[Report 1935] / Medical Officer of Health, Salop / Shropshire County Council.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

COUNTY COUNCIL OF SALOP.

ANNUAL REPORT

OF THE

County Medical Officer of Health.

1935.

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

SHREWSBURY,
September, 1936.

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

MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have the honour to present the Annual Report for 1936.

The requirements of the Ministry of Health are that the Report should be of a comprehensive nature and should cover all the Health Services of the County, including those arising out of the transfer to the County Council of the Poor Law duties and functions. While there is still a certain amount of overlapping in the work of the Public Health and Public Assistance Committees, the powers given under the Local Government Act, 1929, should gradually lead to a closer co-ordination of the Medical Services for the County as a whole.

The greatest development in the work of the Public Health Department during the year has probably been in connection with the Milk and Dairies Acts and Orders, but it seems fitting to make special mention here of the fact that the Infant Mortality Rate for 1935 is the lowest which has yet been recorded in this County.

I am,

Your obedient Servant,

WILLIAM TAYLOR.

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.
September, 1936.

THE PUBLIC HEALTH AND HOUSING COMMITTEE.

Chairman :

MR. T. O. STEVENTON (*Alderman*).

Vice-Chairman :

MR. ENOCH LATHAM (*Alderman*).

MR. T. WARD GREEN, J.P. (*Alderman*), Chairman of Council (*ex-officio*).
CAPT. SIR OFFLEY WAKEMAN, Baronet, J.P., Vice-Chairman of Council (*ex-officio*).
MR. E. ATTWOOD.
MR. G. BAKER.
MR. WILLIAM BISHOP (*Alderman*).
CAPT. R. A. BLACK.
MR. J. G. B. BOROUGH.
MR. J. BROMLEY.
MR. THOMAS CAMBIDGE (*Alderman*).
LT.-COL. R. C. DONALDSON-HUDSON, D.S.O.
MR. W. G. DYAS.
MR. A. EDGE.
CAPT. E. FOSTER.
MR. W. H. GITTINS.
MAJOR A. HEYWOOD-LONSDALE.
COL. G. HOLLIES (*Alderman*).
DOCTOR J. A. IRELAND.
MR. T. JONES.
MR. TOM MORRIS (*Alderman*).
MR. GEORGE S. PATCHETT (*Alderman*).
LT.-COL. S. D. PRICE-DAVIES, D.L. (*Alderman*).
MR. T. G. RÔBIN.
MR. G. P. ROGERS.
MRS. M. J. ROTTON.
MR. C. P. SLATER.
MR. J. E. THOMAS.
MR. J. TUDOR.
MR. W. D. VAN HOMRIGH.
MAJOR-GENERAL H. D. O. WARD, C.B., C.M.G.
MAJOR J. WHITAKER.

Co-opted Members for Child Welfare and Tuberculosis Schemes.

MRS. H. C. CHOLMONDELEY.
MRS. M. DONALDSON-HUDSON.
MRS. E. B. FIELDEN.
MRS. S. D. PRICE-DAVIES.
MR. FRANK WESTON.

INDEX.

STAFF.

County Medical Officer of Health and School Medical Officer.
WILLIAM TAYLOR, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer.
B. A. ASTLEY-WESTON, M.B., CH.B., D.P.H.

Tuberculosis Medical Officers.
A. C. WATKIN, M.R.C.S., L.R.C.P., D.P.H.
T. R. ELLIOTT, L.R.C.P.I., L.R.C.S.I.

Assistant School and Child Welfare Medical Officers.
K. PRIESTLEY, L.S.A.
MABEL BLAKE, M.B., CH.B.
§L. WILSON EVANS, M.C., M.B., B.S., D.P.H.
SYDNEY S. PROCTOR, M.D., D.P.H. (Resigned 31st December, 1935.)
LLYWELYN ROBERTS, M.D., D.P.H. (Resigned 14th December, 1935.)
ELFYN T. JONES, M.R.C.S., L.R.C.P., B.Sc., D.P.H. } Commenced duties 1st January, 1936.
WILLIAM AINSLIE, L.R.C.S., L.R.C.P. }

Dental Surgeons.
STEPHAN KEENAN, L.D.S.
FRANK H. BIRCH, H.D.D., L.D.S.
GERALD R. CATCHPOLE, L.D.S.

Organiser of Physical Training.
MRS. K. W. DAVEY, Diploma of the Chelsea College of Physical Education.

Inspector of Midwives and County Health Lecturer.
MISS MONICA DEMANT, F.R.N., S.R.N., C.M.B. Certificate, Health Visitors Certificate.

Assistant Inspector of Midwives (part-time).
MISS G. C. COLLINS, Health Visitors Certificate and Certificate of C.M.B.

County Analyst.
HAROLD LOWE, M.Sc., F.I.C.

County Sanitary Inspector.
‖HAROLD MALLINSON.

Health Visitors and School Nurses.

*†MISS C. M. BINDLOSS.
*†MISS J. A. BRODERSEN.
*MISS B. CONNELLY.
*†MISS M. DORRICOTT.
*†MISS E. L. GRIFFITHS.
MISS E. M. GRIFFITHS.
†MISS M. M. HALL.
†MRS. M. M. LOWRANCE.
*MISS E. Q. MASON.
*MISS G. M. MORGAN.
*†MISS A. K. O'CONNELL.
‡MISS G. L. THOMAS.
*MISS E. DAVIES.
*MISS M. PARRY.

Obstetrical Consultant and Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations, 1926.
R. L. E. DOWNER, M.D., M.C.O.G. (*Resigned*).

Venereal Diseases Medical Officer (part-time).
COL. J. GRECH, D.S.O., M.R.C.S., L.R.C.P.

Sister-in-Charge V.D. Clinic.
MRS. D. A. MURRAY, S.R.N., R.F.N.

Prees Heath Sanatorium.
MISS M. A. TREBLE, *Matron.*

County Home for Ailing Babies.
MISS M. L. CROWE, *Matron.*

County Council Hospital.
J. F. KING, Clerk-Steward.
MISS J. P. COCHRAN, S.R.N. and C.M.B. Certificate, *Matron.*
SAMUEL BURKE, M.R.C.S., L.R.C.P., *Resident Medical Officer.*

Clerical Staff.
W. H. JONES, Chief Clerk, and Fourteen Assistants.

§ *Also Medical Officer of Health for the Urban and Rural Districts of Oswestry.* * *Holds C.M.B. Certificate.*
† *Holds Health Visitor's Certificate.* ‡ *Holds Certificate of London Obstetrical Society.*
‖ *Holds Sanitary Inspector's Certificate and Meat & Other Foods Certificate.*

District Medical Officers of Health.

Name.	Address.	District or Districts.					
		Urban.			Rural.		
		Name.	Acreage.	Population (1931 Census)	Name.	Acreage.	Population (1931 Census)
J. DALLEWY, M.R.C.S., L.R.C.P. ..	Wem.	Wem.	903	2,255	Wem.	60,343	10,273
L. E. DICKSON, M.D., M.R.C.S., L.R.C.P.	Bridgnorth.	Bridgnorth.	2,645	5,295	Bridgnorth.	100,897	12,616
L. WILSON EVANS, M.C., M.B., B.S., D.P.H.	Oswestry.	Oswestry.	2,173	9,961	Oswestry.	61,524	16,569
M. GEPP, L.R.C.P., L.R.C.S., D.P.H. ..	Shrewsbury.	Bishop's Castle.	1,867	1,352	Atcham.	134,490	19,576
		Church Stretton.	6,198	2,398			
		Wenlock.	22,657	14,149	Clun.	132,512	10,673
		Whitchurch	6,053	6,174			
*W. M. CASPER, M,R.C.S., L.R.C.P. ..		Ellesmere.	1,220	1,872			
*C. D. ROGERS, M.B., CH.B.					Ellesmere.	48,253	6,684
A. MACQUEEN, M.D.	Market Drayton.	Market Drayton.	1,216	4,749	Drayton.	54,058	7,888
A. D. SYMONS, M.D., D.P.H. ..	Shrewsbury.	Shrewsbury	8,118	36,732			
A. E. WHITE, M.B., C.M., L.R.C.P., L.R.C.S., D.P.H.	Wellington.	Dawley.	3,259	7,669			
		Ludlow.	1,068	5,823			
		Newport.	768	3,437	Ludlow.	112,823	14,511
		Oakengates	2,396	11,249	Shifnal.	39,562	7,583
		Wellington.	2,281	8,550	Wellington.	54,516	16,118

* Temporary appointments.

Poor Law Medical Out-Relief.

Name of Area.	County Districts. comprised in Area.	Acreage.	Population (1931 Census).	No. of Relief Districts.	No. of Relieving Officers.	District Medical Officers.
Bridgnorth	Bridgnorth U. & R. . .	103,542	17,911	2	2	Dr. C. A. Hodges, Dr. L. E. Dickson, Dr. G. R. Kennedy, Dr. R. G. Addenbrooke, Dr. O. J. M. Kerrigan, Dr. F. W. Hudson-Bigley.
Clun	Bishop's Castle U. . . Clun R.	134,379	12,025	2	2	Dr. D. M. Hunter, Dr. R. E. G. Phillips, Dr. J. Adams, Dr. T. H. Gandy, Dr. G. H. H. Booth, Dr. J. A. K. Griffiths, Dr. W. B. Darroll, Dr. H. R. Cross, Dr. W. B. Clegg.
Drayton . .	Drayton U. & R. . . Wem U. & D. . . Whitchurch U. . .	122,573	31,339	3	3	Dr. J. R. Mitchell, Dr. J. Dallewy, Dr. C. W. Eames, Dr. V. E. Somerset, Dr. A. H. Clough, Dr. W. King Hay, Dr. Frances Lilian Lewis, Dr. A. Lees Low, Dr. W. Hall, Dr. A. T. Woolward.
Ludlow . .	Church Stretton U. . . Ludlow U. & R. . .	120,089	22,732	3	3	Dr. H. Gooch, Dr. J. McClintock, Dr. C. H. Flory, Dr. C. A. Hodges, Dr. C. Fenwick, Dr. H. O. Watson, Dr. A. Sanders Green, Dr. R. G. Addenbrooke.
Oswestry . .	Ellesmere U. & R. . . Oswestry U. & R. . .	113,170	35,086	3	3	Dr. W. B. A. Lewis, Dr. J. H. Crofton, Dr. H. S. O'Conor, Dr. C. E. Salt, Dr. C. D. Rogers, Dr. A. C. Heard, Dr. E. H. Udall for Oswestry Institution, Dr. S. J. Higgins.
Shrewsbury	Atcham R. . . . . Shrewsbury U. . .	142,608	56,308	3	3	Dr. W. E. Gemmell, Dr. Ballenden, Dr. G. M. Westwood, Dr. C. W. Cassell, Dr. T. J. Gittins, Dr. C. U. Whitney, Dr. J. McClintock, Dr. H. Gooch, Dr. A. V. Mackenzie.
Wellington	Newport U. . . . . Oakengates U. . . Wellington U. & R. . .	59,961	39,354	3	3	Dr. H. W. J. Hawthorn, Dr. G. M. Yates, Dr. G. E. Elkington, M.C., Dr. J. R. Pooler.
Wenlock . .	Dawley U. . . . . Shifnal R. . . . . Wenlock U.	65,478	29,401	3	3	Dr. C. U. Whitney, Dr. H. C. Woodhouse, Dr. R. S. Mitchell, Dr. J. G. Boon, Dr. F. W. Hudson-Bigley, Dr. S. B. Legge, Dr. D. J. M. Legge.
		861,800	244,156	22	22	

Public Vaccinators and Vaccination Districts.

Vaccination District.	Vaccination Officer.	Public Vaccinators.
Bridgnorth ..	A. H. Reynolds ..	C. A. Hodges, L. E. Dickson, G. R. Kennedy.
Church Stretton ..	A. Dillon Smith ..	C. H. Flory, F. W. Hudson-Bigley, H. Gooch, J. McClintock.
Cleobury Mortimer	S. Whitehead	R. G. Addenbrooke, O. J. M. Kerrigan.
Clun..	W. J. Beavan	G. H. H. Booth, W. B. Darroll, J. A. K. Griffiths.
	A. Lloyd Davies ..	S. J. Stewart, D. M. Hunter.
	M. George	H. R. Cross, T. H. Gandy.
	W. H. Jones	J. Adams, W. B. Clegg.
Drayton	G. E. Axon	Walter Hall, W. King Hay, A. Lees Low, Frances L. Lewis.
Ellesmere	J. H. Butler	A. C. Heard.
	P. J. Whiston ..	C. D. Rogers.
Ludlow	R. G. Brookes	C. Fenwick, H. O. Watson.
	R. J. Price	C. H. Flory, C. A. Hodges, C. Fenwick.
	D. J. Morris	A. Sanders Green.
Madeley	W. Edge	J. G. Boon, F. W. Hudson-Bigley.
	W. H. Jones	C. U. Whitney.
	B. H. Ellis	J. B. Robertson.
Newport	G. G. Crickmer ..	G. E. Elkington, G. M. Yates, J. R. Pooler.
Oswestry	T. Pughe-Jones ..	R. H. S. Marshall, W. B. A. Lewis, H. S. O'Conor, C. E. Salt, E. H. Udall, S. J. Higgins.
Shifnal	L. G. Harris	G. R. Kennedy, D. J. M. Legge, S. B. Legge.
Shrewsbury ..	E. P. Everest, M.B.E...	C. W. Cassell, W. E. Gemmell, T. J. Gittins, W.B. Ballenden, H.B. MacLeod, G.M. Westwood.
Wellington ..	R. Gwynne	H. W. J. Hawthorn, G. M. Yates.
Wem	R. J. Clayton	J. Dallewy, C. W. Eames, J. R. Mitchell, V. E. Somerset, A. T. Woolward.
Whitchurch ..	E. Jones	A. H. Clough.

Hospital Accommodation at County Council Institutions in 1935.

Name of Institution.	Sick Wards.		Staff.				
	No. of beds.	Average No. of beds used.	Medical Officer.	Trained Nurses (including Matron).	Probationer Nurses.	Assistant Nurses.	Male Attendants.
County Council Hospital ..	174	135	*Resident	10	29	—	—
Public Assistance Institutions :—							
Bishop's Castle	30	16	Visiting	1	—	3	1
Bridgnorth	40	37	Visiting	—	1	4	—
Ironbridge	78	70	Visiting	1	—	5	—
Ludlow	51	42	Visiting	1	—	4	—
Market Drayton	45	32	Visiting	1	—	4	—
Oswestry	86	77	Visiting	5	—	8	—
Shifnal	27	23	Visiting	1	—	2	—
Wellington	124	93	Visiting	4	8	2	1
Whitchurch	26	17	Visiting	2	—	2	—
	507	407		16	9	34	2

* Also Visiting Consultant.

Other accommodation available at rate-aided institutions includes 16 cots for children at County Home for Ailing Babies, Wellington ; 30 beds for mental defectives (Church Stretton Institution 5, Madeley Institution 25) ; 896 beds for mental cases at Salop Mental Hospital ; 11 beds for tuberculous patients at Prees Heath Sanatorium ; 4 beds for venereal cases at 1, Belmont, Shrewsbury ; 26 beds for small-pox cases, and 85 beds for other infectious cases.

Voluntary Hospital Accommodation.

Name and Situation.	No. of beds, including cots.	Facilities provided.
Bridgnorth and South Shropshire Infirmary, Bridgnorth ..	50	a, b, c, d, m, n, p, q, r, s, t, u.
St. Catherine's Cottage Hospital, Clun	6	a, b.
Cottage Hospital, Ellesmere	12	a, b, d, p.
Cottage Hospital, Ludlow	9	a, b, m, q.
Cottage Hospital, Market Drayton	13	a, b, d, m, p, t, w.
Lady Boughey Cottage Hospital, Newport	12	a, b. e, m, n, p.
Cottage Hospital, Oswestry	21	a, b, d, m, p, v, w, z.
Cottage Hospital, Shifnal	15	a, b, c, d, f, i, n, o, p, q, s, v, w, x.
District Cottage Hospital, Wellington	18	a, b, d, m, n, t.
Cottage Hospital, Whitchurch	14	a, b, d, m, t, q, r, v, w.
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry	320	b, d, e, f, j, k, m, n, p, q, r, v, w.
Royal Salop Infirmary, Shrewsbury	158	a, b, c, d, f, j, k, m, n, q, r, s, u, v, w, z.
Eye, Ear and Throat Hospital, Shrewsbury	53	b, d, g, h, w, x.
Lady Forester Hospitals—		
Broseley	29	a, b, c, d, m, p, r, s, t, v, x.
Much Wenlock	25	a, b, c, k, l, n, p, q, r, t, y.
King Edward VII. Memorial Sanatorium, Shirlett	62	k, m.

Other Hospitals used by Salop patients include the Hereford General Hospital, Wolverhampton Royal Hospital, Stafford Infirmary, Wolverhampton Eye Hospital, the Kidderminster Hospital, and the North Staffordshire Infirmary, Stoke-on-Trent.

KEY.—**a**=General Medical and Surgical Treatment ; **b**=Operating Theatre ; **c**=Maternity Beds ; **d**=Children's Beds ; **e**=Orthopaedic Department ; **f**=Dental Department ; **g**=Nose, Throat and Ear Department ; **h**=Ophthalmic Department ; **i**=Dermatological Department ; **j**=Laboratory ; **k**=Light Therapy ; **l**=Radium Treatment ; **m**=X-Ray Facilities ; **n**=Massage Treatment ; **o**=Gynaecological Department ; **p**=Private Ward ; **q**=Open-Air Verandah ; **r**=Shelters ; **s**=Ante-natal Clinic ; **t**=Provision for convalescence ; **u**=Provision for isolation of infectious diseases ; **v**=Casualty Department ; **w**=Out-Patient Department ; **x**=Solarium ; **y**=Ambulance ; **z**=Extensions contemplated.

Hospital Beds available in the County of Salop classified according to Type of Case and as far as possible to Sex.

Type of Case.	Provided at	No. of Beds. Total.	Male.	Female.	M. or F.
General Medical	Royal Salop Infirmary, Shrewsbury	58	30	28	..
General Surgical	Royal Salop Infirmary	68	40	28	..
General Medical and Surgical	Clun, St. Catherine's Cottage Hospital	6	3	3	..
	County Council Hospital, Cross Houses	126	63	63	..
	Bridgnorth and South Shropshire Infirmary	31	16	15	..
	Ellesmere Cottage Hospital	8	4	4	..
	Lady Forester Cottage Hospital, Broseley	20	6	6	8
	Lady Forester Memorial Hospital, Much Wenlock	19	6	6	7
	Ludlow Cottage Hospital	9	4	5	..
	Market Drayton Cottage Hospital	12	6	6	..
	Newport, Lady Boughey Cottage Hospital	12	6	6	..
	Oswestry Cottage Hospital	19	..	..	19
	Shifnal Cottage Hospital	9	4	5	..
	Wellington Cottage Hospital	12	6	6	..
	Whitchurch Cottage Hospital	12	6	6	..
		295	130	131	34
Children	County Council Hospital	18	..	..	18
	Bridgnorth and South Shropshire Infirmary	5	..	..	5
	County Home for Ailing Babies, Wellington	16	..	..	16
	Ellesmere Cottage Hospital	1	..	..	1
	Lady Forester Hospital, Broseley	1	..	..	1
	Newport (Lady Boughey) Cottage Hospital	1	..	..	1
	Oswestry Cottage Hospital	2	..	..	2
	Public Assistance Institutions	48	..	..	48
	Royal Salop Infirmary	24	..	..	24
	Shifnal Cottage Hospital	3	..	..	3
	Wellington Cottage Hospital	4	..	..	4
	Whitchurch Cottage Hospital	2	..	..	2
		125	..	..	125
Maternity	County Council Hospital	22	..	22	..
	Bridgnorth and South Shropshire Infirmary	9	..	9	..
	Lady Forester Cottage Hospital	6	..	6	..
	Lady Forester Memorial Hospital	6	..	6	..
	Public Assistance Institutions	11	..	11	..
	Royal Salop Infirmary	8	..	8	..
	Shifnal Cottage Hospital	3	..	3	..
		65	..	65	..
Venereal Diseases	V.D. Clinic, Shrewsbury	4	2	2	..
Tuberculosis	Shirlett Sanatorium	62	..	..	62
	Prees Heath Sanatorium	11	..	..	11
	County Council Hospital (shelters)	8	4	4	..
	Public Assistance Institutions, (shelters)	12	6	6	..
		93	10	10	73

Type of Case.	Provided at	No. of Beds. Total.	Male.	Female.	M. or F.
Private Wards	Bridgnorth and South Shropshire Infirmary ..	5	..	..	5
	Ellesmere Cottage Hospital	3	..	..	3
	Market Drayton Cottage Hospital	1	..	..	1
	Wellington Cottage Hospital	2	..	..	2
	Orthopaedic Hospital	10	..	..	10
	Eye, Ear and Throat Hospital	7	..	..	7
	Lady Forester Hospital, Broseley	2	..	..	2
		30	..	..	30
Chronic Sick	Public Assistance Institutions	436	236	200	..
Mental	Salop Mental Hospital	896	436	460	..
Mental Deficiency ..	Church Stretton P.A. Certified Institution ..	5	..	5	..
	Madeley P.A. Certified Institution	25	10	15	..
		30	10	20	..
Orthopaedic	Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry	310	160	120	30
Eye, Ear, Nose and Throat ..	Eye, Ear and Throat Hospital	46	..	..	46
Puerperal Fever and Puerperal Pyrexia	County Council Hospital	as occasion arises.			
Small-pox		26	..	..	26
Other Infectious Diseases		85	..	..	85

In addition, the County Council has made arrangements with the Royal Hospital, Wolverhampton, and Cleveland House, Wolverhampton, for the treatment of persons suffering from venereal diseases, and with the Mrs. Legge Memorial Home, Wolverhampton, for the admission of unmarried mothers without homes.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) of Administrative County	861,800
Population (Census 1931)	244,156
Estimated population Mid Year, 1935 — for Birth-rates and Death-rates	241,900
Estimated population Mid Year, 1935 — Urban—for Birth-rates and Death-rates	122,900
Estimated population Mid Year, 1935 — Rural—for Birth-rates and Death-rates	119,000
Number of Inhabited Houses (Census 1931)	59,553
Number of Families or separate Occupiers (Census 1931)	60,904
Rateable Value	£1,119,981
Sum represented by a penny rate	£4,427

Extracts from Vital Statistics of Registrar-General.

