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**Contributors**

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

GENTLEMEN,

I have the honour to present my Annual Report for 1925.

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 a national scheme of health education will be developed under the powers of the Public Health Act, 1925.

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 really 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.

The progress made during the last 5 years is stated in the appropriate sections.

I am, Gentlemen,

Your obedient Servant,

JAMES WHEATLEY.

PUBLIC HEALTH DEPARTMENT,  
COUNTY BUILDINGS, SHREWSBURY,  
*August, 1926.*

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## 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 1925 is 246,000. This is used for calculating all death-rates. An estimated population of 246,800 is used for birth-rates only.

## POPULATION OF THE URBAN AND RURAL DISTRICTS.

URBAN DISTRICTS.	Population at Census middle of 1925 population, as estimated by 1921. Registrar-General.		RURAL DISTRICTS.	Population at Census middle of 1925 population, as estimated by 1921. Registrar-General.	
	Bishop's Castle M.B. .. ..	1268		1259	Atcham .. ..
Bridgnorth M.B. .. ..	5143	4968	Bridgnorth .. ..	8569	8529
Church Stretton .. ..	1671	1605	Burford .. ..	1268	1263
Dawley .. ..	7386	7545	Chirbury .. ..	3193	3336
Ellesmere .. ..	1831	1856	Church Stretton .. ..	4516	4478
Ludlow M.B. .. ..	5677	5400	Cleobury Mortimer .. ..	7297	7696
Market Drayton .. ..	4710	4694	Clun .. ..	6243	6310
Newport .. ..	3056	3125	Drayton .. ..	7156	7379
Oakengates .. ..	11349	11910	Ellesmere .. ..	8008	8078
Oswestry M.B. .. ..	9790	9968	Ludlow .. ..	8980	8965
Shrewsbury M.B. .. ..	31013	31730†	Newport .. ..	5747	5789
Wellington .. ..	8148	8172	Oswestry .. ..	16313	16580
Wem .. ..	2176	2232	Shifnal .. ..	7666*	7586
Wenlock M.B. .. ..	13712	13760	Teme .. ..	1649	1668
Whitchurch .. ..	5656	5576	Wellington .. ..	11207	11300
			Wem .. ..	8572	8614
			Whitchurch .. ..	2011	2099

† For birth-rate 32,530.

\* 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 1925 was 1895, compared with 1,930 in 1924, 1,833 in 1923, 1,879 in 1922, 2,050 in 1921, and 2,440 in 1920.

*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
1925 .. ..	4469	2924	1545





CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1925—RURAL DISTRICTS.

These numbers missing on the original

27

Causes of Death.	Atcham R.D. 08		Bridgnorth R.D. 09		Burford R.D. 18		Churbary R.D. 19		Church Stretton R.D. 28		Cleobury Mortimer R.D. 29		Clun R.D. 38		Drayton R.D. 39		Ellensmere 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	141	113	57	50	11	5	23	27	34	27	40	32	37	32	32	50	55	41	60	45	36	27	94	79	43	37	14	11	73	51	47	42	12	14	809	68	
1 Enteric Fever																																					
2 Small-pox																																					
3 Measles																																					
4 Scarlet Fever																																					
5 Whooping Cough																																					
6 Diphtheria																																					
7 Influenza																																					
8 Encephalitis lethargica																																					
9 Meningococcal meningitis																																					
10 Tuberculosis of Respiratory system																																					
11 Other tuberculous diseases	3	5		2	1	1		1		2	1	1	1	3	1	2	2		1	2	2	1	5	4	3	3	1	1	7	2	1	2			30	37	
12 Cancer, malignant disease	15	14	10	5			2	2	1	4	4	9	4	2								1	1	1												9	7
13 Rheumatic Fever																																					
14 Diabetes																																					
15 Cerebral Haemorrhage, &c.	15	18	3	2			4	2	3	2	2	2	2	1	1	1	1																				
16 Heart Disease	14	17	9	6	1		4	6	2	2	2	2	4	6	8	8	2	5	1	2	2	3	10	4	3	1	2	3	5	4	10	7	1		4	52	67
17 Arterio-sclerosis	8	3		1			2	1	2		1	2	2	4	2	2	4	3	4	17	18	8	13		1	10	4	10	4	10	7	1			111	111	
18 Bronchitis	8	5		2			1	2																													
19 Pneumonia (all forms)	10	3	3	1	1		2	4	2		1	1		1	1	3	3	2	4	3	5	3	2	2	4	1		5	7	7	7			49	42		
20 Other respiratory diseases	5		1	2																																	
21 Ulcer of stomach or duodenum	3		1	2																																	
22 Dysentery, &c. (under 2 years)	2		1	1																																	
23 Appendicitis and Typhlitis	1																																				
24 Cirrhosis of Liver	3	4	2	4																																	
25 Acute and chronic nephritis																																					
26 Puerperal sepsis																																					
27 Other accidents and diseases of pregnancy and parturition																																					
28 Congenital debility and malformation, premature birth	8	4	2	4	1				3		3	2	1	1	2	2	5	1	4	1	3	2	7	3			3		2	3	6	3			1	50	27
29 Suicide	1	2							2																												
30 Other deaths from violence	7	4	2						3																												
31 Other defined diseases	28	23	12	10	5	3	3	7	11	9	14	7	5	8	5	5	15	11	10	10	9	6	17	10			3	1	1	1	1			41	11		
32 Cases ill-defined or unknown	2		1	1					2																												
Special Causes (included above):																																					
Polioencephalitis																																					
Deaths of infants under 1 year:																																					
Total	16	8	5	8	3				4	3	4	4	2	2	5	7	6	1	5	2	5	3	13	5		1	3		6	8	7	4			84	5	
Legitimate	2	1		1					2																												
Total Births	204	194	78	80	13	7	26	28	42	43	76	76	66	57	54	76	76	68	100	82	55	45	151	159	55	51	18	14	102	100	74	80	17	17	1207	11	
Legitimate	192	182	73	77	13	7	24	26	41	41	72	74	63	55	51	73	72	63	93	71	51	45	142	152	51	49	18	11	94	94	66	74	14	16	1130	11	
Legitimate	12	12	5	3			2	1	2	4	2	3	2	3	3	3	4	5	7	11	4		9	7	4	2		3	8	6	8	6	3	1	77	6	
POPULATION	22530		8529		1283		3336		4478		7686		6310		7379		8078		8965		5789		16580		7586		1688		11300		8614		2099		132200		
PER-RATES	13.2		18.5		15.8		16.1		18.9		19.7		19.4		17.6		17.8		20.3		17.2		18.7		13.9		19.1		17.8		17.8		16.2		18.0		
PER-RATES	11.2		12.5		12.6		14.9		15.8		9.3		10.9		11.1		13.1		11.7		10.8		10.4		10.5		14.9		10.9		10.3		12.4		11.2		





CAUSES OF DEATH IN ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1925—URBAN DISTRICTS.

2B

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		Oakengates 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	185	182	4	11	35	34	5	7	56	62	17	11	32	32	33	44	20	19	64	71	55	56	43	47	19	93	104	39	43	690	742				
1 Enteric Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
2 Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
3 Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
4 Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
5 Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
6 Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
7 Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
8 Encephalitis lethargica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
9 Meningococcal meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
10 Tuberculosis of Respiratory system	11	8	..	..	6	5	..	..	4	4	1	1	..	1	1	1	..	2	2	4	7	3	1	3	..	1	3	4	1	2	37	39			
11 Other tuberculous diseases	2	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
12 Cancer, malignant disease	29	19	1	..	5	8	1	1	8	7	5	2	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
13 Rheumatic Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14 Diabetes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 Cerebral Hemorrhage, &c.	5	22	..	..	1	6	1	1	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16 Heart Disease	29	25	2	4	1	5	1	..	7	9	4	2	..	5	10	2	3	..	3	5	3	4	2	3	..	1	6	8	3	11	40	72			
17 Arterio-sclerosis	7	6	..	..	1	..	..	..	1	4	2	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
18 Bronchitis	13	12	1	1	2	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
19 Pneumonia (all forms)	15	15	..	..	8	1	..	..	1	4	..	..	..	5	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
20 Other respiratory diseases	8	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21 Ulcer of Stomach or duodenum	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22 Diarrhoea, &c. (under 2 years)	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
23 Appendicitis and typhlitis	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24 Cirrhosis of Liver	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 Acute and chronic Nephritis	3	4	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
26 Puerperal sepsis	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
27 Other accidents and diseases of pregnancy and parturition	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28 Congenital debility and mal-formation, premature birth	7	4	..	1	2	1	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
29 Suicide	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 Other deaths from violence	10	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
31 Other defined diseases	27	40	..	..	4	4	..	..	2	8	11	3	..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
32 Causes ill-defined or unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Special Causes (included above)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-myelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of infants under 1 year	25	20	..	1	6	1	..	..	5	8	1	..	..	3	3	4	..	1	6	7	5	4	2	1	..	3	11	7	3	2	68	62			
Total	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Illgitimate	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL BIRTHS	296	283	11	18	40	33	12	14	72	81	16	14	41	59	41	50	22	32	122	103	116	76	60	61	15	23	136	140	49	40	1058	1027			
Legitimate	286	263	11	16	38	30	12	11	68	76	12	14	38	57	36	49	22	28	116	100	114	73	62	57	15	22	130	130	49	37	1011	963			
Illgitimate	10	20	..	2	2	3	..	3	4	5	4	..	3	2	5	1	..	4	6	3	2	3	4	4	..	6	10	..	3	47	64				
POPULATION	For birth rate 32530 For death rate 31730		1259		4968		1605		7545		1856		5400		4694		3125		11910		9968		8172		2232		13760		5576		For birth rate 114600 For death rate 113800				
BIRTH-RATES	17.8	23.0	14.7	16.2	20.3	16.1	18.5	19.4	17.2	18.1	19.2	13.3	16.3	20.0	15.9	18.1																			
DEATH-RATES	11.5	11.9	13.9	7.5	15.6	15.1	11.8	16.4	12.4	11.3	11.1	11.0	12.5	14.3	14.7	12.5																			





CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF SALOP, 1925.

