for nuisance from insanitary privies. Conviction was obtained and conversion to water-closets has since been made. "The insanitary old privies at Springfield Terrace have not yet been dealt with. The property has been re-drained in accordance with the Council's requirements, and there should be no delay in enforcing the conversion of these privies."

Scavenging.—The scavenging of privies and removal of house refuse is undertaken by the Council. "A very small number of ashpits remain in use under special scavenging arrangements, otherwise an ashbin system, with weekly removal of refuse, is universal. It is unusual now to find on inspection undue accumulations of house refuse, and yards and premises are found to be kept much cleaner in consequence."

Housing.—There are a number of worn out old houses in the town, mainly in the narrow lanes and passages. Many are void and some are barely fit for occupation. The amount of housing accommodation is fairly adequate. In the essentials of healthy habitations there is much that is seriously lacking.

"Little progress has so far been made in the use of this inspection to bring about effective improvement in the condition of house property. One hundred and one houses have been inspected and reported on in the past four years, of which 60 still 'remained under consideration' at the end of last year. I have nothing to add to the recommendations I have already made in the matter."

"The Inspector records that, of the 60 houses still under consideration, work was done last year as follows :—new drainage 24, water (arrangements for supply) 3, privies converted to w.c.'s 4. In 22 of the 60 cases no action of any note has been taken by the owners."

Overcrowding.—There is not much evidence of gross overcrowding in the district, but the Census figures show some 15 instances where 9 to 15 persons occupied three and four-roomed houses, *i.e.*, houses with two bedrooms.

Permissive Powers.—The Public Health Acts (Amendment) Act, 1890, Part III., and the Infectious Disease (Prevention) Act, 1890, have been adopted, also Parts II., III., IV. (Secs. 52 to 56, and 58), and Part V. of the Public Health Acts (Amendment) Acts, 1907.

By-laws are in force in respect to Nuisances, New Streets and Buildings, Slaughter-houses, and Common Lodging Houses.

Slaughter-houses.—There are 9 on the register ; regularly visited. Close attention is paid to meat inspection. The slaughter-houses are visited at times of slaughtering. Tuberculous carcasses or parts were found in 20 cases. Seventeen carcasses or parts were examined at the invitation of butchers and found unsound for other reasons. A Veterinary Surgeon has been engaged as consultant.

Common Lodging Houses.—There are 3 in the district ; under regular inspection and kept in accordance with the by-laws.

Dairies, Cowsheds and Milkshops.—Regulations were made in 1899. The number of dairies, etc., on the register is 27. They are visited periodically. There is no veterinary inspection of milk cows.

Bakehouses.—8 on the register, including one underground ; found on inspection to be generally in good condition.

NEWPORT (Rural).

<i>Medical Officer of Health</i>	..	..	M. GEPP, L.R.C.P.E., D.P.H.	
<i>Area in Acres</i>	..	..	..	22,808
<i>Population</i>	at 1911 Census	..	..	6,005
<i>Number of inhabited houses</i>	"	..	..	1,306
<i>Number of persons per house</i>	"	..	..	4.6

General Character of the District.

"The District is in part agricultural and part industrial, and lies within the eastern border of the County. The northern and large part is on the Shropshire plain, here formed of the Bunter beds of the New Red Sandstone, and is entirely agricultural. The elevation of this part varies from 150 to 300 feet above Ordnance Datum. The southern and much smaller part rises rather rapidly from the plain, reaching some 500 feet elevation at the extreme border on the south, and comprises the apex of the extensive triangular coal-field, which has its base some miles to the south. This part lies upon the coal measures, with a small intrusive outcrop of much broken older strata, forming Lilleshall Hill. The natural drainage is by various small streams from the south and east flowing towards the west, and falling into the Tern river outside the District."

"There are nine parishes in the District, all agricultural, except the large parish of Lilleshall, which is in part agricultural, but also contains the industrial area of Donnington Wood, several collieries and some engineering and other ironworks, employing the majority of the workers in this area."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	13.9	.0	.66	.16	1.33	.66	1.16	80	18.7

"The average infantile mortality rate in the District has shown a decrease in recent years which is satisfactory. The average rate for the five years preceding 1914 was 94, as compared with 99 the rate for Rural England in the same period. A rate of 94 is however high for a Shropshire Rural District, and a system of health visiting should do much good work in the District. The County Council last year adopted the Notification of Births Act, but difficulties due to the outbreak of war have postponed further action."

Infectious Disease.—There was 1 death from whooping cough and 2 from diphtheria. Nineteen cases of diphtheria and 36 of scarlet fever were notified or discovered. *Diphtheria.*—The 19 cases were all connected with two school outbreaks affecting Donnington Wood and Sambrook schools. With regard to Donnington Wood, Dr. Gepp says:—"This outbreak was typically a school infection. The disease was introduced by some unrecognised case and spread in spite of early and careful efforts by the schoolmaster and teachers to discover and exclude all cases of sore throat. Closure of the school at once stopped the spread. Antitoxin was injected in most cases, being supplied at the public cost under the Antitoxin Order, 1910."

The first case in the Sambrook outbreak was discovered by the School Medical Inspector, and two others were discovered on swabbing by the Medical Officer of Health. *Scarlet Fever*.—All but 2 of the 36 cases occurred in the districts of Chetwynd and Tibberton. The Chetwynd outbreak was associated with a milk supply, five out of seven families consuming this milk were affected. The absolute source of the infection was not discovered. The sale of milk was temporarily stopped. Two months later, 4 cases broke out in a row of houses previously affected. This was probably due to direct extension of infection. The Tibberton outbreak was a definite school outbreak, "in which the greater number of houses affected were already involved when the first notification was received." Several suspicious school children were notified by the schoolmaster and investigated by the Medical Officer of Health, who found 11 cases in 6 houses. The school was closed with good result. A feature of the outbreak was the large number of multiple cases in families, and it was apparent that due care was not taken in many cases to prevent the spread of infection.

Tuberculosis.—Four deaths from pulmonary tuberculosis occurred and 5 cases were notified. Disinfection and inspection of premises is made in fatal cases.

Ophthalmia Neonatorum.—The Council is advised to apply to the Local Government Board for powers to provide medical attendance and nursing.

Hospital Isolation.—At present there is no isolation hospital for use of the District, but there is an agreement with the Urban Council and Gnosall Rural Council for the provision of a tent in case of small-pox. The District is part of the Wellington Joint Hospital District.

Disinfection.—The Sanitary Inspector disinfects infected rooms with a spray apparatus. Disinfectants are supplied. There is no public disinfecting apparatus.

Water Supply.—In the report for 1911 a tabular statement as to each Parish was made. The Surveyor gave the total number of houses as 1,307, of which 700 were supplied by public or private mains and reservoirs and 607 by private wells and springs.

Church Aston and Chetwynd Aston are supplied by the Urban Council mains, about 100 out of 169 houses being connected. *Lilleshall Village, Muxton, Donnington and the industrial area of Donnington Wood* are supplied by the Duke of Sutherland from a well in the Bunter measures, the water being pumped by a wind engine to reservoirs at Lilleshall Hill. "The two reservoirs hold 404,000 gallons. The completion of this system by its extension to include the populous area of Donnington Wood, in 1909, was a great gain and advance in the District's sanitation. Some of the houses on the higher levels of Donnington Wood are supplied by an extension of the Duke of Sutherland's Hilton well system, which supplies the adjoining Urban District of Oakengates. 264 out of 271 houses leased by the Lilleshall Co. were supplied. In all, some 504 houses, out of 597 in the parish, are supplied from the mains."

"A considerable portion of the Lilleshall estate has been sold during the year, including the houses in Donnington and Muxton villages, some on the main Newport-Wellington road, and some at Donnington Wood. In disposing of the property the late owner has, I am informed, announced his intention to do his best to maintain the existing water supplies from Hilton Bank and Lilleshall Hill."

Tibberton Village is supplied by standpipes from a well outside the village, the water being raised by a wind engine to a reservoir of 29,000 gallons. Fifty-one out of 74 houses are supplied.

Edmond Village is supplied from a well in the sandstone, the water being raised by a wind engine to a reservoir holding 22,000 gallons. The water is laid on to several houses and to a fountain in the centre of the village.

Elsewhere the supply is by pumps and wells.

A scheme is in progress for the supply of *Woodcote* by means of a boring and a wind engine.

Sewerage, Drainage and Excrement Disposal.—In Edmond Village most of the houses are drained into one or other of four sewers which have outfalls on to land. The drainage of Donnington Wood was greatly improved in 1905 by the Lilleshall Company and the principal property owner. The gullies, etc., are looked after by the Council. The Company continues to carry out improvements.

The Sanitary Inspector gives the number of water-closets as 39, pail-closets 115, privies 1,035. Twenty-five privies were converted to pail-closets during the year. As an alternative to pail-closets, closets on the "dry-catch" principle are recommended.

Housing.—In the agricultural area the housing conditions are on the whole fair. In the industrial area there are many insanitary houses. A large number of houses have been scheduled for inspection. "The number of houses "still under consideration" increases from year to year. Much good work in radical repairs and improvements has resulted from the housing inspection, especially in the Donnington Wood Leasehold property of the Lilleshall Company, and on the Church Aston estate, as detailed in my previous reports. But special efforts should be made by the Council to make the work of necessary repairs and improvements keep pace with the work of inspection. The number of houses inspected is by no means adequate to enable the whole number of houses in the District to be passed under review in a reasonable time, but good progress is not possible if arrears accumulate."

