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4-NOV 1925
COUNTY COUNCIL OF SALOP.

ANNUAL REPORT

of the

County Medical Officer of Health
for the year 1924.

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

IREWSBURY,

August, 1925.



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 1924.

The Maternity and Child Welfare, Tuberculosis and Venereal Disease Schemes are being maintained and to a small extent extended in some directions.

The effect of education on health is becoming more and more recognised and it is hoped that shortly there will be a national scheme of health education.

The training of all nurses in hygiene based on physiology would prove a most important step in the education of the public, particularly in rural districts.

In the interest of the health of the people, it is greatly to be deplored that the scheme of continuation classes has been indefinitely postponed. Continuation classes would open up great possibilities in the teaching of the laws of healthy living and in establishing a practically effective system of national physical training. They are specially necessary at the present time with so large a number of young persons unemployed. I can conceive no other measure that would be likely to have such a beneficial effect upon the health of the rising generation.

I am, Gentlemen,

Your obedient Servant,

JAMES WHEATLEY.

PUBLIC HEALTH DEPARTMENT,
COUNTY BUILDINGS, SHREWSBURY,
August, 1925.

GENERAL STATISTICS.

Population.—The Population of the Administrative County in 1901 was 239,783, in 1911, 246,307, and in 1921, 242,959.

The Registrar-General's estimate of the civil population of the combined Urban and Rural Districts for 1924 is 246,900. This is used for calculating all death-rates and birth-rates.

POPULATION OF THE URBAN AND RURAL DISTRICTS.

URBAN DISTRICTS.	Census population, 1921.	Population at middle of 1924 as estimated by Registrar-General.	RURAL DISTRICTS.	Census population, 1921.	Population at middle of 1924 as estimated by Registrar-General.
Bishop's Castle M.B. ...	1268	1272	Atcham ...	21978	22470
Bridgnorth M.B. ...	5143	5021	Bridgnorth ...	8569	8602
Church Stretton ...	1671	1582	Burford ...	1268	1254
Dawley ...	7386	7574	Chirbury ...	3193	3346
Ellesmere ...	1831	1841	Church Stretton ...	4516	4511
Ludlow M.B. ...	5677	5455	Cleobury Mortimer ...	7297	7763
Market Drayton ...	4710	4745	Clun ...	6243	6346
Newport ...	3056	3133	Drayton ...	7156	7343
Oakengates ...	11349	11850	Ellesmere ...	8008	8120
Oswestry M.B. ...	9790	9908	Ludlow ...	8980	8966
Shrewsbury M.B. ...	31013	32360	Newport ...	5747	5795
Wellington ...	8148	8061	Oswestry ...	16313	16510
Wem ...	2176	2235	Shifnal ...	7666*	7624
Wenlock M.B. ...	13712	13830	Teme ...	1649	1664
Whitchurch ...	5656	5633	Wellington ...	11207	11330
			Wem ...	8572	8645
			Whitchurch ...	2011	2111

* To this number must be added the population of the Staffordshire parishes of Blymhill and Weston administered by the Shifnal Rural District Council. The population at the 1921 Census was 689, making a total of 8355.

Marriages.—The number of marriages in the Registration County for 1924 was 1930, compared with 1833 in 1923, 1879 in 1922, 2050 in 1921, 2440 in 1920, and 2387 in 1919.

Births and Deaths.—The number of births and deaths and the rates are shown in the following table for the years since 1912:—

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
1919 ...	4264	3441	823
1920 ...	5943	2952	2991
1921 ...	5318	3000	2318
1922 ...	4904	3295	1609
1923 ...	4900	3046	1854
1924 ...	4622	3102	1520

CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1924—RURAL DISTRICTS.

Causes of Death.	Atcham R.D. 08		Bridgnorth R.D. 09		Burford R.D. 18		Chirbury R.D. 19		Church Stretton R.D. 28		Clebury-Mor- timer R.D. 29		Clun R.D. 38		Drayton R.D. 39		Ellesmere R.D. 48		Ludlow R.D. 49		Newport R.D. 58		Oswestry R.D. 59		Shifnal R.D. 68		Teme R.D. 69		Wellington R.D. 78		Wem R.D. 79		Whitchurch R.D. 88		Total R.D.	
	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	124	108	41	55	7	10	27	25	35	27	37	33	36	42	47	42	29	44	49	49	39	51	89	99	57	41	16	12	81	67	51	46	12	18	777	769
Euteric Fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Small-pox	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Measles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Scarlet Fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Whooping Cough	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Diphtheria	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Tuberculosis	7	8	3	3	1	1	3	1	3	1	5	1	1	1	3	7	2	4	1	2	1	1	3	3	3	1	3	1	8	4	1	1	1	3	43	43
Encephalitis lethargica	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Meningococcal meningitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Tuberculosis of Respiratory system	4	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	2	1	2	1	2	2	7	1	2	1	2	2	2	6	1	2	1	1	19	35
Other tuberculous diseases	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13	8
Cancer, malignant diseases	10	10	3	6	1	1	1	1	3	1	4	1	2	3	5	7	1	2	1	9	1	6	5	14	6	3	3	1	10	6	2	9	3	2	61	84
Rheumatic Fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diabetes	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11	9
Central haemorrhage, &c.	9	7	5	5	1	1	3	1	4	1	4	5	3	1	4	1	3	3	3	3	3	2	7	6	4	1	2	6	7	4	1	1	1	1	52	61
Heart Disease	12	11	3	7	1	1	4	8	3	1	5	8	5	10	8	4	6	13	5	6	6	11	11	19	14	8	2	8	10	12	8	1	1	1	106	130
Atherosclerosis	3	1	1	1	1	1	3	1	2	1	1	1	1	1	2	3	3	1	2	1	1	5	6	4	1	1	1	6	1	2	1	1	1	3	35	17
Bronchitis	7	5	1	5	1	1	2	1	3	1	1	3	1	1	2	5	1	1	6	4	3	7	5	6	4	2	4	7	6	4	1	1	1	3	49	48
Pneumonia (all forms)	11	10	2	2	1	1	4	4	1	3	2	1	2	5	2	1	2	2	3	1	1	6	9	3	3	1	1	9	2	1	3	1	1	52	46	
Other respiratory diseases	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Ulcer of Stomach or duodenum	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diphtheria, &c. (under 2 years)	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Scarlet fever and typhilitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Ulcers of Liver	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Acute and chronic nephritis	5	1	1	1	1	1	3	1	1	1	3	1	1	1	2	1	1	1	1	1	1	5	5	2	2	1	1	1	1	1	1	1	1	1	21	16
Purulent sepsis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other accidents and diseases of pregnancy and parturition	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Constitutional debility and mal-formation, premature birth	9	12	3	3	1	1	2	1	2	1	2	1	2	3	4	2	3	1	2	2	3	2	13	4	1	1	1	1	1	1	1	1	1	1	50	34
Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Deaths from violence	7	3	6	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other defined diseases	23	26	9	13	2	5	6	3	12	7	8	7	11	11	11	4	4	11	18	17	12	11	12	9	7	8	2	5	17	19	12	9	4	3	170	168
Of Cause ill-defined or unknown	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																	

CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1924—URBAN DISTRICTS.

Causes of Death.	Shrewsbury M.B. 02		Bishop's Castle M.B. 04		Bridgnorth M.B. 05		Church Stretton U.D. 06		Dawley U.D. 07		Ellesmere U.D. 14		Ludlow M.B. 15		Market Drayton U.D. 35		Newport U.D. 16		Oakenates U.D. 17		Oswestry M.B. 24		Wellington U.D. 25		Wem U.D. 26		Wenlock M.B. 27		Whitchurch U.D. 34		Total		
	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	180	196	5	10	34	40	8	11	55	43	10	16	52	44	44	39	22	18	65	70	83	83	63	56	15	15	103	103	35	38	774	782	
1 Enteric Fever	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1		
2 Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
3 Measles	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..	..	1	6	7	..	2	..	..	..	..	..	..	..	8	13	
4 Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
5 Whooping Cough	..	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	4		
6 Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3		
7 Influenza	14	25	1	1	1	5	1	1	1	1	..	..	1	3	1	3	..	..	3	3	..	2	7	5	..	3	5	14	6	..	41	66	
8 Encephalitis lethargica	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	4	1	
9 Meningococcal meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
10 Tuberculosis of Respiratory system	21	13	..	..	2	2	..	..	5	4	..	..	3	3	2	4	..	1	3	3	4	3	3	3	..	1	7	3	..	..	50	40	
11 Other tuberculous diseases	2	3	..	..	1	..	..	..	2	3	..	..	..	..	..	1	..	..	1	2	..	1	..	..	..	..	2	1	1	..	12	9	
12 Cancer, malignant disease	13	28	..	2	3	3	1	2	5	5	1	..	5	4	4	4	5	..	8	5	13	10	5	6	2	..	8	14	3	1	76	84	
13 Rheumatic Fever	1	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	
14 Diabetes	4	13	..	..	1	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1	8	4
15 Cerebral hæmorrhage, &c.	..	..	..	..	5	5	..	..	4	3	2	..	5	4	3	2	..	..	4	3	2	2	..	..	..	..	1	5	2	1	49	62	
16 Heart Disease	32	33	2	3	5	7	..	1	3	8	2	5	7	7	11	7	2	4	3	5	10	14	9	4	1	..	11	15	7	4	105	117	
17 Arterio-sclerosis	5	3	..	..	1	..	..	..	1	1	..	1	1	..	..	1	1	4	5	5	2	4	2	..	..	..	4	3	1	2	27	20	
18 Bronchitis	8	18	..	1	4	3	..	..	8	3	..	1	11	2	4	3	1	..	6	7	1	3	2	2	4	1	1	7	5	2	7	54	55
19 Pneumonia (all forms)	19	10	1	..	..	..	..	..	4	1	..	..	7	4	10	3	..	..	4	2	2	6	1	..	2	2	11	7	2	1	61	43	
20 Other respiratory diseases	3	4	..	..	1	1	..	..	..	2	..	..	2	2	1	..	..	..	2	1	1	..	..	1	..	3	..	..	..	..	13	9	
21 Ulcer of Stomach or duodenum	2	1	..	..	1	..	..	..	1	..	..	..	..	..	..	1	..	..	2	..	2	..	1	..	..	..	..	..	..	1	8	4	
22 Diarrhoea, &c. (under 2 years)	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	3	5
23 Appendicitis and typhlitis	2	2	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	1	1	..	..	3	..	..	..	7	6	
24 Cirrhosis of Liver	1	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	1	1	..	4	3	3	
25 Acute and chronic nephritis	8	1	..	..	..	1	..	..	2	1	..	..	1	..	3	..	1	1	1	3	3	3	5	2	..	1	4	5	1	..	30	22	
26 Puerperal sepsis	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	
27 Other accidents and diseases of pregnancy and parturition	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	5	
28 Congenital debility and malformation, premature births	10	5	..	..	1	..	..	..	3	1	..	1	2	1	3	..	..	..	2	7	8	4	2	..	1	..	5	1	1	1	38	21	
29 Suicide	3	..	..	..	1	..	..	..	1	1	..	..	1	..	..	1	1	..	2	..	1	..	..	1	..	..	..	..	..	..	12	2	
30 Other deaths from violence	8	1	..	..	1	..	1	..	1	..	..	1	..	..	1	..	..	..	3	1	1	..	..	..	..	1	2	2	4	40	13		
31 Other defined diseases	20	27	1	2	4	7	4	5	8	9	1	5	11	10	6	3	5	3	17	18	14	16	11	13	2	6	17	25	8	6	126	160	
32 Cause ill-defined or unknown	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	1	1	1	1	1	1	1	..	..	1	..	..	..	5	5	
Special Causes (included above)																																	
Epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	2	..	
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Deaths of infants under 1 year																																	
Total	17	12	..	..	4	3	..	..	6	4	..	1	4	1	6	1	2	..	10	9	12	9	3	1	2	..	10	4	3	3	79	48	
Illegitimate	..	..	..	..	2	..	..	..	2	..	..	..	..	..	3	..	1	..	..	1	1	4	..	..	..	..	1	..	1	..	7	9	
TOTAL BIRTHS	324	304	9	12	46	36	11	12	78	83	25	13	48	51	42	35	29	19	108	93	101	119	71	64	21	16	116	137	44	52	1073	1046	
Legitimate	310	286	7	11	44	32	11	11	76	78	24	12	47	48	39	33	26	16	103	89	97	108	61	58	20	15	112	125	44	50	1021	972	
Illegitimate	14	18	2	1	2	4	..	1	2	5	1	1	1	3	3	2	3	3	5	4	4	11	10	6	1	1	4	12	..	2	52	74	
POPULATION	For birth rate 32360		1272		5021		1582		7574		1841		5435		4745		3133		11850		9908		8061		2235		13830		5633		For birth rate 114500		
For death rate 31660																															For death rate 113800		
BIRTH-RATES	19.4		16.5		16.3		14.5		21.2		20.6		18.1		16.2		15.3		16.9		22.2		16.7		16.5		18.3		17.0		18.5		
DEATH-RATES	11.8		11.8		14.7		12.0		12.9		14.1		17.6		17.5		12.7		11.4		16.7		14.7		13.4		14.9		12.9		13.6		

