[Report 1926] / Medical Officer of Health and School Medical Officer of Health, Swindon Borough.

Borough of Swindon
EDUCATION COMMITTEE

Annual Report

FOR THE YEAR 1926

OF THE

School Medical Officer,

DUNSTAN BREWER, M.R.C.S., L.R.C.P., D.P.H.

JOHN DREW (Printers) Ltd., 51, Bridge Street, Swindon.

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Miss E. M. PILCHER.
3 years Certificate of Hospital Training.
School Nurses and Health Visitors and Tuberculosis Certificate
Certificate of the Royal Sanitary Institute.

Miss L. M. GRIFFIN.
3 years Certificate of Hospital Training.
Certificate of Central Midwives Board.

BOROUGH OF SWINDON.

EDUCATION COMMITTEE.

Area	4,265 Acres
Number of Elementary Schools	14
Number of School Departments	31
Recognised Accommodation	10,560
Number of Children on Register	9,140
Average Attendance	8,169

Number of Secondary Schools	2
Number of Scholars on Roll :—	
The College Secondary School	505
Euclid Street ,, ,, ...	300

To the Chairman and Members of the Education Committee of the Borough of Swindon.

LADIES AND GENTLEMEN,

I have pleasure in presenting the report upon the Medical Inspection and Treatment of School Children in the Borough for the year 1926.

On the 1st June, when Dr. Fleming took up his duties as Assistant School Medical Officer, the staff of the School Medical Department was complete and a position was attained which was satisfactory and which gives some promise of permanency.

1926 was the healthiest year in the history of Swindon and the work of the School Medical Department was less hampered by epidemic disease than in any previous year. But 1925 had been difficult, leaving behind it some arrears of work which could not be completed before the end of the year and a formidable list of defects which, originating in 1925, came forward for remedy in the year we are reviewing. The severe and widespread outbreak of measles which permeated the whole borough in 1925, and the more localized outbreak of scarlet fever which was contemporary with it, left a large number of children with damaged throats and ears which, in the course of time, would become ripe for treatment under the School Medical Department. It was known therefore before the year started, that the throat and ear work in 1926 would be exceptionally heavy. About the end of March, when both measles and scarlet fever had subsided, it was possible to estimate the amount of injury which had resulted; in the case of scarlet fever with a very fair approach to numerical accuracy, but in that of measles only with a vague estimation.

For some years the work in connection with mental defection had been falling into arrears and one of the major tasks for 1926 was to bring this work up to date.

Though 1926 was exceptionally free from disease and no undue prevalence of any infection was recorded in the borough, the death rate among the children of school age did not participate in the great reduction which had occurred in the deaths of infants, toddlers, and adolescents. Indeed, the school age did somewhat badly, there being in 1926, 29 deaths against 18 in the preceding year. Of these deaths, eight were due to tuberculosis; seven to rheumatic infection; four to pneumonia; and three for certain (and five in all probability) due to diphtheria. Two of the deaths

occurred in imbeciles. The most striking matter in this list is the death rate from rheumatic affections, for child rheumatism, though one of the commonest and most important of the permanent crippling diseases, has but a low immediate fatality and this most exceptional number of seven deaths suggests a prevalence of rheumatic disease of formidable extent and severity. Previous to the year 1925, Swindon children had for many years been singularly free from the rheumatic infections and their resulting disabilities, but in 1925 the position changed and infantile rheumatism began to increase and to assume epidemic prevalence.

The dental department, strengthened by the appointment of a second dentist at the end of 1925, was able to cope more effectively with the extensive problem which is before it, and though the ideal of a dentally fit population is still very far from realization, the extension of dental inspection and treatment of school children is ensuring a position for the future, which in the past we have despaired of reaching.

The progress of school medicine is dependent upon the findings of research ; the object is remote, rather than immediate. Its value depends chiefly upon our ability to recognise those early departures from normal physiological activity which precede and eventually develop into disease. All modern investigation points to disease being the outcome of numerous adverse factors, some of which are very lengthy in their action. Even acute disease which apparently starts abruptly in those who are presumably vigorous, is dependent partly upon causes which have been acting for years. We have reason to believe that tuberculosis, even though it may show no tangible sign of its existence until late in life, is invariably due to infection at a very early stage and subsequent slow development due to the operation of adverse factors. For years we have spoken of pre-tuberculous conditions and have assumed, as we know now without the smallest atom of evidence, that there were persons in certain states and conditions which were more prone than others to infection with tuberculosis. Unfortunately, this doctrine led to the invention of a state of health which has no real existence. There is, of course, a bodily condition which is not normal, which precedes the development of clinically recognizable tuberculosis and this period may be one of many years duration. But it is not a pre-tuberculous, but an actual tubefculous state. What its signs are and how they may be recognised, we are yet to learn. The same is true unquestionably of appendicitis, peptic ulcers, pernicious anaemia, and of the chronic diseases of the heart and vascular system ; and in all probability of all other human diseases both acute and chronic. The problem before us is not the detection of obvious diseases but the recognition of abnormal states long before they exercise any apparent effect upon local or general health.

School medicine is the most difficult of all branches of the medical art and requires a riper experience and a greater erudition than any other work which the medical profession is called upon to perform. This is not recognised now, nor can we hope that it will be recognised in the near future. The more showy and exciting departments of medicine are naturally more attractive and much more remunerative, for dexterity and skill are always more estimated than judgment, as the results of art are more tangible than those of philosophy. But one can foresee a time when the objective of school medicine will be the highest possible consideration of applied biology.

MEDICAL INSPECTION.

The Board's schedule for routine inspections was adhered to in 1926, except that owing to a misapprehension, the intermediate inspection was carried out in children age seven instead of eight. This will necessitate an adjustment in the year 1927.

FINDINGS OF MEDICAL INSPECTION.

The schedule of statistics at the end of the Report will show the nature and extent of the findings of medical inspection. Some slight difference between the figures for this year and for those which preceded it, will be observed and call for explanation. The alteration in the personality of the inspectors reacts upon their findings for though many of the points looked for are standardized, a very large number are not and are matters of opinion or estimation. This personal factor is difficult to guage. Reviewing the finding of 1925 and 1926, the marked reduction in the recorded number of squints is due to the personal factor of the inspectors, as also is the increase in anaemia, the non-tuberculous lung diseases, and of the functional diseases of the heart. On the other hand the increase in ear disease and of throat disease and the marked diminution in enlargement of the thyroid gland are genuine differences. The first two resulted from the aftermath of measles and scarlet fever, and the last is due to factors which will be discussed subsequently.

INFECTIOUS DISEASES.

There is little to say in regard to the infectious diseases in 1926. During the first quarter of the year, the outbreak of scarlet fever which had been dominant in the second half of 1925, was still evident, but beyond this the schools were practically free from epidemic disease.

FOLLOWING UP.

The following up of children suffering from physical defects has always received close attention in Swindon, and it is rare for a defect requiring treatment not to receive appropriate treatment where such is available.

MEDICAL TREATMENT.

The scheme of medical treatment, in so far as it is carried out at the school clinics themselves, has been in a satisfactory, stationary condition for some years ; but during 1926 considerable attention was given to the needs of children who require specialized treatment for which there is no available machinery in the School Medical Department, and for which it is not advisable to make such provision. The present uncertain state of the general hospital scheme, makes it particularly difficult to obtain adequate treatment for exceptional conditions at a reasonable cost, and necessitates every case requiring such treatment undergoing an unnecessarily prolonged and complicated enquiry. The scheme for the treatment of orthopaedic cases is now settled, though it has not yet received the final sanction. This will admit of all cases that so require it, to obtain treatment at the County Council Orthopaedic Clinic on the recommendation of the School Medical Officer, and all cases requiring in-patient treatment being accommodated at Bath Orthopaedic Hospital. A scheme for the surgical treatment of ear cases which resist ionisation was sanctioned during 1926, but here again the difficulties of the hospital situation have not permitted the work being carried out. There are a number of other conditions, individually rare, but collectively not inconsiderable, suitable for treatment in General or Special Hospitals, for which arrangements might be made between the Education Authority and Hospital Managers to enable this work to be done without unnecessary expense and waste of time. The School Medical Department has its own Clinics for Ear, Nose, Throat and Eye Diseases ; for Ionisation ; for X-ray screening and photography ; for Pathalogical, Haematological, and Bacteriological investigations ; and can institute special Clinics for special investigations. But in all these departments, cases are met with occasionally which are beyond our capacity to deal with effectually and which require more highly specialized advice or treatment than we can furnish.

OPEN-AIR EDUCATION.

There is no Open-air School in Swindon, though the question of providing one has been before the Education Committee for some time. It is very urgently needed.

PROVISION OF MEALS.

The Education (Provision of Meals) Acts of 1906 and 1914, were in force in the Borough throughout the year. The scheme for carrying out this work remains similar to what was in vogue last year. It is extremely simple, easy to administer and very cheap, but efficient for dealing with local needs.

SCHOOL BATHS.

There are no school baths in Swindon, nor indeed are there any public baths. The Great Western Railway Medical Fund Society possess private baths and swimming baths which, for all practical purposes, are open to the public. The swimming instruction of the scholars is carried out in these baths.

CO-OPERATION OF PARENTS.

The co-operation of parents, teachers and school attendance officers, with the School Medical Department is complete and no difficulties arise in connection with the subject. Voluntary bodies are rare in Swindon, but there is a fund—The Currey Memorial Trust Fund—which supplies spectacles, surgical appliances, etc., to children in needy circumstances, which affords considerable help.

The whole Public Health Department of Swindon is developed on co-operative lines, every endeavour being made to meet with success by obtaining the interest and help of all members of the community in the furtherance of this great communal work. The co-operation of the parents and the *co-operation of the children themselves* are absolutely essential if its object is to be achieved. A system of unconscious but intensive education is gradually moulding the mind of the coming generation to look upon preventive and curative medicine in a very different light from that in which they are regarded by their parents.

DEFECTIVE CHILDREN.

Though medical inspection reveals that about 50% of all children present some form of defection, the expression ' defective child ' is used in a special sense to mean a child who, by reason of physical or mental defect, is incapable of receiving instruction in an ordinary elementary school. It is the duty of every Education Authority to keep a register of all such children ; to establish machinery for their discovery and for their periodical examination ; and to supply such means of treatment as the Board of Education sanction. Table III in the Appendix gives the present state of

the defective children register. In practice the defective child presents an exceedingly complicated problem. Fortunately the conditions which amount to defection are individually uncommon, but they all require individual consideration. The mentally defective children present the greatest problem. During 1926 a determined effort was made to discover the true state of Swindon in regard to mental defection, so that we should know as nearly as possible the exact number of mentally defective children in the town, the precise state of their mentality and be in a position to formulate a comprehensive scheme for dealing with them. Altogether 60 children were submitted to detailed examination on account of suspected or alleged mental defection: of these one was found to be normal; 26 were found to be unquestionably defective; 28 were found to be either backward, dull or peculiar, but definitely not defective; and 5 are still doubtful and awaiting further consideration. Since human mentality differs in degree from total mindlessness to a degree of capacity beyond the comprehension of the average mind, and every conceivable gradation from the one extreme to the other is met with, it follows that there can be no fast line between the normal and the defective.

In practical work it is comparatively easy to recognise the lower grades of defection, but in the higher grades, in which failure of adaption to environment or incapacity to convert knowledge into wisdom may be the only evidence of defection, the problem is one of extreme difficulty. We search for the mental defectives amongst the dunces, but by no means all dunces are defectives, nor are all defectives dunces. The problem of mental defection is extremely depressing, both as regards prospects of prevention and cure, but the oft-repeated statement that prevention must always be beyond us, is unjustifiably gloomy. The congenital cases, and these unfortunately form the majority, having their origin before birth are not capable of immediate prevention; but a proportion of mentally defections take their origin from diseases or injury to the brain in the early months of separate existence and it is by no means impossible that mental defection could be prevented in such cases, even if the organic disease from which they spring is incapable of remedy. Indeed, there is some evidence that these cases of so called secondary amentia are preventable if they are recognised and treated sufficiently early. Mankind has suggested, and has actually tried, numerous ways of dealing with mental deficiency, from leaving the cases alone to die of starvation or neglect, to enforced segregation, sterilisation, and the lethal chamber. All these methods have been tried and none has been found satisfactory, but on the whole enforced segregation has been the least unsatisfactory procedure. Unfortunately it is the most expensive.

The physically defectives, including the blind and deaf, are very much more hopeful both from the point of view of prevention

and of cure. Indeed the most brilliant result of modern preventive medicine is the prevention of blindness, deafness, and deformities and some of the most acceptable improvements in curative treatment are in the cure of crippling defects. It is therefore necessary to exercise a keen look-out for the earlier stages of crippling defects and to start treatment immediately. The treatment is often long and expensive, but, as recently stated by an American actuary, money spent in the mitigation of defection returns a higher dividend than any other investment.

SECONDARY SCHOOLS.

Though the records for the secondary schools are kept separate for administrative purposes, no distinction whatever is drawn between the children in the elementary and secondary schools in regard to medical inspection and treatment, except that certain extra details are added to the inspection schedule of the secondary school scholars. Owing to certain administrative difficulties the treatment of the secondary school children had, in part, to be deferred. This was particularly the case in regard to dental treatment among the children who had been routine inspected towards the end of the year.

SPECIAL INQUIRIES.

A Clinic for the investigation and treatment of disorders of the thyroid gland was held each week throughout the year. All the old cases which were tracable were kept under observation and 29 new cases were added to the list. It is not proposed this year to enter into any further discussion on the question save to remark first, that the incidence of thyroid disease in Swindon is declining with great rapidity, and secondly, that in 1926, for the first time, the incidence of thyroidism was reflected in the death returns, five deaths in the town being attributed directly to thyroid disease.

The investigation into the blood conditions of children made considerable progress during 1926, but the matter is so extremely complex that it may, with advantage, wait over until considerably more evidence is available.

An investigation into factors leading to the condition known as tonsils and adenoids is being undertaken conjointly by the School Medical and Child Welfare Departments. The first investigation is taking the form of summarising the recorded histories of children who eventually require operative treatment. It is strictly limited to those children whose life history is actually known to us and whose records are available at the Health Office.

CONCLUSION.