One hundred and eight houses are still under consideration.

Overcrowding.—The Census return gives the total number of tenements with more than two persons per room as 101, with a population of 819 persons or a percentage of 13.7 persons in private families in the district as "overcrowded" as compared with 7.7 in the Shropshire Rural Districts generally. "The Inspector reports that houses with 3 or more bedrooms are much needed in the Donnington Wood area, in order to make it practicable to remedy overcrowding, of which he has found and reported a number of instances in recent years. He reported seven such cases found in the Donnington Wood area in April last year, in houses with two bedrooms. The Council interviewed the housing manager and ascertained that the Lilleshall Company, the leaseholders, were not prepared to erect any more houses but would endeavour to overcome the difficulty by moving large families into larger houses when opportunity offered. It would appear however that the opportunities are few in comparison."

"Having regard to the foregoing evidence as to deficient house room accommodation, and to the fact that old cottage property tends to decay and to become unfit for habitation, while little or no new building takes place, it would be well in my opinion for the Council to consider seriously their powers and duties as to providing houses for the working classes."

Permissive Powers.—The Public Health Acts (Amendment) Acts, 1890 and 1907, and the Infectious Disease (Prevention) Act, 1890, are not adopted. The Council possesses no Urban powers and no by-laws have been made.

The adoption of Building By-laws is recommended.

Slaughter-houses.—No register and no by-laws in force. There are two slaughter-houses ; visited frequently and at times of slaughtering. They are kept clean and in good order. No tuberculous carcasses were found.

Dairies, Cowsheds and Milkshops.—Regulations are in force. There is no veterinary inspection of milk cows. The average air space in cowsheds in the district works out at just over 600 cubic feet per cow.

Bakehouses.—There are 2 on the register ; inspected periodically.

OAKENGATES (Urban).

<i>Medical Officer of Health</i>		..	..	A. E. WHITE, M.B., D.P.H.	
<i>Area in Acres</i>	..	..	..	..	2,329
<i>Population</i>		at 1911 Census	..	..	11,744
<i>Number of inhabited houses</i>		..	..	..	2,466
<i>Number of persons per house</i>		..	..	..	4.7

General Character of the District.

"The District was formed in 1898 out of adjacent portions of three neighbouring rural districts to secure more efficient Sanitary administration. It is naturally hilly in contour, and this is increased by the presence of huge pit mounds scattered over the greater part of it. They make the sewerage of the District both difficult and expensive, and prevent much of the land from being suitable for building purposes. The population is largely an industrial one, the workers being employed in the different works of the Lilleshall Company or in coal mining."

"The surface levels vary from 600 O.D. in the south, where the coal measure rise up to 200 O.D. in the north, which is on the Shropshire Plain and overlies the Bunter beds of New Red Sandstone covered with drift."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	16.6	.41	.25	.16	1.33	.83	1.17	140	24.

"Both the general death-rate and the infantile have been largely increased by the prevalence over the greater part of the year of whooping cough and measles. The fact that nearly every one of these deaths is in the houses of the industrial classes points very clearly to the want of proper treatment and isolation being the real cause of them."

"There is no doubt that if these diseases were made notifiable and the same attention paid to them as to scarlet fever, the mortality would be very materially reduced. In addition to notification I strongly advise the engaging of a Health Visitor to look up these cases and see that they are not being neglected."

Infectious Disease.—Twenty-eight cases of diphtheria, 17 of scarlet fever, 2 of puerperal fever, 1 of erysipelas, 10 of phthisis and 5 of other forms of tuberculosis were notified. *Diphtheria* at Ketley Bank school was attributed to mild and unrecognised cases. This was the only school specially affected. Six cases of *scarlet fever* occurred in the Trench, suspicion attaching to the milk, but this could not be proved. The cases of *phthisis* were visited by the Medical Officer of Health.

House Accommodation.—Seventy-three houses were inspected under the Housing and Town Planning Act. Two houses were unfit for habitation and have been demolished. In 47 houses defects were remedied. Owing to the slow progress of the work required in the notices, accumulations of back work is very considerable. "Much, however, remains to be done in respect of houses in the district, and there is no doubt, that when circumstances are more favourable, the Council will be well advised in building a considerable number."

Sewerage and Drainage.—"The laying of the new sewer to parts of Priorslee, Wrockwardine Wood and St. George's, hitherto unsewered, has been completed and sixty connections made to it. When the whole of the houses are on the sewer, it will do away with many serious nuisances, the result of having to drain into ponds and brooks."

"There have been 29 privies converted into water-closets in 1914, the new sewer makes the conversion of many more possible, and it is to be hoped that during the present year some serious effort will be made to carry this work out."

At the end of the year there were 1,170 privies, 327 pan-closets and 348 water-closets.

The provision of carriers and the underdraining of lands has doubled the land available for sewage treatment.

Water Supply.—Thirty-seven houses have been connected to the main during the year. There are still about 100 houses unconnected.

House Refuse.—Forty-nine ashpits were replaced by 143 bins during the year. A better system of scavenging is badly needed. "It ought to be possible to divide the District up into sections and empty the large ashpits twice a year."

Dairies, Cowsheds and Milkshops.—There are 31 milksellers on the register; 80 visits were paid and 4 notices served.

Slaughter-houses have received attention. Inspection of meat is fairly well carried out.

Factories and Workshops Act.—There are 19 factories and 77 workshops on the register. Three notices were served with regard to cleanliness and ventilation.

Nuisances.—Six cases of overcrowding were dealt with. Dr. White says:—"I again urge on the Council the necessity for firmer measures in expediting the improvement of houses, the abolition of privies and of the large open ashpit."

Permissive Powers.—"The Public Health Acts Amendment Acts of 1890 and 1907 have been adopted as far as applicable to the District. There are by-laws in relation to New Streets and Buildings, Slaughter-houses, Dairies, Cowsheds and Milkshops."

OSWESTRY (Urban).

Medical Officer of Health .. R. DE LA POER BERESFORD, B.A., M.D.

<i>Area in Acres</i>	..	..	..	..	..	1,887
<i>Population</i>	at 1911 Census	..	..	..	..	9,991
<i>Number of inhabited houses</i>	..	..	..	..	..	2,320
<i>Number of persons per house</i>	..	..	..	..	..	4.3

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	18.0	.39	1.07	.29	.97	2.14	1.36	137	20.5

The high death-rate included deaths of a considerable number of old persons.

The infantile mortality rate was the highest experienced for years. Out of 29 deaths, 12 were due to debility and premature birth and 6 to convulsions.

Infectious Disease.—Fifty-three cases of diphtheria, 7 of erysipelas, 14 of scarlet fever, 6 of enteric fever, 18 of phthisis and 6 of other forms of tuberculosis were notified. The cases of scarlet fever were extremely mild and unrecognisable in the early stages. Diphtheria was also very mild and many of the cases were only discovered by swabbing. The outbreak of enteric fever and the outbreak of food poisoning have been dealt with in special reports.

Water Supply.—A length of $1\frac{1}{2}$ miles of 7-inch main from the storage reservoir to the service reservoir was duplicated with great advantage to the supply. Notwithstanding the drought, it was necessary to get very little water from the Liverpool Corporation. The enlargement and reconstruction of the service reservoir have been under consideration. The water supply has been frequently examined chemically and bacteriologically with satisfactory results.

Sewage Disposal Works have continued to work satisfactorily.

The *Schools* have been kept clean and well ventilated except Castle Fields School, which is reported as insufficiently ventilated.

Milk Supply.—The milk cows in the Borough and outside were examined twice during the year by a veterinary surgeon, who reports having examined 804 cows. Two cows were condemned and removed from the herds. Several samples of milk were examined microscopically but no tubercle bacilli were found.

Isolation Hospital.—There is no isolation hospital in the Borough, but the matter is under consideration.

Troops were billeted in the town during August and afterwards encamped in fields on the Gobowen road. Arrangements were made by which the Council's staff removed all excreta and refuse whilst the troops were billeted in the town. The health of the troops was good.

OSWESTRY (Rural).

Medical Officer of Health .. R. DE LA POER BERESFORD, B.A., M.D.

<i>Area in Acres</i>	60,366
<i>Population</i> <i>at 1911 Census</i>	15,443
<i>Number of inhabited houses</i>	3,450
<i>Number of persons per house</i>	4.5

Statistics.

Period.	Death-rates per 1000 population from							Infant Death- rate per 1000 Births.	Birth- rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuber- culous Diseases.	Bron- chitis.	Pneu- monia (all forms)	Cancer.		
1914	13.8	.06	1.16	.32	.38	.83	1.61	57	23.7

Infectious Disease.—Twelve cases of diphtheria, 13 of scarlet fever, 5 of erysipelas, 1 of ophthalmia neonatorum, 16 of pulmonary tuberculosis and 4 of other forms of tuberculosis were notified. Two of the cases of *diphtheria* were fatal, one in Whittington and one in Weston Rhyn. All cases of tuberculosis are visited by the Medical Officer of Health.

Disinfection is carried out by means of the formaldehyde spray and fumigation. The provision of a steam disinfecter is recommended.

Hospital Accommodation.—There is a site for an infectious disease hospital, and negotiations are being carried on with the neighbouring Councils for the erection of a hospital.

Water Supply.—The Weston Rhyn supply is being extended and improved. It is intended to supply Morda from the Liverpool mains. Two public wells, one at Sychwm and one at Ducklands have been protected and pumps provided. A well at Maesbury Marsh ought to be dealt with.

