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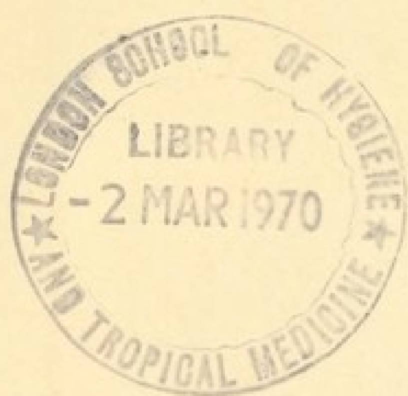
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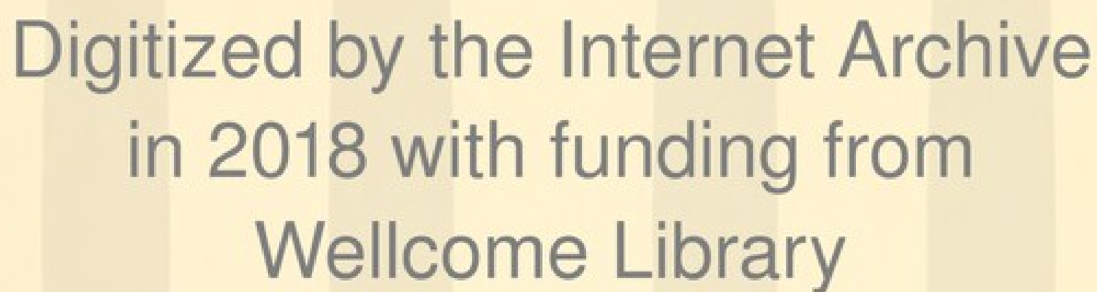
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TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH AND HOUSING COMMITTEE OF THE SALOP COUNTY COUNCIL.

GENTLEMEN,

I have the honour to present my Annual Report for the year 1917. It is again presented in a much abridged form. This is partly due to shortage of office staff and to the general policy of cutting down expense of printing, but it is also due to the absence of any details of sanitary administration in the District Medical Officers of Health's reports.

This report consequently deals principally with those public health services which are directly administered by the County Council, but it is hoped that the next report will contain a detailed statement on the sanitary condition of the County.

The delay in publication of this report is due to the fact that some of the district reports have not yet been received.

I am, Gentlemen,

Your obedient Servant,

JAMES WHEATLEY.

HEALTH DEPARTMENT,
COUNTY BUILDINGS,
SHREWSBURY,
February, 1919.

GENERAL STATISTICS.

Population.—The population of the Administrative County in 1901 was 239,783, and in 1911, 246,307.

The Registrar-General's estimate of the civil population for 1917 is 228,875. This is used for calculating all death-rates. An estimated population of 243,982, is used for birth-rates only.

Marriages.—The number of marriages in the Registration County for 1917 was 1,496, compared with 1,641 in 1916, and 2,020 in 1915, which was the highest number during the previous 20 years.

Births.—The total number of births in the Administrative County was 4,059, giving a birth-rate of 16.63, compared with 18.99 in 1916, 19.67 in 1915, 20.88 in 1914, 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 17.14, and the rural rate 16.19.

Deaths.—The number of deaths after making corrections for non-residents dying in the County and persons belonging to the County dying outside, was 3,232.

The death-rate was 14.12, compared with 14.26 in 1916, 15.19 in 1915, 14.26 in 1914, 12.1 in 1913, 13.1 in 1912, and 13.8 in 1911.

Year.	Births.	Deaths.	Natural Increase.
1913	5245	3012	2233
1914	5205	3556	1649
1915	4917	3532	1385
1916	4682	3231	1451
1917	4059	3232	827

This table is of interest as showing the fall in the number of births during the year, and a very considerable fall in the natural increase of the population. The fall in the number of births, although considerable, has not been so great as was generally anticipated.

	Birth-rates.			Death-rates.		
	Urban Districts.	Rural Districts.	Whole County.	Urban Districts.	Rural Districts.	Whole County.
1912	22.2	21.5	21.8	13.8	12.5	13.1
1913	21.4	20.8	21.1	12.7	11.6	12.1
1914	21.01	20.76	20.88	15.11	13.52	14.26
1915	19.61	19.72	19.67	16.09	14.41	15.19
1916	19.39	18.51	18.99	14.99	13.63	14.26
1917	17.14	16.19	16.63	14.31	13.93	14.12

This table gives the material for the comparison of birth-rates and death-rates in war years with pre-war times. Up to the end of 1917 the effect of the war upon death-rates was not marked.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF SALOP, 1917.

AGGREGATE OF URBAN DISTRICTS.

CAUSES OF DEATH.	All Ages.		0—		1—		2—		5—		15—		25—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	828	760	88	76	17	15	25	24	35	28	26	34	77	74	205	153	355	356
1.—Enteric fever	1	1	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..
2.—Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.—Measles	6	10	..	..	1	4	3	3	2	3	..	..	..	..	..	..	..	..
4.—Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5.—Whooping cough	4	7	3	3	..	3	1	..	..	1	..	..	..	..	..	..	..	..
6.—Diphtheria and croup	3	4	..	..	..	..	1	..	2	2	..	1	..	1	..	..	..	..
7.—Influenza	15	19	1	2	..	..	..	..	..	1	2	1	1	..	4	3	7	12
8.—Erysipelas	2	5	1	..	..	..	..	..	..	..	..	..	..	2	..	3	1	..
9.—Pulmonary tuberculosis	55	52	1	..	..	..	..	..	3	7	7	10	24	24	18	10	2	1
10.—Tuberculous meningitis	13	10	2	2	2	3	3	1	4	1	..	2	1	..	1	1	..	..
11.—Other tuberculous diseases	13	7	..	..	..	..	1	1	1	1	5	1	3	3	2	1	1	..
12.—Cancer, malignant disease	72	75	..	..	..	..	..	..	..	..	..	1	9	7	30	38	33	29
13.—Rheumatic fever	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
14.—Meningitis	6	3	2	1	1	..	..	1	2	1	1	..	..	..	..	..	..	..
15.—Organic heart disease	95	98	..	1	..	..	..	..	..	2	..	2	7	5	27	21	61	67
16.—Bronchitis	70	74	14	14	1	2	..	..	..	..	1	1	1	1	10	5	43	51
17.—Pneumonia (all forms)	49	40	6	6	3	..	5	3	4	2	1	2	5	4	9	10	16	13
18.—Other respiratory diseases	13	7	1	..	..	..	2	..	..	1	..	..	1	..	5	4	4	2
19.—Diarrhoea, &c.	22	18	6	6	1	..	..	3	1	..	..	..	3	3	5	2	6	4
20.—Appendicitis and Typhlitis	4	8	..	..	..	..	1	..	1	2	..	2	2	2	..	2	..	..
21.—Cirrhosis of Liver	6	2	..	..	..	..	..	..	..	..	..	..	..	..	4	1	2	1
21A.—Alcoholism	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
22.—Nephritis and Bright's disease	35	19	..	..	1	..	..	..	..	..	1	1	1	2	12	7	20	9
23.—Puerperal fever	..	4	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..
24.—Parturition, apart from puerperal fever	..	3	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..
25.—Congenital debility, &c.	29	26	28	25	1	..	1	..	..	..	..	..	..	..	..	..	..	..
26.—Violence, apart from suicide	35	20	3	1	..	..	5	5	9	1	3	3	6	2	7	1	2	7
27.—Suicide	3	2	..	..	..	..	..	..	..	..	..	..	1	1	2	1	..	..
28.—Other defined diseases	263	234	19	13	3	2	2	5	6	3	5	3	11	12	63	39	154	157
29.—Causes ill-defined or unknown	12	12	1	2	4	..	..	2	..	..	..	..	..	1	4	4	3	3

AGGREGATE OF RURAL DISTRICTS.

