[Report 1918] / Medical Officer of Health, Salop / Shropshire County Council.

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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 1918. Its publication has been delayed in the hope that it might contain a summary of the district reports. Many of these have, however, not been issued, and this report consequently deals principally with those public health services which are directly administered by the County Council.

I am, Gentlemen,

Your obedient Servant,

JAMES WHEATLEY.

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 1918 is 215,529. This is used for calculating all death-rates. An estimated population of 241,492 is used for birth-rates only.

Marriages.—The number of marriages in the Registration County for 1918 was 1718, compared with 1,496 in 1917, 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 4,283, giving a birth-rate of 17.73, compared with 16.63 in 1917, and 18.99 in 1916. The birth-rate for the first time for many years showed a slight increase.

Deaths.—The number of deaths after making corrections for non-residents dying in the County and persons belonging to the County dying outside, was 3,702.

The death-rate was 17.18, compared with 14.12 in 1917, and 14.26 in 1916.

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
1918	4283	3702	581

Notwithstanding the increase of births, the natural increase of population was smaller than in any previous year.

	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
1918	17.15	18.24	17.73	18.25	16.25	17.18

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. The high death-rate of 1918 was principally due to influenza.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF SALOP, 1918.

CAUSES OF DEATH.	AGGREGATE OF URBAN DISTRICTS.																AGGREGATE OF RURAL DISTRICTS.															
	All Ages.		0—		1—		2—		5—		15—		25—		45—		65—		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.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	907	915	94	62	34	21	31	42	49	44	45	65	155	165	193	167	306	349	934	946	92	66	17	21	34	24	37	58	53	93	130	160	221	170	350	354
1.—Enteric Fever	..	2	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2.—Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.—Measles	10	6	3	1	3	2	3	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4.—Scarlet Fever	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	4	5	1	..	2	2	1	1	..	2	..	..	..	..	..	..	..	..
5.—Whooping Cough	12	24	5	10	2	10	5	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6.—Diphtheria and Croup	8	6	1	..	4	..	1	5	2	1	..	..	..	..	..	..	..	..	9	12	3	4	3	4	3	3	..	1	..	..	..	..	..	..	..	..
7.—Influenza	183	185	9	5	4	2	10	18	16	19	18	30	72	68	37	24	17	19	4	5	..	..	..	..	1	..	2	5	1	..	..	..	..	..	..	..
8.—Erysipelas	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	158	182	5	7	1	3	8	5	14	22	27	38	66	67	27	23	10	17
9.—Pulmonary tuberculosis	62	52	..	..	1	..	..	1	5	5	8	12	32	25	12	7	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10.—Tuberculous Meningitis	3	7	..	1	..	1	1	2	1	3	..	..	..	..	1	..	..	..	47	61	..	..	1	..	..	..	..	4	13	21	17	28	15	8	1	..
11.—Other tuberculous diseases	14	9	1	..	..	..	2	..	4	..	1	4	2	1	4	2	..	2	2	5	..	1	..	..	1	..	1	2	..	2	..	..	..	..	..	..
12.—Cancer, malignant disease	76	88	..	..	1	..	..	..	..	1	2	2	1	..	1	..	..	..	12	8	1	..	..	..	1	1	2	1	1	3	3	1	4	2	..	..
13.—Rheumatic Fever	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	1	1	7	35	47	37	41	..	..
14.—Meningitis	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	6	3	..	..	2	..	1	1	..	..	..	1	1	1	2	..	..	..
15.—Organic heart disease	64	95	..	..	..	..	..	..	1	1	1	1	3	9	20	21	39	63	87	105	..	..	..	..	..	..	..	1	1	2	4	6	25	26	57	71
16.—Bronchitis	60	43	7	1	4	1	..	..	..	..	..	1	1	..	6	6	42	34	49	44	4	3	..	1	..	3	..	..	..	..	1	1	8	5	36	31
17.—Pneumonia (all forms)	76	50	14	6	9	3	4	1	7	2	5	6	9	15	14	7	14	10	67	62	12	5	4	5	7	6	3	5	2	8	8	15	13	4	18	14
18.—Other respiratory diseases	6	15	..	1	..	..	..	2	..	..	1	..	2	2	2	5	1	5	11	10	..	1	..	..	..	1	..	1	1	2	..	1	6	..	4	4
19.—Diarrhoea, &c.	9	7	1	3	1	..	..	..	..	..	..	..	2	1	2	2	..	1	12	12	3	1	..	2	..	1	1	2	1	..	2	..	3	2	2	4
20.—Appendicitis and Typhlitis	3	4	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	10	2	..	..	..	..	..	..	4	2	..	1	1	1	3	..	..	1
21.—Cirrhosis of Liver	3	1	..	..	..	..	..	..	1	..	2	1	..	2	..	..	..	1	8	5	..	..	..	..	..	..	..	..	..	..	..	..	6	1	4	1
21a.—Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	2	..	20	13	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..
22.—Nephritis and Bright's disease	28	12	..	..	..	..	..	1	1	..	..	..	5	2	8	3	14	6	..	7	..	..	..	..	..	..	2	1	1	..	1	1	3	6	13	5
23.—Puerperal fever	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..
24.—Parturition, apart from puerperal fever	..	3	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	7	..	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..
25.—Congenital debility, &c.	37	22	35	20	..	..	..	..	1	1	..	1	..	..	..	..	1	..	39	35	39	34	..	..	..	..	..	..	..	1	..	..	..	..	..	..
26.—Violence, apart from suicide	20	15	..	2	1	..	..	2	4	3	5	..	3	2	4	2	3	4	28	17	3	..	..	1	2	1	2	3	2	3	7	2	8	3	4	4
27.—Suicide	8	2	..	..	..	..	..	..	..	..	..	..	2	2	6	..	..	..	12	2	..	..	..	..	..	..	..	..	..	..	2	1	7	1	3	..
28.—Other defined diseases	211	258	18	12	4	2	5	4	4	5	2	4	17	22	41	51	120	158	257	235	20	9	4	3	8	1	6	5	2	7	11	15	48	34	158	161
29.—Causes ill-defined or unknown	9	4	..	..	..	..	..	1	..	..	..	..	..	..	3	2	6	1	15	15	1	1	..	..	1	..	..	2	..	2	2	2	8	8	3	..

CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1918.

