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Contributors

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COUNTY COUNCIL OF SALOP.
C

ANNUAL REPORT

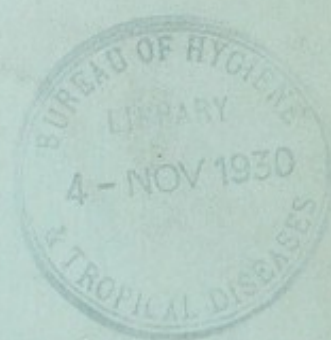
OF THE

County Medical Officer of Health.

1929.

SHREWSBURY,
September, 1930.

WILLIAM TAYLOR, M.D., D.P.H.



*To the Chairman and Members of the Public Health and Housing
Committee of the Salop County Council.*

GENTLEMEN,

I have the honour to present the Annual Report for 1929.

The year is not one which has been characterised by the introduction of new schemes, although those in force have been further developed and extended, but rather by consideration of the developments which must ensue as a result of the passing of the Local Government Act, 1929.

I am indebted to Dr. Watkin and Dr. Elliott for assistance in the preparation of that part of the report which deals with tuberculosis.

I am Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR.

*College Hill House,
Shrewsbury,
September, 1930.*

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) of Administrative County	..	..	..	..	..	..	861,800
Population (Census 1921)	..	..	..	..	..	..	243,062
Estimated Population in 1929	}		for Birth-rates	..	..	..	243,840
			for Death-rates	..	..	..	243,200
		Urban	for Birth-rates	..	..	..	114,240
			for Death-rates	..	..	..	113,600
		Rural for Birth-rates and Death-rates		..	..	..	129,600
Number of Inhabited Houses (1921)	..	..	..	..	..	..	54,873
Number of Families or separate Occupiers	..	..	..	..	..	..	55,878
Rateable Value	..	..	..	..	..	..	£1,044,927
Sum represented by a penny rate	..	..	..	..	..	..	£4,054

In a rural County such as Shropshire the occupations chiefly followed are naturally agricultural. There are, however, areas in the County where the chief industry is coal mining, and in certain of these a considerable amount of work in iron produce is carried on. It is these areas of the county which are chiefly affected by the present industrial depression, and it is probable that in them there is a lowering of the general health of the population, although it cannot be said that the vital statistics for the year lend conclusive support to this opinion. It is that part of the population which is of school age which is likely to be most adversely affected, and the work at the school clinics in those areas seems to indicate that this opinion is justified.

EXTRACTS FROM VITAL STATISTICS OF REGISTRAR-GENERAL.

	Male.		Female.		Male & Female.		Rates.	
	1928	1929	1928	1929	1928	1929	1928	1929
Births: Total ..	2,122	2,091	1,999	2,027	4,121	4,118	16.8	16.89
Legitimate	1,976	1,960	1,874	1,876	3,850	3,836	15.7	15.73
Illegitimate	146	131	125	151	271	282	1.1	1.16
Deaths: Total ..	1,425	1,705	1,499	1,649	2,924	3,354	12.0	13.79
Deaths under 1 year	133	171	106	99	239	270	58	65
Legitimate ..	123	156	97	86	220	242	57.1	63
Illegitimate	10	15	9	13	19	28	70.1	96
Still-births ..	..	..	..	..	..	..	0.79	0.69
Deaths of women dying in, or in consequence of, child-birth:—					1926	1927	1928	1929
Total ..					22	17	16	14
From Sepsis ..					8	3	5	2
From other causes ..					14	14	11	12
Deaths from Measles (all ages)					4	13	13	7
" Whooping Cough (all ages)					22	9	14	20
" Diarrhoea (under 2 years of age)					13	8	14	27

TABLE I.
CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1929—RURAL DISTRICTS

[illegible]

TABLE I.
CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1929—URBAN DISTRICTS.

CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1929—URBAN DISTRICTS.																																	
Causes of Death.	Shrewsbury M.B. 02		Bishop's Castle M.B. 04		Bridgnorth M.B. 05		Church Stretton U.D. 06		Dawley U.D. 07		Ellesmere U.D. 14		Ludlow M.B. 15		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		Market Drayton U.D. 35		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	225	199	9	14	47	38	4	9	58	58	13	16	41	47	16	25	74	61	86	67	65	74	17	22	100	115	49	40	46	37	850	822	
1 Enteric fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	
2 Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
3 Measles	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	
4 Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	7	
5 Whooping cough	..	..	..	..	..	..	..	..	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	2	5	..	..	..	8	
6 Diphtheria	1	1	1	..	..	..	..	..	2	6	2	3	3	1	..	..	..	..	..	..	..	..	..	..	..	10	1	3	4	2	54	68	
7 Influenza	9	15	1	..	10	9	..	..	..	..	..	..	..	..	..	..	1	7	4	5	6	2	2	4	10	1	3	4	2	54	68		
8 Encephalitis lethargica	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3	
9 Meningococcal meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
10 Tuberculosis of respiratory system	14	10	..	1	1	..	..	..	3	4	..	..	..	1	..	2	5	4	11	10	2	..	..	1	5	6	3	1	..	..	44	40	
11 Other tuberculous diseases	..	2	..	..	..	..	..	..	1	..	..	..	..	1	..	..	1	1	1	1	3	3	..	..	1	3	1	1	..	..	10	9	
12 Cancer, malignant disease	36	31	1	3	4	6	1	2	5	7	1	1	10	10	3	1	7	2	6	8	6	9	1	3	5	6	9	3	3	4	98	96	
13 Rheumatic fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
14 Diabetes	2	..	..	2	1	..	..	..	2	..	1	..	..	1	..	..	1	1	2	..	..	1	..	..	..	10	3	1	3	1	7	9	
15 Cerebral haemorrhage, &c.	8	13	..	..	3	3	1	..	3	4	..	..	2	3	3	1	4	4	..	2	7	10	2	3	18	26	6	2	11	8	153	146	
16 Heart disease	51	39	2	2	4	4	..	3	13	9	1	3	6	7	1	5	9	10	22	14	7	11	2	3	18	26	6	2	11	8	153	146	
17 Arterio-sclerosis	3	7	3	1	1	1	..	..	3	5	..	..	1	..	1	..	2	2	5	3	3	..	1	..	2	3	2	3	..	..	1	27	
18 Bronchitis	11	7	1	3	1	3	..	..	4	2	1	..	1	2	1	5	4	2	2	3	1	6	4	2	3	10	4	6	3	6	3	60	
19 Pneumonia (all forms)	18	12	..	2	2	2	..	1	4	6	..	1	3	6	1	2	8	1	2	2	4	2	2	3	10	4	6	3	6	3	60		
20 Other respiratory diseases	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	8	
21 Ulcer of stomach or duodenum	3	1	..	2	2	..	..	1	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	
22 Diarrhoea, &c. (under 2 years)	1	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	9	
23 Appendicitis and typhlitis	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	
24 Cirrhosis of liver	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	4	
25 Acute and chronic nephritis	6	5	..	..	1	2	..	..	1	..	..	..	..	..	1	..	2	3	9	4	1	2	..	..	1	4	3	3	1	27	25		
26 Puerperal sepsis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
27 Other accidents and diseases of pregnancy and parturition	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	6	
28 Congenital debility and mal-formation, premature birth	11	6	..	3	..	..	..	..	2	..	1	1	3	..	..	1	3	3	5	2	1	1	..	1	8	5	2	..	1	1	40	21	
29 Suicide	3	2	..	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	..	..	..	..	1	
30 Other deaths from violence	14	5	..	3	1	..	1	2	..	2	1	3	..	..	..	1	4	..	1	1	4	1	..	..	3	2	..	1	1	1	37	15	
31 Other defined diseases	29	32	..	1	7	4	2	1	9	8	3	4	5	14	2	4	16	21	12	7	16	18	4	4	20	27	6	8	9	8	140	161	
32 Causes ill-defined or unknown	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	3	3	
Special Causes (included above):	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Polio-myelitis	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
Poli-o-encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Deaths of infants under 1 year:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Total	21	7	..	1	5	..	..	..	4	6	2	1	9	4	2	2	6	9	7	6	4	3	1	1	12	6	3	..	5	4	81	50	
Illegitimate	..	..	..	..	1	..	..	..	3	..	1	1	1	1	..	..	..	..	2	1	1	..	..	..	..	..	..	..	..	1	2	8	7
TOTAL LIVE BIRTHS	285	267	8	11	43	33	10	4	47	67	12	15	41	34	32	29	107	112	73	86	77	73	8	16	110	103	55	44	46	32	954	926	
Legitimate	275	247	7	10	39	28	9	3	44	59	9	13	39	33	30	27	106	107	70	79	73	70	8	15	104	100	51	40	41	28	908	859	
Illegitimate	10	20	1	1	4	5	1	1	3	8	3	2	2	1	2	2	1	5	3	7	4	3	..	1	6	3	4	4	5	4	49	67	
TOTAL STILL-BIRTHS	9	5	1	..	2	4	1	..	5	1	2	1	5	4	1	1	7	6	6	1	2	1	1	2	7	2	2	3	1	1	52	32	
Legitimate	9	5	1	..	2	4	1	..	5	1	2	..	4	4	..	..	5	6	6	1	2	1	1	2	7	2	2	3	1	1	48	30	
Illegitimate	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	
POPULATION	For birth-rate 32630 For death-rate 31990		1901		4885		1778		7405		1856		5306		3081		11330		9751		8596		2161		13900		5613		4647		For birth-rate 114240 For death-rate 113600		
BIRTH-RATES	16.9		14.6		15.5		7.8		15.4		14.5		14.1		19.8		19.3		16.3		17.4		11.1		15.3		17.6		16.8		16.45		
DEATH-RATES	13.3		17.6		17.4		7.3		13.7		15.6		16.6		13.3		11.9		15.7		16.2		18.0		15.4		15.8		17.8		14.7		

TABLE II.
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF SALOP, 1929.

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.	850	81	18	19	26	31	77	218	185	195	855	90	10	16	16	25	59	185	207	247
	F.	822	50	10	12	19	29	67	182	187	266	827	49	9	13	18	18	82	157	189	292
1 Enteric Fever	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F.	1	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	1	..	..	..
2 Small-pox	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 Measles	M.	2	..	1	1	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	3	..	1	..	1	..	1	..	..	..
4 Scarlet Fever	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 Whooping Cough	M.	6	5	..	1	..	..	..	..	..	..	6	3	2	1	..	..	..	..	..	..
	F.	2	1	..	1	..	..	..	..	..	..	6	1	..	3	2	..	..	..	..	..
6 Diphtheria	M.	7	..	1	3	3	..	..	..	..	..	2	..	..	..	2	..	..	..	..	..
	F.	8	..	..	3	3	..	..	1	1	..	1	..	..	1	..	..	..	..	..	..
7 Influenza	M.	54	4	..	1	2	3	7	15	15	7	53	5	..	1	..	..	5	14	13	15
	F.	68	2	..	..	1	1	2	22	18	22	59	..	..	..	1	..	10	10	20	18
8 Encephalitis lethargica	M.	..	..	..	..	..	..	..	..	..	..	7	..	..	1	1	1	..	3	1	..
	F.	3	..	..	..	1	1	1	..	..	..	1	..	..	..	..	..	..	1	..	..
9 Meningococcal meningitis	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 Tuberculosis of respiratory system	M.	44	1	..	..	1	9	13	18	1	1	30	..	..	..	..	6	15	6	2	1
	F.	40	..	..	..	3	13	17	5	2	..	33	..	..	..	2	7	21	2	1	..
11 Other tuberculous diseases	M.	10	..	1	3	3	1	2	..	..	..	8	..	..	1	3	1	2	..	1	..
	F.	9	3	1	1	2	..	1	1	..	..	6	1	..	2	2	..	1	..	..	..
12 Cancer, malignant disease	M.	98	..	..	..	1	..	2	46	30	19	88	..	..	..	..	..	1	32	38	17
	F.	96	..	..	..	..	..	6	39	30	21	103	..	..	..	1	1	6	42	34	19
13 Rheumatic fever	M.	2	..	..	..	1	1	..	..	..	..	2	..	..	..	1	..	1	..	..	..
	F.	3	..	..	..	1	1	..	1	..	..	4	..	..	..	1	..	3	..	..	..
14 Diabetes	M.	7	..	..	..	..	..	..	2	3	2	5	..	..	..	..	..	..	1	4	..
	F.	9	..	..	..	..	1	..	2	3	3	7	..	..	..	..	..	..	1	6	..
15 Cerebral haemorrhage, &c.	M.	43	..	..	..	..	..	1	8	20	14	45	..	..	..	..	1	..	12	10	22
	F.	56	..	..	..	..	..	3	11	17	25	68	..	..	..	..	..	2	14	22	30
16 Heart disease	M.	153	..	..	..	2	1	14	36	51	49	152	..	..	..	1	..	2	36	58	55
	F.	146	..	..	..	..	2	6	38	42	58	172	..	..	..	3	..	2	34	51	82
17 Arterio-sclerosis	M.	27	..	..	..	..	..	..	3	10	14	45	..	..	..	..	..	..	6	9	30
	F.	26	..	..	..	..	..	..	4	9	13	27	..	..	..	..	..	1	1	7	18
18 Bronchitis	M.	40	2	2	..	..	..	..	6	12	18	45	2	2	1	..	..	..	4	8	28
	F.	47	1	1	..	..	..	1	6	6	32	47	..	..	1	..	1	1	4	14	26
19 Pneumonia (all forms)	M.	66	15	9	4	2	2	9	13	7	5	41	10	3	3	..	1	4	7	9	4
	F.	50	9	7	3	1	..	3	7	13	7	37	7	3	..	1	2	3	7	8	6
20 Other respiratory diseases	M.	6	..	1	..	..	1	..	2	2	..	9	..	..	..	..	..	1	2	4	2
	F.	8	..	..	..	..	1	1	1	2	3	7	..	..	..	..	..	1	1	1	4
21 Ulcer of stomach or duodenum	M.	10	..	..	..	..	1	2	4	1	2	7	..	..	..	..	..	1	4	1	1
	F.	5	..	..	..	..	1	1	3	..	..	2	..	..	..	..	..	..	1	..	1
22 Diarrhoea, &c.	M.	8	5	..	1	..	..	..	1	..	1	8	4	2	1	..	..	..	1	..	..
	F.	8	3	..	1	..	1	1	1	..	1	3	..	1	1	..	..	..	..	1	..
23 Appendicitis and typhlitis	M.	9	..	..	..	4	1	2	2	..	..	2	..	..	..	1	1	..	..	..	..
	F.	3	..	..	1	2	..	..	..	..	..	5	..	..	..	..	..	2	3	..	..
24 Cirrhosis of liver	M.	3	..	..	..	..	..	..	3	..	..	4	..	..	..	..	..	..	2	2	..
	F.	4	..	..	..	..	..	..	2	2	..	1	..	..	..	..	..	..	..	..	1
25 Acute and chronic nephritis	M.	27	..	..	..	..	..	2	11	9	5	23	..	..	..	..	..	2	10	8	3
	F.	25	..	..	..	1	2	5	5	6	6	14	..	..	1	1	1	..	4	2	5
26 Puerperal sepsis	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2	..	..	..
27 Other accidents and diseases of pregnancy and parturition	M.	..	..	..	..	..	1	5	..	..	..	6	..	..	..	..	1	5	..	..	..
	F.	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28 Congenital debility and malformation, premature birth	M.	40	38	1	..	..	..	1	..	..	..	51	51	..	..	..	..	..	..	..	..
	F.	21	20	..	1	..	..	..	..	..	..	32	32	..	..	..	..	..	..	..	..
29 Suicide	M.	11	..	..	..	..	..	2	6	..	3	7	..	..	..	..	..	1	2	4	..
	F.	4	..	..	..	..	..	1	2	1	..	5	..	..	..	..	..	3	2	..	..
30 Other deaths from violence	M.	37	2	..	3	5	6	9	9	1	2	48	..	..	4	4	9	9	12	5	5
	F.	15	..	1	1	2	..	3	3	2	3	19	..	2	2	..	1	4	3	3	4
31 Other defined diseases	M.	137	9	2	2	2	5	11	31	22	53	161	13	1	3	3	5	15	28	29	64
	F.	156	10	..	..	2	4	10	26	32	72	154	8	2	2	3	4	12	26	19	78
32 Causes ill-defined or unknown	M.	3	..	..	..	..	..	..	2	1	..	4	..	..	..	..	..	..	3	1	..
	F.	3	1	..	..	..	..	..	1	1	..	2	..	..	..	..	..	1	1	..	..



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POPULATION.

Below are given particulars of the population of the County at the time of the last three census returns, and the Registrar-General's estimate of the population at the middle of 1929 and the two preceding years:—

1901 (Census)	..	..	239,783	1927 (estimated population)	244,300
1911	..	..	246,307	1928	 244,440
1921	..	..	243,062	1929	 243,840

The following are the particulars of the population of the Urban and Rural Districts as estimated at the middle of 1929 by the Registrar-General. The census population for 1921 is given alongside for purposes of comparison:—

URBAN DISTRICTS.			Estimated Population 1929.	Census Population 1921.	RURAL DISTRICTS.			Estimated Population 1929.	Census Population 1921.
Bishop's Castle M.B.			1301	1267	Atcham	..	..	22500	21981
Bridgnorth M.B.	..		4885	5141	Bridgnorth	..	..	8412	8570
Church Stretton	..		1778	1669	Burford	..	..	1285	1268
Dawley	..	..	7405	7388	Chirbury	..	..	3018	3214
Ellesmere	..	..	1856	1832	Church Stretton	..	..	4384	4517
Ludlow M.B.	..	..	5306	5674	Cleobury Mortimer	..	..	7263	7299
Market Drayton	..	..	4647	4714	Clun	..	..	6236	6244
Newport	..	..	3081	3054	Drayton	..	..	7338	7155
Oakengates	..	..	11330	11345	Ellesmere	..	..	7742	8009
Oswestry M.B.	..	..	9751	9785	Ludlow	..	..	8516	8980
Shrewsbury M.B.	..	..	31990†	31006	Newport	..	..	5525	5745
Wellington	..	..	8596	8146	Oswestry	..	..	16350	16399
Wem	..	..	2161	2172	Shifnal	..	..	7626	7670*
Wenlock M.B.	..	..	13900	13714	Teme	..	..	1645	1649
Whitchurch	..	..	5613	5653	Wellington	..	..	11140	11207
					Wem	..	..	8583	8583
					Whitchurch	..	..	2037	2012

† For birth-rate 32,630.

* 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 of these parishes at the 1921 Census was 689, making a total of 8,355 for the Rural District.

MARRIAGES.

The number of marriages in the Registration County during the year was 1,965. With the exception of 1927 this is the highest recorded since 1921, and represents an increase of 162 as compared with 1928. The figures are as follows:—

Year	Marriages.	Year	Marriages.
1917	.. 1496	1923	.. 1883
1918	.. 1718	1924	.. 1930
1919	.. 2387	1925	.. 1895
1920	.. 2440	1926	.. 1814
1921	.. 2050	1927	.. 1994
1922	.. 1879	1928	.. 1803
		1929	.. 1965

BIRTHS AND DEATHS.