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.	690 742	68 62	13 14	17 13	18 25	17 26	71 61	177 142	142 180	167 219	809 683	84 57	10 15	17 8	18 14	31 21	63 49	160 151	179 134	247 234
1 Enteric Fever .. .. .	M. F.	.. 2	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2 Small-pox .. .. .	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3 Measles .. .. .	M. F.	6 4	.. 1	2 ..	3 2	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	3 6	.. ..	.. 1	3 1	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..
4 Scarlet Fever .. .. .	M. F.	1 3	.. ..	.. ..	.. 1	1 2	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
5 Whooping Cough .. .. .	M. F.	6 6	4 3	.. 2	2 ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	6 8	.. 3	3 3	3 1	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..
6 Diphtheria .. .. .	M. F.	3 ..	.. ..	1 ..	1 ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 6	.. 1	1 ..	.. 2	.. 2	.. ..	.. ..	.. 1	.. ..	.. ..
7 Influenza .. .. .	M. F.	20 23	2 1	1 1	2 1	1 1	.. 1	1 4	8 3	3 5	2 6	27 16	1 1	.. 1	.. ..	2 ..	2 ..	4 ..	4 4	4 6	10 4
8 Encephalitis lethargica .. .. .	M. F.	4 3	.. ..	.. 1	.. ..	1 ..	.. ..	2 ..	1 1	.. ..	.. ..	3 3	.. ..	.. ..	.. ..	1 1	.. 1	.. ..	.. 1	.. 1	.. ..
9 Meningococcal meningitis .. .. .	M. F.	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
10 Tuberculosis of Respiratory system .. .. .	M. F.	37 39	.. ..	.. ..	.. ..	2 1	5 10	16 21	12 6	2 1	.. ..	30 32	.. ..	.. ..	.. 1	4 7	14 14	11 9	1 1	.. ..	.. ..
11 Other tuberculous diseases .. .. .	M. F.	8 12	.. 1	1 1	2 2	1 4	1 2	2 1	1 1	.. ..	.. ..	9 7	1 1	.. ..	5 ..	.. 1	2 4	1 1	.. ..	.. ..	.. ..
12 Cancer, malignant disease .. .. .	M. F.	84 90	.. ..	.. ..	1 ..	.. ..	.. ..	49 8	22 44	12 21	.. 17	83 97	.. ..	.. ..	.. ..	.. 1	4 2	27 46	37 27	15 21	
13 Rheumatic Fever .. .. .	M. F.	2 1	.. ..	.. ..	.. ..	1 ..	.. ..	2 ..	.. ..	.. ..	.. ..	1 1	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..
14 Diabetes .. .. .	M. F.	5 6	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	1 2	2 3	1 ..	6 8	.. ..	.. 1	.. ..	.. ..	.. 1	4 4	.. 1	.. 1	2 1
15 Cerebral Haemorrhage, &c. .. .. .	M. F.	40 72	.. ..	.. ..	.. ..	.. ..	.. ..	5 1	16 9	19 29	.. 33	52 67	.. ..	.. ..	.. ..	.. ..	.. 2	11 14	13 20	28 31	
16 Heart Disease .. .. .	M. F.	105 137	.. ..	.. ..	.. ..	2 3	5 4	28 2	32 28	38 43	.. 57	111 111	.. ..	.. ..	.. ..	.. ..	3 3	28 24	37 22	43 52	
17 Arterio-sclerosis .. .. .	M. F.	24 20	.. ..	.. ..	.. ..	.. ..	.. ..	.. 2	5 1	17 5	.. 14	27 13	.. ..	.. ..	.. ..	.. ..	.. ..	2 1	13 5	12 7	
18 Bronchitis .. .. .	M. F.	48 50	4 5	.. 1	.. 1	.. ..	.. 1	.. ..	4 5	17 9	23 28	49 43	3 4	.. 1	.. ..	.. ..	.. 2	6 4	8 5	31 27	
19 Pneumonia (all forms) .. .. .	M. F.	57 39	14 9	3 5	4 3	2 4	1 2	9 2	13 4	6 5	5 5	48 38	6 9	3 6	2 ..	2 1	5 5	10 4	8 8	10 4	
20 Other respiratory diseases .. .. .	M. F.	11 8	.. ..	.. ..	.. ..	1 ..	.. 1	2 1	2 2	2 2	.. 5	8 6	1 1	.. ..	.. ..	.. 2	.. ..	1 ..	2 1	2 4	
21 Ulcer of Stomach or duodenum .. .. .	M. F.	3 1	.. ..	.. ..	.. ..	1 ..	.. ..	2 1	.. ..	.. ..	.. ..	11 3	.. ..	.. ..	.. ..	.. 1	2 ..	4 1	3 1	1 ..	
22 Diarrhoea, &c. .. .. .	M. F.	6 5	5 3	.. ..	.. ..	1 ..	.. ..	.. ..	.. 1	.. ..	.. ..	9 4	4 2	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	4 1	
23 Appendicitis and typhlitis .. .. .	M. F.	6 6	.. ..	.. 1	1 1	.. 2	.. 1	1 2	1 ..	.. ..	.. ..	8 1	.. ..	.. ..	3 ..	1 ..	3 ..	1 1	.. ..	.. ..	
24 Cirrhosis of Liver .. .. .	M. F.	5 1	.. ..	.. ..	.. ..	.. ..	.. ..	5 1	.. ..	.. ..	.. ..	5 ..	.. ..	.. ..	.. ..	.. ..	.. ..	4 ..	.. ..	1 ..	
25 Acute and chronic nephritis .. .. .	M. F.	18 21	.. ..	.. ..	.. ..	.. ..	.. 5	4 2	8 5	1 7	.. 7	22 19	.. ..	.. 1	.. 2	2 2	1 4	3 6	11 6	5 4	
26 Puerperal Sepsis .. .. .	M. F.	.. 3	.. ..	.. ..	.. ..	.. ..	.. 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	
27 Other accidents and diseases of pregnancy and parturition .. .. .	M. F.	.. 3	.. ..	.. ..	.. ..	.. ..	.. 3	.. ..	.. ..	.. ..	.. ..	.. 3	.. ..	.. ..	.. ..	1 ..	2 ..	.. ..	.. ..	.. ..	
28 Congenital debility and malformation, premature birth .. .. .	M. F.	30 21	29 21	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	50 27	50 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	
29 Suicide .. .. .	M. F.	4 4	.. ..	.. ..	.. ..	.. 1	2 1	2 2	.. ..	.. ..	.. ..	12 3	.. ..	.. ..	.. ..	2 1	1 1	4 ..	1 ..	4 1	
30 Other deaths from violence .. .. .	M. F.	36 11	1 1	.. 1	1 1	4 1	6 ..	10 1	6 1	5 1	3 4	41 13	2 1	.. 1	1 1	8 2	7 3	6 ..	9 2	2 2	
31 Other defined diseases .. .. .	M. F.	113 145	9 17	3 2	.. 1	3 4	1 1	11 9	27 21	19 30	40 60	177 142	15 7	3 2	2 1	2 2	6 8	15 29	26 16	36 75	
32 Causes ill-defined or unknown .. .. .	M. F.	8 6	.. ..	1 ..	.. ..	.. 1	.. ..	1 2	4 3	2 ..	.. ..	9 5	1 1	.. ..	.. 1	1 ..	1 1	4 2	1 1	.. ..	





## THE INFANT MORTALITY.

## TABLE I.

## COMPARISONS OF INFANTILE DEATHS FOR PERIODS OF YEARS.

Average Annual Births for Year. Percentage Deaths of Infants.

TABLE I.

## BIRTH-RATES AND DEATH-RATES IN SANITARY DISTRICTS FOR 1925.

Urban Districts.	Birth-rates.	Death-rates.	Rural Districts.	Birth-rates.	Death-rates.
Bishop's Castle .. ..	23.0	11.9	Atcham .. ..	13.2	11.2
Bridgnorth .. ..	14.7	13.9	Bridgnorth .. ..	18.5	12.5
Church Stretton .. ..	16.2	7.5	Burford .. ..	15.8	12.6
Dawley .. ..	20.3	15.6	Chirbury .. ..	16.1	14.9
Market Drayton .. ..	19.4	16.4	Church Stretton .. ..	18.9	15.8
Ellesmere .. ..	16.1	15.1	Cleobury Mortimer .. ..	19.7	9.3
Ludlow .. ..	18.5	11.8	Clun .. ..	19.4	10.9
Newport .. ..	17.2	12.4	Drayton .. ..	17.6	11.1
Oakenates .. ..	18.1	11.3	Ellesmere .. ..	17.8	13.1
Oswestry .. ..	19.2	11.1	Ludlow .. ..	20.3	11.7
Shrewsbury .. ..	17.8	11.5	Newport .. ..	17.2	10.8
Wellington .. ..	15.5	11.0	Oswestry .. ..	18.7	10.4
Wem .. ..	18.3	12.5	Shifnal .. ..	13.9	10.5
Wenlock .. ..	20.0	14.3	Teme .. ..	19.1	14.9
Whitchurch .. ..	15.9	14.7	Wellington .. ..	17.8	10.9
			Wem .. ..	17.8	10.3
			Whitchurch .. ..	16.2	12.4
<b>TOTAL ..</b>	<b>18.1</b>	<b>12.5</b>	<b>TOTAL ..</b>	<b>18.0</b>	<b>11.2</b>





## INFANT MORTALITY.

TABLE II.  
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	1925
Births .. .. .	5955	5427	4441	8.8	18.1	5943	5318	4904	4900	4622	4469
Deaths from all causes under one year ..	561	444	335	20.8	24.5	395	354	288	291	269	271
Deaths from—Measles and Whooping Cough	34	22	19	35.3	13.6	24	15	8	9	9	11
Influenza .. .. .	..	..	11	..	..	1	5	6	3	..	5
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	3
Convulsions and Meningitis (not tuberculous) .. ..	60	42	..	30.0	..	..	..	..	..	..	..
Bronchitis .. .. .	46	33	30.6	28.2	7.2	37	24	18	3	21	16
Pneumonia .. .. .	65	43	34	33.8	20.9	40	28	28	17	35	38
Diarrhoea, Enteritis and Gastritis .. ..	61	52	18.6	14.7	64.2	27	28	20	6	10	14
Premature Birth, congenital defects and malformations ..	128	119	..	7.0	..	..	..	..	..	137	127
Atrophy, Debility and Marasmus .. .. .	96	74	..	22.9	..	..	..	..	..	..	..

Market Drayton had again a somewhat high infant death rate (77), or 24 per cent. higher than the average for the urban districts of the County. This gains its significance from the fact that it is the sixth year in succession in which the death rate has considerably exceeded that of the combined urban districts.

The opening of the new clinic at Market Drayton and the housing scheme, together with the awakened interest in this work in the town should materially lessen the infant mortality. It is just possible, however, that there may be certain infected families that account for a considerable number of infant deaths. This aspect of the question is receiving consideration.



TABLE III

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, 1924 AND 1925.

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	Rates for 1925.
	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	34
Bridgnorth ..	106	116	104	+ 9.4	— 10.3	78	73	47	62	85	95
Church Stretton	96	99	67	+ 3.1	— 32.3	85	48	32	0	0	0
Dawley .. ..	112	97	77	— 13.4	— 20.6	78	93	43	41	62	85
Ellesmere ..	103	65	74	— 36.8	+ 13.6	58	86	69	47	26	33
Ludlow .. ..	113	84	76	— 25.7	— 9.5	85	83	45	49	50	30
Market Drayton ..	..	..	119	..	..	76	85	111	85	91	77
Newport .. ..	117	80	81	— 31.6	+ 1.2	69	66	31	34	41	18
Oakengates ..	138	104	87	— 24.6	— 16.3	58	92	69	59	94	57
Oswestry .. ..	102	101	96	— 1.0	— 4.9	54	74	22	74	95	46
Shrewsbury ..	126	102	74	— 19.0	— 27.4	65	84	47	62	46	77
Wellington ..	114	78	91	— 31.6	+ 16.6	55	74	62	35	29	23
Wem .. .. .	93	87	47	— 6.4	— 45.9	102	135	47	51	54	97
Wenlock .. ..	102	85	71	— 16.7	— 16.4	69	52	74	33	55	65
Whitchurch ..	103	104	82	+ 1.0	— 21.1	30	55	10	44	62	56
All Districts ..	112	96	82	— 14.3	— 14.5	65	78	52	54	59	62

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	Rates for 1925.
	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	80
Bridgnorth ..	87	67	65	— 23.0	— 2.9	73	64	73	66	64	82
Burford .. ..	59	68	35	+ 15.2	— 48.5	34	0	0	95	143	150
Chirbury .. ..	77	60	51	— 22.1	— 15.0	123	92	40	53	47	0
Church Stretton	97	80	75	— 17.5	— 6.2	76	77	35	77	53	82
Cleobury Mortimer ..	92	74	72	— 19.6	— 2.7	59	78	62	65	49	52
Clun .. .. .	100	72	95	— 28.0	+ 31.9	33	52	78	78	48	32
Drayton .. ..	115	84	77	— 26.0	— 8.3	25	60	67	71	49	92
Ellesmere ..	92	84	73	— 8.7	— 13.0	54	37	85	67	39	48
Ludlow .. ..	91	69	59	— 24.2	— 14.5	81	35	81	55	59	38
Newport .. ..	106	96	97	— 9.4	+ 1.0	96	79	88	48	73	80
Oswestry .. ..	96	87	83	— 9.4	— 4.5	76	70	62	69	57	58
Shifnal .. ..	94	76	52	— 19.1	— 31.5	36	21	49	42	49	9
Teme .. .. .	127	102	67	— 19.7	— 34.3	54	61	0	28	0	93
Wellington ..	102	83	74	— 18.6	— 16.8	79	71	48	85	31	69
Wem .. .. .	69	67	62	— 3.0	— 7.4	68	63	95	61	76	71
Whitchurch ..	61	58	69	— 5.0	+ 18.9	76	22	62	29	42	29
All Districts ..	93	78	69	— 16.1	— 11.5	67	57	64	63	56	59



## AVERAGE OF YEARLY RATES FOR THE FIVE-YEAR PERIODS 1901—1925.

Periods.	Birth-rate.	Infant Mortality Rate per 1,000 Births.	Death-rate.	Death-rate from Cancer.	Death-rate from Phthisis.
1901—1905	26.34	102	15.2	1.025	.938
1906—1910	23.98	92	14.64	1.093	.948
1911—1915	21.21	82	13.832	1.156	.804
1916—1920	19.162	71	14.554	1.382	.808
1921—1925	19.716	60	12.488	1.374	.614

This table shows the position for the 5-year period 1921-25 compared with the four preceding 5-year periods. The decrease in infant mortality, general death-rate and the death rate for phthisis is eminently satisfactory.