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF SALOP, 1924.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.										AGGREGATE OF RURAL DISTRICTS.									
		All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M. F.	774 782	79 48	24 15	20 22	15 11	25 31	76 69	215 163	156 171	164 252	777 769	83 59	12 20	21 8	17 17	18 31	61 59	162 149	174 157	229 269
1 Enteric Fever	M. F.	1 1	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	1 ..	.. ..	.. ..	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	.. ..	.. ..
2 Small-pox	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3 Measles	M. F.	8 13	.. 3	5 3	2 6	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	2 1	.. ..	1 ..	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
4 Scarlet Fever	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 3	.. ..	1 2	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
5 Whooping Cough	M. F.	1 4	1 2	.. 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4 ..	3 ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
6 Diphtheria	M. F.	.. 3	.. ..	.. ..	2 ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	2 ..	.. ..	.. ..	1 1	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..
7 Influenza	M. F.	41 66	.. ..	1 1	1 1	1 ..	3 3	5 5	11 16	10 17	9 23	43 43	.. ..	.. ..	.. ..	1 1	.. 2	6 10	13 12	12 6	11 12
8 Encephalitis lethargica	M. F.	4 1	.. ..	1 1	.. ..	1 ..	1 ..	.. ..	1 ..	1 ..	.. ..	2 2	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	1 1	.. ..	.. ..
9 Meningococcal meningitis	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..
10 Tuberculosis of Respiratory System	M. F.	50 40	.. ..	.. ..	1 ..	.. ..	10 14	22 18	15 5	3 2	.. ..	19 35	.. ..	.. ..	.. ..	.. ..	2 12	7 11	9 9	1 3	.. ..
11 Other Tuberculous Diseases	M. F.	12 9	.. ..	2 ..	2 1	3 3	1 3	2 2	2 ..	.. ..	.. ..	13 8	.. 1	.. ..	4 ..	1 2	3 2	3 2	2 ..	.. ..	1 1
12 Cancer Malignant Disease	M. F.	76 84	.. ..	.. ..	.. ..	.. ..	.. ..	5 7	36 41	25 20	10 16	61 84	.. ..	.. ..	.. ..	.. ..	.. ..	2 7	16 30	29 28	14 21
13 Rheumatic Fever	M. F.	1 5	.. ..	.. ..	.. ..	.. 2	.. 2	1 ..	.. ..	.. ..	.. 1	.. 4	.. ..	.. ..	.. ..	2 ..	.. ..	1 1	.. 1	.. ..	.. ..
14 Diabetes	M. F.	8 4	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	5 1	2 2	1 ..	11 9	.. ..	.. ..	.. ..	.. ..	3 ..	.. ..	5 5	4 1	.. ..
15 Cerebral Haemorrhage, &c.	M. F.	49 62	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	15 10	13 22	20 29	52 61	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	10 11	12 18	30 31
16 Heart Disease	M. F.	105 117	.. ..	.. ..	.. ..	1 1	1 3	6 3	40 27	35 36	22 47	106 130	.. ..	.. ..	.. ..	2 ..	.. 2	7 1	15 28	31 39	51 60
17 Arterio-sclerosis	M. F.	27 20	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	4 3	8 8	14 9	35 17	.. ..	.. ..	.. ..	.. ..	.. ..	2 2	7 6	9 6	17 9
18 Bronchitis	M. F.	54 55	11 2	2 1	.. ..	.. ..	.. ..	1 ..	10 11	13 20	17 21	49 48	6 2	2 3	1 ..	.. ..	.. ..	2 1	5 6	12 11	21 25
19 Pneumonia (all forms)	M. F.	61 43	12 6	7 4	3 5	.. 1	.. 1	3 7	26 5	5 3	5 11	52 46	11 6	4 5	4 2	4 1	3 1	5 4	10 6	11 10	.. 11
20 Other Respiratory Diseases	M. F.	13 9	1 ..	3 ..	.. ..	.. ..	.. ..	2 1	4 5	1 1	2 2	9 12	.. ..	.. 2	.. ..	1 ..	.. 1	.. ..	4 1	2 5	2 3
21 Ulcer of Stomach or Duodenum	M. F.	8 4	.. ..	.. ..	.. ..	.. ..	.. ..	4 2	4 1	.. ..	.. 1	2 1	.. ..	.. ..	.. ..	.. ..	1 ..	1 ..	.. 1	.. ..	.. ..
22 Diarrhoea, &c.	M. F.	5 7	3 2	.. 1	.. 2	.. ..	.. ..	.. 1	1 1	.. ..	1 ..	6 9	1 4	.. 1	.. 1	.. 1	.. 1	3 ..	.. ..	1 1	1 ..
23 Appendicitis and Typhlitis	M. F.	7 6	.. ..	.. ..	1 ..	1 ..	1 ..	3 2	1 3	.. 1	.. ..	7 3	.. ..	.. ..	.. ..	1 2	.. ..	3 ..	2 1	1 ..	.. ..
24 Cirrhosis of Liver	M. F.	4 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4 1	.. ..	.. 2	5 3	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	2 1	1 1	1 1
25 Acute and Chronic Nephritis	M. F.	30 22	.. ..	.. ..	.. ..	.. ..	1 2	4 ..	12 7	6 8	7 5	21 16	.. ..	.. ..	.. ..	1 ..	4 1	.. 1	10 6	4 5	2 3
26 Puerperal Sepsis	M. F.	.. 2	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	.. ..	.. ..	.. ..	.. 3	.. ..	.. ..	.. ..	.. ..	1 ..	2 ..	.. ..	.. ..	.. ..
27 Other Accidents and Diseases of Pregnancy and Parturition	M. F.	.. 5	.. ..	.. ..	.. ..	.. ..	.. ..	.. 5	.. ..	.. ..	.. ..	.. 8	.. ..	.. ..	.. ..	.. ..	.. ..	.. 8	.. ..	.. ..	.. ..
28 Congenital Debility and Malformation, Premature Birth	M. F.	38 21	37 21	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	50 34	46 33	1 ..	2 ..	1 ..	.. 1	.. ..	.. ..	.. ..	.. ..
29 Suicide	M. F.	12 2	.. ..	.. ..	.. ..	.. ..	.. ..	5 ..	1 1	6 1	.. ..	8 5	.. ..	.. ..	.. ..	.. ..	.. 1	1 1	4 2	3 1	.. ..
30 Other Deaths from Violence	M. F.	30 13	2 ..	1 ..	5 2	3 1	4 ..	5 1	5 1	4 2	1 6	43 14	1 1	1 2	6 ..	2 2	4 2	8 2	12 1	6 2	3 2
31 Other defined Diseases	M. F.	124 156	11 12	3 2	6 2	4 2	2 2	6 10	14 22	23 25	55 79	165 164	14 12	1 5	2 2	3 4	1 1	7 6	30 23	32 21	75 90
32 Causes ill-defined or unknown	M. F.	5 5	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	3 2	1 3	.. ..	10 2	1 ..	.. ..	.. ..	.. ..	.. ..	1 ..	4 1	3 1	1 ..

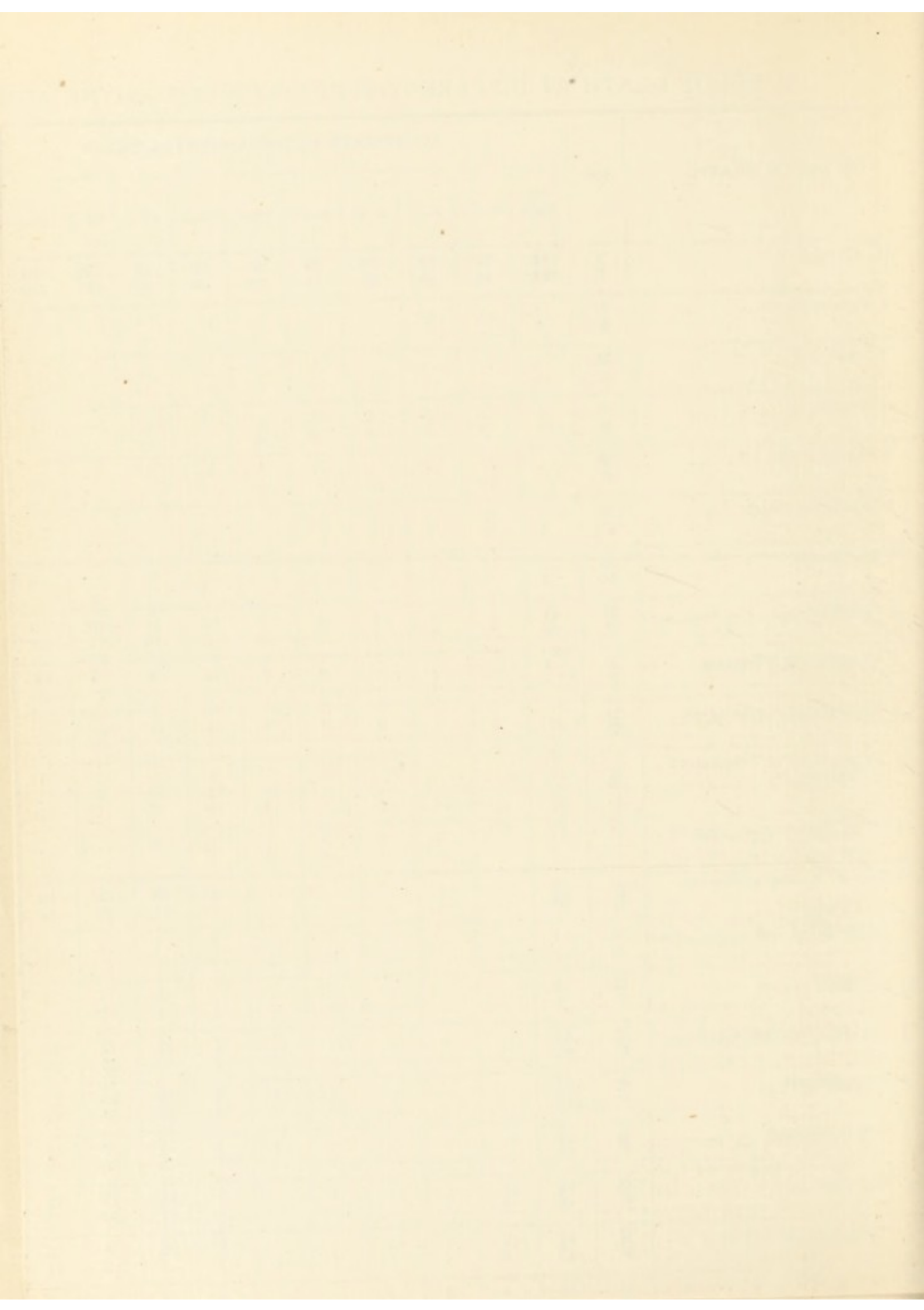


TABLE I.

BIRTH-RATES AND DEATH-RATES IN SANITARY DISTRICTS FOR 1924.

Urban Districts.			Birth-rates.	Death-rates.	Rural Districts.			Birth-rates.	Death-rates.
Bishop's Castle	..	..	16.5	11.8	Atcham	..	..	17.6	10.3
Bridgnorth	..	..	16.3	14.7	Bridgnorth	..	..	21.6	11.1
Church Stretton	..	..	14.5	12.0	Burford	..	..	11.1	13.5
Dawley	..	..	21.2	12.9	Chirbury	..	..	19.1	15.5
Market Drayton	..	..	16.2	17.5	Church Stretton	..	..	24.8	13.7
Ellesmere	..	..	20.6	14.1	Cleobury Mortimer	..	..	21.1	9.2
Ludlow	..	..	18.1	17.6	Clun	..	..	16.2	12.3
Newport	..	..	15.3	12.7	Drayton	..	..	19.3	12.1
Oakengates..	..	..	16.9	11.4	Ellesmere	..	..	15.5	9.0
Oswestry	..	..	22.2	16.7	Ludlow	..	..	17.0	10.9
Shrewsbury	..	..	19.4	12.8	Newport	..	..	16.4	15.5
Wellington	..	..	16.7	14.7	Oswestry	..	..	21.2	11.4
Wem	..	..	16.5	13.4	Shifnal	..	..	18.5	12.8
Wenlock	..	..	18.3	14.9	Teme	..	..	16.8	16.8
Whitchurch	..	..	17.0	12.9	Wellington	..	..	19.7	13.0
					Wem	..	..	18.2	11.2
					Whitchurch	..	..	22.2	14.2
TOTAL	..	..	18.5	13.6	TOTAL	..	..	18.9	11.6

TABLE II.

AVERAGE OF THE ANNUAL INFANTILE MORTALITY FOR THE SANITARY DISTRICTS FOR THE PERIODS 1901—1906, 1907—1914, 1915—1919, AND THE RATES FOR 1920, 1921, 1922, 1923 AND 1924.

URBAN DISTRICTS.	Average for years			Percentage Increase or decrease in		Rates for 1920	Rates for 1921	Rates for 1922	Rates for 1923	Rates for 1924
	1901 to 1906	1907 to 1914	1915 to 1919	Second period over first.	Third period over second.					
Bishop's Castle	86	100	105	+ 16.3	+ 5.0	33	32	0	182	0
Bridgnorth ..	106	116	104	+ 9.4	— 10.3	78	73	47	62	85
Church Stretton	96	99	67	+ 3.1	— 32.3	85	48	32	0	0
Dawley ..	112	97	77	— 13.4	— 20.6	78	93	43	41	62
Ellesmere ..	103	65	74	— 36.8	+ 13.6	58	86	69	47	26
Ludlow ..	113	84	76	— 25.7	— 9.5	85	83	45	49	50
Market Drayton ..	..	..	119	..	..	76	85	111	85	91
Newport ..	117	80	81	— 31.6	+ 1.2	69	66	31	34	41
Oakengates ..	138	104	87	— 24.6	— 16.3	58	92	69	59	94
Oswestry ..	102	101	96	— 1.0	— 4.9	54	74	22	74	95
Shrewsbury ..	126	102	74	— 19.0	— 27.4	65	84	47	62	46
Wellington ..	114	78	91	— 31.6	+ 16.6	55	74	62	35	29
Wem ..	93	87	47	— 6.4	— 45.9	102	135	47	51	54
Wenlock ..	102	85	71	— 16.7	— 16.4	69	52	74	33	55
Whitchurch ..	103	104	82	+ 1.0	— 21.1	30	55	10	44	62
All Districts ..	112	96	82	— 14.3	— 14.5	65	78	52	54	59

RURAL DISTRICTS.	Average for years			Percentage Increase or decrease in		Rates for 1920	Rates for 1921	Rates for 1922	Rates for 1923	Rates for 1924
	1901 to 1906	1907 to 1914	1915 to 1919	Second period over first.	Third period over second.					
Atcham ..	84	77	56	— 8.3	— 27.3	71	48	57	56	75
Bridgnorth ..	87	67	65	— 23.0	— 2.9	73	64	73	66	64
Burford ..	59	68	35	+ 15.2	— 48.5	34	0	0	95	143
Chirbury ..	77	60	51	— 22.1	— 15.0	123	92	40	53	47
Church Stretton	97	80	75	— 17.5	— 6.2	76	77	35	77	53
Cleobury	..	..	..	..	..	..	..	..	..	..
Mortimer ..	92	74	72	— 19.6	— 2.7	59	78	62	65	49
Clun ..	100	72	95	— 28.0	+ 31.9	33	52	78	78	48
Drayton ..	115	84	77	— 26.0	— 8.3	25	60	67	71	49
Ellesmere ..	92	84	73	— 8.7	— 13.0	54	37	85	67	39
Ludlow ..	91	69	59	— 24.2	— 14.5	81	35	81	55	59
Newport ..	106	96	97	— 9.4	+ 1.0	96	79	88	48	73
Oswestry ..	96	87	83	— 9.4	— 4.5	76	70	62	69	57
Shifnal ..	94	76	52	— 19.1	— 31.5	36	21	49	42	49
Teme ..	127	102	67	— 19.7	— 34.3	54	61	0	28	0
Wellington ..	102	83	74	— 18.6	— 16.8	79	71	48	85	31
Wem ..	69	67	62	— 3.0	— 7.4	68	63	95	61	76
Whitchurch ..	51	58	69	— 5.0	+ 18.9	76	22	62	29	42
All Districts ..	93	78	69	— 16.1	— 11.5	67	57	64	63	56

INFANT MORTALITY.

TABLE III.

COMPARISONS OF INFANTILE DEATHS FOR PERIODS OF YEARS.