The most pressing need in school medicine is the establishing of standards and the determination of the limits of physiological variation ; its great danger is degeneration into a routine, monotonous and unprogressive. The introduction into the work of the School Medical Inspector of special investigations and research is not a superaddition to his duties, but an essential to prevent his work from becoming a mere compilation of statistical figures. Though it is essential to have a schedule of medical inspection, to keep the items on the schedule as few as possible, and to fill in the details according to a definite and methodical code, the functions which make up the living body are so numerous and so vastly complicated that the most perfectly devised schedule can only deal with but a small fraction of the whole story. The co-relation of the various structures and actions of the organic being is but imperfectly known to us, though it is certain that there is correspondence between various factors which, on surface view, have no apparent connection. But the proof of significant relationship between even two factors, both of which are capable of estimation and of definition, is long, difficult and costly. Where the factors are numerous, indefinite, confused and incapable of mathematical expression, the co-relation between their functions may require observations running into millions before their significance can be established. One will not therefore attempt research into factors until primary investigation has shown some probability of relationship ; for although we have strong reason to suspect that many of the main causes of disease are dependent upon factors which have not been suspected, and upon forces which are quite unknown to us, life being limited, and patience still more so, we cannot be expected to waste either in investigations which give no promise of profit. Yet there can be no doubt that we must angle in obscure waters to land anything which is not already caught. We know precisely what we want from school medicine, but we do not know at present how we can obtain it and it may require many generations of research and experience before we can answer the question, ' Here is the child. What is its physiological value, and what will be its history ? '

DUNSTAN BREWER,

School Medical Officer.

February, 1927.

APPENDIX I.

REPORT OF SCHOOL DENTAL SURGEON.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I beg to submit the Annual Report on Dental Inspection and Treatment for the year 1926. 13 Elementary Schools comprising 29 departments have received Dental Inspection.

To the end of the year treatment has been carried out for 11 schools, comprising 25 departments. 1295 parents attended at inspections, and it is gratifying to note the increased interest that is being taken with respect to the dental welfare of the children. The work at the Clinic has been steadily increasing during the year. Over 70% of the Children referred have attended for treatment. This is an increase of 10% over last year.

ELEMENTARY SCHOOLS.

4114 Appointments were made, 3721 or 90.4% were kept.
1557 teeth were filled and 2949 teeth were extracted.
An anaesthetic was used in every case where extraction was necessary. The dental nurse was present at practically all the sessions in the clinic, where her services are invaluable.

Again I would urge the necessity of considering the appointment of a second dental nurse in order to cope with the increasing clerical and clinical work. I am certain that many more patients could be seen by the Dental Surgeons if this was done.

The procedure of seeing all children up to 9 years of age, and following up those who receive treatment, till they leave school is being carried out.

ROUTINE INSPECTION.

5320 Children were inspected in the Schools.
26.5% or 1412 Children were found free from caries.
1.2% or 67 Children were found to require no treatment.
61.5% or 3274 Children were recommended for treatment to end of year.
70.3% or 2304 Children recommended for treatment attended the Clinic.

The total number of individual children including 'special' cases who attended the clinic was 2440 who made 3721 attendances, 1829 of those were rendered dentally fit as the result of treatment.

The last half hour in the morning session (11.30 to 12) continues to be kept for special and casual cases, (*i.e.*, Those cases requiring treatment, who have not a definite appointment).

SECONDARY SCHOOLS.

During the year 312 pupils were treated at the Dental Clinic. They made 762 attendances. 227 teeth were extracted, 542 teeth were filled and 149 scalings carried out. This was the treatment resulting from the Dental inspection of the Secondary Schools made at the close of the year 1925 when 749 were inspected and 613 were referred for treatment, so that 50% of those referred attended the Clinic.

Dental inspection has been completed for the pupils attending 'The College Secondary School' Victoria Road. 485 were seen, 35.4% or 172 were found to require no treatment. This is an increase of 12% sound since the first inspection in 1925.

I am of the opinion that this would have been much larger had many of the pupils who stated that they were going to be treated privately, carried this out. It was amongst many of them that progressive caries was evident.

The importance of Oral Hygiene cannot be too strongly advocated. A clean healthy mouth is one of the greatest assets towards good health. The help given by the School Teachers, and members of the Medical Department has been greatly appreciated by the Dental Staff, and I take this opportunity of acknowledging it.

W. KENYON BERRIE, L.D.S., R.F.P.S.G.,
School Dental Surgeon.

January, 1927.

APPENDIX II.

REPORT OF THE OPHTHALMIC SURGEON.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to submit my Report for the year 1926.

The work of the Eye Clinic has been carried on throughout the school year. The total number of children examined has shown an increase on the previous year, partly because there has been no serious interference with the work through illness during the period under review, and also because I have had in the later months great assistance from Dr. G. Fleming. The help which he has given in dealing with the refraction work has enabled us to reduce the waiting list to quite normal and manageable proportions, and has made it possible to devote more time to each individual child.

I have again made much use of the Oxford Eye Hospital, both for cases requiring operation, mainly those of squint which for various reasons have not responded well to treatment by glasses, and for inflamatory conditions which have required inpatient treatment. In connection with the last type of case, I am glad to record that we have now a valuable addition to our means of treating delicate children, namely an arc lamp for providing baths of artificial sunlight. In certain cases it has proved to be a most effective aid in building up the child's weakened defences against disease, and has, without doubt, reduced the time required to bring about a restoration to normal health.

The arrangements for providing glasses continue to be satisfactory, and I wish again to express my thanks to the Nursing and Clerical Staffs, for their share in maintaining the efficiency of the service.

O. B. PRATT.

M.A., M.B., D.O., M.R.C.S., L.R.C.P.,
Ophthalmic Surgeon.

APPENDIX III.

HEALTH EDUCATION IN SCHOOLS.

Since the maintenance of health depends, in great part, upon the practice of healthy habits, and as such habits must be founded upon a knowledge of biological processes and rendered automatic in their performance by proper training of the instincts, it follows that education in health can be given in the same manner as mental and moral training, and can, and should be, one of the fundamental functions of public education. Yet though we look to the training in healthy instincts of the coming generation as our chief arm in the war against disease, and although much thought and study have been given to the subject in all civilised countries, more especially in England and the United States, it must be admitted that we have made little or no progress in a practical direction. In some respects things are better than they were. We need go no further back than the time of our own infancy, when any form of biological instruction or precept was excluded from education, to explain the ignorance of the present adult generation on all matters concerning life. But during the present century the elements of biological teaching have found their way into all school curricula so that there are few children or young adults who have not, through nature study, botany or informal instruction, immerged from the absolute darkness of former generations. In recent years, definite classes in so-called hygiene have been introduced into schools ; but these have done little if anything to inculcate the spirit of healthy habit or, indeed to train the infantile mind to realise the true meaning and value of health. It is not the instillation of knowledge, but the establishment of habits which is the aim of the teaching of hygiene and that aim is not fully attained until by instruction, precept and repetition, these habits become automatic. The Americans, who have paid great attention to this subject, have discovered the great practical difficulties which have to be overcome. They, as we, are utterly dissatisfied and recognise that though school life and training is very apt to produce habits which are bad, but little is done to produce or to encourage those which are good. It must be admitted that school premises and the whole school life offend in nearly every particular the principles of healthy living. It certainly is exceedingly difficult to make children realise the advantages of proper ventilation, feeding, clothing, exercise and rest, when they are living under conditions where practically everything is contrary to what it should be. But though, so long as we continue our methods of scholastic education, circumstances must always be unfavourable to the establishment of the habits of health, there is no reason why these should not be mitigated as far as possible and attempts made to minimise what is objectionable.

It is a truism that no one can teach efficiently who is not a teacher, so there can be no question that the teaching of health

to children must fall within the province of the teacher. But the teacher must know, not only how to teach, but what to teach. Though there are many exceptions, the teachers in our elementary and secondary schools and colleges and universities have little knowledge of, and no interest in, applied human biology, though some of them know a little text-book physiology, some very questionable pathology, and some obsolete municipal hygiene which is better forgotten. Many of us think that to make health lessons a special subject defeats its object and that the instillation of sound knowledge in the matter of health can only be obtained by giving instruction in connection with other lessons, particularly in those that are of a practical nature. Proper habits of feeding and nutrition are most acceptable in a cookery class ; of exercises and clothing in the gymnasium, and the general principles of physiological action, in connection with nature study in the elementary or biology in the advanced classes. One cannot help feeling that if our teachers were trained systematically in the appreciation of practical physiology, the transgressions against hygiene which are apparent in everything connected with school buildings, equipment, curricula: manipulation and ideal, would become at least as unobvious as circumstances permit.

The Assistant Medical Officers in the course of their duties and in their journeys round the schools come across various offences against the laws of hygiene which they report upon. Though all are real, some do not admit of remedy without fundamental change in the whole system, but many ask for nothing more than that those who have the care of children should have some acquaintance with the needs of their health. To give one or two examples :—

> It should be required that every child should have a handkerchief and a pocket wherein to keep it. Boys always have pockets, but seldom have handkerchiefs ; girls sometimes have handkerchiefs, but very seldom pockets ; infants seldom have either. Every child should have a handkerchief and at the beginning of school should be required to demonstrate its existence. If it is not forthcoming, a paper handkerchief might be provided. The first lesson in school and the last also, should be handkerchief drill. This seems almost a puerile matter and it is often so regarded ; or looked upon as a trivial detail of personal cleanliness or tidiness. Yet it is the most valuable means of combating serious infections, of far more consequence in overcoming the spread of disease in schools than are most of the orthodox measures, many of which are useless, and upon which thousands of pounds are spent yearly. Behind the proper use of the handkerchief lie biological considerations of the first importance, and though to teach children the use of the pocket handkerchief is a simple matter, it requires a profound knowledge of epidemiological factors to understand its value. Another point

is that children should be encouraged to bring to school, or to keep at school, a second pair of shoes ; or should be encouraged to wear over-shoes in wet weather ; or some similar means should be devised to prevent children from sitting in wet boots. It does no harm to get the feet wet, but it does considerable harm to have them chilled over a prolonged period. The ideal solution is not to wear uppers at all ; and perhaps at some future age, their use will be as obsolete as is the wearing of swords at present. That time has not yet come. Nor will it come until mankind has, by education and experience, been made to realise that boots are just as useless as swords, that they are equally inconvenient and rather more dangerous. At present we can sow the seed for a more enlightened age by fixing in the minds of children while they are developing, the danger of sitting still with cold feet in wet boots.

These two examples will serve to illustrate what is meant by the teaching of healthy habits to children. As the children's minds develop the reasons of such habits of health may be unfolded to them in accordance with their capacity to understand ; so that, ere their education is finished, they will understand what is meant by such conceptions as droplet infection, food deficiency and unhealthy mental action. For until the public does have reasonably correct ideas of what these things mean, not all the advancement of science nor the art of physicians can ever prevent mankind from suffering from their results. The training of the teaching profession in the elements of practical physiology is the first essential. Not that reading of examination-text-book—pseudo-scientific-morphology which caricatures under the name of biology which Professor Leonard Hill, with his usual vigour, calls ' sterile humbug ' but practical training in the phenomena of life and the deductions which are to be drawn from biochemical and neural functions. Of course it will be said that such an ideal is impossible, as it verloads the curriculum for the child and requires from the teaching profession a higher erudition than can be expected. But surely it is at least as important that a man should know how to guard himself from dying in middle age and leaving a wife and family unprovided for as that he should know the elements of geometry ; the power to modify his own history to his advantage is of greater value than the knowledge of the stupidities which have marred the history of his ancestors. And surely it is an undeserved insult to the members of the teaching profession to suggest that it is impossible to train them to wisdom.

The teaching of health to all mankind, from the cradle to the grave, must be done—and it will be done. For the powers that are determined that it shall be done cannot be turned from their purpose by prejudice, abuse or ridicule, and they are finding the ways by which their object can come not to pass, but to stay.

APPENDIX IV.

THE CONNECTION OF ASYMMETRICAL DEVELOPMENT OF THE FACE WITH ERRORS OF VISION.

The following fragment is culled from a somewhat prolonged series of observations made in the years 1918 to 1920 upon the distribution of asymmetry and allied stigmata and their connection with the defects of school children. No part of these observations have so far been utilized and the excuse for bringing forward this fragment is that investigation into the causes of defective vision are now being prosecuted and the subject reveals itself as being extraordinarily complicated and difficult. If this statistical evidence will stand and it is true that inequality of visual acuity is four times as common in a symmetrical as in symmetrical faces, we could scarcely escape from the conslusion that departure from normal visual development must be, in part, dependent upon the development of the face ; and that the causes, or some of the causes, of defective vision of refractive origin must be sought in the causes which produce or interfere with the normal growth of the face. If this is so, it would connect defective eyesight with defective dentition and adenoids ; throwing all three back to an anterior common factor. Asymmetry of the face, of such extent that it can be estimated without precise measurements, is rare in infancy, but becomes more common as the age advances. Amongst 3 year-olds only 3% are asymmetrical, amongst 12 year olds 30% are asymmetrical.

THE CONNECTION BETWEEN ASYMMETRY OF THE FACE AND DIMINISHED VISUAL ACUITY. RESULTS BASED ON 1764 CHILDREN BORN IN 1898, EXAMINED 1911.

The four subjoined tables show that there is an intimate connection between asymmetry of the face and subnormal visual acuity.

From Table III we learn—

1. Vision less than normal, (*i.e.*, less that $^6/_6$ in either eye) is nearly twice as common in asymmetrical as in symmetrical children.

2. Vision distinctly abnormal (*i.e.*, $^6/_{12}$ or less in either eye), is considerably more than twice as common in asymmetrical as in symmetrical children.

3. Inequality of the acuity in the eyes is more than four t mes as common in asymmetrical as in symmetrical children.

4. High abnormality in both eyes (*i.e.*, both eyes 6/12 or worse) is only about 40% more common in asymmetrical than in symmetrical children.

5. But severe abnormality in one eye (*i.e.*, less than 6/12 in one and more than 6/12 in the other eye) is very nearly four times as common in asymmetrical as in symmetrical children.

It would therefore appear that the extraordinary high percentage of visual defect in asymmetrical children is mainly due to the fact that when the face is asymmetrical, the sight is usually less acute, frequently very much less acute in one eye than in the other.