## INFECTIOUS DISEASE.

With the exception of scarlet fever, in which disease there was a slight increase, there was a very considerable decrease of the notifiable infectious diseases in the County during the year.

The seventeen cases of encephalitis lethargica were distributed through 12 districts, and in no district were there more than two cases.

*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.





TABLE IV.  
RETURN OF INFECTIOUS DISEASES FOR THE YEAR 1925.

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.	DYSENTERY.
												RESPIRATORY.	OTHER FORMS.		
Atcham .. .. .	21978	68	14	..	9	2	..	..	1	2	4	11	9	..	1
Bridgnorth .. .. .	8569	10	..	..	1	..	..	..	1	..	1	2	..	..	..
Burford .. .. .	1268	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Chirbury .. .. .	3193	9	8	..	3	..	..	..	..	..	1	2	1	..	..
Church Stretton .. .. .	4516	4	..	..	..	..	..	..	..	..	..	8	..	..	..
Cleobury Mortimer .. .. .	7297	4	..	..	14	..	..	..	..	..	..	9	5	..	..
Clun .. .. .	6243	17	2	..	2	1	..	..	..	..	..	9	4	..	..
Drayton .. .. .	7156	23	18	..	1	..	..	1	3	2	2	6	2	..	..
Ellesmere .. .. .	8008	7	4	..	2	1	..	..	..	..	..	3	3	..	..
Ludlow .. .. .	8980	8	1	..	3	2	..	1	..	..	..	3	1	..	..
Newport .. .. .	5747	9	3	..	7	1	..	..	..	..	1	4	5	..	..
Oswestry .. .. .	16313	16	11	..	..	..	..	1	2	2	11	4	4	..	..
Shifnal .. .. .	7666	18	5	..	..	..	1	..	..	..	1	8	1	..	..
Teme .. .. .	1649	2	..	..	2	..	..	..	..	..	..	1	1	..	..
Wellington .. .. .	11207	14	3	..	22	..	..	..	2	1	3	16	6	..	..
Wem .. .. .	8572	26	2	..	7	..	..	..	..	..	1	11	2	..	..
Whitchurch .. .. .	2011	7	1	..	1	..	..	..	..	..	..	1	..	..	..
URBAN DISTRICTS.															
Bishop's Castle .. .. .	1268	1	..	..	1	..	..	..	..	..	3	1	3	..	..
Bridgnorth .. .. .	5143	3	1	2	4	..	..	..	..	..	4	7	1	..	..
Church Stretton .. .. .	1671	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Dawley .. .. .	7386	10	6	..	2	1	..	..	1	..	..	8	9	..	..
Ellesmere .. .. .	1831	3	2	2	3	..	..	..	1	..	1	3	..	..	..
Ludlow .. .. .	5677	4	1	..	..	..	..	..	..	..	..	7	..	..	..
Market Drayton .. .. .	4710	13	4	..	2	..	..	..	..	1	..	2	1	..	..
Newport .. .. .	3056	1	9	..	1	..	..	..	..	..	3	4	2	..	..
Oakengates .. .. .	11349	28	6	..	6	2	..	..	2	1	4	11	6	..	..
Oswestry .. .. .	9790	37	8	..	..	..	1	..	..	2	3	15	3	..	..
Shrewsbury .. .. .	31013	91	23	1	26	..	..	1	2	3	7	41	13	..	9
Wellington .. .. .	8148	13	..	..	25	1	..	..	..	1	5	12	11	1	..
Wem .. .. .	2176	2	..	..	..	..	..	..	..	..	..	1	3	..	..
Wenlock .. .. .	13712	73	20	..	1	1	..	1	2	1	6	19	8	..	..
Whitchurch .. .. .	5656	1	5	3	..	..	..	..	..	2	2	5	..	..	..
TOTAL .. .. .	242959	527	159	8	148	12	2	2	17	19	56	244	111	1	10





*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.)

*Typhoid Fever.*—It will be noted again that two out of the eight cases, or 25 per cent., occurred in the Bridgnorth Urban District, the one not being traced and the other attributed to defective drainage. Two cases occurred in the Ellesmere Urban District. The first one was infected by the carrier in the Borough of Oswestry, mentioned in my report for 1924, and the second case was infected from the first. There were three cases in the Whitchurch Urban District, the last case being infected whilst nursing the second, the second case being attributed to infection outside the district. The presence of an untraced case in the same district earlier in the year suggests the possibility of common origin. To sum up, of the 8 cases, three were attributable to direct infection, three were not traced, one was supposed to have been infected outside the County, and one was attributed to a defective drainage. Two of the cases occurred in the Bridgnorth Urban District, three of the cases in Whitchurch Urban District, and two in the Ellesmere Urban District; in other words, seven out of the eight were in three comparatively small districts. This points to the absence of infection throughout almost the whole of the County. It is interesting to observe also that the disease appears to breed true to type. The two cases in Ellesmere were true typhoid and were infected from the case in Oswestry, which was a true typhoid, whereas the two in Bridgnorth and the three in Whitchurch were paratyphoid.

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."

These investigations and precautions are extraordinarily important when a case occurs at a milk farm. For such cases hospital isolation is also essential.

"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."





CASES OF TYPHOID FEVER, 1925.

Week of Notification.	Sanitary District.	Age.	Widal's Reaction.	Suspected source of infection.	Number in household.	Widal's Tests of other members of the household.	Widal's Tests of other contacts.	Bacteriological examination of excreta for freedom.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(1) Jan. 3	Bridgnorth Urban ..	58	Negative	Defective W.C. or Sewer	7	Negative	—	Negative
(2) Jan. 3	Ellesmere Urban ..	20	Positive with bac. typhosus	From house with carrier in Oswestry	3	Negative	Negative	Not done as Widal and clinical signs sufficient for diagnosis.
(3) Feb. 14	Ellesmere Urban ..	7	Positive with bac. typhosus	From No. 2	4	Negative	Negative	do.
(4) Mar. 28	Whitchurch Urban	26	Positive with Para-typhosus B.	Not traced	5	Not taken	—	Nil
(5) Apr. 18	Bridgnorth Urban ..	14	do.	Not traced	5	Negative	—	Negative
(6) Aug. 1	Shrewsbury Borough	41	do.	Not traced	2	Negative	—	Not known (treated at Royal Salop Infirmary)
(7) Aug. 22	Whitchurch Urban	47	do.	Probably contracted when on a visit away from July 1 to 25, and returned unwell. Died 14th.	3	Not taken	—	Nil
(8) Aug. 29	Whitchurch Urban	60	do.	From case No. 7 whom this patient was nursing during illness.	3	Not taken	—	Nil



## 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) Arrangements for the medical instruction and supervision of all health visitors.
- (15) The provision of a course of 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.

*Notification of Deaths under one year and Deaths after Confinement.*—As suggested in last year's report, arrangements have been made with the Registrars to supply the Public Health Department with particulars of deaths of infants under one year of age, and of maternal deaths. These notifications are proving of considerable use.

*Notification of Births Act, 1907.*—In 1925 the births notified and discovered were 33 less than those registered; in 1924 they were 118 less than those registered.

*Notification of Births in the year 1925:—*

Total births registered (exclusive of the Borough of Shrewsbury)		3890
Notification of births by midwives .. .. .	3174	
"    "    medical practitioners .. .. .	588	
"    "    parents or other persons .. .. .	2	
	<hr/>	
Total notified .. .. .	3764	
Discovered by Health Visitors .. .. .	14	
Obtained from Registrar's Returns .. .. .	79	
	<hr/>	
		3857

Excess of births registered over births notified or discovered .. 33

The number of births not notified during the year was 126, of which 93, were afterwards found from the Registrar's returns or discovered by the health visitors. The corresponding numbers in 1924 were 229, of which 25 were afterwards discovered by health visitors and 86 obtained from the Registrar's returns. The responsible person is written to in all unnotified cases.

In the Borough of Shrewsbury 628 notifications were received, of which 483 were from midwives, 25 from doctors, 91 from doctors and midwives, 9 from parents, and 20 from 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. This work of supervision has been made of a much more detailed character during the last twelve months. It should prove not only useful in getting a better standard of work, but also as a means of educating 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 66 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 1925 the visits paid by the Health Visitors were:—

	Under one year.				1 to 5 years.	Total.
	1st	2nd	3rd	Subsequent.		
Whole-time ..	2,627	2,064	1,971	3,850	13,963	24,475
Part-time ..	1,322	1,329	1,435	4,110	10,378	18,574
	3,949	3,393	3,406	7,960	24,341	43,049

and visits to expectant mothers numbered 5,134.

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

Houses visited.	Cases visited.	Cases without Doctor.	Cases doctor advised.
918	1383	494	111

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 51 notifications were received under this rule, compared with 57 last year. The causes given for ceasing natural feeding were:—

<i>Mother:</i>	Illness of mother .. .. .	6
	Insufficiency or absence of milk .. .. .	13
	Refusal to Breast Feed .. .. .	6
	Depressed nipples .. .. .	3
	Delicacy of mother (advised by doctor) .. .. .	21
<i>Child:</i>	Malformation of mouth .. .. .	2

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
1925 .. .. .	88.8	8.5	2.6



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 73.6 per cent. were still breast-fed after three months and 68.1 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:—Dorrington, Stapleton, Woolstaston, Longnor and Leebotwood; Acton Scott, Hope Bowdler and Eaton-under-Heywood; Wrockwardine and Eyton; Hopesay, Sibdon and Edgton; Ash and Broughall; Wistanstow and Halford; Cound; Stanton-on-Hine-Heath; Donnington Wood; Worfield; Stockton, Norton and Sutton Maddock; Richard's Castle; Chirbury, Marton and Middleton; Worthen; Bicton and Oxon; Child's Ercall, Hinstock and Sambrook; Trefonen, Treflach and District; Shavington, Calverhall and Tittenley; The Bog Mine and District; Hope and Shelve; and Baschurch.

In the following districts the percentage of artificially-fed children was 25 per cent. or over:—Woore; Uppington, Eaton Constantine and Wroxeter; Prees; West Felton; and Lydbury North and Plowden.

The long-tube bottle—a most insanitary method of feeding—is disappearing, but was still found in 25 cases. The use of the dummy was recorded in 669 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                      86                      124                      97                      95                      10

*Maternity and Child Welfare Centres.*—No new centres have been started during the year. but well equipped premises have now been provided at Bridgnorth and Market Drayton to take the place of most unsatisfactory premises.

The attendances show a very considerable increase on those of the previous year.