The number of births and deaths, with birth-rates and death-rates, for each year since 1917 is as follows :—

Year	Births.	Deaths.	Natural increase of population.	Birth-rates.	Death-rates.
1917	4059	3232	827	16.63	14.12
1918	4283	3702	581	17.73	17.18
1919	4264	3441	823	17.73	14.91
1920	5943	2952	2991	24.73	12.3
1921	5318	3000	2318	21.88	12.34
1922	4904	3295	1609	20.1	13.5
1923	4900	3046	1854	19.95	12.4
1924	4622	3102	1520	18.7	12.5
1925	4469	2924	1545	18.1	11.8
1926	4479	2927	1552	18.27	11.98
1927	4179	3120	1059	17.06	12.77
1928	4121	2924	1197	16.8	12.0
1929	4118	3354	764	16.89	13.79

Details of the birth-rates and death-rates of each of the sanitary districts for the year 1929 are shown in the following table :—

Urban Districts.			Birth-rates.	Death-rates.	Rural Districts.			Birth-rates.	Death-rates.
Bishop's Castle	..	..	14.6	17.6	Atcham	..	..	16.1	11.7
Bridgnorth	..	..	15.5	17.4	Bridgnorth	..	..	18.1	13.5
Church Stretton	..	..	7.8	7.3	Burford	..	..	9.3	10.1
Dawley	..	..	15.4	15.7	Chirbury	..	..	21.5	19.9
Ellesmere	..	..	14.5	15.6	Church Stretton	..	..	17.1	14.1
Ludlow	..	..	14.1	16.6	Cleobury Mortimer	..	..	20.5	10.6
Market Drayton	..	..	16.8	17.8	Clun	..	..	15.6	12.0
Newport	..	..	19.8	13.3	Drayton	..	..	19.6	14.7
Oakengates	..	..	19.3	11.9	Ellesmere	..	..	17.6	13.8
Oswestry	..	..	16.3	15.7	Ludlow	..	..	20.4	12.8
Shrewsbury	..	..	16.9	13.3	Newport	..	..	16.4	13.3
Wellington	..	..	17.4	16.2	Oswestry	..	..	15.9	12.1
Wem	..	..	11.1	18.0	Shifnal	..	..	16.2	14.9
Wenlock	..	..	15.3	15.4	Teme	..	..	19.4	17.0
Whitchurch	..	..	17.6	15.8	Wellington	..	..	16.4	13.4
					Wem	..	..	16.3	12.8
					Whitchurch	..	..	18.6	10.3
TOTAL	..	..	16.45	14.7	TOTAL	..	..	17.3	12.9

The comparison with England and Wales is as follows :—

SHROPSHIRE.				ENGLAND AND WALES.			
		1928	1929			1928	1929
Birth-rate	..	16.8	16.89	Birth-rate	..	16.7	16.3
Death-rate	..	12.0	13.79	Death-rate	..	11.7	13.4
Difference	..	4.8	3.1	Difference	..	5.0	2.9

The birth-rate for Shropshire is 0.09 greater than that for the previous year, while that for England and Wales shows a decline of 0.4 as compared with 1928. The death-rate for both has, however, increased during the year—in the case of Shropshire by 1.79 and in the case of England and Wales by 1.7. As in the previous year, therefore, this county shows a greater death-rate as well as a greater birth-rate than England and Wales. This comparison is more favourable than at first sight it would appear, as the increase in the death-rate is accompanied in this county by a rise in the birth-rate, while the reverse of this is true of the country as a whole.

It is interesting to note that the birth-rate in Shropshire exceeds the death-rate by 3.1, and in the country as a whole it only exceeds it by 2.9. This is the reverse of the previous year, when the excess of the birth-rate over the death-rate was 4.8 for Shropshire and 5.0 for England and Wales. These figures serve to bring out the fact, however, that there is a gradual approximation of the birth-rate to the death-rate, and that if this continues the population of the country must in the course of a very few years be stationary ; if it actually does not commence to decline. Comparing the years 1928 and 1929 the progress towards an equality of births and deaths is represented in Shropshire by a rate of 1.7, and by a rate of 2.1 in the country as a whole ; and as there is only a margin to draw upon of 3.1 in the case of this county and of 2.9 in that of England and Wales, the turning point for either would not seem to be very far removed.

During the year there were 3,354 deaths in the county due to all causes, the principal of which have been summarised below. There has been an increase in the number of deaths due to each of these principal causes with the exception of those deaths due to forms of tuberculosis other than pulmonary.

	1926	1927	1928	1929
Heart Disease	499	482	562	623
Arterio-sclerosis	129	133	152	125
Cerebral Haemorrhage	250	253	209	212
Congenital Debility	122	113	129	144
Influenza	70	181	65	234
Bronchitis	165	171	131	179
Pneumonia	153	165	139	194
Pulmonary Tuberculosis	138	129	126	147
Other forms of Tuberculosis	37	44	41	33
Cancer, Malignant Disease	362	402	379	385

Diseases of circulatory system, namely, heart disease, cerebral haemorrhage and arterio-sclerosis, account for 960 of these, an increase of 37 over those in 1928 ; and only 41 of the deaths in this large group took place in persons under 45 years of age. It is justifiable to conclude, therefore, that the bulk of these deaths was due to degenerative changes. Next in frequency were deaths due to diseases of the respiratory system, namely, influenza, bronchitis, pneumonia and pulmonary tuberculosis, which together account for 754 deaths. Of these, 234 were due to influenza, which in 1928 only caused 65 deaths, and which is the chief cause of the increase in the death-rate for the year.

Deaths due to cancer, amounting to 385 and representing an increase of 6 on the previous year, come next in the series. The deaths due to congenital debility numbered 144, an increase of 15, and will be recognised as the chief cause of the maintenance of the infant mortality rate. There were 149 deaths from pulmonary tuberculosis, an increase of 21 as compared with 1928. This increase can probably be accounted for by the prevalence of influenza during the year, a disease which always has a very injurious effect on patients suffering from tuberculosis of the lungs.

Of the individual diseases only deaths from heart disease exceeded those due to cancer, which caused a larger number of deaths in this county than in any other year with the exception of 1927, and accounted for one out of every nine deaths which took place. The following table shows that there has been a slight but constant annual increase in the number of deaths due to this cause since 1907 in the country as a whole, which constancy has been shared to an almost equal extent by this county.

DEATH-RATES FROM CANCER.

Year	County of Salop.	England and Wales.	Year	County of Salop.	England and Wales.
1894-1905	.978	.816	1917	1.35	*1.210
1906	1.019	.917	1918	1.55	*1.218
1907	1.013	.909	1919	1.39	1.145
1908	1.082	.909	1920	1.27	1.161
1909	1.159	.952	1921	1.28	1.215
1910	1.195	.967	1922	1.42	1.229
1911	1.07	.993	1923	1.50	1.267
1912	1.08	1.019	1924	1.24	1.297
1913	1.18	1.064	1925	1.44	1.336
1914	1.22	1.069	1926	1.476	1.362
1915	1.23	*1.121	1927	1.645	1.376
1916	1.35	*1.166	1928	1.554	1.425
			1929	1.583	

* Civilians only.

While the prevalence of cancer has become a matter for the anxious consideration of public health authorities, no specific treatment has yet been discovered, and in order to combat the disease chief reliance has to be placed on the provision of facilities for early diagnosis, that the aid of a surgeon may be called in at the earliest possible moment. Free transit is provided to the Royal Salop Infirmary for those in whose case the question of cancer has been raised, and who are unable to pay, that they may have the advantage of the additional means for diagnosis which the institution affords. Addresses are also given by the medical officers at the Welfare Centres in which, in addition to indicating the nature of the disease, the fact is also emphasized that cancer, to begin with, is a purely local condition, and therefore one which is quite curable in its early stages.

The following table shows the position with regard to the chief matters referred to for each five-year period from 1901 to 1925, each subsequent year being given separately :—

Periods.	Birth-rate.	Death-rate.	Infant Mortality Rate per 1,000 Births.	Death-rates from Phthisis.	Death-rates from Cancer.
1901—1905 ..	26.34	15.2	102	.938	1.025
1906—1910 —	23.98	14.64	92	.948	1.093
1911—1915 ..	21.21	13.832	82	.804	1.156
1916—1920 ..	19.162	14.554	71	.808	1.382
1921—1925 ..	19.716	12.488	60	.614	1.374
1926	18.27	11.98	54	.563	1.476
1927	17.06	12.77	48	.528	1.645
1928	16.8	12.0	58	.517	1.554
1929	16.89	13.79	65	.604	1.583

INFANT MORTALITY.

There were 4,118 births during 1929, only three less than in the previous year. There were, however, 270 deaths of children under one year of age as opposed to 239 in 1928, an increase of 31. This gives an infant mortality rate of 65 per thousand births, a rise of 9 per thousand as compared with 1928. This compares quite favourably, however, with the infant mortality rate for England and Wales, which was 74 per thousand births, a rise also of 9 per thousand over the figure for the previous year.

Amongst illegitimate children the infant mortality rate was 96.2, being, as usual, much higher than that for the legitimate, for whom it was 63. The figures are as follows :—

All Infants.		Total.		Male.	Female.	Infant Mortality Rates.	
(1927)	200	Legitimate	175	104	71	44.7	47.86
		Illegitimate	25	16	9	94.0	
(1928)	239	Legitimate	220	123	97	57.1	58
		Illegitimate	19	10	9	70.1	
(1929)	270	Legitimate	242	156	86	63	65
		Illegitimate	28	15	13	96	

The increase of 31 in the number of deaths of children under twelve months is more than accounted for by the increase in the mortality from influenza, pneumonia and congenital defects, from which 40 more deaths of children under one year took place. A considerable number of the cases of pneumonia were probably influenzal in origin, and it would probably be substantially true to state that the increase in the infant mortality rate was due to the prevalence of influenza during the year, notwithstanding the fact that there were 15 more deaths from congenital defect of one kind or another. As deaths from congenital defect account for 141 out of 270 deaths of infants under 12 months, it must, however, be recognised as the chief cause of the maintenance of the infant mortality. A congenital defect being an established fact at birth, must be prevented rather than cured, and it is to a reduction in the number of deaths due to other causes that we must look chiefly for a decrease in the infant mortality rate. No amount of attention by the midwife immediately after birth, and by the health visitor at a later date, can save a child born with a serious physical defect.

Actually, but for these three conditions, namely, influenza, pneumonia and congenital defect, there would have been a considerable reduction in the infant mortality during the year.

It is an accepted fact that the practically continuous fall in the infant mortality rate which has taken place for at least 30 years has been due chiefly to an increased knowledge of the nutritional requirements of the newly-born child, and especially, therefore, to a recognition of the importance of breast-feeding. The question therefore naturally arises: To what extent defective nutrition has been responsible for the increase in the infant mortality during 1929? In so far as influenza and pneumonia are concerned, as the whole population suffered during the year, it would be difficult if not impossible to draw any definite conclusion as regards its effect on infants under one year, although it is reasonable to suppose that if, owing to trade depression, the nutritional requirements of the general population suffered as a consequence, the infant population would be affected to a certain extent, thereby rendering it more susceptible to any infectious condition which happened to be prevalent. It is, however, in the third of the three chief causes of infant mortality, namely, congenital defects, that defective nutrition in the general population is most likely to make itself felt, and many of these are no doubt manifestations on the part of the expectant mother of her inability to provide for the normal requirements of the unborn child.

The great importance of care in the early weeks and months of life is abundantly brought out by the following table, which shows that of 402 deaths of children under twelve months which took place in the last two years, concerning which accurate information is available, 60 per cent. died before the age of one month, and 71.9 per cent. before the age of three months, each of the succeeding three-monthly periods accounting for about 10 per cent.

DEATHS OF INFANTS UNDER ONE YEAR.

Age.	1928.		1929.		Average for years 1928-1929.
	No. of Deaths.	Percentage.	No. of Deaths.	Percentage.	
Under 1 day	30	16.6	42	19.0	17.9
Over 1 day but under 1 week	35	19.2	52	23.6	21.7
1 week—2 weeks	18	9.9	13	5.9	7.7
2 weeks—1 month ..	27	14.8	24	10.9	12.7
1 month—3 months ..	22	12.0	26	11.9	11.9
3 months—6 months ..	18	9.9	23	10.5	10.2
6 months—9 months ..	20	11.0	22	10.0	10.4
9 months—12 months ..	12	6.6	18	8.2	7.5
Total deaths	182		220		

Below are given particulars of the infant mortality rate for each of the Sanitary Districts since 1901. The smallness of the numbers concerned make for wide variations from year to year, as, in a district in which the total number of births is small, a few deaths of children under one year of age makes a great difference to the infant mortality rate for that particular district.

URBAN DISTRICTS.	Average for years.				Rates for 1920	Rates for 1921	Rates for 1922	Rates for 1923	Rates for 1924	Rates for 1925	Rates for 1926	Rates for 1927	Rates for 1928	Rates for 1929
	1901 to 1906	1907 to 1914	1915 to 1919	1920 to 1924										
Bishop's Castle	86	100	105	34	33	32	0	182	0	34	50	38	40	53
Bridgnorth ..	106	116	104	70	78	73	47	62	85	95	39	80	28	66
Church Stretton	96	99	67	59	85	48	32	0	0	0	105	133	100	0
Dawley ..	112	97	77	64	78	93	43	41	62	85	51	37	34	88
Ellesmere ..	103	65	74	61	58	86	69	47	26	33	0	30	250	111
Ludlow ..	113	84	76	65	85	83	45	49	50	30	59	26	30	173
Market Drayton ..	..	..	119	89	76	85	111	85	91	77	48	97	55	115
Newport ..	117	80	81	50	69	66	31	34	41	18	41	19	43	66
Oakengates ..	138	104	87	73	58	92	69	59	94	57	82	74	54	68
Oswestry ..	102	101	96	65	54	74	22	74	95	46	68	36	34	82
Shrewsbury ..	126	102	74	61	65	84	47	62	46	77	63	43	56	51
Wellington ..	114	78	91	53	55	74	62	35	29	23	55	57	72	47
Wem ..	93	87	47	78	102	135	47	51	54	97	36	30	0	83
Wenlock ..	102	85	71	58	69	52	74	33	55	65	55	21	80	85
Whitchurch ..	103	104	82	39	30	55	10	44	62	56	21	33	88	30
All Districts ..	112	96	82	63	65	78	52	54	59	62	58	45	56	70

RURAL DISTRICTS.	Average for years.				Rates for 1920	Rates for 1921	Rates for 1922	Rates for 1923	Rates for 1924	Rates for 1925	Rates for 1926	Rates for 1927	Rates for 1928	Rates for 1929
	1901 to 1906	1907 to 1914	1915 to 1919	1920 to 1924										
Atcham ..	84	77	56	62	71	48	57	56	75	80	56	28	67	66
Bridgnorth ..	87	67	65	68	73	64	73	66	64	82	45	62	78	59
Burford ..	59	68	35	46	34	0	0	95	143	150	0	62	71	83
Chirbury ..	77	60	51	74	123	92	40	53	47	0	41	120	0	123
Church Stretton	97	80	75	65	76	77	35	77	53	82	65	14	86	53
Cleobury Mortimer ..	92	74	72	63	59	78	62	65	49	52	39	16	41	47
Clun ..	100	72	95	57	33	52	78	78	48	32	36	59	45	82
Drayton ..	115	84	77	54	25	60	67	71	49	92	76	65	77	49
Ellesmere ..	92	84	73	57	54	37	85	67	39	48	106	33	57	74
Ludlow ..	91	69	59	62	81	35	81	55	59	38	31	64	49	63
Newport ..	106	96	97	79	96	79	88	48	73	80	19	76	53	33
Oswestry ..	96	87	83	68	76	70	62	69	57	58	45	81	61	46
Shifnal ..	94	76	52	40	36	21	49	42	49	9	33	22	28	89
Teme ..	127	102	67	33	54	61	0	28	0	93	79	37	0	125
Wellington ..	102	83	74	64	79	71	48	85	31	69	46	49	69	60
Wem ..	69	67	62	72	68	63	95	61	76	71	63	36	68	57
Whitchurch ..	61	58	69	48	76	22	62	29	42	29	77	40	29	26
All Districts ..	93	78	69	62	67	57	64	63	56	59	51	49	58	62

The following table gives details concerning the causes of death in infants under one year since 1905, and brings out the fact that although the year 1929 was the year of the smallest number of births, it was also the year with the greatest number of deaths due to congenital defect.

Table giving particulars relating to Infant Mortality since 1905.

	Average for years				Number for years									
	1905 to 1909	1910 to 1914	1915 to 1919	1920 to 1924	1921	1922	1923	1924	1925	1926	1927	1928	1929	
Births	5955	5427	4441	5137	5318	4904	4900	4622	4469	4479	4197	4121	4118	
Deaths from all causes under one year ..	561	444	335	319	354	288	291	269	271	242	200	239	270	
Deaths from—														
Measles and														
Whooping Cough ..	34	22	19	13	15	8	9	9	11	13	5	13	12	
Influenza	..	..	11	3	5	6	3	..	5	2	7	0	11	
Other Infectious Diseases	5	1	.8	.2	1	..	..	..	..	1	..	..	0	
Tuberculous Diseases ..	19	12	5.8	5.8	6	7	3	1	3	4	2	4	5	
Convulsions and Men- ingitis (not tuber- culous)	60	42	..	..	..	..	..	..	..	..	..	..	..	
Bronchitis	46	33	30.6	20.6	24	18	3	21	16	13	8	10	5	
Pneumonia	65	43	34	29.6	28	28	17	35	38	31	22	27	41	
Diarrhoea, Enteritis and Gastritis	61	52	18.6	18.2	28	20	6	10	14	11	7	10	12	
Premature Birth, Con- genital Defects and Malformations ..	128	119	..	..	..	..	..	137	127	121	106	126	141	
Atrophy, Debility and Marasmus	96	74	..	..	..	..	..	..	..	..	..	..	..	
Encephalitis Lethargica	..	..	..	..	..	..	..	..	..	..	1	..	..	
Other respiratory diseases	..	..	..	..	..	..	..	..	..	..	1	3	..	
Other defined diseases ..	..	..	..	..	..	..	..	..	..	..	37	39	40	
Deaths from violence ..	..	..	..	..	..	..	..	..	..	..	3	7	2	
Causes ill-defined or unknown	..	..	..	..	..	..	..	..	..	..	1	..	1	

INFECTIOUS DISEASE.

Exclusive of Tuberculosis, which is considered separately, there was a large decrease in the number of notifiable cases of infectious disease, there having been 664 in 1929 as opposed to 994 during the previous year. This is accounted for chiefly by the fall in the number of cases of scarlet fever. Particulars of the cases of notifiable infectious disease are given in Table I (page 11).