	Male.		Female.		Male & Female.		Rates.	
	1934	1935	1934	1935	1934	1935	1934	1935
Live Births — Total	1,918	1,877	1,763	1,733	3,681	3,610	15.17	14.92
Live Births — Legitimate	1,809	1,754	1,651	1,641	3,460	3,395	14.26	14.03
Live Births — Illegitimate	109	123	112	92	221	215	.91	.89
Still-births	100	86	73	84	173	170	.71	.70
Deaths : Total	1,639	1,547	1,495	1,469	3,134	3,016	12.91	12.47
Infant Mortality	126	91	84	74	210	165	57	46
Legitimate Births	117	85	74	65	191	150	55	44
Illegitimate Births	9	6	10	9	19	15	86	70

	1928	1929	1930	1931	1932	1933	1934	1935
Deaths of Women in, or in consequence of, child-birth :								
Total	16	14	22	21	15	21	20	16
From Sepsis	5	2	7	6	10	13	8	10
From other causes	11	12	15	15	5	8	12	6
Deaths from Measles (all ages)	13	7	12	10	4	14	14	8
,, Whooping Cough (all ages)	14	20	6	14	23	17	13	4
,, Diarrhoea (under 2 years of age)	14	27	17	11	8	7	11	8

POPULATION.

Below are given particulars of the population of the County at the time of the last four census returns, and the Registrar-General's estimate of the population at the middle of each year since then. The decrease in population is a characteristic feature of many parts of the British Isles, and but for the various schemes for infant protection and child welfare it is probable that the figures would show a wider variation :—

1901	(Census)	239,783	
1911	,,	246,307	
1921	,,	243,062	
1931	,,	244,156	
1932	(estimated population)	244,400	
1933	,,	,,	243,900
1934	,,	,,	242,700
1935	,,	,,	241,900

MARRIAGES.

The number of marriages in the Registration County during the year was 1,937, a decrease of 20 as compared with 1934. In the main, however, the upward tendency noted since 1932 has been maintained. This is especially desirable, as reference to the following tables shows that the average annual figure for the third five yearly period represents a considerable drop on the average for all previous periods of similar length.

Years.	Marriages.	
1921—1925	1927	Yearly average.
1926—1930	1903	
1931—1935	1874	
1935	1937	

BIRTHS AND DEATHS.

Number of Births and Deaths, with birth-rates and death-rates for the last seven years.

Year.	Live Births.	Deaths.	Natural increase in population.	Birth-rates.	Death-rates.
1929	4118	3354	764	16.89	13.79
1930	4095	2949	1146	16.79	12.12
1931	3952	3094	858	16.19	12.70
1932	3774	3220	554	15.44	13.17
1933	3664	3200	464	15.02	13.12
1934	3681	3134	547	15.17	12.91
1935	3610	3016	594	14.92	12.47

Birth-rates and Death-rates of each of the Sanitary Districts for the year 1935.

Urban Districts.	Birth-rates.	Death-rates.	Rural Districts.	Birth-rates.	Death-rates.
Bishop's Castle	15.3	13.8	Atcham	14.5	14.4
Bridgnorth	15.9	12.4	Bridgnorth	16.9	11.7
Church Stretton	9.4	14.3	Clun..	15.3	13.9
Dawley	16.1	10.8	Drayton	13.2	13.3
Ellesmere	17.1	9.3	Ellesmere	19.9	9.8
Ludlow	14.6	13.8	Ludlow	15.6	13.6
Market Drayton	11.0	14.6	Newport	14.2	13.4
Newport	16.7	12.8	Oswestry	15.3	13.6
Oakengates..	13.4	11.5	Shifnal	16.3	12.5
Oswestry	12.5	12.9	Wellington	17.5	13.9
Shrewsbury	13.8	10.4	Wem	15.0	12.4
Wellington	12.3	10.5			
Wem	11.4	13.6			
Wenlock	16.9	13.6			
Whitchurch	15.7	11.8			
	14.2	11.8		15.7	13.2

Births.—There were 3,610 births during 1935, a decrease of 71 as compared with the previous year. This represents a birth-rate of 14.92, per thousand of the population, a fall of 0.25. The birth-rate for England and Wales in 1935 was 14.7 per thousand.

Deaths.—The number of deaths in the county in 1935 was 3,016, a fall of 118 as compared with the preceding year. This gives a death-rate per thousand of the population of 12.47, or a decrease of 0.44. The death-rate for England and Wales was 11.7 in 1935.

A fall of 0.25 in the birth-rate, therefore, is to a certain extent counterbalanced by a fall of 0.44 per thousand in the death-rate. The age distribution of the population cannot, however, be considered satisfactory, and we are in danger of becoming a nation of old people.

Principal Causes of Death.

	Yearly Averages.			
	1926—1930	1931—1935	1934	1935
Heart Disease	559	688	673	721
Other Circulatory Diseases	131	153	155	144
Cerebral Haemorrhage	226	227	229	234
Congenital Debility	128	127	131	115
Influenza	120	109	41	71
Bronchitis	156	122	95	94
Pneumonia	157	147	163	135
Tuberculosis { Pulmonary	129	129	114	124
Tuberculosis { Other forms	38	32	29	27
Cancer, Malignant Disease	377	411	452	420

There is nothing specially worthy of note in the statistics relating to the principal contributory causes of death during the year 1935, as they do not greatly depart from the figures given for the two five-yearly periods since 1925. The figures for heart disease and other diseases of the circulatory system as usual take first place. Although the number of deaths from cancer is higher than the annual average for the five-yearly periods, it is gratifying to note that for the year 1935, when the deaths amounted to 420, there has been a fall of 32 in the number of deaths from cancer as compared with the previous year.

The following table summarises the position with regard to the chief matters so far referred to for each five-yearly period from 1901 to 1935, and separately for the year 1935 :—

Periods.	Birth-rates.	Death-rates.	Infant Mortality Rate per 1,000 Live-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	21.12	13.83	82	.804	1.156
1916—1920	19.16	14.55	71	.808	1.382
1921—1925	19.71	12.49	60	.614	1.374
1926—1930	17.17	12.53	56	.529	1.546
1931—1935	15.35	12.88	53	.538	1.691
1935	14.92	12.47	46	.513	1.736

INFANT MORTALITY.

Out of 3,610 children born in 1935, 165 died before reaching the age of twelve months. This gives an infant mortality rate of 46 per thousand live births, and compares very favourably with the corresponding rate for England and Wales, which for 1935 is 57. In 1934, when 3,681 babies were born in Shropshire, 210 died in the first year of life, giving an infant mortality rate of 57 per thousand births. There was therefore a fall of 11 per thousand in the infant mortality rate in the year under consideration, as compared with the previous year. This is the lowest which has yet been recorded in this county. In 1927, the figure was 48 per thousand live births, and in 1931 it was 51.

One can gauge the progress which has been made in saving infant life by looking backward and seeing the point of view of a pioneer in the midst of it. For instance, Dr. Wheatley wrote in his Annual Report for 1900: "The proportion of deaths of infants under one year of age to registered births was 109 per 1,000 for the whole county, and 118 and 102 for the Urban and Rural Districts respectively, as compared with 138 for Rural England and Wales. These figures are of course very satisfactory, but there are certain Rural Districts in which the mortality from this cause is still strangely too high. Chirbury heads the list with a rate of 184, followed by Market Drayton with 170, Ellesmere and Whitchurch with 146, and Teme with 143. Amongst the Urban Districts, Shrewsbury with 157 and Oakengates with 135 are the highest, none of the others exceeding 119."

In 1917, when the rate had fallen to 64, his comment was: "It is interesting to note that this is by far the lowest infantile death-rate on record, and whilst one should be very guarded in accepting this as a result of our child welfare work, it seems likely that this work has been one of the causes of the decline. Perhaps the principal factors are however accidental."

It is significant that, as the following table shows, 119 of the 165 infant deaths registered were due to premature birth and irremediable congenital defects. If therefore any further considerable reduction in the infant mortality rate is to be gained in ensuing years, the problem to be faced would appear to be one which will have to be tackled from a different angle—notably in relation to the health of the mother-to-be—in order to prevent the occurrence of those conditions at birth for which medical advice and assistance can be of little avail.

Particulars relating to Infant Mortality since 1905.

Chief Causes of Death.	Average for years						No. for years			
	1905 to 1909	1910 to 1914	1915 to 1919	1920 to 1924	1925 to 1929	1930 to 1934	1932	1933	1934	1935
Births ..	5955	5427	4441	5137	4277	3833	3774	3664	3681	3610
Deaths ..	561	444	335	319	244	215	230	197	210	165
Measles and Whooping Cough	34	22	19	14	11	8	10	11	9	3
Influenza	..	..	11	3	5	3	8	2	1	0
Other Infectious Diseases	5	1	1	0	0	0	0	1	0	0
Tuberculous Diseases	19	12	6	6	4	5	3	8	4	0
Convulsions and Meningitis (not tuberculous)	60	42	..	..	..	..	..	..	..	..
Bronchitis	46	33	31	22	10	6	10	4	5	4
Pneumonia	65	43	34	32	32	23	27	9	21	14
Diarrhoea	22	14	15	20	11	9	4	6	10	7
Premature birth and Congenital defects, &c.	128	119	..	..	124	128	139	132	127	119
Infant Mortality Rate	94	81	75	62	57	56	61	54	57	46

The great importance of care in the early weeks and months of life is brought out by the following table which gives particulars of the ages at death of 141 children under twelve months, concerning which accurate information is available. *Outstanding is the fact that of children whose deaths were recorded before reaching one year of age, approximately two-thirds died in the first month of life.*

Deaths of Infants under one year.

Age Groups.	Number of Deaths.							1929—35		
	1929	1930	1931	1932	1933	1934	1935	Total.	Percentage.	
Under 1 day	42	28	40	37	38	37	40	262	22.2	63.8
1 day—1 week	52	49	28	41	48	28	42	288	24.5	
1 week—1 month	37	35	20	28	26	32	23	201	17.1	
1 month—3 months	26	19	21	30	15	22	14	147	12.5	36.2
3 months—6 months	23	13	17	18	9	19	6	105	9.0	
6 months—9 months	22	12	14	11	11	13	5	88	7.5	
9 months—12 months	18	11	14	12	8	11	11	85	7.2	
Total Deaths ..	220	167	154	177	155	162	141	1176	100.0	

INFECTIOUS DISEASE.

Particulars of the cases of notifiable disease are contained in the table on page 16. At the bottom of the table, in addition to the totals for the county for the year under consideration, the corresponding figures for the previous year are given for purposes of comparison.

On the whole there is little change to be observed in the number of notifications in each of the two years, except as regards three forms of infectious disease. There were 223 cases of *diphtheria*, an increase of 32. The notifications received in respect of *scarlet fever* were 291, a decrease of 276, and there were 58 cases of *erysipelas*, a decrease of 57. Scarlet fever and erysipelas are diseases which are both due to essentially the same organism, and it is perhaps not surprising to find a similar relationship in the percentage decrease in notifications of both forms of infectious disease.

Return of Cases of Notifiable Infectious Diseases compiled from the Quarterly Reports for the year 1935.

SANITARY DISTRICTS.	Population, Census. 1931.	Small-pox.	Scarlet Fever.	Diphtheria (including Membranous Croup).	Enteric (Typhoid and Para-typhoid Fever).	Pneumonia.	Puerperal Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Dysentery.	Acute Poliomyelitis.	Malaria.	Ophthalmia Neonatorum.	Erysipelas.	Tuber-culosis.		Encephalitis Lethargica.
															Respiratory.	Other Forms.	
	244,156	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RURAL.																	
Atcham ..	20,881	..	10	9	..	24	1	8	..	..	..	..	1	4	10	7	..
Bridgnorth ..	12,608	..	11	8	2	12	..	..	..	..	..	..	..	1	13	4	..
Clun.. ..	10,647	..	16	1	..	5	..	6	..	..	1	..	2	2	9	2	..
Drayton ..	7,873	..	27	3	..	1	..	..	..	..	..	..	..	1	..	2	..
Ellesmere ..	6,757	..	10	2	1	..	3	3	..	..	..	..	2	3	3	1	..
Ludlow ..	14,453	..	17	7	..	25	..	4	..	..	..	..	2	2	9	7	..
Newport ..	5,498	..	9	7	..	6	..	..	..	..	..	..	..	1	4	2	..
Oswestry ..	16,470	..	25	30	4	15	..	5	..	..	..	..	1	2	13	6	..
Shifnal ..	7,602	..	12	5	..	5	1	..	..	..	..	..	1	2	3	5	..
Wellington ..	10,679	..	..	..	..	15	1	2	..	..	..	..	2	6	9	3	..
Wem	10,322	..	15	14	..	10	..	4	..	..	..	..	..	3	5	2	..
URBAN.																	
Bishop's Castle	1,352	..	..	..	..	1	..	1	..	..	..	..	..	..	2	..	..
Bridgnorth ..	5,303	..	2	3	..	7	2	3	..	..	..	..	..	..	5	6	..
Church Stretton	2,255	..	..	..	..	2	..	..	..	..	..	..	..	..	2	..	..
Dawley ..	7,629	..	..	6	..	8	2	1	..	..	..	..	..	..	1	4	..
Ellesmere ..	1,872	..	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Ludlow ..	5,887	..	3	1	..	6	..	1	..	..	..	..	..	4	4	3	..
Market Drayton	4,749	..	12	4	2	3	..	1	..	..	..	..	..	1	2	..	..
Newport ..	3,437	..	1	4	2	4	..	1	..	..	..	..	1	1	2	1	..
Oakengates ..	11,261	..	6	8	..	6	..	1	..	..	..	..	..	2	4	2	..
Oswestry ..	10,060	..	28	31	1	14	2	1	..	..	..	..	2	..	9	2	..
Shrewsbury ..	35,518	..	34	28	..	22	3	4	..	1	..	..	2	15	29	11	2
Wellington ..	8,500	..	9	7	1	9	1	2	..	..	..	..	1	2	5	5	..
Wem	2,257	..	..	..	..	1	1	1	..	..	..	..	..	1	2	1	..
Wenlock ..	14,149	..	34	4	1	..	..	..	..	..	..	..	1	3	6	5	..
Whitchurch ..	6,137	..	7	41	..	5	..	..	..	..	1	..	..	2	4	1	..
Totals for 1935		..	291	223	14	206	17	49	..	1	2	..	19	58	155	82	2
Totals for 1934		..	567	191	7	194	12	67	..	..	2	..	29	115	150	81	1
Increase (+) or Decrease (—)		..	—276	+32	+7	+12	+5	—18	..	+1	..	..	—10	—57	+5	+1	+1

Dr. Gepp in his Annual Report to the Whitchurch Urban District comments as follows :—

" *Diphtheria.*—This disease was considerably more prevalent than in any of the four previous years and was, during the months of March and April, of epidemic character. I made a special report on March 27th, and subsequently kept the Sanitary Committee informed as to its progress and the steps taken for its control.

" The type of disease was generally mild, 41 cases and 29 ' Carriers ' being notified, 33 other ' Carriers ' being detected by school swabbing, and one death only resulting.

" In brief, up to the end of February three cases and one ' carrier ' had come to light. In March and April 28 cases and 24 carriers were notified, and some 30 of the school carriers detected. Four cases, and 3 carriers came to light in May, and from June to the end of the year 7 sporadic cases occurred, at intervals.

" The precautions usual in outbreaks of infectious disease were taken ; all cases visited, precautions as to isolation advised, disinfectants supplied, and disinfection of rooms carried out by the Inspector at the end of the case. Antitoxin was freely supplied by the Council and was used in practically every case. The ' Carriers " were also visited and precautions advised. No case or ' Carrier ' was re-admitted to school until declared free of infection by bacteriological examination.

" It became clear in March that the Elementary Schools were involved, and I consulted the County Medical Officer who undertook a comprehensive swabbing campaign in the schools at the end of March and beginning of April. Some 350 swabs were taken and they disclosed that 42, or 12 per cent., were ' Carriers.' Upon these results, and further consultation, the Schools were closed from April 5th to the end of the month. This course had a marked beneficial effect as, after re-opening, no case came to light in an elementary school child for some six weeks during which a close watch was kept upon the school attendance for detection of suspicious cases.

" Two cases were removed to Isolation Hospital, in January and March, and the latter child died there.

" The District, as I have previously pointed out, is seldom entirely free throughout a year from one or more cases of Diphtheria, and the infection tends to return in more or less epidemic form at intervals of five or more years. This can be seen in a table :—

Year	*Cases.*	*Deaths.*	*Year*	*Cases.*	*Deaths.*
1918	1	1	1927	2	—
1919	3	—	1928	11	2
1920	17	1	1929	42	7
1921	24	1	1930	23	—
1922	8	—	1931	5	—
1923	21	—	1932	2	—
1924	54	—	1933	1	—
1925	5	—	1934	7	1
1926	—	—	1935	41	1

" The inference appears to be that the specific infection is endemic in the area, is maintained by ' carriers,' and that the more epidemic cycles occur when the organism may have gained virulence or potency, and a new generation of susceptible young population has arisen.

" Under these circumstances the system of *artificial immunisation* would appear to offer the best means of protection. The Council has, on my recommendation, now decided to adopt a scheme by which parents, of the poorer classes, can obtain this protection for their families free of cost."

Infectious Jaundice.—Dr. Dickson in his Report to the Bridgnorth Rural District Council, states :—

" Commencing in December, 1934, there was a succession of cases of jaundice in Alveley School of moderate severity. There were no deaths. A few cases occurred in children not attending the School. Reports on samples for bacteriological examination gave no evidence of Leptospiral infection. Swabs from the throat of one of the earliest cases showed an acute streptococcal infection. The water tanks at the School were not in all respects satisfactory."

Closure of Schools.—During the year 26 schools were closed by the Local Education Authority to prevent the spread of infectious disease, and below are given particulars of school closures during the year :—

Measles	12
Diphtheria	11
Scarlet Fever	2
Whooping Cough	1

In twelve 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 6 instances no further cases occurred. Closure in these cases must therefore be considered to have been without effect and, therefore, unnecessary.

In 3 instances cases occurred during closure, and further cases developed on re-opening. Closure again proved to be without effect.

In 3 instances no cases occurred during closure, but one or more cases developed on re-opening. Again closure did not justify itself as these bore no relationship to the first cases.

In all 12 instances, therefore, the attempt to prevent the spread of infection by closure of the schools proved, in the case of measles, a failure.

Diphtheria Immunisation.—The Ministry of Health has issued a Memorandum drawing attention to the advantages of *immunisation against diphtheria*, and outlining the procedure which should be adopted to secure active immunity in conformity with the findings of the Health Committee of the League of Nations. As the period of hospital treatment averages about six weeks, and the mortality about 5 per cent., the Memorandum suggests that immunisation of all children over one year of age should be offered to the parents, and that arrangements should be made to provide the necessary facilities. In residential homes and institutions for children especially, immunisation of all inmates has very definite advantages.

The County Council were prepared, subject to the approval of the Minister of Health, to offer diphtheria immunisation to all inhabitants of the county under sixteen years of age, whose parents were not in a position to make the necessary arrangements for them, but the Minister stated that the County Council had no power to provide such facilities. He also pointed out that, while this was also outside the normal functions of the District Councils, he was prepared, on application from a District Council, to sanction under Section 133 of the Public Health Act, 1875, the provision of facilities for diphtheria immunisation for the poorer inhabitants of the district. On the recommendation of the Public Health Committee the attention of the District Councils was drawn to the attitude of the Minister on this question, and they were urged to give the matter their careful consideration in the interests of the health of the community.