#### ATTENDANCES AT MATERNITY AND CHILD WELFARE CENTRES FOR THE YEAR 1925.

	INFANTS.						EXPECTANT MOTHERS.		
	Under 1 year.			Between 1 and 5 years.			New Cases.	Total Cases.	Total Attendances.
	New Cases.	Total Cases.	Total Attendances.	New Cases.	Total Cases.	Total Attendances.			
Wellington ..	148	493	1070	87	158	3808	64	82	234
Bridgnorth ..	65	86	602	40	183	2257	8	16	82
Ironbridge ..	119	131	1566	46	416	3861	72	100	315
Oakengates..	135	148	1180	55	200	1895	43	71	297
Oswestry ..	236	305	1365	56	212	1048	24	34	84
Whitchurch ..	67	99	840	21	143	1096	11	15	66
Ludlow ..	55	64	440	49	133	943	16	19	51
Ellesmere ..	45	65	412	17	37	246	9	17	32
Newport ..	67	109	456	16	118	530	20	20	45
Market Drayton ..	66	78	386	95	272	144	39	44	114
Dawley ..	140	187	1405	154	235	3059	46	54	242
Highley ..	32	131	131	30	153	153	2	2	2
Church Stretton ..	22	124	74	4	415	498	4	4	10
Totals ..	1197	2020	9927	670	2675	19538	358	478	1574



## ADDRESSES AT THE CENTRES:—

<i>Centre.</i>	<i>Addresses given by</i>				<i>Total.</i>	<i>Average Attendance.</i>
BRIDGNORTH .. ..	Dr. Taylor .. ..	..	..	..	3	12
	Dr. Wilson .. ..	..	..	..	1	
	Miss O'Connell .. ..	..	..	..	24	
CHURCH STRETTON .. ..	Dr. Barnett .. ..	..	..	..	2	25
	Dr. Blake .. ..	..	..	..	2	
	Dr. Watkin .. ..	..	..	..	1	
	Mrs. Dixon .. ..	..	..	..	1	
	Miss Cavanagh .. ..	..	..	..	1	
	Miss White .. ..	..	..	..	1	
	Mrs. Burden .. ..	..	..	..	1	
	Mrs. Higgins .. ..	..	..	..	1	
DAWLEY .. ..	Mrs. Woodhouse .. ..	..	..	..	2	24
	Miss Thomas .. ..	..	..	..	45	
	Mrs. Forgham .. ..	..	..	..	1	
ELLESMERE .. ..	Dr. Evans .. ..	..	..	..	1	22
HIGHLEY .. ..	Miss Mae Turk .. ..	..	..	..	1	15
IRONBRIDGE .. ..	Dr. Symons .. ..	..	..	..	2	25
	Dr. Wilson .. ..	..	..	..	1	
	Mrs. Heywood .. ..	..	..	..	1	
	Mrs. Terry .. ..	..	..	..	3	
	Mrs. Fox Edwards .. ..	..	..	..	1	
	Miss Morgan .. ..	..	..	..	13	
LUDLOW .. ..	Dr. Blake .. ..	..	..	..	4	4
	Dr. Wilson .. ..	..	..	..	1	
	Mrs. Higgins .. ..	..	..	..	1	
	Miss Joyce .. ..	..	..	..	10	
MARKET DRAYTON .. ..	Dr. Priestley .. ..	..	..	..	2	16
	Dr. Wilson .. ..	..	..	..	1	
	Miss Thomas .. ..	..	..	..	46	
	Miss Mason .. ..	..	..	..	1	
	Nurse Farrar .. ..	..	..	..	13	
NEWPORT .. ..	Miss Brazendale .. ..	..	..	..	12	15
OAKENGATES .. ..	Dr. Priestley .. ..	..	..	..	11	18
	Dr. Wilson .. ..	..	..	..	1	
	Miss Jones .. ..	..	..	..	6	



<i>Centre.</i>	<i>Addresses given by</i>				<i>Total.</i>	<i>Average Attendance.</i>
OSWESTRY .. ..	Dr. Evans .. ..	..	..	..	5	22
	Dr. Wilson .. ..	..	..	..	1	
	Miss Bindloss .. ..	..	..	..	5	
	Miss Gilsenan .. ..	..	..	..	6	
WELLINGTON .. ..	Dr. Symons .. ..	..	..	..	2	23
	Dr. Wilson .. ..	..	..	..	1	
	Miss Thomas .. ..	..	..	..	45	
	Miss Mason.. ..	..	..	..	1	
WHITCHURCH .. ..	Dr. Evans .. ..	..	..	..	7	15
	Dr. Wilson .. ..	..	..	..	1	
	Mr. Keenan .. ..	..	..	..	3	
	Mrs. Lowrance .. ..	..	..	..	21	
Total addresses ..					316	

*Subjects of the Addresses*:—Three hundred and sixteen addresses were given during the year on the following subjects:—*Diet, etc.*: Food Values, etc., 7, Diet for Children 24, Winter Food for Children 3, Tinned Food 1, Harmful Effect of Biscuits 2, Diet in Weaning 8, Value of Whole-Meal Bread 3, Dangers of Bread Sop 1, Value of Fruit 1, Milk 11. *Feeding*: Breast Feeding 24, Best Time for Weaning 5, Regular Feeding 3, Supplementary Feeds 1, Mixed Feeding 1, Over-Feeding of Babies 3. *Diseases, etc.*: Whooping Cough 17, Measles 9, Ear Discharge 1, Common Colds, their Prevention and Treatment 5, Impetigo, Cause and Treatment 2, Prevention of Dental Decay 29, Early Symptoms of Cancer 3, Rickets 7, Spread, Avoidance, and Danger of Infection 9, Danger of Exposing Young Children to Infection 2, Care in Nursing Measles 1, Diarrhoea in Infants 6, Summer Diarrhoea 6, Prevention of Constipation 2, Care of Expectant Mother 4, Thrush 1, Prevention of Goitre 3, Common Ailments and their Remedy 1, Care in Mumps 2, Prevention and Care of Influenza 5. *Miscellaneous*: Clothing for Infants 23, Evils of the Comforter 7, Personal Cleanliness 2, Care of Baby in Winter 3, Abuse of Castor Oil 1, Thrift 1, Health Week 1, Health 1, Vaccination 2, Hot Weather Care 3, General Care of Young Children 12, Protection of Food 2, Open Air and Sunlight 9, Sleep 3, Dangers of the House Fly 11, Homely Hints 1, Discipline and Habits 5, Care and Storage of Milk 2, Fresh Air, Warmth and Exercise 1, General Hygiene 4, Ventilation 3, Dangers of Tight Corsets for Children 1, Baby's Brain—Its need of Care and Sleep 1, Patience 1, Character Training—Unselfishness 1, Old Wives' Tales 1, Demonstration on Fomentations—Mustard, etc., 1.

*Addresses by the County Council Health Lecturer*.—Short addresses on decay of the teeth have been given in 32 schools, and "Health Talks" on various subjects to 18 Women's Institutes.

*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 1925 were :—

Admitted 45, Discharged 41 ; Died 6.

Average duration of stay, 84 days.

The cases were diagnosed on admission as :—Improper feeding 4, malnutrition 22, marasmus 6, rickets 1, prematurity 2, jaundice and improper feeding 1, pyloric stenosis 1, marasmus and bronchitis 1, to restore breast feeding 4, tubercular contact cases 2, diarrhoea and vomiting 1.

Of the 41 infants discharged, 38 were reported as in good health, 1 as improved, and in 2 no improvement.

The deaths were two from prematurity, two from congenital heart disease and enteritis, one from marasmus, and one from acute enteritis.

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 stated in previous reports, 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.

Arrangements were made during the year for the reception of infants of mothers suffering from tuberculosis in a highly infectious state, the object being to get immediate removal from the source of infection and afterwards, if possible, to arrange for some means of boarding the children away from their mothers.

#### *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 Dawley, and (3) the assistance of all the health visitors and medical officers in the county in discovering the cases.

Ten of the after-care centres are visited weekly by specially trained nurses, from the Shropshire Orthopaedic Hospital, and the remainder are visited every fortnight. They are also visited by a Medical Officer of the Hospital periodically. The early discovery of 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. The work is now well linked up with the child welfare and school work.



1925.

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 ..	6	26	43**	..	3	8
Poliomyelitis .. .. .	3	19	..	1	2	6
Rickets .. .. .	19	2	..	1	2	..
Knock Knee .. .. .	..	2	..	..	..	2
Scoliosis .. .. .	..	4	..	..	1	..
Spastic Diplegia .. .. .	1	..	..	..	1	..
Congenital Deformities .. .. .	7	4	..	5	..	1
Flat Foot .. .. .	..	2	..	..	3	12
Claw Foot .. .. .	..	4	..	..	..	3
Osteo-Arthritis .. .. .	..	..	..	..	..	3
Osteomyelitis .. .. .	..	7	..	..	..	2
Osteo-chondritis .. .. .	..	4	..	..	..	..
Arthritis .. .. .	..	5	..	..	..	12
Spastic Paraplegia .. .. .	1	3	..	..	..	..
Fractures and Dislocations .. .. .	1	7	..	..	1	10
Torticollis .. .. .	..	2	..	..	..	..
Round Shoulders .. .. .	..	1	..	..	..	2
Hallux Rigidus .. .. .	..	..	..	..	..	2
Hallux Valgus .. .. .	..	..	..	..	..	2
Gunshot Wounds .. .. .	..	..	..	..	..	9
Other Accidents .. .. .	..	1	..	..	..	13
Other Diseases and Conditions .. .. .	1	3	..	..	..	5
	39	96*	43	7	13†	92
		178		112		

Total .. 290

\* Includes 6 Shrewsbury School Children.

† Includes 3 Shrewsbury School Children.

\*\* Eleven cases notified and sent into the Hospital as tubercular were diagnosed afterwards to be:—Coxa Vara 4, Septic Arthritis 2, Osteomyelitis 2, Superficial Abscess 1, Toxic Neuritis 1, and Teno-synovitis 1.

In all, 290 cases have been treated at the Hospital, compared with 316 in 1924. 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, 75 were due to tuberculosis and were dealt with under that scheme; 33 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—

	1925	1924	1923	1922	1921	1920
Tuberculosis ..	37	40	37	42	44	37
Child Welfare ..	9	7	6	8	10	14
School .. ..	14	13	11	11	21	23

With some fluctuations there has been an almost continuous decrease in the number of cases treated, and in addition, 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 :—

77	or 26.6 per cent.	were due to	tuberculosis.
31	„ 10.7	„	„ poliomyelitis.
24	„ 8.3	„	„ rickets.
17	„ 5.9	„	„ congenital deformities.
46	„ 15.9	„	„ other deformities—postural or of doubtful causation.
6	„ 2.1	„	„ injuries and diseases probably arising at birth, including Spastic Paraplegia and Diplegia.
44	„ 15.2	„	„ infections other than tuberculosis.*
45	„ 15.5	„	„ 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 might yield valuable results.

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 two 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.

An educational campaign is being undertaken by the Orthopaedic Hospital; and the *Cripples Journal*, which was started by this Hospital has now been taken over by the Central Committee for the Care of Cripples.

*The Maternity Home* established by the Shrewsbury Victoria Nursing Association is providing some accommodation for the County and Borough.

*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 is. a week towards the cost of any case recommended by them, that cannot afford the fee.



One hundred and twenty-four cases were admitted during 1925. They were admitted from Ironbridge, Madeley, Broseley, Jackfield, Coalbrookdale, Benthall, Much Wenlock, Shifnal, Dawley, Bridgnorth, Horsehay, Wellington, Kenley, Easthope, Coalport, Linley, Hadley, Oakengates, Trench, Harley and Buildwas.

*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.

Twenty-eight 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 1925, two associations were formed, viz.:—Sheriffhales, Boscobel and Tong, and Gobowen.

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 .. .. .	1920
3.— <i>Church Pulverbatch</i> and Smethcott (Longden) .. .. .	1920
4.—† <i>Morville</i> , Upton Cressett, Aston Eyre, Tasley and Astley Abbots .. .. .	—
5.—† <i>Chelmarsh</i> , Eardington and Oldbury .. .. .	—
6.—Chetton, Middleton Scriven, Deuxhill, Glazeley, Billingsley and Sidbury .. .. .	1922
7.—Wistanstow, Sibdon Carwood, and Halford Ecclesiastical Parish .. .. .	1917
8.—Stottesdon .. .. .	—
9.—Kinlet .. .. .	—
10.— <i>Hopton Wafers, Part of Cleobury Parish, Farlow, Part of Cleeton St. Mary, and Part of Silvington</i> .. .. .	1923
11.—Clun .. .. .	1917
12.—Newcastle and Bettws-y-Crwyn .. .. .	—
13.—Clungunford, <i>Hopton Castle, Bedstone, and Bucknell</i> .. .. .	1919
14.—Welshampton, Lyneal and Colemere .. .. .	—
15.—Bitterley Ecclesiastical Parish, Hopton Cangeford and East Hamlet .. .. .	—
16.—Knowbury Ecclesiastical Parish .. .. .	1920
17.—Cold Weston, Heath, Clee St. Margaret, Stoke St. Milborough and Abdon .. .. .	—
18.—§ <i>Kinnerley and Meverley</i> .. .. .	1920
19.—Llanyblodwel (Nantmawr and Porthywaen) .. .. .	1922
20.—Trefonen Ecclesiastical Parish (Treflach, Llanforda and Sychtyn) .. .. .	1924
21.—East Part of Oswestry Rural Parish, Maesbury, Morda, Aston, Woolston, Middleton, and Sweeney .. .. .	1922
22.—Badger, <i>Beckbury, Kemberton, Ryton, and Boningale</i> .. .. .	1917
23.—Sheriffhales, Boscobel and Tong .. .. .	1925
24.—* <i>Kinnersley, Preston-on-the-Weald Moors and Hadley</i> .. .. .	1920
25.—Lee Brockhurst and Weston and Wixhill (Lee Brockhurst in Shawbury, Weston in Hodnet) .. .. .	—
26.—Whitchurch Rural— <i>Western Part, 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 Meverley.

