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Borough of Cheltenham.



# ANNUAL REPORTS

OF THE

*Medical Officer of Health*

AND OF

*The School Medical Officer*

OF THE

*BOROUGH OF CHELTENHAM*

FOR THE YEAR 1920.

TOGETHER WITH THE

REPORT OF THE CHIEF SANITARY INSPECTOR.

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*“Salus Populi Suprema Lex.”*

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PRINTED BY ORDER OF THE SANITARY AUTHORITY.

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CHELTENHAM :

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# Borough of Cheltenham.

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## MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

COUNCILLOR ERNEST ROGERS (*Chairman*).

THE MAYOR (ALDERMAN J. D. BENDALL).

ALDERMEN E. C. GREEN, C. H. MARGRETT, J.P.,  
R. STEEL, J.P.

COUNCILLORS EDITH M. GEDDES,  
JAMES MOORE, HUGH W. THOMAS, W. WELSTEAD,  
THOMAS E. WHITAKER, CLARA WINTERBOTHAM,  
HENRY T. YARNOLD.

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*Town Clerk.*—MR. R. OWEN SEACOME.

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*Borough Surveyor.*—MR. J. S. PICKERING.

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## MEDICAL OFFICER'S DEPARTMENT.

*Chief Inspector of Nuisances.*—A. E. HUDSON, M.B.E.

*Assistant Inspectors.*—

C. W. CLIFFORD. F. KEENE. F. R. JEFFORD.

*Disinfector*—W. TOWNSEND

*Clerk*—MISS B. A. RICHARDS.

*Medical Officer of Health*—J. H. GARRETT, M.D., D.P.H.

*Assistant Medical Officer*—

I. J. McDONOUGH, L.R.C.P. & S., D.P.H.

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**TO THE MAYOR AND MEMBERS OF THE SANITARY  
AUTHORITY OF THE BOROUGH OF CHELTENHAM.**

LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Health Report for the year 1920.

As the Annual Health Reports are now all made to one pattern, there is not much opportunity for variety, or introduction of matters that are outside of the prescribed scope. This facilitates the summarizing of the reports received from all parts of the country without doubt, and tends to remove the critical note formerly asked for and expected from the responsible official. The Reports, some of which were too long and elaborate, are thus curtailed. The high cost of printing and paper that has ruled of late is an additional reason for abbreviation, and limitation of the number of copies to be printed in the opinion of the Public Health Committee.

I have the honour to be Ladies and Gentlemen,

Your obedient Servant,

J. H. GARRETT,

*Medical Officer of Health.*

April 11th, 1921.



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## Natural and Social Conditions of the District.

The natural and social conditions of Cheltenham have been described very frequently, I have myself described them probably forty times in as many independent compositions.

### Physical Features and General Character of the District.

The town lies close under the Cotswolds where these hills form a long escarpment facing the Severn Valley. The Lias Clay of this part of the valley rises to pass under the superimposed limestone "oolite" of the hills, and itself attains an altitude of four or five hundred feet before it reaches the limestone, which caps it above to an equivalent height, so that the summit of the hills, immediately behind the town, reaches up to eight hundred or a thousand feet. The actual altitude of the town averages 200 feet, lying where the Lias has not yet descended to the general altitude of the Vale, the Severn, which lies 7 miles away in front of the town, being there a tidal stream. The site of the town is therefore a very fair one with a broad look-out over the wide valley, opposed to the picturesque green slopes of the hills, which guard it closely as they pass down behind from North-East to South-West.

The Lias Clay is partly covered in this locality by drift sand which in places has a depth of 60 feet or more, and part of the town stands on this sand and part on the bare clay. The natural facilities for drainage prevent this clay from being very damp, and well built houses situated upon it suffer no prejudice as compared to houses built on the sand, whilst for the main part they have a slightly greater altitude.

The country about Cheltenham is of an entirely agricultural character, the air pure and unpolluted by smoke, and the town itself being widely built, almost entirely free from factory chimneys, and with many gardens and avenues, takes on the rural character to a remarkable extent. The conditions of life as affected by natural circumstances must therefore be considered very good.

The climate, which is not considerably different from that affecting a wide area on this side of the country, is less dry and bracing and less rigorous than that generally of the East of England. I have written as full and authentic a description of the climate as is possible, with a resumé of the meteorological statistics for 20 years in a paper that will be found printed in the proceedings of the Cotswold Field Club, available with index at the Cheltenham Free Library.

The social conditions of the inhabitants of Cheltenham are such as pertain to a residential non-manufacturing town of 50,000 population. Its



population is not mainly industrial, as is the case in a manufacturing town, and the town is not an old one like Gloucester and Tewkesbury, that neighbour it at a few miles distance, and possess a number of small overcrowded courts of ancient build. There is practically no overcrowding of houses on ground here, such as did exist having been dealt with some time since. But there is rather a surprising number of mean streets and places that are occupied by a very poor class of tenant, and the town is not sufficiently modern to have escaped the building of many houses intended for family use which are too incommodious for that purpose. The number of actively employed young men and women, and children of school age, which constitutes the most viable part of the population, is deficient in Cheltenham, whilst the number of persons beyond middle age is above the average, owing to immigrants of advanced age, of which there is a constant inflow, finding a pleasant place of retirement here. These facts have a considerable effect upon the vital statistics.

Public Medical Institutions, which I have enumerated in a former report, are numerous here, and extensively utilized by the poor part of the populace, and the insurance, and aid in unemployment, provided by the Government, are in full use, and freely resorted to.

## Vital Statistics.

Area of Municipal Borough ... ..	acres	4,726
Rateable Value (including £7,613 Agricultural Land) ... ..	£	336,758
Estimated Population at middle of last year ... ..	(?)	
Population at the 1911 Census ... ..		48,942
Persons per Acre in the Borough at Census 1911 ... ..		10.3
Persons per separate Family ... ..		4.31
Death-Rate, 1920 (crude) ... ..	per 1000 living inhabitants	13.51
" " " (corrected) ... ..	"	11.77
Average Death Rate for 10 years prior to war (crude) ... ..	"	13.8
" " " " " (corrected) ... ..	"	12.0
Zymotic Death-Rate for 1920 ... ..	"	.45
Average Zymotic Death-Rate for the previous 10 years ... ..	"	.84
Pulmonary Tuberculosis Death-Rate, 1920 ... ..	"	.89
Average Pulmonary Tuberculosis Death-Rate for previous 10 years ... ..	"	.84
Birth-Rate 1920 ... ..	"	21.8
Average Birth-Rate for 10 years prior to war ... ..	"	17.7
Infant Death-Rate, 1920, per 1000 children born ... ..		66
Average Infant Death-Rate for the previous 10 years ... ..		87

### Population.

The number of inhabitants in Cheltenham is a moot question. I hoped to have had the general result of the census that was due to be taken at this time, but which has been postponed until later in the year on account of the strikes and threats of strikes that are occurring.

At the Census in 1911 the number actually counted was 48,942. For five years the war made a considerable difference here as elsewhere. By the middle of 1920, however, the population here had presumably returned to its normal state, so far as its state before the war is capable of being re-established. The Registrar General, however, who of late years has supplied Medical Officers of Health with the leading statistics of their districts instead of allowing them to take them from local returns as formerly, has sent the numbers of the population of Cheltenham for use in the statistics for 1920 with some deductions for military absentees, and a difference between that required for birth-rate and death-rate. Thus he gives the population as 47,018 for birth rate and 46,778 for death-rate. I do not know how these numbers are arrived at, but as the highest is less by 1,924 than the last census count, I cannot help thinking that they may be erroneous. This I have suggested to him, but it will be necessary to wait till next year for more satisfactory information as to our population, by which time the Census is likely to have been taken and analysed.

### Births and the Birth-Rate.

The number of births registered in 1920 was 1,028 as against 699 in the previous year, and the birth-rate being 21.8 on a population of 47,018 was the highest for over 20 years. Apart from the war, which was a temporary cause for greatly decreasing the birth-rate throughout the country, our birth-rate has been going down continuously during the previous two decades, and was 15.8 in the year before that of the war. The war reduced it in 1918 to

11.7. The upward leap of last year, which was clearly due to the return of the men and the temporarily prosperous state of the whole community, that immediately followed the war, is not likely to be maintained. The national importance of maintaining and increasing the number of our people in the face of powerful enemies, which was so clearly demonstrated during the war, where ultimate victory chiefly depended in the end upon numbers, has ceased to exert any influence which its recognition possibly had, and in the succeeding time of distress caused by industrial depression and strikes causes have been automatically, and of purpose, operative to again diminish the birth-rate, the more recent number of births returned appearing to indicate an immediate resumption of the pre-war decadence.

There were 20 more male births than female births in the total of 1,028, which is not materially more than the expected number, as the male births always show a slight excess, though ultimately there come to be more females than males in the population by reason of a greater death-rate amongst the males.

### Deaths and the General Death-Rate.

The high vitality of the nation as illustrated by the high birth-rate in 1920, the absence of any prevalent disease, and a cool year that proved a healthy one, brought down the total number of deaths registered as pertaining to the town to 632, which is the lowest number of actual deaths for 10 years, and gives a death-rate of 13.51 on a population of 46,778. This corrected for unusual age distribution is reduced to 11.77, which is well down amongst the lowest death-rates ever recorded here.

### The Infant Death-Rate.

The whole number of deaths of infants under 1 year of age in 1920 was 68, giving the infant death rate per thousand children born of 66. Commonly the infant death-rate has been greater when the births have been more numerous, and less when the births have been comparatively fewer, so that this low death-rate, which has been equalled twice, but has never been less, is more satisfactory as occurring with a heightened birth-rate.

Of the total of 1,028 births, 71 were illegitimate, and the death-rate of these 71, as is invariably the case with illegitimate infants, was much higher than for the remaining 957 that were legitimate, the undesired illegitimate child having to run greater hazards. The difference in the death-rate last year of these two classes of infants was indeed very marked, being 155 for the illegitimate as against 59 for the legitimate.

### The Zymotic Disease-Rate.

From the 7 chief Zymotics, there were 21 deaths only, giving a total zymotic death-rate of .45, Measles and Infantile Diarrhoea being the chief contributors by causing together 15 of the deaths. Whooping Cough 2, Diphtheria 3, and Enteric Fever 1 being responsible for the other 6. Small-pox and Scarlet Fever, the remaining two of the seven, caused no deaths.

Influenza which is not included in the 7 chief Zymotics, but is sometimes more fatal than either of them caused 9 deaths last year.

### The Tuberculosis Treatment.

From all species of Tuberculosis there were 55 deaths, giving the moderate

death-rate of 1·17. Tuberculosis of the lungs caused 41 of those 55 deaths the rate being ·89 per 1000 living inhabitants.

### Cancer Death-Rate.

This was 1·24, there being 68 deaths. The high number reflects the special quality of our population, the number of old people in our population being much in excess of the normal.

### Causes of Death in Cheltenham Municipal Borough, 1920.

Causes of Death. Civilians only.				Males.	Females.
All causes	...	...	...	284	348
1. Enteric Fever	...	...	...	—	1
2. Small Pox	...	...	...	—	—
3. Measles	...	...	...	7	1
4. Scarlet Fever	...	...	...	—	—
5. Whooping Cough	...	...	...	1	1
6. Diphtheria and Croup	...	...	...	2	1
7. Influenza	...	...	...	4	5
8. Erysipelas	...	...	...	—	1
9. Pulmonary Tuberculosis	...	...	...	18	23
10. Tuberculosis Meningitis	...	...	...	6	1
11. Other Tuberculosis Diseases	...	...	...	2	5
12. Cancer, Malignant Disease	...	...	...	24	44
13. Rheumatic Fever	...	...	...	1	1
14. Meningitis	...	...	...	1	1
15. Organic Heart Disease	...	...	...	37	45
16. Bronchitis	...	...	...	15	21
17. Pneumonia (all forms)	...	...	...	19	15
18. Other Respiratory Diseases	...	...	...	3	8
19. Diarrhœa, &c. (under 2 years)	...	...	...	3	4
20. Appendicitis and Typhilitis	...	...	...	2	2
21. Cirrhosis of Liver	...	...	...	1	2
21a. Alcoholism	...	...	...	—	—
22. Nephritis and Bright's Disease	...	...	...	12	13
23. Puerperal Fever	...	...	...	—	—
24. Parturition, apart from Puerperal Fever	...	...	...	—	1
25. Congenital Debility, &c.	...	...	...	14	14
26. Violence, apart from suicide	...	...	...	5	7
27. Suicide	...	...	...	2	1
28. Other Defined Diseases	...	...	...	105	130
29. Causes ill defined or unknown	...	...	...	—	—
Special Causes (included above) :					
Cerebro-Spinal Fever				—	—
Poliomyelitis				—	—
Deaths of Infants under 1 year of age—Total				34	34
Illegitimate				3	8
Total Births				524	504
Legitimate				485	472
Illegitimate				39	32
Population		{ For Birth-Rate	...	47,018	
		{ For Death-Rate	...	46,778	

TABLE XV.—BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY  
DURING THE YEAR 1920.