From Table IV we gather—

6. When the visual acuity is unequal in the two eyes in a child whose face is asymmetrical, such asymmetry affecting the levels of the external canthi, the sight in the eye having the canthus on the higher level is inferior to that of the other eye in two cases out of three.

Further Observations.

1. In children whose faces are asymmetrical but in whom the external canthi are on the same level, the visual acuity and the percentage of cases when the visual acuity is different in the two eyes are similar to what obtains in symmetrical children.

2. In symmetrical children the sight in the two eyes is equal in about 86% of cases, and in the 14% where it is unequal, such inequality can usually be accounted for by opacities, squint or other one-sided affections. But all cases cannot be so accounted for.

In the subjoined tables, the figures given for Visual Acuity are the demoninators of the fraction, the numerator always being 6.

The Visual Acuity of Asymmetrical Children born in 1898 and examined in 1911.

TABLE I.

Visual Acuity.	Boys. No.	Boys. %	Girls. No.	Girls. %	All. No.	All. %
6.6	96	35.03	57	21.83	153	28.59
8.8	23	8.39	22	8.42	45	8.41
12.12	2	0.72	9	3.44	11	2.06
18.18	6	2.18	9	3.44	15	2.84
24.24	0	0	6	2.29	6	1.12
36.36	1	0.36	0	0	1	0.18
60.60	0	0	1	0.38	1	0.18
6.8	69	25.18	65	24.90	134	25.04
6.12	8	2.91	17	6.51	25	4.67
6.18	7	2.55	6	2.29	13	2.43
6.24	1	0.36	1	0.38	2	0.37
6.36	4	1.45	1	0.38	5	0.94
6.60	2	0.72	2	0.76	4	0.74
8.12	20	7.29	31	11.87	51	9.53
8.18	2	0.72	4	1.53	6	1.12
8.24	0	0	1	0.38	1	0.18
8.36	4	1.45	0	0	4	0.74
8.60	1	0.36	1	0.38	2	0.37
12.18	11	4.01	9	3.44	20	3.74
12.24	3	1.09	3	1.14	6	1.12
12.36	0	0	1	0.38	1	0.18
12.60	3	1.09	0	0	3	0.56
18.24	8	2.89	4	1.53	12	2.25
18.36	0	0	3	1.14	3	0.56
18.60	1	0.36	2	0.76	3	0.56
24.36	2	0.72	2	0.76	4	0.74
24.60	0	0	2	0.76	2	0.37
36.60	0	0	2	0.76	2	0.37

The condition of the Visual Acuity in Asymmetrical Children born in 1898 and examined in 1911.

TABLE II.

Visual Acuity	Boys		Girls.		Both Sexes	
	No.	%	No.	%	No.	%
Normal 6 + 6	96	35.03	57	21.83	153	28.59
Abnormal	178	64.96	204	78.16	382	71.40
Abnormal 1 eye	91	33.21	92	35.24	183	34.20
Abnormal 2 eyes	87	31.75	112	42.91	199	37.19
Acuity equal both eyes	128	46.71	104	39.84	232	43.36
Acuity unequal	146	53.28	157	60.15	303	56.63

A Table showing the connection between Asymmetry of the Face and unequality in the Visual Acuities of the eyes.
Children born 1898, examined 1911.

TABLE III.

Visual Acuity	All Cases.		Symmetrical Cases		Asymmetrical Cases.	
	No.	%	No.	%	No.	%
No. examined	1794	....	1259	....	535	....
Acuity normal 6+6	954	53.17	801	63.62	153	28.59
Acuity abnormal	840	46.82	458	36.37	382	71.40
Acuity equal both eyes	1314	73.24	1082	85.94	232	43.36
Acuity unequal	480	26.75	177	14.05	303	56.63
Acuity 12+12 or better	1368	76.25	1036	82.28	332	62.05
Acuity less than 12+12 unequal	186	10.36	73	5.79	113	21.12
Acuity less than 12+12 but equal	240	13.37	150	11.91	90	16.82
Total below 12+12	426	23.74	223	17.71	203	37.94

A Table showing the distribution of Visual Acuity in Asymmetrical Children, where one outer canthus was definitely on a higher level than the other. Children born 1898, examined 1911.

TABLE IV.

	Where R Canthus higher.						Where L. Canthus higher						Total Canthi on diff. levels.					
	V.A. equal.		better eye in higher		better eye in lower.		V.A. equal.		better eye in higher		better eye in lower.		V.A. equal.		better eye in higher.		better eye in lower.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Boys	55	37.6	28	19.1	63	43.1	46	46.0	16	16.0	38	38.0	101	41.0	44	17.8	101	41.0
Girls	44	36.6	30	25.0	46	38.3	44	35.4	30	24.1	50	40.3	88	36.0	60	24.5	96	39.3
Both Sexes	99	37.2	58	21.8	109	40.9	90	40.1	46	20.5	88	39.2	189	38.5	104	21.2	197	40.2

ELEMENTARY EDUCATION.

Statistical Tables.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	826
Intermediates	706
Leavers	925
TOTAL	2457
Number of other Routine Inspections ..	Nil

B. OTHER INSPECTIONS.

Number of Special Inspections ..	2262
Number of Re-inspections ..	3904
TOTAL	6166

TABLE II.—A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1926.

Defect or Disease.		Routine Inspections — No. of Defects.		Special Inspections — No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment
(1)		(2)	(3)	(4)	(5)
	Malnutrition	10	....	....	....
Skin	Ringworm :—				
	Scalp	16	....	83	....
	Body	5	....	18	....
	Scabies	....	....	10	....
	Impetigo	4	....	56	....
	Other Diseases (non-Tuberculous)	108	8	367	....
Eye	Blepharitis	59	....	65	....
	Conjunctivitis	4	....	20	....
	Keratitis	1	....	....	....
	Corneal Opacities	1	....	3	....
	Defective Vision	225	....	9	....
	Squint	32	2	15	....
	Other Conditions	11	3	64	....
Ear	Defective Hearing	108	4	69	11
	Otitis Media	3	....	57	12
	Other Ear Diseases	171	7	276	17
Nose and Throat	Enlarged Tonsils only	12	15	64	42
	Adenoids only	9	2	17	12
	Enlarged Tonsils and Adenoids	9	10	87	6
	Other Conditions	18	22	67	12
Glands	Enlarged Cervical and Sub-max : (non-Tuberculous)	5	8	89	36
	Enlarged Thyroid	33	....	34	5
Speech	Defective	3	7	2	....
Teeth	Dental Diseases	324	....	6	....
Heart & Circulation	Heart Disease :—				
	Organic	3	6	3	5
	Functional	5	26	4	9
	Anaemia	14	5	3	....
Lungs	Bronchitis	1	1	5	2
	Other Non-Tuberculous Diseases	17	29	37	20
Tuberculosis	Pulmonary :—				
	Definite	....	....	1	....
	Suspected	3	2	6	6
	Non-Pulmonary :—				
	Glands	1	....	1	1
	Spine	....	....	....	1
	Hip	....	....	....	....
	Other Bones and Joints	....	2	....	....
	Other Forms	....	....	1	....

TABLE II. A—(Continued).

Defect or Disease.		Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Nervous System	Epilepsy	....	3	....	5
	Chorea	3	2	3	5
	Other Conditions	9	14	36	34
Deformities.	Rickets	9	1	3	3
	Spinal Curvature	11	6	6	5
	Other Forms	12	10	5	7
Other Defects or Diseases		74	44	413	50

B. Number of INDIVIDUAL CHILDREN found at ROUTINE Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children		Percentage of Children found to require treatment. (4)
	Inspected (2)	Found to require treatment (3)	
CODE GROUPS:			
Entrants	826	231	27·9
Intermediates	706	211	29·8
Leavers	925	287	31·0
Total (Code Groups)	2457	729	29·6
Other Routine Inspections	—	—	—

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

			Boys	Girls	Total
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	2	2	4
		Attending Public Elementary Schools	....	....	....
		At other Institutions	1	1	2
		At no School or Institution	3	....	3
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	....	....	....
		Attending Public Elementary Schools.	4	1	5
		At other Institutions	....	....	....
		At no School or Inscitution	1	....	1
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf.	3	2	5
		Attending Public Elementary Schools.	....	....	....
		At other Institutions	....	....	....
		At no School or Institution	....	....	....
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf.	....	....	....
		Attending Public Elementary Schools.	6	1	7
		At other Institutions	....	....	....
		At no School or Institution	....	....	....
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children.	5	5	10
		Attending Public Elementary Schools.	8	9	17
		At other Institutions	....	2	2
		At no School or Institution	3	2	5
	Notified to the Local Control Authority during the year.	Feebleminded.	1	1	2
		Imbeciles	6	1	7
		Idiots.	....	....	....
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	2	1	3
		In Institutions other than Certified Special Schools	....	....	....
		Attending Public Elementary Schools.	....	....	....
		At no School or Institution	2	....	2
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools.	5	4	9
		At no School or Institution	....	2	2

TABLE III.—(Continued).

			Boys	Girls	To tal
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	....	....	....
		At other Institutions	....	....	....
		At no School or Institution	1	1	2
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	....	....	....
		At Certified Residential Open Air Schools.	....	....	....
		At Certified Day Open Air Schools.	....	....	....
		At Public Elementary Schools	10	1	11
		At other Institutions	....	....	....
		At no School or Institution	2	1	3
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open Air Schools.	....	....	....
		At Certified Day Open Air Schools.	....	....	....
		At Public Elementary Schools.	32	24	56
		At other Institutions.	....	....	....
		At no School or Institution	....	4	4
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board.	2	....	2
		At Public Elementary Schools	7	2	9
		At other Institutions	....	....	....
		At no School or Institution	4	2	6
	Cripple Children (other than those with active tuberculous disease), e.g., children suffering from paralysis &c., and including those with severe heart disease.	At Certified Hospital Schools	....	1	1
		At Certified Residential Cripple Schools.	....	....	....
		At Certified Day Cripple Schools.	....	....	....
		At Public Elementary Schools	20	31	51
		At other Institutions.	....	....	....
		At no School or Institution	4	7	11

TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1926.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect.	No. of Defects treated under Authority's Scheme.			Number of def'cts cured	No. of defects remaining under treatm't	No. of attendances at Clinic	No. of Consultations.
	From previous Year	New Cases	Total				
Contagious Skin Diseases—							
Impetigo	....	54	54	53	1	388	106
Scabies	....	8	8	8	....	51	16
Other Diseases	....	17	17	17	....	37	23
Non-Contagious Shin Diseases							
Dermatitis	....	5	5	5	....	27	17
Eczema	1	23	24	24	....	203	67
Seborrhoea	....	2	2	2	....	13	6
Alopecia	1	5	6	6	....	21	3
Abscesses	1	7	8	8	...	19	16
Boils	....	12	12	12	....	49	25
Warts	....	33	33	29	4	322	45
Herpes	....	5	5	5	....	25	16
Urticaria	....	9	9	9	....	14	13
Psoriasis	....	4	4	4	....	25	11
Other Diseases	....	43	43	43	....	159	84
Ear, Nose and Throat Diseases							
Glands	1	28	29	29	....	129	80
Rhinitis	....	5	5	5	....	5	5
Tonsillitis	....	10	10	10	....	69	46
Other Diseases	....	21	21	19	2	41	31
Wounds and Injuries—							
Injuries	1	52	53	49	4	272	162
Bites and Stings	....	21	21	21	....	64	42
Burns, Scalds &c.	....	14	14	14	....	93	21
Septic Sores	2	169	171	168	3	1037	341
Bruises, Cuts, &c., ...	....	121	121	121	....	632	256
Others	....	22	22	22	....	93	36
External Eye Diseases—							
Foreign Body	....	8	8	8	....	14	12
Stye	....	18	18	18	....	116	40
Blepharitis	5	61	66	63	3	659	205
Conjunctivitis	2	20	22	20	2	252	97
Iritis	....	1	1	1	....	41	26
Corneal Ulcer	..	1	1	1	....	22	9
Strabismus	..	13	13	13	....	15	15
Other Diseases	1	34	35	35	..	112	52

Group I.—Minor Ailments—Continued.

Disease or Defect.	No. of Defects treated under Authority's Scheme			Number of def'cts cured	No. of defects remaining under treatm't	No. of attendances at Clinic	No. of Consultations
	From previous Year	New Cases	Total				
Infectious Diseases—							
Chicken Pox	....	5	5	5	....	8	8
Scarlet Fever	....	1	1	1	....	1	1
Mumps	....	7	7	7	....	35	17
Whooping Cough	1	9	10	10	....	17	17
Diphtheria	....	1	1	1	....	1	1
Other Conditions	....	2	2	2	....	3	3
General—							
Ill-health, &c.	2	40	42	42	....	160	86
TOTALS	18	911	929	910	19	5244	2057

Total Number of Children Treated 767

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease	Number of Defects dealt with.					
	Under the Authority's Scheme.			Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total
	Old	New	Total			
(1)		(2)		(3)	(4)	(5)
Errors of Refraction (including Squint)	186	259	445	....	....	445
Other Defects or Diseases of the eyes (excluding those recorded in Group I)	27	34	61	....	....	61
TOTAL	213	293	506	....	....	506

Total number of children for whom spectacles were prescribed :
(a) Under the Authority's Scheme 344
(b) Otherwise ....

Total number of children who obtained or received spectacles :
(a) Under the Authority's Scheme 306
(b) Otherwise 3

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other Forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	(4)	(5)
150	....	150	163	313

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Routine Age Groups	Aged	3	129	Total 5320
		4	411	
		5	714	
		6	961	
		7	600	
		8	611	
		9	481	
		10	410	
		11	596	
		12	321	
		13	240	
		14	42	
		15	4	
Specials		..	..	.. 136
		GRAND TOTAL		.. 5456

(b) Found to require treatment 3941

(c) Actually treated .. 3374

(d) Re-treated during the year as the result of periodical examination 1282

(2) Half-days devoted to { Inspection 52 / Treatment 392 } Total 444

(3) Attendances made by children for treatment 3721

(4) Fillings { Permanent teeth 1020 / Temporary teeth 537 } Total 1557

(5) Extractions { Permanent teeth 264 / Temporary teeth 2685 } Total 2949

(6) Administrations of general anaesthetics for extractions 4

(7) Other operations { Permanent teeth 189 / Temporary teeth 3417 } Total 3606

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	8
(ii)	Total number of examinations of children in the Schools by School Nurses	25427
(iii)	Number of individual children found unclean (mainly Nits in Hair)	1645
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	798
(v)	Number of cases in which legal proceedings were taken—	
	(a) Under the Education Act, 1921	Nil
	(b) Under School Attendance Bye-laws	Nil

TABLE V(a).—Treatment of Defects of Nose, Throat, and Ear at Special Clinic.