\* 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. Three hundred and seventy one claims were sent in during the year, and £701 5s. 8d. 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, because, if, as seems probable, a considerable proportion of the poorer people go short of the fat soluble A and D vitamins, the provision of milk should greatly improve the growth of the children, lessen the amount of rickets and of infectious conditions that are associated with rickets.

*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. Four mothers were sent during the year (see page 32).

*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 of the remainder of the period being borne by the Home. Two 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, and that wheat germ in large quantity is particularly dangerous if there is not an abundance of the anti-rachitic factors in the food.

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.

Nineteen 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	.. .. .	13
Number of cases attended by medical practitioners	.. .. .	6

How the cases were nursed :—

By Health Visitors	.. .. .	5
At Eye and Ear Hospital, Shrewsbury	.. .. .	13
At Royal Salop Infirmary	.. .. .	1

Except for slight damage to the eye in one case, all the cases recovered completely.

Fifteen 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 the report for 1923, 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.	Notifica-tions of Still-births	Notifica-tions 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.
				By Midwives.				
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
1925	255	694	882	48	3	51	28	22

In 1904 the number of trained midwives was 43, and the number not trained 188. In 1920, the numbers were 142 and 88, and in 1925, 205 and 38 respectively. In the 21 years the number of trained midwives has increased from 43 to 205, and the untrained ones decreased from 188 to 38.



*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 .. .. .	..	..	..	..	..	..	112
Deformity or stunted growth	..	..	..	..	..	1	
Loss of blood	..	..	..	..	..	34	
Abortion or threatened abortion	..	..	..	..	..	32	
Excessive sickness	..	..	..	..	..	4	
Puffiness of hands or face	..	..	..	..	..	5	
Fits or convulsions	..	..	..	..	..	0	
Dangerous varicose veins	..	..	..	..	..	10	
Purulent discharge	..	..	..	..	..	3	
Sores of the genitals	..	..	..	..	..	0	
General ill-health	..	..	..	..	..	23	
At Labour .. .. .	..	..	..	..	..	..	571
Fits or convulsions	..	..	..	..	..	4	
A Purulent discharge	..	..	..	..	..	0	
Sores of the genitals	..	..	..	..	..	0	
Abnormal presentation	..	..	..	..	..	48	
Haemorrhage	..	..	..	..	..	23	
Adherent placenta and retained membranes	..	..	..	..	..	63	
Ruptured perineum	..	..	..	..	..	154	
Uterine inertia and prolonged labour	..	..	..	..	..	248	
Abortions, miscarriages and still-births	..	..	..	..	..	31	
After Labour .. .. .	..	..	..	..	..	..	55
Fits or convulsions	..	..	..	..	..	1	
Abdominal swelling or tenderness	..	..	..	..	..	1	
Offensive lochia	..	..	..	..	..	0	
Rise of temperature	..	..	..	..	..	47	
White leg	..	..	..	..	..	6	
For Child .. .. .	..	..	..	..	..	..	144
Feebleness	..	..	..	..	..	47	
Malformation	..	..	..	..	..	17	
Discharge from eyes	..	..	..	..	..	74	
Skin eruptions	..	..	..	..	..	0	
Inflammation about or haemorrhage from the navel	..	..	..	..	..	2	
Convulsions	..	..	..	..	..	4	

The number of cases in which medical help has been sent for is 160 more than in 1924. This is only to a small extent accounted for by better ante-natal work.

Analysis of the 48 still-births that were notified by midwives shows that—  
22 were at full-time ; 26 premature.

The condition of the child pointed to—

Death during labour or shortly before in 26 ; death some time before labour 21 ;  
1 no statement.



The presentations were :—head 28, breech 16. In four cases the presentations were not mentioned.

The sex of the children was as follows :—males 22, females 26.

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

*Puerperal Fever.*—Eleven cases were notified, compared with 14 in 1924. Six cases were attended by midwives, and 5 by medical practitioners alone. There were 3 fatal cases.

*Other Accidents of Parturition.*—There were 6 deaths of women registered under this heading during the year.

*Present Supply of Midwives.*—In June, 1925, there were 255 midwives registered as practising in the County, compared with 227 at a corresponding period in 1924.

Seven midwives were brought before the Local Supervising Authority during the year. Three of these were cautioned ; one was severely censured, two sent in their resignations, and one was reported to the Central Midwives Board with the result that her name was removed from the Roll.

One uncertified woman acting as a midwife, was warned by the Local Supervising Authority.

The number of midwives trained or taken over during the ten 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
1925	.. ..	8 (two did not complete training)	0

*Progress since 1920.*—The Maternity and Child Welfare Scheme was in full working order in the year 1920, and the improvements since then have been mostly along lines of greater efficiency. There have, however, been certain material improvements, e.g., five additional centres have been opened—Highley, Church Stretton, Dawley, Market Drayton and Ludlow ; two Orthopaedic After-Care Centres—Dawley and Newport, and the midwifery services have been greatly improved by the starting of 14 new nursing associations. The number of midwives now on the roll is 255, compared with 240 in 1920, and the number of trained midwives is 205, compared with 142.

Co-ordination between the various branches of the work particularly between the child welfare, school and orthopaedic work has been greatly improved, and the medical supervision of the work of health visitors by the school and child welfare medical officers has been made effective. The health teaching by means of addresses to mothers at the centres, which did not exist in 1920, has been greatly developed.



## TUBERCULOSIS.

Reference must be made to the report for 1920 for a statement on the relative importance of the factors concerned in the production of tuberculosis and of the measures to be taken for prevention.

The reduction of phthisis is not principally dependent upon any particular scheme, but on the following measures, placed, as I think, in order of importance :—

- (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.

The tuberculosis scheme, in particular, should take a prominent part in the education of the public in general health matters.

*Incidence.*—During the year 243 cases of pulmonary tuberculosis and 111 cases of other forms of tuberculosis were notified. There were 138 deaths from pulmonary tuberculosis and 36 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	7	9	20	30	27	13	11	1	123	130
" Females .. ..	..	1	10	4	13	22	25	16	15	4	2	112	122
Notified after death Males .. ..	..	..	..	..	..	..	1	1	..	1	1	4	4
" Females .. ..	..	1	..	..	..	..	1	2	..	..	..	4	4
Non-pulmonary Males .. ..	..	12	18	10	8	4	5	2	3	2	..	64	67
" Females .. ..	2	7	7	6	8	3	4	5	1	..	1	44	47
Notified after death Males .. ..	..	..	..	..	..	..	..	1	..	..	..	1	1
" Females .. ..	..	2	..	..	..	..	..	..	..	..	..	2	2

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 .. ..	..	..	..	..	..	66	
" Females .. ..	..	..	..	..	..	72	
Non-pulmonary Males .. ..	..	..	..	..	..	11*	
" Females .. ..	..	..	..	..	..	6*	

\*These numbers do not represent the cases of non-pulmonary tuberculosis admitted to sanatoria. The numbers are 29 males and 17 females.





TABLE VI.

PERCENTAGES OF PATIENTS KNOWN TO BE ALIVE AT END OF :-

Year of Notification.	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.	13th 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	24.2
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	38.8	
1914	72.8	58.2	53.5	51.1	48.0	45.5	44.6	43.6	43.2	42.2	42.2	33.9		
1915	76.2	61.9	57.0	52.8	49.0	46.7	46.4	45.2	45.1	44.9	31.2			
1916	78.5	65.8	59.9	56.5	55.3	53.6	51.9	50.1	48.2	38.0				
1917	76.6	64.3	56.8	54.3	52.9	50.8	48.6	48.1	39.2					
1918	76.7	67.1	63.0	60.1	59.3	57.7	55.9	49.9						
1919	78.9	72.2	65.5	61.3	57.9	55.5	50.3							
1920	71.2	60.7	53.8	50.3	47.7	46.8								
1921	78.2	63.4	55.6	50.8	45.3									
1922	66.9	47.1	40.7	36.4										
1923	75.4	61.2	53.1											
1924	74.9	62.5												
1925	78.5													

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 cured and wrongly diagnosed. 1925.	Unaccounted for.		
		1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923			1924	1925
1912	439	117	36	43	15	8	4	8	1	1	3	1	..	1	8	306	266	222	205	197	193	185	184	182	179	178	177	175	80	96	17
1913	290		50	51	12	8	2	9	4	3	2	1	1	3	2	236	183	167	159	156	145	140	137	134	133	131	127	94	45	3	
1914	267			73	34	12	6	8	6	1	2	1	2	..	1	188	149	137	131	123	116	113	110	109	106	106	75	43	3		
1915	381				89	49	17	14	12	7	1	2	..	..	..	286	225	206	189	174	165	164	158	157	156	87	98	5			
1916	392					81	44	20	11	4	6	4	5	5	..		297	141	217	203	198	192	184	176	168	111	97	4			
1917	403						90	44	29	5	6	6	7	1	3			298	243	209	200	195	185	176	174	123	89	1			
1918	425							93	42	6	10	2	4	6	1				306	251	241	228	223	214	207	163	98	0			
1919	341								67	21	19	11	10	5	1					252	229	204	187	176	166	136	71	0			
1920	325									30	18	10	6	3							223	186	161	150	141	138	30	0			
1921	318									44	22	12	10									238	191	165	149	128	36	0			
1922	274									85	44	22	12	10									172	115	97	86	38	0			
1923	273										62	34	18											195	152	123	36	0			
1924	287											69	24												206	158	36	0			
1925	243												47													172	24	0			



TABLE VI

PERCENTAGES OF PATIENTS KNOWN TO

Year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year
1902	143	143	100	100	100	100	100	100
1903	207	207	100	100	100	100	100	100
1904	207	207	100	100	100	100	100	100
1905	207	207	100	100	100	100	100	100
1906	207	207	100	100	100	100	100	100
1907	207	207	100	100	100	100	100	100
1908	207	207	100	100	100	100	100	100
1909	207	207	100	100	100	100	100	100
1910	207	207	100	100	100	100	100	100
1911	207	207	100	100	100	100	100	100
1912	207	207	100	100	100	100	100	100

For the purpose of this table those cases notified in the year...

TABLE VII  
AFTER-HISTORY OF NOTIFIED

Year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year	No. of notified cases in year
1902	143	143	100	100	100	100	100	100	100
1903	207	207	100	100	100	100	100	100	100
1904	207	207	100	100	100	100	100	100	100
1905	207	207	100	100	100	100	100	100	100
1906	207	207	100	100	100	100	100	100	100
1907	207	207	100	100	100	100	100	100	100
1908	207	207	100	100	100	100	100	100	100
1909	207	207	100	100	100	100	100	100	100
1910	207	207	100	100	100	100	100	100	100
1911	207	207	100	100	100	100	100	100	100
1912	207	207	100	100	100	100	100	100	100

Comparison of deaths from pulmonary tuberculosis in three six-year periods and the year 1925 shows that since the scheme was instituted there has been a very marked diminution in deaths from consumption practically continuous except for increase during the War years.

Years.	Cases notified.	Deaths.	Years.	Cases notified.	Deaths.	Years.	Cases notified	Deaths.	Years.	Cases notified.	Deaths.
1907	3	236	1913	320	146	1919	341	171	1925	243	138
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			
Total	629	1321	Total	2189	1191	Total	1818	947			
Yearly average	105	220	Yearly average	365	198	Yearly average	303	158			

\* Compulsory notification commenced in 1912.

A fall in the number of deaths in 18 years from 1,321 in one six-year period to 947 in another six-year period, and a decrease from a yearly average of 220 for the years 1907—12 to 138 for 1925, or a fall of 37 per cent., are very striking. These 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 8 were notified after death, 3 less than a week before death, 2 between one and two weeks before death, 13 within a month of death, and 9 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.

The figures show a very great improvement in notification compared with those of last year.

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.

Sixty of the cases were notified by the Tuberculosis Officers.