(Provisional figures. Provisional populations estimated to the middle of 1920 have been used for the purposes of this Table. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	BIRTH RATE PER 1,000 TOTAL POPULATION.	ANNUAL DEATH RATE PER 1,000 POPULATION.										RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.			
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diar- rhoea & Enteritis (under 2 years).	Total Deaths under one year.	Deaths in Public Institutions.	Certified Cause of Death.	Inquest Cases.	Uncertified Cause of Death.	
England and Wales ... ..	25.4	12.4	0.01	0.00	0.19	0.04	0.11	0.15	0.28	0.48	8.3	80	24.3	92.2	6.6	1.2	
96 Great Towns, including London (Census Population exceeding 50,000) ... ..	26.2	12.5	0.01	0.00	0.22	0.04	0.14	0.16	0.31	0.43	10.4	85	31.3	92.2	7.1	0.7	
148 Smaller Towns (Census Popu- lations 20,000—50,000) ... ..	24.9	11.3	0.02	0.00	0.19	0.03	0.10	0.14	0.27	0.38	7.8	80	16.5	93.2	5.3	1.5	
London ... ..	26.5	12.4	0.01	0.00	0.22	0.05	0.17	0.22	0.30	0.47	9.5	75	46.8	91.2	8.6	0.2	
Cheltenham ... ..	21.8	11.7	0.02	0.00	0.17	0.00	0.04	0.06	0.19	0.27	6.9	68	25.2	94.4	4.8	0.8	

TABLE OF STATISTICS for the last 10 years, showing Deaths from Chief Zymotic Diseases, and Zymotic Death-rate, and Total Deaths and General Death-Rate; also Total Births and Birth-rate per 1,000 of population, and (under 1 year old) Infant Death-rate per 1,000 children born.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920
Small Pox ...	49,200	49,500	49,500	49,500	49,500	?	?	?	?	?
Measles ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	34	1	17	...	6	8	6	12	...	8
Diphtheria ...	1	1	4	1	5	...	...	...	...	3
Whooping Cough ...	...	2	3	12	7	8	12	8	6	2
Enteric Fever (Typhoid and Paratyphoid) ...	3	9	...	2	2	2	1	4	...	1
Diarrhoea and Enteritis in Young Children ...	4	...	2	4	1	1	1	1	...	1
	37	4	18	13	10	8	3	3	7	7
Total Deaths from seven chief Zymotics ...	79	17	44	32	31	27	23	28	13	21
Death rate from Chief Zymotics ...	1.60	.34	.88	.64	.63	.64	.56	.65	.28	.45
Total Deaths belonging to District ...	696	655	743	695	789	720	693	780	687	632
General Death-rate... (Gross or uncorrected for unusual age incidence).	14.1	13.2	15.0	14.0	15.9	17.1	16.8	18.3	15.3	13.5
Total Births belonging to District ...	937	784	784	791	772	760	572	560	699	1028
Birth rate ..	19.0	15.8	15.8	15.9	15.4	16.6	12.4	11.7	14.9	21.8
Infant Death-rate per 1,000 Children born ...	127	66	88	86	89	76	66	85	85	66

The Death-Rates and Birth-Rates for years 1916-1920 are on populations estimated by the Registrar General, which were caused to be different by reason of men being withdrawn from the war but not women. Population 1916 for Birth-Rate 45,746, for Death-Rate 42,045; 1917 for Birth-Rate 45,905, for Death-Rate 41,181; 1918 for Birth-Rate 47,726, for Death-Rate 42,595; 1919 for Birth Rate 46,843, for Death-Rate 44,985; 1920 for Birth-Rate 47,018, for Death-Rate 46,778.

## The Sanitary Circumstances of the District.

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### Water Supply.

During the year 1920 there has been no change in the conditions of the water supply. The summer was comparatively wet, and the supply was plentiful from all the sources until September, and the river water only came into use after the first week in that month. The supply from the Severn can be purified so thoroughly by the process more recently adopted, that the complaints formerly received as to brown colour, etc., are avoided. Complaints when they do arise have connection with the spring and hill sources, and arise on account of the growth of vegetable organisms in the reservoirs or the pipes where there is not a straight current through these. The supply as a whole has proved to be always sufficient in quantity. It is also safe in quality. The open reservoirs at Battledown, which receive spring water of the purest quality, develop certain weeds, which give the water a flavour that has been the cause of complaint. The growth in question was obviated in one of these reservoirs by cementing its brick bottom and sides. The great cost of construction work has prevented the consideration of treating the second reservoir in a similar manner, but as the treatment of the first, which was something in the nature of an experiment, has proved successful, the other should be similarly cement-lined as soon as practicable.

### Rivers and Streams.

The watercourses which pass through and border the town are all mere brooks, and no nuisance to the town arises from any pollution they receive.

### Closet Accommodation, Sewage and Drainage.

The town is a water-closet town right through, being everywhere sewered excepting where the boundary extends to include areas far in the country, and even there but few houses are forced to have recourse to other modes.

A large part of the sewerage system has been systematically reconstructed in recent times, and when defects make themselves manifest this work continues. A very large amount of work has been done in re-draining houses, and speaking generally the house-drains and connections are in good state through the town. Such a statement requires caution in making, on account of the growth of defects in all drains in time, and especially those laid in clay. But the system here in vogue of granting Corporation Sanitary Certificates is of great aid in discovering and rectifying defects, it being open to any house-owner, occupier, or prospective occupier to obtain a report of the present condition of the drains, etc., of a house by application to the Public Health Department and payment of a small fee, the certificate being given only when all required works are done.

## Scavenging.

The scavenging continues to be systematically done with sufficient frequency, complaints being infrequent. Moveable metal ash-receptacles are in very general use. The house refuse is destroyed by fire in destructors, and the refuse resulting is ground and used with cement for the manufacture of paving and building slabs and blocks, to the great advantage of the district, which is kept supplied with an ample quantity of such useful material. The extensive pavements of the town itself have greatly benefited by this home manufacture of the material for their making or re-making.

## Sanitary Inspections of the District.

The district is now again well inspected, having suffered from depletion of staff during the war by most of the regular inspectors having gone away to be soldiers. The number is now again complete, and the work that has fallen in arrear is well in hand, house-to-house inspection in the poorer localities having been re-instituted. During 1920, however, the effect of high cost of materials and labour was deterrent to rapid execution of work ordered to be done by notice. The conditions now seem so be easing in this respect. A general fall of prices would much facilitate the work. In the Inspector's summary will be found the number of inspections made and the results, including those connected with breach of the sanitary bye-laws in force in the borough.



## Food.

### Meat.

In one particular the decontrol of meat has proved unsatisfactory. This is the reversion to the use of private slaughter-houses. During the last part of the war the public abattoir here was made the compulsory slaughtering place for the whole town and district, and proved sufficient, and with but little addition would be ideal. It was thus shown that the use of private slaughter-houses was in no way essential to carrying on the butchers' trade. It was hoped at the end of control that the Government would have taken some action to compel the use of public abattoirs and the abolition of private slaughter-houses, wherever an adequate public abattoir had been provided by the Local Authority, and the Ministry of Health was addressed upon the subject and sent a sympathetic reply. The hope of their taking action for the required end was, however, disappointed. With the withdrawal of Government management the public abattoir here has fallen back to its limited use, and the use of the private slaughter-houses has been revived, with a return to the consequent difficulty of efficient inspection of meat, and the loss of control over the casualty and unfit stuff that came into the abattoir in surprising quantity when it was illegal for it to be otherwise dealt with.

The trade in imported meat is centred in Cheltenham for this part of the country, three large firms having cold stores here, where a considerable stock of chilled meat is received and temporarily stored for the supply of this and neighbouring districts. Considerable deterioration of this foreign meat, especially of mutton, was noticeable during the latter part of the period when the distribution was under the management of the Government. Many of the mutton carcasses had been very roughly handled before reaching the butchers' shops, and the last consignments had become discoloured through and through from long keeping. No doubt years had elapsed since the slaughter of these animals, the system of distribution not having been in rotation according to receipt. At one time large quantities of this meat that had been kept too long and too carelessly had to be condemned, and the aggregate money loss from this cause must have been great. I believe the stocks of this old long kept stuff is now nearly exhausted, and much fresher and superior carcasses of mutton and lamb are being received. Ordinarily the main part of the imported meat is of excellent quality and condition, and any difference between it and English meat is very dearly paid for, by the exorbitant prices at which the latter has for some time been sold.

The number of privately registered slaughter-houses in Cheltenham is 17, a number which has not varied since 1914.

### Milk.

Nothing further has occurred to render more satisfactory the production and handling of milk with a view to ensuring a pure and safe supply. The Milk and Dairies Act passed just before the outbreak of the great war remains suspended, the abnormal conditions under which all farm produce has been yielded and brought to market, and the high price at which it has been sold, having militated against the immediate introduction of what, doubtless, the milk producers would consider tiresome requirements and restrictions. The time in fact has continued inopportune for any decided interference with the mode of production of milk and its sale. I am not aware of

any regular veterinary inspections and testing of cows for tuberculosis in this neighbourhood, much less of those complicated measures for slaughter of suspected cattle and compensations to the owner, that were to have become a requirement of law. The advent of the war has given time for further reflections upon this matter. Methods must be practical to be useful and it may be that here, as has been the actual case in America, some of the propositions to ensure clean milk may have to be abandoned as being outside the range of practicability. After all, considering the enormous consumption of milk in human diet, and the ubiquity in milk of the tuberculosis bacillus, the infrequency of infection and active development of the disease in human consumers is remarkable, and points to a widespread natural resistance in the human body that is of infinitely greater effect, and greater importance, than can be any conceivable measure calculated to prevent the entry of the bacillus into milk. This circumstance must indeed be considered fortunate considering the difficulty and comparative ineffectiveness of any such preventive measures short of submitting the milk to such a temperature as will kill the organism.

The grading of milk which was proposed by the Government Department has found no field for practical application in this district, there being no demand for any grade of milk in particular. I do not think the farmers in this locality care to grade their milk, and the public appear apathetic in the matter. The sale of milk in a variety of qualities introduces a complication into the business which purveyors no doubt prefer to avoid, and which can have little attraction for the general public. Even on public health grounds grading as a universal practice would be scarcely tolerable, and would further complicate and prejudice legal action for the maintenance of quality by prosecutions under the law against adulteration. Extraordinary measures may have been necessary whilst we were fighting, in face of the short supply of milk and other articles of diet, but it is now time to return to our demands for genuineness in quality and substance of all foods.

ANALYSIS OF SAMPLES OF FOODS AND DRUGS COLLECTED IN  
CHELTENHAM IN 1920 (Sale of Foods and Drugs Act, 1875).

G. EMBREY, ESQ., Public Analyst.

There were 79 samples taken for analysis, including 34 milk, 7 coffee, 2 cocoa, 7 margarine, 6 lard, 5 potted meat, 3 baking powder, 1 self-raising flour, 2 flour, 6 camphorated oil, 2 spirits of nitre, 1 cheese, 1 bicarbonate of soda, 2 sal volatile.

There were 3 prosecutions in cases of water added to milk, or deficiency in fat in milk, with convictions in each case, and fines of £2, £1, and 10/-, with 10/6 costs in each case. Small quantities of added water were found in 4 other samples of milk taken informally in which there was no prosecution. All the other samples proved genuine.

## Prevalence of Control Over Infectious Diseases.

The following Table gives the notifications received in each year since notification first began, with averages for all the years with which each year's notifications can be compared.

Number of Cases of Zymotic Disease notified in Cheltenham since notification began.												
Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever	Small-pox.	Erysipelas.	Pneumonia.	Poliomyelitis.	Cerebro-Spinal Meningitis.	Dysentery.	Malaria.	Ophthalmia Neonatorum.
1890	93	16	24	2	...	...	...	...	...	...	...	...
1891	75	15	19	...	...	...	...	...	...	...	...	...
1892	264	10	10	..	...	..	..	...	...	...	...	...
1893	419	33	63	4	2	...	...	...	...	...	...	...
1894	147	26	27	1	3	...	...	...	...	...	...	...
1895	89	25	34	3	1	...	...	...	...	...	...	...
1896	126	60	26	4	22	...	...	...	...	...	...	...
1897	224	43	20	1	...	...	...	...	...	...	...	...
1898	296	52	23	5	...	...	...	...	...	...	...	...
1899	273	80	16	...	...	...	...	...	...	...	...	...
1900	103	74	32	1	...	21	...	...	...	...	...	...
1901	87	58	18	1	...	16	...	...	...	...	...	...
1902	147	63	18	3	1	19	...	...	...	...	...	...
1903	142	65	17	...	1	25	..	...	...	...	...	...
1904	143	59	7	...	...	25	...	...	...	...	...	...
1905	116	65	16	...	4	42	...	...	...	...	...	...
1906	104	61	24	6	1	37	...	...	...	...	...	...
1907	30	71	14	..	...	16	...	...	...	...	...	...
1908	79	53	12	1	...	20	...	...	...	...	...	...
1909	87	39	20	2	...	24	...	...	...	...	...	...
1910	81	90	8	2	...	27	...	...	...	...	...	...
1911	77	26	34	..	...	34	...	...	...	...	...	...
1912	193	19	10	...	...	27	...	...	...	...	...	...
1913	335	49	11	3	...	45	...	4	...	...	...	...
1914	328	103	17	5	...	39	...	1	1	1	...	9
1915	218	58	7	3	...	47	...	2	18	...	...	8
1916	61	66	15	1	...	25	...	10	2	...	...	6
1917	33	105	2	1	...	15	...	6	1	1	...	3
1918	29	107	6	3	...	19	...	1	2	1	...	3
1919	28	52	8	2	...	21	34	3	...	1	3	9
1920	58	86	4	...	..	15	14	...	...	...	...	8
Average for all years	145	56	18.6	1.7	1.1	26.6	24	3.4	3.4	.6	1.5	6.5

ZYMOTIC CASES NOTIFIED in each month during 1920,  
and Numbers of Cases treated in Hospitals.

Month.	Pneumonia.	Measles.	Diphtheria.	Scarlet Fever.	Enteric Fever.	Erysipelas.	Ophthalmia Neonatorum.	Malaria.	Dysentery.	Tuberculosis.	Puerperal Fever.	Anterior Poliomyelitis.
January ...	1	140	8	1	...	...	...	...	...	11	...	...
February	2	453	3	2	...	1	...	...	...	15	...	...
March .....	3	320	10	3	...	...	1	...	...	10	...	...
April .....	...	45	4	3	...	...	2	...	...	9	...	...
May .....	1	14	6	2	1	1	...	...	...	4	...	...
June .....	..	2	6	2	...	3	...	...	...	11	...	...
July .....	...	3	7	11	1	3	1	...	...	5	...	...
August ...	...	1	3	1	...	1	2	...	...	9	..	...
September	...	...	10	1	...	1	...	...	...	3	...	...
October ...	...	...	8	...	...	...	2	...	...	8	...	..
November	2	...	12	11	..	3	...	...	...	3	...	...
December	5	...	9	21	2	2	...	...	...	9	...	...
The 12 months Totals	14	978	86	58	4	15	8	...	...	97	...	...
Total number treated in Hospitals	4	...	73	28	6	...	...	...	...	...	...	...