Number of cases referred for treatment.	Number of Consultations	Number of attendanc's for treatment	DEFECTS.										
			Tonsils considerably enlarged	Tonsils enlarged	Tonsils and Adenoids	Adenoids	Tonsillitis.	Inflam'd Turbinates.	Cervical and other Glands	Nasal Spurs and Deflections	Nasal Inflamation	Post Diphtheric Paralysis	Discharging Ears
434	1126	2784	52	32	84	27	18	3	83	11	15	2	107

DEFECTS (CONTINUED).								No. for whom operation for Tonsils and Adenoids was advised	No. who received operative treatment for Tonsils and Adenoids	No. of other operations performed	No. of cases cured	No. of cases remaining under treatment or kept under observation	No. of cases for whom no Report is available
Myringitis, Diseases and Perforation of Membranes	Drum destroyed	Thickened, Scarred and Opaque Membranes	Indrawn Membranes	Deafness (Slight)	Deafness (Severe)	Wax in Ears	Other conditions						
24	2	33	8	74	1	78	78	151	149	1	279	129	26

TABLE V (b).—ELECTRICAL IONISATION.

Number of cases referred for treatment	Number of consultations.	Number of attendances for treatment	DEFECT. Discharging ears	Number of cases cured.	Number of cases still under treatment or observation.	Number of cases for which no report is available
22	221	221	22	11	11	....

TABLE VI (a).—Treatment of Ringworm.

Number of cases			Number of Consultations with Doctor	Number of Attendances made by Children at Clinic	Number of Bacteriological Examinations.	Number of cases cured.	Number of cases still under treatment		Number of cases for which no report is available.
Old	New	Total					Attending School	Not attending School	
79	101	180	644	1680	248	113	62	1	4

(b) X-Ray Treatment of Ringworm.

Number of Cases.			Number of X-Ray Exposures	Number of Cases cured.	Number of Cases remaining under treatment.	Number of cases for whom no report is available.
Offered	Refused.	Accepted				
37	19	18	61	12	6	....

TABLE VII.—Electrical Treatment.

Number of Cases.					Number of Attendances for Treatment.	Disease or Defect.		
Boys		Girls		Total				
Old	New	Old	New			Infantile Paralysis	Naevus	Functional Paralysis.
....	3	6	6	15	148	5	9	1

TABLE VIII.—Summary of School Accidents which occurred during the Year 1926.

(Elementary School Children).

Number of Cases			Total Number of Attendances made by children at Clinic.	Number of cases where treatment was completed at Clinic.	Number of X-Ray Exposures.	Number of cases referred to Hospital or Private Practitioner for further treatment.	Number of cases resulting in permanent disability.
Serious	Minor.	Total.					
4	80	84	359	81	12	3	....

NOTE.—Cases of simple fracture not resulting in permanent disability and cuts requiring stitching, however extensive, so long as no permanent injury but a good scar resulted, are included as minor injuries.

TABLE IX (a).—SHOWING NUMBER OF CHILDREN DISCOVERED AT ROUTINE INSPECTION WITH ENLARGEMENT OF THE THYROID GLAND. YEAR 1926.

Group examined.	Number of Children examined.			Number of Children found with enlargement of the Thyroid Gland.		
	Boys	Girls	Total	Boys	Girls	Total
Entrants	423	403	826	—	—	—
Intermediates	378	328	706	2	3	5
Leavers	452	473	925	10	34	44
TOTAL	1253	1204	2457	12	37	49

TABLE IX (b).—TREATMENT OF ENLARGED THYROID AT SPECIAL CLINIC.

Number of Cases			Number of attendances for treatment.	Number of Consultations.	Number of cases cured	Number of cases still under observation and treatment
Old	New	Total				
30	39	69	592	269	21	48

TABLE X.—BACTERIOLOGICAL AND OTHER EXAMINATIONS CARRIED OUT DURING THE YEAR 1926.

Number of Bacteriological examinations	269
Number of Blood examinations—Histological	77
Urine—Number of Chemical examinations	12
Number of Microscopic examinations	4
Number of X-Ray examinations. .... (excluding treatment of ringworm).	92

HIGHER EDUCATION.

Statistical Tables.

Higher Education.

TABLE I.—Number of Children attending the Swindon Secondary Schools, Inspected 1st January, 1926 to 31st December, 1926.

A.—ROUTINE MEDICAL INSPECTIONS.

	AGE GROUPS.							TOTAL
	11	12	13	14	15	16	17	
Boys	22	95	68	25	5	3	2	220
Girls	22	24	19	2	....	....	....	67
TOTALS	44	119	87	27	5	3	2	287

B.—OTHER INSPECTIONS.

Number of Special Inspections	....	127
Number of Re-inspections	....	229
Total	....	356

TABLE II.—Return of Defects found in the Course of Medical Inspection in 1926.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Nutrition—Poor	2	....	....	....
Skin—				
Impetigo	1	....	2	....
Ringworm—Scalp	....	....	2	....
Non-tuberculous Diseases	1	....	13	....
Eye—				
Conjunctivitis	2	....	3	....
Defective Vision and Squint	37	....	14	....
Squint	4	....	4	....
Other Disease or Defect	....	....	3	....
Ear—				
Otorrhoea	....	....	3	....
Defective Hearing	2	....	1	1
Other Conditions	1	....	2	....
Nose and Throat—				
Enlarged Tonsils	....	1	2	....
Enlarged Tonsils and Adenoids	....	....	1	....
Other Conditions	5	1	3	1
Glands—				
Enlarged Thyroid	2	2	....	....
Enlarged cervical	1	....	1	....
Heart—				
Defective	....	6	1	2
Anaemia	....	1	1	....
Teeth				
Caries	68	....	4	....
Lungs—				
Bronchial Catarrh	1	....	1	....
Nervous System—				
Chorea	....	5	1	....
Instability and Overstrain	2	5	2	....
Other conditions	1	....	1	....
Deformities—				
Spinal Curvature	2	2	....	....
Flat feet	8	....	....	....
Other Forms	3	....	2	....
Other Diseases or Defects	11	8	56	4

TABLE III. CONDITION OF TEETH OF SCHOLARS DENTALLY INSPECTED AT THE VICTORIA ROAD SECONDARY SCHOOL DURING THE YEAR 1926.

BOYS.

Year of Birth	Number of Carious Teeth.										Number free from Caries.	Total number examined.
	1	2	3	4	5	6	7	8	9	10		
1908	....	....	....	1	....	....	....	....	....	....	....	1
1909	1	2	....	....	1	....	....	....	....	....	1	5
1910	5	3	1	....	1	....	....	....	....	....	12	22
1911	14	4	5	2	1	1	....	....	....	....	7	34
1912	15	10	5	2	1	....	....	....	....	1	12	46
1913	17	13	6	7	....	....	....	....	....	....	23	66
1914	28	10	1	5	2	....	1	....	....	....	33	83
1915	12	9	3	1	1	1	....	....	1	....	20	48
Totals	92	51	21	18	7	2	1	....	1	1	108	302

GIRLS.

Year of Birth	Number of Carious Teeth										Number free from Caries.	Total number examined
	1	2	3	4	5	6	7	8	9	13		
1908	1	....	....	....	1	....	....	....	....	....	3	5
1909	2	....	....	1	....	....	....	....	....	....	1	4
1910	....	2	....	1	1	....	....	....	....	....	2	6
1911	11	5	2	1	....	....	1	....	....	1	5	26
1912	8	7	4	2	1	2	....	....	....	....	13	37
1913	10	8	....	4	....	1	1	....	1	....	20	45
1914	9	14	....	1	1	....	....	1	....	....	11	37
1915	4	6	1	3	....	....	....	....	....	....	9	23
Totals	45	42	7	13	4	3	2	1	1	1	64	183

TABLE III.—(Continued).

DENTAL INSPECTION AND TREATMENT.

(1) Number of children who were :—

(a) Inspected by the Dentist :

Age Groups	Aged 11	71	Total	485
	12	117		
	13	111		
	14	83		
	15	60		
	16	28		
	17	9		
	18	6		
Specials	....	....		—
GRAND TOTAL	....	....		485

(b) Found to require treatment (As result of 1925 Inspection) 613

(c) Actually treated 306

(d) Re-treated during the year as the result of periodical examination .... —

(2) Half days devoted to : Inspection 8, Treatment 176 — Total 184

(3) Attendances made by children for treatment 762

(4) Fillings — Permanent teeth 542, Temporary teeth — — TOTAL 542

(5) Extractions — Permanent teeth 156, Temporary teeth 71 — TOTAL 227

(6) Administrations of general anaesthetics for extractions —

(7) Other operations — Permanent teeth 128, Temporary teeth 21 — TOTAL 149

TABLE IV.

Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments).

Defect or Disease.	Number of Defects dealt with.					
	Under the Authority's Scheme			Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total
	Old	New	Total			
(1)		(2)		(3)	(4)	(5)
Errors of Refraction (including Squint.)	39	12	51	....	4	55
Other Defects or Disease of the eyes (excluding those recorded in Group 1).	3	1	4	....	....	4
TOTAL	42	13	55	....	4	59

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme 37
(b) Otherwise 4

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme 36
(b) Otherwise 4

TABLE V.—Summary of Accidents which occurred to Secondary School Children during the year 1926.

Number of Cases.			Total Number of attendances made by children at Clinic.	Number of Cases where treatment was completed at Clinic.	Number of X-Ray Exposures.	Number of Cases referred to Hospital or Private Practitioner for further treatment.	Number of Cases resulting in permanent disability.
Serious	Minor	Total.					
3	45	48	125	44	8	4	....

NOTE.—Cases of simple fracture not resulting in permanent disability and cuts requiring stitching, however extensive, so long as no permanent injury but a good scar resulted, are included as minor injuries.

TABLE VI.—Treatment of Defects discovered in Secondary School Children.—Year 1926.

Disease or Defect.	NUMBER OF DEFECTS.					
	Referred for treatment.	Treated.			Not Treated.	For whom no Report was available.
		Under Local Education Authority's Scheme.	Otherwise	Total		
Nutrition	2	....	2	2	....	....
Skin	16	14	1	15	....	1
Vision and Squint	42	16	4	20	22	....
Eye Disease	12	11	1	12	....	....
Dental Disease	72	9	17	26	40	6
Ear Disease	6	5	1	6	....	....
Defective Hearing	3	1	2	3	....	....
Nose and Throat	11	10	....	10	1	....
Enlarged Thyroid	2	1	1	2	....	....
Enlarged Glands (Non-Tuberculous)	2	1	1	2	....	....
Heart and Circulation	2	2	....	2	....	....
Lungs Defective	2	1	....	1	1	....
Nervous System	7	5	2	7	....	....
Deformities	15	6	8	14	1	....
General	67	61	5	66	....	1

TABLE VII.—Bacteriological and other Examinations.

Number of X-Ray examinations	10
Number of Haematological examinations	6
Number of Bacteriological examinations	5

TABLE VIII. TREATMENT OF ENLARGED THYROID AT SPECIAL CLINIC.

Number of Cases			Number of attendances for treatment.	Number of Consultations.	Number of cases cured	Number of cases still under observation and treatment.
Old	New	Total				
20	—	20	128	69	14	6

Borough of Swindon

Annual Report

OF THE

Medical Officer of Health

FOR THE YEAR 1926

BY

DUNSTAN BREWER, M.R.C.S., L.R.C.P., D.P.H.

Report of the Chief Sanitary Inspector

FOR THE YEAR 1926.

JOHN DREW (Printers) Ltd., 51, Bridge Street, Swindon.

BOROUGH OF SWINDON.

Health Committee.

Chairman—Councillor G. H. HUNT.

Vice-Chairman—Councillor Mrs. L. FRY.

Members.

THE MAYOR (Alderman S. J. HASKINS).

Alderman	A. H. WHEELER	Councillor	R. G. CRIPPS
Councillor	G. H. STEVENS	,,	G. DAVIES
,,	A. R. SMITH	,,	G. W. BRUNGER
,,	T. MANNING	,,	M. ASHBY
,,	C. PRICE	,,	A. E. HARDING
,,	R. GEORGE	,,	W. T. KIMBER
,,	A. W. HAYNES	,,	Mrs. M. GEORGE

Councillor J. STAMPER.

Maternity and Child Welfare Sub-Committee.

Chairman—Councillor Mrs. L. FRY.

Members.

Alderman	A. H. WHEELER	Councillor	A. E. HARDING
Councillor	G. H. STEVENS	,,	W. T. KIMBER
,,	A. R. SMITH	,,	Mrs. M. GEORGE
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,,	C. PRICE	Miss	K. J. STEPHENSON
,,	G. H. HUNT	Miss	D. P. CHAPPELL
,,	R. GEORGE	Mrs.	ARNOLD-FORSTER
,,	A. W. HAYNES	Mrs.	WESTON
,,	R. G. CRIPPS	Mrs.	SCHMITZ
,,	G. DAVIES	Miss	I. F. MOORE
,,	M. ASHBY	Dr.	C. E. S. FLEMMING

Town Clerk—ROBT. HILTON, ESQ.

BOROUGH OF SWINDON.

PUBLIC HEALTH DEPARTMENT.

Staff on the 1st January, 1926.

Medical Officer of Health, School Medical Officer, and Medical Superintendent of the Isolation Hospital.

DUNSTAN BREWER, M.R.C.S., L.R.C.P., D.P.H

Assistant Medical Officer of Health.

VIOLET KING, M.B., Ch.B. (Temporary).

Chief Sanitary Inspector.

A. E. BOTTOMLEY
Certificate of the Royal Sanitary Institute.
Certificate of the Worshipful Company of Plumbers.

Assistant Sanitary Inspectors

F. H. BEAVIS
Certificate of the Royal Sanitary Institute.
Certificate of the Royal Sanitary Institute for Meat Inspection.
Certificate in Building Construction.