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.		Shrewsbury M.B.		Wellington U.D.		Wem U.D.		Wenlock M.B.		Whitchurch U.D.		Total U.D.	
(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	8	13	36	28	5	9	60	67	15	25	43	49	43	34	19	21	91	106	88	97	255	231	60	49	18	14	118	119	48	53	907	915
1.—Enteric Fever	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2
2.—Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.—Measles	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	7	1	..	..	3	1	..	1	..	..	..	1	..	..	10	6
4.—Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
5.—Whooping Cough	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	4	7	..	..	4	9	..	4	1	..	..	..	2	3	12	24
6.—Diphtheria and Croup	..	..	..	..	..	..	..	1	..	..	..	1	1	..	..	..	2	2	1	1	2	1	..	..	1	..	..	..	1	..	8	6
7.—Influenza	1	4	4	5	..	3	15	13	3	4	5	5	9	6	1	..	22	30	8	17	51	52	18	11	4	3	36	24	6	8	183	185
8.—Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..
9.—Pulmonary tuberculosis	1	2	3	4	..	..	2	2	1	3	8	4	1	1	2	1	4	3	7	5	15	12	7	1	..	1	6	11	5	2	62	52
10.—Tuberculous meningitis	..	..	..	1	..	1	..	..	..	..	..	..	1	..	..	..	..	1	..	1	2	2	..	..	..	..	..	1	..	..	3	7
11.—Other tuberculous diseases	..	..	..	1	..	..	2	..	..	..	..	1	..	..	..	..	1	1	2	..	3	4	1	..	..	..	3	2	2	..	14	9
12.—Cancer, malignant disease	1	..	5	6	1	..	3	7	..	2	3	4	5	3	1	4	4	8	6	8	31	20	1	5	2	..	7	13	6	8	76	88
13.—Rheumatic Fever	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	..	..	..	1	..	..	4	2
14.—Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
15.—Organic heart disease	1	1	4	1	..	1	3	6	1	4	1	5	5	4	3	2	5	7	9	11	12	25	2	2	1	4	11	16	6	6	64	95
16.—Bronchitis	1	..	5	..	..	..	5	5	1	1	2	2	2	3	2	3	4	5	2	4	20	9	2	3	2	..	11	8	1	..	60	43
17.—Pneumonia (all forms)	..	1	2	..	..	..	7	3	4	2	2	4	5	4	..	..	12	6	11	9	17	11	7	2	1	..	6	3	2	5	76	50
18.—Other respiratory diseases	..	..	..	3	..	..	..	2	..	..	..	..	..	..	1	..	..	3	1	1	3	4	1	..	..	..	..	1	..	1	6	15
19.—Diarrhoea, &c. (under 2 years)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	1	..	..	2	..	..	..	2	3
20.—Appendicitis and Typhlitis	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..	..	1	..	1	3	4
21.—Cirrhosis of Liver	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	3	1
21A.—Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22.—Nephritis and Bright's Disease	..	..	2	..	1	1	2	1	..	..	2	1	..	..	..	..	2	..	7	5	4	3	2	..	..	..	5	..	1	1	28	12
23.—Puerperal fever	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
24.—Parturition, apart from puerperal fever	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3
25.—Congenital debility, &c.	..	..	2	..	..	..	4	4	..	2	2	..	5	..	..	2	2	..	3	2	12	5	..	3	..	..	4	2	3	2	37	22
26.—Violence, apart from suicide	..	..	..	..	..	..	..	..	1	1	1	..	..	2	3	1	4	4	1	3	8	2	..	1	..	..	..	1	2	..	20	15
27.—Suicide	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	1	2	..	1	..	1	1	..	..	..	..	2	..	..	..	8	2
28.—Other defined diseases	3	5	6	6	3	2	16	17	3	6	16	22	9	10	5	6	15	24	27	28	59	66	17	14	6	6	25	35	8	15	218	262
29.—Causes ill-defined or unknown	..	..	..	..	..	..	1	1	..	..	..	..	..	1	1	..	1	..	2	1	2	1	..	..	..	..	..	..	2	..	9	4
Special causes (included above).																																
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Total deaths of Infants under 1 year of age	1	1	4	2	1	..	6	6	..	3	4	..	14	3	1	2	11	12	10	4	31	11	..	9	..	2	7	5	4	2	94	62
Illegitimate	..	..	1	..	..	..	2	..	..	1	1	..	5	..	..	..	3	1	..	2	4	..	..	1	..	1	..	1	3	1	19	8
TOTAL BIRTHS	8	8	35	37	7	4	81	77	10	19	45	36	49	36	24	29	102	16	95	104	274	267	56	62	14	21	106	106	47	44	953	966
Legitimate	7	8	32	35	7	4	77	71	10	17	44	33	37	29	22	25	97	11	82	90	247	245	50	58	12	19	99	102	40	33	863	880
Illegitimate	1	..	3	2	..	..	4	6	..	2	1	3	12	7	2	4	5	5	13	14	27	22	6	4	2	2	7	4	7	11	90	86
POPULATION FOR BIRTH-RATE	1257		5002		1385		7245		1796		5536		4749		2986		11578		10799		31046		7573		2101		12615		6196		111864	
POPULATION FOR DEATH-RATE	1122		4464		1236		6466		1603		4941		4238		2665		10333		9638		27708		6759		1875		11259		5530		99837	

CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1918.

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.		Ludlow R.D.		Newport R.D.		Oswestry R.D.		Shifnal R.D.		Teme R.D.		Wellington R.D.		Wem R.D.		Whitchurch R.D.		Total R.D.	
(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.	M.	F.	M.	F.
ALL CAUSES	150	161	53	60	8	6	22	21	45	29	56	48	54	46	63	45	55	59	57	56	38	39	120	120	51	65	11	13	84	93	54	70	13	15	934	946
1.—Enteric fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2.—Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3.—Measles	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4.—Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1	..	1	..	..	3	1	..	..	..	..	4	5
5.—Whooping Cough	1	4	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6.—Diphtheria and Croup	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	2	3	2	..	..	..	..	..	1	2	2	1	..	..	9	12
7.—Influenza	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	2	..	..	..	..	..	1	..	..	..	1	..	..	..	1	..	..	..	..	4	5
8.—Erysipelas	..	..	10	11	..	1	5	5	2	10	7	5	10	9	9	6	10	12	13	11	5	8	22	22	11	18	2	3	15	13	9	8	1	2	158	182
9.—Pulmonary tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10.—Tuberculous meningitis	10	7	1	2	..	..	1	1	3	4	3	3	6	2	3	1	..	2	1	2	..	5	6	8	4	3	..	2	6	14	2	5	1	..	47	61
11.—Other tuberculous diseases	..	1	..	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	..	..	..	..	2	5
12.—Cancer, malignant disease	12	12	2	12	1	1	2	2	7	3	3	5	3	3	9	6	5	9	5	8	1	1	11	12	3	5	..	2	6	10	3	4	2	1	75	96
13.—Rheumatic fever	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	..	..	6	3
14.—Meningitis	2	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	..	..	2	2
15.—Organic heart disease	9	14	5	8	..	..	3	..	7	3	7	4	6	5	9	5	5	8	5	8	3	4	13	19	4	3	2	2	5	9	3	9	1	4	87	105
16.—Bronchitis	8	9	4	3	..	..	2	1	1	..	3	3	3	3	2	1	2	5	2	..	4	1	5	2	5	5	..	..	7	4	1	7	..	..	49	44
17.—Pneumonia (all forms)	14	11	3	6	1	2	1	2	1	..	8	6	2	2	3	4	3	2	5	1	5	4	5	8	3	5	1	..	6	3	5	5	1	1	67	62
18.—Other respiratory diseases	7	1	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	1	..	1	..	..	..	..	..	..	..	..	20	13
19.—Diarrhoea, &c. (under 2 years)	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	1	1	11	10
20.—Appendicitis and Typhlitis	3	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	3	3
21.—Cirrhosis of Liver	1	..	1	1	..	..	..	..	..	..	1	..	..	..	1	..	..	1	1	1	..	..	..	..	..	2	..	..	1	..	1	1	..	..	8	5
21A.—Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	1	..	..	..	..	..	1	1	..	..	..	..	1	..	1	..	..	..	10	2
22.—Nephritis and Bright's disease	2	1	..	1	..	..	..	..	1	..	..	1	..	..	3	..	..	1	2	..	1	..	4	3	..	2	..	1	4	1	3	2	..	..	20	13
23.—Puerperal fever	..	2	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
24.—Parturition, apart from pureperal fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3
25.—Congenital debility, &c.	3	6	2	1	1	..	..	1	1	1	3	5	2	2	4	3	3	1	2	4	1	1	6	5	2	..	1	1	5	1	3	3	..	..	39	35
26.—Violence, apart from suicide	3	1	2	1	..	..	..	1	3	..	2	1	4	1	..	2	3	3	2	2	1	..	4	..	2	..	..	..	2	5	..	..	..	..	28	17
27.—Suicide	2	..	..	..	..	..	..	..	2	..	2	..	..	..	1	..	..	..	1	1	..	..	1	..	2	1	1	..	..	..	..	..	..	..	12	2
28.—Other defined diseases	41	43	19	9	5	1	6	7	14	7	16	12	16	19	14	14	18	13	15	5	13	6	35	33	11	16	3	..	16	21	18	22	6	6	266	244
29.—Causes ill-defined or unknown	3	5	1	..	..	1	..	..	1	..	..	2	1	..	1	..	..	..	1	1	1	1	2	1	1	2	..	..	2	2	1	..	..	..	15	15
Special Causes (included above).																																				
Cerebro-spinal fever	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..
Total deaths of Infants under 1 year of age	11	8	3	5	1	..	..	1	5	2	6	8	6	5	8	3	6	6	3	5	6	2	17	10	4	3	1	1	8	4	7	3	..	..	92	66
Illegitimate	1	..	2	..	..	..	..	..	..	..	1	..	1	1	1	..	1	2	..	..	..	..	2	..	1	..	..	..	2	2	..	..	..	..	12	5
Total Births	199	189	64	62	16	10	24	28	38	40	79	76	66	45	64	71	71	76	76	87	47	57	178	147	61	52	15	17	88	92	101	90	16	22	1203	1161
Legitimate	184	181	58	62	15	7	22	26	35	35	76	71	60	43	63	64	65	69	70	79	44	56	163	136	57	51	15	16	81	86	88	79	16	17	1112	1078
Illegitimate	15	8	6	..	1	3	2	2	3	5	3	5	6	2	1	7	6	7	6	1	3	1	15	11	4	1	..	1	7	6	13	11	..	5	91	83
Population for Birth-rate	21287		8845		1277		3154		4648		6015		6586		7361		7977		9275		5745		15937		8145		1481		10782		8882		2231		129628	
Population for Death-rate	18998		7894		1140		2815		4148		5368		5878		6570		7119		8278		5127		14224		7270		1322		9623		7927		1991		115692	