ANNUAL DEATHS FOR THE TEN YEARS 1916—1925 INCLUSIVE, CLASSIFIED IN AGE PERIODS, SEX, AND URBAN AND RURAL DISTRICTS.

URBAN DISTRICTS.

RURAL DISTRICTS.

Year	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	0	
1917	55	52	4	7	7	10	24	24	18	10	2	1	44	48	1	6	13	19	27	14	8	4	0	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	
1920	47	28	5	3	3	7	21	8	14	6	4	4	22	36	3	6	10	15	16	8	6	3	1	1	
Average	53	46	4	5	7	10	24	21	14	8	4	2	43	46	1	3	8	13	19	22	13	7	3	1	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	
1925	37	39	2	1	5	10	16	21	12	6	2	1	30	32	..	1	4	7	14	14	11	9	1	1	
Average	45	40	1	2	9	11	22	19	15	7	2	1	33	36	1	1	6	11	14	14	10	8	2	1	





In comparing these two periods it is interesting to notice that the death rates of males in Urban Districts was higher than that of females in both periods; and in Rural Districts the male rate was lower than the female rate in both periods. It is difficult to say what the exact significance of these figures is, but the influence of home conditions is greater amongst females, whereas the influence of occupational conditions is greater amongst males.

TABLE VIII.  
DEATHS FROM PHTHISIS.

	1915—19 PERIOD.						1920—1924 PERIOD.						Percentage increase or decrease of second period over first.	1925	
	1915	1916	1917	1918	1919	Average Annual number of deaths.	1920	1921	1922	1923	1924	Average Annual number of deaths.			
<b>RURAL DISTRICTS :</b>															
Atcham .. ..	22	25	12	17	12	18	8	12	15	17	8	12	— 33.0	8	
Bridgnorth ..	4	5	6	3	4	4	5	3	7	8	3	5	+ 25.0	2	
Burford .. ..	1	1	..	..	1	6	..	3	1	..	..	.8	+ .25	2	
Chirbury .. ..	5	5	..	2	..	2	2	3	1	3	1	2	..	2	
Church Stretton ..	2	5	5	7	1	4	1	1	3	3	2	2	— 50.0	2	
Cleobury Mortimer	5	4	12	6	6	7	5	10	1	3	4	5	— 28.5	2	
Clun.. ..	4	7	6	8	3	6	3	3	3	2	2	3	— 50.0	4	
Drayton .. ..	4	4	1	4	7	4	3	4	5	1	1	3	— 25.0	3	
Ellesmere .. ..	6	4	1	2	1	3	4	5	3	2	3	3	..	2	
Ludlow .. ..	7	7	11	3	8	7	2	6	6	4	2	4	— 42.8	3	
Newport .. ..	1	2	11	5	9	6	1	1	7	2	3	3	— 50.0	3	
Oswestry .. ..	9	12	16	14	9	12	8	4	12	12	9	9	— 25.0	9	
Shifnal .. ..	8	4	1	7	5	5	7	7	4	2	3	5	..	6	
Teme .. ..	1	4	2	2	2	2	1	1	..	1	2	1	— 50.0	2	
Wellington ..	9	7	4	20	5	9	15	10	10	10	8	11	+ 22.2	9	
Wem .. ..	8	4	3	7	3	5	3	3	6	1	3	3	— 40.0	3	
Whitchurch ..	2	..	1	1	1	1	..	..	1	..	..	.2	— 80.0	..	
<b>URBAN DISTRICTS :</b>															
Bishop's Castle ..	2	2	..	3	1	2	..	..	2	..	..	.4	— 80.0	..	
Bridgnorth ..	3	6	6	7	3	5	4	2	6	5	4	4	— 20.0	11	
Church Stretton ..	1	1	1	..	6	2	1	..	3	1	..	1	— 50.0	..	
Dawley .. ..	5	5	8	4	5	5	4	3	0	8	9	5	..	8	
Ellesmere .. ..	2	2	1	4	2	2	..	1	1	1	..	.6	— 70.0	2	
Ludlow .. ..	8	5	12	12	13	10	5	2	7	2	6	4	— 60.0	1	
Market Drayton ..	5	2	3	2	4	3	4	3	4	4	6	4	+ 33.3	2	
Newport .. ..	2	5	1	3	2	3	1	3	1	2	1	2	— 33.3	2	
Oakengates.. ..	11	2	2	7	5	5	8	6	7	7	6	7	+ 40.0	6	
Oswestry .. ..	16	15	15	12	9	13	8	6	10	12	7	9	— 30.8	10	
Shrewsbury .. ..	34	31	29	27	21	28	18	22	38	24	34	27	— 3.5	19	
Wellington .. ..	7	8	8	8	9	8	3	7	6	8	6	6	— 25.0	4	
Wem .. ..	..	1	2	1	1	1	2	2	1	1	1	1	..	1	
Wenlock .. ..	12	15	13	17	10	13	12	12	9	9	10	10	— 23.0	7	
Whitchurch ..	8	6	6	7	3	6	5	5	2	2	..	3	— 50.0	3	

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.

Arrangements have been made for one of the Tuberculosis Officers (Dr. Watkin) to visit the Orthopaedic Hospital at regular intervals so as to be able to consult with the Medical Superintendent with regard to the discharge of the patients and their proper after-care.

## ATTENDANCE AT DISPENSARIES.

No. of Cases.	DISPENSARIES.	Notified Cases.			Non-Notified Cases.				Total.
		Insured.	Non-Insured.	School Children	School.		Other		
					Contact.	Suspect.	Contact.	Suspect.	
394	SHREWSBURY.								
	Number of patients who attended in 1925 for the first time .. .. .	12	7	4	11	45	22	71	172
	Attendances during 1925 ..	492	180	260	69	214	68	205	1488
180	OSWESTRY.								
	Number of patients who attended in 1925 for the first time .. .. .	6	..	1	8	17	17	24	73
	Attendances during 1925 ..	172	82	110	35	69	48	59	575
684	WELLINGTON.								
	Number of patients who attended in 1925 for the first time .. .. .	17	6	2	48	80	53	140	346
	Attendances during 1925 ..	721	451	1140	151	376	173	401	3413
48	<i>Examination Centres (open once a month).</i>								
	WHITCHURCH.								
	Number of patients who attended in 1925 for the first time .. .. .	1	..	..	8	11	4	..	24
	Attendances during 1925 ..	47	11	35	14	40	4	7	158
53	LUDLOW.								
	Number of patients who attended in 1925 for the first time .. .. .	1	2	..	3	16	2	4	28
	Attendances during 1925 ..	48	23	33	4	19	6	6	139
56	BRIDGNORTH.								
	Number of patients who attended in 1925 for the first time .. .. .	7	3	1	2	11	1	5	30
	Attendances during 1925 ..	77	12	10	15	36	13	7	170



## VISITS BY THE TUBERCULOSIS MEDICAL OFFICERS FOR 1925.

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.
65	17	50	35	367	51	82	50	13	242	22	67	100	19	79
		534					438					287		
							1259							

*Visits by Health Visitors to Phthisis Houses in 1925.*

To Insured Patients.	To Non-Insured Patients.	To School Children.	Total.
1639	1159	725	3523

*King Edward VII. Sanatorium* (Shirlett).—The number of patients admitted to the Sanatorium in 1925 was 130, and consisted of:—

Insured patients—Males .. .. .	50
—Females .. .. .	33
Non-insured patients—Males .. .. .	19
—Females .. .. .	28

The percentage of cases discharged as "arrested," and without tubercle bacilli in the sputum was 63, compared with 41 in 1924, 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.

Installations of X-ray and Ultra-Violet Ray apparatus were commenced during the year, and have been since completed. It is probable that the ultra-violet treatment will prove of great value, particularly in the winter months, and the provision of X-rays will be a considerable aid to diagnosis and to the proper carrying out of the treatment by artificial pneumothorax.



The following is an analysis of the cases admitted to Shirlett Sanatorium from its opening in 1911 until the end of 1925 :—

*Shirlett Sanatorium, 1911—1925.*

Year.	Patients Treated.	Known to be Alive.	Known to be Dead.	Left County.	Unaccounted for.	Cases notified	Percentage treated at Shirlett.	Cured.	Non-Tubercular etc.
1911	38	10	20	7	1	..	..	..	..
1912	74	29	29	11	3	439	16.8	2	..
1913	80	30	40	8	1	290	27.5	1	..
1914	114	36	61	12	1	267	42.6	4	..
1915	133	44	56	23	1	381	34.9	8	1
1916	158	53	68	27	..	392	40.3	9	1
1917	164	68	66	19	..	403	40.6	9	2
1918	124	50	36	29	..	425	29.1	9	..
1919	123	59	36	22	..	341	36.0	6	..
1920	120	68	34	15	..	325	36.9	3	..
1921	121	64	48	9	..	318	38.0	*	..
1922	107	52	45	10	..	274	39.0	*	..
1923	109	73	26	10	..	273	39.9	*	..
1924	151	104	34	13	..	287	52.6	*	..
1925	130	115	12	3	..	243	53.5	*	..

\* Cases are not described as cured until after the lapse of 5 years.

It will be noted that the sharp rise in the percentage of cases treated that occurred in 1924 has been maintained and slightly increased.



*Shropshire Orthopaedic Hospital.*—Seventy-five cases were sent to this Hospital by the County Council in 1925. The average length of stay of these cases was 164 days, and the average number of beds occupied 37. The cases were :—

Tuberculosis of the hip 21, spine 32, knee 6, other joints and bones 13, peritoneum 1, multiple tuberculosis 2.

Further details are given in the table on page 15.

The number of cases under supervision at the various after-care centres was 1,071 in December, 1925.

*Prees Heath Sanatorium.*—This hospital has in a limited way proved of great use during the year. There are now 10 beds available, and it is the intention to provide two more shelters. Nine patients were admitted, 3 took their discharge, and 12 died.

*Shelters.*—There are at present over 120 shelters in the County. The County Council have provided 104, 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.

Shelters are also to be provided for cases of surgical tuberculosis to allow of them being treated at home under proper conditions, and consequently discharged from the hospital at an earlier date.

The education of the people with regard to living in the open air has now advanced so much that we are prepared for a great extension of shelter treatment, and the provision of shelters in the near future should be greatly increased.

*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.

The advisability of combining the local care committees in some localities with the child welfare committees and orthopaedic after-care committees has been mooted, and may perhaps have some advantage.

*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 has 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.
	Positive.	Negative.			
243	100	65	59	14*	5

\* Of the 14 cases not examined, there was objection by the Private Practitioners or patients concerned in 4 cases; in 4 cases the Notifications were received after death; and the remaining 6 patients 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 was to some extent being met, so far as school children were concerned, by the arrangements made with the Lady Forester Trust, but this has now lapsed.
- (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 33).



Analysis of home conditions shows that of the patients visited for the first time in 1925 :—  
 107 had separate bedrooms.  
 28 shared bedrooms but had a separate bed.  
 97 shared beds on notification.

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.

A recent inquiry has been made into these 97 cases, showing that the position is as follows :—

Cases have separate beds.	Dead.	Left the County.	No tubercle bacilli found.	Unable to persuade		
				Husband and Wife.	Other Cases.	No room accommodation for further beds.
44	20	9	4	5	6	9

*Progress since 1920.*—Progress since 1920 has been principally on the lines of improvement of the scheme then existing, in particular, notification has been made more complete and more prompt. The examination of sputum is more complete and the arrangements for examination of contacts and suspects has been considerably improved. The principal material improvements have been the opening of Prees Heath Sanatorium in place of the much inferior Wellington Small-pox Hospital, where the advanced cases were previously treated; the opening of Examination Centres at Whitchurch, Ludlow and Bridgnorth; the revision and improvement of the Care Committee scheme; the increased and better use of shelters for healthy children in overcrowded homes; the provision of beds at the Wellington Babies Home for infants of mothers suffering from phthisis in a highly infectious stage.

#### 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 venereal disease, particularly hereditary syphilis, and following them up. Seven such cases have been referred during the year.

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 given in the year 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." Further instruction in this subject is necessary.

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

Two 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 IN 1925.