CAUSES OF DEATH.	All Ages.		0—		1—		2—		5—		15—		25—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	877	767	91	68	15	12	21	13	22	17	26	30	62	80	202	143	438	404
1.—Enteric fever	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
2.—Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.—Measles	4	5	..	1	2	1	..	2	2	1	..	..	..	..	..	..	..	..
4.—Scarlet fever	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
5.—Whooping cough	4	5	2	4	1	1	1	..	..	..	..	..	..	..	..	..	..	..
6.—Diphtheria and croup	4	5	..	2	..	..	2	..	1	3	1	..	..	..	..	..	..	..
7.—Influenza	27	17	1	..	..	..	2	..	..	1	1	2	4	..	6	3	13	11
8.—Erysipelas	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
9.—Pulmonary tuberculosis	44	48	..	..	..	..	1	..	..	..	6	13	19	27	14	8	4	..
10.—Tuberculous meningitis	8	4	3	1	..	..	1	1	2	1	1	1	1	..	..	..	..	..
11.—Other tuberculous diseases	11	9	1	..	1	1	..	..	..	2	3	3	1	2	3	1	2	..
12.—Cancer, malignant disease	68	94	..	..	..	..	..	..	..	..	..	..	2	11	28	38	38	45
13.—Rheumatic fever	2	5	..	..	..	..	..	..	1	2	..	1	..	..	1	1	..	1
14.—Meningitis	6	3	2	..	..	1	..	..	3	..	..	..	..	..	1	2	..	..
15.—Organic heart disease	120	107	..	..	..	..	..	..	1	1	2	1	3	8	30	17	84	80
16.—Bronchitis	57	52	8	5	1	1	2	..	1	..	..	..	2	..	8	5	35	41
17.—Pneumonia (all forms)	68	34	15	6	6	2	..	2	..	..	3	..	6	3	19	4	19	17
18.—Other respiratory diseases	17	11	1	2	..	..	..	..	..	1	..	..	..	1	7	2	9	5
19.—Diarrhoea, &c.	12	11	3	2	1	..	1	2	..	..	..	..	1	..	3	3	3	4
20.—Appendicitis and Typhlitis	4	3	..	..	..	..	..	..	3	1	..	1	..	1	1	..	..	..
21.—Cirrhosis of Liver	11	1	..	..	..	..	..	..	..	..	..	..	1	..	6	1	4	..
21A.—Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22.—Nephritis and Bright's disease	21	18	2	..	..	..	..	..	..	2	2	..	..	3	7	5	10	8
23.—Puerperal fever	..	2	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..
24.—Parturition, apart from puerperal fever	..	7	..	..	..	..	..	..	..	..	..	1	..	6	..	..	..	..
25.—Congenital debility, &c.	32	29	29	29	..	..	1	..	..	..	1	..	1	..	..	..	..	..
26.—Violence, apart from suicide	34	17	3	..	..	2	3	4	5	1	3	2	5	1	5	4	10	3
27.—Suicide	9	3	..	..	..	..	..	..	..	..	..	..	3	1	5	1	1	1
28.—Other defined diseases	293	268	18	15	3	2	5	2	2	1	3	5	11	14	53	45	198	184
29.—Causes ill-defined or unknown	18	8	3	1	..	1	1	..	1	..	..	..	1	..	5	3	7	3

CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1917.

CAUSES OF DEATH.	Bishop's Castle M.B.		Bridgnorth M.B.		Church Stretton U.D.		Dawley U.D.		Ellesmere U.D.		Ludlow M.B.		Market Drayton U.D.		Newport U.D.		Oakengates U.D.		Oswestry M.B.		Wellington U.D.		Wem U.D.		Wenlock M.B.		Whitchurch U.D.		Shrewsbury M.B.	
(Civilians only).	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	11	4	53	54	11	9	56	46	6	13	45	46	28	32	23	22	81	66	91	93	62	47	17	12	100	88	41	46	203	182
1.—Enteric Fever	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2.—Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.—Measles	..	..	..	1	..	..	3	4	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	3	..	..	1	2
4.—Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5.—Whooping cough	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	2	..	..	..	1	3
6.—Diphtheria and croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	1	1	..	..	..	2
7.—Influenza	..	..	2	1	..	..	2	2	..	..	..	..	..	3	..	..	2	3	2	..	2	1	..	1	1	2	..	1	4	5
8.—Erysipelas	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	1	..	..	1	..	..	..	..	..
9.—Pulmonary tuberculosis	..	..	6	..	1	..	3	5	1	..	6	6	1	2	1	..	1	1	7	8	4	4	..	2	6	7	2	4	16	13
10.—Tuberculous meningitis	1	..	1	..	..	..	..	..	..	..	2	1	1	1	1	..	1	3	3	1	2	1	..	..	..	1	..	1	1	1
11.—Other tuberculous diseases	1	..	1	..	..	..	..	1	..	..	..	..	2	..	1	..	1	..	1	2	1	..	..	..	2	1	1	..	2	3
12.—Cancer, malignant disease	1	1	5	10	1	2	4	4	..	3	4	4	2	5	1	3	7	9	6	7	8	2	3	1	7	7	5	1	18	16
13.—Rheumatic fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
14.—Meningitis	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	1	..	..	..	3	..
15.—Organic heart disease	1	1	4	5	3	..	6	6	1	3	6	5	6	7	1	..	9	8	11	20	8	3	1	..	13	12	4	5	21	23
16.—Bronchitis	..	..	8	3	1	2	12	4	..	1	4	3	1	..	2	1	7	8	5	10	5	3	1	..	10	9	2	7	12	23
17.—Pneumonia (all forms)	..	..	2	3	1	..	1	3	..	..	2	1	1	1	1	2	8	2	14	10	5	2	..	2	4	3	4	4	6	7
18.—Other respiratory diseases	2	..	..	..	..	..	..	1	..	..	1	..	1	1	1	..	1	1	..	..	..	..	1	..	1	..	1	1	4	3
19.—Diarrhoea, &c. (under 2 years)	..	..	1	1	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	2	1	..	..	2	4
20.—Appendicitis and typhlitis	..	..	1	1	..	..	1	..	..	1	..	1	..	..	..	..	..	1	..	..	1	..	..	..	1	2	..	1	..	1
21.—Cirrhosis of liver	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	1	..	..	..	1	..	..	..	..	1	..	2	..
21A.—Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22.—Nephritis and Bright's disease	..	..	2	3	..	..	1	1	..	..	3	..	1	..	..	2	2	..	3	5	3	2	1	1	7	1	3	1	9	3
23.—Puerperal fever	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	1	..	..	..	..	..	..
24.—Parturition, apart from puerperal fever	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
25.—Congenital debility, &c.	1	..	1	1	..	..	1	..	..	1	3	2	2	1	..	1	2	4	5	3	2	6	..	..	1	1	6	2	5	4
26.—Violence, apart from suicide	..	..	..	..	..	1	5	..	..	..	..	2	3	1	..	2	7	4	2	1	..	1	1	..	2	3	2	2	13	3
27.—Suicide	..	..	..	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
28.—Other defined diseases	4	2	18	21	4	4	16	10	4	4	11	21	5	10	10	9	27	15	28	22	20	18	8	4	36	30	10	16	77	60
29.—Causes ill-defined or unknown	..	..	..	..	..	..	..	..	..	..	1	..	..	..	3	1	1	1	1	1	..	1	..	..	..	4	..	..	6	4
Special causes (included above).																														
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Deaths of infants under 1 year of age	2	..	3	3	..	1	7	5	..	1	5	4	6	3	1	3	9	14	15	10	8	7	1	1	11	6	7	4	13	14
TOTAL BIRTHS	17	7	37	27	5	14	87	80	13	12	44	35	48	33	26	24	136	118	100	113	68	59	24	11	112	100	50	58	238	233
Legitimate	16	7	35	25	5	13	83	79	9	11	36	33	40	29	24	23	131	113	91	101	64	55	22	9	107	95	44	52	216	212
Illegitimate	1	..	2	2	..	1	4	1	4	1	8	2	8	4	2	1	5	5	9	12	4	4	2	2	5	5	6	6	22	21
POPULATION FOR DEATH-RATE	1115		4469		1110		6681		1578		5025		4348		2709		10895		9852		6647		1894		11890		5312		27386	
POPULATION FOR BIRTH-RATE	1243		4982		1237		7447		1759		5601		4847		3020		12145		10982		7410		2111		13254		5921		30528	

CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1917.