It should of course be understood that, while no *absolute* guarantee can be given that a child who has undergone the process of immunisation against diphtheria will not contract the disease, it can be stated that there is " reasonable certainty of complete protection " ; and that, in the unlikely event of an immunised child contracting the disease, it would prove to be of a very trivial nature. A further point is that, until a large section of the population has been dealt with, an appreciable reduction in the incidence of diphtheria must not be taken too much for granted, as an immunised person is, like an unimmunised person, capable of carrying and spreading the disease, although quite free from any clinical signs and symptoms. Diphtheria is at present not only endemic in the community, but is probably the most serious of the common infectious diseases ; but if every child were immunised before reaching school age the disease would practically be stamped out and many deaths and much permanent invalidity would be avoided. The time of greatest danger is during the early years of life, and recent statistics have shown that in 25,000 cases of diphtheria, no fewer than 2,500 of the 4,000 deaths recorded occurred in children under five years of age, while nearly 1,000 more occurred in children between five and eight years of age. These figures emphasise the importance of early immunisation against diphtheria.

ISOLATION HOSPITAL ACCOMMODATION.

Section 63 of the Local Government Act, 1929, requires the County Council, as soon as may be, and within six months of being requested 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.

This matter has been considered by the Public Health Committee on numerous occasions, representatives of the District Councils have been met, and a scheme has been formally approved by the County Council. It is now under consideration by the Minister of Health, to whom it has been sent for final approval with or without modification.

In broad outline, the proposals in the scheme are that the County Council should be responsible for making provision for all cases of small-pox ; and that they should also be responsible for making provision for cases of infectious disease other than small-pox, with the exception of those occurring in the Borough of Shrewsbury and the Rural District of Atcham, as these Authorities have made satisfactory provision in the Monkmoor Isolation Hospital.

As regards small-pox, the intention is to provide one hospital with about six beds as a first line of defence, and two other hospitals with 8 and 16 beds respectively, which would normally be used for advanced cases of consumption.

For cases of infectious disease other than small-pox it is intended to provide a centrally situated hospital with about 64 beds and, in addition, to utilise the Morda Isolation Hospital at Oswestry, which has accommodation for about 17 patients. In the plan for the main hospital, provision would of course be made for extension in the event of additional accommodation being required.

Full particulars of the accommodation at present available for cases of infectious disease were given in the report for 1934.

VACCINATION.

On page 20 are given particulars relating to vaccination for each vaccination district in the County for the years 1934 and 1935. It is not at present possible to give full details for 1935. In that year, however, there were 3,610 live births and 1,440 declarations of conscientious objection ; and the total number of certificates of successful primary vaccination of children under 14 years received was 1,489.

In 1934, there were 3,744 births registered, 1,739 declarations of conscientious objection, and 1,539 certificates of successful primary vaccination.

The arrangements for administering the Vaccination Acts have been considered by the Public Health Committee with a view to correlating the duties of Vaccination Officers with the maternity and child welfare services and to simplifying eventually the existing administration.

It has been decided that, as each post of Vaccination Officer falls vacant, the vacancy shall be filled by the chief clerk in the County Health Office, thus ultimately centralising the work for the whole County. Already two areas have been taken over in this way.

Vaccination of Infants and Children.

Vaccination Districts.	Births registered	Vaccination of Infants in 1934. Successfully Vaccinated. No.	%	Insusceptible of Vaccination.	Declarations of Conscientious Objections.	Died Unvaccinated.	Vaccination postponed.	Removed out of District.	Unaccounted for.	Vaccination of Children under 14 during 1935. Total No. of Certificates of successful Primary Vaccination received.	No. of Statutory Declarations of Conscientious Objection actually received.
*Bridgnorth ..	210	78	37.62	..	113	6	1	4	8	23	59
*Church Stretton..	76	49	64.34	..	20	5	1	..	1	45	17
*CleoburyMortimer	94	32	34.04	..	53	4	..	2	3	53	46
‡Clun ..	181	88	43.09	..	81	6	1	2	3	75	70
*Drayton ..	175	101	57.71	..	60	8	..	2	4	85	37
†Ellesmere ..	119	66	55.46	..	40	4	2	2	5	92	43
‡Ludlow ..	226	97	42.92	..	115	7	1	2	4	99	95
‡Madeley ..	354	106	29.94	..	210	15	1	10	12	132	231
*Newport ..	148	42	28.51	..	78	5	4	7	12	32	71
*Oswestry ..	357	66	18.48	..	201	20	1	5	64	37	149
*Shifnal ..	171	59	34.50	..	86	12	..	14	..	40	102
*Shrewsbury ..	972	524	53.90	..	299	44	3	18	84	510	289
*Wellington ..	422	126	29.85	1	271	11	5	2	6	127	227
*Wem ..	134	66	49.25	..	62	4	2	..	..	67	54
*Whitchurch ..	105	39	37.14	..	50	3	..	4	9	72	52
	3744	1539	41.10	1	1739	154	22	74	215	1489	1542
Percentage of Total No. of Births for the year 1934		41.10		.03	46.45	4.11	.59	1.98	5.74		
,, ,, 1933		42.85		.24	43.45	4.58	.65	4.04	4.14		
,, ,, 1932		42.49		.16	43.7	4.16	.77	1.98	6.77		
,, ,, 1931		45.07		.10	42.39	4.23	.44	2.39	5.38		
,, ,, 1930		46.83		.2	42.4	4.54	.46	1.65	3.93		
,, ,, 1929		46.81		.22	41.21	4.84	.32	1.52	5.08		

*=Whole District covered by single Vaccination Officer.
†=District covered by two Vaccination Officers.
‡=District covered by more than two Vaccination Officers.

LEGISLATION IN FORCE.

In addition to the Acts and Bye-Laws in force in the various districts of the County, the County Council has acquired powers under the "County of Bedford, etc. (Prevention of Tuberculosis) Order, 1926," and the "County of Salop (Prevention and Treatment of Small-pox) Regulations, 1920."

POOR LAW MEDICAL SERVICES.

With the transfer of the functions of Boards of Guardians, County Councils were confronted with new duties which may appropriately be recalled in the words of the Minister of Health at the time of the passage of the Local Government Act, 1929 :—

> "When this Bill becomes law, we shall have a position in which there will be a single Health Authority in each area, whose duty and function it will be to survey the whole institutional needs of that area. They will have at their disposal all the Institutions which are now in the hands of the Guardians, in many of which the accommodation is not fully occupied. They will have an opportunity of re-classifying their Institutions, of closing such as are no longer suitable for modern requirements at all, of altering and adapting others, and using one for one purpose and another for another purpose."

A general review of the new responsibilities was undertaken and in a Memorandum on the subject issued in 1931 it was stated :—"But whatever the principle followed, the decisions which will have to be made will, for generations to come, have a far-reaching effect on the well-being of a large section of the population."

In the ascertainment of cases in existing Public Assistance Institutions undertaken at that time, the main groups of classification adopted were : Cases requiring skilled nursing ; Cases not requiring skilled nursing ; Senile cases of unsound mind ; Other cases of unsound mind ; Epileptics : Cases of venereal disease ; Cases of tuberculosis (exclusive of bones and joints) ; Orthopaedic cases ; Able-bodied ; and Mental Defectives.

Consideration was given by the Public Assistance Committee to a scheme for the classification and re-organisation of the Public Assistance Institutions with a view to making such provision as would meet the requirements of the above groups. Steps already taken along the lines indicated include the appropriation of the County Council Hospital for administration by the Public Health and Housing Committee, and provision of special accommodation for children under five years of age. As regards the former, the policy of the County Council is as far as possible to send cases in need of skilled nursing to the County Council Hospital, to be dealt with as Public Health cases, whilst other sick persons are to be received into the hospital blocks at Public Assistance Institutions. This means that, roughly speaking, the acute sick are admitted to the County Council Hospital, and the chronic sick to the ordinary Public Assistance Institutions. A considerable amount of progress has been made in the carrying out of this policy, but to a certain extent success must depend on the completion of the County Council scheme for the classification and adaptation of institutions.

The special provision for children has been made by adapting the hospital blocks at Church Stretton and Newport Institutions for cases between the ages of one and three years and three and five years respectively. This work was completed in 1934 at Church Stretton and in 1935 at Newport.

The closure of certain institutions has been effected, and a new Casual Ward opened at Shawbury, to replace similar accommodation formerly available at the County Council Hospital, now a Public Health Institution.

Service conditions of the institutional staff have been before the Public Assistance Committee and the Relief Districts revised, but there has been no fundamental change during the year in the matter of Poor Law Medical Out-Relief, administration of institutional medical services, delegation of duties or appropriation of institutions.

The use made of the Poor Law Infirmary accommodation is shown by the following particulars of in-patients who were discharged from or died there during 1935 :—

	Disease Groups.	Totals.
A.	Acute Infectious Disease	48
B.	Influenza	28
C.	Tuberculosis { Pulmonary	11
	Tuberculosis { Non-pulmonary	11
D.	Malignant Disease	32
E.	Rheumatism	30
F.	Venereal Disease	3
I.	Diseases and Accidents connected with pregnancy and childbirth	16
J.	Mental Diseases	56
K.	Senile Decay	54
L.	Accidental Injury and Violence	29
M.	Diseases of the Nervous System and Sense Organs	50
N.	,, ,, Respiratory System	73
O.	,, ,, Circulatory ,,	90
P.	,, ,, Digestive ,,	45
Q.	,, ,, Genito-urinary ,,	21
R.	,, ,, Skin	49
S.	Other Diseases	72
T.	Mothers and Infants discharged from Maternity Wards and not included in the above figures — Mothers	10
	Infants	6
U.	Any persons not falling under any of the above headings	51
		785

COUNTY COUNCIL HOSPITAL.

With the completion of its second year under the Public Health Committee, the County Council Hospital may be regarded as well in the process of assimilation. Progress has mainly been along the lines laid down in the scheme adopted at the time of the appropriation, and it may be of interest to mention here a few of the points.

Organisation.—At the outset, it was recognised as essential that the duties of the chief officers at the Hospital should be clearly defined and any possibility of overlapping eliminated. This question was before the Management Committee on several occasions, and in the light of experience gained it was decided that the responsibility of the Resident Medical Officer (assisted by the Consulting Medical Officer) should be for clinical matters only; that the Matron should be in charge of the nursing and domestic staff; and that a lay officer should be appointed to control other staff and undertake the general management of the Hospital in the capacity of Clerk-Steward.

Admissions.—Whilst chiefly intended for medical and surgical cases in need of skilled nursing, for whom the alternative for the majority would be accommodation in a Public Assistance Institution, the Hospital is proving quite as useful for maternity patients who are unable for one reason or another to be suitably confined at home. This is a particularly important facility where skilled ante-natal treatment or supervision is required, and is also invaluable in cases of difficult labour. In addition, Salop puerperal fever and puerperal pyrexia cases are received; and similar facilities are extended to Montgomeryshire under special agreement.

Except in urgent cases, admission is normally secured after formal application has been made to the County Medical Officer and ability to pay assessed in accordance with the income of the patient or that of his relatives legally liable for his maintenance. The procedure is varied where a patient is found to be not irremovable under the Poor Law Acts, as in order to ensure that the cost of treatment may be easily recoverable from the responsible Local Authority a Relieving Officer's Order is issued. Likewise, the Clerk-Steward at the Hospital has been designed as an Assistant Relieving Officer.

Casual Wards.—From January, 1934, until November, 1935, casual wards were still available and in use in the Hospital grounds, a somewhat anomalous position for a Public Health Institution. Further difficulties, which would have arisen had there been two governing bodies for the same place, were avoided by the administration of these wards by the Hospital Management Committee, under the general direction of the Public Assistance Committee. Following the opening of Shawbury Institution, however, the casual has disappeared from the Hospital environs.

Re-building.—The extent of the renewals and repairs required by the Hospital fabric periodically has led the Committee to review the problem as a whole, and as reported to the Council in November, 1935, they have come to the conclusion that the existing buildings could not be successfully adapted to conform to the standard of modern hospital design. Attention has subsequently been given to proposals for re-building according to a scheme which would permit the partial use of the existing buildings during the various stages of development.

Below are given particulars of the cases treated at the Hospital during 1935, with, for purposes of comparison, the corresponding figures for 1934 :—

	Adults.				Children.				Total.	
	Men.		Women.		Up to 5 yrs. of age.		5—16			
	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935
Cases in the Hospital on 1st Jan. ..	55	58	62	63	14	16	11	3	142	140
Total admissions	333	339	544	520	306	301	36	45	1219	1205
Total Discharges	231	254	480	439	299	275	29	36	1039	1004
Deaths	99	84	65	80	1	17	14	9	179	190
Cases in Hospital on 31st Dec.	58	59	61	64	20	25	4	3	143	151

Report of Dr. S. Burke, Resident Medical Officer.

This report gives briefly the work undertaken during the year by the County Council Hospital.

Scope.—The Hospital undertakes general, medical and surgical work. There is also a maternity ward of 22 beds, in which cases, normal and abnormal, are dealt with.

There is a separate ward for treatment of Puerperal Fevers and Puerperal Pyrexias, such cases being admitted from all parts of Shropshire and Montgomeryshire.

		1935	1934
Total number of	admissions	1205	1219
	discharges	1004	1039
	deaths	190	179
Number of beds occupied	Average number of beds	126	150
	Highest ,, ,,	164	184
	Lowest ,, ,,	111	120

The high death-rate is, for the most part, due to a large number of inoperable carcinomas and senile cases.

There were 103 operations performed in the Operating Theatre, of which 33 were Abdominal Sections.

Maternity Cases numbered 246, of which 38 needed Obstetrical Interference.

Caesarean Sections numbered 6, which were necessitated by :—
4 cases of extremely contracted Pelvis.
2 cases of severe Eclampsia.
Mortality was nil.

Maternal Deaths numbered 4, but most of these were cases " In extremis " on admission.

These were—Puerperal Fever	1	Accidental Haemorrhage	1
Obstructed Labour	1	Status Epilepticus	1

The nature of cases treated in Hospital during the year, can be summarised in the following way :—

Acute Medical	48 per cent.	Chronic	12 per cent.
Acute Surgical	25 per cent.	Maternity	15 per cent.

Babies born in Hospital are not included in these figures.

Children treated during the year numbered 46—(38 Medical and 8 Surgical).
Medical cases included various forms of Non-Pulmonary Tuberculosis and Respiratory Diseases.
Surgical cases consisted principally of Appendicitis and minor surgical complaints.

Carcinoma.—Forty-four cases of Carcinoma were admitted, most of which were in a hopelessly inoperable state.

They were classified as follows :—

Stomach and Oesophagus	13	Skin	2
Rectum and Colon	10	Larynx	5
Tongue and Mouth	4	Liver	2
Uterus	3	Testicle	1
Breast	3	Thyroid	1

Some of the cases would have benefited, if not actually been cured, by Radium Treatment, and it is hoped that an adequate supply of this substance will eventually be available for use at this Hospital.

Puerperal Pyrexia.—Opinions are divided as to the efficiency of Anti-toxin Serum in the treatment of these cases ; in our experience it has proved invaluable. In cases where there has been Obstetrical Interference, we are confident that an adequate prophylactic dose of Anti-toxic Serum will go far towards preventing the onset of Puerperal Pyrexia and Fever. The Serum we have found to be of the greatest use is the Scarlatina type.

S. BURKE, M.B., B.S. (Lond.).

MATERNITY AND CHILD WELFARE.

(1) **Notification of Births.**—Births, with the exception of those occurring in the Borough of Shrewsbury, must be notified 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 :

	1935	Average 1931—1935
Live Births :—		
Total registered births	3,091	3,243
Notifications by midwives	2,719	2,791
,, by medical practitioners	327	367
,, by parents	1	1
Otherwise discovered	24	36
Excess of births registered over births notified or discovered	20	48

During the year 147 stillbirths were registered and 140 were notified—108 by midwives and 32 by medical practitioners—and 1 otherwise discovered.

In the Borough of Shrewsbury, which is an independent Maternity and Child Welfare Authority, 519 live births, and 23 still-births were registered during the year.

(2) **Medical, Health Visiting and Nursing Services.**—The Assistant School Medical Officers are also the Medical Officers for Maternity and Child Welfare Work, to which they devote three-tenths of their time.

There are 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, supervision of mental defectives and also duties as Infant Protection Visitors. Ten of the whole-time health visitors are also engaged in school work and attend school medical inspections, school clinics, eye clinics, and visit physically defective school children. In addition, 67 district nurses are also part-time health visitors.

Visits paid by Health Visitors.

	To Children.				To expectant mothers.
	Under 1 year.		1 to 5 years.	Total.	
Visits in 1935—	1st	Total.			
Whole-time (12)	1,950	9,734	16,596	26,330	855
Part-time (67)	1,445	10,863	15,661	26,524	7,660
Totals for 1935 ..	3,395	20,597	32,257	52,854	8,515
Average 1931—1935 ..	3,321	20,965	29,394	50,359	7,361

It is satisfactory to note that there is an upward tendency in the number of visits made by health visitors, not only to children under five years of age, but also to expectant mothers, although visitation of expectant mothers is a branch of the work which is capable of much further development.

Insanitary Conditions.—Particulars of the following insanitary conditions reported on by the health visitors were forwarded to the Sanitary Authorities for their attention, viz., unsatisfactory water supplies 13, inadequate ventilation 59, uncleanliness 59, dampness 51, overcrowding 103, and nuisances 20.

Measles Visiting.—Infants suffering from measles are visited by the whole-time health visitors. During the year 366 cases were visited.

Dental Treatment.—Nursing and expectant mothers as well as other young mothers with families who are not in a position to pay for private treatment receive it by arrangement with the School Dental Officers at the Welfare Centres, and 105 such patients—5 more than in the previous year—were treated.

Children under school age receive treatment by the Dental Officers under a similar arrangement. Forty-one children were treated—10 more than in the previous year.

Orthopaedic Cases.—See under Orthopaedic Section, page 39.

(3) **Maternity and Child Welfare Centres.**—There are now fourteen Welfare Centres in the County, nine of which are held weekly, those at Church Stretton, Ellesmere, Newport, Highley, and Wem being held fortnightly.

At most of the Centres a school clinic is held in the morning, the latter part of the day being devoted to maternity and child welfare work. There are no clinics for ante-natal cases only, and this work is done in conjunction with the child welfare work, although an effort is made, as a rule, to do the ante-natal work during those parts of the day when the Centres are least busy.

Attendances made at the Child Welfare Centres for 1934 and 1935 are tabulated below. Doubtless the effect of a falling birth-rate is being felt in some measure.

The position with regard to expectant mothers is that, although the number of new cases slightly diminished, the total attendances made were higher than in the previous year.

Attendances at Child Welfare Centres in 1935 and 1934.

Welfare Centres.	Children.												Expectant Mothers.					
	Under 1 year.						Between 1 and 5 years.											
	New Cases.		Total Cases.		Total Attend-ances.		New Cases.		Total Cases.		Total Attend-ances.		New Cases.		Total Cases.		Total Attend-ances.	
	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934
Bridgnorth ..	85	100	101	145	1302	1412	36	27	269	195	2599	2909	57	94	63	98	141	180
Church Stretton	20	18	33	22	165	165	2	10	84	71	377	420	13	6	14	6	23	14
Dawley	89	87	107	113	941	1009	34	22	231	148	1720	1725	40	47	46	47	110	122
Ellesmere ..	64	68	76	120	543	623	4	15	74	80	556	655	22	12	55	20	72	62
Highley	36	24	55	24	224	245	5	15	78	84	375	331	8	1	8	1	10	1
Ironbridge ..	115	133	173	186	1342	1752	19	44	281	219	2369	2478	29	33	31	36	57	54
Ludlow	66	82	104	162	702	928	40	47	293	381	1438	1573	24	32	39	39	114	122
Market Drayton	60	81	94	110	698	768	28	32	231	235	1920	1832	46	28	51	38	147	74
Newport ..	62	56	85	110	404	426	22	22	132	182	545	618	57	45	80	50	132	126
Oakengates ..	129	111	160	150	1262	1186	30	28	321	169	1266	1256	33	52	37	60	116	173
Oswestry.. ..	196	206	340	367	1890	2062	44	51	356	328	2313	2133	50	43	53	49	93	73
Wellington ..	135	122	181	131	1279	1355	49	50	191	190	1577	1420	50	48	57	53	117	111
Wem	31	29	46	35	213	154	11	21	97	90	259	340	27	32	30	34	79	67
Whitchurch ..	80	75	123	117	1052	1088	12	12	264	183	1278	1483	18	16	20	24	84	48
	1168	1192	1678	1792	12017	13173	336	396	2902	2555	18592	19173	474	489	584	555	1295	1227
Increase + Decrease —	—24		—114		—1156		—60		+347		—581		—15		+29		+68	

Under an arrangement with the Borough of Shrewsbury, by which the County Council makes a small payment per case attending the Shrewsbury Welfare Centre or Ante-natal Clinic, 40 expectant mothers made 64 attendances—six more mothers and twenty-four more attendances than in the previous year. Thirty-five children under five years of age—six less than in the previous year—made 110 attendances—eighty-eight less than in 1934. This arrangement proves very helpful with County Council cases resident near Shrewsbury who are not as conveniently situated for attending a County Council Welfare Centre.