Shrewsbury Clinic.					Wolverhampton and Staffordshire General Hospital. Shropshire Patients.		
	Cases.		Attendances.			*Cases. Attendances.	
	M.	F.	M.	F.			
Syphilis .. ..	88	52	492	366	Syphilis .. ..	4	
Gonorrhoea .. ..	99	41	1492	547	Gonorrhoea .. ..	11	
Other conditions .. ..	28	10	48	16	Other conditions .. ..	11	
<b>Total .. ..</b>	<b>215</b>	<b>103</b>	<b>2032</b>	<b>929</b>		<b>26</b>	<b>664</b>

\* These numbers only refer to cases attending for the first time in 1925.

The marked decrease of syphilis that has taken place in recent years still continues, although not at such a high pace.

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, but this has been met to a small extent by the arrangements now made with Cleveland House.

Pathological material examined during 1925 :—

Nature of Test.	Number of Tests.	
	Birmingham University.	Shrewsbury Clinic.
For detection of gonococci .. ..	127	6
For detection of spirochetes .. ..	1	
For Wassermann reaction .. ..	277	



*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 4 cases were admitted by the County, all being pregnant women. One patient was suffering from syphilis and 3 from gonorrhoea.

#### REVIEW OF THE FIVE-YEAR PERIOD.

No material advance has been made on the scheme that was in force in 1920, except that arrangements have been made at Cleveland House for the treatment of gonorrhoea in women who can leave home, and an orderly has been provided for the purposes of improving the treatment at the male clinic, for supervising irrigations and examination of disease products.

#### 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 11.5 per cent. only of all deaths. Excluding influenza, against which it has not been possible to take any effective action, they account for 8.5 per cent. ; 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 2.6 per cent. 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.	Deaths in 1925.
(1) Heart Disease .. .. .	458	464
(2) Diseases of Arteries—		
Cerebral Hemorrhage .. .. .	224	237
Arterio-Sclerosis .. .. .	129—353	84—315
(3) Bronchitis .. .. .	206	190
(4) Pneumonia .. .. .	202	182
(5) Cancer .. .. .	305	354
	<hr/>	<hr/>
Total .. .. .	1524	1505
	<hr/>	<hr/>



Excluding deaths from violence and from unknown and ill defined causes, the diseases above mentioned accounted for 54.3 per cent. of the total deaths in the year 1925, and if the deaths from tuberculosis and influenza are also excluded they accounted for over 59.9 per cent.

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, or perhaps it may prove to be the disease—*par excellence*—that can be dealt with by direct action.

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 a considerable proportion 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 nights 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 lack of vitamins is probably a very important factor in the causation of infection, both of the alimentary and respiratory tracts.

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 99 per cent. 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 aspects, 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	1915	1.23	1.121 Civilians only
1906	1.019	.917	1916	1.35	1.166 do.
1907	1.013	.909	1917	1.35	1.210 do.
1908	1.082	.909	1918	1.55	1.218 do.
1909	1.159	.952	1919	1.39	1.145
1910	1.195	.967	1920	1.27	1.161
1911	1.07	.993	1921	1.28	1.215
1912	1.08	1.019	1922	1.42	1.229
1913	1.18	1.064	1923	1.50	1.267
1914	1.22	1.069	1924	1.24	1.3
			1925	1.44	

Registration County, 1894—1911. Urban and Rural Districts, 1912—1925.

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.

Facilities for the treatment of cancer by radium have been provided at the Lady Forester Hospitals, and the County Council have decided to bear the necessary expense of transit and treatment where this cannot be afforded by the patient.

### 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 probably 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.

\* This is probably true with regard to the vast majority of goitres in a "goitrous" district. Diseased conditions of the thyroid with enlargement no doubt arise in other ways both in goitrous and non-goitrous areas.



These subsidiary factors give a rational explanation of the fact that only a certain proportion of the population suffers 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.

Investigations, such as have been made in America, should be undertaken to show the amount of iodine in the soil and vegetation of different parts of the country, and in different kinds of cereals and vegetables. These investigations could with advantage be extended to other minerals, *e.g.*, calcium and phosphorus.

It is probable that the addition of iodine to the food in districts where there is a deficiency would result, apart from the prevention of goitre, in a general improvement of the health of the people.

#### BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

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

QUARTERS OF 1925.	FOR TYPHOID FEVER WIDAL'S REACTION.		FOR DIPHTHERIA.		FOR PHTHISIS.	
	Positive.	Negative.	Positive.	Negative.	Positive.	Negative.
First .. .. .	4	30	13	100	14	108
Second .. .. .	4	30	38	170	39	123
Third .. .. .	2	20	33	146	30	154
Fourth .. .. .	0	14	36	157	21	97
Whole year.. .. .	10	94	120	573	104	482
	104		693		586	

Twenty-two other disease products were examined and reported on.

Seventy specimens of sputum were examined at the Tuberculosis Dispensary with the following results:—17 positive and 53 negative.

*Suggested County Laboratory.*—The necessity for a County Laboratory has been before the Public Health Committee on several occasions, but financial restrictions following the War have prevented the matter being brought fully under consideration. There are very great advantages in having a local laboratory instead of sending away specimens to Birmingham. Some of these are pointed out in Dr. Symons' report for the Borough of Shrewsbury.

A laboratory would not only provide for the routine examination of disease products such as sputum for tubercle bacilli, blood for typhoid fever, swabs for diphtheria and similar examinations for cerebro-spinal meningitis, etc., but would prepare suitable vaccines for treatment and would give that scientific laboratory help to general practitioners that is so essential to efficient medical practice.

Easy consultation between the practitioners and the head of the laboratory is very important and can only be provided if the laboratory is readily accessible.



One branch of the work is likely to be greatly extended in the future owing to the Milk and Dairies Act, viz., the bacteriological and biological examination of milk for tubercle, for general bacterial contamination and for dirt. It is not suggested that the laboratory should undertake examinations under the Food and Drugs Acts or the chemical examination of water.

I could not recommend the establishment of such a laboratory unless provision were made for it to be carried out very efficiently. Until the time arrives when this can be done, it will be better to continue with our present arrangements. The staff should consist of a well trained and experienced medical bacteriologist with some assistance.

### THE PREVENTION OF DENTAL CARIES.

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

### EDUCATION IN HEALTH.

No general scheme of public health education has been drawn up, but greater attention has been given to health education in all our public health schemes, and a campaign on social hygiene consisting of parents' conferences and lectures to teachers was carried out under the auspices of the British Social Hygiene Council; also lectures to health visitors, nurses and social workers have been given on general health subjects as well as those specially connected with maternity and child welfare. Lectures have also been given by the Medical Officers and the County Health Lecturer to Women's Institutes and other gatherings.

### ISOLATION HOSPITALS.

*Infectious Disease (other than Small-pox).*—Since 1920 the only alterations to the hospital accommodation in the County have been the establishment of a joint hospital for 26 patients in Shrewsbury by the Shrewsbury and Atcham Joint Hospital Board on a site adjoining the previous hospital; and the utilisation of the Isolation Hospital at Morda in the Workhouse grounds for the districts included in the Oswestry Incorporation. This latter hospital provides accommodation for 32 patients.

The hospitals at present existent in the County are :—

Shrewsbury and Atcham Joint Hospital—brick building, 26 beds. Serving Shrewsbury Borough and Atcham Districts.

Bridgnorth Hospital—corrugated iron building, lined with match boarding, on brick foundations. 17 beds, serving Bridgnorth Borough.

Drayton and Blore Heath Hospital—corrugated iron building. 16 beds. Serving Drayton Urban and Rural Districts and Blore Heath.

Newport Hospital—Brick building, 4 beds. Serving Newport Urban District.

Oswestry—Morda Hospital—Brick building in the Workhouse grounds, 32 beds. Serving the area of the Oswestry Incorporation.

The County Council has under consideration a scheme similar to that undertaken for small-pox, viz. :—the assumption of the responsibility for the provision of isolation hospital accommodation for that part of the County with no provision (population 146,091). The proposal is to provide—

20 beds for fever cases and 20 beds for advanced cases of consumption on a site belonging to the East Shropshire Joint Hospital Board. The small number of beds to be provided for infectious diseases is explained by the fact that it is intended to isolate only such cases as the County Council think urgently need isolation. It is not proposed to undertake routine isolation of cases of scarlet fever and diphtheria.



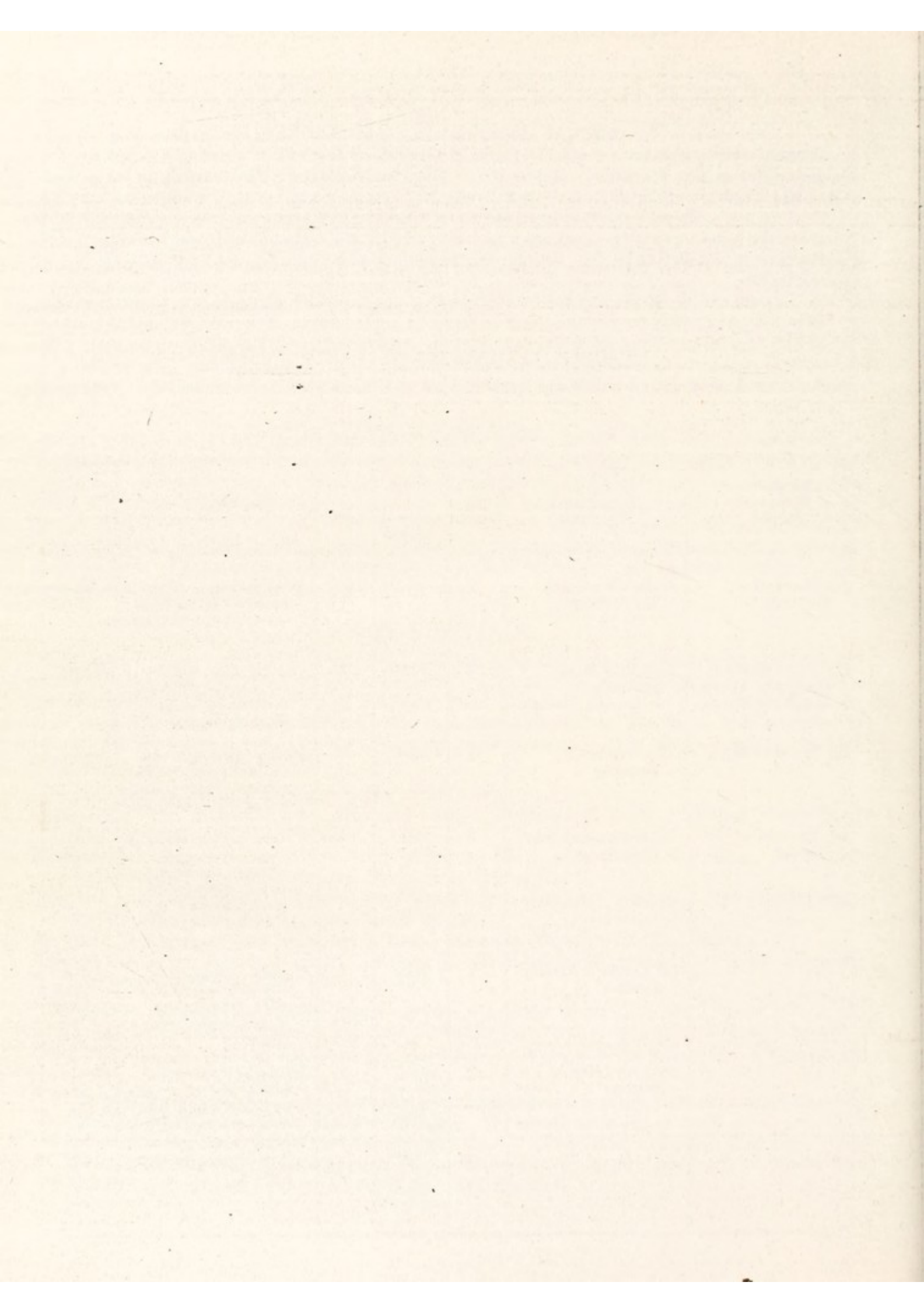
*Small-pox.*—The principal alteration since 1920 has been the undertaking by the County Council of the isolation of small-pox for the whole county with the exception of the Boroughs of Shrewsbury and Wenlock and the Rural District of Teme. This was done by a Special Order of the Ministry of Health made under the Public Health (Prevention and Treatment of Disease Act, 1913). Three hospitals situated at Whitchurch, Wellington and Ludlow were taken over from the local authorities and were put in order for the immediate reception of patients. In the absence of small-pox in the county, the Whitchurch hospital is used for advanced cases of consumption.