CAUSES OF DEATH.	Atcham R.D.		Bridgnorth R.D.		Burford R.D.		Chirbury R.D.		Church Stretton R.D.		Cleobury Mortimer R.D.		Clun R.D.		Drayton R.D.		Ellesmere R.D.	
(Civilians only).	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	137	130	52	61	14	5	17	25	38	31	49	43	55	46	50	34	54	38
1.—Enteric fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2.—Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.—Measles	..	..	1	1	..	1	..	..	..	..	..	..	..	..	1	1	..	..
4.—Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
5.—Whooping cough	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1
6.—Diphtheria and croup	1	1	..	2	..	..	..	..	..	1	..	..	1	..	..	..	..	..
7.—Influenza	1	2	2	2	..	1	..	..	..	1	3	1	2	..	1	3	1	1
8.—Erysipelas	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
9.—Pulmonary tuberculosis	8	4	3	3	..	..	..	..	4	1	8	4	4	2	..	1	..	1
10.—Tuberculous meningitis	1	1	..	1	..	..	..	1	..	..	1	..	..	..	3	..	..	..
11.—Other tuberculous diseases	1	1	1	1	..	..	..	..	..	..	..	1	..	..	..	1	2	..
12.—Cancer, malignant disease	13	18	2	6	..	..	1	2	4	2	4	3	5	6	4	4	8	6
13.—Rheumatic fever	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
14.—Meningitis	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..
15.—Organic heart disease	23	21	6	11	4	1	..	3	4	2	2	5	4	7	6	1	8	10
16.—Bronchitis	9	10	4	7	1	..	..	1	..	3	4	4	6	3	6	2	2	1
17.—Pneumonia (all forms)	14	3	2	2	..	..	2	2	2	3	3	3	3	2	4	2	3	..
18.—Other respiratory diseases	5	4	1	..	..	..	1	..	..	1	1	..	1	1	1	1	2	..
19.—Diarrhoea, &c. (under 2 years)	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
20.—Appendicitis and Typhlitis	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
21.—Cirrhosis of liver	2	1	..	..	1	..	..	..	..	..	2	..	1	..	..	..	1	..
21A.—Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22.—Nephritis and Bright's disease	3	3	2	2	..	..	1	..	..	..	..	2	..	1	1	2	2	2
23.—Puerperal fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24.—Parturition, apart from puerperal fever	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25.—Congenital debility, &c.	4	6	..	2	..	..	1	..	3	1	1	4	1	4	1	..	2	1
26.—Violence, apart from suicide	6	4	3	..	..	..	..	..	3	1	..	..	3	..	2	..	1	..
27.—Suicide	..	1	1	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..
28.—Other defined diseases	37	44	22	18	8	2	11	16	14	15	20	16	21	19	18	16	21	13
29.—Causes ill-defined or unknown	8	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Special Causes (included above)																		
Cerebro-spinal fever	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of infants under 1 year of age	13	11	4	4	..	..	1	..	4	7	2	8	5	5	10	1	6	5
TOTAL BIRTHS	177	176	72	51	8	5	24	20	33	25	73	82	49	43	54	49	59	58
Legitimate	157	164	67	51	7	5	23	19	30	24	72	78	48	41	50	45	58	53
Illegitimate	20	12	5	..	1	..	1	1	3	1	1	4	1	2	4	4	1	5
POPULATION FOR DEATH-RATE	19109		7938		1120		2755		4106		6277		5836		6571		7046	
POPULATION FOR BIRTH-RATE	21301		8849		1248		3071		4577		6997		6505		7325		7854	

CAUSES OF DEATH.	Ludlow R.D.		Newport R.D.		Oswestry R.D.		Shifnal R.D.		Teme R.D.		Wellington R.D.		Wem R.D.		Whitchurch R.D.	
(Civilians only).	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	67	45	37	40	108	107	52	34	14	12	62	52	59	49	12	15
1.—Enteric fever	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2.—Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.—Measles	..	..	..	..	..	..	..	..	..	..	..	1	2	1	..	..
4.—Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5.—Whooping cough	..	..	1	1	..	1	..	..	..	..	2	..	..	..	..	..
6.—Diphtheria and croup	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..	..
7.—Influenza	4	3	3	1	1	1	1	..	..	..	3	..	4	1	1	..
8.—Erysipelas	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9.—Pulmonary tuberculosis	5	6	4	7	3	13	1	..	1	1	1	3	2	1	..	1
10.—Tuberculous meningitis	1	..	..	..	2	..	..	..	..	..	..	1	..	..	..	..
11.—Other tuberculous diseases	..	2	..	..	2	..	1	..	..	..	1	1	2	..	1	2
12.—Cancer, malignant disease	3	2	5	9	7	14	5	7	..	..	3	5	2	7	2	3
13.—Rheumatic fever	..	..	..	..	1	..	..	..	..	1	..	..	..	1	..	..
14.—Meningitis	1	1	..	..	3	..	..	1	..	..	..	..	..	1	..	..
15.—Organic heart disease	6	4	3	4	22	15	10	5	1	3	9	6	9	7	3	2
16.—Bronchitis	7	1	1	..	4	6	6	2	3	2	3	4	1	5	..	1
17.—Pneumonia (all forms)	2	..	2	3	11	5	2	2	4	..	6	6	8	1	..	..
18.—Other respiratory diseases	1	2	..	..	1	1	1	..	..	..	1	1	1	..	..	..
19.—Diarrhoea, &c. (under 2 years)	..	..	..	1	2	1	..	..	..	..	..	..	..	..	..	..
20.—Appendicitis and Typhlitis	1	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..
21.—Cirrhosis of liver	2	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
21A.—Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22.—Nephritis and Bright's disease	1	..	..	1	4	1	4	1	..	..	2	3	1	..	..	..
23.—Puerperal fever	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
24.—Parturition, apart from puerperal fever	..	1	..	1	..	1	..	..	..	..	..	1	..	..	..	..
25.—Congenital debility, &c.	5	2	3	2	7	1	1	2	..	..	1	4	2	..	..	..
26.—Violence, apart from suicide	4	4	2	1	3	4	1	..	..	..	4	1	2	2	..	..
27.—Suicide	..	1	1	..	..	..	2	..	..	..	1	1	2	..	..	..
28.—Other defined diseases	22	14	11	9	32	42	16	12	4	5	19	12	20	18	5	6
29.—Causes ill-defined or unknown	1	1	1	..	2	..	..	..	..	..	5	1	..	3	..	..
Special Causes (included above)																
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of infants under 1 year of age	7	3	8	5	17	4	2	3	3	..	3	8	5	3	1	1
TOTAL BIRTHS	73	90	56	49	141	125	71	65	11	14	99	98	71	77	18	14
Legitimate	70	87	52	46	129	116	65	60	11	12	94	96	65	75	14	14
Illegitimate	3	3	4	3	12	9	6	5	..	2	5	2	6	2	4	..
POPULATION FOR DEATH-RATE	8479		5170		14603		6959		1501		10590		8057		1847	
POPULATION FOR BIRTH-RATE	9452		5763		16278		7757		1673		11805		8981		2059	

Illegitimate Births.

Year		Number of Illegitimate Births.		Percentage of Total Births.
1913	..	325	..	6.0
1914	..	341	..	6.6
1915	..	290	..	5.9
1916	..	287	..	6.1
1917	..	281	..	6.9

For the purpose under consideration 1914 was a pre-war year.

From this table it appears that there has been practically no increase in the percentage of illegitimate births, and there has been a considerable decrease in the number of illegitimate births.

INFANT MORTALITY.

There were 323 deaths of infants under one year of age, equal to a mortality of 79 for every 1,000 births, compared with a rate of 64 in 1916, 86 in 1915, 88 in 1914, 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 97.

Although there was a considerable rise in the infant death-rate compared with that of 1916—much the lowest on record—it was lower than that of any other year with the exception of the years 1913 and 1912.

In commenting on the low rate for 1916 I said :—

It is interesting to note that this is by far the lowest infantile death-rate on record, and whilst one should be very guarded in accepting this as a result of our child welfare work, it seems likely that this work has been one of the causes of the decline. Perhaps the principal factors are, however, accidental. It is certainly satisfactory to be able to record such a state in the third year of a war.

Tables 1 and 2 give the infant mortality in each sanitary district for the last three years and some idea as to the progress being made ; and also the principal causes of death. The excess in the mortality over the previous year was principally due to bronchitis and pneumonia.

TABLE I.

AVERAGE OF THE ANNUAL INFANTILE MORTALITY FOR THE PERIODS 1901—1906 AND 1907—1914, AND FOR THE YEARS 1915, 1916 AND 1917.