Addresses at Welfare Centres.—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 1930 to 1935 :—

Welfare Centres.	No. of Addresses.					
	1930	1931	1932	1933	1934	1935
Bridgnorth	15	10	17	33	32	26
Church Stretton	5	6	4	5	10	5
Dawley	39	45	47	48	45	42
Ellesmere	0	0	1	0	0	0
Highley	4	21	22	19	11	14
Ironbridge	8	15	27	47	44	34
Ludlow	0	0	27	37	42	40
Market Drayton	48	48	52	51	50	35
Newport	3	0	3	8	8	9
Oakengates	36	33	37	31	30	20
Oswestry	9	5	10	11	6	7
Wellington	43	48	52	50	49	43
Wem	0	0	0	6	18	13
Whitchurch	21	16	12	23	22	26
Totals ..	231	247	311	369	367	314

(4) **Feeding of Infants.**—The first visit of the health visitor to an infant is paid as soon as possible after the midwife has ceased attendance on the mother. It was found in 1935 that 90.1 per cent. of the infants were breast-fed, 7.6 per cent. were artificially-fed, and that 2.3 per cent. were on mixed feeding on the first visit.

		1931	1932	1933	1934	1935
Percentage naturally fed at	first visit ..	89.2	88.2	88.8	88.1	90.1
	three months	73.5	74.7	72.4	71.9	69.2
	six months	65.4	66.1	63.2	62.5	60.7

(5) **Ophthalmia Neonatorum.**—Reluctance on the part of the parents to consent to hospital treatment, on account of what appears to them to be a comparatively trivial condition, is understandable enough ; but an effort is made to get all cases of ophthalmia neonatorum removed to hospital because of the seriousness of the condition, which might quite easily, if not properly dealt with, cause actual and complete blindness. During the year 19 cases of ophthalmia neonatorum, 12 less than in the previous year, were notified. Eighteen of the cases recovered with apparently no injury to the eyesight, and one died during treatment.

(6) **County Home for Ailing Babies.**—The County Council works through a local committee which includes representatives from the Public Health Committee. A complete financial statement is furnished monthly to the County Council.

The number of babies admitted to the Home was 91 (5 more than in the previous year), and the average duration of stay was 60 days (16 less than in 1934).

Dr. Elfyn T. Jones, Medical Officer of the Home, states in his Annual Report :—

" During the year the number of Babies admitted to the Home has increased, and consequently the Home has worked to full capacity throughout. It is gratifying to record that there was no case of Infectious Disease during the year, and also that throughout the hot summer months no case of Infantile Diarrhoea developed. The adherence to an open-air regime has had a great bearing on the successful results obtained. During the year there were 7 deaths, but all were of babies who were admitted in a very ill condition—4 died within 4 days of admission—and were not "Ailing Babies " in the true meaning of the words. The increase in work was efficiently dealt with by the Matron and her Staff.

" Seven deaths occurred during the year, the causes being :—

1. Atelectasis—Cardiac Failure.
2. Toxaemia—Intestinal obstruction.
3. Mongolism—Congenital morbus cordis.
4. Atelectasis—Cardiac Failure.
5. Prematurity.
6. Icterus neonatorum—Prematurity.
7. Prematurity.

" The reasons for admission to the Home were as follows :—

Malnutrition	55	To restore breast feeding ..	7
Marasmus	5	Difficulty in feeding ..	7
T.B. Contacts	3	For test feeding	2
Prematurity	9	Persistent vomiting	3

" Of those discharged, 82 were in good health, 3 had improved, and in 4 cases there was no improvement. All these cases of no improvement were transferred to Hospital for operative treatment. Three made an uninterrupted recovery, and one died."

(7) **Supply of Free Milk.**—Milk is supplied free in necessitous cases, and the sum of £1,544 was spent on free milk in the year ended March, 1936—£147 more than in the previous year.

(8) **Infant Life Protection.**—Infant Life Protection cases are put under the supervision of the whole-time Health Visitors, who are required to visit them at least once a quarter, or more frequently should the home conditions or health of the child not be found satisfactory.

The following are the particulars of the cases supervised during the last three years :—

		1933	1934	1935
Number of cases	on 1st Jan.	146	177	186
	on 31st Dec.	177	186	168
	added during the year.. ..	71	44	37
No. of cases removed from Register	reached 9 years of age ..	7	8	22
	legally adopted	4	4	3
	left County	13	10	11
	removed to relatives ..	13	11	17
	died	0	2	2
	removed to places of safety	3	0	0

(9) **Midwifery Services.**—In 1934, there were 224 midwives practising in the County, 3 of whom were untrained. In the year under consideration there were 221 registered midwives engaged in midwifery practice in Shropshire, of whom only 2 were untrained.

Under the Maternity and Child Welfare Act, 1918, the duty is placed on the County Council of making provision for midwifery services, and its obligation in this respect it discharges through the agency of the Shropshire Nursing Federation and the affiliated District Nursing Associations. There were 103 District Nursing Associations in being during 1935—same number as in 1934.

Training of Midwives.—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 the arrangement since 1921 is as follows :

1921	14		1928	10	
1922	13		1929	9	
1923	14		1930	9	(1 did not complete training).
1924	4		1931	10	(2 did not complete training).
1925	8	(2 did not complete training).	1932	9	(1 did not complete training).
1926	3		1933	6	
1927	11	(1 did not complete training).	1934	4	
			1935	6	

Payments under Midwives Act.—The number of claims for payment under the Midwives Acts sent in by medical practitioners was 758, and payments amounting to £1,244 were made to them. In the previous year, the number of claims for payment was 726, and the amount paid was £1,233. It will be noticed that there was a slight increase of the number of claims made in 1935, and that the amount paid was slightly greater.

Compensation to Midwives.—Early in 1936, the Council decided to undertake, in approved instances, the payment of compensation to midwives for loss of fees on account of cases for which they were engaged having been sent to Hospital as a result of serious complication in pregnancy.

Statistics relating to Work under Midwives Acts.

Year	Midwives practising in December.	Visits of Inspection.	Notifications received from Midwives.					
			Medical help	Still-birth.	Death of mother or Child.	Artificial Feeding.	Liability to be a source of infection.	Having laid out Dead Body.
1925	261	694	882	48	3	51	28	22
1930	263	845	1192	57	8	47	59	38
1933	246	756	1211	41	0	39	93	64
1934	224	287	1176	38	12	36	88	74
1935	221	494	1187	45	20	37	140	57

(10) **Maternal Deaths.**—In 1935 there were in Shropshire 16 maternal deaths directly or indirectly due to pregnancy, or due to a condition complicated by pregnancy. This gives a maternal death-rate of 5.17 per thousand live births, and is comparable with the rate given for England and Wales, which was 4.10 per thousand live births in 1935. In 5 of the 16 cases a doctor had been engaged prior to the confinement.

The following table gives particulars relating to maternal deaths in this County since 1930, and it will be observed that no fewer than 57 deaths out of a total of 121 were the result of a first pregnancy. This fact brings out the great importance of attendance to the health and general well-being of the mother who is approaching her first confinement, and also to the need for skilled nursing and skilled medical attendance at the time it takes place. *The factors, therefore, which bring about maternal deaths as a result of the first pregnancy would appear to epitomise the causes of the maintenance of the maternal death-rate.*

Maternal Deaths 1930 to 1935.

Year	Causes of Deaths Investigated.					Death-rate per 1,000 live births.		
	All causes.	Puerperal Fever.	Puerperal Pyrexia.	Other.	Number in first confinement.	Shropshire. Local Statistics.	Shropshire. Official Statistics.	England and Wales.
1930 ..	21	4	4	13	11	5.13	5.37	4.40
1931 ..	21	5	5	11	12	5.31	5.31	4.11
1932 ..	18	9	2	7	6	5.47	3.97	4.24
1933 ..	22	7	1	14	13	6.00	5.73	4.42
1934 ..	24	7	2	15	11	7.47	5.43	4.60
1935 ..	15	8	1	6	4	4.15	5.17	4.10
	121	40	15	66	57	5.31	5.05	4.31

The statistics of the Registrar-General should be taken for the purpose of comparison with the corresponding figures for England and Wales. With the exception of the years 1930 and 1935, where the local figures are one less in each case than those of the Registrar-Generals', the difference between *Official Figures* and *Local Figures* is accounted for by the fact that the Registrar-General bases his return on the death certificates, some of which attribute the cause of death of a pregnant woman to a disease not recognisably connected with the pregnancy. With the fuller information available locally for our purpose, these cases have been looked upon as maternal deaths inasmuch as they must form part of the problem if the maternal mortality rate as a whole is to be faced and reduced. There would be advantage in adopting a definition in this matter similar to that in force to secure the notification of cases of puerperal pyrexia.

(11) **Puerperal Fever and Puerperal Pyrexia.**—There were 17 cases of puerperal fever, 8 of whom died ; and 53 cases of puerperal pyrexia during the year, only one of which terminated fatally. Arrangements have been made for the admission of these cases to the County Council Hospital ; or if the medical practitioner in attendance so desires, a nurse is provided through the agency of the Shropshire Nursing Federation to look after the patient in her own home.

(12) **Pemphigus.**—No case of Pemphigus occurred during the year.

(13) **Obstetrical Consultant and Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations.**—The services of a Consultant are now available for any doctor who desires a second opinion or assistance as a result of a serious complication or emergency arising during pregnancy parturition, or the puerperium.

During the year a consultant's opinion was secured in 2 confinement cases. Owing to the illness of Dr. Downer, a temporary arrangement has had to be made whereby a doctor is allowed a choice of consultant provided the cost does not exceed what would be the maximum payment to the Official Consultant.

(14) **Sterilised Maternity Outfits.**—Authorisation was given during the year for sterilised maternity outfits to be supplied in suitable cases for a trial period of twelve months. Very little use has been made of this service so far.

(15) **Provision of Maternity Beds.**—The following are the arrangements made for the provision of maternity beds by the County Council :—

County Council Hospital.—Inclusive of puerperal cases, 22 beds are available for all classes of midwifery patients. During the year 284 patients were admitted, of whom 38 were infectious cases and 246 were clean cases.

Newport Nursing Home.—Two beds are always available here. The County Council pays an annual fee of £10 per bed towards their maintenance. During the year 1 County Council case was admitted for a period of 9 days.

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. Eight cases were sent during the year.

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 Diseases Scheme at Cleveland House, Wolverhampton. Five cases were sent during the year (see page 49).

MATERNITY AND NURSING HOMES.

Registration.—Any person carrying on a nursing home within the meaning of the Act without having had it duly resigtered is liable to a penalty, and application for registration must be made to the Local Supervising Authority, namely, the County Council, on a prescribed form accompanied by a fee of 5/-. The Local Supervising Authority has power to grant exemption from registration in certain cases, and registration has not been insisted upon in the case of the following Institutions :—

Eye, Ear and Throat Hospital, Shrewsbury.
King Edward VII. Memorial Sanatorium, Shirlett.
Lady Forester Hospitals, Broseley and Much Wenlock.
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.
Royal Salop Infirmary, Shrewsbury.

Inspection.—The Inspector of Midwives is also the Inspector of Nursing Homes, and she submits a report on each Home after each visit. An effort is made to visit each Home once a quarter. She is also required to inspect and report fully upon any Nursing Home in respect of which an application has been made for registration. During the year ninety-one inspections were made.

Accommodation provided.—During the year two new nursing homes were registered and four were closed. The keeper of one of these Homes left the County, and one surrendered her certificate of registration on account of ill-health. In the other two cases the certificates were voluntarily given up as the keepers did not desire to continue registration for nursing home purposes.

No. of Homes taking general cases only	7
Patient accommodation :—76 beds and 4 cots.	
No. of Homes taking maternity cases only	9
Patient accommodation :—18 beds.	
No. of Homes taking both maternity and general cases	17
Patient accommodation :—186 beds and 5 cots.	

In all, therefore, there are 33 Homes on the Register, the total patient accommodation being 280 beds and 9 cots.

TUBERCULOSIS.

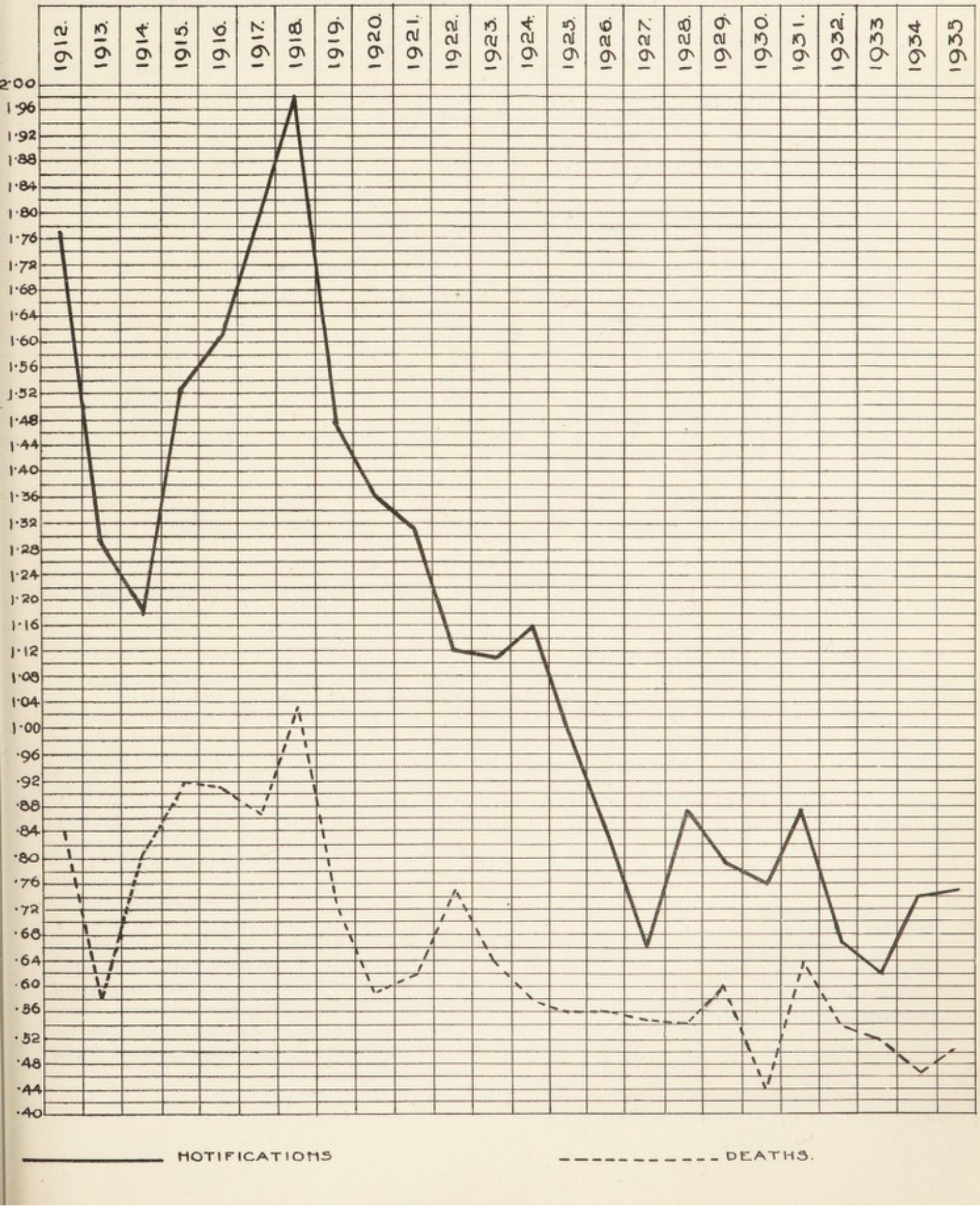
Preventive Measures.—From the public health point of view whatever steps may be taken for the treatment of patients, the measures necessary to deal with the Tuberculosis problem must be primarily and chiefly preventive in nature. These should include :—

1. An intimate co-ordination of all health schemes, School Medical Inspection, Maternity and Child Welfare, etc., in order to raise the general standard of health of the community.
2. Education in food values, especially in the food requirements of growing children.
3. Education in general healthy living and in the early symptoms, causes and prevention of the spread of tuberculosis.
4. The provision of better housing accommodation for the population generally and especially for families in which there is an infectious case of tuberculosis.
5. A more general use of open-air shelters, especially for children from tuberculous homes.
6. Segregation of babies born to infectious mothers.
7. Boarding out of children liable to infection in their own homes.
8. Segregation of advanced and highly infectious cases of tuberculosis.
9. A search for the source of infection in all cases, especially amongst the " Contacts " of children dying from acute generalised tuberculosis.
10. Regular supervision of infectious cases.
11. Regular supervision of " Contacts," especially contacts with a patient with an infectious sputum.
12. Improvements in the method of milk production, in order to provide a safe supply for the population generally.

Notifications and Deaths.—The following Table gives notifications and deaths from all forms of tuberculosis, grouped as pulmonary and non-pulmonary cases. There was no evidence of excessive incidence of, or mortality from, tuberculosis in any particular occupation in the county during the year, and it will be noticed that the number of notifications of *pulmonary tuberculosis* increased by 2 and the number of deaths increased by 10. In the case of *other forms of the disease*, the number of notifications increased by 2, and there was a fall of 2 in the number of deaths.

Notification previous to death was not received in 10 of the cases of pulmonary tuberculosis and in 12 of the cases of non-pulmonary forms of the disease. Two of the 10 cases of pulmonary tuberculosis which were not notified before death, died in institutions outside Shropshire, while 5 of the remaining 8 died in institutions within this County. The ratio, therefore, to notifications

PULMONARY TUBERCULOSIS NOTIFICATIONS AND DEATHS. RATES 1912–1935.



after death to notifications before this occurred was 1 to 12, while in the previous year the ratio was 1 to 16. Notification is, however, compulsory, and failure to notify in these cases previous to death is accounted for by the very rapid course of the illness. There was no evidence of wilful neglect in the matter of notification, and it was therefore not necessary to take any action to enforce it.

Notifications of, and Deaths from, Tuberculosis, 1935.

Age periods of cases.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	1	0	1	1	0	0	0	1
1—5	1	0	6	9	0	0	3	1
5—15	2	5	24	12	1	2	4	2
15—25	17	26	2	12	8	13	2	2
25—35	29	19	5	11	14	18	2	1
35—45	20	17	3	5	15	13	4	1
45—55	20	5	0	0	11	5	0	0
55—65	7	5	1	0	12	4	0	0
65 and upwards	3	5	1	2	4	4	1	3
	100	82	43	52	65	59	16	11
TOTALS FOR 1935 ..	182		95		124		27	
TOTALS FOR 1934 ..	180		93		114		29	

Relationship of Deaths to Notifications.—The following Table gives particulars of notifications and deaths in five-yearly periods and also separately for the year 1935 :—

Five-year Periods.	Pulmonary.		Other Forms.		Total.	
	Notifications.	Deaths.	Notifications.	Deaths.	Notifications.	Deaths.
1916—20	375.2	187.8	*	*	*	*
1921—25	279.0	151.6	119.0	33.6	398.0	185.2
1926—30	192.4	128.8	126.8	37.2	319.2	166.0
1931—35	178.6	128.8	100.2	32.0	278.8	160.8
Year 1935	182	124	95	27	277	151

* Statistics not available.

It will be noted that, with regard to *pulmonary tuberculosis*, notifications and deaths roughly correspond, and reference to the graph opposite page 32 shows that there has been a gradual approximation of the number of deaths to the number of notifications. *This is accounted for by greater accuracy in diagnosis*, due to the fact that a large number of cases are seen by the Tuberculosis Officers before notification, and points to close co-operation with the general practitioners which is so essential for the success of the Tuberculosis Scheme.

Tuberculosis Register.—A register of all cases of tuberculosis in the County is kept in the County Health Office, the number of cases at the end of each of the last three years being as follows :—

Year	Pulmonary.			Non-pulmonary.			
	Males.	Females.	Total.	Males.	Females.	Total.	Total Cases.
1933 ..	742	711	1453	569	658	1227	2680
1934 ..	750	718	1468	583	672	1255	2723
1935 ..	735	705	1440	608	705	1313	2753

Supervision and Examination of Contacts.—On notification of a case of pulmonary tuberculosis, the health visitor makes a full report on the home conditions and visits at regular intervals. Every case of ill-health is reported without delay to the Tuberculosis Officer, who immediately carries out a medical examination. Children of school age from phthisis homes are also examined at each medical inspection by the Assistant School Medical Inspector, and doubtful cases are referred for further examination by the Tuberculosis Officer. Thirty-seven cases of tuberculosis were discovered amongst the 425 contacts examined during the year.

The importance of examination of contacts is emphasised by the Table below, which gives the results of these examinations over the past six years.

Contact Examination—Pulmonary Tuberculosis.

		No. of Contacts examined.	No. tuberculous.	Percentage found tuberculous.
1930	Adults	188	17	9.0 per cent.
	Children	361	3	.8 per cent.
1931	Adults	195	20	10.2 per cent.
	Children	368	5	1.4 per cent.
1932	Adults	185	19	10.3 per cent.
	Children	286	0	0
1933	Adults	152	20	13.1 per cent.
	Children	249	4	1.6 per cent.
1934	Adults	139	26	18.7 per cent.
	Children	298	4	1.4 per cent.
1935	Adults	155	34	21.9 per cent.
	Children	270	3	1.1 per cent.