TABLE I.
RETURN OF INFECTIOUS DISEASES FOR THE YEAR 1929.

RURAL DISTRICTS.	Population Census 1921	SMALLPOX.	SCARLET FEVER.	DIPHTHERIA (including Membranous Croup).	ENTERIC (Typhoid and Para- typhoid Fever).	PNEUMONIA.	PUERPERAL FEVER.	PUERPERAL PYREXIA.	CEREBRO-SPINAL FEVER.	DYSENTERY.	ENCEPHALITIS LETHARGICA.	MALARIA.	OPHTHALMIA NEONATORUM.	ERYSIPELAS.	TUBER- CULOSIS.	
															RESPIRATORY	OTHER FORMS
Atcham ..	21978	..	16	5	3	9	2	2	..	..	..	..	4	8	12	6
Bridgnorth ..	8569	..	2	..	..	7	..	..	..	..	..	..	..	1	6	5
Burford ..	1268	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Chirbury ..	3193	..	3	..	..	1	1	4	..	..	..	..	..	1	3	..
Church Stretton ..	4516	..	6	1	..	..	..	..	..	..	1	..	..	..	4	1
Cleobury Mortimer ..	7297	..	2	1	..	8	1	1	..	..	..	..	1	..	12	2
Clun ..	6243	..	1	6	1	1	..	..	..	..	..	..	1	2	1	3
Drayton ..	7156	..	6	10	1	1	..	..	..	..	1	..	5	..	1	2
Ellesmere ..	8008	1	2	..	..	2	..	1	..	..	1	..	..	..	1	4
Ludlow ..	8980	..	9	4	..	3	..	1	..	..	..	..	..	3	2	3
Newport ..	5747	..	13	10	..	6	1	2	..	..	..	..	2	2	17	5
Oswestry ..	16313	..	5	16	1	7	1	2	..	..	..	..	..	2	1	3
Shifnal ..	7666	..	10	..	1	2	..	1	..	..	..	..	..	2	1	..
Teme ..	1649	..	..	4	..	..	..	..	..	..	..	..	..	..	5	..
Wellington ..	11207	..	21	7	3	8	2	2	1	..	1	..	1	2	3	2
Wem ..	8572	..	14	2	2	14	..	2	..	..	..	..	2	3	..	1
Whitchurch ..	2011	..	1	3	..	1	..	..	..	..	..	..	..	..	..	..
URBAN DISTRICTS.																
Bishop's Castle ..	1268	..	..	12	..	6	..	4	..	..	..	..	..	3	1	..
Bridgnorth ..	5143	..	..	..	..	..	..	..	..	..	..	..	..	..	6	2
Church Stretton ..	1671	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Dawley ..	7386	..	3	8	1	4	..	1	..	..	..	..	..	..	4	5
Ellesmere ..	1831	..	1	..	..	2	..	..	..	..	..	..	..	..	1	3
Ludlow ..	5677	..	1	2	..	3	..	1	..	..	..	..	1	3	5	..
Market Drayton ..	4710	..	11	5	..	6	..	..	..	..	..	..	1	1	1	..
Newport ..	3056	2	1	3	1	3	2	1	..	..	..	..	5	..	1	1
Oakengates ..	11349	..	3	6	3	3	..	1	..	..	..	..	2	..	8	4
Oswestry ..	9790	..	7	37	..	7	3	1	..	..	..	..	1	1	13	13
Shrewsbury ..	31013	..	28	17	..	5	..	1	..	..	..	..	1	6	17	10
Wellington ..	8148	1	13	13	..	9	..	5	..	..	..	..	1	2	6	..
Wem ..	2176	..	2	..	7	5	..	1	..	1	2	..	1	..	1	8
Wenlock ..	13712	..	12	1	..	2	..	..	..	..	..	2	..	..	10	..
Whitchurch ..	5656	..	..	26	..	2	..	..	..	..	..	..	..	..	2	4
TOTAL ..	242959	4	194	200	25	124	12	33	1	1	5	2	27	40	148	97

Scarlet Fever.—The reduction in the number of notifications of cases of infectious disease is accounted for chiefly by the fall in the number of cases of scarlet fever, which fell from 472 in 1928 to 194 in 1929. It was considered advisable to close five schools on account of this condition. Unlike measles, an outbreak of scarlet fever is not of an explosive nature, but spreads comparatively slowly. It is, however, sometimes difficult to stamp it out in schools in that, like diphtheria, it is spread by carriers, whom it is very difficult to detect.

Diphtheria.—During the year there were 200 cases of diphtheria—19 more than in 1928. Although the increase in the number of cases was not large, their wide distribution amongst the various schools necessitated a great deal of swabbing in order to eliminate the sources of infection and limit the spread of the disease. As a rule it is possible to avoid closure of schools on account of diphtheria, but it was found necessary to close 9 schools during the year. Special investigations were carried out by the assistant medical officers, when an outbreak occurred in any of the schools, and the children found to be infectious were excluded and followed up, their throats being swabbed at intervals till they were found to be free from infection.

It was in the Whitchurch area especially that diphtheria was most prevalent, and the outbreak there was due to a particularly virulent form of the disease, resulting in the death of 7 school children. For some ten years minor outbreaks or sporadic cases had been occurring, no doubt due to the presence of "carriers" whom it is very difficult to detect; but during the latter part of 1928 and the first part of 1929, there was a very definite and sudden increase in the number of cases, and the first two of which notification was received terminated fatally.

Inquiry was made to ascertain what factors contributed to the high mortality amongst the infected children, and the causes appear to have been the extreme virulence of the type of infection, combined with failure on the part of the parents to recognise the seriousness of the condition, and to summon medical assistance soon enough. The local medical practitioners seem to have been particularly prompt in giving the necessary treatment.

Puerperal Fever and Puerperal Pyrexia.—There were 45 cases during the year, as opposed to 62 during 1928. Of these, 12 were due to Puerperal Fever, a fall of one, and 33 were due to Puerperal Pyrexia, a decrease of 16. All the cases in which a midwife was in attendance were carefully inquired into and reported upon by the Inspector of Midwives.

Arrangements have been made by the County Council whereby patients suffering from puerperal fever or puerperal pyrexia are admitted to Berrington Hospital for treatment; or if the medical practitioner so desires it, a nurse is provided through the agency of the Shropshire Nursing Federation to look after the patient in her own home. In addition, should the doctor in charge of the case desire the benefit of a second medical opinion, an obstetrical specialist may be called in, the County Council accepting responsibility for payment in necessitous cases.

Pneumonia.—Notification was received of 124 cases of pneumonia during the year, 30 less than in 1928. As, however, there were 194 deaths from this disease, notification by the medical practitioners must be considered very unsatisfactory, and at present gives no indication of the prevalence of pneumonia in the county.

Enteric Fever.—There was a considerable increase in the number of cases of enteric fever in the county. The total number of cases was 25, as opposed to 13 in 1928. With the exception of 11 cases, 7 of which occurred in the Salop Mental Hospital in January, all the cases developed in the latter part of the year, most of them following closely on the prolonged spell of dry weather which was a feature of the summer months. Only one case was due to the *Bacillus Typhosus*, all the others being caused by *Bacillus Paratyphosus B*.

In most cases it was not found possible to trace the source of infection. With the exception of those in the Salop Mental Hospital, the cases developed sporadically in various parts of the county. While it is not uncommon to have outbreaks of enteric fever in mental hospitals, it may be stated generally that unless infection is spread by an infected water supply, which is now somewhat unusual in this country, or by contamination of the food, and especially milk, it is as a rule conveyed by close personal contact. No connection could be traced between the sporadic and widely distributed cases of enteric fever which developed in the latter part of the year, but it is probable that their occurrence was in some way connected with the phenomenal spell of dry weather which preceded them.

Small-pox.—There were no cases of small-pox in the county during 1929.

Measles.—Measles is not a notifiable infectious disease, and no precise information is available concerning its prevalence, but 1078 notifications were received through the schools.

In eight instances attempts were made to prevent outbreaks of measles by closing the schools for about a week, six or seven days after the occurrence of the first case, with the following result :—

In 4 instances no further cases occurred. Closure in these cases must therefore be considered to have been without effect.

In 3 instances one or more cases occurred during the interval, and did not attend school till free from infection. As there was no further outbreak, it is justifiable to conclude that closure was effective in checking the spread of the disease.

In one instance cases occurred during the interval, but eventually a further outbreak occurred in school.

It would seem, therefore, that out of 8 schools closed in order to prevent the spread of measles, in only three of these did the result justify this step. It is only in very sparsely populated country districts, where the homes of the children are widely separated, that closure can be expected to have any real preventive effect.

ISOLATION HOSPITALS.

The accommodation available in order to secure the isolation and treatment of cases of infectious disease is in certain parts of the County quite inadequate, and this matter will ultimately have to receive the careful consideration of the Public Health and Housing Committee. Section 63 of the Local Government Act, 1929, requires the County Council as soon as may be, and within six months of being required to do so by the Minister of Health, to prepare, in consultation with the District Councils, a scheme for securing adequate hospital accommodation for cases of infectious disease within the County.

The hospitals at present existent in the County are—

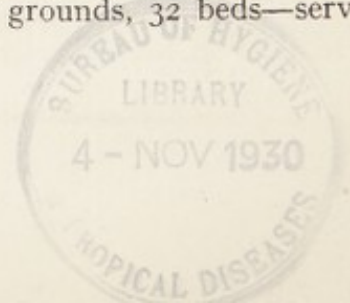
Shrewsbury and Atcham Joint Hospital—brick building, 26 beds—serving Shrewsbury Borough and Atcham District.

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.



Small-pox.—The County Council is responsible for 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 power was obtained 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. The following is a summary of the Small-pox Hospital accommodation for the County :—

Sanitary Districts Served.	Situation of Hospital.	No. of Beds.	Structure.
(1) Shrewsbury Borough.	Underdale Road, Shrewsbury.	6	Wood and iron on brick foundations.
(2) Teme Rural— Knighton Urban. Knighton Rural.	Knighton Rural District.	5	Brick.
(3) Wenlock Boro'.	The Batches, Broseley.	7	Wood and iron on brick foundations.
(4) The rest of the County.	(a) Wellington Rural District.	8	Wood and iron on brick foundations.
	(b) Ludford Parish, Ludlow.	6	Wood and iron, supported by wooden piles.
	(c) Prees Higher Heath.	8	Wood and iron on brick foundations.

MATERNITY AND CHILD WELFARE.

Under this scheme, each child, as soon as notification of birth is received, is put under a system of supervision by whole or part-time health visitors till school-age is reached, when any further necessary supervision is carried out by the school nurses till the age of fourteen is attained. The child is, therefore, under continual supervision to a greater or less extent from birth till the time of leaving school. The health visitor pays her first visit, as a rule, as soon as the midwife ceases to attend the mother, which is normally on the tenth day. The number and frequency of her visits is decided by the requirements and health of the child. Although each child is always visited at regular intervals, these visits are most frequent during the first year, when guidance and advice is most necessary for the mother. When any condition requiring medical advice develops, the mother is advised either to call in the services of her own doctor, or to take her child to the nearest welfare centre. By these means defects are treated from their commencement, thereby reducing to a minimum any damage to the health or physical fitness of the child which may ultimately develop. In addition, visits are paid regularly to expectant mothers, and they are encouraged either to consult their own doctor or to attend an ante-natal clinic at one of the welfare centres for examination and advice, especially if there is a history of still-births, difficult labour, or any other complication of pregnancy.

(1) NOTIFICATION OF BIRTHS.

Notification of births, with the exception of those occurring in the Borough of Shrewsbury, which is an independent Maternity and Child Welfare Authority, must be sent to the County Medical Officer of Health, by the midwife, doctor in attendance at the confinement, or other responsible person. The following are the particulars:—

	1928	1929
Total registered births	3,569	3,566
Notifications by midwives	3,020	2,982
„ by medical practitioners	409	409
„ by parents	3	4
Otherwise discovered	49	59
Excess of births registered over births notified or discovered ..	88	112

In the Borough of Shrewsbury there were 603 registered births and 591 notifications were received, the remaining 12 being ascertained from the Registrar's returns.

(2) MEDICAL, HEALTH VISITING AND NURSING SERVICES.

At the beginning of the year there were four Assistant Medical Officers, one of whom was half-time, engaged in Maternity and Child Welfare work; but in the autumn two others were appointed, bringing the medical staff up to full strength. Seven-tenths of the time of the medical officers, is however, given to the School Medical Service.

In addition to attendance at child welfare centres, where ante-natal clinics are also held, the medical officers are required to supervise in a general way the work of the health visitors, and to be available to give them advice when they are in need of guidance. It is at such times that the child welfare centres prove most valuable and useful, as the mother can attend these with the health visitor, when the case can be fully gone into. There are now twelve whole-time health visitors whose work includes attendance at child welfare centres, ophthalmia neonatorum nursing, tuberculosis visiting and attendance at tuberculosis dispensaries, measles visiting, and supervision of mental defectives. Of these twelve, ten are also engaged in school work and attend school medical inspections, school clinics, eye clinics, and visit physically defective school children. In addition, 71 district nurses are also part-time health visitors.

The visits paid by health visitors during 1929 were :—

		Under one year.			Sub-sequent	1 to 5 years.	Total.	Expectant mothers.
		1st	2nd	3rd				
Whole-time (12)	..	2,104	2,079	2,170	5,660	15,947	27,960	775
Part-time (71)	..	1,296	1,309	1,388	4,223	9,678	17,894	5,009
Visits for 1929	..	3,400	3,388	3,558	9,883	25,625	45,854	5,784
Visits for 1928	..	3,681	3,723	3,771	9,479	26,701	47,355	5,445
Visits for 1927	..	3,861	3,621	3,641	9,513	25,668	46,304	4,939

Ophthalmia Neonatorum.—On receipt of notification of a case of ophthalmia neonatorum the doctor in attendance is immediately communicated with, in order to place at his disposal all facilities for having the necessary treatment carried out.

An arrangement has been made with the Salop Eye, Ear and Throat Hospital whereby the mother and child can be immediately admitted for treatment. An effort is made to get all cases treated in this way, and an ambulance is always available to convey them to hospital. If the mother refuses to be removed, or to allow the child to go to hospital, the services of a health visitor, who will remain in attendance on the case till cured, are offered to the doctor.

In midwives' cases the conduct of the midwife is later inquired into, and the steps she has taken to secure disinfection are ascertained before she is allowed to attend other cases.

During the year 38 cases of ophthalmia neonatorum were notified, of which 36 recovered without injury to the eyes. In one case, however, the eyesight of one eye was impaired, and in another the child died before the condition was cured.

Measles Visiting.—Houses in which infants were suffering from measles were visited by the whole-time health visitors, and the cases dealt with were as follows :—

			Houses visited.	Cases visited.	Cases without doctor.	Cases advised doctor.
1929	..	..	9	15	15	1
1928	..	..	471	699	505	72
1927	..	..	324	540	266	38
1926	..	..	1,239	1,755	580	50

Insanitary Conditions.—The following insanitary conditions were reported by the health visitors and forwarded to the Sanitary Authorities for their attention.

Unsatisfactory Water Supply.	Want of Ventilation.	Uncleanliness.	Dampness.	Overcrowding.	Nuisances.
56	148	135	246	202	37

Orthopaedic Cases.—See under Orthopaedic Section, page 23.

Dental Treatment.—Nursing and expectant mothers receive treatment by the School Dental Officers at the Welfare Centres, if they are not in a position to pay for treatment privately. During the year 97 such patients received treatment. In addition, 15 children under school age received treatment by the Dentists.

Feeding of Infants.—The percentages of artificially and naturally fed infants is a valuable indication of the efficiency of the health visiting services, as it is now generally accepted that practically all mothers are able to feed their own babies. It is a rule of the Central Midwives Board that "a midwife must forthwith notify the Local Supervising Authority of each case in which it is intended to substitute artificial for breast feeding." On receipt of such notifications each case is inquired into, and such advice and pressure as are possible are used to persuade the mother and midwife to continue the natural method of feeding, where there seems to be no sufficient reason for substituting artificial food. During the year 38 such notifications were received, as opposed to 44 in 1928. The reasons given were:—

Death of mother	..	..	..	..	..	1
Inability to breast feed	..	..	..	..	..	2
Refusal to breast feed	..	..	..	..	..	16
On account of health of mother (advice of doctor)	..	..	..	..	..	19

The percentages of infants naturally and artificially fed on the first visit of the health visitor are given below:—

Percentage of children at first visit of health visitor on—

Year	Breastfeeding.	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	1.0	3.2
1923	88.7	8.4	2.7
1924	88.6	8.6	2.8
1925	88.8	8.5	2.6
1926	89.4	7.6	3.0
1927	88.9	7.4	3.7
1928	88.4	7.8	3.8
1929	88.4	8.4	3.2

It may be taken that practically all babies receiving mixed feeding will very soon be entirely artificially fed, unless the artificial part of the feeds is almost immediately eliminated.

While it is true that a certain proportion of mothers, as a result of economic circumstances, become unable to continue to breast-feed their infants during the whole period of nine months, it is probably also true that if they took only half the quantity of extra milk which it is necessary to have in order to artificially feed the baby, they would be able to do so naturally. The percentage, therefore, of naturally-fed infants is much too low, especially in the later months, as the following figures show:—

Percentage naturally fed at first visit of health visitor	..	..	88.4
" " " three months	..	..	59.3
" " " six months	..	..	40.9

(3) MATERNITY AND CHILD WELFARE CENTRES.

There are now thirteen Welfare Centres in the County, nine of which are held weekly, those at Church Stretton, Ellesmere, Newport and Highley being held fortnightly.

When time and opportunity allow, addresses on subjects of importance to health are given at the Welfare Centres by doctors, health visitors, dentists, and voluntary workers.

The following are the particulars for the years 1928 and 1929 :—

			No. of Addresses.		Average attendance.	
			1929	1928	1929	1928
Bridgnorth	..	..	19	17	17	10
Church Stretton	..	..	5	4	25	26
Dawley	..	..	45	42	37	30
Ellesmere	..	..	0	0	0	0
Highley	..	..	0	3	0	7
Ironbridge	..	..	22	28	8	8
Ludlow	..	..	1	23	16	19
Market Drayton	..	..	51	45	23	25
Newport	..	..	0	0	0	0
Oakengates	..	..	35	40	11	10
Oswestry	..	..	6	0	12	0
Wellington	..	..	48	50	37	26
Whitchurch	..	..	25	26	15	14
			257	278	17	18

ATTENDANCES AT MATERNITY AND CHILD WELFARE CENTRES IN 1928 AND 1929.