The years 1918 and 1919, in which occurred that severe epidemic of influenza and pneumonia, which swept through the country and through the world with irresistible effect as a visitation reminiscent of the historic great plagues, were followed last year by a period of comparative immunity. In 1920 there was no notifiable or other infectious disease whose rate of incidence rose beyond that often before experienced in Cheltenham. It was rather a wet and cool year, with a deficiency of sunshine, taken from end to end, but proved more favourable to human life generally, and the occurrence of acute disease in particular than has often before been observed.

### Measles.

The year began with this disease prevalent, and in the first three months of the year that prevalence reached epidemic proportions, especially in February. It subsided in April, and after May there were no more than half-a-dozen cases notified during the rest of the year. There were 8 deaths and

978 notified cases, which, allowing for cases that occurred and were not notified, amounted to only a small case death-rate indicating the comparative mildness of type of the disease. This we were also aware of by actual observations of cases, as a good many cases were seen by nurses and others who visited the homes of the children. It was for that reason that a special visiting nurse was not asked for upon this occasion. The value of closing schools on account of the presence of measles amongst the scholars is not very apparent. We have long since ceased closing any but infant schools on account of measles, unless there be something very exceptional about the variety of the disease, or its behaviour. But even to dismiss a large infants' department for three weeks or more in the middle of winter needs a very careful weighing of *pros* and *cons*, and the greater the experience of the Medical Officer of Health, and the more careful the consideration given to all points affecting the matter, the less likely is the school to be closed. The same may be said of whooping-cough, mumps and chicken-pox. Taken altogether, and in winter time particularly, the school may be as safe a place as the home or the street. The hands of the Medical Officer of Health would be strengthened if he could temporarily dismiss certain scholars or a class without a money loss ensuing to the Local Education Authority because he has not closed the whole school, an average attendance and grant being allowed in the latter case.

### Diphtheria.

The number of cases last year notified here was above the average, being 86, but the case death-rate of 3·5 per cent. proved a mild type, and the effect of treatment, 73 of the 86 cases were removed to hospital for treatment, which is a large proportion. In very many districts no provision is made for hospital treatment of diphtheria. As a means of diminishing the spread of infection such treatment is secondary, but as a means of saving life it is important. That is the removal to hospital is significant on account of good treatment rather than isolation.

The Town Council provides medical practitioners with anti-toxin on application to the Medical Officer of Health, for cases only that cannot afford to pay for it, and provided the case is not going immediately into hospital. Experience in this district has long since negatived the general desirability of administering anti-toxin injections as a prophylactic for contacts with a diphtheria case. It has also shown that extensive swabbing and interference with contacts is ordinarily unnecessary, the usual manner of spread of diphtheria from person to person not being by a wide diffusion of infection, but by a dropping sequence of cases derived from a carrier of an uncommonly infective organism. For the main part cases of diphtheria are not of such an infective nature, and the danger of other cases arising from these latter is not great.

### Bacteriological Examinations.

An arrangement for the examination of diphtheria swabs and other pathogenic material has been made by the Gloucestershire County Council for the use of the whole of the County at the Public Health Department of the University of Bristol. Swabs can be obtained from the local Medical Officer of Health or from the Professor of the Department at Bristol direct by any medical practitioner in the County, the result of the examination being tele-

graphed if so required. This arrangement has worked quite well here and is sufficient.

### **Scarlet Fever.**

From the lowest annual number of cases ever reported, of 1919, that is 28, the number rose in 1920 to 58. For a short time in the last month of the year it appeared as if our old experience of scarlet fever was about to be renewed by an emphatic rise in the numbers occurring, these numbers have been inordinately low for five years now. The rise, however, up to the time of writing this, is not indicative of very prevalent scarlet fever for the present. Former experience, however, leads rather to expectation of an increase than to prediction of a continued incidence as light as of late.

### **Pneumonia and Influenza.**

There were only 14 notifications received for cases occurring of this disease, but there were 34 deaths registered from all forms of this disease, it may be that some escaped notification. The deaths, however, include broncho-pneumonia and perhaps other species besides acute infective lobar-pneumonia.

Nine deaths were attributed directly to influenza in 1920, the disease not being notifiable when pneumonia is not present.

### **Enteric or Typhoid Fever and Puerperal Fever.**

Four cases only of Typhoid Fever in the year and no case at all of Puerperal Septicæmia point to a satisfactory year in connection with these diseases.

### **Ophthalmia Neonatorum.**

The 8 cases which occurred were immediately followed-up, and were successfully treated at the Eye Hospital.

### **Tuberculosis.**

By reason of Cheltenham not being a County Borough the management and treatment of Tuberculosis in the main, lies in the hands of the County Council. Cases in the borough are notified to the Medical Officer of Health of the borough, and he reports the notification to the County Officer. Cheltenham is made a centre of treatment by the establishment of a Tuberculosis Dispensary, attended by the County Tuberculosis Medical Officer, and the town takes part in the Sanatorium provision made by the County at Birdlip, and the Hospital provision at Over. The cases in this town are visited by County appointed nurses, who report, however, to the Borough Medical Officer of Health requirements for spitting flasks, disinfectants, etc., or insanitary conditions at the place of residence of the patient, and these items are attended to by my department.

Ninety-seven fresh cases of Tuberculosis were notified to me in 1920, which number was brought up to 110 by the cases which escaped notification. The lungs were affected in 90 per cent. of these cases. There were 55 deaths registered from Tuberculosis in the year, 41 being lung cases.

On account of the intervention of the war and the consequent uncertainty of the population and the history of some of the Tuberculosis patients properly attributable to Cheltenham it is not at present possible to state what general results upon the incidence of the disease, and the average duration of the life of notified cases, the effort to deal with Tuberculosis has produced.

## Maternity and Child Welfare.

During 1920 the business of this department was conducted as in the previous year. The Cheltenham Voluntary Health Society has three Maternity Centres where meetings of mothers and their infants takes place once a week, and one or other of two doctors examine, give advice, and prescribe what is necessary for the welfare of expectant and nursing mothers and their children. The Cheltenham Corporation has a Maternity and Child Welfare Committee that supervises the business, the Voluntary Society reporting its proceedings in quarterly and annual reports in return for the financial aid voted by this Committee, upon which also sit co-opted members, including a representative of the Voluntary Health Society. The Cheltenham District Nursing Association, whose midwives attend most of the births in Cheltenham of the class needing the assistance of the Maternity and Child Welfare Organization, assist by advising and lecturing the expectant mothers, and starting the cards of record of the condition of the new-born child. The Corporation appoints two Health Visitors who do the chief part of the practical work of visiting homes to advise mothers and children, and invite them to come to the Maternity Centres, and attend at those Centres to receive them, weigh the infants, lecture the mothers, and take the instructions of the doctors.

### ANNUAL REPORT OF THE VOLUNTARY HEALTH SOCIETY, 1920.

#### Meetings of Maternity Centres.

For Mothers, prospective Mothers, and Babies and Children up to 5 years.

At Highbury Schools every Tuesday at ... ..	2.30
At Clare Street Hall every Wednesday at ... ..	2.30
At Baker Street Hall every Thursday at ... ..	2.30
Attendances at Highbury (45 meetings) (1,923 infants, 798 toddlers)	2,721
Attendances at Baker Street (45 meetings) (1,555 infants, 493 toddlers)	2,048
Attendances at Clare Street (45 meetings) (1,006 infants, 717 toddlers)	1,723

Total ... 6,492

No. of individual children attending the 3 Centres: Highbury 398 ;  
 Clare Street 244 ; Baker Street 421 ... .. Total ... 1,063

Visits paid by Club Visitor since April 1st, 1920 ... .. 1,649

It is with deep satisfaction the Committee present their Twelfth Annual Report.

There has been a most encouraging increase in attendances, the number of individual children being 1,063 this year as against 598 last year. The general standard of health has been good. There have been the usual epidemics of measles and whooping cough, but no cases proved fatal; there were, however, 7 deaths from other causes.

Separate cards are now used at the Centres for cases needing special attention, these are attached to the weight cards, with the doctors' remarks. Each new infant or toddler is seen by the Medical Officer the first time, after that every 2 or 3 months as a routine measure, but most of them are seen more frequently during the first few months of life. Out of 210 infants attending the Centres, 150 are entirely breast-fed. The number of cases treated at the General Hospital were 6, at the Battledown Hospital for Children 6, at the Eye, Ear and Throat Hospital 2. Children suffering from the following complaints have been examined by the Medical Officers:—Cataract 1; Ophthalmia 2; Eczema 8; Scabies 1; Pneumonia 3; Jaundice 1; Epileptic 2; Convulsions 2.

We regretted losing the service of Miss Montagnon, the Health Visitor, last June, who had so ably assisted us at the Centres for 4 years. She left to take up important work in London, and we sincerely congratulate her on her promotion. Two Health Visitors have now recently been appointed, both attending each Centre. Needlework and Mothercraft Competitions were held in July, but were not as keenly supported by the mothers as we had expected. Similar competitions are being organised by the National League of Maternity and Child Welfare to take place in June this year, and we hope to induce a large number of mothers in Cheltenham to compete. Lectures have been given by the organising teacher of Domestic Science on dressmaking, mothercraft and simple cookery, and were much appreciated. We were glad to receive increased grants from the Board of Education and the Cheltenham Town Council. Every penny is needful for the work, and without these grants our balance sheets would have shown a deficit. Mrs. Lloyd, on her departure from Cheltenham has resigned her seat on the Committee, Mrs. Ivelaw Chapman has been elected in her place. We are most grateful to all the voluntary workers who have helped us in various ways during the past year, and we should like especially to thank Miss Gibbins for her unflinching kindness in providing and dispensing the teas each week at the Highbury Centre. Our grateful thanks are also due to the organisers of the Leckhampton Pageant, from the proceeds of which we received a most helpful donation.

The Ministry of Health made its Annual Inspection in June. In October, Mrs. Longridge, who acted as Hon. Sec. to the Needlework Guild, and had so splendidly organised it in its initial stages, was obliged to resign. We owe her heartfelt thanks for all she did. The supply of garments never failed, and were eagerly bought by the mothers. Mrs. Chapman kindly consented to take her place, and has worked untiringly and with much enthusiasm.

Mr. Cyril Edge (Chartered Accountant) has most kindly undertaken to act as Honorary Auditor to the Society, for which we accord him many thanks.

IRENE SETON, Secretary.

### Summary of Health Visitors' Work in 1920.

No. of Children visited (a) one year and under	...	...	...	1,059
(b) over one year	...	...	...	1,242
			Total	2,301
No. of Home Visits paid by Health Visitors	...	...	...	5,670





## The Gratuitous Supply of Milk.

Judging from the circulars recently issued by the Ministry of Health and the revocation of the Milk (Mothers and Children) Order, 1919, it appears that the Ministry has become aware of abuse in the provision of milk on behalf of Maternity and Child Welfare, and deems it necessary to place some restriction upon the gratuitous, or partly gratuitous, supply of milk as arranged by their former orders. I suppose it lies in the nature of such provisions, and in all such aids to poverty, that the urgency needed to move Local Authorities to action in such a cause is so great as to result in excess, the ardour at last awakened being too rampant for the occasion, so that the stimulus has to be alternated with repression. Naturally, the free distribution of milk is easily abused. The milk is given on behalf of infant life and welfare, but it has to be placed in the hands of mothers of poverty stricken families, and is liable to be consumed by the elder members. You may impress upon an expectant or nursing mother that the supply is for her sole self, but there is no guarantee that she consumes it. There is a very great likelihood indeed of at least a portion being put into general family use at breakfast and tea time. Even when prescribed for a weakly, or ill fed infant of recent birth, it is not always that its use will be limited to that infant. Of such abuses of the intention one is fully aware, and not more can be done to avoid the misapplication of the milk than the admonitions and reminders to the mothers which the Health Visitors are instructed to give. In this district a careful enquiry into circumstances has been invariably made before a milk order has been written, and these orders have all been made in a formal way to the milk purveyors direct, though the conservatism displayed has not appeared to meet with much appreciation on the part of those whose business it doubtless was to establish the custom. This system of free distribution of milk may always be expected to be subject to such cheating as above indicated, and has to run that gauntlet to be effective at all, since you cannot stand by and see that the suckling mother, or her infant drinks the milk. There is a tendency for the same children to get the gratuitous milk for a prolonged period on account of the continuance of the necessitous conditions.

In response to the circular of the Government Department recently issued, a table of income in relation to the number of the family that have to depend upon such income has been drawn up to indicate the bounds of what shall be understood as a necessitous case, as the free supply of milk is not for other than those that are necessitous. Members of the Maternity and Child Welfare Committee have also been nominated to co-operate with the Medical Officer of Health in deciding to whom the milk shall be given gratuitously or under cost price, and forms of application showing income, etc., have been adopted for signature by the relieved parents.

Gratuitous milk was provided in 1920 to the value of £181.

## Sanitary Administration.

Notes on this subject, and a list of Local Acts and Orders in force in the Borough will be found in last year's report and needs no repetition for the present.