Home Visitation by Tuberculosis Officers and Health Visitors.—In addition to visits to the home for the purpose of examination of notified cases, " contacts," and " suspects," the services of the Tuberculosis Officers are always available to any Medical Practitioner in doubt about a patient who wishes to have the benefit of a second opinion. For one or other of the above reasons the *Tuberculosis Officers* visited a total of 839 cases, and the total number of visits paid by the *Health Visitors* to phthisis homes was 3,772. Below are given particulars of the visits of the Tuberculosis Medical Officers :—

On Notification	25	On discharge from Sanatorium ..	24
To Contacts	131	On other occasions	402
To suspicious cases	257		

Notifications during year.—Of the 182 patients notified as suffering from pulmonary tuberculosis, 57 gave a definite history of contact with a case of tuberculosis. An enquiry into the home conditions showed that at the time of notification 76 had separate bedrooms, 29 shared bedrooms but had a separate bed, 45 shared beds, four objected to the enquiries of the health visitor, in 8 cases inquiries were not considered necessary (the home conditions being good and full precautions taken), and in 20 instances the information was unobtainable for a variety of reasons. The smallness, bad ventilation, and bad construction of many of these bedrooms are obviously factors which must contribute to the spread of infection.

Examination of Sputum.—The County Council provide facilities for the examination of specimens of sputum, and medical practitioners are urged to take the fullest advantage of them.

The results of all sputum examinations are sent to the Health Visitors, who are instructed to pay particular attention to all cases from whom a positive sputum has been obtained, as such patients are of course the most infectious.

Of the 182 cases of phthisis notified in 1935, a positive sputum was obtained from 82 patients. In 36 cases the result of the examination was negative, and in 39 cases there was no sputum to examine. Of the remaining 25 cases, 9 were patients in institutions and 16 patients died before specimens of sputum could be obtained.

Shelters.—There are at present 159 Shelters in the County, 145 of which have been provided by the County Council.

Care Scheme.—There is a Central Care Committee, and there are also local Care Committees covering the whole County. The object of these Committees is to keep in touch with all cases of phthisis throughout the County, and, by means of advice and help, to enable the patient to live as far as possible a "sanatorium life." Unfavourable conditions requiring special action are reported to the Tuberculosis Officers.

Pneumothorax or Collapse Therapy.—The beneficial results of this treatment are so definite and far-reaching that it is satisfactory to be able to report a steadily increasing application of it since it was commenced in this County; and in the years immediately ahead of us a further expansion of this branch of the work seems likely to take place.

During 1935 artificial pneumothorax was induced in 13 new cases, and there are now 22 cases who regularly attend the treatment centres. Arrangements have been made for this form of treatment to be given at the Shrewsbury Tuberculosis Dispensary, Wellington Public Assistance Institution and Shirlett Sanatorium. During the year 252 refills were given.

X-Ray Examination.—Till 1934 the County Council was without an X-Ray installation of its own, and in the past, when an X-Ray examination of a patient was required, arrangements had to be made for the patient to attend either at the Shirlett Sanatorium, which is difficult of access, or at the Royal Salop Infirmary.

The amount of X-Ray work which it was possible to carry out under these conditions was somewhat limited, and the development of pneumothorax treatment rendered the provision of such an apparatus still more urgent, as in order to do this work satisfactorily X-Ray Control is absolutely essential.

During 1935, 582 X-Ray films were taken and 125 screen examinations were made.

Dr. T. R. Elliott, Tuberculosis Medical Officer, reporting on the work of the X-Ray Department, states:—

"Having had the benefit of the help of the X-Ray plant for the past eighteen months, it is almost impossible to imagine how we got on before its installation. It is invaluable in its assistance to us in making a definite diagnosis much earlier than when we had to depend upon clinical and bacteriological methods alone. A considerable saving of time to the Tuberculosis Officers has been effected, and an alleviation of the mental suffering of the patients has been possible in the shortening of the period of suspense. During the year, a synchronous A.C. motor was fitted to the timing apparatus, and the consequent more accurate timing of our exposures has added to the efficiency of the plant and brought about the standardisation of our films, enabling us to form an even more reliable opinion of the progress of our cases..

" X-Rays have undoubtedly increased the accuracy of our diagnosis of all pathological conditions of the chest. This largely accounts for the extended use of the Tuberculosis Department in the diagnosis of all chest conditions by general practitioners, as we now have all the modern means at our disposal for making a thorough investigation. It may be said that this does not come within the ordinary work of the Tuberculosis Department, but the advantage of having all chest conditions referred to us is that many cases of so-called chronic Bronchitis, etc., are found really to be a chronic form of Tuberculosis, and they are by this means placed under our supervision, where otherwise they would possibly go unrecognised and be a source of danger to their families for many years.

"Again, this work ensures a better contact between the general practitioner and the Tuberculosis Department. On the closeness of the mutual co-operation and help between these, lies the success or failure of the Tuberculosis Scheme.

" One can foresee the day when the description "*Tuberculosis Dispensary*" will be a thing of the past, and all our Dispensaries will be re-named "*County Council Chest Clinics.*" It will do a lot to allay the fear the words " Tuberculosis Dispensary " rouse in the minds of the patients. Many people are still highly sensitive to the word " Tuberculosis " and will be much more likely to avail themselves more freely of the services provided by a clinic where all types of chest trouble are investigated."

Light Therapy.—A Quadruple Carbon Arc Lamp for general treatment and a Tungsten Arc Lamp for local treatment were installed at the Tuberculosis Dispensary, Shrewsbury, in 1932. These are used for the treatment of cases of tubercular glands and tuberculosis of the skin. During the year 18 cases attended, and 695 treatments were given.

Tuberculosis of Bones and Joints.—Such cases are dealt with under the Orthopaedic Scheme. for particulars of which see page 39.

Babies Home Scheme.—This scheme is the outcome of the application of the principles involved in the prevention of tuberculosis, as no individual is more susceptible to tuberculosis than a newly-born child, and no one is more likely to convey infection than a mother who is suffering from the pulmonary form of the disease. For particulars of the work of the Babies' Home, see page 28.

Prees Heath Sanatorium.—There are eleven beds in this hospital, which is intended for the reception of small-pox cases, but which is utilised, in the absence of an outbreak of this disease, for the accommodation of patients in an advanced stage of pulmonary tuberculosis, who are highly infectious and who cannot otherwise be properly provided for. Its main function is preventive, and accommodation for advanced cases is therefore an important part of any tuberculosis scheme. During the year ten patients were admitted to Prees Heath Sanatorium, three were discharged, and five died.

The beds provided for such cases are insufficient in this County and, in order to utilise the beds in Prees Heath Sanatorium to the greatest advantage, it has been found necessary to limit their use almost entirely to female patients. Accommodation for male patients in an advanced stage of the disease has therefore to be found in the various Public Assistance Institutions, and, although shelters are provided for these patients, the arrangement is not at all satisfactory. Special provision for male patients is therefore urgently necessary.

Need for Additional Beds.—A Report has been received from **Dr. A. C. Watkin, Tuberculosis Medical Officer,** in which he states :—

" It is recognised that the sooner a patient suffering from tuberculosis is put under proper treatment the better are his chances of recovery. It is therefore gratifying to note that in recent years there has been a considerable improvement in dealing with patients on the waiting list for admission to Shirlett Sanatorium. In 1935 the average number of days elapsing between the date of recommendation by the Tuberculosis Medical Officers and the actual date of admission was 11.9, while in 1926 the average number of days was 27.9. It seems evident that this improvement is due to the steady decline in the number of notifications of new cases of the disease, as shown in the following table :—

Five-year Period.	Average number of yearly notifications of Pulmonary Tuberculosis.
1916 to 1920 inclusive	376
1921 to 1925 ,, ...	279
1926 to 1930 ,, ...	192
1931 to 1935 ,, ...	178

" The decline in the number of yearly notifications has been influenced to some extent by more accurate methods of diagnosis, particularly the use of X-Rays, but in the main it is due to a definite decline in the incidence of the disease. Admission of patients to Shirlett Sanatorium can now be obtained in reasonable time, and the accommodation at that Institution is adequate for the type of patient for which it is intended. The facilities for institutional treatment of advanced cases in the county, however, are still unsatisfactory, as pointed out more fully in last year's Annual Report. Segregation of advanced and highly infectious patients is one of the most effective measures in the prevention of spread of the disease, and provision of more beds for this type of case is urgently necessary."

Shirlett Sanatorium.—There are 62 beds in this Institution, which has been provided by the Association for the Prevention of Consumption in the County of Salop and the Hundred of Maelor, and to which the County Council send all cases of pulmonary tuberculosis likely to improve under institutional treatment. The following are the particulars of the admissions, discharges and deaths during 1935 :—

	Admitted.	Discharged.	Died.
Males	55	50	2
Females	45	45	3

Analysis of the Cases admitted to Shirlett Sanatorium since its opening in 1911.

Year	Patients treated.	Known to be Alive.	Known to be Dead.	Left County.	Unaccounted for.	Cured.	Non-Tuberculous.†
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	43	71	27	..	16	1
1917	164	63	67	19	..	13	2
1918	124	23	48	36	..	16	1
1919	123	44	46	23	..	9	1
1920	120	47	48	17	..	8	..
1921	121	45	57	14	..	5	..
1922	107	31	61	14	..	1	..
1923	109	33	53	18	..	5	..
1924	151	61	59	23	..	6	2
1925	130	55	54	17	..	4	..
1926	110	39	51	18	..	2	..
1927	86	30	47	8	..	1	..
1928	111	52	49	10	..	*	..
1929	113	43	54	14	..	*	2
1930	113	54	47	12	..	*	..
1931	115	52	53	9	..	*	1
1932	107	53	41	9	..	*	4
1933	87	57	26	4	..	*	..
1934	104	83	15	5	..	*	1
1935	100	83	10	4	..	*	3

* Cases are not described as cured until after the lapse of at least 5 years.
† These cases were admitted for observation and afterwards diagnosed as non-tuberculous.

Tuberculosis Dispensaries and Examination Centres.—Tuberculosis Dispensaries are held twice weekly at Wellington, weekly at Shrewsbury and Oswestry, and once a month at Whitchurch, Ludlow, and Bridgnorth. In addition, under an arrangement made by the Church Stretton Care Committee, three sessions were held for examination of contacts and 31 attendances were made. Below are particulars of attendances at the Tuberculosis Dispensaries :—

Dispensaries.	No. of Cases who attended during the year.		Summary of Attendances.			Total Attendances.
	Total.	For the first time.	Notified Cases.	Non-notified Cases.		
				Contacts.	Suspects.	
Shrewsbury	373	222	725	150	352	1227
Oswestry	131	76	428	63	89	580
Wellington	565	191	2882	192	287	3361
Whitchurch	52	26	67	34	17	118
Ludlow	56	27	79	27	25	131
Bridgnorth	102	48	125	37	57	219
Totals 1935 ..	1279	590	4306	503	827	5636
Totals 1934 ..	1322	555	4567	560	913	6040

Death Rates in County Districts.—The Table below gives particulars with regard to death-rates for the Urban and Rural Districts in ten-yearly periods from 1901 to 1930, whilst those for the years 1931 to 1935 are given separately.

Death-rates from Pulmonary Tuberculosis, 1901.—1935.

	Estimated Population, 1935.	Average Death-rate for ten-year periods.			Rates for				
		1901 to 1910	1911 to 1920	1921 to 1930	1931	1932	1933	1934	1935
Urban Districts ..	122,900	1.133	.960	.679	.748	.659	.529	.536	.480
Rural Districts ..	119,000	.825	.700	.525	.537	.384	.497	.404	.546
Whole County ..	241,900	.961	.816	.580	.636	.516	.513	.470	.513
England & Wales ..	40,467,000	1.146	1.007	.768	.742	.687	.693	.635	.666

Public Health (Prevention of Tuberculosis) Regulations, 1925, and the Public Health Act, 1925 (Section 62).—No action was necessary during the year.

ORTHOPAEDIC SCHEME.

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

The Committee have been satisfied that it is not necessary to hold an after-care clinic at Shifnal, and that the sessions of certain other clinics can be held less frequently without detriment to the welfare of patients. On the understanding that the existing arrangements will be reverted to if and when the Council require them, the Committee have approved the discontinuance of the Shifnal Clinic, and sanctioned the holding of fortnightly instead of weekly sessions at Ludlow, Market Drayton, Whitchurch, Oakengates, Ironbridge, and Bridgnorth. This arrangement came into force in January, 1936.

Attendances at Clinics.—The following table gives particulars of the attendances at the Orthopaedic Clinics during 1935. It will be observed that the great preponderance of cases are children between the ages of 5 and 16 years, who have been found to be in need of treatment as a result of school medical inspection. The tuberculous cases, which cover all ages, are the smallest in number, but their attendance at the clinics as a rule extends over a very prolonged period.

Attendances at Orthopaedic After-Care Clinics, 1935.

Age Groups.	No. of Cases.				Total No. of Attendances	Condition on discharge or other particulars.						
	On 1st Jan., 1935.	Admitted during 1935.	Discharged. 1935.	On 31st Dec., 1935.		Remedied.	Improved	Unaltered.	Dead.	Left County.	Refused to attend	Treated elsewhere.
Under 5 years	148	134	65	217	1,883	14	2	1	1	3	43	1
5—16 years	558	348	226	669	6,707	83	23	..	2	9	105	3
Over 16 years	427	264	193	323	3,166	48	55	1	5	11	61	12
T.B. cases of all ages ..	138	24	12	129	1,342	2	6	..	..	1	2	1
Totals	1,271	770	496	1,338	13,098	147	86	2	8	24	211	17

Cases admitted to Hospital.—Conditions and defects of such a nature that they cannot be adequately dealt with at the After-Care Centres, are admitted for treatment to the Orthopaedic Hospital, particulars of which are given below. *The total of all classes of cases admitted* to the Orthopaedic Hospital was 135, as opposed to 147 cases during the previous twelve months. The average number of beds occupied was 43, an increase of 4 on the previous year.

Tuberculous Cases.—The number of tuberculous cases admitted was 55, a decrease of 3 on the previous year. Of the cases dealt with under this Scheme, 21 were diagnosed as suffering from affections of the spine, 19 of the hip, and 15 from affections of the other bones and joints.

Cases treated at the Robert Jones and Agnes Hunt Orthopaedic Hospital during the year and paid for by the Public Health and Education Committee.

Disease.	Under 5 years of age.	5—16 years of age.	Over 16 years of age.	Total.
Congenital Defects and Deformities :—				
(*a*) Club Foot	1	9	..	10
(*b*) Spine	..	1	..	1
(*c*) Hip	4	3	..	7
Acquired Deformities of :—				
(*a*) Spine	1	9	..	10
(*b*) Knees	..	1	..	1
(*c*) Feet	1	5	..	6
(*d*) Hand	..	1	..	1
Rickets	1	..	..	1
Bones and Joints :—				
(*a*) Tubercular	6	21*	28	55
(*b*) Non-tubercular	..	14	..	14
Nervous System :—				
(*a*) Poliomyelitis (old cases)	2	9	..	11
(*b*) Paraplegia	..	4	..	4
Injuries :—				
(*a*) Fractures and Dislocations	3	11	..	14
Total for 1935	19	88	28	135
Total for 1934	20	94	33	147

* Includes 4 Shrewsbury Borough School Children.

The following table shows the apportionment of the cases treated in the Orthopaedic Hospital and the number of beds occupied by each class of case in five-yearly averages since 1921, and for 1935 separately :—

Cases Treated and Average Number of Beds occupied in Robert Jones and Agnes Hunt Orthopaedic Hospital.

		1921—1925	1926—1930	1931—1935	1935
Tuberculosis	Cases treated	91	80	59	55
	Av. No. of Beds ..	40	33	27	26
Med. Inspec.	Cases treated	68	69	68	67
	Av. No. of Beds ..	14	13	11	15
Child Welfare	Cases treated	32	21	13	13
	Av. No. of Beds ..	8	5	3	3
Total cases		191	170	140	135
Average No. of Beds		62	51	41	44

The cost to the County Council of hospital treatment of Orthopaedic cases is shown below. The variations in the cost in the five-yearly periods do not exactly correspond with the number of beds occupied as shown above, the explanation being that the figures for patients and beds occupied refer to calendar years, whereas the cost of treatment represents payments made during the financial year.

Cost of Treatment of Cases in Robert Jones and Agnes Hunt Orthopaedic Hospital.

Scheme.	Average 1921—1925	Average 1926—1930	Average 1931—1935	1935
	£	£	£	£
Tuberculosis	5,068	4,269	3,122	3,242
Med. Inspection.. ..	2,198	1,608	1,323	1,283
Child Welfare	1,051	778	331	369
Total annual average cost to C.C.	8,317	6,655	4,776	4,894

Public Assistance Cases.—In addition to the cases treated by the Public Health and Education Committees, 37 cases of non-tuberculous deformities in persons over 16 years of age were treated wholly or partly by the Public Assistance Committee at a total cost of £512. The average length of stay of these cases in the hospital was 46 days.

Treatment of Fractures (Circular 1462).—The Ministry of Health has drawn the attention of County and County Borough Councils to a Report issued by the British Medical Association on the treatment of fractures. This Committee was set up " to consider the existing arrangements for the treatment of fractures and other associated injuries of the limbs and to make recommendations for possible improvement thereof."

The object of the Report is to secure, in connection with hospitals, the establishment of organised fracture services (which it describes as "fracture units,") and it is pointed out that where such organisations exist, permanent incapacity remains in only 1 per cent of the cases treated, while of those not so treated 37 per cent. of the patients are permanently disabled. In addition, the duration of incapacity of fracture cases not so disabled is more than three times as great as need be. The enormous loss to the public, to the individual, to the employers and to the insurance companies is also stressed.

The Committee states that in the majority of large hospitals in the country there is no efficient organisation for the treatment of fractures, and that actual treatment often devolves upon persons not fully competent to deal with them, and that frequently no single individual follows the case from start to finish.

The principles governing the treatment of fractures are dealt with in the report, and an outline of a model fracture unit is given. The essentials are stated to be segregation of fracture cases into one department, continuity of treatment, after-care, and unity of control.

Finally, while the Report *recommends* such an organisation in rural areas, it states that it is *necessary* in all large areas of population. As to what is the best method of organisation, much depends upon local circumstances. Voluntary hospitals are said to be the ideal venue, and it is pointed out that a fracture unit might be organised at one hospital to which other hospitals could arrange to send their fracture cases.

MILK SUPPLY.

The milk question has been much to the fore during the year, and in view of the concern to producer and consumer alike it is well to recall the main factors in the production of milk which combines cleanliness with safety. Freedom from disease-germs is more important than freedom from dirt, and the care required to achieve both conditions will perhaps be appreciated when it is realised that there have been cases in which very clean milk has been found to contain tubercle bacilli.

Cowsheds.—The part which cowsheds play is of fundamental importance, and in no scheme of development can it possibly be overlooked. To begin with, it is plain that milk is not *naturally* dirty or cows *naturally* tuberculous. Insanitary conditions such as overcrowding and bad ventilation cannot promote the health of man or beast, and in those circumstances no herd can be expected to remain unaffected for long. The introduction into cowsheds of infection in one form or another will almost inevitably result in the infection of other members of the herd, and sooner or later appear in the milk produced. There is evidence that some cowsheds are a source of tuberculous infection, a deplorable state of affairs which is perpetuated indefinitely by the unsatisfactory conditions there. This is a serious menace not only to the individual farmer, to whom it means premature loss of animals, but also to the milk industry as a whole, undermining as it does public confidence. No one can read the figures which are given every year in respect of cows slaughtered under the Tuberculosis Order and not be impressed by the annual wastage of cow-life indicated there. Any measures which tend towards the attainment of a hygienic standard in premises must go a long way towards eliminating permanently the mortality from tuberculosis and be welcomed by the industry and public. *Moreover, improvement of the cowsheds is essential if veterinary inspection is to be an effective instrument in improving the conditions of the dairy herds.*

Veterinary Service.—The latest figures available give the cow population of the County as approximately 107,060 milch cows. Until 1935, all the inspections under the Milk and Dairies Acts and Orders were carried out by part-time veterinary surgeons, who were also engaged in private practice. With the heavy responsibilities entailed by the marked extension of the work in the early summer, a Chief Veterinary Officer (whole-time) was appointed to organise the veterinary services, and he took up his duties on 1st July, 1935. This is an appointment which has greatly facilitated and promoted the efficiency of the work.

Under existing arrangements, it has been necessary for the Chief Veterinary Officer, assisted by part-time men, to limit his activities to the *statutory duties* imposed by the Milk and Dairies Acts and Orders. The question of instituting routine veterinary inspections for all cows has already been reviewed by the Public Health Committee, and is a subject which will probably come up for further consideration in the future. Undoubtedly, if a more complete service were established, it would be most beneficial in maintaining the health of the herds in the county, and would form an integral part of any scheme for securing a safe milk supply.

The necessity for supplementing the present arrangements is clearly evidenced in the working of the Tuberculosis Order, 1925. Under this Order, although it is an offence to keep a cow known to be showing definite clinical symptoms of tuberculosis, and the responsibility for reporting such an animal is stated in the Order as being that of "*every person*" knowing of its existence, it is a fact that few of these animals are reported till the disease is in an advanced stage and all possible damage has been done. Routine veterinary examinations, thoroughly and systematically conducted, would not only eradicate cows showing clinical symptoms of tuberculosis, but would prove of immense educational value to dairy farmers and would eventually lead to a large and very desirable augmentation in the number of graded milk producers.