Urban Districts.	1901 to 1906	1907 to 1914	Percentage increase or decrease in second period.	1907—1914 Percentage above or below the average for Urban Districts.	Rates for 1915.	Rates for 1916.	Rates for 1917.
Bishop's Castle	86	100	+ **16.3**	+ **4.2**	235	80	83
Bridgnorth ..	106	116	+ **9.4**	+ **20.8**	138	95	94
ChurchStretton	96	99	+ **3.1**	+ **3.1**	150	0	53
Dawley ..	112	97	— 13.4	+ **1.0**	122	45	72
Ellesmere ..	103	65	— 36.8	— 32.3	32	125	40
Ludlow ..	113	84	— 25.7	— 12.5	93	82	114
Market Drayton	..	..	..	..	80	141	111
Newport ..	117	80	— 31.6	— 16.7	101	96	80
Oakengates ..	138	104	— 24.6	+ **8.3**	91	75	91
Oswestry ..	102	101	— 1.0	+ **5.2**	91	90	117
Shrewsbury ..	126	102	— 19.0	+ **6.2**	71	85	57
Wellington ..	114	78	— 31.6	— 18.7	156	56	118
Wem	93	87	— 6.4	— 9.4	71	0	57
Wenlock ..	102	85	— 16.7	— 11.5	86	57	80
Whitchurch ..	103	104	+ **1.0**	+ **8.3**	102	86	102
All Districts ..	112	96	— 14.3	..	95	76	85

Rural Districts.	1901 to 1906	1907 to 1914	Percentage increase or decrease in second period.	1907—1914 Percentage above or below the average for Rural Districts.	Rates for 1915.	Rates for 1916.	Rates for 1917.
Atcham	84	77	— 8.3	— 1.3	76	43	68
Bridgnorth	87	67	— 23.0	— 14.1	79	40	6[illegible]
Burford	59	68	+ **15.2**	— 12.8	0	136	0
Chirbury	77	60	— 22.1	— 23.1	53	64	2[illegible]
Church Stretton	97	80	— 17.5	+ **2.6**	24	31	190
Cleobury Mortimer	92	74	— 19.6	— 5.1	102	51	6[illegible]
Clun ..	100	72	— 28.0	— 7.7	106	48	109
Drayton	115	84	— 26.0	+ **7.7**	41	58	107
Ellesmere	92	84	— 8.7	+ **7.7**	46	67	94
Ludlow	91	69	— 24.2	— 11.5	42	62	61
Newport	106	96	— 9.4	+ **23.1**	105	90	124
Oswestry	96	87	— 9.4	+ **11.5**	97	64	79
Shifnal ..	94	76	— 19.1	— 2.6	67	41	37
Teme ..	127	102	— 19.7	+ **30.8**	42	35	120
Wellington	102	83	— 18.6	+ **6.4**	119	53	5[illegible]
Wem ..	69	67	— 3.0	— 14.1	105	19	54
Whitchurch	61	58	— 5.0	— 25.6	86	88	62
All Districts	93	78	— 16.1	..	79	52	75

TABLE 2.

Comparisons of Infantile Deaths for Periods of Years.

	Average Annual numbers for years 1905—1909	Average Annual numbers for years 1910—1914	Percentage decrease of numbers in second period compared with first period.	Numbers for year 1915	Numbers for year 1916	Numbers for year 1917
Births	5955	5427	8.8	4917	4682	4059
Deaths from all causes under one year	561	444	20.8	426	299	323
Deaths from—						
Measles and Whooping Cough..	34	22	35.3	33	18	13
Other Infectious Diseases ..	5	1	80.0	0	0	2
Tuberculous diseases	19	12	36.8	9	4	10
Convulsions and Meningitis (not tuberculous)	60	42	30.0	39	*	*
Bronchitis	46	33	28.2	49	25	41
Pneumonia	65	43	33.8	45	28	33
Diarrhœa, Enteritis and Gastritis	61	52	14.7	50	18	17
Premature birth, congenital defects and malformations ..	128	119	7.0	105	*	*
Atrophy, Debility and Marasmus	96	74	22.9	51	*	*

* These figures are not available for 1916 and 1917.

The usual analysis (Table IV. of previous reports) of infant mortalities for the County are not available this year, but it is hoped that this table will be got out later so that there will be no break in the continuity of these records, which undoubtedly have proved valuable in the past and are likely to be even more valuable in the future.

The efficient treatment of the syphilitic mother so that she will give birth to a healthy child is a problem that must be solved, and with its solution there should be a material saving of infant life, particularly during the first month.

TUBERCULOSIS.

Phthisis.

Year	Cases notified.	Deaths.
1913	266	146
1914	256	204
1915	358	214
1916	379	206
1917	406	199
	1665	969

These figures are most interesting. Before commenting on them it must be mentioned that they are not strictly comparable, because during the years of the war there have been a certain number of deaths amongst soldiers from phthisis, which should be added to the figures here given. These, however, are probably not numerous, as most phthisical soldiers were invalided out of the army and died as civilians.

As regards notifications, the striking feature is the large increase during the last three years. If this increase of notification indicates an increase in the amount of phthisis it is very unsatisfactory; if, however, it indicates more careful search for cases and more thorough notification, it is a step in the right direction. There is reason to think that the latter is the true explanation for the most part.

If the year 1913—the year of the lowest phthisis rate since records have been kept—be left out of consideration, there has been no increase of phthisis deaths along with the increase of notifications, but rather a tendency towards decrease. If the great increase of notifications in 1915, 1916 and 1917 indicated an increase of the disease, there should certainly have been a large increase of deaths in 1917.

Another fact of great interest is the large excess of notifications over deaths in the last three years, amounting to no less than 85 per cent. This excess must be made up of (1) cases that have recovered, (2) cases of wrong diagnosis, (3) cases that have removed out of the County. This statement is not absolutely accurate as it presupposes that the deaths in the three years, of cases previously notified, balance the deaths in after years of cases notified in these three years.

The war has undoubtedly greatly aggravated the conditions favouring the spread of tuberculosis. There has been a very marked increase of overcrowding amongst the civil population, both in the homes and places of work. Houses have fallen into disrepair, and on account of so many women and young adults being engaged in war work, much less labour has been spent in maintaining the houses in a clean and wholesome condition. In addition, there has been the infection in the army and the consequent discharge of a considerable number of tuberculous soldiers. All these factors must have a marked influence in increasing the amount of tuberculosis during the next four or five years, and we can only hope that the special efforts directed towards its prevention may, to some extent, neutralise these adverse influences. It is particularly important that the scheme for the prevention of tuberculosis, which was adopted before the war, should be completed as quickly as possible, and that sanitary authorities should pursue a very energetic policy to improve house conditions.

So far as the notification figures go, they appear to show that on the whole notification has been fairly well carried out in this County. This may, to some extent, be due to the special efforts to bring about complete notification. There have, however, been a number of serious cases of omission, as the following figures show:—The number of deaths that took place within three months of notification was 71. Five of these were notified after death, 2 on the day of death, 6 others less than a week before death, and 12 between one and two weeks before death, or a total of 25 were notified within a month of death.

TUBERCULOSIS

Phthisis.

Year	Cases notified	Deaths
1913	280	146
1914	250	204
1915	356	224
1916	379	206
1917	400	199
	1665	979

These figures are most interesting. Before commenting on them it must be mentioned that they are not strictly comparable, because during the years of the war there have been a certain number of deaths amongst soldiers from phthisis, which should be added to the figures here given. These, however, are probably not numerous, as most phthisical soldiers were invalided out of the army and died as civilians.

As regards notifications, the striking feature is the large increase during the last three years. If this increase of notification indicates an increase in the amount of phthisis it is very unsatisfactory; if, however, it indicates more careful search for cases and more thorough notification, it is a step in the right direction. There is reason to think that the latter is the true explanation for the most part of it.

If the year 1913—the year of the lowest phthisis rate since records have been kept—be left out of consideration, there has been no increase of phthisis deaths along with the increase of notifications, but rather a tendency towards decrease. If the great increase of notifications in 1915, 1916 and 1917 indicated an increase of the disease, there should certainly have been a large increase of deaths in 1917.

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So far as the notification figures go, they appear to show that on the whole notification has been fairly well carried out in this County. This may, to some extent, be due to the special efforts to bring about complete notification. There have, however, been a number of serious cases of omission, as the following figures show:—The number of deaths that took place within three months of notification was 71. Five of these were notified after death, 4 on the day of death, 10 others less than a week before death, and 12 between one and two weeks before death, or a total of 25 were notified within a month of death.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from 1st January, 1917, to the 29th December, 1917.

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 Notifications.		Under 5	5 to 10	10 to 15	Total			
Pulmonary, Males	..	3	15	22	26	14	56	51	25	11	5	228	235	..	1	..	1	1	..	71
" Females	1	4	7	18	21	34	41	34	14	4	..	178	181	..	..	..	..	..	..	59
Non-Pulmonary, Males ..	2	8	5	3	3	2	4	2	1	..	..	30	30	..	..	..	..	..	..	1
" Females ..	1	4	8	6	6	3	7	5	3	..	..	43	43	..	..	1	1	1	..	1
Totals ..	4	19	35	49	56	53	108	92	43	15	5	479	489	..	1	1	2	2	..	132

This matter is under the control of the Local Sanitary Authorities, on whom the duty rests of seeing that notification is properly carried out. The only remedy is for the Medical Officer of Health to make careful inquiries into all cases where undue delay appears to have taken place and to ask for an explanation where necessary. It is as much the duty of the medical attendant to notify promptly a case of phthisis as it is to notify a case of scarlet fever or diphtheria. The disease, however, being a chronic one, there is a tendency to put off arriving at a definite diagnosis and to put off notification until a late period.