## Housing.

The Cheltenham Corporation House Building Scheme purposed to build 500 houses, and the ground purchased at St. Mark's provides ample space for the erection of as many, and more too if required. The Ministry of Health through its visiting Inspectors was urgent, and the number decided upon was more in accordance with their suggestion and encouragement than the result of sober local estimate. Any real estimate of the actual need has been rendered difficult by the rapidly changing circumstances which have beset the population of this and every district in the country. Here a considerable industry had been established during the war, and in its locality, which is the same as that adopted for the scheme, there was an emphatic demand for houses. The business, however, concerned a war need, and the works have suffered very considerable reduction since the war ceased. Other circumstances, such as those attending depressed trade, and the less well-to-do financial state of those who during the war had saved or made money, or had the temporary advantage of a Government allowance, have assisted in causing many men to be less able to pay the rent that they had before felt equal to, and thus the demand for houses has slackened. Were the whole 500 houses of the Scheme ready to-day I do not think tenants could be found for them as genuine residencies for the working class at the rents decided upon, although these are much below those that would yield an economic return for the money expended in the building. The cost of the houses has been far too great for what they are. If they are to be occupied by working men, such for instance as those employed by the Town Council as labourers at a weekly wage, the proportion of the earnings that is required to be paid in rent and rates is much too great.

From the Public Health point of view solely, and to meet the demand for house accommodation most effectively, the letting of the Corporation houses should go by preference to those tenants with families which will fill the house without overcrowding it. No house should be let to a family that will immediately overcrowd it, a thing quite likely to happen unless the number in the family is compared with the space afforded by the house. What class will ultimately come to occupy these houses is uncertain, but I cannot see that their provision will have any material effect upon the real housing problem of Cheltenham.

The housing problem of Cheltenham remains what it has always been. It is to improve the dwellings of a considerable number of hundreds of families who occupy the worst class of houses in the town. These houses are too small and too ill found in conveniences to be suitable, according to modern views, for healthful habitations. They are let at low rents as they need to be to suit the ability to pay of those who occupy them. Some have been condemned, including nearly all the houses in one whole street, as unfit for habitation, but the Public Health Committee have not found it convenient to make the representation of the Medical Officer of Health effective, failing any showing of where the tenants of the houses will find habitations when they are turned out of those condemned. The proposition

that the building of the houses at St. Mark's by the Corporation would result in a general upward movement into better houses by the whole industrial class, and those at the bottom inhabiting the condemned houses in question would consequently be moved up into a grade better house, is a highly speculative notion, and a theory with no chance of being proved. If there were available houses to accommodate such a movement it would take place with far too great an irregularity to have the promised effect unless sternly directed and stimulated from below by compulsory closing of the worst class houses, for there is a large class who will always prefer a bad house because obtained at a lower rent, and the demolition even of Stanhope Street is hopeless if it is to depend upon the will of the tenants to go into better houses at bigger rents.

Another uncalculated complication of the upward movement theory lies in the fact that there are a very large number of houses in Cheltenham every whit as sound and convenient as those erected as the result of the Corporation Scheme, and which are let at no greater rents, and many quite suitable houses at smaller rents. People will not leave these houses to go to St. Mark's. In the end the question of rents and occupation of the new houses and of the previously existing houses in the town is likely to be settled by every house being let for what it will fetch, according to the usual law of supply and demand. There is a good deal of ideality about the planning of the houses at St. Mark's. Quite rightly no doubt, but at the same time no detriment to health arises so far as I know from the building of streets in which the houses are contiguous from end to end on both sides when the roadway has sufficient width, and if our worst streets could be replaced by such streets of small houses, each with one good living room, and bedrooms to accommodate the number permitted to inhabit the houses, that, with other necessary conveniences, would suffice. In this town there is practically no overcrowding of houses upon ground. It is unnecessary to spread the town out to the degree exhibited in the planning of the Housing Scheme at St. Mark's, to accommodate the poorer part of the community, and would be grossly inconvenient. Individual houses in an ordinary continuous street when well constructed are superior to any industrial block tenements, and in a town like Cheltenham the latter would be out of place, being convenient only to great cities where ground area has an extreme value.

Notwithstanding the small size of the apartments of our poorest houses the degree of overcrowding in the houses is not very marked, and not at all so bad as it was of old time. The number of inhabitants per house is low in Cheltenham, very low when all the scholastic boarding-houses and other populous residential institutions are deducted. As shown by the last census, and by our present attendance at the public elementary schools, the number of children is deficient here, which in great measure accounts for the low average number per house or family. It is a reflection of the low birth-rate. Overcrowding of a house caused by a lodger being taken in is occasional, but not common. There are many houses of moderate size here whose accommodation would easily admit of one or more rooms being let off to lodgers, their present state being one of under-population.

## Housing Conditions.

STATISTICS.—Year ended 31st December, 1920.

### 1.—General.

1.—Estimated Population (Census, 1911) ... ..	48,942
2.—General Death-rate (Gross) ... ..	13.51
3.—Death-rate from Tuberculosis ... ..	1.17
4.—Infant Mortality... ..	66
5.—Number of Dwelling-houses of all classes ... ..	11,820
6.—Number of Working-class Dwelling-houses ... ..	6,250
7.—Number of New Working-class Houses erected ... ..	24

### 2.—Unfit Dwelling-houses.

#### I.—Inspection :—

(1) Total Number of Dwelling-houses Inspected for Housing defects (under Public Health or Housing Acts) ...	734
(2) Number of Dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 ... ..	372
(3) Number of Dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	1
(4) Number of Dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ...	633

#### II.—Remedy of Defects without Service of formal Notices ;—

Number of Defective Dwelling-houses rendered fit in consequence of informal action of the Local Authority or their Officers ... ..	307
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#### III.—Action under Statutory Powers :—

##### A.—Proceedings under section 28 of the Housing, Town Planning, etc., Act, 1919.

(1) Number of Dwelling-houses in respect of which Notices were served requiring repairs ... ..	nil
(2) Number of Dwelling-houses which were rendered fit—	
(a) By Owners ... ..	nil
(b) By Local Authority in default of Owners ...	
(3) Number of Dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ..	nil

## B.—Proceedings under Public Health Acts :—

(1) Number of Dwelling-houses in respect of which Notices were served requiring defects to be remedied ... ..	309
(2) Number of Dwelling-houses in which defects were remedied ... ..	606
(a) By Owners ... ..	nil
(b) By Local Authority in default of Owners ...	nil

## C.—Proceedings under sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders ... ..	1
(2) Number of Dwelling-houses in respect of which Closing Orders were made ... ..	1
(3) Number of Dwelling-houses in respect of which Closing Orders were determined, the Dwelling-houses having been rendered fit ... ..	nil
(4) Number of Dwelling-houses in respect of which Demolition Orders were made ... ..	nil
(5) Number of Dwelling-houses demolished in pursuance of Demolition Orders ... ..	nil

**(3)—Unhealthy Houses.**

Areas represented to the Local Authority with a view to Improvement Schemes under (a), Part I., or (b) Part II., of the Act of 1890 :—	No further representation during 1920. Action under a former representation postponed on account of impossibility of tenants of houses to be dealt with finding other homes at present.
(1) Name of Area ... ..	
(2) Acreage ... ..	
(3) Number of Working-class Houses in area ...	
(4) Number of Working-class Persons to be displaced	

4.—Number of Houses not complying with the Building Bye-laws erected with consent of Local Authority under section 25 of the Housing, Town Planning, etc., Act, 1919 ...	nil
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# Summary of Routine and other Sanitary Work done in the Health Department during 1920, with Notes thereon.

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## REPORT OF THE CHIEF SANITARY INSPECTOR.

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I herewith present my Report dealing with the work carried out by the Sanitary Staff during the year 1920, in connection with the administration of the numerous acts of Parliament and Bye-laws in force within the district.

The customary systematic inspection of the district has been well maintained, and all insanitary conditions discovered in connection with house property and other premises which come under the control of the Department have been promptly dealt with. The various trade premises, which are subject to periodical inspection, have been kept under observation.

Recent legislation has extended the scope of sanitary administration, so that it is necessary to apply carefully organised effort in order that each branch or section of work received the attention which its importance demands.

The work carried out includes house to-house inspections, special inspections for the investigation of complaints and other reasons; supervision and testing of all drainage and general sanitary works executed in connection with existing buildings; inspections of schools, houses-let-in-lodgings, common lodging-houses, slaughter-houses, bake-houses, factories, workshops, workplaces, and out-workers' premises; cowsheds, dairies, and milkshops, butchers', fruiterers' and fishmongers' shops; the inspection of meat and other foods, and of premises where foodstuffs are deposited or prepared for sale.

The complaints received at the office numbered 664, as against 430 last year. All these were duly investigated and dealt with as found necessary. Many of these were of the usual trivial character, and in a number of instances no nuisance could be discovered against which the complaint could be made.

Owing to the difficulty of obtaining building materials and the high cost of labour and materials it has not been possible to secure the abatement of nuisances so quickly as before the war, but every endeavour has been made to maintain the high standard of sanitation already reached. From the following tables summarising the work carried out during the past year it will be seen that great attention has been bestowed upon all conditions likely to affect the health of the inhabitants of the borough. The mere enumeration of the defects remedied conveys a most inadequate impression of the work done by your sanitary staff, because, in addition to the matters set out, a considerable amount of time is of necessity taken up in keeping various registers and records, in clerical work, in interviewing owners or agents of property, builders and others, and doing other administrative work which cannot well be tabulated.

## Sanitary Inspections of Districts and Results for the year 1920.

Total Number of Visits and Inspections	...	...	...	...	13,062
Ordinary Inspections	...	...	...	...	1,065
Rat Inspections	...	...	...	...	690
House-to-house Inspections	...	...	...	...	372
Inspections of Work in progress	...	...	...	...	2,471
Interviews with Builders, etc.	...	...	...	...	529
Re-inspections	...	...	...	...	3,033
Visits to Slaughter-houses	...	...	...	...	1,186
"  "  Food Shops	...	...	...	...	1,223
"  "  Houses-let-in-lodgings	...	...	...	...	60
"  "  Common Lodging Houses	...	...	...	...	255
"  "  Cowsheds, Dairies and Milkshops	...	...	...	...	60
"  "  Bakehouses	...	...	...	...	59
"  "  Workshops	...	...	...	...	357
"  "  Schools	...	...	...	...	61
"  re Infectious Diseases	...	...	...	...	1,306
"  re Private and Public Conveniences	...	...	...	...	95
"  to Places where Animals are kept	...	...	...	...	214
"  "  Public Entertainments	...	...	...	...	26
Complaints received	...	...	...	...	664
Number of Nuisances reported	...	...	...	...	3,285
"  Houses and Premises dealt with	...	...	...	...	734
"  Legal Notices served	...	...	...	...	309
"  Preliminary Notices served	...	...	...	...	307
"  Letters written referring to Notices	...	...	...	...	451
<b>DRAINS ;—</b>					
Drains opened and examined under Sec. 41 P.H. Act, 1875	...	...	...	...	69
Smoke Tests applied to Drains and Soil Pipes	...	...	...	...	413
Chemical "  "  "  "  "	...	...	...	...	47
Water "  "  "  "  "	...	...	...	...	391
Defective Brick Drains removed	...	...	...	...	35
New Drains laid	...	...	...	...	198
Length in yards of Stoneware Pipe Drains laid	...	...	...	...	1,601
"  "  Heavy Cast Iron Pipes	...	...	...	...	1,228
Manholes and Inspection Chambers provided	...	...	...	...	111
Intercepting Traps fixed	...	...	...	...	93
Iron and Stoneware Gully Traps fixed	...	...	...	...	382
Dip and Bell Taps removed	...	...	...	...	33
Drains flushed	...	...	...	...	47
<b>W.C.'s ;—</b>					
New Water Closets built	...	...	...	...	64
New W.C. Pans of the Wash-down type fixed	...	...	...	...	86
Old Pan Containers and Long Hopper Closets removed	...	...	...	...	58
Flushing Boxes fixed to w.c.'s...	...	...	...	...	130
Flushing Boxes repaired	...	...	...	...	148
Water Closets and Drains unstopped	...	...	...	...	149
Defective and dirty w.c. pans...	...	...	...	...	158



<b>SOIL AND WASTE PIPES :—</b>				
Soil and Ventilating Shafts fixed	...	...	...	194
New Waste Pipes fixed, trapped and disconnected	...	...	...	787
<b>MISCELLANEOUS :—</b>				
Rooms cleansed, limewashed and repaired	...	...	...	1,546
House Roofs, Eaves, Gutters, Rainwater Pipes repaired	...	..	..	751
New Sinks and Lavatories provided	...	...	...	359
Yards and Areas asphalted or concreted	...	...	...	136
Ash Receptacles (moveable galvanized iron, with covers)	...	...	...	280
Bakehouses cleansed and limewashed	...	...	...	17
Slaughter-houses cleansed and limewashed	...	...	...	44
Common Lodging Houses cleansed and limewashed	...	...	...	10
Overcrowding in dwellings abated	...	...	...	19
Manure receptacles built or reconstructed or repaired	...	...	...	7
Accumulations of manure removed	...	...	...	115
Nuisances from keeping animals	...	...	...	116
<b>INFECTIOUS DISEASES :—</b>				
Inquiries into cases of infectious diseases	...	...	...	1,306
Notices to School-mistresses with regard to infectious diseases	...	...	...	55
Notices to Parents with regard to ditto...	...	...	...	55
Notices to Free Library with regard to ditto	...	...	...	1
Articles of Clothing disinfected after ditto	...	...	...	3,575
Rooms fumigated	...	...	...	238
Articles of Clothing, etc., disinfected for outside Sanitary Authorities and private persons	...	...	...	708
Houses disinfected after infectious diseases	...	...	...	142
Lots of Unsound Food removed from shops and sterilised or otherwise dealt with	...	...	...	167

### House Drainage.

A considerable amount of time has been spent in securing improvement in house drains. A good deal of the work done under this heading is usually the result of house-to-house inspection. A certain proportion, however, is the outcome of complaints received as to nuisances from bad smells or rats, the investigation of which frequently leads to the alteration, repair, or the renewing of house drains and their connections.