Milk (Special Designations) Order, 1923.—Under this Order licences to produce graded milk were issued to those producers who have complied with specified conditions relating to the standard of cleanliness of the milk, the health of the herd, and the condition of the cowsheds.

The position at the end of the year under this Order as compared with that for previous years was as follows :—

	No. of Producers.					
Licensed to Produce—	1930	1931	1932	1933	1934	1935
Certified Milk	1	2	5	7	5	8
Grade A (T.T.) Milk	4	6	4	4	10	12
Grade A Milk ("Accredited ") ..	9	11	12	17	14	390*†
	14	19	21	28	29	410

* Licences for bottling Grade A Milk were granted to 10 of these.
† Applications outstanding 93.

Milk Marketing Board's Scheme.—The above table brings out the welcome fact that, while there were only 14 Grade A licences in force at the end of 1934, no fewer than 390 had been issued twelve months later, and at least another 93 would be granted in the course of the ensuing months, on completion of the adaptations to the premises concerned. This rapid expansion followed the setting up of a Roll of Accredited Producers by the Milk Marketing Board on 1st May, 1935, under a scheme by which a bonus of a penny a gallon became payable to the holders of Grade A licences who had also duly registered with the Board. Applications for licences are still being received at a steady rate.

Previously, there appeared to be little financial incentive to produce milk of any but ordinary quality. This does not excuse the sale of milk not wholly satisfactory, but it does explain the stationary position arrived at. On the one hand, the public did not seem to be able to formulate an effective demand for milk of a higher quality, and on the other hand the average producer

was faced with the double risk of having to put his premises right and of failing to find a remunerative market for his milk. In consequence, practically the only licences issued were in respect of producers who, on their own initiative, attempted to do what has been made generally possible by the stimulus of this scheme of the Milk Marketing Board.

In considering the figures, it is important to bear in mind the influence exercised by many of the wholesalers, who at the present time are insisting on milk from Accredited Producers alone. This in itself is proving an excellent incentive to the production of a higher standard of milk. It is however unfortunate that, in view of the limited supplies yet available, much of the best milk produced in Shropshire is being conveyed to the large cities and lost to the inhabitants of the county. A similar discrimination inside the county must be exercised if milk of a suitable quality is to become available in sufficient quantities for the local population. It is all the more necessary, then, for those who are in a position to pay for one or other of the designated milks to see that they obtain it.

Inspection of Premises.—As the premises of all applicants for a licence to produce a designated milk have to be inspected before the issue of the licence, it was quite impossible to keep abreast of the extraordinary developments following the coming into force of the Milk Marketing Board's Scheme without additional staff, and the appointment of a County Sanitary Inspector could not long be delayed. When he took up his duties on 7th October, the temporary arrangements which enabled the work to be carried on came to an end, and it was possible to put it on a more organised basis. So far the time of the County Sanitary Inspector has largely been taken up in advising applicants and intending applicants on what should be done to bring their premises up to the Grade A standard.

The procedure adopted is for the District Sanitary Inspector to be consulted concerning farms in his area, and to be notified of the impending visit of the County Sanitary Inspector, and by this means the full co-operation of the District Inspectors is secured. They know what the Special Designations requirements are in the matter of premises, and the performance of their duties under the Milk and Dairies Order of 1926 is greatly facilitated. This procedure makes for uniformity of administration, and is helping to raise gradually the standard of milk production in the county as a whole.

Nothing elaborate is required in the matter of cowsheds, and the prime essentials are facilities for the maintenance of cleanliness, and adequate ventilation for the protection of the herd. Furthermore, every effort is made, in dealing with adaptations, to ensure that there should be no difficulty in qualifying if a licence to produce Tuberculin-Tested Milk be subsequently sought. Already there has been some movement from the Grade A Roll to the higher grade, and it is justifiable to assume that this must be the ultimate aim of the Milk Marketing Board. In this connection one must not forget that the Ministry of Agriculture is establishing a Roll of *Attested* Herds, and among the advantages accruing to farmers under the scheme is the payment of another 1d. per gallon of milk.

Veterinary Inspection.—As a further stimulus and aid to producers, the County Council has undertaken responsibility for the routine quarterly veterinary inspections prescribed by the Order. This work is, as has been already stated, largely carried out by a part-time veterinary staff under the direction and supervision of the Chief Veterinary Officer.

Sampling of Milk.—Samples of the milk produced at every Grade A farm are taken at least once a quarter, and more frequently if the reports indicate that this is desirable from a cleanliness point of view. A sampling officer was appointed for this purpose, and took up his duties on the Public Health Staff on 1st October, 1935.

Of the samples taken, 173 proved to be satisfactory, and 50 unsatisfactory.

Where considered advisable, samples are also submitted by the Chief Veterinary Officer for examination to ascertain whether tubercle bacilli are present in the milk.

Milk in Schools Scheme.—This scheme requires that all milk supplied to Schools should be approved by the County Medical Officer of Health, and the Board of Education states in Circular 1437 that " where a supply of efficiently pasteurised milk is available, such milk should in all cases be provided. In other areas, all possible precautions should be taken to ensure as far as possible the safety of the supply."

It is a matter for much regret that the ordinary milk supply cannot whole-heartedly be recommended for human consumption unless it first undergoes some form of preliminary treatment such as pasteurisation or boiling. Up to the present time, no milk of a lower grade than Grade A has been approved, although, if the teacher is willing to boil ordinary milk, such milk is considered to conform to the required standard. It must be understood, however, that the herds from which the milk is obtained are inspected quarterly by the Chief Veterinary Officer, and come under the special observation of this Department.

At the end of the year 137 schools—approximately one-half of the number in Shropshire—were receiving a regular supply of milk in bottles containing a third of a pint at a cost of ½d. With the growth in the number of graded milk producers, it is to be hoped that every school in the County will soon be within reasonable distance of a suitable supply on which it will be able to draw.

Milk and Dairies Order, 1926.—No arrangements have yet been made by the County Council under Article 8 of this Order, which states: " Every County Council and County Borough Council shall cause to be made such inspections of cattle as may be necessary and proper for the purposes of the Act and of this Order."

There were 23 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 were informed with a view to suitable action being taken to bring about an improvement in the methods and secure the production of milk of a higher standard of cleanliness.

Milk and Dairies (Consolidation) Act, 1915.—Action is only taken under Section 4 of this Act when the presence of tubercle bacilli in milk produced in this county is reported by another Authority. Occasionally, however, investigations are conducted where the supply has otherwise come under suspicion.

Below are details of the work carried out during the year as a result of reports submitted by outside Authorities :—

Total number	of farms affected	34
	of cows examined	1239

Samples taken :—198 (individual 99, bulk 99).

Biological Results :—	Positive 42 (individual 23, bulk 19).
	Negative 156 (individual 76, bulk 80).

Microscopical Results:— Positive 10.

The presence of tubercle bacilli in 19 of the bulk samples necessitated the re-examination of 338 cows, and the figures for this further sampling are included above.

Of the 31 cows dealt with as a result of this sampling, post mortem examination showed that 12 were suffering from tuberculosis in an advanced stage, 3 from generalised tuberculosis not advanced, and 16 from localised tuberculosis. In addition, two animals were dealt with by the Veterinary Officer at sight.

Three tuberculous cows were found at each of three farms, and two at each of two other farms.

Tuberculosis Order, 1925.—This Order requires every person knowing of the existence of a bovine animal showing definite clinical signs of tuberculosis to report the matter to the Police in order to have it dealt with. The following table shows the result of the post-mortem examinations of cows seized under the Tuberculosis Order :—

Results of Post-Mortem Examinations in 1935.

Description of Animals.	A. Tuberculosis of the Udder.	B. Giving tuberculous milk and showing Lesions of Tuberculosis.	C. Tuberculous Emaciation.	D. Affected but not as in Columns A, B, C.	E. Not affected.	Total.
Cows in milk	127	32	225	336	2	722
Other cows or heifers ..	34	3	128	198	4	367
Other bovine animals ..	0	0	5	8	0	13
Totals 1935 ..	161	35	358	542	6	1102
Totals 1934 ..	123	20	420	508	3	1074

MENTAL DEFICIENCY.

The following particulars are given with regard to the action taken under the Mental Deficiency Acts up to the 31st December, 1935 :—

	M.	F.	Totals.
Placed in Institutions for Mental Defectives	82	97	179
Placed on Licence out of Institutions	6	8	14
Placed under Guardianship	5	11	16
In Salop Mental Hospital	42	45	87
Placed under Supervision by Health Visitors	129	103	232
Ascertained	391	327	718
In Public Assistance Institutions	57	91	148
	712	682	1394

Institutions accommodating Salop Patients.

Name of Institution.	Address.	No. of Patients.		
		M.	F.	Total.
Ashton House	Village Road, Birkenhead	..	1	1
Brentry Colony	Westbury-on-Trym, near Bristol	1	..	1
Caersws Poor Law	Newtown, Montgomeryshire	10	9	19
Church Stretton Poor Law	Church Stretton	..	5	5
Coed du Hall	Rhydymwyn, near Mold	..	1	1
Forden Poor Law	Montgomeryshire	9	15	24
Girls' Village Home	Barkingside, Essex	..	1	1
Hortham Colony	Almondsbury, near Bristol	2	..	2
Howbeck House	West Hartlepool	..	2	2
Leavesden Mental Hospital	Watford, Herts.	1	..	1
Madeley Poor Law	Ironbridge, Salop	9	16	25
Mount Tabor	Basingstoke, Hants.	..	9	9
Moss Side State	Maghull, near Liverpool	3	1	4
Midland Counties	Knowle, near Birmingham	15	..	15
Princess Christian's Farm Colony	Hildenborough, Kent	1	..	1
Royal Earlswood	Redhill, Surrey	2	..	2
Rampton State	Retford, Notts	..	2	2
St. Catherine's Home	Allergate, Durham	..	1	1
St. Mary's Home	Alton, Herts	..	1	1
Sandlebridge (Mary Dendy Home)	Alderley Edge, Cheshire	19	16	35
Seafield House	Seaforth, near Liverpool	..	2	2
Stoke Park Colony	Stapleton, near Bristol	6	7	13
Worcester Municipal Home	Tallow Hill, Worcester	4	..	4
Whittington Hall	Near Chesterfield	..	8	8
Total No. of Patients in Institutions (exclusive of patients on licence).	1935	82	97	179
" " "	1934	70	91	161

Mentally Defective Children (Educable) under the Education Committee, 31st December, 1935.

	M.	F.	Total.
In Special Schools	8	11	19
Awaiting admission to a Special School	1	1	2
Under supervision of School Nurses	114	75	189
	123	87	210

There are in addition 109 school children, 70 boys and 39 girls, whose mental condition has been called in question, of whom it has been estimated that 50 per cent. will prove to be feeble-minded. It has been calculated, therefore, that there is a total of 264 feeble-minded children under the Local Education Authority.

Institutional Accommodation.—The fact that in this County no real provision has been made for mental defectives has added greatly to the difficulties of the work. It is probable, however, that at a comparatively early date we shall have in this County the nucleus of a colony at Boreatton Park, an estate of 217 acres, which has been purchased by the County Council for the purpose of providing institutional accommodation for Mental Defectives.

MENTAL TREATMENT ACT, 1930.

There are in the County three Authorities under this Act, namely, the County Council, the Borough of Shrewsbury and the Borough of Wenlock. The position at present is that the County Council has made arrangements for the admission of *temporary* and *voluntary* patients to the Salop Mental Hospital, but so far no clinics for the treatment of out-patients have been opened.

VENEREAL DISEASE.

Arrangements for Treatment and Diagnosis.—The Venereal Diseases Scheme consists of—

(1) Provision of Treatment at—

(*a*) The County Council Clinic, Shrewsbury.
(*b*) The Royal Hospital, Wolverhampton.
(*c*) Arrangements with the surrounding Hospitals.
(*d*) Arrangements whereby girls can be sent for treatment and training to a Home at Wolverhampton provided by the Lichfield Diocesan Society. The Home also provides treatment for pregnant women suffering from venereal disease.

(2) Arrangements for supplying Salvarsan Substitutes to Medical Practitioners.

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

During the past few years there has been a decrease in the number of cases of venereal disease which have attended for treatment under the County Council Scheme. If one could be sure that this indicated a reduction in the prevalance of these diseases this would be very satisfactory, but as venereal disease in its various forms is not notifiable it might be unwise to assume that this is so. The most that can be done in the circumstances is to take the necessary steps to ensure that the public are aware of the facilities offered for treatment, that they know that such treatment is free, that they understand that secrecy is guaranteed, and that delay in securing treatment and failure to carry it out till the condition has been cured must result in permanent damage to the health of the sufferer, and the transmission of the disease to perfectly innocent persons associated with him. The present indications would appear to be for an intensification of anti-venereal disease propaganda work upon which the County Council at present spends £50 per annum.

Cases of Venereal Disease Treated in 1935.

Cases suffering from	Shrewsbury Clinic.												Royal Hospital Wolverhampton. (Shropshire Patients).			
	Cases.						Attendances.						* Cases.		Attendances.	
	M.		F.		Total.		M.		F.		Total.					
	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934	1935	1934
Syphilis	52	75	76	89	128	164	406	421	882	893	1288	1314	3	4		
Soft Chancre	2	..	..	..	2	..	4	..	..	..	4	..	0	0	935	721
Gonorrhoea	118	139	33	44	151	183	1021	1270	101	226	1122	1496	10	10		
Other conditions	36	51	36	41	72	92	43	88	97	117	140	205	6	11		
Totals	208	265	145	174	353	439	1474	1779	1080	1236	2554	3015	19	25		
Increase (+) decrease (—) ..	—57		—29		—86		—305		—156		—461		—6		+214	

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

Cleveland House, Wolverhampton.—This Hostel is available for girls and women suffering from venereal disease who cannot receive proper treatment in their own homes. During the year 1 case of syphilis, 3 cases of gonorrhoea and one of syphilis and gonorrhoea were admitted from this County.

Examination of Pathological Specimens.

Nature of Test.	Number of Tests made at				
	Shrewsbury Clinic.	Birmingham University.	Bristol University.	Royal Hospital, Wolverhampton.	Chester Royal Infirmary.
For detection of gonococci	158	34	6	137	..
For detection of spirochetes	..	1	..	..	..
For Wassermann reactions	..	159	286	68	..
For gonococcal infection	..	1	..	24	..

BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

Under an arrangement with the County Council, Birmingham University undertakes the examination of specimens sent for the purpose of diagnosis of disease.

In addition to the work done in connection with Venereal Disease referred to above, the following examinations were made :—

	Pos.	Neg.	Total.
Tubercle Bacilli (Sputum)	40	310	350
,, ,, (Cerebro-spinal fluid)	1	1	2
,, ,, (Pus)	—	2	2
Tubercle Bacilli (Fluid from Chest)	—	1	1
Haemolytic Streptococci (Throat swab)	2	—	2
,, ,, (Cervical swab)	1	—	1
,, ,, (Pus)	1	—	1
Diphtheria Bacilli (Nose and Throat swabs)	490	2,625	3,115
Typhoid Bacilli (Faeces)	—	8	8
Blood for Widal's Reaction	9	45	54
Dysentery Bacilli (Faeces)	—	2	2
Paratyphoid Bacilli (Faeces)	1	9	10
,, ,, (Urine)	2	6	8
Spirochaete of Infective Jaundice (Swab)	—	1	1
,, ,, ,, (Urine)	—	3	3
Malaria Parasite (Blood)	—	1	1
Gonorrhoea (Cervical Swab)	—	1	1
Totals for 1935 ..	547	3,015	3,562
Totals for 1934 ..	501	2,413	2,914

FOOD AND DRUGS.

By arrangement with the Chief Constable for Shropshire, samples of food and drugs are taken by the County Police under the Food and Drugs Acts, and are sent to the County Analyst for examination. Particulars of the results and of any action taken as a consequence are given below.

Nature of Sample.	Number taken.	Genuine.	Adulterated.	Remarks.
Milk	139	123	16	1 Vendor fined £1 and £3 19s. 10d. special costs. 1 Vendor fined £5. 6 Cautioned. 2 cases dismissed on payment of part of costs. 1 Vendor informed of result of sampling. 1 sample repeated. 4 cases no action taken.
Vinegar	5	4	1	Fined £5 (including £3 9s. 8d. special costs).
Brawn	4	4		
Arrowroot	5	5		
Cornflower	5	5		
Cream	5	5		
Pearl Barley ..	5	5		
Pepper	9	9		
Sweets	4	4		
Camphorated Oil ..	5	5		
Sausage	5	5		
Jam	5	5		
Total Samples ..	196	179	17	

BLIND PERSONS ACT, 1920.

The Blind may be considered as falling into three classes—those under 5 years of age, those between 5 and 16, and those over 16 years of age.

Those under five years of age come automatically under the supervision of the Health Visitors, who visit them regularly under the Maternity and Child Welfare Scheme. Children between 5 and 16 years of age come under the care of the Elementary Education Authority, who make provision for them by sending them to a Special School for the Blind. As regards those over 16 years of age, the Higher Education Committee arrange for the training of such as are capable of benefiting from special instruction and of learning an occupation which is likely to enable them partly or wholly to support themselves. On completion of training, under an arrangement made

by the County Council, they come under the Home Workers' Scheme of the Birmingham Royal Institution for the Blind, which arranges for their supervision by home teachers, supplies them with materials at cost price, assists them with their work, helps them to dispose of the articles for which they are unable to find a sale and, in addition, supplements their wages according to their earnings.

Unemployable blind persons, and also those whose needs are not adequately provided for by the methods outlined above, either come under the County Council Scheme for the Domiciliary Relief of the Blind or receive assistance from the Shropshire Association for the Blind.

Shropshire Association for the Blind.—This Association (which received a grant of £778 from the County Council), in addition to making payment to certain of the unemployable blind who are *over* 50 years of age, exercises a general supervision over the welfare of all blind persons. A Home Teacher has been appointed by the Association, whose duty it is to visit all the blind persons in the County and have regard to their welfare, arrange for them to be supplied with books, and report to the Hon. Secretary of the Association, who is responsible for drawing the attention of the County Council to blind persons needing assistance under one or other of the schemes.

The Annual Report of the Association states :—

"A very pleasant and gratifying feature of the work is appreciation by the blind of all that is done for them, and their affection for and gratitude to the Home Teacher, whose work continues to retain its high standard. We have enough work for a second Home Teacher.

" Lessons have been given in Braille and Moon type to several who have afterwards enjoyed being able to read to themselves and to write to their blind friends. Gifts have been received during the year of Braille books and magazines, which have been passed round to the various readers and much appreciated. There have also been pupils in pulp cane-work, rug-making and typewriting.

" Our three Social Centres at Market Drayton, Shrewsbury and Wellington have been well attended and much enjoyed. We are very grateful to those helpers who come so regularly month by month, and take such an interest in the individual blind people, who look forward eagerly to meeting them. The Association's wireless set is proving most useful at these socials, and to lend occasionally to invalids and others.

" We are responsible for 115 sets loaned by the British Wireless for the Blind Fund. We cannot emphasize enough the enormous pleasure that these sets give. We are now able to procure one for a new applicant with very little delay."

Domiciliary Relief of the Blind.—All blind persons *under* 50 years of age, and also those over that age in need of greater assistance than a payment of 5/- a week, receive assistance direct from the County Council. The expenditure on this service during the financial year 1935—6 was £1,113, compared with £965 for the previous year. Those *over* 50 years of age who are unemployable and whose requirements can be met by a payment of 5/- weekly, receive assistance from the Shropshire Association for the Blind. In this way, overlapping in the matter of giving relief is avoided.

Register of Blind Persons.—A Register of all blind persons, compiled chiefly on information supplied by the Hon. Secretary of the Shropshire Association, is kept in the County Health Offices.

New cases are only entered on the Register after a certificate of blindness has been given by a medical practitioner with special experience in ophthalmology, but the certificates of County Council Medical Officers are accepted where a person is obviously blind and is prevented by infirmity from being examined elsewhere than at home.

The following is a summary of the causes of blindness as given on such certificates :—

	Male.	*Female.*	*Total.*
Congenital Defects	6	7	13
Infectious and Bacterial	6	5	11
Traumatic and Chemical	9	3	12
General Diseases	48	49	97
Primary Cause unknown	30	26	56
	99	90	189

It is worthy of note that, from a study of the more detailed information available, it appears that out of the 189 cases only five can *definitely* be attributed to venereal disease, which is supposed to contribute largely to the causation of blindness. More specifically, notwithstanding the number of annual notifications of Ophthalmia Neonatorum—a condition due to gonorrhoea in the mother—there is only one case of blindness recorded as due to this cause in the county. This reflects the efficiency of the treatment of such cases, which in most instances is carried out at the Salop Eye Hospital under the County Scheme.

Particulars of Blind Persons on the Register of the Blind on 31*st March*, 1936.—The following are the particulars of the blind persons in the County, as supplied by the Secretary for the Shropshire Association of the Blind :—

I.—Registration.