The position with regard to the scheme for the prevention and treatment of tuberculosis is as follows :—

(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) An arrangement has been made with the Baschurch Surgical Home for the treatment of surgical cases of tuberculosis, and a most successful after-care scheme is in operation for getting the cases under treatment and keeping them under observation until cured.

(5) Acute cases and observation cases have frequently been treated at the Royal Salop Infirmary with very beneficial results, and the facilities given by this institution have been of the greatest use.

(6) Six whole-time health visitors have been appointed for tuberculosis and child welfare work. An arrangement is in force in the Borough of Shrewsbury by which a nurse is employed one-third of her time in tuberculosis work under the County Council.

(7) A scheme for after-care provided by the Association for the Prevention of Consumption is in operation. A Central Committee has been formed and branch committees covering the whole County. The scheme is working very successfully.

For the completion of the scheme there should be at least one more tuberculosis officer, several branch dispensaries and beds for advanced cases. This provision should now be made without delay.

The beds for advanced cases are to be provided in connection with the proposed isolation hospitals. In the meantime beds are being provided in connection with three small-pox hospitals, viz.: Whitchurch Joint Hospital, Wellington and Ludlow. The Whitchurch Hospital is particularly suitable, and with slight alterations will provide for eight patients. If thought desirable it will be quite easy to provide further beds on this site. It will, of course, be necessary to see that provision for any sudden outbreak of small-pox is always ready.

Other important matters for future consideration are the provision of Farm Colonies and the provision of houses for phthisical families in Municipal Housing Schemes.

Work under the Scheme.—All notified cases 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.

Perhaps one of the most important parts of the work of the Tuberculosis Officer is the examination of contacts and suspects. These are either discovered by himself, or referred to him by the Medical Inspectors of school children, or by the Health Visitors, or by medical practitioners or care committees or other persons. They are examined either at their homes or at one of the dispensaries. This work of the Tuberculosis Officer is of great help to the medical inspection of school children.

The Tuberculosis Medical Officer makes a recommendation with respect to insured persons as to the kind of treatment—domiciliary, dispensary, or sanatorium. Non-insured patients are dealt with in a similar manner, with regard to sanatorium and dispensary treatment.

In all cases where application is made for sanatorium benefit or for admission to the sanatorium 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.

Reports are received from the medical attendant once a quarter with regard to insured patients having domiciliary treatment. These reports act as a guide to the Tuberculosis Officer and he has to consult with the medical attendant with regard to each case at least once a year. The consultations with the Tuberculosis Officer are on the whole much appreciated.

The cases are followed up by the whole time health visitors, who enter into the details of household arrangements, with the object of improving the living conditions of the patients, and preventing infection. At their first visit they make a full report for the use both of the County Public Health Department and the Local Sanitary Authority. Much of the success of the scheme depends upon the care and fulness with which the health visitor makes her inquiries and reports and the frequency of her subsequent visits. It is her duty to see that nothing is left undone to bring about satisfactory conditions.

Printed instructions dealing with the prevention of infection and the general mode of life have from the commencement of the scheme been left with and explained to each patient, or to the person in charge, by the health visitor. Detailed directions have now been drawn up for the guidance of the patient with regard to food, rest, exercise, sleep, and general care, and with the approval of the medical man in attendance, these are given to the patient and explained by the Tuberculosis Officer whenever he thinks such a course necessary.

Dispensaries :—

	Insured.	Non-Insured.	School Children.	Total.
Shrewsbury.				
Number of patients who attended in 1917 for the first time ..	77	45	66	188
Attendances during 1917	592	193	301	1086
Oswestry.				
Number of patients who attended in 1917 for the first time ..	28	28	35	91
Attendance during 1917	145	70	119	334

Visits by the Tuberculosis Medical Officer in 1917 :—

To insured persons	541
To non-insured persons	315
To school children	194
	1050

Visits by health visitors to phthisis houses in 1917—3075.

Although the amount of work shown above is quite insufficient, it must be considered satisfactory that the work has been kept going even to this extent during the very difficult war conditions.

King Edward Sanatorium (Shirlett).—The number of patients admitted to the Sanatorium in 1917 was 165, and consisted of:—

Insured patients—Male	.. ..	72
,, ,, Females	.. .. ..	25
Non-insured patients—Males	.. .. ..	24
,, ,, Females	.. .. ..	44

The annual report for 1917 gives statistics with regard to the condition of patients on admission and on discharge, alteration in weight, length of stay, etc.

CONDITION OF PATIENTS DISCHARGED IN 1917.

	No. arrested, Tubercle Bacilli absent from Sputum.	Improved.	Stationary.	Worse.	Died.	Total.
Males	43	40	9	3	2	97
Females ..	37	25	2	4	1	69
Total ..	80	65	11	7	3	166

Presence or absence of tubercle bacilli in patients discharged:—

Men.

Turban* Gernhardt Stadii.	Number of Cases.	Percentage of Total Number.	Tubercle Bacilli Present.	Tubercle Bacilli Absent.	No Sputum Present	Not Examined.
I.	23	23.7	1	7	14	1
II.	32	33.0	11	5	14	2
III.	40	41.2	22	7	5	6
Died	2	2.1	..	..	..	..
Total ..	97	100	34	19	33	9

Women.

Turban* Gernhardt Stadii.	Number of Cases.	Percentage of Total Number.	Tubercle Bacilli Present.	Tubercle Bacilli Absent.	No Sputum Present	Not Examined.
I.	23	33.3	2	4	17	0
II.	23	33.3	7	4	12	0
III.	22	32.1	10	3	9	0
Died	1	1.4	..	..	..	..
Total ..	69	100	19	11	38	0

**Turban Gernhardt Classification.*

Stage I.—Disease of slight severity, limited to small areas on either side, which in the case of infection of both apices does not extend below the spine of the scapula or the clavicle, or in the case of affection of the apex of one lung, does not extend below the second rib in front.

Stage II.—Disease of slight severity, more extensive than Stage I., but affecting at most the whole of one lobe, or severe disease extending at most to the half of one lobe.

Stage III.—All cases of greater severity than Group II., and all those with considerable cavities.

Working Capacity of patients discharged :—

	Males.	Females.	Total.
Unimpared	58	44	102
Impaired	24	18	42
Incapacitated	13	6	19
Total	95	68	163

Increase or decrease of weight whilst in Sanatorium :—

	Males.	Females.	Total.
Weight Increased	80	57	137
.. Decreased	8	8	16
Not weighed	7	3	10
Total	95	68	163

Length of stay in Sanatorium :—

Cases in which permanent recovery may usually be anticipated	122.4 days.
Cases in which temporary though possible prolonged improvement may be anticipated	128 ,,
Cases admitted for educational purposes	38.1 ,,
All patients	124.4 ,,

It is gratifiyng to observe that the number of cases in which the disease was arrested and in which tubercle bacilli were absent from the sputum reached 50 per cent. of the total number of patients discharged, and was much larger than in any previous year. This was probably due largely to the admission of cases in an earlier stage.

It is also gratifying to know that no patient in whom there is a reasonable prospect of arrest or cure of the disease is discharged owing to lack of accommodation, and that the waiting list is always small, so that patients are never kept waiting any considerable length of time.

The question of more complete and thorough examination of sputum of patients in the Sanatorium is now under consideration.

Baschurch Surgical Home.—The County Council has now agreed to pay for the surgical treatment of tuberculosis in the Baschurch Home with regard to all persons who cannot afford to pay for the treatment themselves. As a result of this and the provision of an after-care scheme, the large majority of cases of tuberculosis of bones and joints in the County are now receiving early and efficient treatment. The agreement did not come into force until February, 1918, so that it did not affect the number of cases dealt with in 1917. The number of cases of tuberculosis treated in the home in 1917 belonging to the County of Salop was 12.

Shelters.—There are at present over 109 shelters in the County. The County Council have provided 94; Shrewsbury Borough 4; Atcham Rural District 2; Whitchurch Urban District Council 2; Drayton Rural and Urban District Councils 2; Chirbury Rural District Council 1; the Ludlow Care Committee 4; in addition, several have been provided by private individuals.

The most valuable use for shelters is in providing living and sleeping accommodation for 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. There will always remain a considerable number of cases that cannot be dealt with at home by means of shelters, 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. For all these, hospital beds are essential.

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 and the aims of the Care Committee were described fully on pages 20 and 21 of the report for 1916.

Disinfection of Houses.—Much correspondence has taken place between the County Council and Local Sanitary Authorities on this matter.

It was suggested by me 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.
3.—On removal to the Sanatorium or change of address.
4.—After death.
5.—Disinfection of shelter when it has ceased to be used.