	Average annual numbers for years			Percentage decrease of numbers in		Numbers for years				
	1905 to 1909	1910 to 1914	1915 to 1919	second period compared with first period.	third period compared with second period.	1920	1921	1922	1923	1924
Births	5955	5427	4441	8.8	18.1	5943	5318	4904	4900	4622
Deaths from all causes under one year ..	561	444	335	20.8	24.5	395	354	288	291	269
Deaths from—Measles and Whooping Cough	34	22	19	35.3	13.6	24	15	8	9	9
Influenza	..	..	11	..	..	1	5	6	3	..
Other Infectious Diseases	5	1	.8	80.0	20.0	..	1	..	..	..
Tuberculous Diseases ..	19	12	5.8	36.8	51.6	12	6	7	3	1
Convulsions and Meningitis (not tuberculous)	60	42	..	30.0	..	..	..	..	..	..
Bronchitis	46	33	30.6	28.2	7.2	37	24	18	3	21
Pneumonia	65	43	34	33.8	20.9	40	28	28	17	35
Diarrhoea, Enteritis and Gastritis ..	61	52	18.6	14.7	64.2	27	28	20	6	10
Premature Birth, congenital defects and malformations ..	128	119	..	7.0	..	..	..	..	..	137
Atrophy, Debility and Marasmus	96	74	..	22.9	..	..	..	..	..	..

Market Drayton had again a high infant death rate (91), or 54% higher than the average for the urban districts of the County. The death rate was due to seven deaths, three of them being illegitimate children.

Three of the deaths were attributed to prematurity. One fatal case was a malformed infant that only lived ten minutes. One death from gastro-enteritis and one from convulsions could with some certainty be attributed to the adoption of artificial feeding in spite of the advice of the midwife and the health visitor. The remaining death returned as bronchitis was probably due to influenzal infection.

The prevention of the premature deaths is obviously principally a matter of antenatal care, although it is possible that two of the children might perhaps have been saved if they could have been removed to the Wellington Babies' Home. One of the infants was born in the Workhouse, otherwise poor law relief was not obtained or said to have been needed for any of them. Only two, out of the six, mothers attended the antenatal centre. The seventh was in the Workhouse for a considerable period before birth of the child.

The points that strike one are (1) the high rate of illegitimacy and (2) the large number of premature children. The remedy, I think, is to improve the work of the Centre in all directions, particularly the educational part and to get all expectant mothers who do not get regular medical advice to attend the Centre as early as possible.

INFECTIOUS DISEASE.

Scarlet Fever and Diphtheria.—It is possible that in the near future these diseases may be more adequately dealt with by the utilisation of the Dick test (Scarlet Fever) and Schick test (Diphtheria) to distinguish the immune from the non-immune and by immunising the non-immune persons brought immediately into contact with the disease. These tests are particularly applicable to residential institutions and it appears as if residential schools should not be closed without this procedure. The work of Dick clearly shows that "peeling skin" in scarlet fever is not infectious. This is valuable knowledge, as it enables the person looking after the patient to direct all her attention in the prevention of infection, to the discharges from the throat, nose and ears. It is comparatively easy to collect these discharges and destroy them, whereas the prevention of diffusion of particles of skin is most difficult. It has long been held by most authorities on infectious disease that skin peeling was not dangerous, but hitherto no absolutely scientific proof has been forthcoming.

There can be little doubt that the control of diphtheria will resolve itself in the long run into the application of the Schick test and the active immunisation of those that prove positive. It is a very simple test; it readily separates those that are susceptible from those that are not. Those that are not susceptible should be swabbed to see if they are harbouring virulent diphtheria bacilli. Those that are susceptible should be immunised with toxin-antitoxin, and in the meantime their throats kept under observation. In a residential school or other residential institution, there should be no hesitation about applying this test. It is cheap and effective and not only prevents illness, but prevents all the upset and danger of spread caused by closure and much of the expense of isolation. Exactly under what circumstances it should be used in outbreaks in elementary schools is not quite clear. The necessity for getting the consent of the parents introduces a considerable difficulty, but notwithstanding this it may be confidently asserted that in the near future all troublesome outbreaks will be dealt with in this manner.

Measles.—The prevention of the spread of measles under present conditions being almost impossible, our efforts are directed to protection of the children at the dangerous age period, 6 months to 3 years, and to lessening the mortality and the damage to health from complications. In last year's report a lengthy quotation from Sir George Newman's report for 1922 was given dealing with (1) Instruction of Parents and Guardians, (2) Medical Assistance, (3) Health Visiting, (4) Nursing Provision, etc. A copy was forwarded to all the Medical Officers and Health Visitors. (Reference must be made to my report for 1923 for further details.)

TABLE IV.
RETURN OF INFECTIOUS DISEASES FOR THE YEAR 1924.

RURAL DISTRICTS.	Population Census 1921	SCARLET FEVER.	DIPHTHERIA (including Membranous Group).	ENTERIC (Typhoid and Para- typhoid Fever).	PNEUMONIA.	PUERPERAL FEVER.	ACUTE POLIOMYELITIS.	ACUTE POLIO-ENCEPHALITIS.	ENCEPHALITIS LETHARGICA.	OPHTHALMIA NEONATORUM.	ERYSIPELAS.	TUBERCU- LOSIS.		MALARIA.
												RESPIRATORY.	OTHER FORMS.	
Atcham	21978	35	18	7	24	..	1	..	..	1	5	12	8	..
Bridgnorth	8569	6	1	..	3	..	..	..	1	..	..	3	7	..
Burford	1268	9	..	..	..	..	..	..	..	1	..	3	..	..
Chirbury	3193	6	..	..	14	..	..	..	2	1	..	5	1	..
Church Stretton	4516	11	3	..	2	..	..	..	..	1	1	4	2	..
Cleobury Mortimer	7297	2	17	..	1	..	..	..	1	2	1	7	4	..
Clun	6243	..	4	..	1	..	..	..	1	2	1	2	2	..
Drayton	7156	20	1	1	7	..	..	..	..	1	..	3	1	..
Ellesmere	8008	8	7	..	2	1	..	..	..	1	1	10	3	..
Ludlow	8980	4	3	..	9	..	..	..	1	5	1	6	2	..
Newport	5747	29	7	..	10	..	..	..	1	2	1	7	5	1
Oswestry.. ..	16313	48	18	11	2	3	..	..	1	2	..	20	7	..
Shifnal	7666	16	2	..	1	..	..	..	..	..	3	4	5	..
Teme	1649	1	..	..	..	..	..	..	..	..	..	4	..	..
Wellington	11207	14	6	1	28	2	..	..	4	2	1	20	6	..
Wem	8572	6	5	1	4	..	..	..	1	..	2	4	7	..
Whitchurch	2011	2	5	..	..	..	..	..	..	1	..	1	1	..
URBAN DISTRICTS.														
Bishop's Castle	1268	1	1	..	2	..	..	..	..	1	..	1	2	..
Bridgnorth	5143	..	5	1	5	..	..	..	..	..	2	10	5	..
Church Stretton	1671	1	1	..	1	..	..	..	..	..	..	2	1	..
Dawley	7386	10	7	1	1	..	..	..	4	..	..	17	9	..
Ellesmere	1831	3	..	..	..	..	..	..	..	..	..	..	..	..
Ludlow	5677	4	6	..	3	1	..	..	..	..	1	5	5	..
Market Drayton	4710	16	5	..	6	..	..	..	..	3	1	..	1	2
Newport	3056	5	4	1	5	..	..	..	1	..	1	3	1	..
Oakengates	11349	35	7	..	5	1	..	..	1	2	2	15	6	..
Oswestry.. ..	9790	27	2	..	..	..	..	..	1	6	..	18	..	..
Shrewsbury	31013	94	24	1	37	4	1	..	6	6	4	55	8	..
Wellington	8148	16	1	1	31	..	..	..	1	..	..	14	8	..
Wem	2176	4	2	..	1	..	..	..	..	..	..	..	..	..
Wenlock	13712	11	19	..	..	2	..	1	1	2	1	27	6	..
Whitchurch	5656	9	55	1	..	..	1	..	..	..	1	2	6	..
TOTAL	242959	453	236	27*	205	14	3	1	28	42	29	284	119	3

* There are three further cases of typhoid fever not included in this return.

Week of Notification. (1)	Sanitary District. (2)	Age. (3)	Widal's Reaction. (4)	Suspected source of infection. (5)	Number in household. (6)	Widal's Tests of other members of household. (7)	Widal's Tests of other contacts. (8)	Bacteriological examination of excreta for freedom (9)
(1) Mar. 22	Atcham R.D.	..	Typhosus +					
(2) May 3	do.	..	do.					
(3) May 24	do.	..	do.					
(4) May 24	do.	..	do.					
(5) May 24	do.	..	do.					
(6) April 26	Whitchurch U.D.	..	Paratyphoid	Not traced.	2	none	none	none
(7) June 28	Atcham R.D.	..	Typhosus, Slight Paratyphoid marked.	Not traced.	3	none	none	none
(8) July 5	do.	..	Typhosus +	Salop Mental Hospital (see above note).				
(9) July 26	do.	..		Secondary Nursed case (7)	3	none	none	none
(10) Aug. 23	Dawley U.D.	..	Typhoid +	Not traced.	6	No.	No.	No.
(11) Sep. 27	Newport U.D.	..	do.	do.	2	do.	do.	do.
(12) July 5	Wellington U.D.	..	Paratyphoid +	Outside district.	8	do.	do.	do.
(13) Oct. 25	Wellington R.D.	..	do.	Not traced.	5	do.	do.	do.
(14) Oct. 11	Wem R.D.	..	Para-Typhosus B. +	London	5	..	..	..
(15) May 17	Drayton R.D.	..	Para-Typhoid +	Outside district	Lives alone	Nil.	Nil.	Yes
(16) July 5	Shrewsbury ..	..	Typhoid +	Unknown	3	Not taken	Not taken	Died
(17) May 17	Oswestry R.D.	..	Paratyphoid B. +	Not traced.	5	Negative	Not taken	Positive
(18) May 17	do.	..	do.	No. 17	6	Not taken	do.	..
(19) May 24	do.	..	do.	No. 17	4	do.	do.	..
(20) June 14	do.	..	do.	No. 17	2	do.	do.	..
(21) July 5	do.	..	do.	Not traced.	4	do.	do.	..
(22) July 12	do.	..	do.	do.	4	do.	do.	..
(23) July 12	do.	..	do.	do.				
(24) July 12	do.	..	do.	do.				
(25) July 12	do.	..	do.	do.				
(26) July 26	do.	..	do.	do.	6	Not taken.	Not taken.	..
(27) Aug. 2	do.	..	do.	No. 20	10	do.	do.	..
(28) Oct. 18	do.	..	do.	No. 27	10	do.	do.	..
(29) July 5	Bridgnorth U.D.	..	Typhosus +	Unknown	12	Negative	..	..
(30) Dec. 30	do.	..	..	Unknown; Defective W.C.	6	do.	..	Negative

Nurses in Shropshire Orthopaedic Hospital.

Sir George Newman considers the problem very urgent and of vital importance. The action taken against measles consists of notification from the schools, exclusion of children from schools, visiting of homes by health visitors, and provision of nursing where necessary. The scheme is carried on in close co-operation with the Medical Officer of Health. The Sanitary Authorities have power to provide medical attendance where it is necessary and the parents cannot afford. The visiting under the scheme is detailed on page 9. The objects kept in view in the health visiting of measles are to protect the children under 3 years from infection, to improve the conditions under which the children are nursed, to get medical attendance where necessary and if any complications develop to see that they get appropriate treatment. The beds at the Lady Forester Hospital are available for school children who do not convalesce satisfactorily after measles.

Typhoid Fever.—The following remarks appeared in my report for last year:—
 “This disease is now a comparatively rare disease in the County, and the origin of the few cases that do arise is generally obscure. It seems most desirable that every case should be very carefully inquired into, in order to determine its origin and the probable mode of transmission. Like most other infectious diseases, investigation seems to show that cases are spread by direct personal infection, except in those cases where infected food or water has been consumed. The first step should in every case be to get confirmatory diagnosis by means of a blood test. Although this test should not of itself be considered as decisive, a positive result is almost certain evidence, and a negative result is often the starting point for further examination and a revision of the diagnosis. It is advisable also to get a blood test of all other members of the household, of any persons brought into intimate household contact with the patient and of any persons in the immediate neighbourhood who have suffered from suspicious symptoms. I have previously advocated that the excreta of the patient should be examined bacteriologically before the patient and the house is declared free from infection.”

“In addition to personal infection, typhoid fever is spread by means of water and food. The only district in which typhoid fever has been traced to water in recent years is the Borough of Bridgnorth. Since 1917 the river water supply to Bridgnorth has been chlorinated and the danger has been greatly reduced, but the intake from the river is still in dangerous proximity to the outfall from the sewage works and a short distance below a dangerous pollution, and neither efficient filter beds nor storage have been provided. These matters should receive early consideration, and the removal of the intake should be carried out forthwith. The foods that have been proved to carry the infection of typhoid fever are shell-fish, milk, ice-cream, and water cress. Of these, shell-fish—mostly oysters and mussels—are infinitely the most important, but fortunately the consumption of shell-fish in this county is small. Careful inquiry into the source of milk is made in every outbreak and into the consumption or otherwise of ice-cream. The infection of ice-cream is not due to infection in the original milk, but to infection during careless preparation. It is stated that ungutted immature plaice are also a source of spread of typhoid fever. As such fish are usually satisfactorily cooked, the infective organisms should barely escape destruction.”

Outbreaks of typhoid fever in Oswestry were dealt with in a special report by Dr. Beresford. The report dealt with two separate outbreaks—one of typhoid fever and one of paratyphoid fever. The paratyphoid outbreak consisted of 12 cases that occurred in the rural district of Oswestry in the summer and autumn of 1924, including three at the Shropshire Orthopaedic Hospital. The outbreak had been preceded by a number of cases in the neighbouring County of Denbighshire, but no connection could be traced. Six of the twelve cases were in Rhydycroesau and there can be little doubt that they originated

directly or indirectly from an overlooked case at a small farm where a small quantity of butter and milk was produced. Three other cases were evidently connected, but whether originating from the first group is uncertain. The three cases in the Orthopaedic Hospital were not traced to their source. In three instances the disease spread to another member of the same household. Two of the cases were removed to the Isolation Hospital at Morda.

The outbreak of typhoid fever is of great interest. In June, 1922, a maid servant at a house in Oswestry contracted typhoid fever; in February, 1923, another maid servant in the same house contracted typhoid, and in December, 1924, a third maid servant from this house was notified from Ellesmere as having typhoid fever. After the second case, it was suspected that one of the inmates of the house must be a "carrier," and blood was forwarded for examination from the one that was suspected. The examination was negative. As a result of the third outbreak I instituted a very complete inquiry and got specimens of blood and faeces sent off for examination from two inmates of the house. The blood from both persons showed a Widal's reaction and the bacillus typhosus was found in the faeces of both. These persons must therefore be looked upon as carriers and the three cases must have been infected by one or the other or by both. Whilst one of the persons had suffered from an illness that might well have been typhoid fever in the winter of 1919-20, the other person had always been remarkably free from illness. It seems almost as if an immune person can become a carrier by close and prolonged association with an infected person without actually suffering from the disease. A very difficult situation has arisen and has been met so far as possible by most careful instructions. There is no known method of freeing a typhoid fever carrier from infection. It is therefore extremely necessary to give detailed instructions and exercise careful supervision until repeated bacteriological examinations have shown freedom from infection.