	CHILDREN.												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.	
	1929	1928	1929	1928	1929	1928	1929	1928	1929	1928	1929	1928	1929	1928	1929	1928	1929	1928
Bridgnorth	96	95	128	134	990	1003	40	48	150	177	2382	2548	50	54	54	60	144	94
Church Stretton	15	21	18	31	95	113	21	14	131	93	442	382	3	8	3	8	7	13
Dawley	92	121	186	186	1336	1336	53	29	200	200	4770	3792	37	28	40	29	50	56
Ellesmere	35	21	58	32	353	307	13	10	26	62	297	289	6	10	9	12	14	28
Highley	23	26	140	134	140	134	4	3	112	200	112	200	0	2	0	11	0	11
Ironbridge	99	127	83	135	1153	1673	55	59	361	348	3348	3425	48	33	48	38	68	64
Ludlow	73	72	84	92	672	507	55	75	385	283	1404	1811	17	27	25	39	52	160
Market Drayton	109	69	107	114	1078	826	56	19	201	139	2044	1587	43	30	50	39	136	113
Newport	62	70	98	203	518	721	15	35	215	207	502	693	26	10	27	10	37	17
Oakengates	114	130	184	172	1173	922	63	53	209	241	1551	1388	36	42	48	58	121	178
Oswestry	190	228	355	312	1316	1360	62	63	425	393	1413	1353	38	14	45	18	102	65
Wellington	160	185	159	245	1605	1319	81	97	373	235	3736	3503	34	40	35	42	49	97
Whitchurch	84	82	133	132	1159	1013	32	22	159	144	1155	1204	26	12	36	14	58	28
Totals	1152	1247	1733	1922	11588	11234	550	527	2947	2722	23156	22175	364	310	420	378	838	924

As compared with 1928 there has been an increase of 354 in the attendance of children under one year of age, and an increase of 981 in the attendance of children between the ages of one and five years.

Although the ante-natal work is capable of much further development, progress in this very important branch of the maternity services continues to be made. During the year there was an increase of 54 in the number of expectant mothers attending the welfare centres, but there was a decrease of 86 in the total number of attendances. It is not without significance that of the 25 maternal deaths which took place during the year, 8 were the result of a first pregnancy, and 7 of a second.

(4) SUPPLY OF FREE MILK.

There is no doubt that the commonest condition from which children suffer during the first few years of life is rickets. It is true to say that the majority of them, when old enough to attend school, show to a greater or less degree evidence of having been subject to this condition, which, it is important to remember, is a systemic disease. The evidence is usually very slight but is none the less significant.

The presence of rickety deformity is very significant in that it shows that the child, for one reason or another, has been unable to assimilate the necessary minerals in sufficient quantities for sound body construction ; and as lime, to mention only one and at the same time the chief of these, enters into the composition of every cell of the body, the effect on the general health can readily be imagined when there is an inadequate assimilation of this important constituent.

It is for this reason that an adequate supply of milk for the growing child and nursing mother is so very necessary, as it is one of the few foods which contains all the materials necessary for health in a suitable form for assimilation, and in such quantities as to meet the requirements of the growing child.

The importance of the part played by vitamins, by sunlight, and by fresh air and exercise in the prevention of rickets has been abundantly shown ; but it is also necessary to remember that, even with an adequate quantity of all these necessities, unless the raw material required for growth is found in the food, rickets cannot be prevented. It is the big, rapidly growing child who requires most constructive material, and it is in this particular type of child that rickets is most likely to develop.

While, therefore, the importance of sunlight and the part played by cod liver oil in the prevention of rickets is very important, it is equally necessary to stress the part played by the consumption of milk both by the expectant mother and the growing child.

Milk is supplied free in necessitous cases, and before the necessary order is given, each case is carefully inquired into 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 obtained in all cases, and the reports are all carefully scrutinised at the central office. This is undoubtedly preventive work of great value, because, if a considerable portion of the poorer people go short of important vitamins and necessary constructive materials, as seems probable, the provision of milk should greatly improve the health of the children, lessen the amount of rickets, and diminish the number of infectious illnesses which are so frequently associated with this condition.

(5) COUNTY HOME FOR AILING BABIES.

The County Council works through a local committee which includes representatives from the Public Health Committee. A monthly report, including a complete financial statement, is furnished to the County Council.

The home is chiefly intended for babies under one year of age who are obviously suffering from malnutrition due to one cause or another. Infants of mothers suffering from tuberculosis in a highly infectious state, however, are now admitted to the hospital, with the object of getting immediate removal from the source of infection and afterwards, if possible, of arranging for some means of boarding the children away from their mothers (see page 35). The Home is particularly suitable for this type of case, as almost all the infants are treated entirely in the open air with very beneficial results.

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 practitioner, if one is in attendance.

The educational side of the work, however, is not its least important aspect, and to the benefits which the individual infants derive from treatment at the Home must be added the advantages which are derived from the increased knowledge spread by the mothers whose babies are treated there. They see weakly infants, who were admitted because they were steadily losing ground, thriving under the open air conditions which are sometimes very severe in the winter-time. This practical demonstration of the advantages of fresh air and sunlight, combined with the information they receive on proper methods of infant feeding, gives them an understanding of the elementary requirements for the promotion of health in young children, which no doubt they have in most instances ample opportunity of turning to their own advantage and also of imparting to others.

The number of babies admitted during the year was 78 (three more than in 1928), and 71 were discharged. There were eight deaths, the causes being prematurity in three cases, marasmus in three cases, and disturbances of the digestive system in the other two. Of the 71 infants who were discharged, 62 were reported as in good health, four as improved, and five cases as not improved. The average duration of stay was 62 days.

(6) MIDWIFERY SERVICES.

Year by year the proportion of trained to untrained midwives practising in the County is gradually increasing. In 1904 there were 231 midwives, 43 of whom were trained; and in the year under consideration, of the 249 registered midwives engaged in midwifery practise in Shropshire, 239 were trained, only 10 being untrained.

One midwife was brought before the Local Supervising Authority during the year, and the charges against her being found proved, the case was reported to the Central Midwives Board. The Central Midwives Board found all charges proved and ordered the midwife's name to be struck off the Roll.

Under the Maternity and Child Welfare Act, 1918, the duty is placed on the County Council of making provision for midwifery services, and its obligations in this respect it discharges through the agency of the Shropshire Nursing Federation and the affiliated District Nursing Associations. At the commencement of the year, there were 99 District Nursing Associations in being, and during the year one more was formed, covering the parishes of Battlefield, Albrighton and Harlescott.

By an arrangement with the County Council, the Shropshire Nursing Federation sends suitable candidates for training as midwives, three-fourths of the expense being borne by the County Council, the remainder being met by the Shropshire Nursing Federation. The number of midwives sent for training under this arrangement since 1921 is as follows:—

1921	14	1926	3
1922	13	1927	11 (1 did not complete training).
1923	14	1928	10
1924	4	1929	9
1925	8 (2 did not complete training).		

Medical Help sought by Midwives.—There was a slight increase in the number of cases for which medical help was sought by midwives, there being 1,066 during the year as opposed to 1,056 in 1928. Five hundred and seventy-four claims for payment were sent in by medical practitioners, and fees amounting to £970 were paid to them.

During the previous year, the number of claims was 454, and the payments in respect of these amounted to £770. When the family is in a position to pay, the whole or part of the fee is re-claimed by the County Council.

An analysis of the reasons for sending for medical help is given in the following statement :—

On account of a complication of pregnancy	191
“ “ “ “ “ labour	661
“ “ “ “ “ the puerperium	47
“ “ of the health of the child	167

Still-births.—Notification of 41 still-births were received from midwives during the year. There was evidence that death had occurred during or shortly before labour in 17 of them, and some time previously in 22, while in two cases this point remained undecided.

In one of the cases the sex was not mentioned, but of the others 19 were males, and 21 were females.

Maternal Deaths.—The question of maternal mortality is one which continues to receive the careful consideration of health authorities. Notwithstanding the progress which has been made in recent years in other branches of public health work, an example of which is the decline in the infant mortality, the same progress is not reflected in the maternal mortality statistics. Midwifery services have been improved and developed, but we continue to lose approximately one in every 250 mothers in confinement. As child-birth ought to be a normal physiological process, uncomplicated by disease, a Maternal Mortality Committee has been set up by the Ministry of Health to enquire into and ascertain the factors which contribute towards the maintenance of the maternal death rate. Every maternal death is now carefully enquired into and a report on it submitted to this Committee. It is hoped that the large amount of valuable information which has now become available will contribute towards the solution of this problem, the urgency of which is indicated by the yearly return of maternal mortality statistics.

There were in Shropshire 25 deaths of mothers directly or indirectly due to pregnancy in 1929, the average for the previous five years being 17.6. Of the deaths which took place during the year under consideration, in 15 of the cases a doctor had been engaged previous to confinement. The large proportion of doctors' to midwives' cases would, therefore, seem to indicate, either that the health of the mother had required medical attention during the pregnancy, or that difficulty had been anticipated at the confinement. Particulars of the maternal deaths and the pregnancies from which they resulted are given in the following table, and it will be observed that 8 out of the 25 deaths were the result of a first confinement.

Cause of death.				Number of Pregnancy.								Not stated.		
				1st	2nd	3rd	4th	5th	7th	8th	9th			
Puerperal Fever	..	..	..	2	1	1	..	..	..	..	..	1		
Pneumonia*	..	..	..	..	1	1	..	..	..	..	..	..		
Albuminuria (Eclampsia)	..	..	..	3	2	..	..	..	1	..	..	..		
Embolism	..	..	..	..	3	..	1	..	..	..	..	..		
Heart Failure	..	..	..	3	..	..	..	..	..	2	..	..		
Peritonitis*	..	..	..	..	..	..	..	1	..	..	1	1		
Acute Otitis	..	..	..	..	..	..	..	..	..	..	..	..		
Totals for 1929				..	..	8	7	2	1	1	1	2	1	2
,, 1928				..	..	12	..	..	..	2	2	1	..	..

* Puerperal Pyrexia.

STATISTICS RELATING TO WORK UNDER MIDWIVES ACTS.

Year.	Number of Midwives practising in the County in June of each year.	Number of Visits paid.	Notifica- tions of having sent for medical help.	Notifications of Still-births	Notifications of death of mother or child with no medical man in attendance.	Notifica- tions of Artificial Feeding by Midwives.	Notifica- tions of Midwives' Liability to be a source of Infection.	Notifica- tions by Midwives of having laid out a Dead Body.
				By Midwives.				
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
1926	247	846	895	52	5	46	25	42
1927	236	854	898	55	3	36	37	28
1928	235	847	1056	50	2	44	32	32
1929	249	796	1066	41	4	38	45	38

(7) PROVISION OF MATERNITY BEDS.

The following are the arrangements made for the provision of maternity beds by the County Council :—

Berrington Hospital.—Ordinary maternity cases are taken into this hospital at a fee of £2 2s. per week, and septic cases at a fee of £3 3s. a week. The number of cases admitted during the year was thirty (10 septic and 20 ordinary). The County Council undertakes responsibility for payment in cases unable to afford the fee.

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

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 has agreed to pay £1 1s. a week towards the cost of any case recommended that cannot afford the fee.

Hostels for unmarried mothers and their infants.—An arrangement is in force with the Mrs. Legge Memorial Home, Wolverhampton, by which patients are admitted for six months, the County Council paying £2 a week 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.

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. Fourteen mothers were sent during the year (see page 39).

ORTHOPAEDIC SCHEME.

There is a central hospital at Park Hall, Oswestry, and after-care centres are held at Ludlow, Oakengates, Craven Arms, Oswestry, Cleobury Mortimer, Shrewsbury, Market Drayton, Wellington, Whitchurch, Wem, Ellesmere, Ironbridge, Shifnal, Newport, Dawley and Bridgnorth.

The Orthopaedic Centres are visited at regular intervals by a Medical Officer of the Hospital, and ten of the Centres are visited weekly by specially trained nurses, the remainder being visited fortnightly. All the Orthopaedic Centres, except that at Ellesmere, are held on the same day as the Child Welfare Centres, an arrangement which makes for that co-operation between the two branches of the work which is so essential, as the early discovery of orthopaedic conditions in children under five depends almost entirely on the health visitors. The early discovery of cases amongst school children is largely in the hands of the School Medical Officers, who are also the Medical Officers in attendance at the Child Welfare Centres. By these means the Orthopaedic work is closely linked up with the School and Child Welfare work.

In order to ensure early treatment in cases of poliomyelitis and tuberculosis, a circular letter was drawn up and sent to all the medical practitioners in the County in which the facilities for diagnosis and treatment provided by the Orthopaedic Hospital were pointed out. Attention was also drawn to the unsatisfactory results and lengthened period of treatment necessary, with ultimately a corresponding increase in cost to the County Council, when these cases did not receive the special treatment required at the earliest possible moment.

The importance of early treatment of poliomyelitis is so great that arrangements have been made with the Orthopaedic Hospital for a specially trained nurse to be sent to help the medical practitioner, and afterwards to get the patient to hospital if necessary. Unfortunately a very small proportion of cases of poliomyelitis is notified, the majority being overlooked until paralysis or weakness is noticed.

The difficulty with cases of poliomyelitis is to recognise the disease at its commencement, for it resembles nothing so much as an attack of influenza or a "feverish cold" in a young child. Immediate removal of the patient to the Hospital can be obtained by wiring or telephoning to the Public Health Department.

The delay in the case of lesions due to tuberculosis is chiefly on account of the insidious nature of the disease and the failure of the patients to recognise the seriousness of the comparatively mild symptoms which manifest themselves at its commencement. Many of the tuberculous cases come under notice only after considerable damage has been done, the cause of the trouble not having been recognised in the early stages. The opinion of an orthopaedic surgeon who has X-rays and every facility for diagnosis at his disposal can be obtained at the Orthopaedic Hospital.

So far as we are aware all the cases really needing treatment have been dealt with, and the following statement, which was supplied from the Orthopaedic Hospital, giving the numbers treated at the After-Care Centres during the year, includes all the tuberculous cases as well as school children and child welfare cases. Conditions and defects of such a nature that they could not be adequately dealt with at the After-Care Centres, were admitted for treatment to the Orthopaedic Hospital.

ATTENDANCES AT ORTHOPAEDIC CENTRES.

	Cases beginning of year 1929.	Cases admitted during 1929.	Number of Attendances.	Number Discharged.	Condition on discharge.			Other particulars.				
					Remedied.	Improved.	Unaltered.	Dead.	Left County.	Refused to Attend.	Treated elsewhere.	Still in Attendance.
Under 5 years	241	168	10184	133	36	1	..	1	5	83	7	276
5—16 years	541	385		317	97	56	4	2	14	122	22	609
Over 16 years	276	192		189	20	86	3	5	6	47	22	279
Totals for 1929	1058	745	10184	639	153	143	7	8	25	252	51	1164
Totals for 1928	1285	661	11347	888	115	325	5	10	24	395	14	1058

The number of cases treated at the Orthopaedic Hospital and paid for by the County Council was 156, as compared with 168 in the previous year.
An analysis of the cases according to causation is as follows :—

75 or 48	per cent.	were due to	tuberculosis.
14	9	„	poliomyelitis.
9	5.8	„	rickets.
12	7.7	„	congenital deformities.
6	3.8	„	other deformities—postural or of doubtful causation.
16	10.3	„	other accidents and diseases.
15	9.6	„	contractures.
5	3.2	„	arthritis.
4	2.6	„	osteomyelitis.

PARTICULARS OF THE CASES TREATED AT THE ORTHOPAEDIC HOSPITAL.

Disease.	Under 5 years of age.	5—16 years of age.	Over 16 years of age.
Tuberculosis of Bones and Joints	10	25*†	40
Spinal Curvature (not tubercular)	..	5	..
Rickets	6	1	..
Congenital Deformities	6	3	..
Club Foot	2	1	..
Claw Foot	..	12	..
Flat Foot	..	2	..
Hallux Valgus	..	1	..
Fractures and Dislocations	2	5	..
Torticollis	..	2	..
Contractures	..	1	..
Spastic Paralysis	1	2	..
Poliomyelitis	5	9	..
Osteomyelitis	..	4	..
Arthritis—(Septic, Rheumatoid and Gonococcal)	..	5	..
Other Accidents and Diseases	..	6	..
Totals for 1929 ..	32	84	40
Totals for 1928 ..	29	84	55

* Includes 4 Shrewsbury School children.

† One case admitted to Hospital as Tubercular, was afterwards re-diagnosed as Strained Hip.

County Council Cases.—Of the 156 cases—12 less than in the previous year—75 were due to tuberculosis and were dealt with under the Tuberculosis Scheme. Of the non-tuberculous cases, 22 were under five years of age and were dealt with under the Child Welfare Scheme, while 59 were of school age and were dealt with under the Scheme for the treatment of School Children.

Of the 75 cases dealt with under the Tuberculosis Scheme, 25 were diagnosed as suffering from affections of the hip, 29 of the spine, and 10 of the knees, while in 11 cases other bones and joints were affected. On further observation, however, it was later decided that one of the cases was non-tubercular. The average length of stay was 143 days. In the previous year, 87 tuberculous cases were admitted, the average length of stay being 69 days.

During the year, the average number of beds occupied by cases paid for by the County Council was 11 less than in 1928—nine less under the tuberculosis scheme, six less under the school scheme and four more under the child welfare scheme. The particulars are as follows :—

	1929	1928	1927	1926	1925	1924	1923	1922	1921
Tuberculosis Scheme ..	30	39	40	31	37	40	37	42	44
Child Welfare Scheme ..	6	2	9	5	9	7	6	8	10
School Scheme	8	14	15	15	14	13	11	11	21
	—	—	—	—	—	—	—	—	—
Total	44	55	64	51	60	60	54	61	75
	—	—	—	—	—	—	—	—	—

It is worthy of note that the average number of beds occupied by County Council cases during 1929 is the smallest since the Orthopaedic Hospital at Park Hall, Oswestry, was opened in 1921. While it is probable that there will be variations in this respect from year to year, it is hoped and expected that there will be a still further decline in the number and seriousness of the cases requiring orthopaedic treatment. This is to be attributed to the excellent scheme of After-care which was organised in this County in the year 1917.

There are now few patients with serious crippling conditions in Shropshire, and the Orthopaedic Clinics are being attended less by patients requiring "After-care" proper, and to a greater extent by children requiring "preventive treatment" for crippling conditions which they are showing signs of developing. These are discovered chiefly through the Child Welfare and School Medical Services, and are dealt with at their commencement. The great bulk of these cases do not require, therefore, to be sent for hospital treatment, and the duration of stay of those who ultimately have to be admitted is correspondingly shortened. Most of the patients who attend the Orthopaedic Clinics do so on account of trifling deformities which are remediable by special exercises and other simple forms of treatment.

TUBERCULOSIS.