Sewage Disposal.—The effluent from the sewage works at Weston Rhyn is highly satisfactory.

Scavenging.—A tip has been provided at Weston Rhyn. A system of scavenging for the larger villages is recommended.

Schools have been frequently visited and found fairly well kept.

Slaughter-houses, Factories, Workshops and Bakehouses are fairly well kept and regularly inspected.

Cowkeepers and Milksellers on the register keep their premises clean.

SHIFNAL (Rural).

<i>Medical Officer of Health</i>	..	..	A. E. WHITE, M.B., D.P.H.
<i>Area in Acres</i>	..	..	45,377
<i>Population</i>	at 1911 Census	..	8,953
<i>Number of inhabited houses</i>	..	..	2,042
<i>Number of persons per house</i>	..	..	4.4

General Character of the District.

"It has an area of 45,380 acres. Two parishes in the County of Stafford are included in the District for sanitary purposes. The population is for the most part thinly scattered, with an average density of one person to five acres. There are sixteen parishes, all of them, excluding portions of Shifnal and Albrighton, being strictly rural.

It overlies the new Red Sandstone, with coal measures on the extreme western boundary.

Shifnal is the market town for the District, and Albrighton a large residential village.

The chief industry of the District is agricultural, but there are in addition, two coal mines, the workers in which mostly reside in the neighbouring districts; a wire works, and a chemical works.

A considerable number of large residential estates are scattered through the District.

The Public Institutions in the District include the Workhouse, a Cottage Hospital and a Joint Isolation Hospital for small-pox."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	16.1	.33	.44	.33	1.33	.66	1.66	9.6	18.6

The death-rate was considerably above the average for the last 5 years. Whooping cough was returned as causing 5 deaths, but no doubt much of the respiratory diseases in young children might be attributed to the same cause.

The infantile mortality was above the average and the high rate was probably due greatly to whooping cough.

Infectious Disease.—Nine cases of diphtheria, 2 of erysipelas, 7 of scarlet fever and 1 of phthisis were notified. All the cases of *diphtheria* were in children at or below school age. The cases of *scarlet fever* were scattered. *Whooping cough* was responsible for the closure of 9 schools.

Housing Accommodation.—Fifty-three houses were inspected under the Housing and Town Planning Act, 4 were represented as unfit for habitation and 2 of these were closed. Forty-three houses were put into repair and 8 are still under consideration.

Water Supply.—Six houses have been connected to public mains and 9 unsatisfactory private supplies have been improved. At *Tong* water has been brought by a ram to the Priory from a Spring at Neachley. The same spring will give an improved supply to Neachley Hall and farm. It is recommended that the supply should be extended to the 5 adjacent cottages and to the school house.

Sewerage and Drainage.—The outfall works at *Shifnal* have continued to work satisfactorily. The *Albrighton* new sewerage works are completed and about 100 connections have been made. Twenty-five privies were converted to water-closets and 2 to earth closets.

Removal and Disposal of House Refuse.—At *Shifnal* the scavenging is carried out by contract, on the whole satisfactorily. It has to be carefully supervised by the Sanitary Inspector.

A number of portable ashbins have been provided in place of large open ashpits, and this policy should be actively pursued in the town.

Cowsheds, Dairies and Milkshops.—There are 42 names on the register. The sheds have been frequently inspected and are satisfactory in construction and kept in a clean condition.

Slaughter-houses have received attention. Four beasts and 13 sheep were found unfit for food and destroyed. "It appears to me that the system of accepting the voluntary surrender of carcasses as a reason for not prosecuting is a very bad one, and can only result in a continuance of the traffic by butchers in diseased meat."

There are 4 factories and 56 workshops on the register. Only one notice was served.

Permissive Powers.—The Infectious Disease Act and parts of the 1890 Amendment Act are in force. There are by-laws for Cowsheds, Dairies and Milkshops, and for New Buildings, Slaughter-houses, Lodging-houses and Nuisances.

SHREWSBURY (Urban).

<i>Medical Officer of Health</i>	..	..	THOMAS ORR, M.D., D.SC.
<i>Area in Acres</i>	..	..	..
<i>Population</i>	at 1911	<i>Census</i>	..
<i>Number of inhabited houses</i>	..	..	..
<i>Number of persons per house</i>	..	..	..
			3,525
			29,389
			6,612
			4.4

Physical Features and General Character of the District.

"The Borough comprises 3,470 acres, forming an area nearly equal in length and breadth, and roughly quadrangular. This area lies in the valley of the Severn, having a gradual fall to the river, and varying in elevation from 150 feet to 260 feet above sea level. The geological formation is varied, the Permian Red Sandstone occurring in a band across the centre, with the Bunter beds of the New Red Sandstone to the north, and the coal measures to the south. The actual subsoil is, however, mainly river drift, of varying and generally considerable thickness. In places stiff clay, but generally sandy and dry in the upper part, with clay underlying at greater or less depth. The contour offers good natural drainage to the Severn, which owing to its devious course, flows over a length of some eight miles either through or along the borders of the District.

"The climate of Shrewsbury is mild and possesses the characteristics of a valley climate. The open nature of the valley and the varied contours of the town, together with the course and movement of the Severn through and around the town, prevent stagnation of the air; and river fogs, even in the low lying parts of the town, are neither so frequent nor so common as might be expected.

"The old town of Shrewsbury stands on two hills of generally moderate ascent, but steep in parts. It is nearly surrounded by the river, which here makes a horse-shoe curve some two miles round with a width across the neck of about 400 yards.

"The enclosed part is most densely built on. Of the various suburbs across the river, Frankwell forms an old settlement on the north-west, with modern extensions chiefly of villa residences along the main roads radiating from it; Kingsland is a modern residential suburb to the south-west; Coleham an old settlement to the south-east, with Belle Vue, a modern extension adjoining; Abbey Foregate, old near the river, modern and residential further out, lies to the east.

"To the north-east, on the low lying ground outside the neck of the peninsula is the considerable district of Castle Fields, built over for the most part some fifty or sixty years ago, and forming an artisan residential quarter."

District.	I.	II.	III.	IV.
Wards.	Quarry, Stone, and Castle.	Welsh.	Abbey, Belle Vue, Kingsland, and Coleham.	Coton Hill, Castle Fields, and Ditherington.
Acres	164	381	2151	774
Population	5,325	3,846	10,575	9,643
Persons per acre	32.4	10.9	4.9	12.4

Statistics.

Period.	Death-rates per 1000 population from							Infant Death- rate per 1000 Births.	Birth rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuber- culous Diseases.	Bron- chitis.	Pneu- monia (all forms)	Cancer.		
1914	14.4	.43	1.14	.30	1.14	.87	1.0	104	20.8

Infantile Mortality.—There were 65 deaths during the year, being 19 more than 1913. Those diseases which showed an increase were bronchitis, pneumonia, gastritis, diarrhoea and prematurity.

Notification of Births Act, 1907.—Six hundred and thirty-six births and 34 stillbirths were notified. There were 14 cases of failure to notify. Five hundred and fifty-eight out of the 636 births were notified by the midwife alone.

Health Visitor's Work.—"The duties of these (School Nurse and Health Visitor) were much increased during the last year, since the school nurse has now the school dental clinic to superintend one day a week, with its attendant clerical work, and the health visitor has the tuberculosis dispensary, with special visiting of the tuberculosis cases. The time taken up in carrying out these duties means less time devoted to the visiting of infants and the instruction of mothers."

"To this reduction in the number of visits which, it would appear, must be constantly kept up and never relaxed, must be ascribed the increase in the rate. Steps must therefore be taken to organise the work in such a manner, or better to increase the staff to such an extent, as to secure more time being spent in instructing the mothers, and especially the young mothers, in the proper methods of caring for and feeding infants."

"Much permanent good might result if proper instruction regarding the feeding and care of infants were given by midwives who are called upon to attend mothers at the very earliest period of the infant's life, when a great amount of damage can be done by insufficient care. The midwife's duty is not only to the mother, but also to the child, who is very readily affected by adverse circumstances and especially by improper feeding."

Out of the 485 infants visited, 80.4 per cent. were breast-fed at the first visit. Inquiries into the deaths of 52 infants showed that 27 had been breast-fed, 19 bottle-fed and 6 fed on artificial food.

School for Mothers.—A Committee has been formed to carry out this work. The Council have provided a room and the Health Visitor and School Nurse take part. There are meetings once a week when instructions are given to the mothers regarding the care and feeding of children and demonstrations on making clothing, cooking food and especially the preparation of cheap and nutritious meals. The mothers are invited to bring their children. The children are weighed. Attendance of the mothers in 1914 was 1,957, and the number of weighings of infants was 816.

"The other activities of the School for Mothers Committee embrace the management of a Maternity Club, the provision of help for expectant mothers, the supply of food for weak and sickly children of poor parents, the management of sand gardens for children in the summer months, and the organisation of a baby show annually."