Number on Register 31/3/35			340
Ascertained	31		
Came to Salop	3		
	—		34
Deaths			27
Transferred to other Counties			5
Otherwise taken off Register			1
Total on Register 31/3/36			341

II.—Classification by Age.

Age Group.	Males.	Females.	Total.
0—5	0	0	0
5—16	3	6	9
16—21	6	2	8
21—50	46	29	75
50—65	42	25	67
65—70	29	32	61
70 and over	63	58	121
	189	152	341

III.—Classification by Occupation.

Employed as Home Workers	25
Employed in other occupations	26
In Institutions and Homes	32
In Special Schools	13
Not at School (special reasons)	1
Independents	17
Unemployables	227
	341

Wireless Telegraphy (Blind Persons Facilities) Act, 1926.—Certificates issued to enable blind persons to obtain free wireless licences numbered 222—134 in respect of blind men, and 88 in respect of women.

EDUCATION IN HEALTH.

Although education in matters pertaining to health is of the utmost importance, pressure of other duties is the great limiting factor in health propaganda work. During the year, 64 lectures were given in schools at the close of medical inspections by the Assistant School Medical Officers. In the Chi.d Welfare Centres 314 were given by the Medical Officers and Health Visitors in Attendance. The Inspector of Midwives, who also holds the position of County Health Lecturer, gave 22 lectures—10 at various Women's Institutes, 5 to branches of the Midwives' Institutes, and 7 to other centres. Six lectures were given by the Tuberculosis Medical Officers and 20 lectures were also given under the auspices of the Shropshire Branch of the Midwives' Institute, towards which a grant of £5 was made by the County Council.

AMBULANCES.

Two motor ambulances are owned by the County Council, one stationed at a garage in Shrewsbury and the other at the County Council Hospital. The one which is kept in Shrewsbury is generally available for the removal of patients to or from any house or hospital in Shropshire, and is utilised both for infectious and ordinary cases. It was used on 397 occasions and covered a distance of 9,831 miles. Whenever the ambulance is used for an infectious case, the Sanitary Inspector of the District is responsible for taking the necessary steps for its disinfection afterwards. The ambulance at the Hospital is used chiefly by this Institution, but is available elsewhere if required. In addition, there is at the Hospital a converted ambulance used as a staff van, which can be, and sometimes is, used to serve the purposes of an ambulance.

Other ambulances are owned by the Councils of Bridgnorth Borough, Dawley Urban, Wellington Urban, Market Drayton Urban and Rural, Shifnal Rural and Whitchurch Urban; Oswestry and Chirk Joint Hospital Committee, Ellesmere Cottage Hospital; Ludlow and Oswestry Local Voluntary Aid Detachments, Oakengates Ambulance Committee, Lady Forester Trust, Much Wenlock and St. John Ambulance Brigade, Shrewsbury.

Bishop's Castle Borough has an arrangement with a local garage for the hire of a van with stretcher.

RIVER POLLUTION.

Although a small area of the north-western part of the County drains into the River Dee, the chief concern of the County Council in connection with Rivers Pollution Prevention is the River Severn. While there is no very serious pollution of the River in view of the volume of water which flows down it, certain tributaries of the Severn show at parts rather gross pollution, although they do not seriously affect the purity of the main river.

There is, however, no justification for the pollution of these smaller streams, and it is indefensible that heavily polluted water should be drunk by cattle.

Tetchill Brook.— Among the steps taken to combat the very serious pollution of this brook which has existed for a number of years, are the construction of sewage disposal plants by the Ellesmere Urban District Council and the Ellesmere College, and the erection (after much experiment by the Department of Industrial and Scientific Research) of plant for dealing with trade waste from the United Dairies Factory. At the end of 1934, it was considered that the main sources of pollution had been dealt with, and the Ellesmere Urban District Council then joined with the Ellesmere Rural District Council in cleaning out the bed and sides of the brook.

Early in 1935, fresh complaints were made that the brook had again become foul. A representative of the County Council accompanied by the Sanitary Inspectors of both Local Authorities, inspected the whole length of the brook, and in the communications which were exchanged the

Urban Authority undertook to search for any drains that might have been overlooked in the sewering of their district, and the Rural Authority undertook to remedy certain obvious sources of pollution, both District Councils consenting to combine with the County Council in keeping under observation the effluent from the United Dairies Milk Factory. This latter effluent has all along been under suspicion, and although on the occasion when inspection was carried out the appearance was satisfactory, without a chemical analysis a definite statement on the condition of the effluent could not be made, as the waste products from milk factories are notoriously difficult to deal with.

Further inspections were made by the County Sanitary Inspector, who reported in October that the brook appeared to be in a satisfactory condition though heavy rains prevented reliable sampling of the water. At the same time he stated that the Ellesmere Rural Authority, from whose area all the complaints had come, appeared to be very slow in remedying the sources of pollution in their area.

During May, 1936, samples taken at various points were reported to be satisfactory, but since that date further complaint has been made that the brook is again foul.

Madeley Brook.—As a result of the collapse of a culvert in 1930 serious flooding took place in the Madeley District and pumping operations were carried out on the instruction of the Wenlock Council pending repair of the culvert. Sewage from the Parish of Madeley is discharged untreated into the Madeley Brook before it enters the culvert.

Samples taken by the County Sanitary Inspector indicate that on entering the Borough of Wenlock the stream is only slightly contaminated by its passage through land used for grazing, but at points in its course down to confluence with the River Severn contamination by sewage exists.

The Madeley Parish Council has undertaken the construction of sewers and sewage disposal works, and it is hoped that these will be ready for use by August, 1936. When this scheme is in operation the Madeley Brook should be freed from all gross pollution.

Severn Survey, 1935.—The annual survey, on behalf of the Ministry of Agriculture and Fisheries, was carried out on 2nd July. It is known that pollution of the river takes place at many points, and the object of the survey is to observe the effect of this pollution on the natural powers of the river to deal with it. As in the previous year the prolonged drought and high temperature of the water made the test more severe than it would be in a normal season. Although pollution by crude sewage takes place, especially at Ironbridge, Jackfield and Coalport, there is no evidence that the resources of the river are being overtaxed. Fortunately it is possible to make this statement, but this fact must not be regarded as a reason for allowing gross pollution to continue.

In connection with the pollution of streams, attention is drawn to the following extracts from the reports of District Medical Officers of Health :—

Atcham Rural District.—" The *Minsterley* brook, and the river Rea, below the junction of this brook, showed evidence of pollution during the summer months, principally due to drainage effluent from a Milk Factory. Analysis was made on three occasions ; the reports showed that fungus of the cladothrix type was present, but the analyst considered the water not to be unfit for cattle to drink."

Church Stretton Urban District.—" Some pollution of the brook in the *Carding Mill Valley*, by the overflow from the cesspit of a Cafe is noticeable at times when the brook is low and during the tourist season. Some pollution also of the All Stretton brook occurs by the sewage of a few houses in the village, including a private Institution, discharging into the brook."

HOUSING.

The passing of the Housing Act of 1935 was signalised by the issue of Circular 1493 of the Ministry of Health, which stated that it " opens the attack upon the evil of overcrowding. The provision of new houses by private enterprise and otherwise is proceeding satisfactorily; the Local Authorities who have slums to replace are well advanced in the five-year campaign, and the new Act provides weapons for the elimination of overcrowding."

Among the provisions are these which affect County Council responsibilities :—

1.—A modification has been made in the conditions under which the County Council are liable to make a grant of £1 a year for forty years under the Housing Act, 1930, in respect of approved houses built by Rural District Councils to meet the needs of the agricultural population. Subject to the demand for housing accommodation in the district of the Authority on the part of the agricultural population being satisfied, it is not now necessary to secure that such dwelling-houses are reserved for members of the agricultural population. Particulars of these houses are given below.

2.—The obligation of the County Council to contribute to Rural District Council's housing schemes has been further extended to include each new house provided for members of the agricultural population for the purpose of abating overcrowding in rural districts, and in respect of which the Minister of Health makes a grant.

3.—A County Council may obtain a grant under the Housing (Rural Workers) Acts in respect of works which they carry out to their property in the same way as if they were a private owner.

Houses approved under Section 34, Housing Act, 1930.

Rural District.	*No. of Houses.*	*Date approved by County Council.*
Clun	36	
Ellesmere	24	
Newport	20	6/2/1932.
Oswestry	34	
Wellington	38	
Wem	20	
Drayton	8	4/5/1935.
Clun	2	27/7/1935.
Ellesmere	6	2/5/1936.

The following are extracts from the Reports of the District Medical Officers of Health in relation to the housing problem. It will be noticed that overcrowding and slum clearance have received special attention.

Atcham Rural District.—" The enumeration of overcrowded houses was completed by the end of last year, and a provisional programme has been adopted by the Council. Under this the building of 101 houses is contemplated, and the improvement of 36 other houses under the Housing (Rural Workers) Act, 1926, as strengthened by provisions in the Housing Act, 1935."

Ludlow Rural District.—" More would be done in improving the houses in the district if there was alternative accommodation to which the tenants could be moved whilst the work was in hand, and on these grounds it appears to me that the erection of further houses in the Rural Parishes is desirable.

" There are a number of houses on the *Clee Hill* that are much below a reasonable standard of fitness and should be replaced, many of them are very damp and structurally worn out."

Shifnal Rural District.—" Plans were passed for the erection of 21 houses by private builders, and the Council decided to build 82 in the following parishes :—*Shifnal* 44, *Sheriffhales* 12, *Beckbury* 12, *Sutton Maddock* 5, and *Kemberton* 6. A number of applications were made for grants under the Housing (Rural Workers) Act."

Wellington Rural District.—" During the year the Council erected 52 houses at *Hadley*, which they let at an economic rent. The applicants outnumbered the houses by a very considerable margin, and in addition they erected 30 houses in the same Parish and 30 at *Ketley* for the purpose of re-housing persons displaced from Clearance Areas. Further schemes are under consideration for dealing with overcrowding and slum clearance, and also for houses to be let at an economic rent."

Dawley Urban District.—" During the year 20 houses were erected to re-house tenants from houses which are the subject of Clearance Orders. This brings the total erected by the Council to 194. The list of applicants is still a large one, and the Council are securing sites for 150 more to relieve the overcrowding which the recent Survey has revealed. Six bungalows have been erected for aged couples, and the remainder are two and three bedroom non-parlour type let at 6/6 to 8/6 per week. All the houses are stated to be well kept and the rents paid at the Council Office."

Ludlow Urban District.—" The Overcrowding Survey resulted in 33 houses being scheduled as overcrowded ; four of them have been rectified and seven, which were in Council houses, will be dealt with as opportunity arises. The net result is that 22 houses remain to be dealt with and 20 houses should be erected for this purpose with the aid of the subsidy."

Newport Urban.—" The overcrowding survey shows that 33 houses are overcrowded, and that 15 houses will be required before this can be abated, in addition to those required for Slum Clearance."

Oakengates.—" No houses were erected by the Council during the year, but enquiries were made for sites for the erection of houses for Slum Clearance. The recent Overcrowding Survey resulted in 314 houses being declared overcrowded, and it is proposed to build 50 houses as a first instalment to meet the position. In addition, 80 are required for Slum Clearance for schemes already passed by the Ministry. There is a very acute shortage of houses in the district and a hundred are urgently needed. Many of the cases of overcrowding are deplorable—the whole family in one bedroom, including grown-up sons and daughters."

Oswestry Urban District.—" Seventy-three houses were erected, 50 by the Local Authority and 23 by other bodies and persons."

Shrewsbury Borough.—" Houses erected by Local Authority, 78 ; houses purchased and altered by Local Authority, 28 ; houses erected by private enterprise, 332."

Wellington Urban District.—" In the autumn the Council considered and passed a lay-out plan for 50 on the *Slang Lane* Housing Site, which it is hoped to complete this year. The number of applicants for new houses still exceeds the number available by a very large margin, and additional houses should be dealt with under the Slum Clearance Scheme in the next year or two. To meet these requirements 100 more will be necessary."

Wenlock Borough.—" Plans were passed by the Madeley Committee during the year for the erection of 32 houses at *Hill Top*, of which 26 are being built without subsidy to let at economic rents; the remainder for persons displaced from houses to be demolished. Further building plans were under consideration.

" The Broseley Committee built 4 non-parlour type houses on their *King Street* site, to let at economic rents.

" The total number of houses now built and owned by the several Committees is 229. With the prospect of further building of over 100 houses, necessitated by the programme of re-housing detailed above, the Borough Authorities are making notable progress in improving housing conditions and the amenities of life."

Whitchurch Urban District.—" A housing estate of approximately 10 acres has been purchased at *Dodington* by a private firm. Lay-out plans for the erection of 70 houses have already been approved by the Council, of which 26 have already been erected."

WATER SUPPLIES.

While it is the duty of the District Councils to secure an adequate and wholesome water supply for the inhabitants of their respective areas, this cannot but be a matter of concern also to the County Council. Although certain areas in the County felt the water shortage very acutely during the prolonged drought in 1935, it did not affect any very considerable number of people, and in most of the areas affected the water supplies had never been of a satisfactory nature.

WATER SCHEMES.

(Grants under Sec. 57, L.G. Act, 1929).

District Council.	Parish or Parishes.	Approximate No. of Houses.	Approximate No. of Inhabitants.	Estimated Cost of Scheme.	Grant from Ministry of Health.	Estimated Annual Charges	Period of Loan. (years).	Grant recommended by Committee.	Date approved by County Council.
Drayton Rural ..	Woore	137	524	£4,080	Nil.	£565	30	£29/10/0 yearly.	3/11/34
Oswestry Rural ..	Weston Rhyn and St. Martin's ..	*	*	£900	£150	£58⅝	30	£150 lump sum.	2/2/35
Oswestry Rural ..	Oswestry Rural and Llanymynech	93	372	£8,500	£1,850	£651	30	£1,850 lump sum	2/11/35
Drayton Rural ..	Hodnet	118	400	£4,179	£450	£287½	30	£900 lump sum.	4/5/35
Atcham Rural ..	Pimhill	288	1,152	£13,500	£2,500	£759	30	£222/10/0 yearly.	4/5/35
Clun Rural	Bucknell	72	280	£2,915	£400	£189	25	£35/8/2 yearly.	27/7/35
Clun Rural	Worthen and Brockton ..	88	350	£3,100	£400	£167	30	£41/19/2 yearly.	†
Newport Rural ..	Edgmond	200	800	£5,350	£850	£499½	30	£850 lump sum.	2/11/35.
Clun Rural	Kempton ..	31	110	£1,400	£250	£93	30	£300 lump sum.	1/2/36.
Atcham Rural ..	Bicton, Ford, Gt. Hanwood, Pontesbury, Condover and Minsterley ..	1919	7596	£75,100	£15,000	£4,985	30	£800 yearly.	2/5/36.

* *Covering for Storage Reservoir.*

† *Scheme not proceeded with.*

In the extracts from the Reports of District Medical Officers of Health which follow, the matters of chief interest as regards water supplies in county districts are dealt with :—

Atcham Rural District.—" The continuance of drought conditions, up to the end of the summer, affected shallow supplies generally.

" In this connection the Surveyor reports :—

"At *Stapleton* the Jubilee Pump failed and water had to be carted from Shrewsbury to a tank standing in the centre of the village."

"At *Bicton* the supply from the Public Pump had to be rationed to two buckets per household per day."

"At *Bomere Heath* the yields from the Chapel Pump and Broomhall Lane Pump proved inadequate, and the supplies had to be rationed to two buckets per household per day."

" The *Pontesbury Water Supply* proved inadequate and the usual method of shutting the supply off from the bottom portion of the village, to feed the top portion, was employed and met the circumstances."

" *Pimhill.*—This scheme, for the supply of *Bomere Heath, Grafton, Leaton, Fitz,* and *Montford Bridge* Villages, and the area of country lying between, was proceeded with, and received official sanction to the raising of the necessary loan, after Public Enquiry held in July. The trial boring, at Merrington, was begun near the end of the year, and has since proved successful."

" *Pontesbury and Minsterley.*—The Council continued its investigations for sources of additional or alternative supply. Several springs in the Minsterley, Snailbeach, and Hope Valley areas were tested for yield. In only one case did the quantity prove to be probably adequate, and in this case the source was found to be drainage from a disused mine, and analysis showed it to be unfit for domestic supply.

" Local sources having been found, after exhaustive research, to be inadequate, the Engineers, engaged by the Council to report upon this question, and also upon an improved supply to *Bayston Hill* (Condover Parish), advised the adoption of a more comprehensive water scheme ; to obtain water from a deep bore in the Bunter sandstone, in Ford Parish, and from this source to lay mains through the countryside for the permanent supply of these and other villages and hamlets.

" This recommendation has been adopted by the Council, and a scheme prepared for consideration.

" *Kenley.*—This village, within the Uppington estate, lies on high ground, and its well suffered during the drought. In 1934 the landowner increased soft water storage generally, and now has in hand a good supply from a spring source, with wind engine, and this supply will be laid on to two farms and some cottages."

" *Leighton.*—The owner, during the year, placed a pump conveniently on the roadside, connected to the spring well by the brook, which is unfailing in yield."

Bridgnorth Rural District.—" *Oreton and Farlow Parishes.*—In connection with the proposed joint scheme of Ludlow and Bridgnorth Rural Districts, detailed plans of piping and an estimate of the cost of the scheme to the Bridgnorth Rural District, for the supply for 100 houses, were prepared by Mr. Younger and submitted to the Council. The total length of piping was estimated to be 15 miles and the cost of the scheme about £5,100. This scheme was still under consideration at the end of the year."

" *Button Oak.*—A report on the conditions in this district was forwarded to the Ministry of Health in June, 1935. Mr. Younger prepared and submitted to the Council details of a scheme to supply this area from Birmingham water main, which runs through Bridgnorth Rural District. The estimated cost of this scheme was £1,101.

" *Stottesdon.*—An inspection of this village was made by your Medical Officer of Health and Sanitary Inspector, and a scheme prepared by Mr. Younger for obtaining water from two springs, which are capable of furnishing an adequate and pure supply of water by ram for the whole village. The details of this scheme were not complete at the end of the year.

" It was resolved by the Council to apply to the Ministry of Health for assistance towards the cost of these schemes."

" The water supply of *Chelmarsh School* is not yet satisfactory."

Clun Rural District.—" *Brockton and Worthen.*—A suitable spring was found below the Long Mountain and about a mile and a half distant from Mulsop, at the Pound House in the parish of Trelystan. Chemical and bacteriological analysis proved satisfactory, and the quantity of water was adequate. Delay occurred in reaching agreement with the owner as to terms, and conclusion had not been reached at the end of the year. Agreement has since been reached and the Scheme will be submitted very shortly."

" *Kempton.*—During the year a scheme was prepared by the Surveyor, and the necessary consents obtained. Grants were promised by the County Council and the District Council, and a sum of £250 was provisionally allocated by the Minister. This scheme was submitted and the Public Enquiry held early this year."

" *The Cabin* (*Hopesay*).—During the year the Council has provided a public pump, drawing from a new borehole 69 feet deep. The supply has proved satisfactory.

" *Lynch Gate* (*Lydbury North*).—The gravitational source, referred to in my last report, did not prove satisfactory in yield, and the Council is considering another source which will be tested when conditions are suitable.

" *Wentnor.*—This village of some 21 houses, on a hill top, has obtained its supply from 3 public wells, one with pump, and about 25 ft. deep, the other two being shallow dip wells. There are also 4 or 5 privately owned pumps. After three summers of drought, most of the supplies failed and water had to be hand carried for about half a mile up a steep hill. A petition, forwarded to the County Medical Officer, was referred to the District Council. The Surveyor was directed to investigate, and has reported as to a suitable permanent spring source situated on the slopes of the Longmynd at a distance of nearly two miles. At the end of the year the Surveyor has been instructed to prepare a gravitational scheme and to have the necessary tests and analyses made."

Ludlow Rural District.—"At *Craven Arms*, some addition to the supply is needed to extend it to outlying parts of the parish ; and at *Cleobury Mortimer*, the old alternative to the present pumping scheme, which was fully considered when it was decided to take water from the Cleobury Well, viz. : To get it by a gravity scheme from the Clee Hill, was revived. Until all parts of the Clee Hill have a piped supply it is impossible to tell if there is a surplus sufficient for the requirements of the town of Cleobury Mortimer.

" The plans for a piped supply to the *Village of Coreley* and parts of *Nash Parish* have been completed and sent to the Ministry. The scheme for a piped supply to *Hopton Bank* and *Crumps Brook* is the subject of negotiations with the owner of the land and cottages there.

"An application was received from the owner of the Stokesay Estate for the District Council to take over the private supplies to the *Parish of Onibury* and carry out the necessary improvements and extensions that are required to make it satisfactory. A report on the water question in this Parish and Craven Arms has just been received from Messrs. Brady & Partington, Civil Engineers, Chapel-en-le-Frith, but has not yet been considered by the Council.

" *Parts of Clee St. Margaret* and *Stoke Bank* have asked for a piped supply from springs on the Yeld and the Sanitary Inspector has been directed to get out a scheme for the purpose.

" Nine private wells were re-constructed or improved during the year and one public pump and well put in repair, and 19 houses connected to the public supply at Craven Arms."