As a result of representations from the County Council most authorities have agreed to carry out this disinfection. The following authorities have not yet signified their willingness to act in accordance with the suggestion, although some of them do disinfect phthisis houses on most of the above occasions.:—Bridgnorth Urban District, and the Rural Districts of Wellington and Wem.

The thoroughness and frequency of the disinfection in many districts is by no means satisfactory. Allowance must, however, be made for war conditions, but it is hoped that with more normal conditions, this important matter will have more careful attention.

Examination of Sputum.—Out of 407 cases notified, the sputum was positive in 116 cases, negative in 93 cases, and in 61 cases there was no sputum. No examination appears to have been made in 137 cases.

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 practitioners are urged to make the fullest use of these facilities in every case. It is to some extent satisfactory that the number of cases in which no examination was made was 137, compared with 166 in 1916. The best means of getting a more complete examination of the sputum of patients throughout the County is now under consideration.

OPHTHALMIA NEONATORUM.

Sixty-six cases of ophthalmia neonatorum were notified, compared with 49 in 1916, 29 in 1915, and 20 in 1914.

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.

The extreme importance of this disease is due to the fact that the sight may be lost if the case is not properly treated. The prevention of such a disaster is worth a great effort.

Statement showing how the confinements were attended :—

Number of cases attended by midwives. (In 8 of these, ophthalmia developed after the midwife ceased to attend)	50
Number of cases attended by medical practitioners	13
Number of cases without professional attendance	3

How the cases were nursed :—

By nurse-midwives assisted by mothers	18
By nurses not engaged in midwifery	6
By mothers or neighbours	17
By health visitors	5
At Eye and Ear Hospital, Salop (4 as in-patients)	18
At Workhouses (Bridgnorth and Oswestry)	2

Facilities for Treatment.—Sanitary Authorities have power to provide nursing and medical assistance for these cases, and under the Maternity and Child Welfare Act, 1918, the County Council is now also empowered to provide nurses.

Under the scheme for nursing measles and ophthalmia neonatorum two nurses have been appointed and are available for the following districts:—Rural Districts—Atcham, Burford, Church Stretton, Cleobury Mortimer, Clun, Drayton, Ludlow, Newport, Shifnal, Wem, and Whitchurch. Urban Districts—Bishop's Castle, Church Stretton, Dawley, Ludlow, Market Drayton, Newport, Oakengates, Wem, and Whitchurch. This scheme did not come into operation until January, 1918. In the districts that have not come into the scheme no nursing provision has been made, and either emergency nursing arrangements have to be made or the infant has to be attended to by the mother, with any help that can be provided. This is most unsatisfactory and cannot be continued indefinitely.

In serious cases where the mother and child can be removed, they are advised to go to the Eye, Ear and Throat Hospital, Shrewsbury, and letters of recommendation are provided.

Suggested Improvements.—It is most necessary that the provision for nursing should be extended to the whole County.

Facilities for removal by motor ambulance to the Eye Hospital, Shrewsbury, should be provided so that the mother and child can be removed at once.

More accommodation is required at the Eye and Ear Hospital so that cases can be kept as in-patients until cured.

Special training in the nursing of ophthalmia neonatorum should be given wherever possible to the health visitors and district nurses who have not had adequate training.

MATERNITY AND CHILD WELFARE.

A report on Maternity and Child Welfare has recently been drawn up and is now under the consideration of the Public Health Committee.

The scheme includes :—

(1) The provision for systematic health visiting of infants and children up to five years of age, and visits to expectant mothers.
(2) The provision of maternity and child welfare centres.
(3) The promotion of a midwifery service in the rural districts throughout the County.
(4) The nursing of measles and ophthalmia neonatorum.
(5) The provision of orthopaedic treatment for children under five years of age; and treatment of defects of eyes or throat.
(6) The provision of a home for ailing babies, supported so far entirely by private effort.
(7) The provision of a lecturer on hygiene, who will be available for lecturing on child welfare.

The extension of the Scheme in various directions is suggested in the report.

The only additions to the Scheme made since the last Annual Report are the appointment of two nurses for health visiting and nursing of measles and ophthalmia neonatorum, the provision of orthopaedic treatment for children, and the establishment of Maternity and Child Welfare Centres at Oakengates, Ironbridge and Whitchurch.

Provision of a Midwifery Service.—Owing to the difficulty of obtaining midwives or candidates for training, the provision of midwifery services by forming new Nursing Associations has been almost at a standstill during the year.

The parishes most needing midwives were grouped in 26 districts :—

1.—Albrighton, Astley, Battlefield and St. Alkmond.
2.—Westbury and Wollaston.
3.—Church Pulverbatch and Smethcott.
4.—Morville, Upton Cressett, Aston Eyre, Tasley and Astley Abbots.
5.—Chelmarsh, Eardington and Oldbury.
6.—Chetton, Middleton Scriven, Deuxhill, Glazeley, Billingsley and Sidbury.
7.—Wistanstow, Sibdon Carwood, and Halford Ecclesiastical Parish.
8.—Stottesdon.
9.—Kinlet.
10.—Hopton Wafers, Part of Cleobury Parish, Farlow, Cleeton St. Mary and Silvington.
11.—Clun.
12.—Newcastle and Bettws-y-Crwyn.
13.—Clungunford, Hopton Castle, Bedstone and Bucknell.
14.—Welshampton, Lyneal and Colemere.
15.—Bitterley Ecclesiastical Parish, Hopton Cangeford and East Hamlet.
16.—Knowbury Ecclesiastical Parish.
17.—Cold Weston, Heath, Clee St. Margaret, Stoke St. Milborough and Abdon.
18.—Kinnerley and Melverley.
19.—Llanyblodwel and Sychtyn.
20.—Trefonen Ecclesiastical Parish.
21.—East Part of Oswestry Rural Parish (Moreton and Oswestry Ecclesiastical Parishes).
22.—Badger, Beckbury, Kemberton, Ryton and Boningale.
23.—Sheriffhales, Boscobel and Tong.
24.—Kinnersley, Preston-on-the-Weald-Moors and Part of Hadley.
25.—Lee Brockhurst and Weston and Whixhill.
26.—Whitchurch Rural—Western Part (Tilstock).

At the date of the last Annual Report, Associations had been formed for Nos. 7, 9, 11, 26, and parts of 15 and 16.

Since that date no further Associations have been formed.

It is hoped that with the return of more normal conditions the whole County will be rapidly provided for.

Arrangements have been made for sending emergency midwives where necessary.

Details of the working of the Scheme during the year :—

Total Births as given in the Local Government Board Table, exclusive of Shrewsbury		3598
Notifications received from midwives	2707	
,, ,, medical practitioners	716	
,, ,, parents or other persons ..	40	
Information received from health visitors	23	
Information received from registrar's returns	112	
		3598

In addition, 155 stillbirths were notified.

This statement shows that 95 per cent. of the births were notified in the legal manner, and that knowledge of the remaining 5 per cent. was fairly quickly obtained. Every case of failure to notify is made the occasion for careful inquiries. Lists of all notifications are sent to the Superintendent Registrars every month, so that they may take steps with regard to any failure to register. The Registrars supply us with the births that have been registered, but are not in our lists.

In the Borough of Shrewsbury, where the Notification of Births Act has been adopted for some years, 459 notifications were received, of which 416 were sent in by midwives.

In 1917 the visits paid by the health visitors to infants were :—

	1st	*2nd*	*3rd*	*Subsequent.*	*Total Visits.*
Whole Time	3222	2386	1946	7250	14804
Part Time	1075	835	798	2772	5480
Total ..	4297	3221	2744	10022	20284

and visits to expectant mothers numbered 1837.

On the first visit 2569 children were breast fed, 361 were artificially fed, and 103 were fed partly naturally and partly artificially. It is satisfactory to observe that breast feeding is becoming more universal.

Child Welfare Centres.—Centres are now established at Wellington, Bridgnorth, Oswestry, Oakengates, Ironbridge and Whitchurch. There is also a small Centre working at Ellesmere, and a School for Mothers in Shrewsbury.

The only Centres that were working in 1917 were Wellington and Bridgnorth (from 3rd February, 1917), and Oswestry (from November 3rd, 1917).

The total number of attendances of babies at the Wellington Centre during the year was 1658 and Bridgnorth, 649.

A comprehensive scheme dealing with medical attendance at Child Welfare Centres, medical inspection of School Children, and the combination of health visiting and school nursing is now before the Committees concerned.

PREVENTION AND TREATMENT OF DENTAL CARIES.

There is probably no other direction in which child welfare work is likely to be so fruitful as in the prevention of dental caries. The reason for this statement is in the first place that dental caries affects practically every individual, and very often with serious and far reaching detrimental results, and in the second place it is mostly preventable.