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 administration of the Notification of Births Act.
- (2) The provision for medical, health visiting, and nursing services, including the nursing of measles, whooping cough, pneumonia and ophthalmia neonatorum.
- (3) The provision of maternity and child welfare centres.
- (4) The provision of orthopaedic treatment for children under five years of age.
- (5) The provision of a home for ailing babies.
- (6) The provision of maternity beds.
- (7) The promotion of a midwifery service throughout the County.
- (8) The provision of medical attendance when a midwife finds medical help necessary.
- (9) The supply of milk to nursing and expectant mothers, and children under three years of age.
- (10) The institutional treatment of the expectant mother suffering from venereal disease.*
- (11) The payment for beds for unmarried mothers and their infants at existing hostels.
- (12) Arrangements with the Shrewsbury Eye Hospital for treatment of defects of eye, ear, throat, and nose.
- (13) The provision of a lecturer on hygiene, who is available for lecturing on child welfare.
- (14) The provision of a course of six lectures to district nurses, health visitors and midwives.

* This comes under the scheme for the Prevention and Treatment of Venereal Disease.

Health Visiting Service.—This service has not undergone any variation during the year.

Notifications of Deaths under one year and Deaths after Confinement.—Arrangements have been made for the Registrars to supply the Public Health Department with the deaths of infants under one year of age and all maternity deaths and the attention of the Ministry of Health has been called to the desirability of making it obligatory for the medical attendant to state on the death certificate, the date of the confinement where confinement has taken place within one month of death.

Notification of Births Act, 1907.—In 1924 the births notified and discovered were 118 less than those registered; in 1923 they were 105 less than those registered.

Notification of Births in the year 1924:—

Total births registered (exclusive of the Borough of Shrewsbury)	3994
Notification of births by midwives	3161
" " medical practitioners	599
" " parents or other persons	5
Total notified	3765
Discovered by Health Visitors	25
Obtained from Registrar's Returns	86
	3876

Excess of Births registered over Births notified or discovered 118

In the Borough of Shrewsbury 679 notifications were received, of which 417 were sent in by midwives, 32 by doctors, 201 were sent in by doctors and midwives, 12 by parents and 17 by Registrars.

Medical and Health Visiting Services.—There are five medical officers undertaking school and maternity and child welfare work. Their duties consist of attending the Maternity and Child Welfare Centres and exercising a general supervision over the work of the health visitors. It is estimated that this work occupies about one-quarter of their time. One of them is the Medical Officer to the Babies Home, Wellington.

There are twelve whole-time health visitors. All these health visitors are now employed on maternity and child welfare, measles, ophthalmia, tuberculosis, and mental deficiency work, and 10 out of the 12 also do some school nursing.

In addition, there are 64 district nurses acting as part-time health visitors.

The scheme is not yet fully developed, and the amount of visiting is not up to the standard originally fixed by the Ministry of Health.

In 1924 the visits paid by the Health Visitors were:—

		Under one year.				1 to 5 years.	Total.
		1st	2nd	3rd	Subsequent.		
Whole-time	...	2,559	2,346	2,245	5,142	13,033	25,325
Part-time	...	1,289	1,274	1,477	4,107	9,662	17,809
		3,848	3,620	3,722	9,249	22,695	43,134

and visits to expectant mothers numbered 4,461.

The visits paid to measles houses and the cases dealt with were:—

Houses visited.	Cases visited.	Cases without Doctor.	Cases doctor advised.
1587	2498	1191	226

The visits by health visitors to cases of tuberculosis are given on page 26.

One of the criteria of the efficiency of a health visiting service is the proportion of infants that are naturally fed. The following very important rule was incorporated in the rules of the Central Midwives Board in the year 1919:—

“A Midwife must forthwith notify the Local Supervising Authority of each case in which it is proposed to substitute artificial feeding for breast feeding.”

Inquiry is made into these cases and advice and pressure is brought to bear on the midwife and mother to continue natural feeding where this is possible. During the year 57 notifications were received under this rule, compared with 73 last year. The causes given for ceasing natural feeding were:—

Illness of mother	5
Death of mother	1
Insufficiency or absence of Milk	20
Refusal to Breast Feed	7
Depressed nipples	4
Delicacy of mother	20

Percentage of children at first visit of health visitor on—

	Breast feeding.	Artificial feeding.	Mixed feeding.
1918	82.5	13.5	3.8
1919	85.8	9.7	4.4
1920	84.0	11.9	3.9
1921	86.6	9.6	3.7
1922	85.6	11.0	3.2
1923	88.7	8.4	2.7
1924	88.6	8.6	2.8

Of the cases where the children were breast-fed on the first visit and the feeding was recorded after three months and six months, it was found that 75.2 per cent. were still breast-fed after three months and 66.5 per cent. after six months.

It is to the credit of the district nurses concerned that in the following districts there were no artificially-fed infants at the first visit:—Beckbury, Kemberton and Ryton; Bicton and Oxon; Clunbury and Clunton; Cound; Dorrington, Stapleton, Woolstaston, Longnor and Leebotwood; Hope and Shelve; Lydbury North and Plowden; Onibury and Stokesay; Shawbury, Moreton Corbet and Lee Brockhurst; Stockton Norton and Sutton Maddock; Trefonen, Treflach and District; Westbury; and Worthen.

In the following districts the percentage of artificially-fed children was 25 per cent. or over:—Ash and Broughall; Bedstone and Bucknell; Edstaston and Coton; Kinnerley, Knockin and Meverley; Leaton, Fitz and Preston Gubbalds; Lilleshall; Montford, Shrawardine and Great Ness; Prees; Tilstock and Alkington; Whixall; and Woore.

The long-tube bottle—a most insanitary method of feeding—is disappearing, and was only found in 16 cases. The use of the dummy was recorded in 554 cases—probably a considerable under statement.

The following insanitary conditions were reported by the health visitors and forwarded to the Sanitary Authorities for their attention. This is a branch of work for which the health visitor has no special training.

Water Supply. Want of Uncleanliness. Dampness. Overcrowding. Nuisances. Ventilation.

27 98 128 97 124 34

Maternity and Child Welfare Centres.—A new centre was started during the year at Highley. Good and well-equipped centres will probably shortly be provided at Bridgnorth and Market Drayton in place of the present most unsatisfactory places.

ATTENDANCES AT MATERNITY AND CHILD WELFARE CENTRES FOR THE YEAR 1924.

	INFANTS.						EXPECTANT MOTHERS.		
	Under 1 year.			Between 1 and 5 years.					
	New Cases.	Total Cases.	Total Attend-ances.	New Cases.	Total Cases.	Total Attend-ances.	New Cases.	Total Cases.	Total Attend-ances.
Wellington ..	211	381	1401	345	560	2994	57	68	210
Bridgnorth ..	77	105	471	49	205	1896	4	34	36
Ironbridge ..	114	123	1505	50	370	3202	30	48	271
Oakengates..	163	320	1400	62	105	1718	50	55	201
Oswestry ..	212	338	1107	45	235	948	11	21	60
Whitchurch ..	47	60	452	30	181	1499	12	19	136
Ludlow ..	72	93	445	57	194	1055	18	20	63
Ellesmere ..	41	67	314	19	29	243	10	12	35
Newport ..	56	100	567	17	105	659	9	9	17
Market Drayton ..	66	114	689	95	343	1414	16	23	66
Dawley ..	47	47	95	81	81	138	8	8	15
Highley ..	14	14	23	25	25	46	2	2	3
Church Stretton ..	37	37	124	73	73	327	4	4	4
Totals ..	1157	1799	8593	948	2506	16139	231	323	1117

Addresses at the Centres.—Three hundred and two addresses were given during the year on the following subjects:—Prevention of Dental Caries 22, Food 8, Feeding after Weaning (1—5 years) 3, Food Values 7, Breast Feeding 14, Weaning 8, Diet 9, Value of Milk 8, Infant Feeding 21, Value and Danger of Fruit 2, Care of Food in Hot Weather 2, Cod Liver Oil 1, Wholemeal Bread 1, Water Drinking 1, Dangers of Bread Sop 1, Alcohol 1, The Greengrocer's Shop 2, Clothing 33, Hygiene of the Child 1, General Care of the Baby 17, Bathing and Dressing Baby 1, Suitable Clothing for School Girls 1, Model Clothing for Infants (with specimens) 1, Sunshine and Fresh Air 12, Sleep 2, The Danger of Using Dummies 4, Summer Hygiene 2, Measles 22, Influenza 11, Colds 3, Rickets 5, Diarrhoea 14, Constipation 8, Discharging Ears and Eyes 2, Common Ailments 2, Infectious Diseases 2, Venereal Disease 1, Burns and Scalds 1, Convulsions 1, Squint 1, Cancer 1, Nose and Throat 3, Vaccination 6, Dangers of the House Fly 8, and other subjects 26.

<i>Centre.</i>	<i>Addresses given by</i>							<i>Total.</i>	<i>Average Attendance.</i>
BRIDGNORTH	..	..	..	Dr. Taylor ..	..	..	..	4	12
				Dr. Wilson ..	..	..	..	1	
				Miss O'Connel ..	..	..	..	22	
CHURCH STRETTON	..	..	..	Dr. Blake ..	..	..	..	1	22
				Dr. Higginson ..	..	..	..	1	
				Mrs. Dixon ..	..	..	..	1	
				Miss Cavanagh ..	..	..	..	1	
				Miss White ..	..	..	..	1	
				Nurse Wells Smith ..	..	..	..	1	
DAWLEY	..	..	..	Miss Thomas ..	..	..	..	3	18
ELLESMERE	..	..	..	Dr. Evans ..	..	..	..	2	10
HIGHLEY	..	..	..	Miss Mae Turk ..	..	..	..	1	11
				Miss Connelly ..	..	..	..	1	
IRONBRIDGE	..	..	..	Dr. Fox Edwards ..	..	..	..	1	22
				Dr. Symons ..	..	..	..	5	
				Dr. Wilson ..	..	..	..	1	
				Mrs. Heywood ..	..	..	..	3	
				Mrs. Terry ..	..	..	..	1	
				Miss Thomas ..	..	..	..	9	
LUDLOW	..	..	..	Miss Morgan ..	..	..	..	6	8
				Dr. Blake ..	..	..	..	6	
				Dr. Wilson ..	..	..	..	1	
				Mrs. Higgins ..	..	..	..	8	
				Miss White ..	..	..	..	1	
				Miss Joyce ..	..	..	..	11	
MARKET DRAYTON	..	..	..	Dr. Priestley ..	..	..	..	4	18
				Dr. Wilson ..	..	..	..	1	
				Miss Thomas ..	..	..	..	43	
				Miss Browne ..	..	..	..	3	
				Nurse Farrar ..	..	..	..	3	
NEWPORT	..	..	..	Dr. Priestley ..	..	..	..	4	19
				Miss Brazendale ..	..	..	..	11	
				Nurse Wilcox ..	..	..	..	2	
				Nurse Hall ..	..	..	..	1	
OAKENGATES	..	..	..	Dr. Priestley ..	..	..	..	15	17
				Dr. Symons ..	..	..	..	3	
				Dr. Wilson ..	..	..	..	1	
				Miss Jones ..	..	..	..	11	
				Miss Thomas ..	..	..	..	5	

<i>Centre.</i>	<i>Addresses given by</i>							<i>Total.</i>	<i>Average Attendance.</i>
OSWESTRY	Dr. Evans	..	..	..	..	..	..	3	16
	Dr. Wilson	..	..	..	..	..	..	1	
	Mrs. Hart	..	..	..	..	..	..	1	
	Miss Gorick	..	..	..	..	..	..	8	
	Miss Bindloss	..	..	..	..	..	..	7	
	Mrs. Lowrance	..	..	..	..	..	..	2	
WELLINGTON	Dr. Symons	..	..	..	..	..	..	1	27
	Dr. Wilson	..	..	..	..	..	..	1	
	Mrs. King	..	..	..	..	..	..	1	
	Mrs. Woodhouse	..	..	..	..	..	..	1	
	Miss Greenhalgh	..	..	..	..	..	..	2	
	Miss Thomas	..	..	..	..	..	..	41	
	Miss Browne	..	..	..	..	..	..	3	
WHITCHURCH	Dr. Evans	..	..	..	..	..	..	8	18
	Dr. Taylor	..	..	..	..	..	..	1	
	Mrs. Pullen	..	..	..	..	..	..	1	
	Mrs. Hart	..	..	..	..	..	..	1	
	Mrs. Lowrance	..	..	..	..	..	..	19	
Total addresses ..							..	302	

County Home for Ailing Babies.—The County Council works through a local committee which includes representatives from the Public Health Committee and the County Medical Officer of Health. A monthly report including a complete financial statement is furnished to the County Council.

The numbers for 1924 were :—

Admitted 53, Discharged 50 ; Died 2.

Average duration of stay, 77.2 days.

The cases were diagnosed on admission as :—

malnutrition 22, prematurity 4, marasmus 4, improper feeding 8, diarrhoea and vomiting 2, rickets 4, tubercular contact cases 2, to restore breast milk 4, preventive cases 3.

Of the 50 infants discharged, 43 were reported as in good health, 5 as improved, and 2 no improvement.

The deaths were one from prematurity and one from marasmus.

The report of the Medical Superintendent, Dr. Symons, states that the Hospital has been conducted more efficiently and has well fulfilled its purpose. The only drawbacks mentioned were (1) the absence of the mothers, which cannot be remedied, and (2) the fact that the babies do not quite get sufficient of the exercises of which they are capable owing to the limited size of the staff. There can be little doubt that the Home should be made greater use of for the purpose of educating the mothers of the locality with regard to the possibility and desirability of keeping the babies in the open air as much as possible.

The success of the Home depends more than anything upon the selection of the proper cases for admission, and this to a great extent rests with the Medical Officers of the Clinics and the Health Visitors throughout the County, in consultation with the medical practitioners, if there is one in attendance.

As previously stated, the efficiency of the Home has been greatly increased by two factors (1) the infants are treated now almost entirely in the open air, with most beneficial results, and with an almost complete cessation of cross infections, (2) whenever practicable a wet nurse is provided to supply a certain amount of natural food to as many infants as possible.

Orthopaedic Scheme.

This consists (1) of a central hospital at Park Hall, Oswestry, (2) after-care centres at Ludlow, Oakengates, Craven Arms, Oswestry, Cleobury Mortimer, Shrewsbury, Market Drayton, Wellington, Whitchurch, Wem, Ellesmere, Ironbridge, Shifnal, Bridgnorth, Newport, and (3) the assistance of all the health visitors and medical officers in the county for discovery of the cases.

The after-care centres are visited weekly by specially trained nurses from the Shropshire Orthopaedic Hospital, and they are also visited by a Medical Officer of the Hospital periodically.

It is our constant endeavour to link up this after-care work as closely as possible with the child welfare and school work. The early discovery of the cases depends almost entirely upon the health visitors as regards children under five, and largely on the School Medical Officers as regards school children. All the Orthopaedic Centres are now held on the same day as the Child Welfare Centres. This is a great improvement and enables that co-operation between the two branches of the work that is so essential.

TREATMENT AT THE SHROPSHIRE ORTHOPAEDIC HOSPITAL.