Infectious Disease.—There were no deaths from enteric fever, scarlet fever or measles. The death-rates from diphtheria and whooping cough were high. Fifty-eight cases of diphtheria, 63 of scarlet fever, 16 of erysipelas, 2 of enteric fever, and 5 of ophthalmia neonatorum were notified. *Scarlet Fever.*—Of the scarlet fever cases, 46 were isolated in the Borough Sanatorium, 11 in the School Sanatorium and one in the Military Hospital, or in all 92 per cent. of the cases notified. An outbreak of 6 cases in a boarding school in October was due to a boy who had been isolated six and a half weeks and was away on holiday for three more weeks before return to school. Two "return" cases also arose from a case which had been isolated in the Borough Sanatorium about 9 weeks, and had been at home for about a fortnight. In November and December 8 cases, 6 inside the Borough and 2 outside the Borough, occurred in one milk supply. Although no source of infection could be suggested in connection with the milk, the evidence pointed strongly in this direction. *Diphtheria.*—Six of the cases of diphtheria occurred in the Salop Infirmary, and one case in the town was apparently infected from his mother after discharge from the Infirmary. During the latter part of the year there was an outbreak in connection with Wyle Cop school. Eight cases were notified, six of them being in the infant department. The School Nurse visited all absentees and all sore throats were swabbed and examined, and the school rooms disinfected. These measures proved efficacious. In dealing with diphtheria, all absentees on account of sore throat are swabbed by the School Nurse, if no doctor has been consulted. No case is discharged from the hospital until three consecutive swabs have proved negative, and in cases nursed at home two consecutive swabs.

Enteric Fever.—The two cases occurred amongst the German prisoners and were probably both infected whilst in the trenches.

Puerperal Fever.—No case of puerperal fever was notified. The town has been very free of this disease.

Ophthalmia Neonatorum.—Two of the 5 cases were notified from the Eye, Ear and Throat Hospital and the other 3 by private medical practitioners. The Health Visitor keeps the case under supervision if a nurse is not in attendance.

Whooping Cough.—Two schools were closed on account of whooping cough. The houses of absentees are visited and instructions are given in whooping cough and measles.

Measles.—No schools were closed and only one was affected to any considerable extent.

Tuberculosis.—There were 34 deaths from phthisis, 4 from tuberculous meningitis and 5 from other forms of tuberculosis. Sixty-two cases of phthisis were notified and 2 of other forms of tuberculosis, 41 of these were private cases, 15 hospital cases and 8 poor-law cases. Fifty-four of the cases were visited by the Health Visitor, 915 visits in all being paid. The cases under supervision at the end of the year were 73 of tuberculosis of the lungs and 14 of tuberculous joints. Four shelters were provided by the Council and have been used by six patients. Three persons have been treated in private shelters and 3 in shelters provided under the County Council scheme. Of 71 school children recommended to attend the Dispensary only 13 attended and were examined. A Local Care Committee has been formed in Shrewsbury and the work of the Health Visitor is thus supplemented and additional aid is given. The Committee is of great assistance in looking after the general welfare of the patients.

Hospital Accommodation for Infectious Disease.—Fifty-one cases of scarlet fever and 54 of diphtheria were admitted to the Hospital during the year. *Scarlet Fever.*—The average stay in the Hospital was 46 days. The complications were rhinitis (10), otitis (2), albuminuria (3), endocarditis (1), and rheumatism (1). There were two "return" cases, infected by a girl who had been in the Hospital for 9 weeks. She had suffered from rhinitis whilst in the Hospital and developed a cold in her head 10 days after leaving the Hospital. *Diphtheria.*—Six of the 54 cases were found not to be diphtheria. There was one "return" case. This was in connection with the discharge of a patient from the Salop Infirmary.

Disinfection.—"At present disinfection of bedding and clothing is done in an unsatisfactory manner by spraying."

"Not only is a steam disinfecter very necessary in connection with the control of infectious disease, but it is also highly desirable in dealing with verminous persons, and especially school children. School Medical inspection has shown how necessary it is to have baths constructed in conjunction with a steam disinfecter, in order that verminous and dirty children can have their bodies cleansed and at the same time their clothing disinfected."

"A steam disinfecter combined with a cleansing station is one of the most important sanitary matters which the Council has got to deal with. It is to be hoped that before long they will seriously consider the question, and by its provision assist materially in the sanitary administration of the town."

The necessity for a cleansing station and disinfecter was very great during the billeting of the troops in the town in August, for the purpose of getting rid of verminous conditions.

Housing.—"The great scarcity of houses for the working-classes in the Borough, which has been referred to in previous reports, has become even more marked Altogether not less than 110 working-class houses have been lost to the town in the last four years." The 63 houses

provided by the Council at Ditherington have been completed and occupied, but they do not meet the requirements. "Under these circumstances, it has not been possible to deal with many houses which are in such a condition as to necessitate closure. Four houses only were represented for closure during the year." The number of houses surveyed in 1914 was 385, resulting in 370 notices. Defective lighting and ventilation occurred in 130 of the 385 houses inspected. Defective paving was found in 348 of the 385 houses. 357 houses were without proper refuse receptacles. In 204 there was no kitchen sink and in 187 no proper food pantry. Twenty cases of overcrowding were discovered.

"The cases of overcrowding cannot be properly dealt with until better provision is made for the housing of large families of the poorer class who have not the means of paying the rent required for a house large enough to satisfactorily house them."

"The rents of these houses are certainly high considering their condition. It is a rule with but few exceptions that the rents are promptly raised by the owners when repairs are carried out, sometimes in fact before the improvements have been begun. It is evident that the poorer sections of the community have to pay often a much higher rent than they can afford. The shortage of houses causes the standard of habitability to be kept below that which should be enforced, the result being that many poor people continue to be housed under conditions which, in the interest of the public health, ought not to be allowed to exist."

Water Supply is from two sources (1) well water of great chemical and bacteriological purity and 20 degrees of hardness. The amount of this is insufficient for all purposes. (2) River water filtered through pressure filters. "There being no storage and the whole of the organisms not being filtered out of the water the result is not a potable water, but one which is eminently suitable for washing and sanitary purposes." To prevent any danger one part in two million of chlorine is added in the form of "chloros." In order to protect the well water supply, land is being purchased to the north-west of the well.

Rivers and Streams.—During the last four years many sources of pollution have been discovered and removed from the Severn and its tributaries, and it is believed there are at present no permanent sources of pollution.

Drainage and Sewerage.—The whole Borough is provided with sewers except two areas of 7 and 15 houses respectively. These cannot be dealt with without pumping. They have dry-earth closets and cesspits for slop water.

Sewage Disposal Works.—No change has taken place at the outfall works. To prevent the deterioration of the land and the causing of a nuisance, the pressing of sludge into cake should be carried out extensively.

Closet Accommodation.—Except for the two areas mentioned, the water-carriage system is universal, the closets being usually of a wash-down type composed of two pieces. Generally speaking, amongst the working class houses there is one closet to two houses. Public lavatories have been provided for both sexes, and further proposals are under consideration.

Sanitary Accommodation in Public Houses has been thoroughly inspected and the inspection has revealed a very unsatisfactory state of affairs, which is now being remedied.

Scavenging.—Notices have been served for the provision of proper refuse receptacles in connection with 564 houses. The collection of refuse calls for much improvement. Covered carts should be provided and the scavengers should be forbidden to empty refuse on the roadways.

"The tips, which are three in number, although well managed, are a constant source of nuisance, and should not be favoured by the Council. It is almost impossible, except at much expense, to prevent nuisance from smell and from flies from these, and at the present time, when ample evidence is forthcoming of the mischief done by flies, the welfare of those living in the vicinity necessitates other arrangements for disposal being made. The only suitable and hygienic method of disposal is by means of a destructor, and this the Council should take steps to provide."

Co-operation of Military and Civil Sanitary Services.—There was close co-operation between these two services. Every billet allotted by the Police was inspected by a member of the Public Health Department. "The difficulty of dealing with verminous conditions among the soldiers was a serious one on account of the absence of a steam disinfecter and a cleansing station." The baths were made available for the troops free of charge, or in the early stage at a charge of one penny. Two cases of enteric fever and one of diphtheria took place amongst the prisoners in the detention camp, but there was no case of infectious disease amongst the troops.

Common Lodging Houses.—There are now only four common lodging houses in the Borough, and they are kept satisfactorily. The enforcement of the regulations is under the Police.

Houses Let in Lodgings.—By-laws regulating these houses are now under the consideration of the Council.

Offensive Trades.—The order made on the 8th November, 1913, declared certain trades to be offensive trades in addition to those mentioned in the Public Health Act, 1875. The order includes fried-fish shops. The premises were visited regularly throughout the year and with one exception, no defects requiring attention were found.

Canal Boats.—There are no canal boats registered in the District, and the canal traffic is small.

Milk Supply.—Thirty-five cowkeepers and milksellers on the register. Eighty visits were paid to the premises. The general condition of the cowsheds is good. Milk is often sold in small shops difficult to keep in a satisfactory condition.

Tuberculous Milk.—Eighteen samples of milk were examined bacteriologically and 2 were found to contain the bacillus of tuberculosis. These were followed up, but the diseased cows were not discovered. Probably the cows were sold before the veterinary examination. "This difficulty can only be met by systematic veterinary inspection of all the cows in the area of each local authority, which inspection it is hoped all local authorities will institute under the Milk and Dairies Act."

Dirt in Milk.—The 18 samples of milk were also examined for dirt and 2 were found "dirty," i.e., containing more than 40 volumes per million volumes of milk.