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
1918 ..	350 ..	8.2

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

Up to 1918 there was practically no increase in the percentage of illegitimate births, and there was a considerable decrease in the actual number. During the year 1918, there was a marked increase in both the number and percentage.

INFANT MORTALITY.

There were 314 deaths of infants under one year of age, equal to a mortality of 73 for every 1,000 births, compared with a rate of 79 in 1917, 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.

Tables 1 and 2 give the infant mortality in each sanitary district for the last four 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, 1917 and 1918.

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.	Rates for 1918.
Bishop's Castle	86	100	+ 16.3	+ 4.2	235	80	83	125
Bridgnorth ..	106	116	+ 9.4	+ 0.8	138	95	94	83
ChurchStretton	96	99	+ 3.1	+ 3.1	150	0	53	91
Dawley ..	112	97	— 13.4	+ 1.0	122	45	72	76
Ellesmere ..	103	65	— 36.8	— 32.3	32	125	40	103
Ludlow ..	113	84	— 25.7	— 12.5	93	82	114	49
Market Drayton	..	..	..	..	80	141	111	200
Newport ..	117	80	— 31.6	— 16.7	101	96	80	57
Oakengates ..	138	104	— 24.6	+ 8.3	91	75	91	105
Oswestry ..	102	101	— 1.0	+ 5.2	91	90	117	70
Shrewsbury ..	126	102	— 19.0	+ 6.2	71	85	57	78
Wellington ..	114	78	— 31.6	— 18.7	156	56	118	76
Wem	93	87	— 6.4	— 9.4	71	0	57	57
Wenlock ..	102	85	— 16.7	— 11.5	86	57	80	57
Whitchurch ..	103	104	+ 1.0	+ 8.3	102	86	102	66
All Districts ..	112	96	— 14.3	..	95	76	85	81

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.	Rates for 1918.
Atcham ..	84	77	— 8.3	— 1.3	76	43	68	49
Bridgnorth ..	87	67	— 23.0	— 14.1	79	40	65	63
Burford ..	59	68	+ 15.2	— 12.8	0	136	0	38
Chirbury ..	77	60	— 22.1	— 23.1	53	64	23	19
Church Stretton ..	97	80	— 17.5	+ 2.6	24	31	190	90
Cleobury Mortimer ..	92	74	— 19.6	— 5.1	102	51	65	90
Clun	100	72	— 28.0	— 7.7	106	48	109	99
Drayton ..	115	84	— 26.0	+ 7.7	41	58	107	81
Ellesmere ..	92	84	— 8.7	+ 7.7	46	67	94	82
Ludlow ..	91	69	— 24.2	— 11.5	42	62	61	49
Newport ..	106	96	— 9.4	+ 23.1	105	90	124	77
Oswestry ..	96	87	— 9.4	+ 11.5	97	64	79	83
Shifnal ..	94	76	— 19.1	— 2.6	67	41	37	62
Teme ..	127	102	— 19.7	+ 30.8	42	35	120	62
Wellington ..	102	83	— 18.6	+ 6.4	119	53	56	67
Wem ..	69	67	— 3.0	— 14.1	105	19	54	52
Whitchurch ..	61	58	— 5.0	— 25.6	86	88	62	0
All Districts	93	78	— 16.1	..	79	52	75	67

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	Numbers for year 1918
Births	5955	5427	8.8	4917	4682	4059	4283
Deaths from all causes under one year	561	444	20.8	426	299	323	314
Deaths from—							
Measles and Whooping Cough	34	22	35.3	33	18	13	27
Influenza	..	..	..	6	4	4	26
Other Infectious Diseases ..	5	1	80.0	0	0	2	1
Tuberculous diseases	19	12	36.8	9	4	10	4
Convulsions and Meningitis (not tuberculous)	60	42	30.0	39	*	*	
Bronchitis	46	33	28.2	49	25	41	15
Pneumonia	65	43	33.8	45	28	33	37
Diarrhoea, Enteritis and Gastritis	61	52	14.7	50	18	17	8
Premature Birth, congenital defects and malformations ..	128	119	7.0	105	*	*	
Atrophy, Debility and Marasmus	96	74	22.9	51	*	*	

Notwithstanding the very serious outbreak of influenza, the total deaths from bronchitis and pneumonia under one year of age were less than in the previous year.

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.

INFECTIOUS DISEASE.

Typhoid Fever.—There were 11 cases of typhoid fever in the Borough of Bridgnorth following on the outbreak of 1917, which was specially reported on by me. There can be no doubt that the cause of the outbreak was the pollution of the river water, and the chief lesson that can be learnt from it, is that no reliance whatever can be placed upon chemical examination of such water.

From year to year the advisability of undertaking systematic bacteriological examination of the water supply at Bridgnorth has been pointed out, but up to the time of the outbreak reliance had been placed upon chemical examination. The water was treated with chloros and the epidemic came to an end, but I have not yet heard that measures have been taken to put the water supply on a satisfactory basis.

Influenza.—There were two distinct and severe outbreaks of influenza, one in the summer and one in the autumn. The number of deaths resulting was 708.