E. PARTRIDGE
Certificate of the Royal Sanitary Institute.
Certificate of the Royal Sanitary Institute for Meat Inspection

Head Clerk.—W. FRANK MELLOR

Assistant Clerk and Clinical Assistant—Miss I. M. DAVIS

Assistant Clerks—C. G. SMITH
H. J. PUGH

Health Visitors.

Miss M. HANNA
Certificate of the Central Midwives Board

Miss M. JOHNS
3 years Certificate of Hospital training.
Certificate of the Central Midwives Board.
Queen's Nurse.

Disinfector—G. GREENAWAY.

Voluntary Helpers at Maternity Centres—

Mrs. E. SCHMITZ
Miss BEAVIS
Mrs. OSMOND
Mrs. WESTON
Mrs. NICKLIN
Mrs. HUMPHRIES

STAFF ON THE 31st DECEMBER, 1926.

Medical Officer of Health, School Medical Officer and Medical Superintendent of the Isolation Hospital.

DUNSTAN BREWER, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officers of Health.

G. W. FLEMING, L.R.C.P. (E)., L.R.C.S. (E.), D.P.H.
VIOLET KING, M.B., Ch.B.

Chief Sanitary Inspector.

F. H. BEAVIS.
Certificate of the Royal Sanitary Institute.
Certificate of the Royal Sanitary Institute for Meat Inspection.
Certificate in Building Construction.

Assistant Sanitary Inspectors.

H. A. BANWELL
Certificate of the Royal Sanitary Institute.
Certificate of the Royal Sanitary Institute for Meat Inspection.
Certificate of the Worshipful Company of Plumbers and Final Certificate City and Guilds.
Certificate in Hygiene.

D. DAVIES.
Certificate of the Royal Sanitary Institute.
Certificates of the Royal Sanitary Institute and Liverpool University for Meat Inspection.
Certificates in Sanitary Science and Building Construction.

Head Clerk.—ERNEST A. BEASANT.

Assistant Clerks—H. J. PUGH
W. M. WATTS.

Assistant Clerk and Clinical Assistant—Miss M. E. BUTLER.

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Mrs. OSMOND.
Mrs. WESTON
Mrs. HUMPHRIES.
Mrs. OAKFORD.

To the Chairman and Members of the Public Health Committee.

LADIES AND GENTLEMEN,

This, being an ordinary report, deals only with such matters as are incidental and relative to the year under review, detailing the public health history of Swindon during the year 1926.

If the happiest country is that which has the shortest history, the healthiest year should occasion the shortest report, and were it not that there are certain developments at present in prominence intimately connected with the public health of the town, the present report would be very short indeed, for there was little in 1926 which was exceptional.

The year we are reviewing was the healthiest year in the history of the Borough, in spite of two factors which might have been expected to react unfavourably ; namely, the unsatisfactory state of employment, and the coal shortage. But the former has not exercised any tangible influence up to the present, and the latter was favourable rather than the reverse, to the public health. Difficulty in obtaining domestic fuel, although it has undeniable disadvantages, always in the aggregate exerts a favourable influence upon health, especially during the late autumn, when, owing to the atmospheric conditions which prevail, the semi-consumed products from domestic fires are particularly deleterious. Artificial heating of all descriptions is inimicable to health and in our climate it is a luxury much open to abuse, for it causes us to seek the maintenance of the body heat by external means rather than by exercise and increased metabolism.

The only evidence of unemployment and short time which was apparent to the Public Health Department was the considerable increase in the number of applications for the supply of milk for nursing mothers and infants. It is probable that lack of means did produce some interference with the health of the citizens, particularly of the children, but this has not yet become manifest. A very considerable reduction in the expenditure on food is compatible with a diet equal in nutritive values with one which is more expensive, but the public still has very vague and erroneous ideas on dietetics, and when the money available for foodstuffs becomes short, it does not spend it to the best advantage, curtailing substances which are vital while retaining some which are pure luxuries and of little dietetic value.

The climatic conditions during 1926 were favourable. January was cold, November was, in part, very wet and the Spring generally was late. But apart from these drawbacks, the weather in 1926 should have satisfied everybody save those for whom growling at natural phenomena is the only employment in which they show any energy.

Most of the activities of the Public Health Department have now been developed to work with smoothness and to such full capacity as our knowledge of preventive medicine will allow. The deficiencies which remain to be filled are less in the field of preventive than of the wide ground which lies between prevention and cure.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

The staff of the Public Health Department underwent many changes during 1926. This is exhibited best by reduplicating the table of the staff, giving one table for the 1st January, 1926, and another for the 31st December, 1926.

GENERAL PUBLIC HEALTH AND SANITATION OF THE TOWN.

But little new work was done in Swindon in 1926, nor was it possible to carry out improvements which were forecasted to be done, owing to the impossibility of obtaining material, due to the state of trade. Thus, it was impossible to proceed far with the public conveniences. Foundations were laid, but the requisite bricks being unobtainable, the work had to be suspended.

A big scheme for the improvement of the waterworks was approved during the year, and the preliminaries for carrying it out were completed, but the actual work cannot be started until the decision of the Ministry of Health has been received.

Improvements of the sewage works, including the replacement of the pumps were carried through. The increase of the number of humus tanks had to be delayed until further matters, still under consideration, have been settled.

During the year, the water supply of the Town was ample and maintained persistent purity. In fact, during the year not a single complaint relative to water was heard at the Public Health Office nor did the staff of that Office have reason to complain of, or to call attention to, any matter connected with the water supply.

Three matters appertaining to the general sanitary state of the town are ripe for consideration ; littering of the highway with waste paper, etc. ; fouling of the footway by dogs and spitting. The first of these is at present under consideration. The chief offence is paper in which fish and chips have been served. The difficulty is that several of the highways where the offence is most prominent are narrow, so the fixing of refuse baskets requires some ingenuity. The fouling of the footway by dogs is an increasing

nuisance. Several towns have special by-laws respecting this, and their experience is that dogs can be made to utilize footpaths only for their legitimate purpose. The extremely offensive and somewhat dangerous habit of spitting, is, in England, gradually dying out, but there are still some offenders about who require to be made to realize that the liberty of the subject does not extend to the right of fouling what does not belong to him.

INSPECTION AND CONTROL OF FOOD STUFFS.

No case of food poisoning, suspected food poisoning or disease directly attributable to food occurred in the Borough during 1926.

The Sale of Food and Drugs Acts are administered by the County Authority, the functions of the Borough being confined to the administration of those parts of the Public Health Acts and Orders which deal with unsound and diseased foods. Meat and milk are the chief foods requiring supervision, but these, especially the former, consume much of the time and attention of the Sanitary Department. Since the 1925 Meat Order came into force, the carcase of every animal slaughtered in Swindon for human consumption has been inspected. Last year the amount of meat surrendered on account of disease was large (twenty-eight tons). Before the 1925 Order, the amount of diseased meat discovered and destroyed was not above half what it is now, so it appears that the order was far from unnecessary. We still hear much complaint from butchers in towns where the order is enforced rigidly, that they are exposed to unfair competition from their fellow tradesmen who slaughter in districts where the law is ignored.

The milk supply in Swindon is good, and the conditions under which it is conveyed from the cow to the consumer, fairly good. Bacteriological examination of milk samples is now undertaken as part of the routine work of the Health Office. During 1926, no sample showed tubercle bacilli, and only one was open to serious objection on account of its total bacterial content. But the general level could be higher than it is and the chief object of our analyses is to raise it.

HOUSING.

392 new houses were erected during the year in the Borough and 21 were erected by the Corporation as part of their housing scheme, outside the Borough. 100 additional houses (96 without and 4 within the Borough) are in course of construction by the Corporation. Since the increase of the population in the Borough during the year was 440, it follows that the 392 houses erected were sufficient, not only to take up the increase in population, but to diminish the housing shortage.

From one point of view, a housing shortage no longer exists in Swindon, for if the population were evenly distributed in the available houses, there could be comfort for everybody. But the difficulty with regard to large families with small incomes, remains unaltered. It was thought by some that this trouble, which is now the main difficulty in the housing problem, would automatically solve itself ; for as new and better houses in sufficient number were erected, the population would, as it were, move upwards in a body and allow those houses which were oldest and least serviceable to be scrapped. But experience has shown us that this ideal progress does not take place and that that portion of the population which furnishes most of the overcrowding and lives in the most unsatisfactory property, remains as it was. For when houses become vacant they are either put upon the market for sale or else the rents are adjusted to render them prohibitive to the class which should move into them. There is not, as a matter of fact, so much overcrowding as there has been in recent years, but there is little improvement in the worst cases. As things are ruling at present, there would appear to be no solution except the provision of houses to rent at an unremunerative figure, and such, of course, could only be supplied by the community. There is a great call for houses of the cheapest and simplest construction.

It has been questioned whether there is a need, or at all events an urgent need, for many more new houses in Swindon, for the provision made during the last three or four years has been ample to meet the needs of the town. But it should be remembered that though in Swindon we have no property that could properly be called slums, we have a fair number of unsatisfactory houses and certain streets which it is highly desirable to abolish when it is possible to do so.

Very satisfactory progress was made in renovating and improving the property in the town, as the statistics of the Sanitary Department show ; and having brought things up to a general level which is fair, the times are becoming opportune for making the level higher. Many of the houses lack facilities for storing food, possess W.C's. without flushing apparatus and either lack sinks altogether or have such as are unsatisfactory and illplaced. Two factors are favourable for better housing conditions in Swindon than are generally obtainable in industrial towns, the number of houses owned by the tenants, and the abundance of cheap electricity. Householders are not yet fully alive to the possibilities of electricity for domestic purposes, to the vast saving of labour, ill-temper, time and noxious products which result from its use and its relative cheapness when it is used carefully and with understanding.

In cases where notifiable disease occurs in a household, an investigation is made into the room space and the number of persons in the household. In a certain number of cases the information obtained is either faulty or unreliable. In the following table, only cases are considered upon which full reliance can be placed.

	Pneumonia	Scarlet Fever	Diphtheria	Tuberculosis
No. of Cases	140	63	69	75
No. of Rooms	715	346	372	400
No. of Persons	781	356	415	356
Rooms per Person	0.91	0.97	0.89	1.12

From the 1921 Census, the standard number of rooms per person is 1·15.

THE HOSPITAL SYSTEM IN SWINDON.

During the year, much discussion took place regarding the provision of hospital accommodation for the Town, and though some of this discussion was unprofitable, it did appear at the end of the year that there was a prospect of a solution of our difficulties being arrived at within a measurable distance.

In considering this problem, it is necessary to consider, first, what are the actual needs of the Town ; secondly, what is the available accommodation and machinery ; thirdly, how best these can be utilized to meet the needs ; and fourthly, what additions are necessary to meet needs which at present are not met. One has to bear in mind that the population is comparatively small and that the funds which are available are distinctly limited. In a large, populous and fairly wealthy district, machinery should be available locally to deal with every probable or possible disease or defect from which any member of the community might suffer. In small districts it is advisable to make local provision only for such things as are likely to be met with in reasonable numbers. In medium sized districts, in which category Swindon must be placed, it is advisable to take an intermediate line. There are certain conditions which might occur among the citizens for which it is inadvisable to make local provision, and certain facilities are required, but so infrequently, that they are best met by arrangement with larger centres.

The accommodation at present available in Swindon is as follows :—

Victoria Hospital. Equipped mainly for general surgery, with 36 beds and some temporary accommodation.

The G.W.R. Medical Fund Society Hospital with 12 beds and a temporary building in course of construction which will contain about 30 beds, also equipped for general surgery.

The Isolation Hospital with at present 70 beds, but capable of accommodating more, equipped for the treatment of infective disease.

The Venereal Diseases Hospital with 6 beds.

The Maternity Hospital with 13 beds. About to be replaced by more convenient accommodation.

The Small-pox Hospital with 12 beds, at present doing nothing.

It is obvious that this accommodation is not sufficient, but to what extent it is not sufficient has never been investigated and must, for the present, be considered an unknown quantity, though there are some who have a very fair idea as to its extent. It is obvious also that the chief and greatest deficiency is in the provision of beds for general medicine. For this indeed, there is practically no accommodation at all, and it is most urgently needed. Provision is also required for the work of special departments—nose and throat, ear, eye, etc., and also for the treatment of those mental afflictions for which an asylum is not the proper place. The provision of equipment and of laboratory facilities is needed more than is the provision of beds.

It is easy to visualise an ideal system if expenditure was a matter of no moment, but to produce a scheme which is at once capable of being paid for, efficient in action and accommodated to the needs of the Town and the peculiarities of its citizens, is a matter which is difficult—not impossible by any means, but requiring a high degree of patient enquiry, of keen judgment and of fine temper on the part of those who undertake it.

Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

But little change occurred in the maternity and child welfare service during 1926. At the end of the year it was decided to apply to the Ministry of Health for sanction to put into operation for the benefit of infants and toddlers, the full service available for school children, including dental, orthopaedic, ophthalmic and throat treatment It must not be supposed that these special facilities had been denied to toddlers in the past, but there had been some difficulty, chiefly in connection with having the operation for tonsils and adenoids performed in children who were too young to be on the school register.

The department has now reached a more or less fixed condition. The new maternity hospital, when it is built, will supply all that is necessary for the internal maternity service. A ward of six beds for the treatment of the disorders of infancy not otherwise provided for, will form part of the new hospital and will complete our scheme so far as infants are concerned. A re-organization of the subsidiary clinics will require consideration in the near future, especially if the Borough boundaries are re-adjusted.

A reconstruction of the hospital accommodation of the town, which now seems probable of achievement in the near future, will admit of a general rounding off of the scheme for the protection of infancy and childhood.

ANNUAL STATISTICS RELATING TO THE MATERNITY HOSPITAL—1926.