In consequence of written complaints alleging a nuisance from defective drainage, the Public Health Committee directed me to open the ground and examine the drains belonging to 76 houses and report upon their condition. In each case insanitary conditions were found to exist, and notices under Sec. 41 of the Public Health Act, 1875, were served upon the responsible persons, to repair or reconstruct the drains as required.

In addition to the work done under the above-mentioned Act, a good deal of drainage work has been done to obtain a Corporation Sanitary Certificate, and also by verbal notices.

Altogether we have supervised the laying of 1,601 yards of stoneware pipes and 1,228 yards of heavy cast-iron coated pipes, with blue lead joints, also the fixing of 93 intercepting traps, 382 gully traps, and 111 manholes and inspection chambers. In connection with this work 391 water tests were applied to soil pipes. All these measures have led to purer air and more healthful conditions in and around so many dwellings.

A survey has been made of every house and premises where drains have been re-laid, and plans of such drains have been made and filed for future reference. These plans, of which we have 1,562, form a very valuable record of the sanitary work done in connection with existing buildings.

### The Sanitary Certificates of the Corporation.

The following table shows the houses for which Corporation Certificates were granted during 1920, to the owners or tenants who made application for them. The total number of Certificates issued since the commencement of this work is 1,235. The granting of certificates by the Sanitary Authority is a valuable aid in the improvement of house property, but I consider it is hardly sufficiently appreciated by people about to take houses in Cheltenham. The obtaining of a certificate is both advantageous to the owner and a safeguard to the tenant. It has caused a large number of voluntary sanitary improvements in dwelling houses which could not have been effected by compulsory means. It has frequently been the means of bringing to light gross defects which were undoubtedly dangerous to health.

#### SANITARY CERTIFICATES GRANTED. 1920.

Situation of Premises.	Gross Annual Value.		
	£	s.	d.
Romsey House, Gloucester Road	80	0	0
Oriel Lodge...	90	0	0
Battledown Priors	90	0	0
19, Imperial Square	48	0	0
Daylesford, Wellington Square	50	0	0
Pates' Girls' Grammar School	230	0	0
1, St. Margaret's Terrace	45	0	0
Park Grange, Moorend Park Road	80	0	0
St. James' Vicarage, Tivoli Road	80	0	0
7, Rodney Road	28	0	0
Bedford Lodge, The Park	35	0	0
9, Priory Street	45	0	0
Woodleigh, The Park	180	0	0
2, Queen's Parade	60	0	0
St. Oswald's, Tivoli Road	48	0	0
Grove House, Montpellier Grove	70	0	0
The Priory, Lansdown Road	60	0	0
7, Christ Church Terrace	22	0	0
Besslesleigh House, Douro Road	130	0	0
8, Lansdown Terrace	50	0	0
7, Queen's Parade	60	0	0
Seaforth, Christ Church Road	90	0	0
Felling Lodge	85	0	0
Penrhyn Lodge, Bayshill Road	90	0	0
4, Oriel Terrace	30	0	0
Cotswold Grange	160	0	0
2, Bath Street	30	0	0
2, Suffolk Square	55	0	0
Teme House, Hewlett Road	80	0	0
Hillsborough, Leckhampton Road	80	0	0
Hart Hill, Gloucester Road	60	0	0
Clarence Lodge, Clarence Square	38	0	0

## Report on the Administration of the Factories and Workshops Act, 1901, in connection with Factories, Workshops and Homework.

The whole of the workshops (including bake-houses, work places, and outworker's premises) have been visited during the year. The Local Authority is responsible for the sanitary condition of these places. Sanitary conditions include (a) cleanliness, (b) overcrowding, (c) ventilation, (d) drainage of floors of workshops in which any process is carried on which renders the floor liable to be wet and which is capable of being removed by drainage, (e) sanitary convenience.

The special Tables of the Home Office are here appended, giving information with regard to Workshops, Workplaces and Homework.

### 1.—INSPECTION.

Premises.	Number of Inspections	Number of Written or Verbal Notices.	Number of Prosecutions.
Factories (including Factory Laundries) ... ..	18	7	nil
Workshops (including Workshop Laundries) ... ..	357	39	nil
Workplaces (other than Outworkers' premises included in Part 3 of this Report) ...	214	115	nil
Total ...	589	161	nil

### 2.—DEFECTS FOUND.

Particulars.	Number of Defects found.	Number of Defects remedied.
Nuisances under the Public Health Acts :		
Want of cleanliness ... ..	19	19
Want of ventilation ... ..	1	1
Overcrowding ... ..	1	1
Other nuisances ... ..	16	16
Sanitary accommodation { insufficient ... ..	1	1
{ unsuitable or defective		
{ not separate for sexes	2	2
Total ...	40	40

3.—HOMWORK.  
Lists received from Employers.

Nature of Work.	Twice in the year.		Once in the year.	
	Lists.	Outworkers	Lists.	Outworkers.
Making and Altering Wearing Apparel ... ..	1	3	3	4

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year,—(1).	Number.—(2).
Dressmakers ... ..	47
Tailors ... ..	35
Laundries .. ..	46
Bootmakers ... ..	33
Milliners ... ..	15
Bakehouses ... ..	45
Miscellaneous ... ..	97
Total number of Workshops on Register ...	318

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories ...	Nil
Failure to affix Abstract of the Factory Workshop Act, (s. 133) ... ..	12
Notified by H.M. Inspector of Factories ... ..	4
Reports (of action taken) sent to H.M. Inspector ...	2
Underground Bakehouses (s. 101) ... ..	9
Certificates granted during the year ... ..	Nil
In use at the end of the year ... ..	4

**Slaughter Houses.**

The whole of the home-fed cattle and sheep up to last July, when control was taken off meat, were slaughtered in the public abattoir, since then private slaughter-houses have come into general use again.

The number of private registered slaughterhouses in the borough is 17

and to these 1,186 visits have been made. By far the larger number of these visits have been made in the evening as it is then when most of the slaughtering takes place.

The bye-laws relating to the periodical limewashing of the slaughter-house walls, the removal of garbage, offal, skins, etc., have been well observed.

I have found it necessary to issue a warning to pig keepers against the growing practice of killing pigs on unlicensed premises and selling the meat retail. Judging by the number of complaints which reached me, this state of affairs was not confined to any one district, but was being openly carried out in various parts of the borough, to the detriment of bona fide retailers. It is an offence under the Public Health Acts to slaughter on premises which have not been registered or licensed for that purpose, except in cases of persons feeding and slaughtering animals for Consumption by themselves or members of their household. In such cases, the surplus meat may be sold, provided such killings are occasional and not carried on as a regular business. This practice is decidedly unfair to the butcher who has to pay the abattoir tolls and have his meat inspected, and occasionally seized when found diseased, whereas the small pig keeper killing on his allotment or garden escapes such inspection and loss. Meat for domestic consumption, no matter where it is killed, or by whom it is retailed, should be inspected in the ordinary way in the interests of the consumer.

### Meat Inspection.

A great deal of time and attention has been devoted to the inspection of meat during the past year. The following table shows the number of animal carcasses inspected respectively at the abattoir and at private slaughter-houses :—

			Abattoir			Private Slaughter-houses.
Beeves	...	...	1,076	...	...	111
Calves	...	...	1,220	...	...	190
Sheep	...	...	9,362	...	...	932
Pigs	...	...	1,173	...	...	1,333
			13,101			2,566

In addition to the foregoing, special attention has been given to the examination of imported meat at the cold stores and the wholesale meat shops dealing in imported meat. The sale of imported meat has grown enormously during and since the war, this is due to its being very much cheaper and to the scarcity of home fed cattle and sheep. The wholesale trade transacted at the local stores is very considerable, the average weekly sales reaching 1,000 quarters of beef and 1,200 sheep and lambs, together with a large quantity of livers, hearts, tripes, kidneys and tinned meats. A great deal of this meat is sent out of the town to places all over the County; Cheltenham being the distributing centre.

The amount of meat and other foods surrendered in 1920 was much greater than in any previous year. This was due to a large quantity of mutton which was sent into the cold stores here from stores in another town, proving on examination to be unfit for the food of man. One lot of over 900

carcasses of mutton and lamb were found to be more or less extensively affected with black, white and green mould spots and in a large majority of instances decomposition had actually set in and the mould had penetrated deep into the tissues causing the meat to smell most offensively and be quite unfit for consumption.

Whenever possible the meat or other foods surrendered has been dealt with under the "Damaged Food Stuffs Order," but when so diseased that this could not be done, it was destroyed at the Refuse Destructor.

### Unsound and Diseased Meat, etc.. Destroyed as unfit for the Food of Man During 1920.

Description.	Cause of Seizure.
6 Carcasses of Beef	... General Tuberculosis.
3 do.	... Emaciated and Dropsical.
1 do.	... Actinomycosis.
1 do.	... Asphyxia.
2 Carcasses of Mutton	... Emaciated and Dropsical.
6 do.	... Peritonitis and Pleurisy.
2 do.	... Liver Disease and Dropsy.
7 Carcasses of Pork	... Tuberculosis.
3 do.	... Liver Disease and Dropsy.
13 do.	... Emaciated and Dropsical.
2 do.	... Peritonitis and Pleurisy.
1 do.	... Rheumatoid Arthritis.
10 Hindquarters of Beef	... Unsound.
8 Forequarters of Beef	... do.
34 Pieces of Beef	... do.
1,318 Carcasses of Mutton and Lamb	do.
1 Ton 12 cwt. of Fish	... do.
1 cwt. 20 lbs. of Tripe	... do.
137 tins of Fruit	... do.
315 ,, Fish	... do.
61 ,, Meat	... do.
96 ,, Milk	... do.
665 Eggs	... do.
115 Ox Tails	... do.
14 pieces of Bacon	... do.
9 Chicken	... do.
85 Rabbits	... do.

Nine hundred and ten livers, lungs, hearts or other internal organs, which were on examination found to be diseased or unsound, were surrendered. The total weight of meat, fish and unsound food surrendered was 38 tons, 10 cwt., 3 qrs., 9 lbs.

### Inspection of Food Shops.

The various butchers' fishmongers' and greengrocers' shops, and other places where food is prepared or sold, were frequently inspected during the year. Several lots of unsound meat, fish and fruit, were submitted for our

inspection ; in each case the articles submitted were carefully examined and sorted if it were necessary, the unsound or unwholesome food being in all cases voluntarily surrendered by tradesmen for destruction.

### Common Lodging Houses.

The number of Common Lodging Houses now on the register is seven. The houses with their accommodation are as follows :—

20 and 21, Stanhope Street	...	...	...	21	Lodgers.
40 Stanhope Street	...	...	...	10	"
Cumberland Cottage, Grove Street	...	...	...	23	"
Cumberland Villa	...	...	...	21	"
Shamrock Inn	...	...	...	12	"
2 and 4, Grove Street	...	...	...	28	"
221, High Street	...	...	...	30	"

Rowton House and Cumberland House, Grove Street, with accommodation for 79 lodgers, have been closed as Lodging Houses.

During the year under review two hundred and fifty-five visits of inspection were paid to these places, when it was found that on the whole they were well conducted, the bye-laws and regulations being carefully carried out so as to leave little cause for complaint.

### Stables and other places where Animals are kept.

The various places where animals are kept in the borough are visited periodically, and efforts are made to see that they are maintained in a reasonable sanitary condition.

The most frequent causes of complaint arise from the non-removal of stable manure and dirty condition of pig-sties. The following tables give a list of the nuisances discovered and abated in connection with the keeping of animals during the year :—

#### STABLES AND MANURE RECEPTACLES.

Accumulations of manure removed on notice	...	...	...	86
Manure receptacles without covers	...	...	...	6
Insufficient manure receptacles	...	...	...	1
Defective do. do.	...	...	...	2
Defective paving of floor of stables	...	...	...	1
Blocked drains of stables	...	...	...	1
Notices served	...	...	...	91

#### PIGS AND PIG-STIES.

Dirty condition	...	...	...	8
Defective paving	...	...	...	1
No proper drainage	...	...	...	1
Overflowing cesspool	...	...	...	1
Pigs kept in contravention of bye-laws	...	...	...	2
Uncovered cesspool and catch pit	...	...	...	1
Accumulation of manure	...	...	...	32
Notices served	...	...	...	28

### Paving of Yards.

The paving of the whole of a yard used in common for several houses, and for a reasonable distance at the rear of single houses, is one of the best sanitary improvements that can be effected in connection with dwelling houses. The provision of an impervious pavement about the house is greatly conducive to cleanliness in both the yard and the house. A fair amount of work was done in this connection during 1920, but there is still plenty of scope in this direction, and can be readily seen by a visit to the back yards during wet weather, the water standing about in pools until it gradually sinks into the ground or is evaporated, but during the time it remains the residents of the houses have to tramp through it, carrying much dirty mud into the house. The paving of yards against a dwelling keeps the walls drier, the house cleaner, and the surroundings more sanitary.

### Ash Receptacles.

The Cheltenham Improvement Act provides that every house shall have a receptacle for ashes and house refuse of such sort as shall be approved by the Corporation. The one required is a galvanized iron moveable ash bin with a tight fitting cover, where one is not sufficient to hold the refuse of a week, two can be used, for it is desirable that the bins should not be too heavy for the men to lift when full of ashes or refuse. By the use of these movable receptacles a saving of labour in the collection of ashes is effected, and the insanitary and frequently dangerous conditions due to open ash-pit containing large quantities of decomposable materials are done away with. During the year 280 galvanized iron receptacles have been provided.

### Cowsheds, Dairies and Milkshops.

There are 66 milkshops and 16 dairy farms within the borough. These places have been visited to see that the Orders and Regulations relating to this trade were being duly observed.

During the year two applications were received from persons desiring to commence the trade of milk-seller. The applicants premises being found on inspection to be suitable, the Public Health Committee decided to register them.