In the following table the deaths are arranged in sexes and age periods :—

	At all ages.	Under 1	1—2	2—5	5—15	15—25	25—45	45—65	Over 65
Urban Districts :—									
Males	183	9	4	10	16	18	72	37	17
Females	185	5	2	18	19	30	68	24	19
Rural Districts									
Males	158	5	1	8	14	27	66	27	10
Females	182	7	3	5	22	38	67	23	17
	708	26	10	41	71	113	273	111	63

The death-rates in the Sanitary Districts were :—

Urban Districts.		*Rural Districts.*	
Bishop's Castle	4.5	Atcham	3.4
Bridgnorth	2.0	Bridgnorth	2.7
Church Stretton	2.4	Burford	.9
Dawley	4.3	Chirbury	3.6
Ellesmere	4.4	Church Stretton	2.9
Ludlow	2.0	Cleobury Mortimer	2.2
Market Drayton	3.5	Clun	3.2
Newport	.4	Drayton	2.3
Oakengates	5.0	Ellesmere	3.1
Oswestry	2.6	Ludlow	2.9
Shrewsbury	3.7	Newport	2.5
Wellington	4.3	Oswestry	3.1
Wem	3.7	Shifnal	4.0
Wenlock	5.3	Teme	3.8
Whitchurch	2.5	Wellington	2.9
		Wem	2.1
		Whitchurch	1.5

The action taken by the County Council included :—

(1) The early closure of schools when attacked or before invasion in certain instances where there were cases of influenza in the district.

Return of Infectious Diseases for the Year 1918.

	Population Census 1911.	Measles and German Measles.		Scarlet Fever.	Diphtheria (including Membranous Croup).	Enteric (Typhoid) Fever.	Puerperal Fever.	Smallpox.	Typhus Fever.	Plague.	Continued Fever.	Cerebro-Spinal Fever.	Acute Poliomyelitis.	Cholera.	Relapsing Fever.	Enteritis.	Tuberculosis.		Ophthalmia Neonatorum.
		Notified by medical practitioners.	Notified by parents or guardians or other persons.														Pulmonary.	Other.	
RURAL DISTRICTS.																			
Atcham	21770	169		16	10	1	1									8	31	3	2
Bridgnorth	9125	130		16	4		2									1	10	5	2
Burford	1308	12				1	1										1	1	
Chirbury	3304			1	1												4		
Church Stretton ...	4797	10		7	3												15	1	3
Cleobury Mortimer...	6976	56		16	5	4	3									1	7	1	2
Clun...	6565	44		2	6							2				1	5	2	
Drayton	7258 (Approx.)	43		3	3											1	6	3	
Ellesmere	8365	66		12	4											2	12	4	1
Ludlow	9438	73		7	8											1	7	3	1
Newport	6005	127		5	4		1										6	6	2
Oswestry	15442	117		14	9	2						1				1	24	6	3
Shifnal	8953	192			5												20	6	1
Teme	1644	8		8												1	3	4	2
Wellington	11091	97		10	4											2	20	3	2
Wem	8373	12		3	2		1									1	3	1	1
Whitchurch... ...	1935	10		1		1											3	1	
URBAN DISTRICTS.																			
Bishop's Castle ...	1409	5		1	1	2	1									9	2		1
Bridgnorth	5768	186		1	1	11	1									1	9	6	
Church Stretton ...	1455	19			1												6		
Dawley	7701	21		2	2		1										13	3	4
Ellesmere	1946	8		9	2											2	8	1	
Ludlow	5926	13		4	5											2	19	9	4
Market Drayton ...	5082 (Approx.)	97		1	7											1	4	3	1
Newport	3250	84		2	1	3											3	2	2
Oakengates	11744	210			5								1			2	25	10	5
Oswestry	9991	10		5	16							1				2	21	13	4
Shrewsbury ...	29389	485		22	67							2				9	64	13	5
Wellington ...	7820	52		15	2											3	11	6	4
Wem	2273			2		1						2					3		2
Wenlock	15244	95		17	2											2	32	8	
Whitchurch ...	5757	166		5	1												8	1	2
TOTAL		2611		207	181	26	12					8	1			53	405	125	56

(2) The distribution through the schools that were closed to each household of a circular specially drawn up for the purpose of indicating how influenza could best be avoided, and what to do if attacked.

(3) A circular letter was addressed to all nurses and health visitors advising them to wear a gauze mask when attending influenza patients.

(4) Detailed directions were also sent to nurses and health visitors with regard to the nursing of influenza.

(5) In areas where influenza was particularly prevalent and fatal and the nursing inadequate, the health visitors and measles nurses in many instances undertook the nursing and health visiting of influenza, and temporarily suspended their ordinary work.

(6) The Police, at my request, communicated with the Managers of the Cinemas with regard to ventilating their places as thoroughly as possible between the performances.

TUBERCULOSIS.

NOTIFIED CASES AND DEATHS FROM PULMONARY TUBERCULOSIS.

Year	Cases notified.	Deaths.
1913	266	146
1914	256	204
1915	358	214
1916	379	206
1917	406	199
1918	425	222
	2090	1191

This table shows a large and continuous increase in the number of notifications since 1914, and a very small and irregular increase in the number of deaths.

The increase of notifications has undoubtedly been due mostly to the increasing efficiency of the tuberculosis scheme in discovering cases. If the great increase of notifications in 1915, 1916 and 1917—an increase of nearly 50 per cent. over 1914—had been due to the greater prevalence of the disease, there would have been a large increase of deaths in 1917 and 1918; whereas the increase was less than 10 per cent. on the average of the preceding years. Still, the fact remains that since 1914 there has been certainly no diminution in the prevalence of phthisis, but judged by the number of deaths there has been a slight increase. Whether the increased attention given to the diagnosis of phthisis has resulted in deaths being registered as due to this disease that formerly would have been allocated to some other disease, it is impossible to say with any certainty.

In reviewing the whole situation one can only arrive at the conclusion that the factors which before 1914 were producing a gradual decline of the phthisis rate, have been neutralised or slightly more than neutralised by adverse factors that have sprung up since 1914. There can be no doubt that these are the special war conditions. In my report for last year, I said:—"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."

A most interesting point brought out by the table is the large excess of notifications over deaths in the last four years, an excess of over 86 per cent. This excess must, broadly speaking, be made up of (1) cases that have recovered, (2) cases of wrong diagnosis, (3) cases that have removed out of the County. It may be taken as a general rule that the excess of notifications over deaths is a measure of the efficiency of the scheme in at least one direction.

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 77. Twelve of these were notified after death, 2 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 36 were notified within a month of death.

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.

Dr. Watkin suggests that perhaps more reliable figures as to the relative yearly prevalence of tuberculosis might be obtained by confining our attention only to the cases in which tubercle bacilli have been found. He insists upon the importance of making the examination of sputum much more complete in future years, and no doubt when this is done the figures obtained will give a more reliable estimate of the increase or decrease of phthisis from year to year.

For the first time since the inception of the scheme, tables have been got out showing the number of cases notified each year, and the number of these that are living at the end of the year of notification and of each succeeding year. These tables will be kept up and developed from year to year.

TABLE 3.

AFTER-HISTORY OF NOTIFIED CASES.

Year	No. of cases notified in year	Number of cases that died in years								Left the County.	Wrongly diagnosed.	Unaccounted for.	Alive at end of years							
		1912	1913	1914	1915	1916	1917	1918	1919				1912	1913	1914	1915	1916	1917	1918	1919
1912	439	117	36	43	15	8	4	8	1	6	..	17	306	266	222	205	197	193	185	184
1913	290		50	51	12	8	2	9	4	10	1	3		236	183	167	159	156	145	140
1914	267			73	34	12	6	8	6	9	..	3			188	149	137	131	123	116
1915	381				89	49	17	14	12	20	1	5				286	225	206	189	174
1916	392					81	44	20	11	28	1	4					297	141	217	203
1917	403						90	44	27	23	5	1						298	243	213
1918	425							93	38	28	11	..							306	255
1919	341								66	18	4	..								253

TABLE 4.