Meal Inspection.—The abattoir superintendent who is also the meat inspector, visits the private slaughter-houses, butchers' shops and Market Hall. *Public Abattoir.*—Out of 1,324 beasts slaughtered, 18 were found to be affected with tuberculosis. In 7 of these the whole carcase was destroyed and in the remainder the affected part. In addition, one carcase and numerous organs were destroyed for other reasons. Out of 7,567 sheep, 7 were found unfit for food. Out of 4,523 pigs, 96 were affected with tuberculosis. In 24 the whole carcase was destroyed and in the remainder the affected parts. *Private Slaughter-houses.*—There are 5 private slaughter-houses; inspected regularly, 459 visits being paid. The approximate number of animals slaughtered was 538 beasts, 4,000 sheep and lambs, 200 calves and 200 pigs. The carcasses of a cow, a heifer and of one pig, besides numerous organs, were destroyed.

Food and Drugs.—Seventy-seven formal and 3 informal samples were taken. One sample of coffee and one of whisky were found to be adulterated. The average amount of fat in the 33 samples of milk submitted was 3.42. Thirty-eight samples were taken under the Milk and Cream Regulations.

Adoptive Acts.—The Public Health Acts adopted by the Council are as follows:—Public Health Acts (Amendment) Act, 1890, Infectious Disease Prevention Act, 1890, and the Public Health Acts (Amendment) Act, 1907.

Bacteriological Work.—Under the County Council agreement 354 specimens were examined at Birmingham University and 885, principally diphtheria, were examined in the Borough Laboratory.

Workshops and Workplaces.—The number of workshops on the register is 234 and 474 inspections have been made.

All the *bakehouses* have been kept under supervision, and since 1911 have been markedly improved. Section 22 of the Public Health Act (Amendment) Act, 1890, have been adopted, and the standard of sufficiency and suitability of closet accommodation is enforced.

The *workshops* in the Borough are in good condition.

TEME (Rural).

<i>Medical Officer of Health</i>	..	..	JOHN H. K. GRIFFITHS, M.B.	
<i>Area in Acres</i>	..	..	..	23,090
<i>Population</i>	at 1911	<i>Census</i>	..	1,644
<i>Number of inhabited houses</i>	..	..	..	382
<i>Number of persons per house</i>	..	..	..	4.3

General Character of the District.

"The District is mountainous, and purely agricultural. The majority of the inhabitants are engaged in agriculture. There are five parishes in the District, but there is only one village of which the population is as much as 400, viz. : Bucknell."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	15.2	.33	.0	1.21	1.33	.66	.60	162	22.5

Four cases of pulmonary and 2 of other forms of tuberculosis were notified. They were visited and instructions given and the houses were disinfected after removal of patient to hospital or sanatorium, or after death.

There were no other cases of infectious disease notified during the year. *Measles* was very prevalent in the spring.

Hospital Accommodation.—"This cannot be said to be sufficient, as cases of only one infectious disease at a time can be admitted."

There is a scarcity of midwives in the District.

Water Supply.—"The majority of the houses have their own supply from shallow well or spring. *Bucknell* is still without a proper supply, and the question of providing one seems to have been postponed indefinitely, it being the general desire of the majority of the inhabitants to continue under the present conditions."

Sewerage and Drainage.—There is no system of sewerage and no system is needed.

Excrement Disposal.—by means of privies which are emptied on gardens or on land.

Scavenging.—There is plenty of open space for disposal of house refuse, and no system is required.

The public elementary schools are in good sanitary condition.

Milk Supply.—There is only one milkseller in the District. It is found difficult for poor persons to get milk.

Bakehouses and Slaughter-houses.—There is one bakehouse and one slaughter-house, both properly kept.

Housing.—There is a sufficiency of houses and generally they are kept in an average state of repair. No cases of overcrowding came under notice and no new houses were erected.

Workshops.—The only workshops are blacksmiths' and wheelwrights' shops. They have been inspected and found clean and sanitary.

WELLINGTON (Urban).

<i>Medical Officer of Health</i>	..	..	A. E. WHITE, M.B., D.P.H.	
<i>Area in Acres</i>	..	..	..	700
<i>Population</i>	at 1911	<i>Census</i>	..	7,820
<i>Number of inhabited houses</i>	..	..	..	1,721
<i>Number of persons per house</i>	..	..	..	4.5

General Character of the District.

"Wellington lies on the southern border of the Shropshire Plain, with the Wrekin and Ercall Hills to the south of it. It covers 684 acres. The subsoil is clay and gravel overlaying the lower layers of the red sandstone. It is the centre of a large agricultural district, and serves as the market town for it and the neighbouring mining and manufacturing districts. Its chief industries are brewing, malting, and the manufacturing of furniture and all kinds of woodwork, agricultural implements, and ironwork. In addition several large and well-equipped boarding schools are carried on, and add materially to its prosperity."

"The water supply is under the control of the Council, who have water rights over some of the surrounding rural area. The sewers are for the most part modern, and the outfall is about half-a-mile from the border of the district. The Workhouse is in the town, and this and the Cottage Hospital are the only institutions that materially affect the statistics."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	12.3	.49	.99	.24	.99	1.62	.87	86	22.2

The principal causes of death were heart disease (12), pneumonia (13), bronchitis (8), phthisis (8), and cancer (7).

Infant Mortality.—"Nine of these deaths were due to conditions more or less existent at birth, and there were a number of still-births due to similar causes of which we have no record. Many of these children would have survived, if the mothers had taken proper care of their own health during pregnancy, and many more if they had known how to bring up their infants. There is no doubt there is great need for some movement to check this waste of infant life. I regret very much that the Council did not take the opportunity which presented itself recently of engaging a thoroughly trained health visitor, who would have been invaluable in advising mothers about matters affecting their own health and that of their infants. The State has recently shown the importance they attach to this work by offering to subsidise it whenever a Council undertakes it efficiently. It is certain that no sanitary administration can now be said to be properly organised without a health visitor, in addition to maternity and infant welfare, the regular visiting of phthisis cases and the supervision of non-notifiable infectious disease, such as measles and whooping cough is urgently required."

Infectious Disease.—Eighteen cases of diphtheria, 5 of erysipelas, 5 of enteric fever, 10 of pulmonary tuberculosis, 4 of other forms of tuberculosis, and one of each of the following diseases:—puerperal fever, cerebro-spinal meningitis, poliomyelitis and ophthalmia neonatorum were notified. *Diphtheria* was probably spread by unsuspected cases. Seventy-one swabs were examined at Birmingham University and 20 of these were returned as positive. *Enteric Fever.*—"The five cases occurred in November and December, the first one notified was probably infected at Sittingbourne, but no connection could be established between this and the later cases, three of which lived close together. I could find no evidence that either the water or milk supply were responsible agents in this outbreak. All the patients gave Widal's re-action."

The case of *cerebro-spinal* fever was not confirmed by bacteriological examination. The child suffering from *ophthalmia neonatorum* was provided with a nurse. Of the 10 cases of *tuberculosis* notified, 4 died and 2 were treated at Shirlett Sanatorium. "With the facilities provided by the County Council in the form of consultations with the Tuberculosis Officer and the examination of sputum, it is to be regretted that often the diagnosis is not made until the case is beyond recovery."

There was considerable prevalence of measles and whooping cough in the latter end of the year. "I am strongly of opinion that these diseases should be made notifiable, that a nurse or health visitor should be appointed to visit them, and that where necessary medical attendance should be provided by the Council."

Housing Accommodation.—"It is a pleasure to record substantial improvement in the cottage property in the district, and the prompt manner in which the majority of owners attended to the requirements of the Sanitary Authority. Twenty-two cottages built by the Council were occupied as soon as completed, and in addition there were twelve houses built by private owners. Eight cases of overcrowding were dealt with."

Water Supply.—In the early autumn the town was dependent for its water supply on the bore-hole supply. The Council has decided to duplicate the bore-hole and pumps. Thirty-six million gallons were used from the Wrekin reservoir and 28 million gallons were pumped from the bore-hole. The total consumption of water works out at 19 gallons per head a day on a population of 9,250. The water from the filter beds was examined by Prof. Delepine and found to be very satisfactory.

Sewage and Drainage.—"The Sewerage Works at Admaston continue to turn out a very satisfactory effluent. Additional land has been purchased to deal with the storm water in consequence of notices from the owners of the land, that the storm overflow at Spring Hill must be discontinued."

"There have been 22 privies converted into water-closets during the year, and notice has in addition been served on a large number of landlords for conversions, and many of these are in progress. The number of privies in existence in the Urban district at the end of the year was 233. Many of these are in the centre of the town and are a serious nuisance when they are being emptied. A wholesale clearance of these places is required."

Removal of House Refuse.—Progress has been made in the substitution of sanitary bins for open ashpits. This change has been made in 87 houses. A destructor is recommended.

Factories and Workshops.—83 workshops; periodically visited.

There are 10 *bakehouses*; some very small and lack air-space and ventilation, but the majority are good.

Dairies and Cowsheds.—"There are 21 milksellers on the register, they were visited regularly, and very few defects were found and those of a minor character."

Slaughter-houses are on the whole fairly good.

Nuisances.—In 9 instances action had to be taken with regard to the keeping of pigs.

WELLINGTON (Rural).

Medical Officer of Health W. T. HAWTHORN, M.R.C.S.

<i>Area in Acres</i> .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	33,472
<i>Population</i>	at 1911 Census	.. ..	.. ..	.. ..	.. ..	.. ..	11,091
<i>Number of inhabited houses</i> .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2,433
<i>Number of persons per house</i> .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4.5

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	14.2	.36	.81	.18	.72	1.71	1.44	87	22.7

Infectious Disease.—Five cases of scarlet fever, 7 of erysipelas, 7 of diphtheria, 2 of enteric fever, and 128 of measles were notified. Five schools were closed on account of measles, whooping cough and chicken-pox.