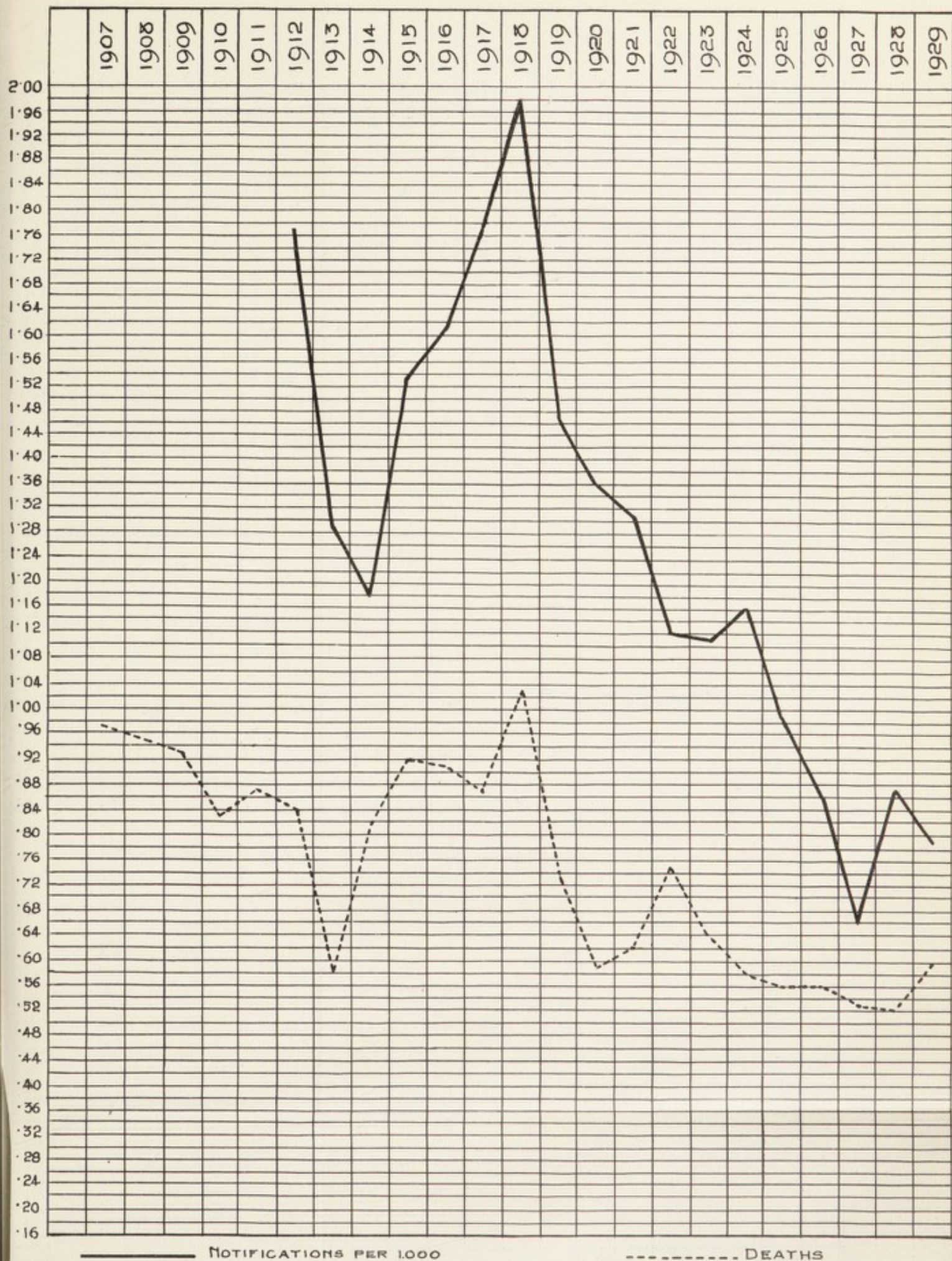
The incidence of tuberculosis in 1929 compared with the two previous years is as follows :—

Pulmonary Tuberculosis.				Other forms of tuberculosis.		Total.	
Notifications.		Deaths.		Notifications.	Deaths.	Notifications.	Deaths.
1927 ..	162	129		131	44	293	173
1928 ..	214	126		129	41	343	167
1929 ..	194	147		138	33	332	180
Average for							
1928 & 1929		204	136.5	133.5		337.5	173.5

Comparing the figures for the year 1929 with those of the previous year, it will be observed that the number of deaths from pulmonary tuberculosis increased by 21, while the number of notifications decreased by 20. The deaths from non-pulmonary tuberculosis on the other hand decreased by 8, while the notifications increased by 9.

There has been, therefore, a decrease of 11 in the total number of notifications and an increase of 13 in the total number of deaths. Such a state of affairs was almost to be expected, as during the previous year there had been an increase of 50 in the total number of notifications, and a considerable number of the deaths which took place in 1929 were those of patients notified during the previous year.

PULMONARY TUBERCULOSIS NOTIFICATIONS AND DEATH RATES, 1907 TO 1929.



NOTIFICATIONS PER 1000

DEATHS

TABLE III.

[illegible]

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

TABLE IV.
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, or wrongly diagnosed.	Unaccounted for.
		1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929														
1912	439	117	36	43	15	8	4	8	1	1	3	1	..	1	8	1	1	..	2	306	266	222	205	197	193	185	184	182	179	178	177	175	80	77	76	76	73	59	17												
1913	290		50	51	12	8	2	9	4	3	2	1	1	3	2	1	..	..	..	236	183	167	159	156	145	140	137	134	133	131	127	124	89	88	88	88	50	3													
1914	267			73	34	12	6	8	6	1	2	1	2	..	1	1	1	..	..	188	149	137	131	123	116	113	110	109	106	106	75	71	70	70	70	44	0														
1915	381				89	49	17	14	12	7	1	2	..	..	..	..	1	1	2				286	225	206	189	174	165	164	158	157	156	87	81	80	79	75	106	5												
1916	392				81	44	20	11	4	6	4	5	5	..	3	..	..	..	4				297	141	217	203	198	192	184	176	168	111	105	105	104	98	103	4													
1917	403					90						6	7	1	3	5	2	1	2	5	5	5	2	1	2	5	5	2	1	2	1	2	1	2	1	2	1	2	1	2											
1918	425						93	42	6	10	2	4	6	1	7	2	3	4	4				229	208	251	241	228	223	214	207	163	150	145	140	136	109	0	0	0												
1919	341							67	21	19	11	10	5	1	3	3	4	3	3																																
1920	325								90	30	18	10	6	3	5	4	1	2	2																																
1921	318									66	44	22	12	10	3	3	2	..	..																																
1922	274										85	44	22	12	9	8	7	3	5																																
1923	273											62	34	18	7	3	4	4	4																																
1924	287												69	24	13	11	4	2	2																																
1925	243													47	27	15	9	9	9																																
1926	208														52	34	16	14	14																																
1927	162															38	23	14	14																																
1928	214																	39	39																																
1929	194																		41																																

NOTIFICATIONS OF, AND DEATHS FROM, TUBERCULOSIS.

			New Cases.				Deaths.			
			Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
0—1	..	..	0	0	1	4	1	0	0	4
1—5	..	..	0	2	17	14	0	0	5	4
5—10	..	..	3	3	18	15	1	5	6	4
10—15	..	..	4	2	6	8				
15—20	..	..	11	5	11	10	15	20	2	0
20—25	..	..	14	19	6	5				
25—35	..	..	21	33	3	7	28	38	4	2
35—45	..	..	19	21	4	5				
45—55	..	..	10	5	1	2	24	7	0	1
55—65	..	..	14	3	0	0				
65 and upwards	..	..	4	1	1	0	5	3	1	0
			100	94	68	70	74	73	18	15
TOTALS	..	..	194		138		147		33	

Above are given in greater detail the particulars of new cases of tuberculosis and of all deaths from the disease during 1929. It clearly shows that our greatest death-rate is among the young adults between the ages of 15 and 45.

In the first fifteen years of life there were seven deaths from pulmonary tuberculosis as against twenty-three deaths from other forms of the disease. In that age period notification was received of only 14 cases of pulmonary tuberculosis as opposed to eighty-three cases of the non-pulmonary type.

Of the 194 cases of pulmonary tuberculosis notified in 1929, eleven were inmates of the Salop Mental Hospital and were not seen. It should be noted that, after making this deduction, 74 per cent. of the cases notified were seen by the Tuberculosis Officers before notification.

In the table below is given the average annual number of deaths for the Urban and Rural Districts, classified in Age Periods and Sex, during five-yearly periods from 1916 to 1925, those for the years 1926 to 1929 being given individually :—

*Urban Districts.**Rural Districts.*

Year	All ages.						All ages.					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Average 1916—20	53	46	4	5	7	10	24	21	14	8	4	2
Average 1921—25	45	40	1	2	7	11	20	19	15	7	2	1
1926	33	40	1	4	4	10	15	17	13	8	..	1
1927	36	31	—	—	6	9	21	13	8	8	1	1
1928	32	32	1	2	5	9	14	18	9	3	3	—
1929	44	40	2	3	9	13	13	17	18	5	2	2

TABLE GIVING PARTICULARS OF NOTIFICATIONS OF AND DEATHS FROM PULMONARY AND OTHER FORMS OF TUBERCULOSIS IN EACH OF THE SANITARY DISTRICTS DURING THE YEAR 1929.

Urban Districts.	Pulmonary		Other forms		Rural Districts.	Pulmonary		Other forms	
	Notifi- cations.	Deaths.	Notifi- cations.	Deaths		Notifi- cations.	Deaths.	Notifi- cations.	Deaths.
Bishop's Castle	1	1	0	0	Atcham	14	11	6	2
Bridgnorth ..	7	1	4	0	Bridgnorth ..	10	5	4	1
Church Stretton	2	0	0	0	Burford	1	1	0	0
Dawley	7	7	7	1	Chirbury	3	1	2	0
Ellesmere ..	1	0	5	0	Church Stretton ..	4	2	2	0
Ludlow	7	1	0	1	Cleobury Mortimer	14	4	3	0
Market Drayton	1	0	0	0	Clun	3	2	3	2
Newport	2	2	1	0	Drayton	1	2	5	1
Oakengates ..	11	9	4	2	Ellesmere	3	3	4	0
Oswestry	12	21	5	1	Ludlow	3	3	1	1
Shrewsbury ..	30	24	18	2	Newport	1	3	4	0
Wellington ..	9	2	15	6	Oswestry	17	10	8	4
Wem	1	1	0	1	Shifnal	2	4	2	0
Wenlock	14	11	13	4	Teme	0	1	0	1
Whitchurch ..	4	4	4	1	Wellington ..	5	6	11	2
					Wem	4	4	6	0
					Whitchurch ..	0	1	1	0
Totals ..	109	84	76	19		85	63	62	14

AVERAGE DEATH-RATES FROM PULMONARY TUBERCULOSIS FROM 1901—1929 IN EACH SANITARY DISTRICT
IN THE COUNTY.

Sanitary Districts.	Estimated Population, 1929.	Average of Death-rates for 10 years 1901—1910	Average of Death-rates for 10 years 1911—1920	Average of Death-rates for 9 years 1921—1929	Sanitary Districts.	Estimated Population, 1929.	Average of Death-rates for 10 years 1901—1910	Average of Death-rates for 10 years 1911—1920	Average of Death-rates for 9 years 1921—1929
URBAN.									
Bishop's Castle	1301	1.508	1.520	.522	Atcham	22500	1.011	.859	.503
Bridgnorth ..	4885	1.304	.971	.869	Bridgnorth ..	8412	.599	.457	.457
Church Stretton	1778	.453	.939	.616	Burford ..	1285	.980	.479	.961
Dawley ..	7405	.821	.901	.712	Chirbury ..	3018	1.205	.956	.508
Ellesmere ..	1856	.803	.915	.534	Church Stretton	4384	.825	.719	.450
Ludlow ..	5306	1.350	1.468	.755	Cleobury Mortimer	7263	.656	.735	.537
Market Drayton	4647	*	.721	.495	Clun ..	6236	.967	.852	.422
Newport ..	3081	1.234	.976	.540	Drayton ..	7338	.740	.597	.396
Oakengates ..	11330	.777	.450	.553	Ellesmere ..	7742	.903	.388	.336
Oswestry ..	9751	1.168	1.210	1.019	Ludlow ..	8516	.535	.626	.442
Shrewsbury ..	31990	1.217	.990	.768	Newport ..	5525	.875	.715	.584
Wellington ..	8596	1.072	.933	.719	Oswestry ..	16350	.821	.864	.543
Wem ..	2161	.709	.399	.403	Shifnal ..	7626	.746	.635	.555
Wenlock ..	13900	1.407	1.059	.629	Teme ..	1645	1.128	.979	.533
Whitchurch ..	5613	.770	.955	.493	Wellington ..	11140	.870	.808	.700
					Wem ..	8583	.828	.565	.464
					Whitchurch ..	2037	.521	.308	.214
Whole of Urban Districts ..	113600	1.133	.960	.702	Whole of Rural Districts ..	129600	.825	.700	.531
Whole County ..	243200	.961	.816	.596	Whole County ..	243200	.961	.816	.596
					England & Wales ..	..	1.146	1.007	.783
					* No data available.				

This table shows the death-rates per 1,000 of the population in the Sanitary Districts in the County from 1901 to 1929. It will be seen that the death-rates in the Urban Districts have been higher than those in the Rural, but that in both there has been a decline in the death-rate from pulmonary tuberculosis.

It will be noticed that in the ten-yearly periods the manufacturing districts of the County have as low, if not a lower, death-rate from pulmonary tuberculosis than the other urban areas where there is no great factory life. From this it would appear that infection in work places does not take place to the extent one might imagine, but that it takes place in the homes of the people rather than in their places of work.

The death-rate from pulmonary tuberculosis in the Borough of Oswestry continues to be high, and during the period 1921—1929 was 45 per cent. in excess of the average rate for all the urban districts of Shropshire. Oswestry Rural District during the same period showed a mortality only 2.2 per cent. higher than the average for all rural districts in the County.

NUMBER OF CASES OF TUBERCULOSIS ON THE REGISTER AT THE END OF THE YEAR.

Pulmonary.			Non-Pulmonary.			Total Cases
Males.	Females.	Total.	Males.	Females.	Total.	
788	748	1536	513	617	1130	2666

A study of the chart opposite page 26 will show that, in spite of occasional fluctuations such as that in 1929, there has been on the whole a remarkable decline in both the mortality and morbidity from tuberculosis. The notification rate has fallen more rapidly than the death rate, and this is undoubtedly due in part to the greater accuracy in diagnosis now obtaining. In earlier years there was a tendency to notify on insufficient evidence, and it is certain that many cases were wrongly included.

It is noticeable that in years when influenza was prevalent there was an increased death rate from pulmonary tuberculosis. In 1929, the deaths from influenza numbered 234, as compared with 65 in 1928. Similarly, the high death-rates from pulmonary tuberculosis in 1918 and 1922 coincided with severe epidemics of influenza. The big drop shown in 1913, just before the war, is difficult to account for, and must be regarded as a temporary fluctuation which cannot at present be satisfactorily explained.

During the war years there was a definite increase in tuberculosis mortality in England and Wales as a whole, but apart from the great rise in 1918, already noted, the increase was not so apparent in this County. This may be attributed to the fact that Shropshire is mainly an agricultural county, and the shortage of food during war years was probably less felt than in industrial and urban areas. Amongst the people of the central powers, however, there was a much greater increase in the death-rate from tuberculosis during the war, and this was no doubt due to the greater shortage of food from which they suffered, a shortage which rapidly became more and more pronounced.

The fall in the death-rate from tuberculosis in past years, therefore, should be an incentive to further efforts to stamp out the disease. It had commenced before the introduction of the Anti-tuberculosis Scheme in 1913, and it cannot be attributed to any one particular cause. There has, however, for many years, been a gradual all-round improvement in the standard of living, which has been checked by the present industrial depression, although increased public assistance has to some extent mitigated its effects.

The people have been better educated since the introduction of compulsory education in 1870, and there is an increased knowledge of the laws of health. Better housing, better sanitation and the various measures to improve the general health of the community since the passing of the Public Health Act in 1875 have all had an effect. Quite apart from these, following the industrial development of the country in the past century, there has probably been an increase in immunity to the disease. We are getting further away from the condition still seen in aboriginal races where the people are virgin soil to the disease, and contract it in an acute and rapidly fatal form when they come in contact with civilisation.

In late years we have had efforts to obtain a purer milk supply, and above all the special measures directed against tuberculosis which are referred to elsewhere. In addition, an important part has been played by the medical inspection of school children and by the Child Welfare Services. It has been well said that in the absence of a specific cure, the tuberculosis problem will not be solved by any single measure directed solely against tuberculosis, but by the combined efforts of all our schemes in raising the general health of the community.

As the theory is now generally accepted, that adult pulmonary tuberculosis is the lighting up of an infection which occurred during childhood, two questions automatically arise to be answered: Why are children up to the age of 15 so resistant to pulmonary tuberculosis? Why is it so frequently fatal in the young adult? Many explanations have been suggested but so far none of them appear to be satisfactory. It is probable that in the answer to these two questions the solution of the tuberculosis problem largely depends, and more intensive research along these lines is indicated.

It is known that there is a relationship between tuberculosis and poverty, and it is certain that a predisposition to tuberculosis is created by improper and insufficient food. Such a liability to develop the disease is especially likely to arise when the bread-winner becomes a tubercular patient and the children are not only thus exposed to infection, but as a result of the parents' inability to work are insufficiently fed. This factor must play a considerable part in the incidence of tuberculosis, and the provision of extra nourishment for "contacts," thereby raising their powers of resistance, is an important part of any tuberculosis scheme.

If the size of the dose of infection in childhood is one of the causes, a greater effort is needed to dilute infection by means of better housing conditions, the provision of more open air shelters for contacts, and of more beds for the segregation of the advanced cases. The need of accommodation for advanced cases could be met by the provision of beds at the Union Infirmarys, if suitable conditions for open air treatment were provided. These institutions would have certain advantages over those provided specially for such cases, as the feeling of hopelessness which sooner or later comes to all patients admitted to an institution entirely reserved for advanced cases of pulmonary tuberculosis would be less likely to develop.

Infection in non-pulmonary tuberculosis is due to a large extent to the bovine type of bacillus, the infection being conveyed through the milk. While infection by milk is largely preventable, it has to be realised that the necessary preventive measures take time. A large percentage of the cows of this country are tubercular, and if an attempt were made to eradicate Bovine infection by destroying all tubercular cows, we should be doing away to a great extent with what is undoubtedly the very best of our foods. The process of eradication must therefore be gradual, but no effort should be spared to provide the people with a tubercle-free milk. It must also be realised that this milk is more expensive to produce, and that to encourage its production we must be prepared to pay more. Intensive education of the people is needed on this point, but on the other hand the farmers should understand that if milk is to be recommended as a food they must give a sound, clean article in return.

It is probable that the tuberculosis problem can at the present time be most effectively dealt with by taking measures to secure dilution of infection by means of better housing conditions, provision of open air shelters and segregation of advanced cases, and by increasing the power of resistance of the individual exposed to infection by the provision of suitable and sufficient food.

WORK UNDER THE SCHEME.—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. Dr. Watkin visits 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.