Year of Notification.	PERCENTAGES OF PATIENTS KNOWN TO BE ALIVE AT END OF :—							
	The Year of Notification.	1st year after Notification.	2nd year after Notification.	3rd year after Notification.	4th year after Notification.	5th year after Notification.	6th year after Notification.	7th year after Notification.
1912	72.3	63.5	53.1	49.3	47.3	46.4	44.4	44.2
1913	82.5	64.4	59.6	56.7	55.9	52.3	50.7	
1914	72.8	58.2	53.5	51.1	48.0	45.5		
1915	76.2	61.9	57.0	52.8	49.0			
1916	78.5	65.8	59.9	56.5				
1917	76.6	64.3	56.8					
1918	76.7	67.1						
1919	79.3							

For the purpose of this table those cases that have left the County or in which the diagnosis was wrong have been excluded.

TABLE 5

NOTIFICATIONS CLASSIFIED FOR AGE AND SEX.

Age Periods.	Notifications on Form A.												
	Number of Primary Notifications..												Total Notifications on Form A.
	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.	
Pulmonary Males ..	..	8	12	15	23	36	70	32	28	12	8	244	250
,, Females ..	..	4	13	14	26	32	27	33	10	6	4	169	170
Non-pulmonary Males ..	..	5	17	17	4	6	4	2	4	..	1	60	60
,, Females	1	4	12	15	8	7	7	2	1	..	1	58	60

Age Periods.	Notifications on Form B..				Number of Notifications on Form C.	
	Number of Primary Notifications.			Total Notifications on Form B.	Poor Law Institutions.	Sanatoria.
	Under 5	5 to 10	10 to 15	Total Primary Notifications.		
Pulmonary Males ..	..	..	..	..	..	1	78
,, Females ..	..	1	..	1	1	..	68
Non-pulmonary Males ..	..	..	..	..	..	..	..
,, Females	..	..	..	..	..	..	..

PRESENT POSITION OF SCHEME.

(1) There are now two Tuberculosis Officers* working in the County.

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

(3) The Wellington Small-pox Hospital of 8 beds has been taken over and has been utilised for advanced cases of consumption. The Whitchurch Small-pox Hospital for 8 beds, and capable of considerable extension will shortly be available for these cases.

(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) Premises for dispensaries have been obtained in Wellington and Whitchurch, and branch dispensaries will shortly be established.

(6) 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.

(7) 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. Authorisation has been obtained for the increase of health visitors so as to give double the time to tuberculosis health visiting.

(8) 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.

* Dr. Watkin recommenced work in the County in January, 1919, after serving in the Army since 1914.

In order to complete the original scheme considerably more provision will have to be made for advanced cases, and more branch dispensaries will have to be provided. The dispensaries will be established at the child welfare and school clinic buildings which are now being procured in the towns of the County. The number of beds for observation purposes in the neighbourhood of Shrewsbury should be increased as soon as possible.

Perhaps the most important matter to be dealt with is the provision of a convalescent home or open-air school for pre-tuberculous and ill-nourished children. To such an institution children suspected of suffering from tuberculosis and children not satisfactorily recovering from acute diseases as measles and whooping cough, and children suffering from mal-nutrition without definite signs of tuberculosis might be sent. Children with definite open phthisis, that is, phthisis in an infectious state, would be sent to Shirlett as heretofore.

On this point Dr. Elliot says :—" A convalescent home for children will in my opinion be a very valuable asset in the fight against tuberculosis, as it will allow us to obtain treatment for a class of children for which at present there is not adequate treatment.

" I refer to those children who are in what we may call " The Pre-Tubercular stage "; children who are classed as " Delicate," " Children who are very subject to colds," and cases of mediastinal gland tuberculosis.

" In my opinion a large number of the cases which come to our notice in later years, say between the ages of 18 and 25, are drawn from these classes, and they would largely have been prevented from developing into open tuberculosis if they had received appropriate treatment in a convalescent home at the critical time."

It is allowed on every hand that one of the principal difficulties of dealing with consumptive persons is that on discharge from the Sanatorium they cannot under existing circumstances be prevented from going back to their previous unsatisfactory housing and other conditions. The provision of farm colonies and other similar provision will only deal with a fraction of the cases. Nor is there any likelihood that phthisical persons will benefit by the municipal housing schemes, unless there is legislation in their favour. The selective action of the housing authorities will frequently be exercised in excluding these families. There can be no doubt, however, that the best and cheapest way of dealing with such families is to provide a healthy dwelling with a garden sufficient for the use of a shelter. The Government is bearing most of the financial loss on the housing scheme, and the Government should see that the schemes are a means of removing phthisis families from slum houses, thus both diminishing the risk of the spread of infection and giving the discharged sanatorium patient the possibility of continuing a sanatorium life. Sanitary Authorities should also bear in mind that they are responsible for the satisfactory housing of consumptive persons.

WORK UNDER THE SCHEME.

All notified cases are visited by the Tuberculosis Medical Officers 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 :—

SHREWSBURY.

	Insured.	Non-Insured.	School Children.	Total.
Number of patients who attended in 1918 for the first time	162	79	77	318
Attendances during 1918	1176	371	706	2253

OSWESTRY.

Number of patients who attended in 1918 for the first time	26	24	46	96
Attendance during 1918	280	107	260	647

Visits by the Tuberculosis Medical Officer in 1918 :—

To insured persons	445
To non-insured persons	241
To school children	180
	866

Visits by health visitors to phthisis houses in 1918—3011.

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 1918 was 170, and consisted of :—

Insured patients—Males	80
,, ,, Females	35
Non-insured patients—Males	17
,, ,, Females	38

The annual report for 1918 gives statistics with regard to the condition of patients on admission and on discharge, alteration in weight, length of stay, etc.

CONDITION OF PATIENTS ADMITTED IN 1918.

(Explanation of classification see below).

Classification of patients admitted according to the Turban-Gernhardt (horizontal columns) and the Interim Report of the Departmental Committee (vertical columns) classifications.

Males.

Turban Gernhardt.	Interim Report Classification.						
	I.	II.	III.	IV.	V.	VI.	Total.
I.	2	9	2	..	..	..	13
II.	2	18	14	7	..	..	41
III.	..	5	15	11	10	2	43
Total	4	32	31	18	10	2	97

Females.

Turban Gernhardt.	Interim Report Classification.						
	I.	II.	III.	IV.	V.	VI.	Total.
I.	2	7	5		..	..	14
II.	..	8	12	8	3	..	31
III.	..	5	10	11	2	..	28
Total	2	20	27	19	5	..	73

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 these with considerable cavities.

Classification in Interim Report of the Departmental Committee on Tuberculosis.

I.—Cases in which the disease can be diagnosed, or is strongly suspected, but in which there is no evident impairment of the working capacity.

II.—Cases of recent onset with some impairment of the working capacity, but without marked evidence of ill-health.

III.—Cases of recent onset with evidence of acute illness.

IV.—Cases with a longer history of illness. In some of these cases permanent arrest of the disease may be hoped for, but in the majority, restoration to full working capacity for more than a comparatively short period is not to be looked for.

V.—Cases in which there is permanent loss of working capacity. Many of these cases live for a considerable period in a condition of chronic ill-health.

VI.—Cases in which a fatal termination within six months is probable.

Condition of Patients Discharged in 1918.

	No. arrested. Tubercle Bacilli absent from Sputum.	Improved.	Stationary.	Worse.	Died.	Total.
Males	50	30	7	4	1	92
Females ..	42	26	3	2	1	74
Total ..	92	56	10	6	2	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.	Died.
I.	25	27.1	2	8	15	..	..
II.	36	39.1	5	17	12	2	..
III.	30	32.7	17	7	6	..	..
Died	1	1.1	..	..	..	..	1
Total ..	92	100	24	32	33	2	1

Women.