	Borough.	County.	Total.
(1) Number of cases in the home on 1st January, 1926	8	1	9
(2) Number of cases admitted during 1926.	207	38	245
(3) Average duration of stay	15 days.	16 days.	
(4) No. of cases delivered by—			
(a) Midwives	138	17	155
*(b) Doctors	52	15	67
No. of cases in which no delivery took place	18	6	24
(5) No. of cases in which medical assistance was sought by the midwife with reasons for requiring assistance.			
(a) Ante-natal	11	3	14
(b) During labour	40	8	48
(c) After labour	10	1	11
† (state separately no. of ruptured perineums which required suture)			
(d) for infant	9	1	10
(6) No. of cases notified as—			
(a) Puerperal Fever, and	(a) 1 removed to Fever Hospital.		
(b) Puerperal Pyrexia.	(b) 1 removed to Fever Hospital, and 1 treated throughout at the Maternity Hospital. All recovered.		
(*i.e.*, rise of temperature to 100.4°F. or its recurrence within that period) with result of treatment in each case.	10 cases of pyrexia unnotified occurred prior to the coming into force of the Notification Order.		
(7) No. of cases of pemphigus neonatorum.	Nil.		
(8) No. of cases notified as ophthalmia neonatorum with result of treatment in each case.	Nil.		

* One delivery admitted 1925.

† Midwives cases for which medical attention was called 21
Doctors cases 22

(9) No. of cases of "inflammation of the eyes," however slight	7. 1 notified as O.N. in 1927.
(10) No. of infants not entirely breastfed while in the Institution, with reasons why they were not breastfed.	5 entirely artificially fed :— 2 on account of deaths of the mothers 1 on account of severe disease of the mother. 2 on account of mothers going out to work. In addition, 6 babies received supplementary feeds temporarily.
(11) No. of maternal deaths with causes.	3 deaths occurred. 1. Asthmatical heart disease. Caesarian section. Died of pulmonary oedema. 2. Admitted in a dying condition. Contracted pelvis. Delivered by Caesarian section. The patient never rallied. 3. Admitted in a dying condition with a ruptured uterus. Hydrocephalic infant. Delivered by craniotomy. Mother died immediately on delivery. Inquest.
(12) No. of foetal deaths (a) Stillborn, and (b) within 10 days of birth and their causes—and the results of the post mortem examination if obtainable.	(a) 15 Stillbirths :— 2 Breech presentation. 1 Breech presentation with an abnormally large infant with delay of the head. 1 Breech presentation with an impacted head and an abnormally large infant. 1 Extended Breech. Baby dead before admission to Hospital. 3 Ante-partum haemorrhage. 3 Macerated foetus. 1 Hydrocephalus. 1 Malformation of the throat. 1 Forceps case. 1 First of premature twins. Transverse presentation. (b) Deaths under 10 days :— 1 Lived one hour. One of a pair of premature twins. 1 lived three hours. Premature. Ante-partum haemorrhage. 1 Lived one hour. Ante-partum haemorrhage. Premature, 30 weeks. Weighed 3 lbs 1 Lived one minute. Hydramnios.

THE MATERNITY HOSPITAL.

Though the number of cases admitted during 1926, namely, 245, was 29 more than in the previous year, the work of the Hospital was, on the whole, less difficult than in 1925. It will be seen from the statistics that in several particulars last year was much more favourable than its predecessor, particularly with regard to pyrexia. Three out of the ten cases which were registered during 1926 occurred in the early months of the year, and were caused by pneumococcus being, indeed, the remnant of an outbreak of pneumococcus infection which had been responsible for the majority of cases of pyrexia in the previous year.

One of the infants delivered in the Hospital became seriously ill on the third day of life, without any tangible cause. An examination of his blood gave the following count :—

Red Corpuscles	5,248,000
White Corpuscles	17,400

Differential Count :—

Leucocytes	55
Small Lymphocytes	29
Large Lymphocytes	5
Mast cells	1
Myelocytes	1
Metamyelocytes	9

This blood count in an infant of this age is met with in no condition except pneumococcus infection and from the child's blood the pneumococcus was grown in culture. The child recovered by crisis. There was not at any time any sign of infection of the lung itself. There is strong reason to believe that this infant was infected by his father, who had come to visit his wife from a house in which a child was lying ill with pneumonia. This case is of interest, as it has been shown recently that one of the great causes of apparently inexplicable death in new born children is pneumococcus infection. In this case, apart from the blood and bacteriological examination, it would have been impossible to say what was the cause of the child's sickness and if it had died there would have been no gross evidence of disease on post-mortem examination.

In the administration of a Maternity Hospital there are two ever present sources of anxiety to guard against, requiring unremitting attention. The first is the introduction of sepsis into the genital canal, a danger well known and capable of suppression. The second is the introduction of parasitic organisms, particularly the pneumococcus, either by new patients or by visitors, and they are spread by droplet infection. These infections spread from patient to

patient and from infant to infant in spite of all precautions, unless the building itself, the bed spacing and the ventilation conform to modern requirements. This danger is no greater in maternity than in other hospitals, save that the new born infant and the lying-in mother being, in general, normal and healthy, are therefore most prone to parasitic infection. In a lying-in ward it may be that there are 12 healthy adults, presumably partly or completely immunized to the pneumococcus and the same number of infants who are virgin soil to this parasite. From this it follows (unless all modern research into infection is erroneous) that the introduction of an infector must result in epidemic prevalence unless the spacing of the patients is sufficient to ensure against droplet infection. It is obvious that in the present Hospital, prevention of droplet infection is a physical impossibility, but when the Corporation builds a new maternity hospital, there will be no difficulty in so planning it that droplet infection can be prevented.

During the course of the year, three cases of puerperal insanity occurred. One of these was mild and was treated at the Hospital, the other two were severe and unfortunately had to be certified and removed to an asylum.

In the town four other cases of puerperal insanity occurred, but, fortunately for the patients, they also had definite signs of puerperal infection upon which they could be notified as sepsis. These cases were removed to the Fever Hospital and there treated throughout without certification. In these cases, owing to the administrative method adopted, apart from the medical staff, nobody, not even the women themselves, knows, or will ever know, that they have been temporarily insane.

The management of the acute insanities of the puerperium is a matter of profound social importance. These cases may be very wild and very dangerous, but the condition is temporary and generally clears up without the slightest permanent impairment. At the present day, the orthodox methods of dealing with these cases are either to leave them in their own homes, when they wreck their homes first and their lives afterwards ; or to remove them to an asylum, where they recover, but find that the process has destroyed the future peace and happiness of themselves and their families. Against these methods of treatment there has, of recent years, been a rebellion and the report of the Royal Commission on Lunacy suggests other and more humane methods of treatment. For, indeed, it comes to this, that the acute insanity of childbirth is an acute disease, generally, but unfortunately not always, accompanied by acute physical disease, and the proper treatment is the same as that for acute mental disturbance occurring in connection with any other physical disorder. The best place for the

treatment of these cases is a Maternity Hospital, but, of course, the correct provision must be made for dealing with them.

In reporting upon the Swindon Borough Maternity Hospital, it is borne in mind that the present arrangement is merely temporary and we are on the eve of supplying a new hospital of modern type. There is, therefore, great interest in the collection and the criticism of such matters as will help us to realise the requirements of our new hospital and influence our judgment in its construction and method of administration.

REPORT ON WORK DONE AT THE ANTE-NATAL CLINIC 1926

(By Dr. Violet King, Assistant Medical Officer of Health).

There has been a notable increase in the attendances at the ante-natal clinic during the year. Expectant mothers and others have taken full advantage of the increased facilities offered to them and are not only willing, but eager for advice and examination. There is also a welcome tendency on the part of borough and county midwives to send their patients in for preliminary or special examination, and in several cases both nurse and patient came together.

The procedure at the clinic is as follows :—Each normal expectant mother is examined and measured at seven months, and examined again at full term. If she has attended earlier, she is instructed to bring a specimen of urine monthly till eight months, then fortnightly, and every week during the last month. Any case showing abnormality of any description attends more frequently by special appointment.

The medical officer in charge is, throughout, in constant touch with the matron, since complete co-operation between the two is vital for success in this work.

With regard to the figures in the following tables, some comment is necessary. Of the fourteen cases of contracted pelvis, three were admitted early to hospital and had induction performed. In the others, contraction was only slight and all had normal deliveries.

Two other patients were admitted early for ante-natal treatment, one of whom had sciatica and the other needed rest, which was impossible at home.

Of the thirty-two cases of albuminuria, twenty-five were slight and there were no other untoward symptoms. Six were associated with swelling of the legs, headache, etc., and were given special instructions with regard to diet, drink and manner of living. One was definitely a severe case and was admitted early. She was the eclamptic patient referred to in the table.

The six cases of still-birth have been analysed as follows :—

1. 5th child. Mother showed uterine obliquity. Breech delivery. No previous difficulty.
2. 1st child. 1 month premature and macerated. Showed some evidence of congenital syphilis. No suggestive history.
3. 2nd child. 1 month premature and macerated. 1st child stillborn. Mother had slight albuminuria.
4. 2nd child. Deformity of neck. Mother had enlarged thyroid gland.
5. 1st child. Slightly premature and showed some maceration. An unreduced left occipito-posterior position.
6. 7th child. Breech delivery. Mother suffered some degree of ill-health during pregnancy.

Of the eight gynaecological cases, two attended for prolapse, one for mastitis and prolapse, one for dysmenorrhoea, one for irregular menstruation, one for abdominal pain, one for a suspected abdominal tumour and one for haemorrhoids and vulvitis. Two of these were referred back to their own doctors, in one case it was unnecessary for the patient to attend again and the others are being kept under observation.

V. REDMAN KING,
Assist. Medical Officer of Health.

Public Health Department,
61, Eastcott Hill,
SWINDON.

ANTE-NATAL STATISTICS—1926.

Old Cases on books	45
New Cases	261
TOTAL	306
Of these :—	
Admitted to Hospital	187
Confined at home or elsewhere	107
Gynaecological cases	8
Not pregnant	4
No. of Attendances at Ante-Natal Clinic	1134
No. of Consultations	679
Average No. per Session	9
No of Urine Examinations	879
No. of Bacteriological Examinations	19
No. sent for Wassermann tests	2
Conditions found at Clinic :—	
Contracted Pelvis	14
Albuminuria	32
Enlarged Thyroid	7
Mastitis	1
Defective Hearts	5
Prolapse	7
Varicose veins	39
Pyorrhoea	10
Mental Deficiency	2
Results of Confinement in Hospital :—	
Normal Deliveries	157
Of these :—	
Twins	6
Premature Births	3
Abnormal Cases :—	
Forceps	22
Caesarian Section	1
Still-Births	6
Emergency : Transverse Presentation	1
Eclampsia	1
Mania	1

PUERPERAL PYREXIA.

Since Swindon contains a Maternity Hospital and an Isolation Hospital, which serve a large part of the North of Wiltshire for maternity cases and cases of puerperal infection respectively, it follows that the medical department will deal with many cases of puerperal sepsis and maternal deaths which do not belong to the Borough itself, so that our statistics will be swollen and the position, on the surface, will appear less favourable than in fact it is.

The Order of the Ministry of Health for the notification and control of puerperal pyrexia came into operation in October, but a scheme very nearly identical with that required by the Order has been in operation in the Town for over two years. The differentiation of puerperal fever from puerperal pyrexia still exists in theory, but in practice it is discarded.

During 1926, 20 cases of puerperal pyrexia came under observation and were investigated and recorded by the Public Health Department. Had the Order of October been in force, this number would have been increased by 3, but these 3 cases were trivial.

Of the 20 cases which were fully recorded :—

1. Developed in Maternity Hospital and treated there. Pneumococcus infection.
2. Developed in Maternity Hospital and treated there. Pneumococcus infection.
3. Developed in Maternity Hospital. Removed to Victoria Hospital and operated upon. Pneumococcus infection of the tubes.
4. County case. Removed to Gorse Hill Hospital. Retained ovum.
5. Developed at home. Removed to Victoria Hospital. Curetted and died.
6. County case. Treated at Gorse Hill Hospital.
7. Developed at home. Removed to Gorse Hill Hospital. Streptococcal disease of the throat, without involvement of the genital passages.
8. Developed at home. Removed to Gorse Hill Hospital and died.
9. County case. Removed to Gorse Hill Hospital.
10. County case. Removed to Gorse Hill Hospital.
11. County case. Removed to Gorse Hill Hospital.
12. Developed in the Maternity Hospital. Removed to Gorse Hill Hospital.
13. Developed at home. Removed to Gorse Hill Hospital.
14. County case. Developed in the Maternity Hospital. Removed to Gorse Hill Hospital.
15. Developed at home. Removed to Gorse Hill Hospital.

16. Developed at home and was treated there.
17. County case. Removed to Gorse Hill Hospital.
18. Developed at home and was treated there.
19. Developed at home. Removed to Gorse Hill Hospital and died.
20. Developed in the Maternity Hospital. Removed to Gorse Hill Hospital. A case of influenza without involvement of the generative apparatus.

Of these 20 cases 7 did not belong to Swindon, and of the 13 cases belonging to the Town 8 only were primary infections of the genital tract. Of the 20 cases, 14 were treated in the Gorse Hill Isolation Hospital and will be dealt with in the annual report for that institution. With the exception of 3 of these 20 cases, complete bacteriological and blood examinations were carried out, so that it was possible to determine with accuracy the precise nature of the infection.

MATERNAL MORBIDITY.

Dependent upon or connected with the reproductive function, eleven women in Swindon lost their lives in 1926. Of these, three occurred in the Maternity Hospital. One was a case of advanced renal disease with asthma who was delivered by Caesarian Section and died ten days later from pulmonary oedema ; one was admitted in an advanced state of exhaustion, delivered by Caesarian Section from which she never rallied ; and one was admitted with a ruptured uterus and was delivered, but died immediately afterwards. One case died in the Victoria Hospital, to which she had been admitted for puerperal sepsis, and another in the same institution after operation for abortion. Two died in the Isolation Hospital, to which they had been admitted for puerperal sepsis. One died in a private nursing home, following Caesarian Section. One died at home from pneumonia following childbirth ; another died at home suddenly from embolism, and a third died at home from eclampsia.

This is a formidable list and is distressing from the fact that at least seven of them could have been prevented by timely interference. We look to ante-natal supervision for the prevention of the majority of the deaths in childbirth, for with the exception of sepsis, all the fatal complications of delivery can be recognized before labour and most, if not all, can be averted. For the prevention of death from sepsis, we rely on the new Order of the Ministry, which, if carried out as it should be, should enable us to get to work in the early hours of infection, when most of these infections are curable.

It is somewhat extraordinary that maternal mortality remains the blackest spot in the whole of the practice of medicine, for there is no department in medicine which offers less theoretical difficulty in averting fatality.