Scheme for Contact Examination.—On notification of each case of pulmonary tuberculosis, the health visitor makes a report on the health of all the contacts in the home, and visits the family at regular intervals. Every case of ill-health is immediately reported to the Tuberculosis Officer, who examines the case as soon as possible. With regard to "contacts" of school age, the Assistant School Medical Officer examines these cases at his routine inspection of the school. After examination, every doubtful case is referred to the Tuberculosis Officer.

Results of all sputum examinations are sent to the health visitors, who are instructed to pay particular attention to all cases in which there is a positive sputum, as these are, of course, the cases which are most infectious.

Contact visiting is continued after the death of the patient, and it is a great tribute to the excellence of the work and tact of the health visitors that we rarely get an objection to their visits. The system adopted in this county of having the health visitors employed on school inspection, child welfare and tuberculosis visiting is to be preferred to having them employed on one particular branch of the work. They are persons specially trained in all aspects of health work, and as the tuberculosis problem largely depends on the co-ordination of all the health services, their work must be far more valuable than that of those trained and concentrating on one aspect only of the problem.

In 1929, 484 contacts were examined and 21 cases of tuberculosis discovered among them. On the other hand, of the 194 cases of pulmonary tuberculosis notified, 53 had a definite history of contact with a case of tuberculosis.

Shropshire Orthopaedic Hospital.—See page 23.

Prees Heath Sanatorium.—This hospital has proved of great use during the year, and there are now 11 beds available in it, but additional accommodation is required. Twenty patients were admitted, six were discharged, and twelve died.

Dental Treatment.—Twelve patients received dental treatment, which consisted of extraction of 31 teeth.

Shelters.—Six new shelters constructed in accordance with our new design, have been provided, and 9 have been scrapped.

There are at present over 141 shelters in the County. The County Council have provided 127, 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, and, in addition, several have been provided by private individuals.

Of the 127 shelters provided by the County Council, five have been in continual use for 17 years; twenty-two for 16 years; eleven for 15 years and twenty-six for 14 years. These old shelters continually need expensive repairs, and it is probable that a number of these will have to be scrapped during the next few years.

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." Unfavourable conditions that they cannot remedy should also be reported.

It is not the duty of members of the Care Committee to systematically visit the cases or to attempt to give professional advice. 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.

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.

Cases notified.	Cases examined.		Not Examined.	Cases in which there was no sputum.	In Institutions.
	Positive.	Negative.			
194	84	47	3	49	11

* Of the 3 cases not examined, there was objection by the Private Practitioners or Patients concerned in each case.

No. of Cases.	DISPENSARIES.	Notified Cases.			Non-Notified Cases.				Total.
		Insured.	Non-Insured.	School Children	School.		Other		
					Contact.	Suspect.	Contact.	Suspect.	
396	SHREWSBURY.								
	No. of new cases	14	7	2	20	46	35	65	189
	Total attendances	367	253	276	74	144	81	111	1306
242	OSWESTRY.								
	No. of new cases	13	3	1	16	13	25	49	120
	Total attendances	197	86	50	76	41	56	63	569
621	WELLINGTON.								
	No. of new cases	6	7	..	25	50	33	127	248
	Total attendances	719	588	1225	123	360	100	354	3469
	<i>Examination Centres (open once a month).</i>								
57	WHITCHURCH.								
	No. of new cases	3	2	1	2	12	5	3	28
	Total attendances	53	11	23	12	35	9	7	150
87	LUDLOW.								
	No. of new cases	2	..	..	14	19	13	6	54
	Total attendances	17	26	1	23	27	20	10	124
56	BRIDGNORTH.								
	No. of new cases	6	3	1	2	8	5	17	42
	Total attendances	56	8	5	9	23	14	26	141

An arrangement was made in 1928 by the Church Stretton Care Committee, to obtain the use of a room at the Institute for the examination of contacts once every three months, at no expense to the County Council. Three sessions were held in 1929, the total attendances being 48.

VISITS BY THE TUBERCULOSIS MEDICAL OFFICERS FOR 1929.

TO INSURED PATIENTS.					TO NON-INSURED PATIENTS.					TO SCHOOL CHILDREN.				
On notification.	Con-tacts.	Sus-pects.	On dis-charge from Sana-torium.	On other occasions.	On notification.	Con-tacts.	Sus-pects.	On dis-charge from Sana-torium.	On other occasions.	On notification.	Con-tacts.	Sus-pects.	On dis-charge from Sana-torium.	On other occasions.
27	17	59	28	296	31	97	48	20	220	8	80	60	2	42
		427					416					192		
1035														

VISITS BY HEALTH VISITORS TO PHTHISIS HOMES.

To Insured Patients.		To Non-insured Patients.		To School children.		Total.	
1928	1929	1928	1929	1928	1929	1928	1929
1783	1869	1474	1289	439	356	3696	3514

An analysis of the home conditions of the 194 patients notified during the year shows that at the time of notification—

104 had separate bedrooms,
 55 shared bedrooms but had a separate bed,
 32 shared beds, and
 3 objected to the health visitor making inquiries.

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.

Latest information regarding the 32 cases who shared beds showed the position to be as follows:—

Cases have separate beds.	Shelter supplied.	Dead.	Not infectious.	In Sanatorium.	Afterwards diagnosed non-tubercular.	Left County.	No change.
5	6	4	7	3	2	2	3

Babies Home Scheme.—When a pregnant woman is found to be suffering from pulmonary tuberculosis, she is sent to the sanatorium until her confinement is due. She then enters a nursing institution, and as soon as the baby is born, it is sent to the Wellington Babies Home, where it is kept for twelve months. In the meantime the mother is sent back to the sanatorium to complete her treatment. If there is doubt as to the danger of infection at the end of twelve months, an attempt is made to persuade the parents to allow the child to go to relatives or to be boarded out. The results so far have been very satisfactory.

Since the scheme commenced in 1923, 29 cases have been dealt with. Up to the present none of the babies have developed tuberculosis.

In 1928, there were in England and Wales 2,551 deaths from tuberculosis of the nervous system, and 357, or one-seventh, occurred during the first year of life. This shows the great liability of the infant to this form of the disease, and the danger therefore of allowing it to remain in contact with a mother suffering from open tuberculosis.

King Edward VII. Sanatorium (Shirlett).—The number of patients admitted to the Sanatorium in 1929 was 113, and consisted of:—

Insured patients—Males	..	..	..	48
Females	..	..	..	24
Non-Insured patients—Males	..	..	..	12
Females	..	..	..	29

ANALYSIS OF THE CASES ADMITTED TO SHIRLETT SANATORIUM SINCE ITS OPENING IN 1911.

Shirlett Sanatorium, 1911—1929.

Year	Patients treated.	Known to be Alive.	Known to be Dead.	Left County.	Unaccounted for.	Cured.	Non-Tubercular
1911	38	10	20	7	1	..	..
1912	74	29	29	11	3	2	..
1913	80	28	40	9	1	2	..
1914	114	34	61	13	1	5	..
1915	133	41	56	24	1	10	1
1916	158	46	69	27	..	15	1
1917	164	66	66	19	..	11	2
1918	124	40	40	35	..	9	..
1919	123	53	40	23	..	7	..
1920	120	55	45	16	..	4	..
1921	121	53	52	14	..	2	..
1922	107	37	58	12	..	*	..
1923	109	50	43	16	..	*	..
1924	151	80	52	19	..	*	..
1925	130	70	44	16	..	*	..
1926	110	51	43	16	..	*	..
1927	86	55	27	4	..	*	..
1928	111	78	26	7	..	*	..
1929	113	102	8	3	..	*	..

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

MENTAL DEFICIENCY.

This branch of the work is being gradually extended and is taking up an increasing amount of the time of the medical officers, health visitors and clerical staff.

The figures relating to the number of mental defectives in the County of Salop show a very considerable increase on the previous year. These figures, however, bear little relationship to the believed increase in the number of mental defectives in the country as a whole, but represent rather the completeness with which the ascertainment of these cases is carried out in this County. There is no definite line of demarcation between the various grades of mental defectives, or between the highest grade and the normal person, the one shading gradually into the other; but the passage of the Mental Deficiency Acts, containing definitions of the various degrees of legal mental defect, has made possible the ascertainment of the number of persons who suffer from some form of mental defect, and has also presented local authorities with the problem of making the necessary provision for them.

Whatever may be the value of the arguments for and against sterilization, and to whatever extent it may ultimately be considered justifiable and practicable to employ this as one of the methods of dealing with certain cases of mental defect, it is certain that chief reliance will have to be placed on the provision of institutional accommodation and of home supervision for mental defectives.

The institutional accommodation available for mental defectives in this country, and in this county, is quite inadequate, and is at present receiving the careful consideration of the Board of Control and of the Local Authorities, and must in the future involve a very considerable expenditure of public money.

Mental defectives under 16 years of age, in whom the degree of defect is not so great as to make them uneducable in Special Schools, are dealt with under the Education Act. All mental defectives over 16 years of age, and all uneducable mentally defective children under this age, are dealt with under the Mental Deficiency Acts. The position at the end of the year may be summarised as follows:—

UNDER THE MENTAL DEFICIENCY ACTS.

Age.	Feeble-minded.		Imbeciles.		Idiots.		Unclassified.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 16 ..	2	1	35	26	5	8	16	19	58	54
16—40 ..	77	88	23	18	5	3	139	112	244	221
Over 40 ..	2	8	0	1	0	0	35	25	37	34
Age unknown..	..	..	..	..	0	0	17	29	17	29
	81	97	58	45	10	11	207	185	356	338
									694	

These cases are being dealt with in the following ways:—

	Males.	Females.	Total.
In Institutions for Mental Defectives ..	50	71	121
In Salop Mental Hospital ..	41	27	68
Under supervision by Health Visitors ..	99	82	181
Ascertained but not medically examined ..	166	158	324

UNDER THE EDUCATION ACT.

The educable mentally defective (feeble-minded) children under the Education Committee were :—

	Boys.	Girls.	Total.
In Special Schools	7	6	13
Awaiting admission to a Special School ..	1	—	1
Under supervision by School Nurses ..	73	56	129
	<u>81</u>	<u>62</u>	<u>143</u>

There were, in addition, 157 backward children who were either considered mentally defective but had not been medically examined, or in whom a final decision had not been arrived at.

VENEREAL DISEASE.

The scheme for the treatment of Venereal Disease consists of :—

- (1) Provision of facilities for diagnosis in connection with the Birmingham and Bristol Universities and at the County Clinic.
- (2) Provision of 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.

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

The School Medical Service and the Child Welfare Centres are utilised for finding out cases of venereal disease, particularly congenital syphilis, and following them up. Ten such cases have been referred for treatment during the year.

CASES OF VENEREAL DISEASE TREATED IN 1929.

Shrewsbury Clinic.					Wolverhampton and Staffordshire General Hospital. Shropshire Patients.		
		Cases.		Attendances.			
		M.	F.	M.	F.	*Cases.	Attendances.
Syphilis ..	76	61	438	389	Syphilis ..	15	
Gonorrhoea ..	131	55	1791	552	Gonorrhoea ..	23	
Other conditions	42	26	88	33	Other conditions	15	
Total ..	249	142	2317	974		53	1332

* These numbers only refer to cases attending for the first time in 1929.

There has been little variation in the number of cases of venereal disease receiving treatment under the County Council Scheme as compared with the previous year. In view of the fact, however, that it is not yet notifiable, it is impossible to say to what extent the problem is being met, and there is no doubt that much avoidable ill-health is due to failure to take advantage of the facilities provided for obtaining treatment.

Cleveland House, Wolverhampton.—This Hostel is now available 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 in order to save the infants from disease, is of fundamental importance. During the year 12 cases were admitted from the County, 10 being pregnant women. Eleven patients were suffering from gonorrhoea, and one from syphilis.

EXAMINATIONS OF PATHOLOGICAL SPECIMENS.

Nature of Test.	Number of tests.			
	Bristol University.	Birmingham University.	Shrewsbury Clinic.	Wolverhampton and Staffordshire General Hospital.
For detection of gonococci ..	8	36	177	101
For detection of spirochetes ..	..	..	..	..
For Wassermann reaction ..	212	510	..	80
For Gonococcal Complement Fixation Test	1	..	..	4

BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

Examinations are made by the Birmingham University under an agreement with the County Council. The following examinations were made :—

	Total.	Positive.	Negative.
Tubercle Bacilli (Sputum)	320	27	293
" (Pleuritic fluid)	2	0	2
" (Meningeal fluid)	1	0	1
" (Cerebro-spinal fluid)	1	1	0
Dithpheria Bacilli (Secretion from throat) ..	2778	639	2139
Paratyphoid " (Faeces)	46	9	37
" " (Urine)	12	1	11
Typhoid " (Faeces)	12	0	12
Blood for Widal's Reaction	364	37	327
Swab for Anthrax Bacilli	1	0	1
	3537	714	2823

The question of establishing a Bacteriological Laboratory in this county is one which has from time to time been before the Public Health Committee, but considerations of expense have so far prevented any definite action in the matter. The advantages of a centrally situated laboratory for bacteriological work in Shropshire would be very great from the point of view of increasing the efficiency of the health work. The results of examinations of certain pathological specimens, such as diphtheria swabs, would be known in about half the time which is required at present, a matter of great importance in controlling an outbreak of infectious disease ; and it would also be possible to extend the scope and thoroughness of the work which is at present being carried on. Schick and Dick testing of school children, in order to protect those susceptible to attacks of scarlet fever and diphtheria, is preventive work of the utmost importance which would be greatly facilitated if a trained Bacteriologist were employed by the County Council ; and investigations could be undertaken which are not at present carried out.

Now that the Poor Law Institutions have become the property of the County Council, the setting up of a Bacteriological Laboratory in one of these could be done with a very moderate expenditure of public money ; and the cost of the examinations of pathological and other specimens which are at present sent to Birmingham and Bristol Universities would probably cover the annual cost of maintenance.

FOOD AND DRUGS.

RETURN OF SAMPLES TAKEN BY MEMBERS OF THE SHROPSHIRE CONSTABULARY FOR ANALYSIS DURING THE YEAR 1929.

Nature of Sample.	Number taken.	Genuine.	Adulterated.	Remarks.
Milk	180	160	20	15 'cautioned.' 1. Fined £2 and £3 costs. 1. Fined £1. 3. Dismissed.
Jam	7	7	..	..
Potted Meat	4	4	..	..
Oatmeal	5	5	..	..
Pepper	3	3	..	..
Rice	2	2	..	..
Lard	7	7	..	..
Sausage	6	6	..	..
Flour	2	2	..	..
Butter	4	4	..	..
Total	220	200	20	

EDUCATION IN HEALTH.

A course of seven health lectures was given in St. Mary's Hall, Shrewsbury, all of which were given by members of the staff with the exception of one of unusual interest given by Dr. J. B. Orr, of the Rowett Research Institute, Aberdeen, on "The Food Requirements of Children." The lectures, although arranged primarily for the benefit of Health Visitors, District Nurses,

and Midwives, were open to the public, and were well attended not only by those officially engaged in health work, but also by others actively interested in it. They seem to have been specially appreciated by the district nurses, who have only very limited opportunities to attend lectures on matters of importance to health, and ought to be of great help to them in their work.

The subjects of the other lectures were as follows :—

(a) "The place of the Child in the Problem of Prevention of Tuberculosis"; (b) "The Signs of, Results of, and Methods of Dealing with, Overfeeding and Under-feeding of Infants"; (c) "The Catarrhal Child"; (d) "Ante-Natal Work in Relation to the Health of the Mother and Child"; (e) "Some Factors in producing Fitness"; (f) "Food and Food Values."

Arrangements were made with the National Association for the Prevention of Tuberculosis to conduct an educational campaign in Shropshire, and a lecturer, Dr. Holroyd, was sent to this county in the early part of the year. Lectures, illustrated by films, were given by him at at least 20 different centres in the county. Meetings were arranged for school children in the afternoon and for adults in the evening. In addition, six lectures were given by the Tuberculosis Officers during the year.

The Assistant School and Child Welfare Medical Officers give lectures, when time and opportunity offer, to school children at the time of school medical inspections, and to mothers at welfare centres. The Health Visitors also give lectures at the Welfare Centres. During the year 62 lectures were given at schools by the Assistant Medical Officers and 257 lectures were given at Welfare Centres by Medical Officers and Health Visitors.

The County Health Lecturer has given 29 lectures at Women's Institutes and other centres.

Arrangements were made for Mr. T. Speake, Chief Sanitary Inspector for the Borough of Shrewsbury, to give two lectures to the other sanitary inspectors in the county. These were followed by practical demonstrations at the Shrewsbury Abattoir by Mr. F. Farrell, the superintendent. The following report was received from Mr. Speake after the lectures :—"I beg to report upon the two Lectures and Demonstrations which were carried out on 8th of April and 6th of May, 1929, as arranged. The attendance at the first was 18, and at the second 16. The Inspectors showed keen interest, but regret was expressed that the usual full course as approved by the Royal Sanitary Institute could not be given this year. Some who appeared anxious to get the training required to sit for the Institute's Meat Inspection Certificate cannot reach Birmingham, the nearest available approved centre, to train. Mr. Farrell had a good variety of specimens for demonstrations."

A "Health Week" was organised by Dr. L. Wilson Evans, Medical Officer of Health for the Oswestry Urban and Rural Districts, who states in his annual report :—

"Health Week was held during October. An important advance was the co-operation of the Rural District Council. The chief feature of the week was the exhibition of the Maternity and Child Welfare Council held at the Drill Hall.

"It is estimated that including some two thousand five hundred children from the Urban and Rural Schools, over five thousand people attended the exhibition during the week.

"Special lectures were given to organised parties of school children during the mornings, and a display of health films during the afternoons. Health plays were performed by children from the schools, and physical drill displays by representatives of most of the town schools.

"Lectures were given to adult audiences throughout the week, the numbers averaging well over two hundred at each lecture.

"Keen interest was shown in the exhibition, and much use was made of the opportunities afforded of obtaining knowledge on health matters.

"Valuable help was given by the Health and Cleanliness Council, which provided a lecturer, films, posters, and most useful literature."

MILK.

Milk and Dairies (Consolidation) Act, 1915.—Procedure under this Act has so far been limited to the investigation of all cases of tuberculous milk reported by outside authorities, and of suspected cases that have otherwise been brought to the notice of the County Medical Officer. On these occasions, the farms are visited by Veterinary Surgeons, all the cows examined, and milk from the suspected cows submitted for bacteriological examination, a bulk sample of the milk of the cows passed by the veterinary surgeon also being sent to ensure that no cows giving tubercle infected milk have been overlooked. On receipt of the result of the bacteriological examination, the cows giving tuberculous milk are dealt with under the Tuberculosis Order.

During the year, 15 notifications were received, 468 cows were examined in consequence, and 65 samples of milk taken. Fourteen samples from individual cows showed the presence of living tubercle bacilli, and the animals were destroyed. As four of the bulk samples submitted showed the presence of living tubercle bacilli, the re-visiting of the farms at which they were obtained was necessitated.