Turban* Gernhardt Stadii.	Number of Cases.	Percentage of Total Number.	Tubercle Bacilli Present.	Tubercle Bacilli Absent.	No. Sputum Present.	Not Examined.	Died.
I.	24	32.4	1	2	21	0	..
II.	32	43.2	8	4	19	1	..
III.	17	23.	2	2	12	1	..
Died	1	1.4	..	..	..	..	1
Total ..	74	100	11	8	52	2	1

**Turban Gernhardt Classification.*

Working Capacity of Patients discharged :—

	Males.	*Females.*	*Total.*
Unimpaired	58	50	108
Impaired	20	15	35
Incapacitated	13	8	21
Total	91	73	164

Increase or Decrease of Weight whilst in Sanatorium :—

	Males.	*Females.*	*Total.*
Weight Increased	75	68	143
,, Decreased	6	2	8
Not weighed	10	3	13
Total	91	73	164

LENGTH OF STAY IN SANATORIUM.

Cases in which permanent recovery may usually be anticipated	110.1 days.
Cases in which temporary though possible prolonged improvement may be anticipated	123.1 ,,
Cases admitted for educational purposes	42.3 ,,
All patients	110.0 ,,

The percentage of cases discharged as "arrested," and without tubercle bacilli in the sputum again shows a considerable increase. In 1917 these cases were 50 per cent. of the total discharges—a much higher percentage than that of any previous year. In 1918 the percentage was 56. This most satisfactory result is probably due principally to the admission of cases in an early stage, and as early admission is the most important factor determining the utility of a sanatorium the greatly improved position in this respect is a matter for congratulations.

It is 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. There have been a few exceptions in the case of children.

Baschurch Surgical Home.—As a result of the County Council undertaking the payment of all cases of tuberculosis, and as a result of the establishment of an after-care scheme in connection with Baschurch, most cases requiring institutional treatment for surgical tuberculosis are now admitted to the Home.

Fifty-six cases of surgical tuberculosis were treated in the Home during 1918, and 104 cases were under supervision at the after-care centres on December 31st, 1918.

Shelters.—There are at present over 112 shelters in the County. The County Council have provided 97; 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 425 cases notified, the sputum was positive in 108 cases, negative in 126 cases, and in 36 cases there was no sputum. No examination appears to have been made in 155 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. The best means of getting a more complete examination of the sputum of patients throughout the County is now under consideration.

During 1919 a considerable number of specimens of sputum have been examined at the Shrewsbury Tuberculosis Dispensary.

OPHTHALMIA NEONATORUM.

Sixty cases of ophthalmia neonatorum were notified, compared with 66 in 1917, 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	48
Number of cases attended by medical practitioners	12
Number of cases without professional attendance	—
How the cases were nursed :—	
By nurse-midwives assisted by mothers	10
By nurses not engaged in midwifery	2
By mothers or neighbours	7
By health visitors	16
At Eye and Ear Hospital, Salop (4 as in-patients)	11
At Workhouses (Whitchurch and Bishop's Castle)	3
Trained midwives working independently	8
Special nurse (Oswestry)	3

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.

A scheme was adopted and came into force in January, 1918, under which two nurses were appointed for health visiting and nursing of measles and ophthalmia neonatorum. Only 21 of the 32 sanitary authorities came into the scheme.

The scheme has recently been extended to the whole County and now includes Measles, ophthalmia neonatorum, whooping cough, pneumonia and influenza.

There is now an ambulance always available for bringing the mother and child to the Eye and Ear Hospital, when such a course is desirable.

The other suggestions contained in last year's report (1) that more accommodation should be provided at the Eye and Ear Hospital, so that cases might be kept in until cured, and (2) that the health visitors and nurses should receive some training at the hospital, have not yet been carried out.

In order that no cases shall escape and in order that cases shall be notified as early as possible, and satisfactory treatment be provided, (1) all cases where a midwife sends for a doctor on account of discharge from the eyes are immediately inquired into, (2) an arrangement has been made by which the Medical Officer of Health notifies the County Medical Officer of Health at once any case of Ophthalmia Neonatorum that has been notified to him.

MATERNITY AND CHILD WELFARE.

The provision made for carrying out this work, and the general activities of the Child Welfare Committee come under the following headings :—

(1) The provision for systematic health visiting of infants up to five years of age, and of expectant mothers.
(2) The provision for the health visiting and nursing of measles and ophthalmia neonatorum.
(3) The provision and staffing of maternity and child welfare centres.
(4) The promotion of a midwifery service throughout the County.
(5) The provision of medical attendance when a midwife finds medical help necessary.
(6) The provision of maternity beds.
(7) The provision of a home for ailing babies.
(8) The supply of milk to nursing and expectant mothers and children under five years of age.
(9) The provision of orthopaedic treatment for children under five years of age.
(10) Arrangements with the Shrewsbury Eye Hospital for treatment of defects of the eye, ear, throat and nose.
(11) The provision of a lecturer on hygiene, who is available for lecturing on child welfare.

Details of the visits to infants, children under five years of age and to expectant mothers, and details of the visits to cases of measles and ophthalmia neonatorum are given in the report. Owing to the difficulty of getting satisfactory health visitors, the work has not been carried out so completely as it should have been. A combined scheme of health visiting, school nursing and tuberculosis health visiting is now being developed.

Fifteen health visitors in all have been authorised so that it should be possible to materially limit the area that each health visitor has to cover, and to carry out the work more efficiently in the future.

Besides Shrewsbury, which is outside the County scheme, there are maternity and child welfare centres at Oswestry, Wellington, Ironbridge, Oakengates, Bridgnorth, Whitchurch and Ellesmere. It is the intention that additional centres be started at Market Drayton, Dawley and Ludlow, and sub-centres at Bishop's Castle, Craven Arms, Cleobury Mortimer, Shifnal, Newport and Wem.

A special committee has been formed to secure premises in the small towns of the County for the County Public Health purposes, including maternity and child welfare centres, school clinics, dental clinics, orthopaedic after-care centres, tuberculosis dispensaries and venereal disease dispensaries.

Six medical officers have been appointed, who, in addition to the school work, are attending the child welfare centres and will undertake the instruction, and to some extent the supervision, of the health visitors and midwives. This instruction should eventually prove of the utmost value.

The promotion of a midwifery service in the rural districts has received much attention from the Committee, but comparatively little progress has been made owing to the difficulty of obtaining midwives. In this matter the County Council has acted solely through the Shropshire Nursing Federation. During the year 1918 four Associations were formed :—(1) Wistanstow and Halford, (2) Clun, (3) Beckbury, Kemberton, and Ryton, (4) Tilstock.

The parishes most urgently needing midwives are grouped in 22 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 Abbotts. *
5.—Chelmarsh, Eardington and Oldbury.
6.—Chetton, Middleton Scriven, Deuxhill, Glazeley, Billingsley, and Sidbury.
7.—Stottesdon.
8.—Kinlet.
9.—Hopton Wafers, Part of Cleobury Parish, Farlow, Cleeton St, Mary and Silvington.
10.—Newcastle and Bettws-y-Crwyn.
11.—Clungunford, Hopton Castle, Bedstone and Bucknell.
12.—Welshampton, Lyneal and Colemere.
*13.—Bitterley Ecclesiastical Parish, Hopton Cangeford and East Hamlet.
*14.—Knowbury Ecclesiastical Parish.
15.—Cold Weston, Heath, Clee St. Margaret, Stoke St. Milborough and Abdon.
16.—Kinnerley and Melverley.
17.—Llanyblodwel and Sychtyn.
18.—Trefonen Ecclesiastical Parish.
19.—East Part of Oswestry Rural Parish (Moreton and Oswestry Ecclesiastical Parishes).
20.—Sheriffhales, Boscobel and Tong.
21.—Kinnersley, Preston-on-the-Weald-Moors and Part of Hadley.
22.—Lee Brockhurst and Weston and Whixhill.