There can be no doubt that this step was a very marked advance in the isolation of small-pox. It has been possible on the one hand to have an organisation always ready for the prompt removal of any case of small-pox to a hospital, and on the other hand it has not been necessary to maintain several separate organisations for removal and for hospital organisation. The Sanitary Inspectors and the Medical Officers of Health have been circularised and informed of the exact arrangements in force.

#### SUMMARY OF THE SMALL-POX HOSPITAL ACCOMMODATION FOR THE COUNTY.

Sanitary Districts Served.	Situation of Hospital.	No. of Wards	Total cubic space of Wards	No. of Beds.	Administration.	Structure.
(1) Shrewsbury Borough.	Underdale Road, Shrewsbury.	2	..	6	Two Nurses' bedrooms, and two kitchens in ward blocks, cottage with 3 bedrooms.	Wood and iron on brick foundations.
(2) Teme Rural— Knighton Urban. Knighton Rural.	Knighton Rural District.	3	3224	5	One kitchen, scullery, one nurses' bedroom, a wash-house, and a discharging room.	Brick.
(3) Wenlock Boro'	The Batches, Broseley.	2	9000	8	Nurses' sitting room, one bedroom, kitchen scullery, larder, wash-house and coal store.	Wood and iron on brick foundations.
(4) The rest of the County.	(a) Wellington Rural District.	2	10800 Also one hut with 4 rooms each 15ft. by 15ft.	8	Nurses' sitting room, two nurses' bedrooms kitchen, scullery, larder, ambulance, shed, wash-house, coal store, earth closet.	Wood and iron, brick foundations.
	(b) Ludford Parish, Ludlow.	2	7560	6	Nurses' sitting room, one bedroom, kitchen, wash-house, larder, ambulance shed.	Wood and iron, supported by wooden piles.
	(c) Prees Higher Heath.	2	10400 Also one hut with 4 rooms, each 15ft. by 15ft., and one hut 60ft. by 20ft., one room.	8	Kitchen in the Ward block, and an administrative block with 4 rooms for nurses, kitchen, scullery and 2 bedrooms for care-takers.	Wood and iron on brick foundations.







The following table shows the number of houses provided since 1919 under the various schemes and since 1921 :—

Sanitary Districts.	Estimate of No. of houses required (1919).	Number of houses since built up to end of 1925.							No. of houses fallen out of use since 1919.		Total No. of new houses since March 31st, 1921	Houses decided on or in course of construction but not completed.		
		By Local Authority Under Acts			By Private persons with subsidy under Acts		By Private persons without subsidy	Total.	Closed by Local Authority.	Closed voluntarily or converted to business premises.		Under Council's schemes.	Other houses	
		1919	1923	1924	1923	1924							With subsidy.	Without subsidy.
<b>RURAL :—</b>														
Atcham .. ..	..	90	..	..	45	..	150	285	2	20	112	..	37	10
Bridgnorth .. ..	..	..	..	..	4	..	4	8	2	..	8	..	..	..
Burford .. ..	4	..	..	..	..	..	6	6	..	..	4	..	1	..
Chirbury .. ..	..	..	..	..	..	..	1	1	..	..	1	..	..	..
Church Stretton .. ..	20	..	..	10	..	..	7	17	..	..	20	..	3	..
Cleobury Mortimer .. ..	50	8	..	..	2	..	10	20	2	1	20	2	..	2
Clun .. ..	80	..	..	..	..	..	2	2	1	2	4	..	6	2
Drayton .. ..	120	92	..	..	..	..	20	112	..	1	115	19	5	3
Ellesmere .. ..	20	..	..	..	1	..	2	3	..	1	3	..	2	2
Ludlow .. ..	150	18	..	..	10	5	5	38	2	1	38	..	2	1
Newport .. ..	100	12	..	..	..	..	7	19	..	..	7	..	4	..
Oswestry .. ..	300	134	..	..	37	..	3	174	..	..	86	18	4	..
Shifnal .. ..	..	..	..	..	14	..	16	30	..	5	30	..	3	1
Teme .. ..	4	..	..	..	..	..	3	3	..	..	3	10	3	4
Wellington .. ..	150	50	..	..	1	11	21	83	3	..	83	..	4	..
Wem .. ..	64	..	..	..	..	..	26	26	4	..	26	..	..	2
Whitchurch .. ..	..	36	..	..	..	..	6	42	..	..	6	..	..	..
<b>URBAN :—</b>														
Bishop's Castle .. ..	50	12	..	..	..	..	3	15	1	1	15	..	..	2
Bridgnorth .. ..	..	16	..	..	..	..	2	18	..	19	18	12	..	4
Church Stretton .. ..	20	20	..	..	10	..	34	64	..	7	55	..	..	..
Dawley .. ..	50	..	..	..	2	..	5	7	..	2	7	..	..	..
Ellesmere .. ..	20	20	..	..	10	..	..	30	..	..	30	..	..	2
Ludlow .. ..	50	..	22	..	3	..	7	32	1	..	32	31	..	1
Market Drayton .. ..	80	60	16	..	..	..	8	84	1	..	84	24	1	1
Newport .. ..	102	28	..	..	1*	..	6	35	1	5	7	..	1	..
Oakengates .. ..	270	217	..	..	2	..	2	221	22	71	160	..	4	..
Oswestry .. ..	150	50	..	..	30†	..	16	96	10	..	63	26	29	3
Shrewsbury .. ..	359	234	92	60	111	..	152	649	..	..	376	100	49	20
Wellington .. ..	370	22	32	60	6	4	34	158	..	2	133	..	5	4
Wem .. ..	52	28	..	..	..	..	..	28	..	2	8	..	..	..
Wenlock .. ..	No. estimate.	..	1	15	..	..	11	27	15	3	15	8	..	..
Whitchurch .. ..	60	41	..	7	12	..	18	78	..	2	78	..	..	..
Total .. ..	..	1188	163	152	301	20	587	2411	67	145	1647	250	165	62

\* 1919 Act. † Three of these under 1919 Act.







### WATER SUPPLIES.

During the last five years not much has been done to improve the water supplies of the County owing to financial restrictions.

The Craven Arms water supply has been put on a satisfactory basis.

Oakengates Urban District Council have, by an Act of Parliament, become the Water Authority for their own district, and have taken over the previous supply, and now have under consideration various improvements.

The upper parts of Ketley Bank in the Wellington Rural District and the Oakengates Urban District have been supplied from the Harrington Well.

A very satisfactory scheme of water supply has been carried out for the village of Prees. The water is obtained from a well to the south of the village, and is pumped to a high point where it can gravitate to all the houses.

A scheme is under consideration for the reconstruction of the service reservoir at Oswestry and for the provision of high pressure filters.

A scheme of water supply to the village of Bucknell has been put off on account of the expense, and the same applies to the villages of Worthen and Brockton. The supplies to these villages should receive consideration again as soon as conditions are more normal.

### HOUSING.

In the report for 1923 a detailed analysis was made of the Registrar-General's figures on housing, and references should be made to this report for details (page 42).

It is satisfactory to find (see table) that three out of the four districts with the largest amount of overcrowding, namely, Wellington, Oakengates and Shrewsbury, have also provided the largest number of houses per thousand of the population. The total number of houses provided by the Councils, or aided by subsidy, or built by private individuals since the census of 1921 is 1,647, the total number closed or disused as houses is 212, leaving a gain of 1,435. The estimated increase of population since 1921 is 3,041, and allowing 4.5 persons per house, this increase of population requires 676 houses. The net increase of houses after allowing for houses closed and for increase of population is 759. The only conclusion one can come to is that although some advance has been made, there is still much leeway to be made up.

It will be noted that in Cleobury Mortimer, where successive reports have shown the housing conditions to be very bad, only 8 houses have been built by the Council.

### MEAT INSPECTION.

*Public Health (Meat) Regulations, 1924; Slaughterhouses Regulations.*—These regulations impose very important duties upon the Meat Inspectors.

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 four years. In the last course 10 lectures were given and the average attendance was 13.3. Inspectors from the following districts attended:—*Rural Districts*—Atcham, Burford, Chirbury, Church Stretton, Drayton, Ellesmere, Ludlow, Newport, Oswestry, Shifnal, Wellington, Wem, Whitchurch; *Urban Districts*—Bishop's Castle, Bridgnorth, Church Stretton, Dawley, Ludlow, Newport, Shrewsbury, Wellington, Wem, and Wenlock.







## FOOD AND DRUGS.

Return of samples taken by members of the Shropshire Constabulary for analysis under the Food and Drugs Acts during 1925 :—

Nature or Sample.	Number taken.	Genuine.	Adulterated.	Remarks.
Milk .. ..	221	203	18	10 Cautioned ; 1 Dismissed. 1 fined £6 ; 1 fined £5 and special costs 68/10. 1 fined £10 and special costs £7 os. 9d. 1 fined £5 ; 1 fined £2 and costs £5 6s. 10d. 1 fined £3 and 10/6 analyst's fee. 1 fined £2 and costs 36/6.

Of 221 samples of milk analysed :—

41	contained fat above	4 per cent.
83	„ „ between	3.5 per cent. and 4 per cent.
73	„ „ „	3.0 „ 3.5 „
18	„ „ „	2.5 „ 3.0 „
6	„ „ below	2.5 „
87	non-fatty solids	above 9 per cent.
120	„ „ „	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, 1925 :—

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 .. .. .	221	<i>Nil.</i>

2. Cream sold as Preserved Cream— *Nil.*

## BLIND PERSONS ACT, 1920.

The complete scheme was described in last year's report, and reference must be made to that report for details. Broadly speaking the County Council works through the County Association for the Blind for the supervision of all blind persons in the County except blind workers, and through the Birmingham Royal Institution for the Blind for the supervision of blind workers. The education of blind children and the training of blind adults is undertaken by the Education Committee. The County Council makes a grant of £600 towards the funds of the County Association.



## REGISTER OF BLIND PERSONS ON MARCH 31ST, 1926.

Age Period.	Male.	Female.	Age Period.	Male.	Female.
0—5	4	0	40—50	20	8
5—16	6	4	50—70	53	33
16—21	5	2	70 and over	28	50
21—30	10	11		..	..
30—40	17	4	Total ..	143	112

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, 1926 :—

No. on Register, 31/3/25	..	..	..	..	..	247
Added during the year	..	..	..	..	..	27
Being trained ..	..	..	..	..	..	14
Home workers..	..	..	..	..	..	12
Old Age Pension secured for	..	..	..	..	..	6
Number of pensions awarded	..	..	..	..	..	75
Grants obtained from other Societies	..	..	..	..	..	1
Railway fares paid for patients	..	..	..	..	..	9
Left County ..	..	..	..	..	..	5
Deaths ..	..	..	..	..	..	14
Total on Register 31st March, 1926	..	..	..	..	..	255

The report of the Shropshire Association for the Blind for the year ending March 31st, 1926, shows that the blind persons capable of education or training are receiving suitable education or training; that the employable ones are being employed and helped and that the others are receiving appropriate help in various directions. The grant of £600 from the County Council has allowed a considerable increase in the grants to the aged and unemployable, and a minimum of 15/- a week has now been fixed.

The new scale of augmentation adopted by the Birmingham Royal Institution for the Blind and approved by the Ministry of Health for one year is as follows :—

Weekly earnings.	Augmentation.
Up to 5/- ..	.. .. 12/-
5/1 to 10/-	.. .. 11/-
10/1 to 15/-	.. .. 10/-
15/1 to 16/-	.. .. 9/9

The augmentation then drops 3d. for each additional shilling of earnings until the minimum of 5/- augmentation is reached for earnings of 35/- per week and upwards.

A circular has been received from the Ministry of Health defining legal blindness more exactly.







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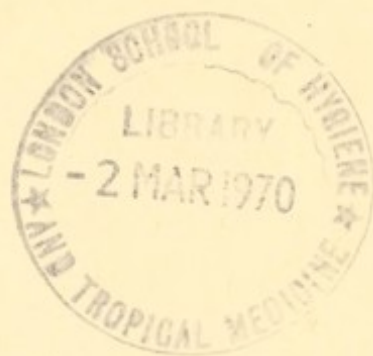
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