### Offensive Trades.

The offensive trades carried on in this town are fortunately few in number. The trades which are in operation here, which are in the statutory list of offensive trades, are three fellmongers, one tallow maker, eighteen rag and bone dealers, and twenty-two fried fish shops. The bye-laws regulating these places, have generally been well observed, although it has been necessary to occasionally call attention to the desirability of removing garbage, etc., more regularly, and for the thorough cleansing of the floors and pavements at the close of each working day.

### Destruction of Rats and Mice.

During the year under review a good deal of time and attention has been given to the destruction of rats, by recognised methods, and also by experimenting with new means and materials.



About 180 complaints have been received of rats infesting house, shop or warehouse property. Some of these complaints applied to a large area, affecting a number of premises, which made it exceedingly difficult to trace their outlet. In those cases where it was not possible to trace them, the premises have been visited and re-visited and poison baits have been laid down continuously until the rats have entirely disappeared or their numbers appreciably diminished.

It is becoming more and more realized that the control of the rat population, in town areas especially, is very important for reasons of public health. The destruction of food, merchandise, and property, by rats is so great that these alone justify active measures of suppression. We were informed by one merchant that he had lost over two hundred pounds during the year through damage to his stock by rats.

In one case a cold store was infested by the vermin. Poison baits were laid, but proved useless, as the rats preferred meat. Trapping was tried but failed, although over 200 rats were killed by these means. Finally, it was suggested that the store should be rat-proofed, and this was done with complete success by the use of strong fine mesh wire netting.

It is impossible to estimate, even approximately, the great damage done to sewers and drains by rats working their way out of defective places, scratching the earth into sewers or drains so that they become partially or entirely stopped.

In one place rats worked their way out at a defective connection of drain to sewer and scratched the sand down into the sewer, with the result that the footpath became dangerously undermined. The ground generally was honeycombed with rat runs and several nests were found. It took about 5 loads of earth to fill up the void, and as stated, this quantity of sand had been worked down into the sewer. As a result of undermining, several sewers, drains, gas and water mains have been fractured, and have had to be repaired or renewed at considerable cost.

Elsewhere it was found that rats were reaching buildings from sewers, and had actually released sewer gas, thereby endangering the health of the tenants of the premises.

The repressive methods employed to eliminate rats are trapping, hunting, gassing and poisoning. The exact number destroyed by the first three methods cannot be given, but at least 1,400 are known to have been actually killed by these means.

During the year 12,200 baits were laid down in sewer manholes, nearly all being taken. As a result the number of dead rats removed from the screen at the sewage works has fallen from 350 per month to 18.

The best preventive method is to make rat-proof all our warehouses and storage places, and properly to protect all our food-stuffs in private houses. Stop all rat holes with cement and glass, wall out and starve the rats, and they will turn upon their own kind as cannibals, without any expense to us.

Garbage, house refuse and general rubbish should not be allowed to accumulate. All refuse should be placed in rat-proof receptacles, preferably of metal, with tight-fitting lids.

Basement floors should be of concrete; openings for ventilation, windows, etc., which are accessible to rats, should be supplied with screens not less than 20 gauge nor greater than  $\frac{1}{2}$ -in. mesh.

### Sanitary Conditions of Places of Entertainment.

During last August circular letters were received by the Town Council from the Home Office and the Ministry of Health, intimating that complaints had been received as to the unsatisfactory sanitary conditions which obtain in theatres and music halls in different parts of the country and asking that arrangements be made for theatres, music halls and other places of entertainment in the borough to be periodically visited by the Inspector of Nuisances, who should be requested to report to the local authority and the licensing authority, any cases in which the conditions were found to be unsatisfactory.

In accordance with these instructions I visited all the public licensed places of entertainment in the town, and with two exceptions found them in satisfactory sanitary condition. The two places which were not satisfactory were reported to the Public Health Committee who gave instructions for notices to be served upon the occupiers to remedy the insanitary conditions. Notices were subsequently served specifying in detail the work necessary to be done to make the premises sanitary. These notices were promptly complied with and the places put into good sanitary condition.

A. E. HUDSON,  
*Chief Sanitary Inspector.*



ANNUAL REPORT  
OF THE  
SCHOOL MEDICAL OFFICER  
OF THE  
EDUCATION COMMITTEE  
OF THE  
BOROUGH OF CHELTENHAM  
FOR THE YEAR 1920.

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MEMBERS OF THE EDUCATION COMMITTEE  
OF THE  
BOROUGH OF CHELTENHAM.



**Chairman :**

ALDERMAN C. H. MARGRETT, J.P.

**Vice-Chairman :**

ALDERMAN R. STEEL, J.P.

**Members :**

THE MAYOR (Alderman J. D. BENDALL),  
Aldermen W. H. HORSLEY and P. P. TAYLOR ;  
Councillors A. MANN, J. MOORE, D. REGAN, E. ROGERS,  
A. E. STANLEY, J. STEWART, W. WELSTEAD, T. E. WHITAKER,  
CLARA WINTERBOTHAM, and H. T. YARNOLD.

*Co-opted Members :*

Messrs. J. W. BETTERIDGE, E. BOURNE, Rev. Canon P. M. JOHNSTONE,  
Rev. R. L. HODSON, Miss M. E. KNOLLYS, Messrs. F. C. DODWELL,  
W. G. GURNEY, A. MILES, A. G. WHEELER, and  
Miss E. M. H. GEDDES.

OF THE ABOVE THE FOLLOWING FORM THE

**Medical Sub-Committee :**

Alderman P. P. TAYLOR, (Chairman) ;  
Aldermen C. H. MARGRETT, R. STEEL ; Councillors D. REGAN,  
E. ROGERS, J. STEWART, W. WELSTEAD, CLARA WINTERBOTHAM ;  
Miss M. E. KNOLLYS ;  
Messrs. J. W. BETTERIDGE, E. BOURNE and A. G. WHEELER.

**Staff of Medical Department :**

*School Medical Officer* :—J. H. GARRETT, M.D., D.P.H.  
*Assistant School Medical Officer* :—I. J. McDONOUGH, L.R.C.P. & S. D.P.H.  
*School Dentist* :—A. E. CARDEN, ESQ., L.D.S.  
*School Nurses* :—Miss F. HODGSON and E. HAY.  
*Clerks (part time)* :—Mrs. RICHLI and STAFF OF EDUCATION OFFICE.  
*Secretary for Education* :—W. T. LONG, ESQ.

**TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
COMMITTEE OF THE BOROUGH OF CHELTENHAM.**

LADIES AND GENTLEMEN,

I have the honour to present my Report of the School Medical Work for the year 1920, this being my twelfth successive Annual Report.

Matters relating to Public Education and the concomitant subjects of Health and Physical development of school children have received a great impetus from recent legislation, and the activities centralised in the Board of Education. The list of things now required to be arranged for is greatly extended, the old order being utterly broken up, and the expenditures have become so enormously enhanced that it behoves all Education Authorities to reckon up the gain in comparison with the cost and see that some substantial equivalent is resulting. In Cheltenham, under the leading advice of an able Education Secretary, some very important works have resulted and are resulting from the execution or the legal powers obtained, and it is not difficult to point to reforms and introductions which are eminently creditable and afford clear testimony of a good return for the expenditure involved. A good many of these new introductions touch the medical side of your work by affecting the physical state of the children.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. H. GARRETT,

*School Medical Officer.*

April 13th, 1921.

## General Arrangements for Medical Inspections of School-Children.

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The Medical Inspection and Treatment of School Children established in Cheltenham is carried out by the staff named on the last page, with the co-ordinated help of the school teachers, and school attendance officers. The routine inspections are made at three age groups namely (1) over 5 and under 6 years old (2) over 8 and under 9 (3) over 12 and before the age of leaving school—for the main part between 12 and 13.

I notice that in many other districts the inspections are made at varying ages, a considerable number evidently being done in other years between first entrance at the school, and the day of leaving at the end of the 14th year, than those prescribed by the Board of Education. It may be conceived that in certain localities remote from the Central Education Offices, where probably not more than one visit for inspection is made by the school doctor in any single year, such irregularities are more likely to arise than in a town of the description of Cheltenham, where the doctor is in the school for inspection three times during each year. It has always seemed to me that regularity in the inspections is desirable for reasons that are self evident, and from the first the routine inspections have practically been confined to the three definite age groups mentioned above. All other inspections are out of routine being special, that is either reinspections of children found defective at a former inspection or children whom the teachers have discovered to be ill or ailing, and have brought to the notice of the school doctor at his first visit to the school, irrespective of age, or have sent to the Clinic for special inspection or treatment. Thus the Board's Schedule of Inspection is strictly followed here, apart from the minor fact that the infant children are not considered to be properly entrant at the schools until 5 years old, those that enter at 3 and 4 years being allowed to reach their fifth birth anniversary before their first inspection takes place. Co-ordination with the General Public Health Services of the town is made through the Medical Officer of Health under whose general supervision and advice the medical work of the schools is done, and the Infant and Child Welfare Work is brought into intimate relationship through this common head and further by the fact that the same clerk now handles the two sets of record cards. The Health Visitors visit infant children up to 5 years of age with lessening frequency according to age and necessity, and advise as to their treatment, and in the larger infant schools the children of 3 and 4 years old are specially dealt with in the manner of the nursery rather than that of the school. It is difficult for any crippling or other serious defect at an early age to escape notice under this system. In carrying out the Medical Inspections there is no appreciable disturbance of the educational arrangements of the school. The time that each individual child is required to be away from his class is quite short. With two exceptions a room is found for the inspections within the school buildings, and in these two cases parish rooms situated near by are used with the permission of the Board of Education.



## The Hygienic Condition of the Schools.

This has received great and constant consideration here from the time when, 15 years ago I submitted all the schools in the town to a thorough and critical inspection and wrote a lengthy special report upon the subject detailing all the deficiencies. Since that date the worst of the schools that then existed, have been closed as public elementary schools and substituted by several fine new schools. Others have been altered and improved so far as their original structural design would admit, though this was sometimes so wanting in fitness for the purpose required, according to modern ideas, that they remain comparatively poor places. I have been for long in the habit of making an annual inspection of all the schools in company with the Chief Sanitary Inspector, and this inspection was made in 1920 and the usual batch of notices for rectification of defects discovered was dispatched to the authorities responsible.

The deficiency of major importance in connection with our schools now concerns several of the non-provided schools, of which in Cheltenham there still remain a considerable number. The want of funds on the part of the Managers of these schools prevent their renewal, or conversion on a sufficiently extensive scale, to suit modern requirements, and there is a tendency in two or three directions for the managers to hand over their schools to the Education Authority of the town. This proposition has proceeded furthest towards achievement in the case of the St. Peter's Schools, which is situated in the poorest parish of Cheltenham. The Education Committee has here gone so far as to prepare plans for the building of a new school on the extended site of the St. Peter's old Boys' School, and incorporating so much of the present buildings as are useful. Should this project be carried out, and it is fervently to be hoped that it will be, a very fine school will be established in that quarter of the town, and will include certain special provisions that are much needed.

In connection with the growth of the town, by reason of the Corporation building scheme in the neighbourhood of St. Marks, more accommodation will be required on that side, and the opportunity may well occur in this connection of dealing with two other non-provided schools, namely those of St. Marks and Christ Church; and the less hygienically ideal schools may be thus gradually diminished in number.

## Findings of Medical Inspections 1920.

In this connection there is little to add to what has already been said in former reports and the actual findings for last year are set out in the tables required by the Board and the other tables which follow.

In regard to the relative numbers inspected, those which fall outside of the routine inspections and are numbered under the heading of "Special Cases" now exceed in number the routine cases, and these "Specials" consist chiefly of children requiring some immediate treatment and consequently form a most important class. If the effort were simply limited to those routine inspections at fixed ages, very many cases of defect or ailment requiring assistance and capable of being assisted would be missed. The total number of all classes inspected last year, being 4,181, is the largest number inspected here in any year since inspection began, exceeding the

previous year by about 700. This increase is entirely due to attention to "Specials" including those selected by the teachers as requiring immediate inspection irrespective of age. In this connection the School Clinic does great and daily service.

### Infectious Disease in the Schools.

The School Medical Service is effective in the prompt discovery of infectious cases, and to a very considerable extent in looking after and treating such cases. Besides those contagious skin disorders—ringworm, impetigo and itch—which are always more or less in evidence in the schools and quickly noticed by the teacher, who refers them to the clinic for treatment, the zymotic diseases proper are much more under control in the schools than before the establishment of school medical inspection. News from the school of any outbreak causing absence from school of children can be reported, and enquiry immediately instituted, and this is often the method by which the Medical Officer becomes acquainted with a local outbreak of measles, whooping-cough, sore throat, chicken pox, mumps, diarrhoea etc.

In the early part of 1920 measles became widely prevalent amongst the school children, the prevalence extending to all quarters of the town. This led to the temporary closing of 8 of the Infants' Schools, and was the cause of a much diminished school attendance. Whooping-cough became rife in one district in September. It was fortunately of a mild type, and the Infants' School chiefly affected was not closed, the school, however, was for some time partly depleted and a loss in grant resulted.

The regulations in respect of grant appear defective in not allowing for children kept out of school on medical certificate. The incentive to close a school, on account of loss of grant to the local Education Authority, rather than keep it open, is great when the attendance is much diminished, though it may be the fact that closing the school will not have any considerable effect in allaying the incidence of the disease. In a large Infants' School the closing of the school affects disadvantageously a number of healthy scholars, which may be so great a number as to cause regret to the Medical Officer that they must be shut out of school, and his powers should be as elastic as possible to allow him to do the best he can to keep the schools going as well as to close them. The money grant in aid from the Central to the Local Authority is based on attendance. An average grant is allowed when the schools are closed, and there is no allowance at all for the deficiency in attendance of absentees away on account of sickness, unless the school be closed. Hence arises the prejudice in favour of closing the school.