Up to about two years ago we have had to rely almost entirely upon our teaching through the schools. Now, measures are being taken that will bring this knowledge in as practical a manner as possible into every household in the County where there are young children.

For details as to what is being done in the County, reference should be made to pages 28 and 29 of the Report for the year 1916.

It is hoped that we shall shortly be able to pursue this work with much greater vigour.

Dental Treatment.—The war has demonstrated most clearly the urgent necessity for providing satisfactory dental treatment for the mass of the people.

It is probably an outside estimate to say that one-tenth of the population have conservative dental treatment worthy of the name.

It is impossible to increase the number of dentists so as to deal with the remaining nine-tenths within any reasonable period.

The only solution of the problem appears to be the establishment of dental clinics under public authorities for dealing with persons not in a position to pay the fees of dental practitioners. At these clinics, trained dental dressers would work under the direct supervision of a qualified dentist, who would see each case before and after treatment.

In this way it would be possible to deal with the great mass of persons requiring treatment, and apparently there is no other way.

In considering any scheme for the treatment of sections of the community, it should be remembered, that the scheme should become part of a general scheme, and that it is not until a general scheme is established that any very marked effect can be produced on the health of the community. The provision of dental treatment for school children, for phthisical persons and expectant mothers is urged by the Board of Education and Local Government Board, and it is most desirable that such provision should be made.

I have no hesitation in saying, however, that if the true prevention of dental caries, as outlined in my report for 1916, is not pushed forward in every possible way, not only will the amount of disease to be treated continue to be overwhelming, but notwithstanding all the dental treatment provided, we shall continue to suffer from much illness and disease originating in the bad condition of the mouth and teeth that might be prevented.

SCHEME FOR THE TREATMENT AND PREVENTION OF VENEREAL DISEASE.

The scheme has advanced in several directions since my last report. It now consists of—

(1) Provision of facilities for diagnosis in connection with the Birmingham University.

(2) Provision for treatment at—

- (*a*) The County Council Clinic, Belmont, Shrewsbury.
- (*b*) Wolverhampton and Staffordshire General Hospital.
- (*c*) Arrangements with the following hospitals :—
  - Chester Royal Infirmary, Chester.
  - The General Hospital, Birmingham.
  - Birmingham and Midland Hospital for Women, Out-Patient Department, Upper Priory, Birmingham.
  - Manchester Royal Infirmary, Manchester.
  - Manchester and Salford Hospital for Skin Diseases, Quay Street, Manchester.
  - Manchester and Salford Lock Hospital, Manchester, for Syphilis only.
  - Ancoats Hospital, Ancoats, Manchester.

Royal Infirmary, Liverpool.
Liverpool Skin Hospital, 59, Pembroke Place, Liverpool.
Liverpool Hospital for Cancer and Skin Diseases, Myrtle Street, Liverpool.
Kidderminster Infirmary and Children's Hospital, Kidderminster.

(*d*) Arrangements by which girls without homes and suffering from venereal disease can be sent to a Home at Wolverhampton provided by the Lichfield Diocesan Society, for treatment and training.

(3) Arrangements for supplying Salvarsan substitutes to Medical Practitioners.

(4) The formation of a Propaganda Committee as a Branch of the National Council for Combating Venereal Diseases, and the formation of nine sub-branches to cover the County.

Other matters that will require consideration in the near future are :—

(1) The provision of small centres for treatment in the County. One for Oswestry is under consideration.

(2) The utilisation of the general practitioners so far as possible in the scheme.

(3) The provision for institutional treatment of pregnant women suffering from syphilis so that the children may be born free from disease.

(4) The provision of treatment for women by a woman medical practitioner. This could be done in combination with the Maternity and Child Welfare and School Medical Inspection Scheme.

(5) The possibility of providing institutional treatment for both mother and child in case of ophthalmia neonatorum of gonorrhoeal origin.

The existing facilities for treatment have now been widely advertised, and special communications have been sent to medical practitioners, midwives, chemists and sanitary authorities.

As the Wolverhampton Clinic was not ready until April, 1918, and the Shrewsbury Clinic until October, 1918, there is no actual treatment to be reported at these clinics for 1917.

Pathological material sent to Birmingham University for examination during 1917 :—

Nature of Test.		Number of Tests.
For detection of gonococci ..	For Practitioners.	1
For Wassermann reaction ..	do.	4

Outfits for this purpose are stocked at the County Public Health Department and supplied immediately on request. All the practitioners in the County have been informed of these arrangements.

No applications were received for Salvarsan substitutes by practitioners with the qualifications specified by the Local Government Board.

A course of post-graduate demonstrations paid for by the County Council was given by Captain Guinness, at Prees Heath Camp, in August and September, 1918. The average attendance was 12. The course was very successful.

It is intended that there shall be every facility at the Shrewsbury Clinic for medical practitioners to make themselves familiar with the modern methods of treatment of these diseases.

The propaganda campaign is getting into full operation throughout the County. It is particularly desirable that this work and the treatment facilities shall be well advanced for the increase of disease that may be anticipated with the demobilization of the Army and the munition workers.

ALCOHOLISM AND PUBLIC HEALTH.

The interim report of the Advisory Committee appointed by the Central Control Board (Liquor Traffic) will give that impartial statement regarding the effect of alcohol upon the human body and on society, which is so necessary as a basis for any action by a public health authority. Hitherto the public have been bewildered by the one-sided statements of enthusiasts for reform and of their opponents.

In this report the subject is set out in a simple and yet scientific manner. It may, with confidence, be accepted as a correct statement of fact, and no effort should be spared to make its main conclusions widely known.

Undoubtedly the abuse of alcohol is a factor in public health of the widest importance. It enters into almost all the large public health questions. To mention one only—the effect of bad housing on the production of alcoholism, and the effect of alcoholism in the production of bad housing conditions, is one of the most interesting examples of the cumulative result of two adverse conditions acting and re-acting upon one another.

The abuse or misuse of alcohol affects the health of the public broadly in four ways :—

(1) It directly affects the physical and mental health of the individual, frequently causing disease, lower vitality and premature death.

(2) In a large number of families the expenditure on alcohol leaves an insufficient income for feeding and clothing the family, with the resultant evils of underfeeding, underclothing, etc.

(3) The standard of cleanliness and general household management is greatly lowered in a house where alcohol is consumed in excessive quantities, particularly if this excess is committed by the housewife.

(4) The abuse very materially lessens the productive power of the nation, on which efficient housing, feeding, clothing and all other material comforts and services entirely depend.

(5) The expenditure on the production of alcohol in the present excessive quantity is a considerable strain upon our productive power.

All our efforts with regard to public health will fail unless production is maintained and increased, for it is on increased production that the possibility of providing better housing and sanitation, better food and clothing, better education and better medical supervision and attendance entirely depend. It is for this reason, as well as the direct poisonous effect of excess of alcohol upon the individual, that this subject is one of supreme importance to the nation, particularly at the present time.

The statement contained in the preface to the report that the amount spent on alcohol in this country is nearly 50 per cent. greater than the traffic receipts of the whole railway system, including both goods and passengers ; more than double the expenditure on bread, more than equal to the expenditure on meat and, before the war, it was approximately equal to the total revenue of the State, and was more than eight times the total amount required for interest on the National Debt, shows what immense possibilities there are.

There will, no doubt, be great divergence of opinion as to the social action that is desirable, but most responsible persons will acknowledge that some action is necessary, and that the first step should be an attempt to educate the people with regard to the nature of alcohol, and the results of its abuse upon the individual and the nation.

BODY AND HEAD LICE—AND FLIES.

Recent investigations showing that typhus fever, relapsing fever and trench fever are spread by lice, establish on a firm public health basis the necessity for energetic measures for getting rid of these conditions.

Other proved instances of the transmission of disease by insects are the communication of plague by fleas and malaria by mosquitoes. The only inference that can be drawn from these main facts is that we must wage intensive warfare against all insects that feed on human blood.

Of perhaps equal importance are the measures to prevent contamination of food by flies.

We have had a vivid illustration of the harm done by lice in the present war, not only by the actual disease caused but by the intense discomfort and no doubt the general lowering of health in consequence.

It is generally assumed that an army must be to a considerable extent lousy. The lousiness of an army must depend, however, to a great extent upon the lousiness of the civil population from which it is drawn. If our public health measures in this direction had been efficient during the last ten years, it is quite conceivable that the problem of lice in the army might have been a comparatively small one.

A campaign against lice should now occupy a prominent place in our public health measures.

MIDWIVES ACT.