Water Supply.—Has been extended from Lawley Bank to Red Lake. “As mentioned in my last report, a dispute having arisen as to the quality of the water supplied to Hadley, notices served were not enforced until further analysis had been made; the analysis is now satisfactory and notices should be enforced, but nothing further has yet been done in the matter.”

“The Sewage Schemes for Admaston and Hadley appear to be working well, and the effluents are very satisfactory.”

“Steps are being taken to prevent the pollution of the water-course at Hadley from the Car Works.”

“Nothing further has been done with regard to the drainage of Ketley, which in some instances is very insanitary and should receive immediate attention.”

Slaughter-houses.—There are 15 slaughter-houses on the register; 34 visits have been made.

There are 37 milk-sellers on the register and 30 visits have been paid.

House Inspection.—Five hundred and thirty-five houses were inspected and 4 were found unfit for human habitation.

There is no public scavenging, but refuse is mostly disposed of satisfactorily.

WEM (Urban).

<i>Medical Officer of Health</i>	..	JOHN DALLEWY, L.R.C.P., M.R.C.S.	
<i>Area in Acres</i>	..	..	452
<i>Population</i>	at 1911 Census	..	2,273
<i>Number of inhabited houses</i>	"	..	509
<i>Number of persons per house</i>	"	..	4.4

General Character of the District.

"The town of Wem is situated in the centre of an agricultural district, and is made up of a number of good houses, shops, cottages, and some Public Buildings.

"There is a brewery and also a tannery in the town.

"The town is paved, and is lighted with gas.

"The Union Workhouse is situated within the District.

"Two Cemeteries are in use, one on the Whitchurch road, about $4\frac{1}{2}$ acres in extent, and a smaller one in Chapel Street, of about a quarter of an acre.

"The site of the town is flat ground with sandy subsoil, situated from 264 to 270 feet above sea level.

"An ample water supply and good drainage are provided.

"The Wem Urban District comprises an area of 453 acres, and at the Census of 1911 had a population of 2,273.

"By Local Government Order dated April 1st, 1900, the ancient Civil Parish of Wem was divided into two parishes, Urban and Rural. Under provisions of the Local Government Act of 1894, by the same Order, the Urban Parish was constituted an Urban District, and the town is now governed by a District Council."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	9.5	0	.43	.43	.0	.0	2.59	68	19.0

Infectious Disease.—Five cases of scarlet fever, 5 of pulmonary and 2 of other forms of tuberculosis were notified.

Hospital Accommodation.—There is no isolation accommodation for infectious disease in the District, except for cases of small-pox.

Disinfection.—Disinfectants are supplied and the Sanitary Inspector disinfects the houses by means of a formalin spray. When ordered by the Medical Officer of Health the steam disinfectant is used for bedding, etc.

Water Supply.—This is abundant and of good quality.

House Accommodation.—Seventy-three houses were inspected under the Housing and Town Planning Act.

Sewerage and Drainage.—A full description of the sewerage system was given in the report for 1910. It continues to work well.

Excrement Disposal.—The number of privies is 9, earth or pail closets 412, water-closets 234. There were 2 conversions from privies to earth or pail-closets, but no other conversions.

Scavenging is undertaken by the Sanitary Authority.

Schools.—Land has been purchased for a new Council School. Extensive alterations are to be carried out at the National School.

Slaughter-houses—8 on the register ; inspected regularly and found satisfactory.

Milk Supply.—No regulations are in force. There are 14 cowkeepers on the register. Cowsheds and dairies have been inspected regularly and found satisfactory.

Bakehouses are satisfactory.

Permissive Powers.—By-laws are in force with regard to New Streets and Buildings, Nuisances, Slaughter-houses and Common Lodging Houses.

Common Lodging Houses.—There is one common lodging house ; inspected regularly and satisfactory.

WEM (Rural).

Medical Officer of Health .. JOHN DALLEWY, L.R.C.P., M.R.C.S.

<i>Area in Acres</i>	..	..	..	..	..	51,999
<i>Population</i>	..	at 1911 Census	..	..	..	8,373
<i>Number of inhabited houses</i>	..	..	..	..	..	1,940
<i>Number of persons per house</i>	..	..	..	..	..	4.3

General Character of the District.

" Wem Rural District is composed of the parishes of Wem Rural, Broughton, Clive, Grinshill, Lee Brockhurst, Loppington, Moreton Corbet, Prees, Shawbury, Stanton-on-Hine-Heath, Weston and Wixhill, and Whixall.

" The total population is 8,373. There are 1,940 inhabited houses.

" The District is an agricultural one."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	13.2	.11	.35	.23	.59	.95	1.18	54	19.6

Six of the 9 deaths under one year of age died within one week of birth, 5 of them being due to premature birth.

Infectious Disease.—Thirteen cases of diphtheria, 37 of scarlet fever, 2 of erysipelas, 6 of pulmonary and one of other forms of tuberculosis were notified.

Tuberculosis.—All cases of pulmonary tuberculosis were visited and the houses inspected for sanitary defects. Disinfection is done in all cases of death from phthisis.

Disinfection.—All notified cases are supplied with disinfectants, and the house disinfected by formalin spray. The steam disinfector is used for bedding under the advice of the Medical Officer of Health.

Hospital Accommodation.—There is a hospital for small-pox, but none for other infectious disease.

Water Supply.—The schemes for Whixall and Prees water supplies have been postponed until the close of the war.

House Accommodation.—"It was proposed to build five pairs of Workmen's Cottages in the District, plans were prepared and accepted, and land for sites was selected at Yorton, Prees Green, Rue Wood, Stanton and Whixall, but owing to the war the work has been postponed."

Sewerage and Drainage is for individual houses and small groups of houses, and is on the whole satisfactory.

Milk Supply.—There are 125 cowkeepers and milksellers on the register. The premises have been regularly inspected.

Factories and Workshops.—There are 69 workshops on the register. They have all been inspected.

WENLOCK (Urban).

<i>Medical Officer of Health</i>	M. GEPP, L.R.C.P.E., D.P.H.
<i>Area in Acres</i>	22,657
<i>Population</i>	at 1911 Census 15,244
<i>Number of inhabited houses</i>	3,548
<i>Number of persons per house</i>	4.3

Physical Features and General Character of the District.

"The District comprises 22,522 acres, exclusive of water, being the largest Borough in area in the country. This area is of very irregular outline, but is, roughly, some ten miles in greatest length, from north to south west, and has a mean breadth of some four miles, being narrowest where the Severn, traversing the District from west to east, makes a natural division, the part lying to the south of the river, having three or four times the area of the northern part, though with less than half the population."

"The District is for the most part a tableland lying at an elevation of from 400 to 600 feet or more: the Severn forming a deep cutting through this elevated land, its banks rising very steeply on either side from about 150 feet O.D. at the water level to the general height of about 500 feet O.D. The central and eastern part, nearly half the area, lies upon the coal measures. To the west the formation is the Wenlock and Ludlow beds of Silurian age, forming a considerable part of the southern division and extending also to a limited extent across the river in the northern division. Much of this ground lies in ridges with intervening valleys at a height of from 600 to 800 feet. At the southern extremity the old red sandstone occurs. The natural drainage is to the Severn, by small streams falling as a rule steeply into the river within the District, but the southern part of the southern area drains to the south by small streams which meet the Severn some distance outside the District."

"The District is in large part industrial, the chief industries being coal and iron mining, iron manufactures, and brick and tile works. There is also a large china factory. These industries are confined to the northern area together with a small part of the southern area near the river. The greater part of the southern area is entirely rural and agricultural, and thinly populated."

"For purposes of local administration the Borough is divided into four wards, each having a separate Sanitary Committee acting as the Sanitary Authority. These wards, with their area, population and general character are as follows:—

Ward.	Area in Acres.	Census Population 1911	Situation.	General Character.
Madeley	2797	8121	North-of-Severn ..	Urban and Industrial Coal and Iron.
Broseley	1962	3663	South-of-Severn ..	Urban and Industrial Brick and Tile.
Much Wenlock	8751	2148	South-of-Severn ..	Agricultural.
Barrow	9012	1312	Both sides of Severn	Agricultural."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	15.7	.13	.99	.52	1.58	1.45	1.18	91	18.8

There was a considerable decrease of the population of the Madeley, Broseley and Much Wenlock Wards in the inter-censal period.

The population, birth-rates and death-rates for the Wards for 1914 are as follows :—

	Estimated population 1914	Birth-rate.	Death-rate.	Infant Mortality.
Madeley	8080	19.1	16.9	117
Broseley	3610	19.4	14.1	43
Wenlock	2120	17.9	14.1	53
Barrow	1310	17.6	15.3	130
Borough	15120	18.8	15.7	91
Rural England	—	21.9	13.3	93

The birth-rate in the Borough was the lowest recorded.

Infantile Mortality.—The rate was above the recent average and was raised by an excess of deaths from bronchitis and pneumonia, probably largely due to measles and whooping cough.