Newport Rural District.—" Mr. Adams states that 680 ft. of new water mains were laid and six houses connected and two private wells reconstructed or improved. The Lilleshall supply is to be extended to serve the parish of Edgmond, where many of the wells were found to be contaminated, and to a group of houses at The Humbers. The Enquiry for the Edgmond Scheme was held on the fifteenth of October, and sanction to proceed with the necessary work was later received from the Ministry."

Oswestry Rural District.—" *Pant, Llanymynech and Maesbury Water Supply.*—This scheme, approved by the Ministry, has now been completed at a total cost of £7,652, and the pumps and motors installed have proved quite satisfactory. As a result those houses on the hillside at *Pant* which previously were unable to have a supply of water are now within reach of one, and most of the householders have connected their property up to the mains. Several houses have also been connected at *Maesbury*.

" *Selattyn Water Supply.*—This scheme is being prepared by the Consulting Engineers, Messrs. J. D. and D. M. Watson, London, and will be forwarded to the Ministry of Health for approval."

" Schemes for supplying *The Racecourse, Pentre, Ruyton-xi-Towns, The Gronwen, Rhosygadfa, Morton, Nantmawr and Llynclys Hill* and *Porthywaen* have been considered by the Council, and plans and estimates prepared by your Engineer will be forwarded to the Ministry of Health for approval and financial assistance under the Rural Water Supplies Act."

" The serious shortage and in some cases the unsatisfactory quality of the water in these areas have been brought to your notice frequently over a period of several years, and it is hoped that the schemes now in hand will soon be carried out.

" In such places as the *Pentre* where the risk of drinking polluted water is ever present, in *Ruyton* where the quality of the water in addition to inadequate supplies is open to suspicion, and in such places as *The Racecourse*, where there is a continual shortage, and *Nantmawr* where, not only are the distances over which water has to be carried great, but the hilly nature of the district makes the fetching of water a real hardship and difficulty and so naturally causes the use of water to be reduced to a minimum, especially during dry spells when even the rain tubs are not able to augment the water available for washing purposes."

Shifnal Rural District.—" In pursuance of the Council's decision to get their own supply by sinking a bore well near Shifnal, Messrs. Wilcocks, Raikes & Marshall, of Birmingham, were asked to prepare plans and estimates, and the Enquiry was held by the Ministry of Health on May 14th for sanction to borrow £13,260 for the purpose of sinking a well and providing the necessary pumping machinery and a Reservoir capable of meeting the requirements of a population of 4,000 in *Shifnal, Kemberton* and *Sutton Maddock* parishes. The site selected for the pumping station is off the Stanton Road, and for the proposed reservoir on the Nedge Bank. Sanction was received and the work is now nearing completion."

" Six lengths of new water main were laid during the year at *Sheriffhales, Sutton Maddock, Beckbury, Bloomsbury, New House Lane, Albrighton* and *Kingswood Road*, and 18 new houses were connected to the Public supply. One public well and six private ones were re-constructed or improved."

Wellington Rural District.—" The *Parish of Wrockwardine*, which includes the Village of *Admaston* and *Bratton*, takes its supply from Wellington Urban Reservoir by gravity. This is to be extended to a number of farms and cottages in the Parish.

" *Arleston Village*, which is in the Wellington Water Area, is to receive a piped supply from the Urban Main, the present open dip well being liable to surface pollution."

Wem Rural District.—" The supply to *Clive Village* was not maintained in sufficient quantities, and it is desirable that early attention should be given to the provision of a satisfactory supply for all purposes for this village."

Bishop's Castle Urban District.—" Owing to the failing of streams and springs, due to drought, and to lack of storage, it was found necessary to restrict the supply."

"As regards the Council's scheme for improving the supply, the report of Major Waters, of Birmingham, the Engineer called in to advise, was received, and his recommendations adopted. These include exploratory work in the first case in ascertaining and improving the condition of the gravitational main of some six miles in length from the reservoir and gathering ground at Maesgwyn to the service reservoir at the Cabin, and also investigation, by sinking trial holes, of a site at the Cabin for proposed storage reservoir of large capacity. With the approval of the Ministry of Health the Council has allotted £500 for this preliminary work, but the work had not started during the year."

Church Stretton Urban District.—" *All Stretton.*—This village is supplied from an impounding reservoir taking water from an upland stream, the works being the property of a local Water Company.

" I have in past years recommended steps for avoidance of possible sources of pollution, and some improvement was effected four or five years ago by removing the intake above a point where a road crossed the stream in a ford. The stream for some distance above the intake is not free from possibilities of contamination.

" The water is not filtered or treated."

Dawley Urban District.—" The Council are endeavouring to get an increased supply from the Borough of Wenlock, and this will be forthcoming when *Shifnal* get their new wells in operation and cease to draw from Wenlock. Additional water is necessary for the new houses which are being erected, and also for the conversion of the earth closets to the water carriage system."

Shrewsbury Urban.—" The new water works were officially opened in June, but until a period of testing the plant by chemical and bacteriological examinations had elapsed, the new supply was not delivered to the town until the beginning of August."

Wenlock Borough.—" *Madeley and Broseley.*—The supply from the Harrington deep bore was constant. The Water Engineer reports that some 800 yards of new service pipes were laid in Madeley Ward and the water laid on to the new Senior Elementary School at Madeley and to 30 private properties. At *Broseley* some 3,900 yards of service pipe were laid and the supply laid on to 4 new Council houses, to 40 other house properties, and to 3 farms."

Whitchurch Urban District.—" The Council's scheme for additional supply from bore holes in the Red Brook Valley, and additional storage was sanctioned after Official Enquiry held early in the year, and the work was put in hand.

" The Council is greatly to be congratulated on the successful conclusion of many years' effort to obtain an adequate additional source of supply, of undoubted purity, to meet the increased, and growing, consumption. The problem appears now to be successfully solved for many years to come. With the yield now available from the new bore holes, it will I trust be found practicable to cut off the water derived from the numerous shallow wells,—the original sources of supply, of some fifty or more years ago—sunk in the drift-gravel at Fenn's Bank, and thus to raise the supply to a constant standard of unquestioned purity."

SEWERAGE, SEWAGE DISPOSAL AND DRAINAGE.

A decision of great importance was taken on 2nd May, 193', when the County Council fixed conditions subject to compliance with which Local Authorities formulating schemes for sewerage and sewage disposal works would qualify for substantial grants from the County Council. Hitherto the Council had exercised its powers under Section 57 of the Local Government Act, 1929, only to give assistance to approved water supply schemes. The following are the conditions and basis of contribution :—

(1) The County Council shall be satisfied that the Scheme towards which they are asked to contribute is necessary ; that it will benefit a reasonable number of people ; that the Scheme represents the most satisfactory means of providing the service required, and that the Scheme would be carried out without undue hardship to the parish or place benefiting or to the ratepayers of the District.

(2) No application shall be considered unless the District Council is prepared to levy a rate over the whole County District in respect of the Scheme.

(3) Any contribution made by the County Council shall be for the period of the loan raised for the works.

(4) The District Council shall avail itself to the fullest extent of such Unemployment or other Grants as are obtainable in respect of Schemes.

(5) If the above conditions are complied with, the County Council will undertake, after allowing for any grants available, to contribute an amount which shall not exceed one-third of the net cost of the Scheme, if the District Council pay a like or greater amount.

Provided that the General Rate (*i.e.*, exclusive of special rates on particular Parishes) which will be levied by the District Council over the whole of its District, as soon as payment in respect of the Scheme has become due, and for as long a period as these payments continue to be made, shall be at least 1s. 6d. in the £ more than the County Rate.

(6) The foregoing conditions shall not prejudice the right of the Council to deal with any application entirely on its merits.

The formula is devised to ensure—

(1) That a contribution shall only be made towards a Scheme which cannot be carried out without an unreasonable burden on the local ratepayers.

(2) The equitable adjustment of eligibility for grant between Councils who have been progressive in providing sanitary works unassisted, and Councils who have been backward in that respect.

It is expected that the District Councils will not be slow to take advantage of the assistance offered by the County Council, the effect of which will be to improve the health of the community as a whole. The pollution of water courses and rural water supplies, which is too often caused by untreated sewage, will be lessened, and, furthermore, it is probable that sewerage facilities—one of the conveniences of town life—will have a tendency to check rural depopulation.

The County Council have already agreed (on 2nd May, 1936), to undertake to make to the Wellington Rural Council a contribution of one quarter (but in any case not more than £8,000) of the net cost of providing a sewage scheme for Ketley and District, Lawley and Lawley Bank, at an estimated cost of £31,975, on the condition that the cost of the scheme is met from the General District Rate, and that the scheme is approved by the Minister of Health and carried out to the satisfaction of the County Medical Officer of Health.

Matters of importance dealt with in the Reports of the District Medical Officers of Health for 1935 as regards sewerage and drainage include the following :—

Church Stretton Urban.—" Complaints arose during the summer season of smells arising from the disposal area and effluent stream. The system of sewage treatment employed was installed 30 years ago, and the modernising of the works should, when practicable, be given consideration, as necessary to ensure at all times a good effluent.

Little Stretton.—" The Council's outfall main passes close to this village, and the connection of the house drains would be a desirable sanitary improvement. This would necessitate laying branch sewers to pick up the house drains. The present drainage disposal is by individual cesspits."

All Stretton.—" There is no public sewerage system. With the exception principally of a private institution with water carriage system, discharging sewage into the stream, the majority of the houses drain to cesspits, or on to adjoining land. The improvement of the sewerage of this village also is desirable, and would necessitate a small scheme with disposal works."

" In these two villages it is unusual to find offensive or objectionable accumulations due to the house drainage disposal, as the subsoil is generally of porous character and capable of much absorption. As parts now of an Urban District a higher standard of sanitation should be aimed at, and will certainly be found necessary if, and as soon as, any residential development arises."

Dawley Urban District.—" The Sewage Scheme prepared by Messrs. Wilcox and Raikes, Birmingham, and passed by the Ministry is still held up for financial reasons. The Council should, I consider, make application for a grant from the County Council for the purpose of an early commencement of the work, the temporary works must in time become overloaded with the housing schemes that are in progress and in contemplation."

Ludlow Rural District.—" Plans for dealing with the sewage at *Cleobury Mortimer* have been got out by the Engineers and are under consideration by the local committee. This is a very necessary sanitary improvement which should be followed by the clearance of all privy closets in the town and refuse collection."

Newport Rural District.—" Steps have been taken to deal with the whole of the sewage in the Donnington area, and plans are in the course of preparation for dealing with the open sewers, for the eighty new houses which are being erected at Donnington Wood and the drainage from Donnington Village. No new sewers were laid in the year, but certain lengths of open sewer were covered at Donnington Wood and six new houses connected to existing sewers. The sewage disposal at Edgmond is under review."

Oswestry Rural District.—" It has been felt for some time that Weston Rhyn Sewerage Works have been inadequate to deal with the amount of sewerage from this area, and so the Council have under consideration the sewering of *Lower Chirk Bank, Wern, Rhoswiel* and *Pontfaen*, including a new Outfall Works for Weston Rhyn to be constructed at Gledrid. Messrs. J. and D. Watson have been instructed to prepare a scheme."

Wellington Rural District.—" The Scheme for sewering *Ketley* and *other portions of the Wellington Rural Parish* will probably be commenced shortly. The financial difficulties being considerably relieved by the promise of a substantial grant from the County Council."

Wem Rural District.—" On the recommendations of the Council a joint report was submitted on the sanitary conditions existing in *Prees Village*, when it was decided to ask representatives of the County Council to meet a committee of the Council in this village. This meeting took place in May, and was attended by the County Medical Officer of Health, who, after inspecting the conditions, indicated that in his opinion it was desirable that the question of the sewering of the village should be considered."

Wenlock Borough.—" The works for sewerage and sewage disposal for the township of *Madeley* were well in hand at the end of the year. After Public Enquiry into the Council's scheme in February, the application for power to borrow £15,000 was sanctioned by the Ministry. The works are designed upon the most modern principle, and include detritus tank, screening chamber, sedimentation tanks, dosing chamber, bacteria beds, and humus tanks, with storm water tanks, sludge lagoons, pump house and well.

" The disposal site is in a field situated between Washbrook Lane and Mill Lane, and the final effluent will discharge into the adjacent Madeley Brook.

"Another scheme in *Madeley Ward* was under consideration during the year by the Madeley Sanitary Committee, and will be carried out this year. This is to provide for the efficient sewerage of the Committee's Hill Top housing estate, the new Senior Elementary School adjacent, and some other properties, including the Public Assistance Institution.

" The effluent after efficient treatment will discharge into the River Severn.

" In *Broseley Ward* some 80 yards of 18-inch pipes were laid to pipe in a section of the Benthall Brook."

SCAVENGING.

Atcham Rural District.—" A scheme of public scavenging for the villages of *Bayston Hill*, *Dorrington*, and *Ryton* came into operation during the year, and is continued.

"A similar scheme for *Minsterley* was considered and has since been put in operation. In some other villages scavenging schemes should be considered as desirable, if only to dispose of the unsightly ' tin litter ' of the present day."

Wenlock Borough.—" The Inspector reports :—The arrangements continue for removal by contract of night soil and house refuse weekly in Madeley Ward, and of house refuse in Broseley Ward and the town of Much Wenlock.

" I have in a former report recommended adoption of the modern and satisfactory method of ' Controlled tipping ' in the disposal of refuse at public ' tips,' as obviating risk of objectionable nuisance and danger to health. I would again urge its application in general, and definitely in any case in which a tip is so placed as to bring occupied houses within range of offensive smell and nuisance caused by breeding of flies in the uncovered refuse."

OTHER EXTRACTS.

Wellington Urban District—Mortuary.—" The *Mortuary* is badly lit, and lacks all modern facilities for proper examinations. A larger room with better lighting and a glazed porcelain table and sink with hot and cold water laid on, and glazed brick walls, would, I know, be much appreciated by doctors who are compelled to work there on occasion."

" *Ambulance Facilities.*—In infectious cases the Hospital send their Ambulance. For non-infectious and accident cases the Council provide an old army ambulance which is unfortunately out of date. Complaints have been received about the discomfort caused to patients ; a modern ambulance with better springing and equipment should be provided."

Oswestry Urban District.—Public Abattoir.—" In December, 1934, the Council appointed a Sub-Committee to go into the matter of the provision of a Public Abattoir and report. With what now transpires to have been undue optimism, it had been anticipated that in this year's report some definite progress towards the erection of a Public Abattoir, so frequently urged by my predecessor and myself, could have been recorded, but unfortunately, although the Sub-Committee considered a report by the Sanitary Inspector and myself, extracts of which are given below, and met on several occasions during the year and spent much time in discussion of the subject, visited the new Abattoir ar Wrexham, and was agreed upon the necessity for a public slaughter-house, the decision on a suitable site has so far not been possible, and in recent months the subject has passed into oblivion which it is to be hoped will only be temporary, for it is now probably the most urgent Public Health problem to be faced. The increase in the number of butchers and the increasing use of the emergency slaughterhouse in the Smithfield has accentuated a question which has been before the Council for many years."

" *Playing Fields.*—Reference was made in last year's report to the importance of the provision of open spaces for playing fields for organised games. The standard laid down by the Playing Fields Association is seven acres per thousand of the population, and some further efforts to approach this standard would be of great benefit to the health and well-being, especially of the younger members of the population."

" *Swimming Baths.*—The scheme for improvement of the Swimming Bath failed to obtain the sanction of the Ministry of Health pending, chiefly, a decision as to the construction of a New Open Air Bath. Endeavours are being made to obtain a suitable site for this. Meanwhile steps are to be taken in the 1936 Swimming Season to ensure a greater degree of purity in the bathing water."

)P, 1935—URBAN DISTRICTS.

Causes of Death.	stry 3.		Wellington U.D. 25		Wem U.D. 26		Wenlock M.B. 27		Whitchurch U.D. 34		Market Drayton U.D. 35		Total.	
	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	65		45	56	16	15	98	90	34	40	35	35	716	732
1 Typhoid fever, etc. ..	..		1	..	..	..	..	..	..	..	..	..	1	..
2 Measles	..		..	..	..	..	1	1	..	..	..	..	4	2
3 Scarlet fever	..		..	..	..	..	..	..	..	..	..	..	..	..
4 Whooping cough ..	..		..	..	..	..	1	..	..	..	..	..	1	..
5 Diphtheria	2		..	..	..	..	1	..	..	1	..	1	7	7
6 Influenza	1		..	1	..	..	2	1	2	3	..	2	18	18
7 Encephalitis lethargica	..		..	..	..	..	..	..	..	..	..	..	..	1
8 Cerebro-spinal fever ..	..		..	..	..	..	..	..	..	..	1	..	1	..
9 Respiratory tuberculosis	4		1	2	..	..	6	2	2	2	2	..	34	25
0 Other tuberculosis ..	..		..	..	..	1	1	1	1	..	..	1	5	7
1 Syphilis	..		..	..	..	..	..	1	1	..	..	..	2	1
2 General paralysis of insan	..		1	..	..	..	..	..	..	1	..	..	2	1
3 Cancer	12		4	13	1	2	13	11	7	4	4	5	101	113
4 Diabetes	..		..	1	1	..	1	2	..	..	..	..	13	11
5 Cerebral haemorrhage	7		..	11	..	2	9	9	..	5	2	2	52	72
6 Heart disease	13		13	9	4	3	21	25	5	12	8	9	151	181
7 Aneurysm	..		..	..	..	..	..	..	..	..	..	..	..	..
8 Other circulatory ..	2		1	..	4	..	3	2	..	4	..	..	30	27
9 Bronchitis	2		..	5	..	..	4	3	1	1	3	3	24	35
0 Pneumonia	1		1	1	3	2	7	1	..	..	1	..	40	21
1 Other respiratory ..	1		2	1	..	..	1	2	2	..	2	..	13	8
2 Peptic ulcer	..		..	..	1	..	1	1	..	..	1	..	11	6
3 Diarrhoea, &c. (under 2	1		..	..	..	1	..	1	..	..	..	..	1	6
4 Appendicitis	1		..	1	..	..	..	..	1	..	..	..	4	5
5 Cirrhosis of liver ..	..		..	..	..	..	1	1	..	..	..	..	3	3
6 Other liver diseases ..	1		..	1	..	..	..	1	..	..	..	1	2	7
7 Other digestive ..	..		1	..	..	1	4	..	..	..	..	1	17	14
8 Nephritis	4		2	..	1	..	1	2	3	1	4	..	31	15
9 Puerperal sepsis ..	..		..	1	..	..	..	..	..	..	..	..	..	5
0 Other puerperal ..	..		..	..	..	..	..	1	..	..	..	..	..	1
1 Congenital, etc. ..	3		2	1	..	..	5	3	1	1	3	2	24	16
2 Senility	..		6	2	..	1	5	12	3	5	1	4	23	45
3 Suicide	1		..	..	..	1	1	..	..	..	..	..	9	4
4 Other violence ..	1		7		1									
Other defined														

Causes of

ALL CAUSES	.
1	Typhoid fever, e
2	Measles . . .
3	Scarlet fever .
4	Whooping cough
5	Diphtheria .
6	Influenza .
7	Encephalitis leth
8	Cerebro-spinal fe
9	Respiratory Tub
10	Other tuberculos
11	Syphilis . .
12	General paralysis
13	Cancer, ...
14	Diabetes . .
15	Cerebral haemor
16	Heart disease . .
17	Aneurysm . .
18	Other circulatory
19	Bronchitis . .
20	Pneumonia . .
21	Other respiratory
22	Peptic ulcer . .
23	Diarrhoea, &c. (u
24	Appendicitis . .
25	Cirrhosis of liver
26	Other liver disea
27	Other digestive
28	Nephritis . .
29	Puerperal sepsis
30	Other puerperal
31	Congenital, etc.
32	Senility

AGGREGATE OF RURAL DISTRICTS.

s.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
	56	9	4	19	23	24	41	59	117	214	265
	1	..	..	..	..	..	..	..	..	..	2
	..	..	1	..	..	3	..	..	..	..	1
	..	..	..	2	..	..	1	1	..	1	..
	..	..	1	..	1	..	..	1	2	..	..
	..	..	..	..	..	..	..	2	1	2	..
	..	..	..	..	..	..	..	..	..	1	..
	..	..	..	..	..	..	..	1	..	2	..
	..	..	..	..	..	..	..	..	1	2	..
	1	1	1	..	2	1	..	1	2	1	4
	..	1	..	2	..	..	..	2	2	1	1
	..	..	..	..	..	..	..	3	7	11	5
	..	..	..	..	..	1	1	..	7	5	5
	..	..	..	..	1	3	1	..	..	..	..
	..	..	..	..	1	2	2	..	..	..	..
	38	..	..	..	..	..	..	..	..	..	..
	37	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	1	7	22
	..	..	..	..	..	..	..	..	..	5	26
	..	..	..	..	..	1	2	2	5	3	..
	..	..	..	..	..	..	1	1	..	..	..
	..	..	1	1	11	5	4	6	7	5	8
	..	..	..	5	1	1	..	..	3	5	10
	10	2	1	5	2	4	9	8	4	24	19
	2	..	1	1	..	6	8	8	6	14	12
	..	..	..	..	..	..	..	..	..	1	3
	..	..	..	..	..	..	..	..	1	..	3