Disease.	Cases paid for by the County Council.			Cases not paid for by the County Council.		
	Child Welfare, Tuberculosis and School Cases.			Child Welfare, Tuberculosis School and other Cases.		
	Under 5	5 to 14	Over 14	Under 5	5 to 14	Over 14
Tuberculosis of Bones and Joints ..	9	31	56**	2	1	8
Poliomyelitis	2	16	..	1	1	1
Rickets	11	7	..	1	1	..
Knock Knee	..	1	..	..	..	..
Scoliosis	..	8	..	..	1	7
Kypho-Lordosis	..	1	..	..	..	3
Congenital Deformities	1	2	..	1	2	2
Flat Foot	..	4	..	..	1	4
Club Foot and Claw Foot	5	6	..	4	1	9
Osteo-Arthritis	..	..	..	..	..	1
Osteomyelitis	1	3	..	..	1	3
Osteo-chondritis	..	1	..	..	..	..
Exostoses	..	..	..	..	..	1
Arthritis	..	1	..	..	1	7
Spastic Paraplegia	..	4	..	1	2	..
Other Paralysis	..	4	..	..	1	1
Fractures and Dislocations	4	4	..	1	..	5
Synovitis Knee	..	1	..	..	..	1
Torticollis	..	1	..	..	1	..
Hammer Toes	..	..	..	..	..	1
Round Shoulders and Flat Feet	..	1	..	..	..	1
Hallux Ridigus Flexus	..	..	..	..	..	1
Periostitis Tibia	..	1	..	..	..	..
Hallux Valgus	..	..	..	..	..	1
Gunshot Wounds	..	..	..	..	..	16
Other Accidents	1	1	..	..	..	18
Other Diseases	..	3	..	..	..	9
	34	101*	56	11	14†	100
		191			125	
						Total .. 316

* Includes 4 Shrewsbury School Children.

† Includes 5 Shrewsbury School Children.

** Four of these cases notified and sent into the Hospital as tuberculous were diagnosed afterwards to be Osteomyelitis, Sarcoma, Functional Spine and Fibrositis.

In all, 316 cases have been treated at the Hospital, compared with 265 in 1923. So far as we are aware all the cases really needing treatment have been dealt with. This is very satisfactory. It is our constant endeavour to get the cases treated as early as possible.

Analysing this table it will be seen that, of the cases paid for by the County Council, 96 were due to tuberculosis and were dealt with under that scheme; 25 were non-tuberculous children under five years, and were dealt with under the Maternity and Child Welfare Scheme; and 70 were non-tuberculous school children and were dealt with under the scheme for the treatment of school children.

The average number of beds occupied by the three groups were—

		1924	1923	1922	1921	1920
Tuberculosis	..	40	37	42	44	37
Child Welfare	..	7	6	8	10	14
School	.. ..	13	11	11	21	23

There has been a slight increase during the year, but taken year by year there has been a considerable diminution, and it must be remembered that the scheme is dealing more completely than ever with the cases in the County, and that many slight cases of deformity are now dealt with that were previously overlooked.

Analysis of cases according to causation :—

101 or 32.0 per cent. were due to tuberculosis.

21	..	6.6	..	..	poliomyelitis.
20	..	6.3	..	..	rickets.
29	..	9.1	..	..	congenital deformities.
53	..	16.7	..	..	other deformities—postural or of doubtful causation.
12	..	3.8	..	..	injuries and diseases arising at birth.
26	..	8.2	..	..	infections other than tuberculosis.*
54	..	17.1	..	..	other accidents and diseases.

* Includes Rheumatoid Arthritis, Osteo-Arthritis and Osteo-Chondritis.

This classification of cases in accordance with causation is extremely instructive. Tuberculosis, rickets, postural deformities and infections other than tubercular must be looked upon as eventually preventable, and most of the conditions here mentioned are comparatively easily cured if got under treatment at the very beginning of the disease. This particularly applies to poliomyelitis, rickets, congenital deformities, and to a considerable extent it applies to cases of tuberculosis. The paralytic conditions arising from child birth are possibly also preventable. A systematic inquiry into these cases would well repay the trouble.

Many of the tuberculous cases come under notice after considerable damage has been done, the cause of the trouble not being recognised in the early stages. It is particularly important that cases should be removed to the Orthopaedic Hospital as soon as the defect is recognised, and not after the cases have been treated for a considerable length of time.

The importance of early treatment of Poliomyelitis is so great that arrangements have been made for a specially trained nurse to be sent, on receipt of a wire, to help the medical practitioner and afterwards to get the patient to hospital if necessary.

Unfortunately a very small proportion of these cases of poliomyelitis is notified, the remainder being overlooked until later when paralysis or weakness is noticed. Only 3 cases were notified during the year.

An inquiry is being made into the early history of cases of poliomyelitis that come under our notice for treatment.

The Maternity Home established by the Shrewsbury Victoria Nursing Association is providing some accommodation for the County and Borough under an agreement the terms of which were set out in the Annual Report for 1921.

Maternity Beds at the Lady Forester Hospitals, Broseley and Much Wenlock.—There are six maternity beds at Broseley hospital and four beds at Much Wenlock hospital. Occasionally other beds have been used. The County Council have agreed to pay £1 1s. a week towards the cost of any case recommended by them, that cannot afford the fee.

One hundred and eleven cases were admitted during 1924. They were admitted from Ironbridge, Madeley, Broseley, Jackfield, Coalbrookdale, Benthall, Much Wenlock, Shifnal, Dawley, Bridgnorth, Nordley, Horsehay, Leighton, Wellington, Leebotwood, Munslow, Cressage, Kenley and Easthope.

Maternity Beds at Newport Nursing Home.—Two beds are always available here. The County Council pays an annual fee of £10 per bed towards their maintenance.

Sixteen cases were admitted during the year.

The Chirk and District Cottage Hospital, situated in Denbighshire, also takes any maternity cases amongst the wives of their subscribers at a cost of two guineas a case.

During 1924, two associations were formed, viz. :—Meole Brace and Trefonen and District. Since the end of 1924, one more association has been formed.

The following statement showing the parishes most urgently needing midwives, grouped in 26 districts was first published in the year 1916. The associations formed since 1916 are also shown and the date of formation. When only part of the district has been supplied, the name of the parish supplied is printed in *italics*, and additional portions not in the districts originally suggested are put in brackets :—

	Association formed
1.—Albrighton, Astley, Battlefield and St. Alkmond	—
2.—Westbury and Wollaston	—
3.— <i>Church Pulverbatch</i> and Smethcott (Longden)	1920
4.—† <i>Morville</i> , Upton Cressett, Aston Eyre, Tasley and Astley Abbots	1920
5.—† <i>Chelmarsh</i> , Eardington and Oldbury	—
6.—Chetton, Middleton Scriven, Deuxhill, Glazeley, Billingsley and Sidbury	—
7.—Wistanstow, Sibdon Carwood, and Halford Ecclesiastical Parish	1922
8.—Stottesdon	1917
9.—Kinlet	—
10.— <i>Hopton Wafers</i> , Part of <i>Cleobury Parish</i> , Farlow, Part of <i>Cleeton St. Mary</i> , and Part of <i>Silvington</i>	—
11.—Clun	1923
12.—Newcastle and Bettws-y-Crwyn	1917
13.—Clungunford, <i>Hopton Castle</i> , <i>Bedstone</i> , and <i>Bucknell</i>	—
14.—Welshampton, Lyneal and Colemere	1919
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	1920
18.—§ <i>Kinnerley</i> and <i>Melverley</i>	—
19.—Llanyblodwel (Nantmawr and Porthywaen)	1920
20.—Trefonen Ecclesiastical Parish (Treflach, Llanforda and Sychtyn)	1922
21.—East Part of Oswestry Rural Parish, Maesbury, Morda, Aston, Woolston, Middleton, and Sweeney	1924
22.—Badger, <i>Beckbury</i> , <i>Kemberton</i> , <i>Ryton</i> , and <i>Boningale</i>	1922
23.—Sheriffhales, Boscobel and Tong	1917
24.—* <i>Kinnersley</i> , Preston-on-the-Weald Moors and Hadley	—
25.—Lee Brockhurst and Weston and Wixhill (Lee Brockhurst in Shawbury, Weston in Hodnet)	1920
26.—Whitchurch Rural— <i>Western Part</i> , <i>Tilstock</i>	—
	1917

† By arrangement the Bridgnorth nurses take the midwifery cases in Oldbury, Eardington, Morville, Astley Abbots, Quatford and Tasley.

§ Knockin is now included with Kinnerley and Melverley.

* Kinnersley is included in a district with Preston and Tibberton affiliated to the Shropshire Nursing Federation in 1918.

Additional Districts formed since 1916 :—

The Bog Mine—part of Shelve, Wentnor and Minsterley Parishes	1916
Hope—parts of Hope and Shelve Parishes	1917
Hopesay and Aston-on-Clun	1919
Donnington Wood Ecclesiastical Parish	1920
Child's Ercall, Hinstock and Sambrook	1920
Ironbridge, Coalbrookdale, Jackfield, Broseley, Benthall, Madeley and Coalport	1920
Oakengates Urban District	1920
Wellington Urban District	1920
Llanymynech—Parish of Llanymynech and parts of Moreton and Llanyblodwel Parishes (very small part)	1921
Shawbury, Moreton Corbet, and Lee Brockhurst	1921
Claverley	1921
Whitchurch Urban District	1922
Munslow, Brockton, Holdgate, Tugford, and a small part of Stanton Long Parish	1923
Meole Brace and District	1924
Gobowen	1925
Edstaston, Whixall and Coton Association has been divided into two Associations— Edstaston and Coton, and Whixall.	

Medical Fees.—The fees of medical men called in by midwives under the rules of the Central Midwives Board are 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 in every case asks the patient to pay the fee or to show that she is not able to do so, and decides upon further action for recovery if necessary. This procedure should result in the medical practitioners in a large proportion of cases recovering directly from the patient where they are able to pay the fee. 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. Two hundred and forty-three claims were sent in during the year, and £438 1s. od. paid to medical practitioners.

Supply of Free Milk.—Milk is supplied free in necessitous cases. Each case is enquired into and certified by the Medical Officer of the Centre, and one of the lady helpers, or where there is no centre, by the health visitor and a local responsible person. The opinion of the Relieving Officer is asked in all cases, and the reports are all scrutinised carefully at the Central Office. There can be no doubt that this is a real preventive work of great value.

Institutional Treatment of expectant and nursing mothers and their infants suffering from Venereal Diseases is carried out under the Venereal Disease Scheme at Cleveland House, Wolverhampton. 5 mothers were sent during the year (see page 31).

Hostels for unmarried Mothers and their Infants.—An arrangement has been made with the Mrs. Legge Memorial Home, Wolverhampton, by which patients are admitted for six months, the County Council paying for the first six weeks, the expense for the remainder of the period being borne by the Home. No cases were sent during the year.

Prevention of Rickets.—The prevention of rickets and the provision of early treatment has been strongly emphasised as one of the most important parts of the work of the health visitors. Rickets is a disease which is not without danger to life whilst it lasts, and leaves permanent injury often of a serious character. The mere straightening of a limb is a very different thing from the prevention of the disease. It is now definitely known that rickets is

caused by a deficiency of a vitamin contained in most animal fats and green vegetables, or by the absence of direct sunlight, or by the two combined. It can be prevented or cured by attention to these conditions. Not only will sunshine on the skin of the child prevent rickets, but exposure of certain foods to sunshine will give anti-rachitic properties which they previously did not possess. There are other food factors of importance such as the amount of calcium in the food and the excess of carbo-hydrate food, and the amount and kind of cereals eaten. *Mellanby* has shown that oatmeal under certain conditions is very liable to produce rickets.

Great attention is paid to improving the conditions of food, fresh air, sunshine, exercise, and cleanliness in all children, but in addition, for the special prevention of rickets, a memorandum emphasising these matters and also advocating the use of crude cod liver oil whenever there is likely to be a shortage of milk fat in the diet, has been issued to health visitors.

Crude cod liver oil is now stocked not only at the Clinics, but by many of the district nurses throughout the County.

OPHTHALMIA NEONATORUM.

Forty-one cases of ophthalmia neonatorum were notified.

Every case is enquired into for the purpose of finding out whether proper treatment is being given and for supplementing it if necessary. Where a midwife has been in attendance inquiry is also directed to her conduct under the Midwives Act and the disinfection necessary before she attends other cases.

Statement showing how the confinements were attended :—

Number of cases attended by midwives	32
Number of cases attended by medical practitioners	9

How the cases were nursed :—

By nurse-midwives assisted by mothers	6
By Health Visitors	8
At Eye and Ear Hospital, Shrewsbury	27

Thirty-six of the cases recovered completely ; in two the eyesight was damaged, and three of the children died.

Seventeen cases of discharging eyes, not notified as Ophthalmia Neonatorum, were visited by Health Visitors, and attended regularly until well.

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

In order that all but very slight cases shall be promptly removed to the Eye Hospital, a circular letter, printed in last year's report, was sent to all practitioners in the County pointing out the facilities and advantages.

MIDWIVES ACT.

Year.	Number of Midwives practising in the County in June of each year.	Number of Visits paid.	Notifica-tions of having sent for medical help.	Notifications of Still-births By Midwives.	Notifications of death of mother or child with no medical man in attendance.	Notifica-tions of Artificial Feeding by Midwives.	Notifica-tions of Midwives' Liability to be a source of Infection.	Notifica-tions by Midwives of having laid out a Dead Body.
1920	240	651	733	70	8	60	9	23
1921	240	675	734	76	10	66	11	28
1922	218	635	682	75	6	58	19	39
1923	235	649	781	54	11	73	32	35
1924	227	752	721	51	5	57	19	38

Routine Work under the Act :—

The returns sent in by the certified midwives, although incomplete, show that they attended 3,578 births in 1924, out of a total of 4,673, leaving less than 1,095 or 23 per cent. to be attended by medical men and uncertified women.

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 :—

<i>For Mother.</i>						
During pregnancy ..	..	..	..	..		76
Haemorrhage ..	..	..	..	..	24	
Threatened abortion ..	..	..	..	..	26	
Accident ..	..	..	..	..	1	
Varicose veins ..	..	..	..	..	8	
Convulsions ..	..	..	..	..	4	
Deformity ..	..	..	..	..	1	
Purulent Discharge ..	..	..	..	..	4	
Other causes ..	..	..	..	..	8	
At Labour ..	..	..	..	..		474
Premature labour ..	..	..	..	..	15	
Uterine inertia and prolonged labour ..	..	..	..	..	223	
Abortions, miscarriages and still-births ..	..	..	..	..	35	
Abnormal presentation ..	..	..	..	..	18	
Placenta praevia ..	..	..	..	..	6	
Haemorrhage ..	..	..	..	..	24	
Convulsions ..	..	..	..	..	5	
Ruptured perinaeum ..	..	..	..	..	124	
Adherent placenta and retained membranes ..	..	..	..	..	24	
After Labour ..	..	..	..	..		31
Rise of temperature ..	..	..	..	..	29	
Other causes ..	..	..	..	..	2	
<i>For Child</i>						140
Feebleness ..	..	..	..	..	74	
Malformation ..	..	..	..	..	13	
Discharge from eyes ..	..	..	..	..	42	
Convulsions ..	..	..	..	..	8	
Other causes ..	..	..	..	..	2	
Death of child ..	..	..	..	..	1	

Analysis of the 51 still-births that were notified by midwives shows that—

28 were at full-time ; 23 premature.