In regard to visiting cases of infectious disease among children at their houses, although a certain amount of this can be done by the staff of nurses employed as school nurses and health visitors, the visits thus paid can only be to advise or admonish responsible parents. The actual nursing of such cases in their homes by nurses sent for the purpose is not a feasible thing, and it would be disastrous to encourage the mothers to lean upon such a proposition. Neither can the minor infectious diseases be treated in infectious diseases hospitals, the cost being prohibitive, and the advantage most doubtful. Such nursing as can be given therefore must be by visiting nurses in the way of directions to the mother or person in charge of the sick child. The Cheltenham District Nursing Institution does much valuable work of that sort.

## The Work of the School Nurses.

**HOME VISITS:**—These include the following-up visits paid by the nurses to the homes of those cases found to require treatment of some sort at the medical inspections. A note upon a card is given or sent to the parent denoting the defects and treatment required, and the nurse afterwards calls at the house to advise the parents as to obtaining the required treatment and to encourage its being promptly obtained. The case is kept on the nurse's visiting list until effectively attended to. Besides such routine visiting there are a number of visits required for special reasons, including the neglect of person in the matter of dress, cleanliness and feeding, in which an effort is made to avoid the extreme measure of issuing a summons under the Children's Act. Also visits in response to information received through the teachers and school attendance officers in connection with illnesses real or alleged. Proposed dental operations need home visits just before the morning when the dentist attends to assure that the patients come to submit themselves to what is required to be done.

**CO-OPERATION:**—There is now an excellent co-operation established between the medical and school attendance officials and the nurses. A weekly list of all children forbidden to attend school on account of infectious cases in the family, originating in the School Medical Department, is added to in the Health Department, and given to the school attendance officers, and they in their turn report personally to the School Medical Officer. The school teachers are also generally agreeable to do their part, and in fact the work could not be effectively carried on without their co-operation. They act as clerks during the medical inspection, and give the information which they have of individual children, call the school doctor's attention to special cases, and send children requiring treatment to the clinic. They also report to the School Medical Officer any outbreak of infectious disease amongst the children of their respective schools. The parents, particularly the mothers, co-operate to some extent, giving information when asked concerning their children, whom they often accompany at the medical inspection, having had written notice of the time at which it is to be held. They not infrequently accompany their children to the clinic, and receive information from the doctor there. They also answer the nurse's questions and take her instructions, at the following-up visits paid to the homes by the nurses. The Inspector of the Society for Prevention of Cruelty to Children has always shown himself agreeable to assist by paying visits to places when asked to do so, and has from time to time been assisted by the evidence in court of the School Doctor. The Victoria Nursing Institution at Cheltenham co-operates in the matter of nursing sick children at their homes as a private institution, and have always attended to cases when asked to do so by the School Medical Officer. The Children's Hospital has given ear to our recommendations in the reception of cases for in-patient treatment. The General Hospital and the Eye, Ear and Throat Hospital give great assistance in the matter of treatment of school children remitted to them from the School Medical Department by arrangement.

## Open-Air Education.

Not much has been hitherto done here in this connection as it has been considered that the character of the town is such as to lead to much open-air life. There is no overcrowding of houses on ground here; the parks,

are numerous, and open country is readily accessible at all quarters. In the summer, however, playground classes are held, and nature study walks arranged by the teachers. In the plans for the new school proposed to be built in St. Peter's parish, open air class rooms have been provided for, which may be occupied by suitable children from other parts of the town as well as those living close by.

### **Physical Training.**

The local area organiser has interviewed the Education Department here and a scheme has resulted for the establishment of regular physical training, and this now awaits the formal approval of the Board of Education.

### **Provision of Meals and School Baths.**

There has hitherto been little need here for the application of the Provision of Meals Act. A mid-day meal has been provided by the management of one or two of the schools here, and if and when necessary, provision can be made at short notice. There are no baths attached to any school, but the town is well provided with public baths, including two good swimming baths, where swimming lessons are given to elementary school classes throughout the summer, with life-saving and other practices. The school clinic has its cleansing department.

### **Blind, Deaf, Defective and Epileptic Children.**

Some advance has been made towards dealing with these children, a round estimate of whose number will be found in No. III. of the Board of Education's Tables appended. No local arrangement has yet been made by the County Council of Gloucestershire in the middle of whose district Cheltenham lies, and it was considered desirable and likely to be economical to endeavour to join with the County Education Authority in making a provision for the combined districts. The Cheltenham Education Committee consequently invited the County Committee to confer upon this matter, and the latter readily agreed and appointed a deputation to meet the Cheltenham Committee. The meeting was, however, prevented by the letters sent out from the Central Authority, stopping further expenditure for the present upon any new buildings. Presumably at a later date co-operative action will be taken, but for the time being the best that can be done is to remit an occasional case to some special school or institution established elsewhere in the country, and which has space to receive cases from a distance upon payment. The School Medical Officer in the summer of last year attended a post-graduate course upon Mental Deficiency at the University of London at the cost of the Education Committee, and is prepared to do the particular inspections and give the necessary certificates as occasion demands.

### **Nursery Schools.**

It is not intended in Cheltenham to establish a Nursery School in a special building, but to make the nursery classes in the existing Infants' Schools more general, so that the idea may be operative in all the infants' schools.

## Employment of Children and Young Persons.

This subject is not so pressing in this town as in a town of industrial character, the comparative amount of employment of children of school age being here very small. Bye-laws have been adopted and duly sanctioned by the Home Office.

### Keeping of Records.

The Board of Education, through their Chief Medical Inspector, Dr. Eichholz, sent out a proposition for the more regular and equal keeping of records of Medical Inspection and treatment of school children throughout the country by the card system, all cards relating to each child, when several are required, to be kept in an envelope, the whole constituting a "dossier" of the child's life up to the time of leaving school. The system having been explained to the Medical Sub-Committee here, was duly adopted, and the necessary cards, envelopes and cases having been obtained, has been brought into use. The result is a great improvement in the local method of keeping these records, and will no doubt much facilitate the making and summing-up of Annual Reports. The Maternity and Child Welfare cards which deal with the first years of life from immediately after birth, are included in the "dossier." The regular performance of this work is better ensured by the same clerk attending to the records of both the Maternity and Child Welfare work and the School Medical Service.

### Routine and other Medical Inspections, 1920.

	Boys.	Girls.	Total.
Routine Inspections at Regular Age Groups ...	940	920	1,860
Special Re-inspections in the Schools ...	353	445	798
Inspected at School by request of teacher at odd times ...	47	59	106
Special Cases referred to Clinic for Examination ...	333	319	652
Special Cases referred to Clinic for Treatment ...	959	710	1,669
Total number of Inspections during 1920 ...	...	...	<u>5,085</u>

This total does not represent individual children, as a number of them will occur in more than one group.

## Cases referred to Clinic for Special Examination, 1920.

There is a total of the year of 652 cases. Of these 347 were referred from the routine inspections in the Schools, and the remaining 305 were sent to the Clinic by teachers at various times.

### THE ULTIMATE DIAGNOSIS OF THE 652 CASES REFERRED TO SCHOOL CLINIC FOR EXAMINATION.

NATURE OF CASE.	Number.		NATURE OF CASE.	Number.	
	Boys	Girls		Boys	Girls
Anæmia ... ..	8	12	Diphtheria ... ..	3	1
Debility ... ..	25	21	Whooping Cough ...	13	9
Bronchial Catarrh ...	30	27	Chicken-Pox ... ..	5	10
Asthma... ..	3	...	Mumps ... ..	6	7
Pneumonia ... ..	2	2	Measles... ..	7	8
Tuberculosis of Lungs	1	1	Scarlet Fever ... ..	2	2
" (other forms)	3	1	Influenza ... ..	5	6
" (suspected)...	5	4	Uncertain Rash ...	1	2
Pleurisy ... ..	...	2	Chorea .. ..	3	4
Nasal Catarrh ... ..	7	9	Epilepsy ... ..	2	2
Adenoids ... ..	4	7	Neuralgia ... ..	3	5
Acute Pharyngitis ...	5	8	Gastric Irritation ...	14	12
Acute Tonsilitis ...	9	8	Intestinal Parasites ...	8	7
Relaxed Throat ..	9	7	Heart .. ..	10	7
Acute Laryngitis ...	8	5	Sprains... ..	11	4
Adenitis .. ..	12	16	Fractures ... ..	3	2
Dental Caries and Oral			Other Injuries... ..	13	9
Sepsis ... ..	17	12	Hernia ... ..	3	...
Rheumatism (Articular)	3	2	Rickets ... ..	1	1
" (Muscular)	5	7	Deformities ... ..	5	11
Eczema ... ..	4	3	Defective Speech ...	3	4
Urticaria ... ..	7	9	Conjunctivitis ... ..	9	4
Herpes ... ..	1	6	Other Eye Defects ...	5	7
Psoriasis ... ..	2	5	Otorrhœa .. ..	11	13
Alopecia ... ..	...	2	Other Ear Defects ...	2	3
Furunculosis ... ..	2	4	Goitre ... ..	4	2
Phimosis ... ..	3	...			
Enuresis ... ..	6	7	Totals ... ..	333	329

### Mode of Payment to Hospitals.

An annual payment has hitherto here been made to the two hospitals rendering the main assistance. The sum of £25 a year subscribed to the general funds of each of these hospitals is recognised as being but a partial payment for the work done among school children at these hospitals. It is considered, however, that so long as the system of independent management of these voluntary institutions continues, they have a duty to perform to children of school age, as to other persons of the general community. The arrangement for treatment of school children by Education Authorities on the other hand is also at present selective, and they are not bound to relieve the established voluntary hospitals of any part of their habitual work, a large number of children of school age having always been dealt with by them irrespective of any demand by the Education Committee's medical staff.

The following return of such cases dealt with by the Cheltenham Eye, Ear and Throat Hospital has been furnished me for last year.

#### CASES OF SCHOOL AGE DEALT WITH AT CHELTENHAM EYE, EAR AND THROAT HOSPITAL IN 1920.

All cases at age 5-14	Referred from School Medical Service	Not referred from School Medical Service	Cases requiring bed for 1 or more nights	Refract-ion Cases	Other Out-Patients
338	56	282	25	26	287

### Uncleanly and Verminous States.

Uncleanly and verminous children are looked after continually by periodic visits to schools by the school nurses for the special purpose. These visits are not equally required to all the schools, as according to the quality of the locality of the school the need for such visits varies. Whenever a child is found dirty or verminous, and the latter state includes evidence of nits as well as pediculi, notice is sent to the parents to do the requisite cleansing, and in connection with the verminous state, a leaf of directions is inclosed. We have adjoining the clinic a cleansing station to which children are brought for cleansing, when the parents fail to comply with the notice by doing the cleansing and disinfection themselves. If the parents allow the verminous state to recur they are threatened with prosecution and the neglect being continued they are ultimately brought into court. It is rarely found to be necessary to proceed to extreme measures. Last year there was no prosecution, but we have had a prosecution from time to time and such action is salutary as a caution to other delinquents.

Last year 218 visits to schools were made by the nurses to enquire and inspect as to dirty and verminous states. 136 cases of children in a verminous state of very definite sort were discovered at these visits, and 43 were discovered in connection with the routine medical inspections. All these were successfully treated, 69 of them being treated at our cleansing station by the nurses.

## GENERAL RESULT OF VISION TESTING, 1920.

Age.	Normal.		Requiring further Investigation for Treatment and Spectacles.						Total.	
	$\frac{6}{6}$	$\frac{6}{9}$	$\frac{9}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$	$\frac{\text{Less than}}{6}$		
Boys } 8-9 {	287	14	10	8	5	1	1	...	326	
Girls } 8-9 {	281	16	13	5	4	2	...	...	321	
Boys } 12 and over {	262	9	12	4	7	3	1	...	298	
Girls } 12 and over {	249	13	14	6	3	5	...	...	290	
Total {	Boys	549	23	22	12	12	4	2	...	624
	Girls	530	29	27	11	7	7	—	—	611
Total Boys and Girls	1,079	52	49	23	19	11	2	...	1,235	
Percentage 1920 ...	87.3	4.2	3.9	1.8	1.5	.9	.1	...	...	

## CASES REFERRED TO HOSPITAL FOR TREATMENT, 1920.

	Boys.	Girls.	Total
The Eye, Ear and Throat Hospital ...	46	68	114
The General Hospital ...	98	86	184
	144	154	298

## SPECTACLES PROVIDED IN 1920.

	Boys.	Girls.	Total.
By the Committee ...	17	11	28
By the Parents ...	17	39	56
Totals ...	34	50	84



HEIGHTS AND WEIGHTS OF CHILDREN INSPECTED.  
1920.

AVERAGE HEIGHT IN INCHES.						
Age Groups	5—6 years.		8—9 years.		12 and over.	
	No.	Height.	No.	Height.	No.	Height.
Boys ... ..	316	40.66	326	46.64	298	53.14
Girls ... ..	309	40.64	321	47.29	290	54.11

  

AVERAGE WEIGHT IN POUNDS.						
Age Groups	5—6 years.		8—9 years.		12 and over.	
	No.	Weight.	No.	Weight.	No.	Weight.
Boys ... ..	316	39.5	326	49.12	298	68.8
Girls ... ..	309	39.3	321	49.38	290	70.03

### General Arrangements for Treatment of Disease and Physical Defects Found in School Children.

As reported in previous reports a very good arrangement has been made in Cheltenham for treating school children. Practically any ailment can be referred to some source for treatment. Our local hospitals are very assisting, and by these I mean the General Hospital with its special departments, the Eye, Ear and Throat Hospital, the Children's Hospital, and the Isolation Hospital. The County System for treatment of Tuberculosis is available and utilized by the School Medical Department, there being a Tuberculosis Dispensary in the town where, any week, children can be received for more careful diagnosis and treatment. The object of the visits made to homes by the nurses is to see that treatment is obtained for defects discovered. Our Minor Clinic is busily employed in treating those skin affections and minor ailments that for the greater part lie outside the practise of the private doctor, and require handling and dressing by a nurse. The Dental Clinic deals with defective teeth in accordance with the limit of time imposed upon the Municipal Dentist. Taking all means together a very considerable amount of treatment is being afforded to our school children for the constant bettering of their defects.