Under this section it has been the custom to deal not only with the inspection of midwives but also with their distribution and supply. The supply of midwives has been made one of the important points of the maternity and child welfare scheme of the Local Government Board, and is dealt with in this report under that heading. The statements showing the ages of the midwives and size of practice of midwives are continued and brought up to date. They throw considerable light upon the condition of the midwifery service studied both from the economic standpoint and that of efficiency.

When the Midwives Act came into operation, a great effort was made in this County to get the majority of women then practising on to the roll in order that they might be kept under supervision and taught so far as it was possible to do so. As a result, considering the population of the County, an unusually large number of midwives were enrolled. The advisability of such a policy was questioned at the time, but there can be little doubt that it has proved correct. Some of the old midwives were capable of little improvement, but taken as a whole, the improvement that has taken place, under the very patient and careful supervision of the Inspector of Midwives, has been very marked.

Routine Work under the Act :—

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
1915	260	756	435	86	109	12
1916	252	849	518	69	93	11
1917	251	889	427	55	62	5

The returns sent in by the certified midwives, although incomplete, show that they attended 2,845 births in 1917 out of a total of 4,059, leaving less than 1,211 or 30 per cent. to be attended by medical men and uncertified midwives.

Visits of the Inspector of Midwives.—The Inspector, at her visits, satisfies herself with regard to the condition of the bag, appliances, dresses and aprons, the keeping of the register and records, and she gives instructions to the midwives whenever necessary, on the essential matters concerning their practice.

Very marked progress has been made by the midwives in the manner in which they take and record the temperature and pulse.

The proper feeding of infants is made a matter of personal instruction. This work of midwives is immediately followed up by health visitors provided by the County Council. It is anticipated that consultations between the health visitors and the midwives on infant feeding will have a very good effect, and endeavours are made and will be increased to get the midwives to attend the maternity and child welfare centres, both to give information and receive advice. Thus a closer co-operation will be established.

Sending for Medical Help by Midwives.—An analysis of the reasons for sending for medical help has been made and is given in the following statement. The information available is frequently insufficient.

For Mother.

During pregnancy		13
Haemorrhage	4	
Threatened abortion	6	
Accident	1	
Varicose veins	2	
At Labour		280
Premature labour	5	
Uterine inertia and prolonged labour..	137	
Abortions, miscarriages and still-births	34	
Abnormal presentation	23	
Placenta prævia	5	
Haemorrhage	4	
Convulsions	3	
Ruptured periæum	48	
Adherent placenta and retained membranes	19	
Other causes	2	
After Labour		23
Rise of temperature	8	
Other causes	15	
For Child		98
Feebleness	46	
Malformation	18	
Discharge from eyes	21	
Other causes	13	

Notification of Still-births.—Still-births, when attended by a midwife without a doctor, have to be notified under the midwives' rules to the Local Supervising Authority. In addition, all still-births have to be notified under the Notification of Births Act, by the doctor, midwife or other person, to the Authority under the Act, which for all Shropshire, with the exception of the Borough of Shrewsbury, is also the County Council. The old arrangements for notification by Parish Clerks and Clergy is also still in force in many districts. These additional sources of information have proved of considerable value, and it is probable that we are now getting a fairly complete notification of still-births.

So far it has not been possible to make systematic inquiries into still-births through the health visitors, but it is hoped that this will shortly be done.

Analysis of the 55 notifications of still-births sent in by midwives show that—

29 were at full time; 21 premature; in 5, no statement.

The condition of the child pointed to—

Death during labour or shortly before in 19; death some time before labour in 29; in 7 there was no indication given.

The presentations were :—head 25, breech 8, footling 4, cord 3. In 8 cases the presentations were not mentioned, and in 7 cases the child was born before the midwife's arrival.

The sex of the children was as follows :—males 26, females 28 ; one not stated.

These figures, although incomplete, are of some value in showing the number of children that might have possibly been saved if skilful attendance had been available at the time of confinement.

The prevention of still-births is a part of the general question of the care of women during pregnancy, and will receive attention under the scheme of Maternity and Child Welfare.

As a proportion of cases of miscarriages and still-births are due to venereal diseases and can be prevented by suitable treatment from occurring in subsequent confinements, it is most important that inquiries should be so directed that these cases shall have appropriate treatment. These inquiries, however, need to be conducted with the greatest care, and can only be made by or with the consent of the medical attendant. All a midwife can do is to advise the patient to consult her medical attendant or to attend at a welfare centre. The question of obtaining specimens for pathological examination from the placenta or maternal blood is receiving consideration. When it is sufficiently realised that a pregnant woman suffering from syphilis, if put under complete treatment, will give birth to a healthy child instead of to a still-born child, or a child that will die in a few months or suffer from very serious disability throughout life, every facility for discovering and treating these cases will be insisted upon.

This work may be helped forward by analysing the notifications of still-births and miscarriages that have occurred during the last few years.

Puerperal Fever.—Seventeen cases were notified, compared with 9 in 1916. Two cases were attended by untrained certified midwives, 4 by trained midwives, and 4 by a medical practitioner alone. Seven were attended by medical practitioners and midwives together.

Present Supply of Midwives.—In June, 1918, there were 234 midwives registered as practising in the County, compared with 251 at a corresponding period in 1917.

As previously pointed out one can only estimate the real supply by considering the age, training, and general capabilities and distribution of 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 227, there are 113 over 50 years of age. Of this number, about 62 are over 60, 19 over 70, and 2 over 80 years of age.

Of the 234 registered midwives 128 are properly trained, and the remaining 106 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, 1918, was two 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 ; 1916, 121 ; 1917, 126 ; 1918, 128.

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 ; 1916, 131 ; 1917, 125 ; 1918, 106.

MIDWIVES GROUPED ACCORDING TO NUMBER OF CONFINEMENTS THEY ATTENDED IN 1917.

(*a*) TRAINED MIDWIVES.

Number who have not sent in returns of confinements ..	21
,, ,, ,, attended no confinements ..	13
,, ,, ,, ,, less than 10 confinements ..	55
,, ,, ,, ,, between 10 and 20 confinements ..	34
,, ,, ,, ,, ,, 20 and 30 ,, ..	7
,, ,, ,, ,, ,, 30 and 40 ,, ..	3
,, ,, ,, ,, ,, 40 and 50 ,, ..	4
,, ,, ,, ,, ,, 50 and 60 ,, ..	2
,, ,, ,, ,, ,, 60 and 70 ,, ..	1
,, ,, ,, ,, ,, 70 and 100 ,, ..	2
,, ,, ,, ,, ,, over 100 ,, ..	0

(*b*) Untrained Midwives.

Number of Midwives who have not sent in returns of confinements	.. ..	17
,, ,, ,, ,, attended no confinements	.. ..	21
,, ,, ,, ,, ,, less than 10 confinements	.. .. ..	44
,, ,, ,, ,, ,, between 10 and 20 confinements	.. ..	22
,, ,, ,, ,, ,, ,, 20 and 30 ,,	.. ..	9
,, ,, ,, ,, ,, ,, 30 and 50 ,,	.. ..	2
,, ,, ,, ,, ,, ,, 50 and 70 ,,	.. ..	5
,, ,, ,, ,, ,, ,, 70 and 100 ,,	.. ..	3
,, ,, ,, ,, ,, ,, over 100 ,,	.. ..	0

It is obvious that only a small number of the midwives can possibly make a living by midwifery alone.

An analysis of the returns sent in by the midwives shows that :—

1,337 confinements were attended by untrained certified midwives.

1,094 ,, ,, ,, trained midwives working under an association or employed by private persons.

417 confinements were attended by trained midwives working on their own account.

Cases brought before the Local Supervising Authority :—

Alleged Offence.	Action taken.
1.—(i) Attending a miscarriage .. .. .. (ii) Not sending for medical help. Rules 20 and 21 (2).	Midwife attended and was cautioned.
2.—Not sending for medical help sufficiently early for a child suffering from ophthalmia neonatorum. Rules 20 and 21 (5).	Midwife attended and was cautioned.
3.—Not sending for medical help for child suffering from a discharge from the eyes. Rule 21 (5).	Midwife attended and was censured.
4.—(i) Not attending a patient between the 5th and 10th day after confinement. Rule 12. (ii) Not sending for medical help for the child, who had a discharge from the eyes.	Strongly cautioned.
5.—(*a*) Midwife called in to a miscarriage and sent for a doctor, but did not remain until the doctor's arrival. Rule 7. (*b*) Did not attend the case after sending for a doctor. Rule 12. (*c*) Did not notify Local Supervising Authority of having sent for medical help. Rule 22 (1) *a*. (*d*) Did not notify the Local Sanitary Authority that she had been in contact with an infectious case. Rule 22 (1) *e*.	Midwife attended and pleaded illness. She was, however, censured.