The condition of the child pointed to—

Death during labour or shortly before in 34 ; death some time before labour in 15 ;
2 no statement.

The presentations were :—head 30, breech 18. In 3 cases the presentations were not mentioned.

The sex of the children was as follows :—males 23, females 28.

The significance of still-births and miscarriages is dealt with in my report for 1921.

Puerperal Fever.—Fourteen cases were notified, compared with 16 in 1923. Eight cases were attended by midwives, and 6 by medical practitioners alone. There were no fatal cases.

Other Accidents of Parturition.—There were 13 deaths of women registered under this heading during the year.

Present supply of Midwives.—In June, 1924, there were 227 midwives registered as practising in the County, compared with 235 at a corresponding period in 1923.

MIDWIVES GROUPED ACCORDING TO NUMBER OF CONFINEMENTS THEY ATTENDED IN 1924.

Midwives who have attended	no confinements	..	..	..	..	..	24
"	"	"	"	less than 10 confinements	..	..	89
"	"	"	"	between 10 and 20 confinements	..	..	63
"	"	"	"	" 20 and 30	"	..	28
"	"	"	"	" 30 and 40	"	..	9
"	"	"	"	" 40 and 50	"	..	7
"	"	"	"	" 50 and 60	"	..	5
"	"	"	"	" 60 and 70	"	..	1
"	"	"	"	" 70 and 100	"	..	4
"	"	"	"	" over 100	"	..	—

Four midwives were brought before the Local Supervising Authority during the year. Three of these were cautioned and one severely censured.

The number of midwives trained or taken over during the nine 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
1919	..	..	7		2
1920	..	..	13		2
1921	..	..	14		0
1922	..	..	13		0
1923	..	..	14		0
1924	..	..	4		0

Training and Provision of Midwives.—The County Council has acted entirely through the Shropshire Nursing Federation, the County Council bearing three-quarters of the expense of training. The County Council also makes a grant of £20 towards the initial expenses of new associations.

TUBERCULOSIS.

A fairly full statement was made in the report for the year 1920 upon the relative importance of the factors concerned in the production of tuberculosis and of the measures to be taken for prevention. This will not be re-stated, but reference can be made to the annual report for 1920, pages 21 and 22.

I am of opinion, as stated in my last year's report, that the reduction of phthisis is not dependent primarily upon any particular scheme. In order of importance, I would place—

- (1) The education of the public in health matters—principally in food, exercise, fresh air, sunlight and infection.
- (2) The provision of proper facilities, *e.g.*, houses, playing fields, open spaces, and physical training.
- (3) The various health schemes—Tuberculosis, Child Welfare, and School Medical Inspection. All these schemes take an important place in the education of the public.

In placing these schemes in the third place, their influence as educational factors has been ignored. If their general educational influence is taken into account, their importance is greatly enhanced.

Incidence.—During the year 287 cases of pulmonary tuberculosis and 121 cases of other forms of tuberculosis were notified. There were 144 deaths from pulmonary tuberculosis and 42 deaths from other forms of tuberculosis.

TABLE V.
NOTIFICATIONS CLASSIFIED FOR AGE AND SEX.

Age Periods	Notifications on Form A													Total Notifica- tions on Form A.
	Number of Primary Notifications.													
	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 up- wards.	Total Primary Notifi- cations.		
Pulmonary Males	..	5	10	10	9	25	40	26	18	7	1	151	162	
" Females	..	2	10	13	15	19	26	23	8	8	2	126	135	
Notified after death Males	..	..	..	..	1	..	..	4	1	1	..	7	7	
" Females	..	..	..	..	..	..	..	..	..	3	..	3	3	
Non-pulmonary Males	..	14	11	12	6	6	4	3	1	..	..	57	61	
" Females	2	6	14	15	8	9	5	..	1	..	1	61	63	
Notified after death Males	..	..	..	..	..	..	..	1	..	..	..	3	3	
" Females	..	..	..	..	..	..	..	..	..	..	..	..	..	

Age Periods.	Notifications on Form B.					Number of Notifications on Form C.	
	Number of Primary Notifications.				Total Notifica- tions on Form B.	Poor Law Institutions.	Sanatoria.
	Un- der 5	5 to 10	10 to 15	Total Primary Notifica- tions.			
Pulmonary Males	..	..	..	..	..	..	83
" Females	..	..	..	..	..	..	78
Non-pulmonary Males	..	..	..	..	..	..	24*
" Females	..	..	..	..	..	..	12*

*These numbers do not represent the cases of non-pulmonary tuberculosis admitted to sanatoria. The numbers are 28 males and 33 females.

TABLE VI.

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.	8th year after Notification.	9th year after Notification.	10th year after Notification.	11th year after Notification.	12th year after Notification.
1912	72.3	63.5	53.1	49.3	47.3	46.4	44.4	44.2	43.8	43.1	42.8	42.7	42.3
1913	82.5	64.4	59.6	56.7	55.9	52.3	50.7	49.6	48.7	48.3	47.8	46.5	
1914	72.8	58.2	53.5	51.1	48.0	45.5	44.6	43.6	43.2	42.2	42.2		
1915	76.2	61.9	57.0	52.8	49.0	46.7	46.4	45.2	45.1	44.9			
1916	78.5	65.8	59.9	56.5	55.3	53.6	51.9	50.1	48.2				
1917	76.6	64.3	56.8	54.3	52.9	50.8	48.6						
1918	76.7	67.1	63.0	60.1	59.3	57.7	55.9						
1919	78.9	72.2	65.5	61.3	57.9	55.5							
1920	71.2	60.7	53.8	50.3	47.7								
1921	78.2	63.4	55.6	50.8									
1922	66.9	47.1	40.7										
1923	75.4	61.2											
1924	74.9												

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

TABLE VII.
AFTER-HISTORY OF NOTIFIED CASES SINCE 1912.

Year	No. of cases notified in year	Number of cases that died in years													Known to be alive at end of years													Left County and wrongly diagnosed.	Unaccounted for.
		1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924		
1912	439	117	36	43	15	8	4	8	1	1	3	1	..	1	306	266	222	205	197	193	185	184	182	179	178	177	175	9	17
1913	290		50	51	12	8	2	9	4	3	2	1	1	3		236	183	167	159	156	145	140	137	134	133	131	127	14	3
1914	267			73	34	12	6	8	6	1	2	1	2	..			188	149	137	131	123	116	113	110	109	106	106	13	3
1915	381				89	49	17	14	12	7	1	2	..	..				286	225	206	189	174	165	164	158	157	156	29	5
1916	392					81	44	20	11	4	6	4	5	5					297	141	217	203	198	192	184	176	168	40	4
1917	403						90	44	29	5	5	6	7	1						298	243	209	200	195	185	176	174	41	1
1918	425							93	42	6	10	2	4	6							306	251	241	228	223	214	207	55	..
1919	341								67	21	19	11	10	5								252	229	204	187	176	166	42	..
1920	325									90	30	18	10	6									223	186	161	150	141	30	..
1921	318										66	44	22	12										238	191	165	149	25	..
1922	274											85	44	12											172	115	97	36	..
1923	273												62	34												195	152	25	..
1924	287													69													206	12	..

Comparison of deaths from pulmonary tuberculosis in three six-year periods :—

Years.	Cases notified.	Deaths.	Years.	Cases notified.	Deaths.	Years.	Cases notified.	Deaths.
1907	3	236	1913	320	146	1919	341	171
1908	33	230	1914	295	204	1920	325	143
1909	32	225	1915	379	214	1921	318	150
1910	19	206	1916	364	206	1922	274	182
1911	103	216	1917	406	199	1923	273	157
*1912	439	208	1918	425	222	1924	287	144
1907—1912	629	1321	1913—1918	2189	1191	1919—1924	1818	947

* Compulsory notification commenced in 1912.

A fall in the number of deaths in 12 years from 1,321 in one six-year period to 947 in another six-year period is very large. The figures are a complete answer to persons who say that there is evidence from mortality statistics that the tuberculosis scheme has failed. On the other hand it must not be assumed that the fall has been principally due to the scheme.

Analysis of the cases notified during the year shows that 10 were notified after death, 0 on day of death, 8 less than a week before death, 5 between one and two weeks before death, 14 within a month of death, and 20 within three months of death. Some of the cases of late notification are due to the fact that a medical practitioner was not called in until shortly before death.

Enforcement of notification is a duty of the Local Sanitary Authorities. The County Council has on several occasions circularised the profession pointing out the importance of early notification, and there is reason for thinking with good results.

Fifty-five of the cases notified were by the Tuberculosis Officers.

ANNUAL DEATHS FOR THE NINE YEARS 1916—1924 INCLUSIVE, CLASSIFIED IN AGE PERIODS, SEX, AND URBAN AND RURAL DISTRICTS.

URBAN DISTRICTS.

RURAL DISTRICTS.

Year	URBAN DISTRICTS.												RURAL DISTRICTS.											
	All ages.		0—		15—		25—		45—		65—		All ages.		0—		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.
1916	48	58	2	3	8	8	28	32	8	14	2	1	52	48	..	4	3	11	24	21	21	9	4	3
1917	55	52	4	7	7	10	24	24	18	10	2	1	44	48	1	..	6	13	19	27	14	8	4	0
1918	62	52	6	6	8	12	32	25	12	7	4	2	47	61	1	4	13	21	17	28	15	8	1	0
1919	52	42	1	5	10	14	15	18	19	3	7	2	42	35	2	3	14	9	19	17	6	6	1	0
Average	54	51	3	5	8	11	25	25	14	8	4	2	46	48	1	3	9	13	20	24	14	8	2	1
1920	47	28	5	3	3	7	21	8	14	6	4	4	32	36	..	3	6	10	15	16	8	6	3	1
1921	40	34	..	3	6	7	12	14	22	9	..	1	39	37	2	..	9	12	20	19	8	5	..	1
1922	51	46	2	..	6	11	26	27	12	8	5	..	39	46	2	4	8	10	13	16	14	14	2	2
1923	45	41	..	3	10	13	22	15	12	9	1	1	40	31	1	2	8	12	16	12	10	5	5	..
1924	50	40	..	1	10	14	22	18	15	5	3	2	19	35	..	..	2	12	7	11	9	9	1	3
Average	47	38	1	2	7	10	21	16	15	7	3	2	34	37	1	2	7	11	14	15	10	8	2	1

In comparing these two periods it is interesting to notice that in the Urban Districts the reduction was 25.5 per cent. amongst females and only 13 per cent. amongst males. In Rural Districts the reduction was 22.9 per cent. amongst females and 26 per cent. amongst males. It is difficult to say what the significance of these figures is. The influence of home conditions is greater amongst females, whereas the influence of occupational conditions is greater amongst males. The age period in which the greatest reduction has taken place, both in Urban and Rural Districts is that of 25—45.

TABLE VIII.
DEATHS FROM PHTHISIS.
1915—1924 PERIOD.

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	Average number Deaths per year.	Average annual Death- Rate.
RURAL DISTRICTS :												
Atcham	22	25	12	17	12	8	12	15	17	8	14.8	.72
Bridgnorth ..	4	5	6	3	4	5	3	7	8	3	4.8	.57
Burford	1	1	..	..	1	..	3	1	..	..	.7	.52
Chirbury	5	5	..	2	..	2	3	1	3	1	2.4	.80
Church Stretton ..	2	5	5	7	1	1	1	3	3	2	3.0	.65
Cleobury Mortimer	5	4	12	6	6	5	10	1	3	4	5.6	.81
Clun	4	7	6	8	3	3	3	3	2	2	4.1	.66
Drayton	4	4	1	4	7	3	4	5	1	1	3.4	.49
Ellesmere	6	4	1	2	1	4	5	3	2	3	3.1	.41
Ludlow	7	7	11	3	8	2	6	6	4	2	5.6	.63
Newport	1	2	11	5	9	1	1	7	2	3	4.2	.74
Oswestry	9	12	16	14	9	8	4	12	12	9	10.5	.68
Shifnal	8	4	1	7	5	7	7	4	2	3	4.8	.53
Teme	1	4	2	2	2	1	1	..	1	2	1.6	.96
Wellington ..	9	7	4	20	5	15	10	10	10	8	9.8	.86
Wem	8	4	3	7	3	3	3	6	1	3	4.1	.45
Whitchurch ..	2	..	1	1	1	..	..	1	..	..	.6	.28
URBAN DISTRICTS :												
Bishop's Castle ..	2	2	..	3	1	..	..	2	..	..	1.0	.77
Bridgnorth ..	3	6	6	7	3	4	2	6	5	4	4.6	.90
Church Stretton ..	1	1	1	..	6	1	..	3	1	..	1.4	.90
Dawley	5	5	8	4	5	4	3	..	8	9	5.1	.69
Ellesmere	2	2	1	4	2	..	1	1	1	..	1.4	.85
Ludlow	8	5	12	12	13	5	2	7	2	6	7.2	1.27
Market Drayton ..	5	2	3	2	4	4	3	4	4	6	3.7	.78
Newport	2	5	1	3	2	1	3	1	2	1	2.1	.70
Oakengates ..	11	2	2	7	5	8	6	7	7	6	6.1	.51
Oswestry	16	15	15	12	9	8	6	10	12	7	11.0	1.08
Shrewsbury ..	34	31	29	27	21	18	22	38	24	34	27.8	.89
Wellington ..	7	8	8	8	9	3	7	6	8	6	7.0	.89
Wem	..	1	2	1	1	2	2	1	1	1	1.2	.58
Wenlock	12	15	13	17	10	12	12	9	9	10	11.9	.89
Whitchurch ..	8	6	6	7	3	5	5	2	2	..	4.4	.76

The districts with high death rates are the Urban Districts of Ludlow and Oswestry and the Rural Districts of Teme, Wellington, Cleobury Mortimer, Chirbury, Newport and Atcham. The Rural Districts of the North and North-east of the County have had consistently low rates (Whitchurch, Wem, Drayton and Ellesmere).

POSITION OF SCHEME.—This is in all essentials the same as in the year 1921.

WORK UNDER THE SCHEME.—A full description of the work of the Tuberculosis Officers and Health Visitors appeared in the report for 1918. In addition to the work there set out, each of the Tuberculosis Officers attends occasionally at the Pensions Board, and one of the Tuberculosis Officers (Dr. Elliott) has superintendent duties in connection with the Shirlett Sanatorium and the Prees Heath Hospital for advanced cases of consumption.

An examination centre has been opened at Bridgnorth, and has proved of great use.

ATTENDANCE AT DISPENSARIES.