OPHTHALMIA NEONATORUM.

The new Order of the Ministry for the control of ophthalmia neonatorum did not come into operation until October, but a method of administration identical with that advised by the Order has been working in Swindon for the past five years.

The number of cases of this disease notified in the Borough during 1926 was 8, against 9, 15, 34 and 21 in the preceding four years. The number of cases of discharging eyes reported by midwives, but not notified, was 22. All were treated throughout by the Public Health Department, except one non-notified case.

Treatment at the Child Welfare Clinic.

8 notified cases and 13 non-notified cases were treated throughout at the Child Welfare Centre and 1 non-notified case was transferred from the Maternity Hospital to the Clinic.

Bacteriologically the notified cases revealed :—

Gonococcus	3
Bacillus of ? Nature	1
Sterile	2
Pneumococcus	2

The non-notified cases :—

Pneumococcus	3
Kock's-Weeks bacillus	3
Streptococcus	1
Staphylococcus	3
Micrococcus catarrhalis	1
Bacillus of ? Nature	1
Not examined	2

All cases recovered completely.

Treatment at the Maternity Hospital.

7 cases of ophthalmia occurred amongst children who were born in the Maternity Hospital. None of these were notified in 1926, but one was subsequently notified and removed to Gorse Hill Hospital. This case was caused by the gonococcus. 1 case was transferred to the Maternity and Child Welfare Clinic ; the other 5 were treated throughout at the Maternity Hospital. Bacteriologically, 2 showed streptococcus, 2 were sterile and 1 showed a variety of organisms. All recovered without injury to the sight.

TREATMENT AT THE GORSE HILL V. D. HOSPITAL.

1 Swindon case, not notified, was treated as an out-patient. Bacteriologically sterile. 2 County cases, both notified and both due to the gonococcus, were treated as in-patients. Of these, one recovered without any injury to the sight and the other, who was admitted after one eye had been lost, recovered without permanent injury to the other eye.

TREATMENT AT HOME.

1 non-notified case, not examined bacteriologically.

The bacteriology of these cases is somewhat unusual and is of interest as throwing light upon the distribution of parasitic disease. Cases which are ' sterile ' or, to be more precise, in which no micro-organisms can be discovered by direct staining or by cultivation upon blood agar, generally turn out to be gonorrhoeal and, not infrequently, though the gonococcus cannot be found in the acute stage of the disease, it may be found later, especially after provocation by vaccine. The causation of eye discharge in the new born by the pneumococcus is a point of considerable interest, for the pneumococcus is one of the commonest causes of puerperal pyrexia and of death in the newly born.

OPHTHALMIA NEONATORUM.

Year	No. Notified.	Cases of infantile Ophthalmia due to gonococcus	Where treated.				Result.				Not notified as O. N.
			Home	Gorse Hill	Clinic	Maternity Hospital	Cured	Blind	Injured	Died.	
*1921	7	?	3	....	4	....	7	....	....	....	19
1922	21	?	2	....	19	....	20	....	1	....	16
1923	34	23	5	4	25	....	30	....	2	2	11
1924	15	13	....	3	10	2	15	....	....	....	12
1925	9	4	1	2	5	1	9	....	....	....	11
1926	8	3	....	....	8	....	8	....	....	....	22

* These figures are incomplete.

Table showing the number of cases of Ophthalmia Neonatorum notified, the number treated, the results of treatment, and the number of deaths occurring.

No. of Cases notified 8.	No. of Cases	Vision Unimpaired	Vision impaired	Total blindness	Deaths
Treated at Clinic	8	8	....	....	....
Treated at Gorse Hill Clinic	....	....	....	....	....
Treated at Maternity Hospital	....	....	....	....	....
Treated privately	....	....	....	....	....
TOTALS	8	8	....	....	....

CHILD WELFARE CLINICS.

It is not necessary to say much of this department, which is now stationary. The numbers of attendances at the clinics, and also the numbers of consultations, are greater than those of last year and constitute records in both directions. The increase which occurred last year was mainly in connection with County cases. It is not anticipated that there will be much change in these numbers in the ensuing years, such slight alterations as do occur being now dependent upon the number of births registered.

It will be noted from the table that X-Ray, bacteriological and haematological examinations are employed with increasing frequency. The machinery for allowing these examinations to be done in the ordinary course of clinical work has had a very material influence in reducing infantile mortality and morbidity. It is by such means that we are able to detect departures from physiological function at a stage anterior to that which produces the phenomena of sickness. Nearly all the progress which is being made in medical science at the present time is in this direction of estimating departures from health while the body is still maintaining its balance and remaining in apparent health.

There was a slight increase of rickets last year, almost entirely accounted for by ' foreign ' cases, and a diminution of the cases of scurvy. Thirteen infants were discovered to be mentally defective. The detection of mental deficiency in the early days of infancy is a matter of great importance and is not really so difficult as it is generally assumed to be. Of course, the higher grades of defection cannot be detected in infancy ; many of them indeed, being defects of character and of adaption to environment, do not become evident till late in puberty or adolescence ; but the severe grades are detectable within the first few weeks or months and the middle grades become apparent before the end of the first year. Of the thirteen defectives which attended the clinic in 1926, four died. There were no new cases of blind children or of deaf children, but there was one mute who had not been detected previously.

TABLE SHOWING THE NUMBER OF VISITS PAID BY THE HEALTH VISITORS TO MOTHERS AND CHILDREN AND TO CASES OF TUBERCULOSIS.

	1922	1923	1924	1925	1926
No. of first visits paid to mothers and children	1142	1010	923	922	975
No. of revisits	3913	3047	3189	3568	3368
No. of visits paid to expectant mothers	345	214	262	229	166
No. of visits paid to cases of Deaths and Still-births	93	78	78	67	103
No. of visits to cases of Tuberculosis....	109	123	123	366	114
No. of visits paid to children aged 1—5 years	2139	2610	3033	3060	2584
	7741	7082	7608	8212	7310

RECORD OF WORK DONE AT THE INFANT WELFARE CENTRES DURING THE YEARS 1921-1926 INCLUSIVE.

	1921	1922	1923	1924	1925	1926
No. of separate Infants who attended the Centre at:—						
Eastcott Hill	1037	1050	1125	1127	1115	1116
Gorse Hill	250	305	272	310	259	305
Rodbourne	202	206	208	209	236	255
TOTAL	1489	1561	1605	1646	1610	1676
Number of Attendances—						
Eastcott Hill	4971	5073	5698	5521	5742	6079
Gorse Hill	1216	1520	1319	1474	1399	1736
Rodbourne	951	1461	1306	1211	1577	1556
TOTAL	7138	8054	8323	8206	8718	9371
Number of cases which received medical advice and treatment	761	600	580	625	654	746
Total Consultations	—	1526	1461	1672	1631	2029

SUMMARY OF CONDITIONS SEEN AND TREATED AT THE INFANT WELFARE CLINICS DURING THE YEAR 1926.

	Infants.	Toddlers.	Total.
Disease and Defects due to Ante-Natal Causes—			
Phimosis	139	—	139
Congenital defects of nervous system	8	13	21
Congenital diseases of the blood	4	1	5
Other congenital deformities & defects	50	3	53
	201	17	218
Specific Infections—			
Congenital syphilis	8	1	9
Gonorrhoea other than O.N.	—	—	—
Ophthalmia neonatorum	23	1	24
Tuberculosis	1	1	2
Diphtheria, scarlet fever, measles, ... whooping cough	6	7	13
Pneumonia	17	2	19
Poliomyelitis and polio-encephalitis	—	—	—
Nervous system	5	12	17
Various infections	18	18	36
	78	42	120
Deficiency States—			
Ill-feeding	175	11	186
Scurvy	—	1	1
Rickets	16	6	22
Anaphylaxis	7	1	8
Various	2	4	6
	200	23	223
Injuries	8	8	16
Miscellaneous	120	49	169
	607	139	746
In Bacteriological examinations	43	4	47
In Haematological examinations	12	12	24
In X'Rays examinations	17	—	17
No. of Mental Defectives	10	3	13
No. of Physical Defectives.	4	4	8
No. of Blind Children	2	—	2
No. of Deaf Children	—	—	—
No. of Mute Children	1	—	1

THE MILK (MOTHERS AND CHILDREN) ORDER.

The considerable increase in the number of applications granted for free milk is accounted for by the state of employment in Swindon. Up to last year we never had occasion to spend our allotted annual allowance of £150 granted since 1922. Unfortunately, owing to the position having been favourable, this allowance was cut down last year to £100, a figure which we were bound to exceed and which, under normal circumstances, will always be exceeded. The statistics for the past six years are :—

	1921	1922	1923	1924	1925	1926
No. of applications granted	60	88	54	61	52	106
Total quantity of Milk issued (Galls.)	1800	900	750	900	900	1750
TOTAL COST £	250	100	75	90	90	160

INFANTILE MORTALITY.

In this review of the child mortality of Swindon, the numbers do not agree necessarily with those of the Registrar General, for here we are dealing with the deaths that actually occurred in Swindon, some of which will be accredited by the Registrar General to other districts. Moreover, some Swindon children will have died away from the town and these will be accredited to Swindon. The causes of death given, also show departures from those which are officially registered. In this report, whose object it is to explain how death came about and to furnish evidence upon which similar deaths can be prevented in future, each death is assigned, so far as possible, to the primary condition which caused it. This is by no means necessarily the cause which is given on the death certificate. The official numbers and causes of death appear in the tables in the section devoted to vital statistics.

STILLBIRTHS.

38 stillbirths were notified, against 30 last year. Of these, 15 occurred in the Maternity Hospital, and 1 in a private nursing home. 4 of those in the Maternity Hospital do not belong to Swindon, so that the number accredited to the Borough was 34. All were legitimate. 6 were first pregnancies and 28 subsequent pregnancies. Of these infants, 7 were premature and 27 full time.

So far as can be ascertained, the causes of the foetal deaths were :

Foetal Causes :—	
Hydrocephalus	1
Congenital Syphilis	1
Difficulties in Delivery :—	
Breech presentation	3
Transverse presentation	2
Contracted pelvis	1
Strangulation by cord	1
Diseases of the mothers :—	
Influenza	1
Diabetes	1
Albuminuria	3
Ante-partum haemorrhage	5

In 15 cases there was no obvious cause for the death of the foetus. It must be admitted that even in the 19 deaths that are 'explained,' the explanation is but a small part of the story and does not really account adequately for the death of the foetus.

Deaths Before the End of the First Day.

14 such deaths were registered (7 males and 7 females) 4 of which occurred in the Maternity Hospital. Two of these were not Swindon cases, so that the number accredited to Swindon is 12. 2 of these were illegitimate. 3 were first pregnancies and 11 subsequent pregnancies. 3 were cases of triplets. Beyond prematurity, no cause of death was assigned in any case.

Deaths between the End of the First Day and the End of the First Week.

There were 5 such deaths, 3 males and 2 females. 1 was a first preganacy and 4 subsequent pregnancies. Here again, prematurity was the only cause of death assigned, but one of them was certainly due to congenital syphilis.

Deaths between the End of the First Week and the End of the First Month.

6 deaths occurred during this period, 4 males and 2 females. 2 of the males were not Borough cases. All were legitimate. 3 were breast fed and 3 artificially fed. 2 were first pregnancies and 4 subsequent pregnancies. Of those who were breast fed, 1 died from purpura of doubtful nature ; 1 from haemorrhage from

the lungs, known to be due to pneumococcus infection ; and 1 from marasmus, where the mother had been ill all through pregnancy and lactation. Of the 3 artificially fed infants, 1 died from spina bifida ; 1 from congenital syphilis and 1 from ill-feeding.

Deaths between the End of the First Month and the End of the First Year.

24 deaths (15 males and 9 females) occurred during this period, of which 2 were not natives of Swindon. Of these cases, 12 had attended the clinics and 12 had not. Of the 12 who attended the clinics, 3 were breast fed. These died :—1 from measles and pneumonia (it was a case of congenital syphilis), 1 from fits (a mentally defective child), and 1 from enlarged thymus, who died suddenly when away from Swindon and upon whom there was an inquest. Of the 9 who had been artificially fed, 6 died from ill-feeding, 1 from streptococcal septicaemia, 1 from a congenital blood disease, and 1 from pneumonia. The last was a case of severe double harelip.

Of the 12 cases who had not attended the clinic, 4 were breast fed and died :—1 from pneumonia, ? whooping cough ; 1 from pneumonia, ? measles ; 1 from capillary bronchitis ; and 1 from intussusception. Of the 8 who were artificially fed, 4 died from ill-feeding ; 1 from jaundice ; 1 from congenital heart disease ; and 2 from broncho-pneumonia, accelerated, if not caused by neglect.

Therefore, there occurred in Swindon 49 deaths of children under a year old, of which 6 were not Borough cases, giving a net infantile fatality for the Borough of 43, which is much the lowest that has ever been recorded.

Deaths in Children between the First and Second Year of Life.

There were 12 such children, 5 boys and 7 girls. 5 of these had not attended the clinic. Of these, 2 had been breast fed and died respectively of whooping cough and appendicitis. 3 had been artificially fed and died respectively of diphtheria, tuberculous peritonitis and enteritis.

Of the 7 that attended the clinic, 1 had been artificially fed and died of polio-encephalitis, 2 had been partly breast fed and died from broncho pneumonia. 4 had been breast fed, 2 of which died of measles ; 1 of para-typhoid fever, contracted outside the Borough, and 1, who was an imbecile, from polio-myelitis.

DEATHS OF CHILDREN BETWEEN THE SECOND AND FIFTH YEAR.

10 such children died, 3 boys and 7 girls. 3 of these had not attended the clinic and were all breast fed. 2 died of diphtheria and 1 of rheumatic fever.

Of the 7 cases which had attended the clinic, 1 had been artificially fed and died of miliary tuberculosis. 6 had been breast fed and died respectively of tuberculous meningitis, capillary bronchitis; measles pneumonia, infantile diarrhoea, meningitis of a doubtful nature and convulsions of a doubtful nature. The last was not an acute disease of the nervous system.

DEATHS OF CHILDREN FROM THE FIFTH TO THE TENTH YEAR.