There was considerable difficulty in tracing the source of milk provided by a large dairy which supplied about 2,000 gallons of milk daily from about 200 different farms. By taking a sample of milk from a hundred-gallon vat used at the dairy each time it was filled, and by keeping a record of the farms from which the milk was received (the vat being completely emptied and sterilised before being filled again), the source of infection was limited to a certain number of farms. A bulk sample of milk was taken from each of the farms which came under suspicion in this way, and five farms from which the tubercle-infected milk was being obtained were ascertained. Each of the farms was then visited by a veterinary surgeon and dealt with in the ordinary way. This investigation was commenced early in 1929, and in its course 182 cows were examined, and 44 samples submitted, 24 of which were bulk samples.

In addition, there were 13 notifications that milk from this County was being produced under unclean conditions. The producers were communicated with, and the Agricultural (Education) Department and the District Medical Officer of Health concerned were informed, with a view to suitable action being taken to bring about an improvement in the methods of production of clean milk.

No arrangements were made during the year for systematic sampling of milk for tubercle. Systematic veterinary inspection of milch cows is carried out by the Boroughs of Shrewsbury and Oswestry.

Milk (Special Designations) Order, 1923.—At the end of 1929, nine producers were licensed to sell Grade A milk and four producers were licensed by the Ministry of Health—three to sell tuberculin-tested milk and one, certified milk. In one case it was found necessary to cancel a licence to produce and retail Grade A milk, as the standard of cleanliness required under the regulations was not maintained.

Tuberculosis Order, 1925.—Under this Order, 618 cows were reported. Of these, 15 were giving tuberculous milk, 50 were suffering from tuberculosis of the udder, 300 were suffering from tuberculous emaciation, 252 were suffering from other forms of tuberculosis, and one was not affected.

BLIND PERSONS ACT, 1920.

The County Council works through the County Association for the Blind for the supervision of all blind persons in the County, 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 are 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, 1930.

Age Periods.	Male.	Female.	Age Periods.	Male.	Female.
0—5	0	1	40—50	23	7
5—16	16	6	50—60	19	15
16—21	7	5	60—70	38	22
21—30	11	10	70 and over	52	65
30—40	13	6	Total ..	179	137
				316	

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 21 and 50 (males 47, females 23), 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, 1930 :—

No. on Register, 31/3/29	..	..	..	..	298
Added during the year :—Discovered	..	43			
Came to Salop		5			
		—			48
Being trained and at school	..	..	..	..	22
Home workers	..	..	..	..	17
Old Age Pensions secured for	..	..	..	..	5
Number of weekly grants awarded	..	..	..	..	95
Railway fares paid for patients	..	..	..	..	16
Deaths	..	..	..	..	20
Taken off Register	..	..	..	..	10
Total on Register 31st March, 1930	..	..	..	..	316

NURSING HOMES.

Part II. of the Midwives and Maternity Homes Act, 1926, required registration of all maternity homes, but under the Nursing Homes Registration Act, 1927, which came into force on 1st July, 1928, Part II. of the former Act was repealed, and all Nursing Homes, maternity or otherwise, were required to be registered, maternity homes registered under the old Act being deemed to be registered as nursing homes under the new Act.

On 1st January, 1929, twenty-two nursing homes were on the register, and during the year 10 new applications for registration were received. Three of the registered homes were closed and applications for exemption were received from 5 of the voluntary hospitals, all of which were granted.

On 31st December, 1929, registration had been granted to 29 Nursing Homes, 3 of which received general cases only, 13 received maternity cases only, and 13 received both maternity and general cases.

RIVER POLLUTION.

Although there is no serious gross pollution of the River Severn, the effect of a certain number of trade effluents will have to be carefully watched and investigated. A few of the minor tributaries of the Severn are certainly at times rather seriously polluted, but have little effect on the waters of the Severn itself. The Ministry of Agriculture and Fisheries has for a number of years conducted a survey of the river in which all the local authorities through whose area the Severn flows took part, but these surveys having established the fact that in Shropshire, at least, the general condition of the river was good, and it was considered sufficient to make regular examination at certain fixed points. These observations showed that there was on the whole a consistently high condition of oxygenation of the water, and that the natural self-purification of the Severn was at present sufficient to keep the water in a satisfactory condition. This fact, however, is no justification for pouring into the Severn untreated sewage or trade effluents, and it is with a view to the prevention of such developments, rather than to deal with present pollutions, that the Ministry of Agriculture and Fisheries is pressing for the establishment of a Joint Committee representative of the Local Authorities responsible for the administration of the Rivers Pollution Prevention Acts over the whole of the Severn water-shed.

WATER SUPPLIES.

The following are extracts from the Reports of the District Medical Officers of Health, showing the work that has been done during the year to improve the water supplies in the County, and making suggestions for further improvements :—

BISHOP'S CASTLE URBAN.—"The questions of provision of additional filtration plant at the Service reservoir and of supplementary storage have engaged the Council's close attention during the year. Tenders for installation of filters were invited by advertisement, approved by the Ministry in November, and various tenders were received, but their consideration has been postponed owing to the Surveyor having left the district and pending a new appointment by the Council.

"The mains were extended by a length of 90 yards, and one Hydrant fixed during the year. Eight new houses, one w.c., and one public lavatory were connected."

CHURCH STRETTON URBAN.—"Thirty-six new houses were connected to the supply during the year. No shortage of water was experienced during the year, nor was it necessary to place any restrictions on the use of water.

"Two waste-detecting meters were installed during the year, and the records obtained from them have materially assisted in the detection and suppression of waste."

DAWLEY URBAN.—"Sixteen new houses were connected to the public mains during the year."

LUDLOW URBAN.—"Forty-five houses were connected to the public mains, including the new Council houses, and 310 yards of new water main were laid."

NEWPORT URBAN.—"An Enquiry by the Ministry of Health was held on May 8th for permission to borrow £7,000 for the improvement of the public water supply of the area. A new borehole is to be sunk about 350 feet deep. New engines and pumps capable of lifting 10,000 gallons an hour are to be installed in a new Engine house and a new six-inch rising main to connect to reservoir.

"Twenty-eight houses were connected to the mains in the year, 26 being new Council houses."

OAKENGATES URBAN.—“ Nine hundred and ten yards of new water-main were laid during the year, and thirty-two houses connected to the public supply.”

WELLINGTON URBAN.—“ Eighty-six new houses were connected to the mains during the year, and 200 yards of new water main laid to connect the new houses. Progress was made in the provision of a larger supply of water to meet the rapidly increasing demand. Land has been purchased at Long Lane, about 3 miles north of the district, and a trial bore is being sunk.”

WHITCHURCH URBAN.—“ The Council continued during the year its investigations into possible sources for augmentation of the water supply, in view of increasing consumption.”

The Surveyor reports :—“ Twenty-nine new $\frac{3}{4}$ -inch lead service pipes and stop-cocks have been laid, and 57 repairs have been carried out during the year. About $\frac{3}{4}$ -mile of 1-inch galvanized iron pipe was laid at Fenn's Bank to connect up the six houses belonging to the Overton R.D.C., and Fenn's Wood Farm, Maddock's Farm, and the two cottages belonging to the G.W.R. at Fenn's Bank Railway Station.

“ The delivery mains from the reservoir along Pear Tree Lane, Chester Road, Bargates, High Street, Green End and Talbot Street have been scraped by the pressure scraper in the larger sizes, and by hand in the smaller pipes, and the delivery of the pipes doubled.

“ An extension of water main of about 275 yards was laid to serve Talbot Crescent.”

WENLOCK URBAN.—“ A new Gas Engine of 130 h.p. was installed at Harrington Pumping Station in April. In Madeley Ward 770 yards of new service pipe were laid, and 77 houses connected, including 42 built by the Council during the year. Another extension of 630 yards was laid, to the Lees Farm ; and one of 100 yards to a stand post for the supply of six cottages in the parish of Benthall (Barrow Ward). The water was laid on to a new slaughter-house at Ironbridge, and to some 50 new water closets in Madeley and Broseley Wards.”

“ *Much Wenlock Supply.*—Twelve new houses, erected by the Council, were connected and the water laid on to a number of water closets, substituted for privies.”

ATCHAM.—“ The exceptional drought experienced in the first half of the year affected the *Meole Brace Village Supply*, this being derived mainly from the upper levels of the Moat Hall Colliery, and partly from springs at Welbatch.

“ With a view of providing for a shortage of water, steps were taken to provide for additional resources. A spring was located in Annscroft village, and a pumping test showed a yield of some 35,000 gallons a day, and at a level which would give a supply by gravitation. If needed at any time this can be used as an additional or alternative source of supply.”

Pontesbury Village.—“ This public supply, from a spring above the village, was improved and increased in June by the construction of a clay dam below the subsoil outcrop of the springs. This work was designed and carried out by the Surveyor, and had the effect of raising the water level in the collecting well by some $2\frac{1}{2}$ feet, and adding materially to the available supply.”

Oxon.—“ The supply to seven houses and a small farm, to which I referred in last year's report as contaminated and unfit for drinking, has now been remedied.”

“ At *Buildwas*, where the piped supply laid on to the main collection of houses, some twelve, including a farm, and the Church and School, the supply proved inadequate at times. After investigation I have reported to the Council and advised that if possible the supply should be taken over and administered by that Authority. The matter is under consideration. . . .”

"A private improvement scheme was also made at Alkmund Park Farm, St. Alkmund's parish, where a bore was put down to a depth of 500 feet. Water was found at 250 feet, and is pumped by petrol engine to a cistern tank of 3,500 gallons, and laid on to house and buildings.

"Repairs and improvements were made to public pumps and wells at Horsebridge, Asterley, Pontesbury Hill 'Flat,' and Bayston Hill Common. The Plealey Village well was reconstructed.

"Lengths of new water main, 270 yards in all, were laid at Harlescott and Bayston Hill, and 30 new houses connected."

BRIDGNORTH RURAL.—"Owing to the exceptionally dry summer of 1929, the water supply of Deuxhill School and at Bentley, in Worfield Parish, and the public supply of Alveley, became unsatisfactory. These have been carefully investigated by Mr. Younger, and a better supply has been arranged at Bentley. The ram at Alveley has been re-conditioned, and is now in good order, and the well and pump at Deuxhill School repaired and made satisfactory. An analysis of the piped supply at Ditton Priors was made by the County Analyst, and this proved satisfactory."

BURFORD RURAL.—"One private supply at Whitton was, on analysis, found to be impure. New drains were laid and a further examination made of the water, which proved to be satisfactory. An investigation into the possibility of supplying the proposed new school at Knowle from a spring on the Clee Hill was made. If a scheme can be carried out it will be of great benefit to that area, which has always been without a satisfactory service during the summer months."

CHURCH STRETTON RURAL.—*All Stretton*.—"During the year the Company re-laid the main with new iron pipes from the reservoir to the village, and placed a concrete sill on the reservoir dam. As a result of complaints of unpleasant taste and smell, investigation was made and water sent for analysis. The reports were not altogether conclusive, but so far as they went were favourable, showing few bacteria and few other organisms in the samples sent. It is learned that the Company has under consideration removal of the intake to a point some short distance above the reservoir." Dr. Gepp states:—"This would no doubt obviate to some extent road washings and access of animals to the stream, immediately above the reservoir, but I must repeat that in my opinion the removal of the intake to a point above the dwellings and occupied land in the valley is the proper and satisfactory course to be adopted to prevent all risk of contamination of sewage or manurial origin."

Soudley and Hope Bowdler.—"Since the end of the year I have reported upon the possibility of a supply being made available from a strong upland spring at Hope Bowdler, which is laid on, as a joint private concern, to a farm and the school. The Council has my report under consideration."

Cardington.—"I would repeat my recommendation as to public or private action being taken to bring the water from St. James's well to a more central point in the village by means of a pump and draw pipe."

CLEOBURY MORTIMER RURAL.—"Five houses were connected to the mains."

"At *Highley*, the main was extended 800 yards to supply certain farms and cottages, previously dependent on wells."

"Four public wells were put in repair and one new one sunk, and three private wells were reconstructed."

"Certain cottages, small holdings, and a licensed house on the Clee Hill, where the wells dry up in the summer, were the subject of negotiation with the estate with a view to getting a piped supply. The matter is still under consideration, but its importance should not be overlooked, seeing that small holders who are milk producers and inn-keepers cannot carry on their business satisfactorily without a constant and pure supply of water."

"Two new supplies were laid on to Chorley Farm and Catsley Farm in the Kinlet parish."

CLUN RURAL.—*Whitcott Keysett*.—"The Scheme (adopted by the Council in 1927) fell through owing to failure to secure agreement of all but two of the householders to take the water and pay the water rents fixed by the Council. The Surveyor reports that in the autumn of last year the inhabitants were again reduced to the use of one pump on private property, with the result that they again petitioned the Council to provide a supply. The Council proposes to proceed with the scheme as an unemployment relief work, and in view of the grant have reduced the proposed water rent charges from $7\frac{1}{2}$ per cent. to 5 per cent. on the rateable value of the houses supplied."

Kempton (Clunbury Parish).—"I have from time to time reported on complaints received as to surface water contamination of the village pump well, and as to the steps taken to improve the well, and also to investigate possibilities of a gravitational supply. The Surveyor reports that in consequence of complaint last summer the road surface water drainage was investigated and new pipes laid. It was then found that contamination arose from a drain taking the roof water of an adjoining house. This was diverted. The Clunbury Parish Council has now asked the District Council to investigate again the suggested upland supply, and the Council has given instructions for further tests and gaugings to be made in the autumn at the source."

Aston-on-Clun.—"A new pump well was sunk by the Council to a depth of 89 feet for the supply of the four houses built there."

LUDLOW RURAL DISTRICT.—Water.—"The Silver Wells on the Dhu Stone Company's land were found to provide no surplus in the dry weather of the autumn, beyond what the Company required. Unless storage for three months for a population of 500 were provided, a constant supply would not be secured. Although there is such a large amount running to waste in the winter, the springs cannot be relied on in the summer, and it is probable that the work at the Quarry will divert some of the supply."

"At Craven Arms I am informed by Mr. Humphreys, that it is proposed to duplicate the engine, to provide against a breakdown. The supply was satisfactory during the year. Thirty houses were connected to the Public Mains, including 22 new Council houses. Four private wells were re-constructed and improved, and three public mains and wells put in repair."

NEWPORT RURAL.—"Progress was made with the scheme for supplying the houses in the higher parts of the parish of Donnington Wood—150 yards of main were laid. Complaints were received in regard to the cottages receiving their supply from the Grange pumping station of the intermittent supply. The mouth of the shaft is not covered in, and after storms receives the washings from the surrounding works, and the water is very discoloured and quite unfit for drinking purposes. If a pipe supply from the main is not brought to the cottages, steps should be taken to prevent this occasional pollution. One house was connected to the public supply and three certificates issued for the water supply to new houses."

OSWESTRY RURAL.—"Sanction was obtained from the Ministry of Health for borrowing £3,907 for concreting walls and covering in the Bath Pool; laying 6-inch main from Mardy to Hengoed; laying of 3-inch by 2-inch mains to Little Common; laying of 3-inch main from Hengoed to Orthopaedic Hospital. This work will be put in hand immediately."

"The Council decided to constitute a small concrete reservoir at Porthywaen to protect the spring from surface contamination. Permission has been obtained from the owners, and the work will be proceeded with at once."

SHIFNAL RURAL.—“ During the year the Albrighton Main was extended to Chapel House Farm, Donnington, a distance of about 1,000 yards, and the Sheriffhales Main at Lilleshall for 230 yards to supply the Lodge.

“ Sixteen houses were connected to the public mains, and one private well reconstructed.”

TEME RURAL.—“ Bucknell is still without a satisfactory water supply.”

WELLINGTON RURAL.—“ A number of private wells were reconstructed and improved. As a result of the pump being out of repair, which was the supply to four cottages, a temporary supply was taken from the neighbouring brook, and a number of cases of typhoid resulted in two of the houses. The brook received the effluent from Oakengates Sewage Works, half-a-mile up stream. This well has been thoroughly cleaned out, and re-lined and built up to exclude surface water, and the water since analysed with satisfactory results.”

WHITCHURCH RURAL.—“ *Ash Magna*.—The Council maintains two pumps placed over small tanks supplied by arrangement with the owner, from the reservoir of a private supply, with well and wind engine. Complaint was received in the summer, following on the drought, of a serious shortage of water. The Council appointed a Committee to investigate the conditions and to interview the owner, who took steps to improve the Council's supply. The shortage was remedied and a satisfactory supply maintained to the end of the year.”

SEWERAGE AND DRAINAGE.

The following extracts from the District Medical Officers' reports deal with the work carried out during the year, or with insanitary conditions that need remedying :—

BISHOP'S CASTLE URBAN.—“ Eight new houses, one w.c., and one public lavatory were connected to the sewer.”

CHURCH STRETTON URBAN.—“ Of a total number of 437 dwelling-houses within the district, 421 are connected to the public sewers. Thirty-six new houses were connected during the year.”

DAWLEY URBAN.—“ A large amount of improvement has been made in the drainage during the year. Mr. Price estimates that work has been carried out at 250 premises, and 55 have been connected to the public sewers.

“ The Council have instructed Messrs. Wilcox and Raikes to prepare schemes for dealing with the sewage at the two principal outfalls where the greater portion of the sewage of the district is discharged. This will be a great sanitary improvement, and will make it possible to convert a large number of privies to the water carriage system.

“ The sewers have been regularly flushed and 200 yards of 6-inch sewer with four manholes have been laid at Sandy Bank Row and twenty houses connected to it. A short length of 6-inch sewer was also laid at Brandlee to connect up a new property.

“ The open sewer near Langley Schools has been piped in with 18-inch concrete pipes ; this has removed a serious nuisance, which was undoubtedly detrimental to health.”

ELLESMERE URBAN.—The drainage scheme for Cambria Avenue was completed during the year, and is dealing satisfactorily with the sewage in that part of the town.

LUDLOW URBAN.—“Forty-five houses were connected to the sewers during the year, and 250 yards of 9-inch sewer laid. At seven houses the drains were reconstructed or re-laid.”

MARKET DRAYTON URBAN.—“A Government Inquiry into the proposed Sewerage and Sewage treatment scheme was held on 26th November, 1929. The cost of the scheme was estimated at £35,000. The scheme has been approved, contracts for its execution have been placed, and the work will be begun soon.”

NEWPORT URBAN.—“No new sewers were laid during the year, but the drains were reconstructed at seven premises, and seven new water closets put in. Twenty-seven new houses were connected to the public sewers.”

OAKENGATES URBAN.—“At fifteen houses new drains were constructed to replace old and defective ones, and forty-three houses were connected to the public sewers. The laying of the sewer at Priors Lee Road was completed during the year, 310 yards of 9-inch sewer with man-holes were installed, and the Priors Lee Schools and one house connected to it. It is possible to utilise it for about half-a-dozen other premises for which connections have been provided, including the Old Vicarage, where the cesspits are a source of constant complaint. The completion of this work will be an excellent sanitary improvement. The plans for the Ketley Bank sewer have been got out and the work is to be put in hand during the year.”