Infectious Disease.—There were 2 deaths from measles, 2 from whooping cough, 4 from diphtheria and 2 from diarrhoea. Ten cases of scarlet fever, 47 of diphtheria, 1 of puerperal fever and 1 of poliomyelitis were notified. Thirty-two of the cases of *diphtheria* were in Broseley, of which 17 were in the first six weeks of the year, 8 being discovered by school swabbing. "The chief feature in dealing with this outbreak was the great assistance rendered by the swabbing of suspected children in school or at home, made possible by the system of school nursing. Some 46 children at least were swabbed by the nurses during the outbreak, and 14 of these showed diphtheria and were excluded from school until proved to be clear of infection. It is probable that few of these cases would have been discovered otherwise, and the children would have been going about, and to school, in an infected condition. The system also rendered possible the keeping open of the schools in general with comparative safety."

Arrangements have been made for the supply of diphtheria antitoxin.

Measles and Whooping Cough were both prevalent, two schools being closed on account of measles and 6 on account of whooping cough.

Ophthalmia Neonatorum.—The Council is advised to apply to the Local Government Board for powers to provide medical and nursing attendance under section 33 of the Public Health Act, 1875. It is suggested that the Council should approach the Trustees of the Lady Forester Trust to assist in the nursing.

Tuberculosis.—There were 15 deaths from pulmonary tuberculosis and 8 from other forms of tuberculosis. Fourteen cases of pulmonary and 8 of other forms of tuberculosis were notified. The cases were not as a rule visited except in fatal cases for purpose of disinfection and inspection.

Isolation Accommodation.—There is an iron hospital for small-pox with accommodation for 4 persons of each sex suffering from the same disease. There is no isolation accommodation for other infectious diseases. Dr. Gepp says :—" I would point out that provision for isolation both of ordinary infectious disease and of cases of advanced phthisis is at least as necessary in the Borough as in other Districts, and that inclusion in a large area for this purpose is the most economical way of making efficient provision. In my opinion the Borough would have been well advised to join the scheme."

Disinfection.—The Sanitary Inspector sprays or fumigates infected rooms, after infectious disease. Disinfectants are supplied. A steam disinfecter is recommended.

Water Supply.—There are two public systems of supply. *Broseley and Madeley Joint Scheme* derives its water from a deep well boring in the Bunter beds of the New Red Sandstone at Harrington. The water has about 16 degrees of hardness and is of great purity. The supply is constant and is laid on to public standpipes and to an increasing number of houses. *Much Wenlock* has a pumping scheme, the water being derived from a deep well in the Tannery Field. The water is artesian and is derived from the Shale measures of the Wenlock limestone. It is laid on to most of the houses. The yield of water has fallen off considerably in recent years, and a deep borehole sunk alongside the well has not been successful. "Stretton Road Spout" water has been investigated. Bacteriological examination showed that it was polluted with faecal matter, but when traced properly to its source it was found to be pure. "Coincidentally with the laying on of the public supplies the death-rate showed a definite drop, which has been maintained consistently. Another satisfactory feature has been the extinction of enteric fever. The association of this disease in the Borough with the use of polluted river water or that of other impure sources was generally close."

Sewerage and Drainage.—The contour of the District affords good surface drainage. *Wenlock Ward.*—A scheme of drainage for Much Wenlock was carried out in 1912 and has resulted in a decided improvement in the sanitation of the town. Sixty-six private drains were connected in 1913 and 12 houses were connected last year. In carrying out the scheme 185 branches were brought up to the boundary of house property and disconnecting traps fixed.

"The sewers of the various other towns in the Borough are for the most part of old construction, and appear to be, generally speaking, drains laid originally to take surface water, or as in the case of the steep hillside of Ironbridge especially, culverted water-courses. There are at present no works of sewage treatment, the outfall of most of the main sewers being either directly into the Severn, or into streams which fall into the Severn within the District. The sewers being old, no flushing arrangements are provided, other than by surface water, and ventilation depends upon surface water openings, which are not as a rule trapped, and upon the fact that many sewers are culverted in short lengths and in other parts run into open half culvert channels.

"As regards the towns and townships of Ironbridge, Madeley, Coalbrookdale, Coalport, Broseley and Jackfield, I have stated my definite opinion that further necessary progress in sanitation depends upon proper sewerage being provided."

Excrement Disposal.—Privies of old and objectionable type are in a very large majority, and no general action for abolition has been possible in the absence of sewerage facilities. Three privies were converted to water-closets during the year. "Drained privies" of very obnoxious character, are not infrequently met with. Being untrapped and unflushed the drains become very foul and freely ventilate most offensive gases through the closet seats."

Privies are scavenged in the Madeley Ward on the occupier's request. Elsewhere the scavenging of the privies is done by owners or occupiers, at long intervals, averaging in the Madeley Ward less than once a year.

There are very few moveable receptacles for house refuse, fixed ashpits unconnected to privies being the rule. No ashpits have been converted to moveable bins in recent years.

The scavenging of Madeley Ward consists of weekly collection from moveable bins and the scavenging of ashpits on request of occupiers. In the Broseley Ward about a dozen ashpits are scavenged monthly by a contractor.

Housing.—"The great majority of houses in the District are old, and many very old. There is much decaying house property difficult to deal with satisfactorily. Taken as a whole the standard of housing is low, and there is practically no building of new cottages, the rents of the old property and the means of the occupiers being generally small."

"Back to back houses are very rare, but a good many houses lack through ventilation, in some cases this being due to their being imbedded at the back into the hillsides. The sanitary surroundings of cottages are very often unsatisfactory, due to the absence of paving of yards, to lack of sewerage or drainage facilities, and very generally to objectionable vault privies."

The inspection has been made in accordance with a list of houses prepared in 1911 with additional houses in bad condition that have since been met with. Better progress has been made during the year, 147 houses being inspected. Six houses were formally represented as unfit for habitation, two of these being voluntarily closed by the owners. In the other four cases, closing orders were made. The dampness of the houses and the want of ventilation are the most important matters to receive attention.

"The Board, in December, called the attention of the Town Council, upon their Inspector's report, to the fact that there appeared to be many unsatisfactory dwellings in the Borough, defects existing as regards insufficiency of light and air, dampness and dilapidation, and grossly insanitary conditions in the surroundings of houses. The Board have requested the Council to expedite the inspection of houses and to follow up the inspection of any unsatisfactory houses by early action with a view to enforcing the repairs and improvements found necessary. These are matters to which I have called attention and upon which I have advised similar procedure in my Annual Reports."

A considerable number of defective houses are still under consideration. "There are some 30 or 40 houses which figure in the 'outstanding notices' and have been unoccupied for several months and which unless repaired and occupied will soon become uninhabitable."

The Committees are urged to do all in their power to make the work of repair keep pace with the work of inspection. Four cases of overcrowding were dealt with during the year.

Permissive Powers.—The Infectious Disease (Prevention) Act, 1890, the Public Health Acts (Amendment) Act, 1890 (except Part IV.), and Parts 2, 3, 4 and 5 of the Public Health Acts Amendment Act, 1907, have been adopted.

"The Infectious Disease (Prevention) Act, 1890, has been in operation in the Borough since about 1898. It was found last year that formalities of giving notice of and advertising its adoption had been neglected. The Council therefore, to comply with legal requirements, re-adopted the Act last year, taking the necessary formal action.

"By-laws were made in 1905 in respect to Common Lodging Houses and Slaughter-houses.

"Regulations as to Dairies, Cowsheds and Milkshops were adopted in 1905."

Slaughter-houses.—There are 18 in the Borough. They are not registered, but are inspected periodically but not regularly at times of slaughtering. No tuberculous carcasses were found.

Common Lodging Houses.—There are 2 on the register, frequently inspected.

Dairies, Cowsheds and Milkshops—42 on the register. Special attention has been paid to them. Six samples of milk were sent during the year to the County Medical Officer of Health for examination for dirt. Three of these were reported to be dirty. Seventeen samples of food and drugs were reported on and all found to be genuine.

WHITCHURCH (Urban).

Medical Officer of Health M. GEPP, L.R.C.P.E., D.P.H.

<i>Area in Acres</i>	..	..	..	..	..	..	4,783
<i>Population</i>	at 1911 Census	..	..	..	..	..	5,757
<i>Number of inhabited houses</i> ..	..	..	..	..	..	..	1,314
<i>Number of persons per house</i> ..	..	..	..	..	..	..	4.4

Physical Features and General Character.

"The Urban District lies within the northern border of the County, and comprises a considerable area of agricultural land surrounding the town of Whitchurch. The general elevation varies from about 270 feet to 350 feet above Ordnance Datum. The subsoil is the red marl of the New Red Sandstone. The town occupies the centre and higher part of the District, the fall of the ground being from south and east to west and north-west, and the natural drainage by small brooks leaving the District towards the north-west, as tributaries of the Dee. The centre of the town is old and compact, considerable extensions of more recent buildings existing along some of the main roads radiating from the town. The surrounding parts of the District are entirely rural and agricultural, extending some two or three miles to the north-east and south-west of the town and to about a mile to north-west and south-east. Whitchurch is a market and residential town, and the land around is extensively employed for grazing and dairy farming. It is the centre and market of a large cheese making industry. There is a brewery, maltings, engineering works, a steam laundry and a creamery. A Secondary School for girls has been erected in the town by the County Council."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	13.4	.16	.67	.0	.16	.67	1.01	114	22.2

The infantile mortality was above the average, being 114. The majority of the 15 deaths were due to congenital debility.