TABLE SHOWING ATTENDANCES AT CLINIC, 1920.

Month.	Admitted.	Number of Attendances.	Ringworm.	Impetigo.	Scabies.	Verminous.	Miscellaneous.	Special Inspect'n Cases.
January ...	319	896	29	48	19	5	134	84
February...	292	1,134	23	57	10	7	146	49
March ...	330	1,129	24	56	8	9	174	59
April ...	231	703	20	43	7	7	102	52
May ... ..	293	897	17	49	8	8	144	67
June... ..	267	881	27	37	7	6	132	58
July... ..	289	959	33	50	6	5	126	69
August ..	...	...	...	...	...	...	...	...
September	230	673	23	35	16	8	95	53
October ..	301	1,220	25	60	13	5	133	65
November	273	1,068	20	55	12	4	138	44
December	242	1,107	17	51	9	5	108	52
Totals ...	3,067	10,667	258	541	115	69	1,432	652

## RESULTS OF TREATMENT AT CLINIC AS ABOVE.

2,279 Cases were discharged cured.

47 Chronic Cases were relieved.

73 Cases were referred to Hospital and private practitioners.

16 Cases remained under treatment at end of year.

652 Cases were children submitted to Special Examination at the Clinic.

3,067

**General Tabular Statement of Work done by School  
Doctor, 1920.**

Visits to Schools for Routine Inspections...	...	...	...	122
Visits to Schools for Special Reasons	...	...	...	94
Number of Children Inspected and Re-inspected	...	...	...	5,085
Visits to Children's Homes <i>re</i> Infectious and Non-Infectious Illnesses	...	...	...	197
Attendances at Medical Clinic	...	...	...	169
Attendances at Dental Clinic to administer Anæsthetic	...	...	...	18
Medical Certificates provided for reference to Tuberculosis Officer	...	...	...	10
Medical Certificates provided in connection with admission to Scholarships and Institutions	...	...	...	9

**General Tabular Statement of Work done by the  
Two Nurses, 1920.**

Visits to Schools in preparation for Routine Inspections	...	...	...	122
Visits to Schools at time of Inspections by Doctor...	...	...	...	122
Visits to Schools to inspect Children as to Verminous state	...	...	...	218
Following-up Visits to homes <i>re</i> treatment of children	...	...	...	1,461
Visits to to homes <i>re</i> Dental Cases	...	...	...	449
Attendances at Medical Clinic	...	—	...	169
Attendances at Dental Clinic	...	...	...	84
Attendances of Children at Medical Clinic requiring cleansing of heads, dressing of sores, etc., supervised by School Doctor...				10,667

## BOARD OF EDUCATION TABLES.

TABLE I.—Number of Children Inspected 1st January, 1920, to 31st December, 1920.

## A.—ROUTINE MEDICAL INSPECTION.\*

Age.	Entrants.					
	3.	4.	5.	6.	Other Ages.	Total.
Boys .. ...	—	—	316	—	—	316
Girls... ..	—	—	309	—	—	309
Totals ...	—	—	625	—	—	625

  

Age	Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
	8.	12.	13.	14.			
Boys... ..	326	298	—	—	—	624	940
Girls... ..	321	290	—	—	—	611	920
Totals ...	647	588	—	—	—	1,235	1,860

## B.—SPECIAL INSPECTION.

	Special Cases.†	Re-Examinations ( <i>i.e.</i> , No. of Children Re-Examined).
Boys... ..	1,292	353
Girls... ..	1,029	445
Totals ...	2,321	798

C.—TOTAL NUMBER OF *Individual Children* INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (*no Child being counted more than once in one Year*).

No. of Individual Children Inspected.
4,181

\* *Routine Medical Inspection* is medical inspection carried out on the lines of the approved Schedule at the time and when routine medical inspection is due and made on the School premises or other place sanctioned by the Board of Education under the Code.

† "*Special Cases*" are those children specifically referred to the Medical Officer and not due for routine medical inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age and may be referred to the Medical Officer at the School or the clinic by the Committee, Medical Officers, School Nurses, Teachers, Attendance Officers, Parents or otherwise.

## BOARD OF EDUCATION TABLES.

TABLE II.—Return of Defects found in the course of Medical Inspection in 1920.

This table is intended, except as regards the final line, to be a record of *defects* and not of individual children who are defective. For the sake of convenience cases of Squint are not recorded also under the heading of "Defective Vision," and cases of defect of Nose and Throat are included in one only of the sub-headings. As regards "Teeth," particulars are given in the statements of the wording of schemes of (1) dental inspection, (2) findings including oral sepsis, and (3) treatment where a scheme is in operation. (See also Table IVd.)

Defect or Disease.					Routine Inspections.		Specials.	
					Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)					(2)	(3)	(4)	(5)
	Malnutrition...	...	...	...	8	10	5	4
	Uncleanliness :							
	Head ...	...	...	...	35	7	119	—
	Body ...	...	...	...	8	—	17	—
Skin	Ringworm :							
	Head ...	...	...	...	9	—	155	—
	Body ...	...	...	...	4	—	90	—
	Scabies ...	...	...	...	13	—	102	—
	Impetigo ...	...	...	...	27	—	514	—
	Other Diseases (non-Tubercular)	...	...	...	7	5	21	11
Eye	Blepharitis ...	...	...	...	9	—	12	—
	Conjunctivitis ...	...	...	...	11	7	13	7
	Keratitis ...	...	...	...	—	—	—	—
	Corneal Ulcer ...	...	...	...	3	—	—	—
	Corneal Opacities ...	...	...	...	1	2	—	—
	Defective Vision ...	...	...	...	79	28	5	19
	Squint ...	...	...	...	12	3	4	7
	Other Conditions ...	...	...	...	—	—	—	—
Ear	Defective Hearing ...	...	...	...	15	5	3	9
	Otitis Media... ..	...	...	...	1	2	—	1
	Other Ear Diseases ..	...	...	...	19	4	32	11
Nose and Throat	Enlarged Tonsils ...	...	...	...	33	37	9	4
	Adenoids ... ..	...	...	...	27	7	10	3
	Enlarged Tonsils and Adenoids	...	...	...	57	5	5	—
	Other Conditions ...	...	...	...	12	9	7	16
	Enlarged Cervical Glands (Non-Tubercular)				3	11	1	7

## BOARD OF EDUCATION TABLES.

					(1)	(2)	(3)	(4)	(5)
Defective Speech ... ..					4	4	2	3	
Teeth—Dental Diseases ( <i>see above</i> ) ... ..					—	—	—	—	
Heart and Circula- tion	{	Heart Disease :							
		Organic ... ..	2	9	3	4			
		Functional ... ..	—	18	—	10			
		Anæmia... ..	11	18	12	9			
Lungs ...	{	Bronchitis ... ..			23	29	15	17	
		Other Non-Tubercular Diseases			9	7	4	2	
Tubercu- losis	{	Pulmonary :							
		Definite ... ..			1	—	1	—	
		Suspected ... ..			4	5	5	3	
		Non-Pulmonary :							
		Glands ... ..			1	—	1	—	
		Spine ... ..			—	—	—	1	
		Hip ... ..			—	—	—	—	
		Other Bones and Joints ... ..			—	2	—	2	
		Skin ... ..			—	—	—	—	
		Other Forms ... ..			—	—	—	—	
Nervous System	{	Epilepsy ... ..			1	1	1	1	
		Chorea... ..			3	2	2	1	
		Other Conditions ... ..			2	2	3	—	
Deform- ities	{	Rickets ... ..			1	3	—	2	
		Spinal Curvature ... ..			5	11	—	4	
		Other Forms ... ..			12	37	15	23	
Other Defects and Diseases ... ..					136	17	443	14	
Number of <i>Individual Children</i> having Defects which } required Treatment or be kept under Observation } ...								2,536	

TABLE III.—Numerical Return of all Exceptional Children in the Area in 1920.

		Boys	Girls	Total
Blind, (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893	Attending Public Element- ary Schools ... ..	1	—	1
	Attending Certified Schools for the Blind ... ..	2	—	2
	Not at School ... ..	1	3	4

## BOARD OF EDUCATION TABLES.

			Boys.	Girls.	Total.
Deaf and Dumb. (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893		Attending Public Elementary Schools ... ..	3	1	4
		Attending Certified Schools for the Deaf ... ..	1	—	1
		Not at School ... ..	—	—	—
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools ... ..	18	13	31
		Attending Certified Schools for Mentally Defective Children Notified to the Local Control Authority by Local Education Authority during the Year Not at School ... ..	—	—	—
		At School ... ..	—	1	1
	Imbeciles.	Not at School ... ..	—	—	—
		Idiots.	—	—	—
	Epileptics.		Attending Public Elementary Schools ... ..	9	3
Attending Certified Schools for Epileptics ... ..			—	—	—
In Institutions other than Certified Schools ... ..			—	1	1
Not at School ... ..			1	1	2
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools ... ..	17	10	27
		Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools ... ..	—	—	—
		Not at School ... ..	2	3	5
		Crippling due to Tuberculosis.	Attending Public Elementary Schools ... ..	7	4
	Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools ... ..		—	—	—
	Not at School ... ..		1	1	2
	Crippling due to causes other than Tubercu- losis, <i>i.e.</i> , Paralysis, Rickets, Traumatism.		Attending Public Elementary Schools ... ..	10	9
		Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools ... ..	—	2	2
		Not at School ... ..	—	—	—
		Not at School ... ..	—	1	1

## BOARD OF EDUCATION TABLES.

			Boys	Girls	Total
Physically Defective <i>cont.</i>	Other Physical Defectives, <i>e.g.</i> , delicate and other children suitable for admission to Open-air Schools; children suffering from severe heart disease.	Attending Public Elementary Schools ... ..	33	28	61
		Attending Open-air Schools...	—	—	—
		Attending Certified Schools for Physically Defective Children ... ..	—	—	—
		Not at School ... ..	4	—	4
Dull or Backward *		Retarded 2 years ... ..	72	76	148
		Retarded 3 years ... ..	11	6	17

TABLE IV.—Treatment of Defects of Children during 1920.

The following statement covers a period of twelve consecutive months. This period coincides with the calendar year (1st January—31st December).

The methods adopted for Treatment and the general results obtained are included in the body of the Report.

## A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
<i>Skin—</i>				
Ringworm-Head ... ..	162	162	—	162
Ringworm-Body ... ..	126	126	—	126
Scabies ... ..	115	115	—	115
Impetigo ... ..	541	541	—	541
Minor Injuries ... ..	509	509	—	509
Other Skin Disease ... ..	45	45	—	45
<i>Ear Disease</i> ... ..	54	50	—	50
<i>Eye Disease</i> (external and other)	70	63	—	63
<i>Miscellaneous</i> .. ..	118	118	—	118

\* Judged according to age and standard. No case retarded more than 3 years included in this category unless it has been decided after examination by the Medical Officer that the child is not mentally defective.



## BOARD OF EDUCATION TABLES.

## B.—TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	Number of Children.								
	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were Provided.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme Clinic or Hospital	By Private Practitioner or Hospital.	Otherwise.	Total.					
96	—	96	—	96	89	84	4	3	3

## C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
141	—	127	127	—

## D.—TREATMENT OF DENTAL DEFECTS.

## 1.—Number of Children dealt with.

	Age Groups.										"Specials."	Total.
	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.		
(a) Inspected by dentist	—	—	357	420	230	55	140	12	7	—	206	1,427
(b) Referred for treatment ...											—	1,005
(c) Actually treated ...	525										206	731
(d) Re-treated* (result of periodical examination ...)	not differentiated from above											

## BOARD OF EDUCATION TABLES.

## 2 Particulars of Time given and of Operations undertaken.

No. of Half Days devoted to Inspection.	No. of Half Days to Treatment devoted	Total No. of Attendances made by the Children at the Clinic.	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Filings.	No. of Administrations of General Anesthetics included in (4) and (6)	No. of other Operations.	
			Ex-tracted.	Filled	Ex-tracted	Filled			Perma-nent Teeth.	Tem-porary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
—	—	827	101	432	930	—	432	25	56	—

TABLE V.—Summary of Treatment of Defects as shown in Table IV. (A, B, C, D AND F, BUT EXCLUDING E).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments... ..	1,740	1,729	—	1,729
Visual Defects ... ..	96	—	93	93
Defects of Nose and Throat ... ..	141	—	127	127
Dental Defects ... ..	1,005	731	—	731
Other Defects ... ..	256	193	42	235
Totals ... ..	3,238	2,653	262	2,915

## BOARD OF EDUCATION TABLES.

TABLE VI.—Summary Relating to Children Medically inspected at the Routine Inspections during the Year 1920.

(1) The total number of children medically inspected at the routine inspections*	1,860
(2) The number of children in (1) suffering from—	
Malnutrition ... ..	18
Skin Disease ... ..	60
Defective Vision (including Squint) ... ..	122
Eye Disease ... ..	33
Defective Hearing ... ..	20
Ear Disease .. ...	26
Nose and Throat Disease ... ..	321
Enlarged Cervical Glands (non-tubercular) ... ..	—
Defective Speech ... ..	12
Dental Disease ... ..	150
Heart Disease	
Organic ... ..	11
Functional ... ..	43
Anæmia .. ...	29
Lung Disease (non-tubercular) ... ..	68
Tuberculosis—	
Pulmonary { definite ... ..	1
{ suspected ... ..	9
Non-Pulmonary ... ..	3
Disease of the Nervous System ... ..	11
Deformities... ..	53
Other defects and diseases ... ..	47
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or foot-gear) who require to be kept under observation (but not referred for treatment).	213
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.	285
(5) The number of children (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.).	264

\* "Specials" are not included in this Table.