No.of Cases.	DISPENSARIES.	Notified Cases.			Non-Notified Cases.				Total.
		Insured.	Non- Insured.	School Children	School.		Other		
					Contact.	Suspect.	Contact.	Suspect.	
457	SHREWSBURY. Number of patients who attended in 1924 for the first time Attendances during 1924 ..	23 664	6 237	3 247	32 72	65 289	28 63	78 239	235 1811
148	OSWESTRY. Number of patients who attended in 1924 for the first time Attendances during 1924 ..	2 223	8 157	3 139	7 28	19 68	11 29	45 85	95 729
758	WELLINGTON. Number of patients who attended in 1924 for the first time Attendances during 1924 ..	22 605	4 398	10 1365	53 221	111 404	73 159	143 345	416 3497
	<i>Examination Centres (open once a month).</i>								
50	WHITCHURCH. Number of patients who attended in 1924 for the first time Attendances during 1924 ..	.. 36	4 13	1 42	5 15	5 8	1 6	6 11	22 131
66	LUDLOW. Number of patients who attended in 1924 for the first time Attendances during 1924 ..	7 76	1 7	2 20	17 22	12 24	4 7	4 9	47 165
68	BRIDGNORTH. Number of patients who attended in 1924 for the first time Attendances during 1924 ..	7 44	5 13	1 3	2 2	18 28	10 15	10 11	63 116

VISITS BY THE TUBERCULOSIS MEDICAL OFFICERS FOR 1924.

TO INSURED PATIENTS.					TO NON-INSURED PATIENTS.					TO SCHOOL CHILDREN.				
On notification.	Con-tacts.	Sus-pects.	On discharge from Sanatorium.	On other occasions.	On notification.	Con-tacts.	Sus-pects.	On discharge from Sanatorium.	On other occasions.	On notification.	Con-tacts.	Sus-pects.	On discharge from Sanatorium.	On other occasions.
68	22	32	54	396	45	101	49	25	286	30	95	111	10	64
		572					506					310		
							1388							

Visits by Health Visitors to Phthisis Houses in 1924.

To Insured Patients.	To Non-Insured Patients.	To School Children.	Total.
1534	1184	732	3450

King Edward VII. Sanatorium (Shirlett).—The number of patients admitted to the Sanatorium in 1924 was 151, and consisted of:—

Insured patients—Males	..	..	..	63
„ „ —Females	..	..	..	25
Non-insured patients—Males	..	..	..	17
„ „ —Females	..	..	..	46

The percentage of cases discharged as “arrested,” and without tubercle bacilli in the sputum was 41, compared with 37 in 1923, 36 in 1922, 28 in 1921, 40 in 1920, 49 in 1919, 56 in 1918.

The other sanatorium tables have not been repeated this year, but can be found by reference to the Sanatorium Report.

The following is an analysis of the cases admitted to Shirlett Sanatorium from its opening in 1911 until the end of 1924 :—

Shirlett Sanatorium, 1911—1924.

Year	Patients Treated.	Known to be Alive.	Known to be Dead.	Left County.	Unaccounted for.	Cases notified.	Percentage treated at Shirlett.
1911	38	10	20	7	1	..	..
1912	74	38	27	6	3	439	16.8
1913	80	32	39	8	1	290	27.5
1914	114	43	60	10	1	267	42.6
1915	133	55	56	22	..	381	34.9
1916	158	65	68	25	..	392	40.3
1917	164	84	66	14	..	403	40.6
1918	124	61	35	28	..	425	29.1
1919	123	66	36	21	..	341	36.0
1920	120	77	34	9	..	325	36.9
1921	121	70	44	7	..	318	38.0
1922	107	61	38	8	..	274	39.0
1923	109	83	19	7	..	273	39.9
1924	151	132	13	6	..	287	52.6
Total	1616	938	511	161	6	4415	35.4

It will be noted that in 1924 there was a sharp increase in the percentage of cases treated at the Sanatorium.

Shropshire Orthopaedic Hospital.—Ninety-six cases were sent to this Hospital by the County Council in 1924. The average length of stay of these cases was 154 days, and the average number of beds occupied 40. The cases were :—

Tuberculosis of the hip 31, spine 33, knee 12, other joints and bones 20.

Further details are given in the table on page 15.

The number of cases under supervision at the various after-care centres was 971 in December, 1924.

Shelters.—There are at present over 110 shelters in the County. The County Council have provided 96 ; Shrewsbury Borough 4 ; Whitchurch Urban District Council 2 ; Drayton Rural and Urban District Councils 2 ; Chirbury Rural District Council 1 ; the Ludlow Care Committee 5 ; in addition, several have been provided by private individuals.

In the treatment and prevention of tuberculosis, shelters should be used—(1) to provide for the sleeping out of children in crowded phthisical homes ; (2) for the accommodation of early cases to aid in their recovery ; (3) for the accommodation of advanced cases to prevent infection.

The principle of providing shelters for the healthy children in a crowded phthisical home has been approved. This is probably the most important use of shelters and considerably more will be required in the near future.

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.

It is not the duty of members of the Care Committee to systematically visit the cases or to attempt to give professional advice. Generally speaking, apart from occasional visits, they should rely on the reports of the Health Visitors.

Reference should be made to the report for 1920 for details of the reorganised scheme.

Disinfection of Houses.—The position is as stated in the report for 1921.

Examination of Sputum.—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.

Arrangements have now been made so that with the consent of the practitioners, the health visitor takes specimens when required. In this way specimens should be obtained in all cases where there is any sputum to examine.

Notified Cases.	Cases examined.		Cases in which there was no sputum.	Not Examined.	In Institutions (Bicton, &c.)
	Positive.	Negative.			
287	127	54	64	27*	15

* Of the 27 cases not examined, there was objection by the Private Practitioners or patients concerned in 14 cases ; in 10 cases the Notifications were received after death ; and the remaining 3 patients have died or left the County.

SUGGESTIONS FOR IMPROVING THE SCHEME.—The suggestions here made are principally for the protection of households, particularly of the children against infection from advanced and dangerously infectious cases.

- (1) Removal of children from a house where there is a dangerously infectious case, by means of boarding out. This has been left entirely to Care Committees, and so far it has not been found possible to do much. This great work should be aided by Public Health Authorities.
- (2) The provision of shelters for the use of apparently healthy children in infected households. A commencement has been made.
- (3) The provision of an open-air school or convalescent home at which ill-nourished and suspected tuberculous children might receive open-air treatment. Such an institution would deal with all feeble children requiring institutional treatment except those suffering from tuberculosis in an infectious condition. This is to some extent being met so far as school children are concerned by the arrangements made with the Lady Forester Trust.
- (4) An increase in the number of sanatorium beds for dangerously infectious cases. This matter is under consideration at the present time.
- (5) Better facilities for phthisical families to obtain good houses in which the patient will have a better chance of recovery and with much less risk of infection to others. Sanitary Authorities can solve this problem to a considerable extent by granting in suitable cases one of the Council houses, if necessary, at a reduced rent, or by making a grant towards the rent so that the patient can get a more suitable house. It must be remembered that Local Sanitary Authorities have very important powers and duties with regard to the prevention of tuberculosis.
- (6) The provision of beds, wherever separate beds for phthisical persons cannot be afforded. The Tuberculosis Officers give very special attention to this matter and it is usually attended to by the local care committees. The figures, however, show that the problem is not always satisfactorily solved. It may be necessary for the County Council to give help in those cases where the Care Committee find it impossible to effect the necessary improvement without help.

A strong effort should be made to get every phthisical person to sleep in a separate bed.

It is on these lines rather than on expensive action for the benefit of the individual, such as increased and more expensive sanatorium treatment, farm colonies, training colonies, etc., that a real reduction of phthisis is likely to be brought about, always bearing in mind that the most hopeful work of all is that which tends to bring about a higher state of physical fitness of the population generally (see page 22).

Analysis of home conditions shows that of the patients visited for the first time in 1924:—

120 had separate bedrooms.
48 shared bedrooms but had a separate bed.
72 shared beds.

When one considers the smallness, bad ventilation and bad construction of many of these bedrooms, it is obvious that the chances of the spread of the disease are great.

VENEREAL DISEASE.

No additions have been made to the scheme described in my report for 1917, except the provision of a male orderly in connection with the Shrewsbury Clinic. It 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 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.

No subsidiary clinics have been started and now that the great post-war increase of Venereal Disease has passed away there is not the same necessity.

The School Medical Service and the Child Welfare Centres are utilised for finding out cases of hereditary syphilis and following them up, but comparatively few cases have been discovered in this way.

The training of Midwives in the knowledge of venereal disease, the significance of miscarriage, and what steps to take is a very important matter. To qualify them better for this work two lectures were recently given to the district nurse midwives in the county, one on "The Meaning of Vaginal Discharge in Pregnancy" and the other on "The Syphilitic Mother and Child."

A definite effort is at present being made to get the mothers of infants with Ophthalmia Neonatorum to the clinic for treatment.

Fourteen mothers were brought from the Hospital during the year to the Clinic for the purpose of examination and treatment if necessary.

CASES OF VENEREAL DISEASE TREATED DURING 1924.

Shrewsbury Clinic.			Wolverhampton and Staffordshire General Hospital. Shropshire Patients.			Kidderminster Infirmary. Shropshire Patients.		
Cases. Attendances.			*Cases. Attendances.			*Cases. Attendances.		
Syphilis	171	788	Syphilis	4	..	Syphilis	1	..
Gonorrhoea	165	2937	Gonorrhoea	4	..	Gonorrhoea	0	..
Other			Other			Other		
conditions	42	86	conditions	7	..	conditions	2	..
Total	378	3811		15	1287		3	3

* At these Clinics the number of cases refers only to those attending for the first time in 1924.

The very marked decrease of venereal disease that had taken place in recent years shows signs of slackening.

The weakest point in the scheme is the small number of women treated and the impossibility up to the present of treating gonorrhoea in women satisfactorily.

Arrangements have now been made with Cleveland House for the treatment of young women whether pregnant or not who are suffering from gonorrhoea and requiring in-patient treatment.

Pathological material sent to Birmingham University for examination during 1924 :—

Nature of Test.	Number of Tests.
For detection of gonococci	30
For detection of spirochetes	—
For Wassermann reaction	327
Gonococcus Complement Fixation Test	1

Cleveland House, Wolverhampton.—This Hostel is now for girls and women suffering from venereal disease, whether pregnant or not, who cannot receive proper treatment in their own homes. It has proved most useful, and the work, particularly in the treatment of pregnant women to save the infants from disease, is of fundamental importance. During the year 7 cases were admitted from this County, 5 of pregnant women and 2 of girls without suitable homes. One patient was suffering from syphilis and 6 from gonorrhoea.

CAUSES OF DEATH.

Analysis from the point of view of prevention.—The causes of death so far mentioned in this report are those against which some direct action has been taken. They are the notifiable and other infectious diseases. They account for 12.5% only of all deaths. Excluding influenza, against which it has not been possible to take any effective action, they account for 6%; and if tuberculosis, which by general consent is a disease which is much more amenable to general hygienic measures, than to individual or direct measures, be also excluded, there only remains 1.7% of the deaths due to diseases dealt with by direct means.

This statement should be qualified to this extent (1) that the prevention of certain infectious diseases will prevent deaths from other causes, *e.g.*, deaths from bronchitis or other lung trouble may be primarily due to measles; heart disease, kidney disease or septic meningitis to scarlet fever; (2) infant welfare work is partly direct action against specific diseases, although far the most valuable part of it is educational and general. It is very clear that direct action against disease can have had very little effect on the death rate and yet there has been an enormous reduction during the last 50 years. Apart from tuberculosis and in epidemic years, influenza, the diseases that are responsible for the great mass of deaths are :—

	Deaths in 1924.
(1) Heart Disease	458
(2) Diseases of Arteries—	
Cerebral Hemorrhage	224
Arterio-Sclerosis	129 — 353
(3) Bronchitis	206
(4) Pneumonia	202
(5) Cancer	305
Total	1524

Excluding deaths from violence and from unknown causes, the diseases above mentioned accounted for 64% of the total deaths and if the deaths from tuberculosis and influenza are also excluded they accounted for over 78%.

It is becoming generally accepted that all disease is preventable, although our knowledge concerning the way to prevent many diseases is very incomplete.

With regard to the first four groups of diseases mentioned above, our knowledge is sufficient to show that they can be controlled, lessened and perhaps eventually almost abolished by attention to the fundamental laws of health. With increased knowledge it is not unlikely that the position may eventually be the same with respect to the fifth group—cancer.

The great factors affecting health are Food, Exercise, Fresh Air, Sunlight and Infection. Infection is to a large extent governed by the first four factors.

It is quite easy to show how heart disease, disease of arteries, bronchitis and pneumonia are mostly due to defects in the four great factors producing lowering of function followed by infection. It is true that in some acute diseases the exposure to infection appears to be the determining factor, but in the majority of infections the condition of the individual is the more important. The infection in bronchitis is quite a secondary matter; the infective virus in pneumonia is extremely prevalent and exposure to it usually comparatively unimportant, the determining factor being the condition of the individual. In the large majority of deaths returned as due to heart disease in later life the sequence is probably lowered function of the heart and lungs due to insufficient exercise, fixation of chest, chronic bronchitis, general infection and heart failure. A large proportion of the cases of heart disease in early and a proportion of those in later life are due to rheumatic infection. Exposure to rheumatic infection is, however, not probably the determining factor but the general health conditions enumerated above.

The remarkable diminution of rheumatic fever during the last thirty years along with a great improvement in sanitation points also in this direction.

Chronic infections, which are so important in and after middle age, are secondary to lowered function due to non-observance of the health factors.

The object of these remarks is to direct work into the most effective channels and to show the extraordinary value of certain work in the improvement of health and saving of life, and the infinitely smaller importance of other work, which on the face of it may appear more effective. Attention to the abnormal, although important and humane, can never have any great and permanent effect upon the public health.

What measures are necessary for improving these five great health factors?

The first and most important is education in health. Education affects all the factors. Without it, little can be done. With effective education, everything necessary for health must follow.

Of the measures here mentioned, some are possible at present, but others only when the supreme importance of health is recognised. In some, only the end to be kept in view is mentioned, the means for effecting it are not at present clear.

Food.—A great increase of supply of fresh perishable food to our towns—dairy produce, green vegetables and fruit; a decrease in the consumption of “refined” or “fractioned” food; increased facilities for cultivating allotments; increased facilities for obtaining milk in country districts under certain specified conditions, at less than the town prices; facilities for and aids to the keeping of goats; good drinking water readily available; provision of a proper food store in every house.

Exercise, Fresh Air, Sunlight.—An extension of physical training in our schools; the provision of town playing fields, sports fields and swimming facilities; the provision of local playgrounds in proximity to houses, and adequate school playgrounds and fields; the encouragement of physical exercise and training amongst the adult population in every way possible; the provision of adequate gardens for new houses for—

- (1) Exercise—gardening for adults—playground for young children.
- (2) A lying-out place where the baby can sleep out all day.
- (3) A place for a shelter for children or adults to sleep in at night or for a tuberculous patient.
- (4) Space to *live* out in the air and sun in suitable weather.

The proper spacing of new houses (not more than 12 to an acre).

The arrangement of new houses with regard to one another so as to get a free circulation of air and access of sunlight.

The planning of individual houses so as to get a maximum of sunlight into the rooms principally lived in, and each room well ventilated.

The prevention of the pollution of atmosphere by smoke.