Morville, Tasley, Astley Abbotts, Eardington, and Oldbury have been temporarily taken over by the Bridgnorth Nursing Association.

* A District has been formed embracing parts of 13 and 14.

The lack of progress is due to the difficulty of obtaining either trained midwives or candidates for training, and also the difficulty of placing candidates in training institutions. The question of training candidates in the County is under consideration.

Arrangements have been made for providing emergency midwives where there is no local provision. Although the County Council have so far only provided midwives by encouraging the formation of nursing associations, they have the power to establish a midwife in a locality and pay a salary or guarantee her a minimum income. This may be found to be the best solution in some of the urban districts.

The fees of medical men called in by midwives under the rules of the Central Midwives Board are now paid by the County Council, so that there is now no excuse for a midwife not calling in a doctor, and he is certain of getting his fee. The County Council can recover the fees if the patient is in a position to pay. When the whole County is provided with trained midwives, there will be no reason why every woman, however poor, should not have adequate midwifery and medical attendance at her confinement.

Arrangements are being made with the district nursing associations for the provision of maternity beds at Shrewsbury and Newport. Beds are also being provided at the Broseley Hospital by the Lady Forester Trust. It is probable that similar arrangements may be made in other localities.

The Salop Infirmary is considering a scheme for the provision of beds for complicated confinements and for increasing the accommodation for children.

The home for ailing babies at Wellington is being taken over by the Council and worked in conjunction with the County Scheme.

Orthopaedic after-care centres organised by the Baschurch Home have been established at Shrewsbury, Oswestry, Wellington, Ludlow, Craven Arms, Ellesmere, Market Drayton, Oakengates, Ironbridge, Wem, Whitchurch and Bridgnorth, and are proving of great use in getting cases to the Home for treatment and supervising the after care.

Treatment of cases at Baschurch Surgical Home.—The following cases belonging to the County were treated in the Baschurch Surgical Home in the year 1918 :—

Diseases.	Under 5 years of age.	Years 5—14	Over 14 years.
Tuberculosis of bones and joints	1	27	28
,, abdomen	—	1	—
,, glands and abscesses	—	1	2
Rickets	9	4	1
Poliomyelitis	3	14	8
*Scoliosis	—	2	7
*Club foot and claw foot	3	3	4
Other paralysis	—	9	1
Other conditions	4	9	9
Totals	20	70	60

* Largely due to poliomyelitis.

Of the three diseases, tuberculosis, rickets and poliomyelitis, the first two are essentially preventable diseases, and poliomyelitis is a disease, which, if treated early, rarely requires any considerable operative treatment. It is obviously very unsatisfactory simply to continue operating on these cases without making a determined effort to prevent them. The first step in their prevention is the establishment of a really efficient health visiting service. Although tuberculosis is a preventable disease it will probably be many years before any appreciable difference is made in the amount of surgical tuberculosis. This depends probably more than anything upon the freedom of milk from tuberculous infection. In the meantime, the line of action is to get cases of surgical tuberculosis and other deformities under treatment at the earliest possible moment. Rickets must, however, be looked upon as essentially preventable even with our present limited resources, and every case must be viewed as a failure of the scheme and inquired into accordingly.

Notification of Births.

Total Births, exclusive of Shrewsbury (L.G.B. Tables)	3742
Notification of births by midwives	2835
,, ,, medical practitioners	634
,, ,, parents or other persons	39
Total notified	3508
Discovered by Health Visitors	37
Obtained from Registrar's Returns	88
Deficiency unexplained	109
	3742

The 109 births not traced must be due to incomplete notifications by registrars. A complete list of the births for the year was sent to the registrars of those districts where the discrepancies appeared to be the most marked. This procedure brought to light 9 births in Cleobury Mortimer, 17 in Ellesmere, 13 in Wem, and 19 in Atcham.

This incomplete notification by registrars is likely to continue unless their instructions are amplified. It should be an instruction to them to communicate with the County Medical Officer of Health at the end of six weeks after the receipt of the list of notifications of births for the month, either giving him the births for the period registered but not notified, or stating the fact that all births registered for the period were on the list of notifications. Any omission on their part could then be detected and dealt with.

In the Borough of Shrewsbury, where the Notification of Births Act has been adopted for some years, 544 notifications were received, of which 517 were sent in by midwives.

In 1918 the visits paid by the health visitors to infants were :—

	1st	*2nd*	*3rd*	*Subsequent.*	*Total Visits.*
Whole Time	2856	2510	2278	7925	15569
Part Time	696	665	706	4730	6797
Total	3552	3175	2984	12655	22366

and visits to expectant mothers numbered 2183.

On the first visit 2398 children were breast fed, 394 were artificially fed, and 112 were fed partly naturally and partly artificially.

Attendances at Maternity and Child Welfare Centres.

Centre.	Children.	Expectant Mothers.
Wellington	1597	42
Oswestry	415	2
Oakengates	665	7
Bridgnorth	1568	21
Ironbridge	2159	21
Whitchurch	797	18
*Ellesmere	29	
Total	7230	111

*This Centre was only open on 7 occasions.

The centres are open once a week with the exception of Ellesmere, which is open once a fortnight. The health visitor of the district and the child welfare Medical Officer are in attendance.

The *Measles Nurses* have paid the following visits during the year :—

Houses visited.	Cases visited.	Cases without Doctor.	Cases Doctor advised.
874	2095	352	78

The visits by these nurses have proved to be of great use both for the patient and for the education of the household.

BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

Quarters of 1918.	For Typhoid Fever, Widal's Reaction.		For Diphtheria.		For Phthisis.	
	Positive.	Negative.	Positive.	Negative.	Positive.	Negative.
First	18	29	51	166	46	106
Second	0	9	37	124	42	146
Third	4	10	28	102	27	136
Fourth	0	13	14	85	32	99
Whole year	22	61	130	477	147	487
	83		607		634	

PREVENTION AND TREATMENT OF DENTAL CARIES.

Under the Education Committee a scheme of conservative treatment of teeth of school children has been started, which should in a few years be productive of marked results. It is the intention that this scheme shall eventually prove the beginning of a public dental service.

This does not lessen the duties or responsibilities of the Public Health Committee in forwarding the real prevention of decay of teeth by physiological methods in every possible way. This work is being carried out through the County Health Lecturer, the Health Visitors, whole-time and part-time School Nurses and the Child Welfare Medical Officers. For further details reference should be made to pages 28 and 29 of the report for 1916.

Departmental Committee appointed to inquire into "The Extent and Gravity of the Evils of Dental Practice by Persons not Qualified under the Dentists Act" has come to the following conclusion :—

"In conclusion, we wish to state very strongly that, in our opinion, the State cannot afford to allow the health of the workers of the nation to be continuously undermined by dental neglect. Steps should be taken without delay to recognise dentistry as one of the chief, if not the chief, means for preventing ill-health, and every possible means should be employed for enlightening the public as to the need for conservative treatment of diseased teeth. The dental profession should be regarded as one of the outposts of preventive medicine, and as such encouraged and assisted by the State. Treatment should be rendered available for all needing it."

VENEREAL DISEASE.

The scheme in force in 1918 was that outlined in my report for 1917, and consisted 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 surrounding hospitals.