OSWESTRY URBAN.—“One sewer extension was carried out during the year on the Council's Housing Estate to take the drainage of four additional houses, and the building on this estate is now complete.”

SHREWSBURY URBAN.—“During the year the Hanwood Road sewer has been extended from the top of the Roman Road for a distance of 150 yards in the direction of the Borough boundary.”

WELLINGTON URBAN.—“The only extension of the sewer was that required for the Council's new houses, for which 200 yards of 9-inch sewer were laid. The drainage was reconstructed at 30 houses, and 11 additional water closets added.”

WENLOCK URBAN.—“In connection with the Council's building schemes, 608 yards of 9-inch and 86 yards of 6-inch sewer were laid for the Paradise site, Coalbrookdale; and 56 yards of 9-inch and 160 yards of 6-inch sewer for the Park Street, Madeley, site.

“Other improvements in sewerage were the laying of 100 yards of 6-inch sewer at Ironbridge and 95 yards of 12-inch sewer in Madeley, and 100 yards of 6-inch sewer were laid by the Barrow Ward Sanitary Committee to replace some defective drainage in Little Wenlock village.

“Attention was given by the Sanitary Inspector to house drainage and notices for reconstruction or repair served in 27 cases.”

WHITCHURCH URBAN.—“A length of 33 yards of sewer extension was laid in Talbot Street, and 277 yards of extension in Chester Avenue. Fifty-eight new houses were connected to the sewers.”

ATCHAM RURAL.—“During the year 120 yards of new sewer were laid, mainly in the Harlescott area, with some extension also at Bayston Hill, and 30 new houses connected.”

BURFORD RURAL.—“The drains were reconstructed at seven houses during the year.”

CLEOBURY MORTIMER RURAL.—“New drains were laid at sixteen houses, but there were no connections made to the public sewers.

“The drainage system at Cleobury Mortimer requires to be reorganised and provision made for a small outfall works. The development of the town is held back by the lack of proper drainage facilities, which make owners indisposed to put baths and water closets into their houses.”

CLUN RURAL.—“A length of 75 yards of new sewer was laid at Hopton Heath in Clun-gunford parish to remedy a nuisance about which complaints had been made from time to time.”

LUDLOW RURAL.—“New drains were laid at 14 houses and 28 privies, including the new Council houses connected to the public sewers.

“The outfall works at Craven Arms were overhauled during the year to make the distribution more efficient.”

NEWPORT RURAL.—“New drains were laid at five cottages during the year, and four new closets were provided.”

OSWESTRY RURAL.—“Pumping Station at Park Hall. Sanction was given by the Ministry of Health for the installing of a 45 h.p. Crude Oil Plant. This has been carried out and the new plant is working satisfactorily.”

SHIFNAL RURAL.—“There was no extension of the public sewers during the year, but fifteen houses were connected to existing ones, and new drains constructed at forty-five premises.”

WELLINGTON RURAL.—“The drainage at twenty-five houses was relaid during the year, and the outfall works at Hadley, Trench and Lawley Bank continue to turn out a satisfactory effluent.”

WHITCHURCH RURAL.—“An additional settling tank and filter bed were added to the Ash Parva sewer outfall, by the Surveyor, for the Council during the year. A storm water drain was also laid to relieve the filter beds of excess of storm water.

“Some work was also done on the small Broughall sewer.”

HOUSING.

The following quotations from the District Medical Officers' Reports give information with regard to housing conditions in the County:—

BISHOP'S CASTLE URBAN.—“Progress in housing was made during the year by the Council adding six new houses to the twelve already erected on their Corporation Street site. This scheme and lay-out is now complete and forms a pleasing and self-contained small estate, but the Council proposes a further building programme. The Surveyor prepared a lay-out and plan for 20 houses on a site adjoining that of Corporation Street, and this remains at present under consideration, some alternative sites being under review by the Council.”

TABLE V.
HOUSING STATISTICS FOR THE YEAR 1929

	RURAL DISTRICTS.																		URBAN DISTRICTS.																	
	Altham.	Bedgorth.	Bedford.	Chertsey.	Church Stretton.	Cloahy Mortimer.	Clun.	Drayton.	Ellenswore.	Ladlow.	Newport.	Oswestry.	Shifnal and Brynhall.	Tenby.	Willington.	Wern.	Whitechurch.	TOTAL.	Bishop's Castle.	Bedgorth.	Church Stretton.	Dawley.	Ellenswore.	Ladlow.	Market Drayton.	Newport.	Oakengates.	Oswestry.	Shrewsbury.	Willington.	Wem.	Witch.				
Number of New Houses erected during the year :—																																				
(a) Total including numbers given separately under (b)	29	3	..	..	3	3	12	..	5	28	5	65	19	12	72	24	1	261	8	14	36	16	3	45	3	27	2	9	103	75	3	57				
(b) With State assistance under the Housing Acts :—																																				
(i) By the Local Authority	29	..	..	..	..	..	..	..	..	22	..	5	81	12	..	66	16	..	116	6	12	30	12	..	40	..	26	..	4	28	64	..	54			
(ii) By other bodies or persons	..	..	..	..	3	..	1	..	12	4	..	..	..	..	..	..	..	109	..	..	..	4	..	..	..	..	..	..	31	5	..	3				
1.—Inspection of Dwelling-houses during the Year :—																																				
(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	378	520	14	32	28	121	28	..	..	84	204	367	35	28	158	121	65	2183	180	950	132	339	..	52	..	40	93	107	784	56	50	651				
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	126	25	7	32	25	109	12	..	..	10	11	105	35	8	28	16	35	584	180	2	132	..	..	34	..	25	25	22	46	20	..	12				
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..	..	1	1	..	..	2	..	14	8	..	2	2	..	30	1	..	..	..	..	12	..	..	6	10	..	2	4	4				
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	83	14	5	9	2	50	21	..	..	4	5	32	2	..	16	35	2	280	19	25	21	339	..	21	..	25	26	47	740	56	12	152				
2.—Remedy of Defects during the Year without Service of formal Notices :—																																				
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	64	14	6	5	..	40	19	..	..	70	5	58	2	8	6	32	2	331	18	25	18	338	..	15	..	14	34	70	690	46	8	121				
3.—Action under Statutory Powers during the Year :—																																				
A.—Proceedings under Section 3 of the Housing Act, 1925 :—																																				
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	..	25	5	..	..	..	..	..	..	..	..	..	2	8	..	..	..	40	1	4	..	..	..	4	..	6	25	..	..	..	..	1				
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—																																				
(a) By owners	..	18	1	..	..	..	..	..	..	..	..	..	2	8	..	..	..	29	..	4	..	..	..	4	..	6	10	..	..	..	..	1				
(b) By Local Authority in default of owners	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1				
B.—Proceedings under Public Health Acts :—																																				
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	..	..	5	..	..	..	..	..	..	5	152	..	8	10	..	..	..	180	..	10	3	..	..	13	..	..	52	84	12	..	..	18				
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—																																				
(a) By owners	..	..	2	..	..	..	..	..	..	..	5	131	..	8	10	..	..	156	..	10	3	..	..	12	..	..	47	70	12	..	..	18				
(b) By Local Authority in default of owners	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..				
C.—Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925 :—																																				
(1) Number of representations made with a view to the making of Closing Orders	..	..	..	..	..	1	1	..	6	..	6	8	..	..	..	..	..	22	..	..	..	..	..	..	..	..	2	9	14	2	..	1				
(2) Number of dwelling-houses in respect of which Closing Orders were made	..	..	..	..	..	..	..	..	6	..	6	1	..	..	..	..	..	15	..	..	..	..	..	..	..	..	..	9	14	..	..	1				
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
(4) Number of dwelling-houses in respect of which Demolition Orders were made	..	..	..	..	..	..	..	..	6	..	3	..	..	..	..	..	..	9	..	..	..	..	..	..	..	..	1	..	1	..	..	..				
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..				

CHURCH STRETTON URBAN.—“The scheme for the erection of 12 non-parlour houses at Essex Road, and also a further scheme for the erection of 18 similar houses at Essex Road, have been completed. The rents of these houses are 10/- per week, inclusive of all rates.

“Six new houses were erected by private enterprise during the year, all of which were beyond the limit of size to qualify for subsidy.”

DAWLEY URBAN.—“The housing position in the area can be demonstrated by the following facts:—four houses were erected during the year for private owners. The Council's 36 houses of non-parlour type have been in constant occupation, and no arrears of rent have accrued. A further batch of 18 in the course of erection will receive tenants shortly, and they have been selected out of over 100 applications. The unsuccessful applicants include a number of cases of serious overcrowding, and very suitable tenants who are well able to pay the rent. There is no doubt that another fifty houses could be let on this side the district. In the Old Park and Malinslee area, there are a number of unfit houses in occupation and a large amount of overcrowding, the erection of a batch of a dozen or twenty houses would test the demand in this parish, where the problem is complicated by a good deal of unemployment and short time.”

ELLESMERE URBAN.—“There is still a shortage of housing and some overcrowding, the former being partly responsible for the latter.

LUDLOW URBAN.—“The scheme of 40 houses completed during the year and the additional 20 about to be erected should improve the standard of housing in the Borough very materially by enabling people to move up from the poorer houses to those vacated by the new tenants of the Council houses.”

MARKET DRAYTON URBAN.—“A house to house inspection is at present being carried out, and the Council have purchased land with a view to erecting more houses.”

NEWPORT URBAN.—“The number of applicants for the (26) new Council houses exceeded the supply very considerably, and a further scheme is to be undertaken.”

OAKENGATES URBAN.—“There is still a very considerable number of families living in overcrowded conditions, and the applications for Council houses made during the year that cannot be met have been very numerous. To meet the needs of the applicants and to raise the standard of the houses the Council are considering the erection of a further number in the various wards.

“The improvement of a further section of the Lilleshall houses at the Nabb and St. George's was completed during the year, and much more useful work was done at a number of other houses by various owners.”

OSWESTRY URBAN.—“Two hundred and ninety-eight houses have been erected since 1920—144 by the Local Authority and 154 by private enterprise. Considering the size and the more or less stationary nature of the population, these figures would suggest that the building operations during these years have gone a long way to meet the housing requirements of the Borough. As a matter of fact the erection of these houses has only touched the fringe of the housing problem where it deals with or is denoted by overcrowding and insanitary dwellings, which are the more serious factors of this problem.

“During the year the Oswestry Housing Trust completed the purchase of land sufficient to accommodate nine houses, and four were erected and occupied.”

SHREWSBURY URBAN.—“The total number of houses erected in 1929 was 103. Of the 28 houses erected by the Town Council, 12 were built for sale, the remaining 16 being built in co-operation with the Shrewsbury Voluntary Housing Trust for the sole purpose of re-housing slum dwellers displaced from houses that were closed.

“An instance of the co-operation of a Voluntary Body with a Local Authority for the public benefit may be recorded as having taken place with good effect during the year.

“A Society known as the Shrewsbury Voluntary Housing Trust, constituted a few years ago, with the object of attempting to abolish the slums in Shrewsbury, obtained £1,600 by voluntary subscription.

“As this sum was too small to enable the Voluntary Housing Trust to embark on a scheme of their own, the Corporation was approached, and it was agreed that in return for £100 per house the Corporation should build 16 houses which, owing to the subsidy of £100, were to be let at a reduced rent to families displaced from slum houses, which were closed.

“These houses, which resemble the cheaper Council houses ordinarily let at 8/- per week, were thus enabled to be let at 6/- per week—a rent which many of the poor could afford.

“A feature of the scheme is that in perpetuity these houses are to be utilised for the purpose of re-housing slum dwellers, so that if a house becomes vacant it will be re-tenanted by another family from a house which will be closed.

“In selecting families for these Trust houses, special efforts were made to allot them to (a) those with several children, (b) those living in the worst type of slum house, (c) those who could not afford the rent of a Council house.

“This small but very helpful effort enabled 95 persons, 60 of whom were children, to be re-housed in these 16 houses, each of which has three bedrooms, and gardens back and front.

“Another feature of the co-operation that took place between the Corporation and the Housing Trust was that in order to close some unsatisfactory court of houses, whereas the Corporation re-housed in Council houses those that could afford the rent, those that could not do so were given a 6/- Trust House.”

WELLINGTON URBAN.—“There were 64 houses completed by the Council during the year, and the number of applications considerably exceeded the supply, so that land for an additional scheme is being sought. I think it is obvious that many of the tenants find difficulty where the families are large, in meeting the rent and rates. It is not satisfactory that so many have to take in lodgers to enable them to pay their way; this often leads to overcrowding.”

WENLOCK BOROUGH.—“I record with much satisfaction the further progress made by the Council, through the Committees of the three more populous wards of the Borough, in building Working Class Houses. The programme began in 1926, and up to the end of last year 142 houses had been completed, viz. :—66 in Madeley Ward, 40 in Wenlock, and 36 in Broseley. Plans for a further eight houses in Madeley have been passed.

“Thus very notable progress towards improved housing has been made in a period of four years, and 75 per cent. has now been reached of the number of 200 houses which I suggested as an initial programme.

“The three sites chosen for the houses built during the year in Madeley and Wenlock are admirable, being elevated, spacious and very open.”

WHITCHURCH URBAN.—“With the 52 houses erected on the Talbot Street site during the year, the Council have raised its contribution to public housing to a notable total of 142 houses.

“The Council have under consideration the erection of a cheaper type of house to take the place of the houses which have been condemned, and which it is proposed to condemn in the various yards of the town.”

" *Housing (Rural Workers) Act, 1926.*—I am glad to record a beginning of some definite progress during the year under this Act, which offers a valuable means of improvement of old cottage property let at low rentals to suitable wage earners. The total number of houses provided or improved under grants made in 1929 will therefore be six."

ATCHAM.—" *Housing (Rural Workers) Act, 1926.*—The activities of the Council under this Act have been exceptional, and the progress that is being made in the District in the reconditioning of rural cottages is altogether satisfactory. This progress is shown, summarised, as follows :—

Year	No. of applications received.	No. of grants made.	No. of houses comprised.	No. of houses completed.
1927 ..	1	1	2	..
1928 ..	19	19	19	18
1929 ..	25	25	33	27
	—	—	—	—
	45	45	54	45
	—	—	—	—

" The work on the remaining 9 houses was in progress at the end of year."

CHURCH STRETTON RURAL.—" The Council has had under consideration the building of a few more houses, and has acquired sites, and is proceeding to build 4 cottages at Hope Bowdler and 2 at East Wall. It is satisfactory to record these additions to the Council's previous work, which included 4 houses at All Stretton, 4 at Leebotwood and 2 at Longnor." Dr. Gepp recommends that cottage owners should be encouraged to make applications in suitable cases for grants towards the improvement of cottages under the *Housing (Rural Workers) Act, 1926.*

CLEOBURY MORTIMER.—" Three houses were approved for grant (under the *Housing (Rural Workers) Act, 1926*, and completed in the year, and two further houses were considered by the Council and approved.

" Eight cases of overcrowding were dealt with during the year.

" A proposal to erect further houses at Cleobury Mortimer is under consideration by the Council. There is a large demand for houses at a moderate rent, to meet the needs of the agricultural worker."

CLUN RURAL.—" I remarked last year on the small progress made in the District in the provision of new houses, and the reconditioning of old cottages, and on the failure of efforts made by the Council, and their Surveyor particularly, to induce building of new cottages by private enterprise under the *Housing Acts of 1923 and 1924*, or the improvement of old cottages under the *Housing (Rural Workers) Act, 1926.* It is therefore especially satisfactory to record that the Council has decided in view of these facts to adopt a Housing Scheme with a view, as the Surveyor states—' to make up the deficiency caused by the decay of old property and increasing population.' They decided to build 12 houses as follows :—Aston-on-Clun 4, Hopton Castle 2, and Clun 6.

" Mr. Elliott further states that ' In addition to the schemes noted herein the Council are at the present time endeavouring to secure sites to build more houses as follows :—Bishop's Castle 2, Clun 12, Lydbury North 6, Clunbury 4, Edgton 2, More 4, Clunton 4, Myndtown 2, Clungunford 4.' A programme such as the above is an advance in public health administration upon which the Council may be unreservedly congratulated.

" The Council has approved of grants to the owners of six houses under the *Housing (Rural Workers) Act.*"

LUDLOW RURAL.—“ The completion of the Housing Scheme for Craven Arms of eight parlour type, twelve non-parlour and two two-bedroomed houses, will help to reduce the overcrowding and meet a demand that has long been existent. The remainder of the land could, with advantage, be occupied by a type of house that can be let at a lower rental than the present ones.

“ Housing (Rural Workers) Act, 1926.—Eight houses have received grants for their repair and reconstruction under this Act during the year. Six were in such a dilapidated condition, that they were recommended for closure. This Act is of great benefit to the district, where few cottages are now built by private enterprise, and many of the existing ones are very ancient structures, which can only be made habitable at considerable outlay.”

OSWESTRY RURAL.—“ Sixty-five new houses have been erected during the year.

“ Continued use has been made of the facilities offered by the Housing (Rural Workers) Act, 1926. A total of twenty-one houses have been reconstructed, and during the coming year the numbers promise to be still further increased.”

SHIFNAL RURAL.—“ The twelve houses erected by the Council were tenanted during the year, and in consequence of the numerous applicants whom the Council were unable to grant houses to, a further scheme is under consideration for both Shifnal and Albrighton. There are no vacant cottages in the district, and the few erected by private owners are usually intended for their own workmen. It seems probable that the Council will in future have to meet the requirements of the district for working-class dwellings, and that the needs of other parishes should be reviewed—for example, Kemberton and Stirchley.”

WELLINGTON RURAL.—“ During the year the contracts were let for building 66 houses by the Council at the following sites :—New Hadley 20, Wrockwardine 8, Kynnerlsey 6, Longden 4, Rodington 4, Lawley 8, and Nunnerley Lane 12. At the end of the year they were nearly completed, and the tenants selected, and owing to the number of applicants who could not be accommodated, a further scheme of 84 is to be undertaken.

“ These additions to the available housing in the area will enable a number of the older structures at present occupied in the industrial parts to be either reconstructed or abolished.

“ No grants were made during the year under the Housing (Rural Workers) Act.”

WEM RURAL DISTRICT.—“ The Council have granted a subsidy for 12 houses under the Housing Act of 1923, and for 8 houses under the Housing Act of 1924.

“ The Council have built 6 houses at Sandy Lane, Prees, 4 houses at Calverhall, 4 at Coton, 4 at Northwood, 4 at Whixall, and propose building 8 at Prees, 6 at Darliston, 4 at Coton, 4 at Clive, 4 at Edgebolton, and 4 at Newtown.”

WHITCHURCH RURAL.—“ I regret that so little use has been found for this Act—Housing (Rural Workers) Act, 1926—which in some other districts has resulted in great improvement in a number of old cottages of agricultural workers.”