Infection.—Infection is controlled to an enormous extent by the foregoing four factors. The acute infections depend largely upon proximity of individuals (that is overcrowding), bad ventilation, lack of sunlight and lack of ordinary precautions mostly due to ignorance; the chronic infections depend greatly upon food—the amount and the way it is eaten—exercise, regular habits and the action of fresh air upon the mucous membranes. For the prevention of infection through food a campaign against the house fly is very important.

The suggestions with regard to gardens and the spacing of houses may at first sight appear to be expensive. For houses already built they would mean the demolition of probably nearly 90% of the working class houses in our towns; for new houses the cost of these provisions is trifling. With land at £200 an acre the building of twelve houses to the acre, instead of 40 to the acre, means an addition of less than fourpence a week to the rent. With 12 houses to the acre satisfactory conditions with regard to circulation of air, sunlight, garden space, playgrounds, etc., can be obtained.

To be sure of these conditions every town in which there is likely to be building, should town plan their district and should fix a maximum of 12 houses to the acre. Where a town planning scheme is not adopted the authority should not recommend a house for a subsidy unless it has a sufficiency of ground and its aspect, etc., are satisfactory.

In this brief attempt to direct attention to the most essential matters for health, no mention has been made of important town services such as scavenging, and sewerage and means to prevent dampness in and around houses, as the importance of these is fairly well recognised.

CANCER.
DEATH-RATES FROM CANCER.

Year.	County of Salop.	England and Wales.	Year.	County of Salop.	England and Wales.
1894-1905	.978	.816	1914	1.22	1.069
1906	1.019	.917	1915	1.23	1.121 Civilians only
1907	1.013	.909	1916	1.35	1.166 do.
1908	1.082	.909	1917	1.35	1.210 do.
1909	1.159	.952	1918	1.55	1.218 do.
1910	1.195	.967	1919	1.39	1.145
1911	1.07	.993	1920	1.27	1.161
1912	1.08	1.019	1921	1.28	1.215
1913	1.18	1.064	1922	1.42	1.229
			1923	1.50	1.267
			1924	1.24	1.3

Registration County, 1894—1911. Urban and Rural Districts, 1912—1924.

Very important discoveries have recently been made with regard to cancer which may enable public health authorities to take effective action. In the meantime the action of these authorities can best be directed to teaching the public (1) the importance of avoiding chronic irritation, particularly of certain types, (2) the early signs of cancer, (3) the necessity for early treatment. In addition, facilities for diagnosis should be provided.

GOITRE.

Goitre, that is the enlargement of the thyroid gland, arises whenever the demand for thyroid secretion is in excess of the supply.

The manufacturing capacity of the gland is interfered with very materially if there is not sufficient iodine in the food, and therefore the disease becomes in one sense a food deficiency disease. The other factors determining the causation of goitre are :—

- (1) Those interfering with the absorption or utilisation of the iodine taken into the body—
 - (a) contamination of water and food with bacillus coli.
 - (b) excess of fat in food.
 - (c) excess of calcium—hard waters.
- (2) Those causing an increased demand for thyroid secretion—
 - (a) Pregnancy and lactation.
 - (b) adolescence.
 - (c) sex—the demand in females is greater than that in males.

These subsidiary factors give a rational explanation of the fact that only a certain proportion of the population suffer in a goitrous district. I am of opinion that in a mildly goitrous area like Shropshire it is advisable that the ordinary salt should contain a small amount of added iodine, *e.g.*, 1 part of potassium iodide in 50,000 to 100,000 parts of common salt. This amount of iodine could not possibly do the slightest harm, as the amount taken in a year would only be about one or two grains and is well within the limits of natural supplies in a non-goitrous area. Although this amount appears to be extraordinarily small it is recommended by the Swiss Royal Commission as effective.

It is, I think, most desirable that the Government should undertake an investigation into the smallest amounts of iodine that will prevent goitre, and should then consider the advisability of approving salts with added iodine for sale in goitrous areas. The dosing of school children for the prevention of goitre with much larger quantities of iodine is, in my opinion, objectionable, whether done under medical supervision or not. Such a method only affects one section of the population. It would lead to self-drugging of other sections of the population, and it would not supply universally that food deficiency in iodine which is the root cause. The prevention of contamination of water and food with bacillus coli are part of our general public health measures.

BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

Examinations are made by the Birmingham University under an agreement with the County Council.

Quarters of 1924.	For Typhoid Fever. Widal's Reaction.			For Diphtheria.			For Phthisis.	
	Positive	Negative	Doubtful.	Positive	Negative	Doubtful.	Positive	Negative
First	1	11	0	41	77	0	11	55
Second	12	32	0	90	124	0	17	88
Third	14	88	0	141	274	0	13	68
Fourth	5	11	0	45	195	0	9	74
Whole year	32	142	0	317	670	0	50	285
	174			987			335	

Seventeen other disease products were examined and reported on.

Three hundred and fifty-eight specimens of sputum were examined at the Tuberculosis Dispensary with the following results:—85 positive and 273 negative; also 2 specimens of Urine, both of which proved negative. One specimen of pus from the glands was examined also, and was found to be negative.

THE PREVENTION OF DENTAL CARIES.

This is an important part of the work of health visitors, school medical officers and dentists.

EDUCATION IN HEALTH.

This is likely to become a very important duty of local authorities in the near future.

ISOLATION HOSPITALS.

The Atcham and Shrewsbury Hospital which accommodates 26 patients has proved a great convenience to outside sanitary districts. The question of the erection of a hospital for the East Shropshire area is under consideration.

WATER SUPPLIES.

A scheme has been got out for the supply of the village of Prees in the Wem Rural District. A supply to the village of Bucknell is now under consideration by the Ministry of Health and the County Council. A supply to the villages of Worthen and Brockton is most desirable.

HOUSING.

In last year's report a full analysis was made of the Registrar-General's figures on housing, and references should be made to this report for details (page 42). The urban districts with the largest amount of overcrowding were Oakengates (17), Dawley (14.9), Shrewsbury (8.7), Wenlock (8.5), Newport (7.7), and Wellington (7.5); the rural districts were Clun (11.0), Wellington (10.9), Cleobury Mortimer (10.1), Newport (9.0), and Chirbury (8.5).

TABLE IX.

SHOWING HOUSING PROPOSALS AND HOUSES ACTUALLY BUILT UNDER THE MINISTRY OF HEALTH SCHEME AND BY PRIVATE ENTERPRISE.

Sanitary Districts.	Ministry of Health Scheme.			Private Enterprise since June, 1921.
	Number of Houses in original Scheme.	Number of Houses actually completed up to date.	Number of Houses completed since June, 1921.	
RURAL.				
Atcham	551	90	64	113
Bridgnorth	Nil.	Nil.	Nil.	Nil.
Burford	Nil.	Nil.	Nil.	8
Chirbury	Nil.	Nil.	Nil.	1
Church Stretton	38	10	10	8
Cleobury Mortimer	Nil.	Nil.	Nil.	8
Clun	80	Nil.	Nil.	4
Drayton	92	92	89	21
Ellesmere	Nil.	Nil.	Nil.	1
Ludlow	16	16	..	9
Newport	10	10	10	15
Oswestry	250	134	122	71
Shifnal	Nil.	Nil.	Nil.	26
Teme	Nil.	Nil.	Nil.	3
Wellington	150	50	50	30
Wem	64	Nil.	Nil.	15
Whitchurch	36	36	32	6
URBAN.				
Bishop's Castle	12	12	12	4
Bridgnorth	Nil.	8	8	1
Church Stretton	20	20	20	45
Dawley	Nil.	Nil.	Nil.	4
Ellesmere	20	20	20	Nil.
Ludlow	22	22	Nil.	3
Market Drayton	60	76	76	4
Newport	28	28	28	6
Oakengates.. ..	217	217	217	N. K.
Oswestry	50	50	50	24
Shrewsbury	359	316	242	138
Wellington	51	114	92	32
Wem	52	28	28	5
Wenlock	Nil.	Nil.	Nil.	3
Whitchurch	41	47	47	42
Total ..	2219	1396	1217	650

The importance of the spacing, aspect and construction of houses in the preservation of health has been very strongly emphasised on page 33 of this report. It is a matter of great national importance not only that the present overcrowding should be relieved and houses built to replace the present insanitary ones as rapidly as possible, but also that no further houses should be built that are not satisfactory as regards spacing, aspect and construction. This matter goes to the very root of the physical and mental or spiritual well-being of the people. The provision where not met by private enterprise is primarily the duty of health authorities, but there is also great scope for persons who are charitably disposed and wishful to help to raise the health and well-being of the poor. There is probably no class of charitable work that could in its results compare with this. There can be no doubt that houses are still needed in all parts of the county, partly to provide for families at present living with other families, and partly to replace houses which are really unfit for habitation.

MEAT INSPECTION.

Public Health (Meat) Regulations, 1924; Slaughterhouses Regulations.—These regulations impose very important duties upon the Meat Inspectors. It has yet to be seen how far they will be carried out in the county.

In order to better fit the Sanitary Inspectors for work under these regulations, a course of lectures and demonstrations has been given in the spring of the last three years. In the last course ten lectures were given and the average attendance was 11.3. Inspectors from the following districts attended:—*Rural Districts*—Atcham, Bridgnorth, Shifnal, Oswestry, Wellington, Ludlow, Wem, Ellesmere; *Urban Districts*—Church Stretton, Wenlock, Bishop's Castle, Shrewsbury, Dawley, Newport, Wem, Oakengates and Market Drayton.

A number of sanitary authorities did not give permission for the inspectors to attend or did not pay their expenses. Meat inspection is an important duty of sanitary inspectors; it is also very difficult work for fully trained and experienced persons. With one or two exceptions, none of the Inspectors of the County can be looked upon as fully competent to carry out these duties. It is consequently difficult to understand how it is that all the sanitary authorities do not seize upon this opportunity, being practically the only opportunity of improving the training of their inspectors in this duty. The Ministry of Health has given a very clear indication in the matter.

FOOD AND DRUGS.

Return of samples taken by members of the Shropshire Constabulary for analysis under the Food and Drugs Acts during 1924 :—

Nature or Sample.	Number taken.	Genuine.	Adulterated.	Remarks.
Milk	122	115	7	3 Cautioned. 1 Dismissed. 1 Fined £5. 1 Fined 4/-. 1 Fined £5.
Fresh Cream ..	6	6	..	
Preserved Cream ..	6	6	..	
Jam	20	20	..	
Sausage	6	6	..	
Butter	49	49	..	
Potted Meat ..	5	5	..	
Sponge Cake ..	5	5	..	
Shrimp Paste ..	1	1	..	
Prawns	1	1	..	
Beer	3	3	..	

Of 122 samples of milk analysed :—

45	contained fat above	4 per cent.
39	„ „ between	3.5 per cent. and 4 per cent.
32	„ „ „	3.0 „ 3.5 „
5	„ „ „	2.5 „ 3.0 „
1	„ „ below	2.5 „
36	„ non-fatty solids	above 9 per cent.
72	„ „ „	between 8.5 per cent. and 9 per cent.
14	„ „ „	below 8.5 per cent.

Report of administration in connection with the Public Health (Milk and Cream) Regulations, 1912, for the year ended December, 1924 :—

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	122	<i>Nil.</i>
Cream	8	<i>Nil.</i>

2. Cream sold as Preserved Cream—Four.

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

(i)	Correct statements made	.. ..	4
(ii)	Statements incorrect	.. ..	—

(b) Determinations made of Milk Fat in Cream sold as Preserved Cream :

(i)	Above 35 per cent.	.. ..	4
(ii)	Below 35 per cent.	.. ..	—

BLIND PERSONS ACT, 1920.

The scheme under this Act is now in complete working order. No statement has hitherto been made in my annual report, and this opportunity is taken of describing the scheme.

The County Council is the responsible body for carrying out the Act, and works, except with respect to institutional education, entirely through the Public Health Committee. The Local Education Authority is responsible for all institutional education and training.

The Public Health Committee provides for the supervision and help of home workers and the teaching of pastime occupations by an arrangement with the Birmingham Royal Institution for the Blind. The Public Health Committee has also called into being a voluntary association called the Shropshire Association for the Blind, and has delegated to them important duties. The Association consists of representatives of the County Public Health and Housing Committee (5), the County Education Committee (2), the Shrewsbury Education Committee (1), and persons elected at the annual meeting of the Association (17).

The duties assigned to them are—(a) helping in making the Register of Blind persons complete and in keeping it up to date ; (b) co-operating with the County Council and the Local Education Authorities in seeing that blind children, young persons and adults are being suitably educated and trained and their after-care attended to ; (c) promoting the employment of blind workers and securing the old age pension for those over 50 years of age ; (d) visiting the aged and infirm in their homes and seeing that such relief as may be available from public or private sources are obtained for those needing help.

The Association forwards to the Public Health Committee copies of the Minutes of their meetings and of annual and periodic reports. The income of the Association is made up of an annual grant from the County Council—£200 (recently raised to £600), a grant from the Ministry of Health (last year £60), and voluntary subscriptions.

I have formed the opinion that the work carried on by the Association is of great value. By means of visitors all over the County specially interested in this work they keep in touch with the blind persons and bring to our notice conditions that need action by the Public Health Committee or the Local Education Authority. They are able in many instances to render valuable services which make the life of the blind person happier. They keep us informed of new cases of blindness, or supposed cases requiring investigation, thus enabling us to make the register as complete as possible. They arrange for the examination of suspected blind persons, and lastly they augment the income of the aged and unemployable blind persons either by direct grants or by inducing the Guardians to give a grant, or by obtaining for them the old age pensions.

The following tables were sent to the Ministry of Health on March 31st, 1925 :—

TABLE I.—CLASSIFICATION IN AGE PERIODS.

Age Period.	Male.	Female.	Age Period.	Male.	Female.
0—5	5	..	40—50	19	8
5—16	7	6	50—60	18	13
16—21	5	2	60—70	26	16
21—30	10	11	70—	36	52
30—40	16	6	Total ..	142	114

TABLE II.—AGES AT WHICH BLINDNESS OCCURRED.

Age Period.	Male.	Female.	Age Period.	Male.	Female.
0—1	23	17	40—50	12	6
1—5	4	4	50—60	17	12
5—10	5	6	60—70	23	24
10—20	7	9	70—	8	21
20—30	18	4	Unknown	9	5
30—40	16	6			

The cause of blindness in these cases has not been investigated, but speaking generally blindness under one year of age is either due to ophthalmia neonatorum or to congenital defects. Blindness commencing over 50 years of age is to a large extent due to degenerative causes such as cataract, whereas in the intermediate ages a considerable proportion of the blindness has probably been due to accident. The excess of blindness in males over females between the ages of 20 and 50 (males 46, females 16), is strong evidence of this.

The following statement is from the report of the Shropshire Association for the Blind for the year ended March 31st, 1925 :—

No. on Register, 31/3/24	..	..	..	..	..	252
Added during the year	..	..	..	..	..	27
Being trained	..	..	..	..	..	12
Home workers..	..	..	..	..	..	10
Old Age Pension secured for	..	..	..	..	..	7
Number of pensions awarded	..	..	..	..	..	34
Grants obtained from other Societies	..	..	..	..	..	2
Railway fares paid for patients	..	..	..	..	..	37
Left County	..	..	..	..	..	7
Deaths ..	..	..	..	..	..	25