Infectious Disease.—There were 6 deaths from whooping cough, 3 from diphtheria and 1 from diarrhoea. Forty cases of diphtheria, 9 of scarlet fever and 1 of ophthalmia neonatorum were notified. *Diphtheria.*—The chief prevalence occurred in the autumn and was associated with school attendance, both the National and Wesleyan schools were involved and closed. Nine children excluded for sore throat were swabbed by the Medical Officer of Health, and 5 showed diphtheria bacilli. "The closure, as stated, had good effect. Had it been possible for the Education Authority to arrange for systematic medical examination of the children, or for swabbing of suspects by school nurses, the schools might have been re-opened earlier. The partial school nursing system of the County Council however is not in operation in Whitchurch." Seventy-five per cent. of the cases occurred in elementary school children and there was little spread in infected houses. Swabbing of the cases before admission to school showed several cases of prolonged infection. Diphtheria anti-toxin is supplied to medical men for use in cases of diphtheria of the poorer class. *Whooping Cough* was very prevalent, the Wesleyan schools being closed. *Ophthalmia Neonatorum.*—The Council has resolved to provide nursing treatment for any cases of the poorer class in which treatment may be necessary. Application to the Local Government Board for powers to make this provision is advised.

Tuberculosis.—There were 4 deaths from pulmonary tuberculosis. Five cases of pulmonary tuberculosis and none of other forms of tuberculosis were notified. The Council provided two Taunton shelters in 1913. They are lent out to suitable cases.

Hospital Accommodation.—There is no hospital for ordinary infectious disease. There is a joint hospital for small-pox, including several districts.

Disinfection.—The Sanitary Inspector sprays infected rooms. There is a Thresh Emergency steam disinfectant owned by the Urban and Rural District Councils.

Water Supply.—"The town has a public system of supply laid on to the houses. The Council's Water Works are at Fenn's Bank, about three miles south-west of the town. The water was originally derived from a number of shallow wells sunk into the "drift" in grass land, near the pumping station. To these were added some years ago three bore holes sunk into beds of sand at points half a mile and more distant from the drift wells, this water being siphoned to the pumping station. The water from one of these bore holes became peaty and has been cut off. Extensions of the mains and increasing demand proved these sources inadequate, and after careful investigation and consideration the Council in 1908 adopted the recommendation of the Surveyor to seek for a new source of supply in the drift area, below the clay which held up the water in the shallow wells. Eleven bore holes and six 3-inch copper tubes were put down to a depth of from 43 to 51 feet, and three new collecting wells were made in brickwork and cement. The result was very good, an additional yield of over 3,000 gallons per hour being secured."

"A constant supply has been maintained throughout the year."

"The water is softened by lime treatment to a hardness of about seven degrees, and pumped by steam power to a covered reservoir."

Sewerage and Drainage.—The town is well sewered. The sewers are ventilated by 24 shafts and surface grids and flushed by 5 tanks. The outfall works consist of septic tank of 25,000 gallons, 2 small tanks and 70 acres of pasture land for irrigation. A man is employed by the Council at the outfall.

Excrement Disposal.—Water-closets 1,089, earth or pail closets 22, privies 229. Within the limits of the town proper there are only 56 privies. Nine privies were converted to water-closets during the year. The number now remaining is comparatively small, and the Council should press on their extinction as rapidly as possible. The scavenging of the privies is carried out by the householders.

Removal of House Refuse.—There is a weekly collection of house refuse except in the outlying areas, where there is scavenging only once a fortnight in the winter months. All ashpits in the town with the exception of 12 have been re-placed by movable bins. There are 525 galvanised iron bins with covers, and 700 galvanised iron pails or wooden boxes in use. Sixty-eight houses were provided with bins during the year. The carts collecting refuse are covered with tarpaulin. The refuse is tipped at a distance of 450 yards from 5 isolated houses.

Housing.—Building appears to keep pace with the increase of population. In the centre of the town there is some crowding of cottage property in yards. Special attention has been given to this class of property. Five cases of overcrowding were dealt with during the year. No house was represented as unfit for habitation during the year. The Census returns show some cases of serious overcrowding which should receive attention.

Permissive Powers.—"The Council has adopted Part III. of the Public Health Acts (Amendment) Act, 1890, and the Infectious Disease (Prevention) Act, 1890, is in force in the District, with the exception of sections 5, 6, 15, and 17."

"The Public Health Acts Amendment Act, 1907, Parts 2, 3, 4, 5, 6, 7, and 8, has been adopted. The first four parts refer to sanitary matters."

"By-laws are in force with respect to Nuisances, New Streets and Buildings, Slaughter-houses, Common Lodging Houses, Tents, Vans, etc., used as habitations."

Common Lodging Houses.—There are 3 on the register; regularly inspected and kept clean and orderly.

Slaughter-houses.—There are 7 on the register; inspected for cleanliness, etc., and visited at times of slaughtering. No tuberculous carcasses were found.

Bakehouses.—12 on the register; periodically inspected.

Dairies, Cowsheds and Milkshops.—Regulations are in force. There are 22 cowkeepers and milksellers on the register; premises periodically inspected and found to be well kept.

WHITCHURCH (Rural).

<i>Medical Officer of Health</i>	..	..	M. GEPP, L.R.C.P.E., D.P.H.
<i>Area in Acres</i>	..	..	11,702
<i>Population</i>	at 1911 Census	..	1,935
<i>Number of inhabited houses</i>	..	..	439
<i>Number of persons per house</i>	..	..	4.4

General Character of the District.

"The District lies within the northern border of the County adjacent, along its northern boundary, to the Whitchurch Urban District. The general elevation is from 300 to 400 feet O.D., the contour being gently undulating. The subsoil is the red marl of the new red sandstone, with the exception of a small area in the south-east, where an outlier of the Lias occurs at Ightfield. There is generally a considerable thickness of morainal drift covering the strata. The natural drainage is by small streams to north and south, the water partings between the Weaver, Dee, and Severn river systems crossing the District. The District is entirely rural in character, and the population scattered, the small villages of Tilstock, Ash, Broughall (all in the large parish of Whitchurch Rural), and Ightfield, comprising the main collection of houses. The land is largely employed for grazing and dairy farming. The District is naturally very healthy, the average death-rates for preceding years being low.

"A military hutment camp for some 13,000 soldiers was in course of erection at the end of the year, on Whitchurch Heath, in the District."

Statistics.

Period.	Death-rates per 1000 population from							Infant Death-rate per 1000 Births.	Birth-rate.
	All Causes.	Diarrhoea and Enteritis.	Phthisis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia (all forms)	Cancer.		
1914	11.8	.51	.0	.0	1.02	1.02	1.53	53	19.5

The infantile mortality was again low.

Infectious Disease.—Five cases of diphtheria and 2 of scarlet fever were notified. The cases of *diphtheria* were scattered and no connection was traceable between them. The Council supply diphtheria anti-toxin in poor cases. One School was closed on account of *whooping cough*. *Ophthalmia Neonatorum.*—Application should be made to the Local Government Board for powers to provide medical attendance and nursing in any necessary case.

Tuberculosis.—No death occurred and no case was notified.

Hospital Isolation.—There is no isolation accommodation for infectious disease other than small-pox. The District is served by the Whitchurch Joint Small-pox Hospital.

Disinfection.—The Sanitary Inspector disinfects infected rooms. A spraying apparatus and formalin lamp are provided. An "Emergency" Steam Disinfector is owned by the Urban and Rural Councils.

Water Supply.—There is no combined system of supply in the District, but the Council has done much to improve village supplies. "At Broughall and Tilstock, new wells in good situations have been sunk, with proper structural precautions, and public pumps erected and connected by lateral suction pipes to the wells. Ightfield has had a pump opened to the public for many years. At Ash the Council has laid on a supply to two public pumps.

The water from the *Tilstock* pump still tastes of tar. All that is required is, that there should be pumping each morning to clear the pipe. *Ash.*—Water is laid on to two tanks in the village from a private supply which is pumped from a well in pasture land by a wind engine to a reservoir. A pump is placed over each tank. *Ightfield.*—Most of the village obtains a good supply from a pump on the roadside. A new pump well has been provided by the principal property owner for the supply of six houses. *Elsewhere* the supplies depend upon shallow wells and pumps or springs or dip wells. Three private wells were improved during the year.

Drainage and Excrement Disposal.—There is a combined drainage in *Tilstock village*, and also a length of sewer at *Broughall* maintained by the Council. This drain has been extended and a filter bed put in for treatment.

The Inspector reports that there are 10 water-closets, 80 earth or pail closets and 423 privies in the district. Not much conversion of privies has been carried out in recent years, and there is scope for this work.

There is no system of public scavenging.

Housing Accommodation appears on the whole to be adequate in amount. No house was formally closed as unfit for habitation, but four void houses have been demolished and two new houses have been erected in their place. There is little evidence of overcrowding and no case came under notice during the year.

Permissive Powers.—"The Public Health Acts (Amendment) Acts, 1890 and 1907, are not adopted. The Infectious Disease (Prevention) Act, 1890, is adopted with the exception of sections 5, 6, 15, and 17. The Council have Urban powers enabling them to make By-laws with respect to nuisances, and new streets and buildings."

By-laws.—"By-laws have been made with respect to Private Scavenging, Common Lodging Houses, Nuisances, and New Streets and Buildings."

Slaughter-houses.—There are 2 slaughter-houses; inspected periodically and occasionally at times of slaughtering. No tuberculous carcasses were found.

Dairies, Cowsheds and Milkshops.—Regulations are in force. There are 26 cowkeepers and milksellers on the register.