(*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 ; the Home also provides treatment for pregnant women suffering from venereal disease.

(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.

The Shrewsbury Clinic was only open for two months during 1918, and the work was small in amount, but during the year 1919, the work steadily developed.

It is hoped to start small subsidiary clinics in some of the small towns of the County, and for this purpose premises are being obtained in connection with, but separate from, the child welfare centres.

The Propaganda Committee has done good work. Nine Committees have been formed and lectures and addresses given in almost every part of the County.

Apart from the establishment of clinics there is much work to be done if our knowledge of the treatment of venereal disease is to be utilised to the utmost.

In out of the way districts it is particularly important that some scheme should be devised by which the co-operation of the private practitioner can be obtained. This is essential with regard to gonorrhoea.

Investigations should be carried out into the causes of still-births and miscarriages, with the object of getting appropriate treatment if venereal disease exists. Investigation should be made of all mentally defectives for purposes of information and treatment if desirable. All cases of blindness and nerve deafness should be investigated for similar purposes.

Cases of congenital syphilis in school children should be made a starting point for inquiry and treatment.

An almost equally important matter is the training of the midwives in a knowledge of venereal disease, the significance of miscarriages and how to proceed. None of this work can be done merely by the establishment of clinics and the appointment of clinical officers. The services of a special officer are required, whose business it would be, in addition to treatment at the clinics, to do everything in his power to get the persons suffering from venereal disease under treatment and keep them under treatment until cured.

These are matters that require the utmost tact and knowledge of how to proceed, in addition to a good knowledge of the diagnosis and treatment of venereal disease.

CASES OF VENEREAL DISEASE TREATED DURING 1918 BELONGING TO THE COUNTY OF SALOP.

Shrewsbury Clinic (opened 28th October).			Wolverhampton and Staffordshire General Hospital.			Kidderminster Infirmary.		
	Cases.	Attendances.		Cases.	Attendances.		Cases.	Attendances.
Syphilis	9	..	Syphilis	20	..	Syphilis	6	..
Gonorrhoea	4	..	Gonorrhoea	7	..	Gonorrhoea	1	..
Other conditions	0	..	Other conditions	0	..	Other conditions	0	..
Total ..	13	44		27	182		7	67

As showing how the treatment has increased at the Shrewsbury Centre, I may state that the attendances at the regular clinics for the last quarter 1919 was 704, in addition to a large amount of daily treatment.

Pathological material sent to Birmingham University for examination during 1918:—

Nature of Test.	Number of Tests.
For detection of gonococci ..	7
For Wassermann reaction ..	22

The number of specimens submitted for examination increased enormously during 1919, but it is still only a small fraction of what it should be.

ALCOHOLISM AND PUBLIC HEALTH.

The statement made in last year's report is again repeated, in the hope that the matter may be brought prominently before the public and before the school teachers.

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 five 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 war, not only by the actual disease caused but by the intense discomfort and no doubt the general lowering of health in consequence.

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

Amongst other things such a campaign means an efficient disinfector and cleansing station in every district.

MIDWIVES ACT.

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
1918	234	477	478	73	59	8

The returns sent in by the certified midwives, although incomplete, show that they attended 2,985 births in 1918 out of a total of 4,283, leaving less than 1,298 or 31 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		21
Haemorrhage	9	
Threatened abortion	10	
Accident	0	
Varicose veins	2	
At Labour		308
Premature labour	26	
Uterine inertia and prolonged labour ..	125	
Abortions, miscarriages and still-births	31	
Abnormal presentation	29	
Placenta praevia	1	
Haemorrhage	10	
Convulsions	2	
Ruptured perinaeum	59	
Adherent placenta and retained membranes	18	
Other causes	7	
After labour		37
Rise of temperature	17	
Other causes	20	

For Child 112

Feebleness	49
Malformation	12
Discharge from eyes	44
Other causes	7

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 73 notifications of still-births sent in by midwives show that—

35 were at full time ; 31 premature ; in 9, no statement.

The condition of the child pointed to—

Death during labour or shortly before in 27 ; death some time before labour in 34 ; in 12 there was no indication given.

The presentations were :—head 44, breech 14, footling 3, cord 1. In 11 cases the presentations were not mentioned.

The sex of the children was as follows :—males 29, females 37 ; 7 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 notification of still-births and miscarriages that have occurred during the last few years.

Puerperal Fever.—Twelve cases were notified, compared with 17 in 1917. Four cases were attended by trained midwives, and 8 by medical practitioners alone.

Present Supply of Midwives.—In June, 1919, there were 227 midwives registered as practising in the County, compared with 234 at a corresponding period in 1918.

MIDWIVES GROUPED ACCORDING TO NUMBER OF CONFINEMENTS THEY ATTENDED IN 1918.

(*a*) TRAINED MIDWIVES.

Number who have	not sent in returns of confinements	16
,, ,, ,,	attended no confinements	17
,, ,, ,, ,,	less than 10 confinements	90
,, ,, ,, ,,	between 10 and 20 confinements	64
,, ,, ,, ,,	,, 20 and 30 ,, ...	8
,, ,, ,, ,,	,, 30 and 40 ,, ...	10
,, ,, ,, ,,	,, 40 and 50 ,, ...	6
,, ,, ,, ,,	,, 50 and 60 ,, ...	6
,, ,, ,, ,,	,, 60 and 70 ,, ...	1
,, ,, ,, ,,	,, 70 and 100 ,, ...	6
,, ,, ,, ,,	,, over 100 ,, ...	1
		225

Cases brought before the Local Supervising Authority :—

Alleged Offence.	*Action taken.*
1. Not sending for medical help for child with discharging eyes. Rule 21 (5).	1. Midwife attended. Severely censured.
2. Not sending for medical help for child with discharging eyes.	2. Midwife attended. Cautioned.

The number of midwives trained or taken over during the three years was as follows :—

	Trained by County Council and Shropshire Nursing Federation.	Taken over from Rural Midwives Association and paid for by County Council and Shropshire Nursing Federation.
1916	9	2
1917	12	4
1918	6	3

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 1918 :—

Nature of Samples.	No. taken.	Result.		Remarks.
		Genuine.	Adulterated.	
Milk	120	109	11	Six cautioned, 3 convicted, 2 dismissed.
Butter	6	6		
Lard	3	3		
Margarine	7	7		
Self-raising Flour	2	2		
Oatmeal	4	4		
Cocoa	1	1		
Epsom Salts	4	4		
Glauber's Salts	4	4		
	151	140	11	

Of the 115 samples of milk analysed,

40	contained fat	above	4 per cent.
28	,,	,, between	3.5 per cent. and 4 per cent.
35	,,	,, ,,	3 per cent. and 3.5 per cent.
11	,,	,, ,,	2.5 per cent. and 3 per cent.
1	,,	,, below	2.5 per cent.

Of the 115 samples,

31	contained non-fatty solids	above	9 per cent.
75	,,	,,	,,	between 8.5 per cent. and 9 per cent.
9	,,	,,	,,	below 8.5 per cent.

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, 1918.

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	20	*Nil.*
Cream	*Nil.*	

2.—Cream sold as preserved cream.
No samples taken.

It appears as if an alteration in the law with regard to margarine is required. Some of the margarines are made entirely from vegetable fats. Most of these contain none of the fat soluble vitamine which is so essential for the proper growth of the child and for the prevention of rickets. As bread and margarine form such a large proportion of the food of the children of poor persons, it is essential that this food should contain a considerable quantity of this particular vitamine. It seems therefore desirable that there should be legislation insisting that all margarines shall contain a certain proportion of butter or animal fat. In this respect butter is much more valuable than other animal fat.