There were 17 of these cases, 10 males and 7 females. Of these, 5 died of tuberculosis, 4 of pneumonia, 2 of diphtheria, 2 of rheumatic infection, 1 of septic meningitis from ear disease, 1 was an imbecile, and 2 died from laryngismus of a doubtful nature.

DEATHS OF CHILDREN BETWEEN THE TENTH AND THE SEVENTEENTH YEAR.

There were 12 of these, 5 males and 7 females. 5 died of rheumatic infection, 3 of tuberculosis, and one each of diphtheria, appendicitis, imbecility and nephritis.

Child Deaths for 1926 were therefore 100, or allowing for 6 cases which did not live in the Borough, 94 against 103 for each of the two preceeding years. The distribution of these deaths is interesting. As will be seen from the vital statistics, the actual number of infants who died in the Borough is the lowest recorded, yielding an infant mortality nearly 20% below that of last year, considerably less than half what it was in the beginning of the Century and by 5 points the lowest ever recorded. The neonatal deaths sunk to 23, a reduction of 7 on last year, and also a record. Indeed, the neonatal deaths for the past six years have each for its time been a record, though no previous year has shown such a reduction on its predecessor as did last year. It was expected that this result would follow from the reorganization of the Ante-Natal Department, and it is gratifying that that expectation has not been disappointed.

The toddlers also did well during 1926—only 22 falling out against 32 for 1925. But the school ages did badly, furnishing 29 deaths against 18. Tubercle with 8 deaths against 1 and Rheumatism with 7 deaths against 2 are the two black spots.

It is noteworthy that fatal infantile tuberculosis tends to shift forward, in the last year only 1 fatality occurring in the first two years of life. We may hope that this is due to elimination of tuberculosis from milk.

It was noted in 1925 that rheumatic infection, which of recent years had been comparatively rare in Swindon, was increasing and tending toward epidemic prevalence. This, which is one of the four great crippling diseases of mankind, has, in the past,been attacked by words rather than deeds, for up to the present, though attention has been called repeatedly to the fact that rheumatic heart disease is one of the commonest causes of death, nothing has been done to knock it down.

TABLE SHOWING THE CAUSES OF DEATHS OF CHILDREN UNDER 17 YEARS OF AGE IN THE BOROUGH OF SWINDON DURING THE YEAR 1926.

Cause.	0-1	1-2	2-5	5-10	10-17	Total
Pathologically Differentiated—						
Congenital Defects	5	....	....	....	....	5
Congenital syphilis	2	....	....	....	....	2
Imbeciles	....	....	....	1	1	2
Measles	3	2	1	....	....	6
Whooping cough	1	1	....	....	....	2
Pneumonia	3	2	....	4	....	9
Diphtheria	....	1	2	2	1	6
Tuberculosis	....	1	2	5	3	11
Paratyphoid	....	1	....	....	....	1
Poliomyelitis & Encephalitis	....	2	....	....	....	2
Rheumatic Infection & Sequelae	....	....	1	2	5	8
Streptococcal Septicaemia	1	....	....	....	....	1
Appendicitis	....	1	....	....	1	2
Septic meningitis (ear)....	....	....	....	1	....	1
Intussusception	1	....	....	....	....	1
Undifferentiated—						
Prematurity	18	....	....	....	....	18
Illfeeding	11	....	....	....	....	11
Purpura	1	....	....	....	....	1
Marasmus	1	....	....	....	....	1
Fits	1	....	1	....	....	2
Jaundice	1	....	....	....	....	1
Enteritis	....	1	1	....	....	2
Bronchitis	....	....	1	....	....	1
Meningitis	....	....	1	....	....	1
Laryngismus	....	....	....	2	....	2
Nephritis	....	....	....	....	1	1
Totals	49	12	10	17	12	100

Note.—The death of every child under the age of 17 years is made the subject of enquiry, in which all matters connected with the medical history of the child are considered, and from the available evidence the conclusion is drawn as to what was the main factor which destroyed life. In the above table the deaths are given in accordance with these findings, so that they do not necessarily correspond with the official records

INFECTION AND EPIDEMIOLOGY.

INFECTION AND EPIDEMIOLOGY.

The research work accomplished during 1926, must alter fundamentally our management of epidemic disease, for it gave the proof of much which had been held tentatively for the past five years, but which, lacking complete proof, has not, so far, been translated into action. Most of the factors which bear upon epidemicity are now partly or wholly known to us, and complicated and difficult of subvention as they are, it is futile to attempt progression from any other basis. Broadly speaking, human infections, of which there are probably about 35, can be divided into two classes ; those due to parasites which are occasional or accidental only, and those due to parasites which are endemic in the population from which they can neither be insulated nor dislodged. For the former class, the older methods of isolation are logical and experience-proven methods of suppression ; for the latter they are useless. This does not mean that isolation for such diseases as measles or scarlet fever, serves no purpose ; but that its value lies not where it was presumed to lie, and the methods employed require drastic alteration.

1926 was a very favourable year for Swindon in regard to infection, no disease exhibiting epidemic prevalence. The non-notifiable infections ; measles, german measles, whooping cough, mumps, chicken pox and influenza were all unusually low in number.

The grave and difficult infections of the nervous system, which caused serious anxiety in so many districts last year, left Swindon almost entirely alone. One case of encephalitis lethargica was notified, but immediately withdrawn, and one case of poliomyelitis was notified. The latter being an imbecile dying in coma, the diagnosis is open to dispute. But during the year, at the infant clinics, 17 infants were seen suffering from the results of acute nervous infections. It is true that this group contains cases of infection which are not on the notification list, such as chorea, Bell's palsy, etc., and most of the cases had resulted from infection in years anterior to 1926. But two cases of paralysis from poliomyelitis and two doubtful post-encephalitis cases probably were infected in 1926, so the bill is not so clean as the notifications indicate.

In the third week of November occurred a short sharp outbreak of influenzal pneumonia (15 cases with 9 deaths) which caused misgivings lest it should prove the first breath of a widespread epidemic. But a thorough investigation of the cases which were treated in the Isolation Hospital, revealed clinical and epidemiological factors which were different from those exhibited by the first cases of an approaching pandemic and in fact, the outbreak

died out as abruptly as it started. One fatal case of paratyphoid B occurred in the town; it had been infected in Kent. Small pox, enteric, dysentery and the rarer notifiable infections were absent.

SCARLET FEVER.

78 notifications were received, of which 4 were withdrawn, leaving 74 true cases. One, a case of severe chronic heart disease died during, but not because of, scarlet fever, and another case died from miliary tuberculosis following scarlet fever. At the beginning of 1926, the epidemic in the Ferndale Road district was still in progress. This subsided at the end of March, up to which time 31 of the 74 cases had occurred.

In the epitome from the report of the Isolation Hospital, published in last year's report, the history of scarlet fever in Swindon was brought down to March 31st, 1926, so that it is necessary only to continue it from that date. Of the 45 cases notified since 1/4/26, 11 were traced to one carrier (P.S.) 7 to another (C.H.) 2 others probably, but not certainly, to two other known carriers ; 1 was infected away from Swindon, and 23 were sporadic cases, all but 6 of which were single. 69 cases were removed to the Isolation Hospital. The remaining 5 had been missed in the acute stage and in accordance with modern practices, were left at home.

DIPHTHERIA.

89 notifications were received, of which 9 were withdrawn, leaving 80 true cases. 10 of these cases were connected together, forming a localized outbreak. Another small outbreak of 4 cases occurred in Victoria Hospital, the infector being a child admitted with mastoid disease. Virulent organisms were isolated from her throat. The remaining cases were sporadic, occurring mainly singly or in pairs. The cases in the earlier part of the year formed part of the outbreak which accompanied the epidemic of scarlet fever in the Ferndale Road district, and some of those occurring later were traced to epidemic centres outside the Borough. Probably many more than were actually proved to be so, were extensions of extra borough outbreaks. Outside the Borough there were several serious outbreaks of severe type. The type in Swindon itself was mild. 4 cases ended fatally (mortality 5%).

PNEUMONIA.

172 cases of pneumonia were notified. 27 were removed to the Isolation Hospital. 6 of these died (mortality 22.2%), one was treated in the maternity hospital and recovered, and 144 were treated at home. Of these, 46 died (mortality 31.9%). Of the

172 cases, 16 were of the influenzal type, of which 7 were treated in the hospital with 3 deaths, and 9 were treated at home with 6 deaths. The number of cases (172) and the number of deaths, (52) were both less than in 1925 when 204 cases and 61 deaths were recorded.

The 52 deaths from pneumonia can be tabulated as follows :—

Primary Pneumonia	....	35
Pneumonia following	Influenza	9
,, ,,	Measles	1
,, ,,	Whooping Cough	0
Septic Pneumonia	....	5
Terminal Pneumonia	....	2

But this does not represent all the damage done by the pneumococcal parasites, though it is the worst of it. We have at length awakened to the possibility of establishing a less unsatisfactory relationship between man and the various forms of pneumococci, which are strict parasites incapable of existence apart from their hosts, but as every civilized human being harbours on his respiratory membranes some strain (not always the same) of the pneumococcus, the warfare against it must assume a character very different from that which succeeds with the less common parasites.

THE PNEUMONIAS.

The statistics for pneumonia for the past six years are as follows :—

Year.	Total No. of cases notified.	Total No. of deaths.	Cases removed to Hospital.			Cases treated at Home.		
			No.	Deaths	Death Rate	No.	Deaths	Death Rate
1921	36	19	....	....	....	36	19	52
1922	156	43	1	0	0	155	43	27
1923	68	28	12	0	0	56	28	50
1924	175	62	31	5	16	144	57	46
1925	204	61	50	10	20	154	51	33
1926	172	52	27	6	22	145	46	32
6 Years.	811	265	121	21	17·3	690	244	35·3

ERYSIPELAS.

22 cases were notified with 2 deaths. One of these which ended fatally was a case of Glanders.

Human glanders is not notifiable under any act or order (except in London) but whenever it is met with it will be treated as a dangerously infective disease. It is fortunately very rare, for it is always fatal and up to the present no specific treatment is available. Nearly all cases in man are directly traceable to infection from horses, in which glanders used to be a common disease, but it has now been practically stamped out. The case which occurred in Swindon had no connection with horses, nor was it possible to trace its source, although the most exhaustive enquiry was made. A special report upon this case was forwarded to the Ministry of Health.

TUBERCULOSIS.

The tables in the appendix give the statistical evidence of tuberculosis in the Borough during 1926, and from these it appears that the position was generally more favourable than in previous years. There was considerable improvement in respiratory tuberculosis, both as regards the number of new cases and the number of deaths, the latter being the smallest recorded in the history of the Borough, nearly 30% below the previous record of 1925. The slight increase in the number of other forms of tuberculosis is due to earlier detection and better notification, rather than to actual increase in the disease. Whatever it may be due to—and without doubt very numerous factors are involved—tuberculosis is steadily decreasing and may cease to occupy the position of one of the chief killing diseases of mankind.

No action was taken in Swindon under the Prevention of Tuberculosis Regulations 1925, as there was no case requiring such action. No action was taken by the Borough Council under Sec. 62 of the Public Health Act, 1925, nor was any action taken by the County Council under the same section with regard to Swindon cases. The question of the practicability of utilizing this provision was raised in one case, but it was not pursued.

The notification of tuberculosis is now carried out efficiently, though until the last three years it was very faulty. The notification of the non-pulmonary group must always present difficulties, because in glandular and bone cases, which make up the breat bulk of non-pulmonary tuberculosis, differential diagnoses may not be possible until the patients have been under observation for some considerable time, and in many cases it is never definitely established.

CANCER.

The deaths from cancer in 1926 were 75, 14 fewer than those of the previous year, yielding the lowest cancer death rate for 4 years.

We have no information as to the prevalence of cancer, except the death returns, and with the increasing intelligence of the general population—and of surgeons—the discrepancy between the attack rate and the death rate is becoming wider ; in other words, cures (using that word with the significance popularly given to it) are becoming increasingly frequent. In a sensible community equipped with the machinery for dealing with it, cancer in almost any situation which admits of early detection, is not a fatal disease at all. Two great results of the research undertaken in recent years are the proof that cancer is at first a local disease and that early complete removal eradicates it. If the public will only get these two facts fixed in its brain, a reduction in the deaths of cancer will be obtained far greater than any that is likely to ensue from any ' cure ' which will ever be discovered. The disease will always be formidable because it is liable to commence in parts which are hidden and as the disease produces no symptoms in its early days, in these situations it cannot be detected until too late for effectual treatment.

ACUTE ABDOMINAL DISEASE.

25 citizens of Swindon lost their lives in 1926 from acute diseases of the abdomen, mainly appendicitis and peptic ulcers. This is a serious matter, calling upon the community for improved methods of prevention and treatment.

DIABETES.

7 deaths occurred from Diabetes. The facilities available locally for dealing with this disease are inadequate. The physicians of the town complain repeatedly of the lack of hospital accommodation, and the consequent inability of their applying the modern methods of treatment in the way in which they should be utilized.

THYROID DISEASE.

The great increase in disease of the thyroid gland which commenced in Swindon about ten years ago, is reflected in the death returns of 1926. 5 citizens were killed directly by goitrous diseases and in a large but unknown number, death was accelerated or partly due to disordered thyroid function. The incidence of thyroid disease, at all events amongst children and adolescents is now rapidly declining.

PATHOLOGICAL DEPARTMENT.

The work of the pathological department is set forth in the table in the appendix. The laboratory in the Public Health Department was completed in 1926, enabling the work, which is of primary importance, to be extended. Bacteriological examinations of milk are now prosecuted by the Public Health Department. As we were not ready for this until the end of the year, the number of samples examined in 1926 was small, but in future we shall be able to analyse about 50 samples a year.

VITAL STATISTICS.

980 births occurred in Swindon during 1926, giving a birth rate of 17.09. This is the first year since 1920 in which the birth rate had not declined upon its predecessor. As was pointed out in last year's report, there is reason to believe that the local birth rate has now become stationary. Of the births, 521 were males, 459 females, giving 113 males per hundred females. The illegitimate births were 31—19 males and 12 females, 3.1% of the total births. 612 deaths, 302 males and 310 females occurred, giving a death rate of 10.67. The natural increase of the population was therefore 219 males and 149 females.

The figures for obtaining the standard death rate from the crude death rate is, for Swindon, .958, so our standard death rate last year was 10.22. The infant mortality rate was 47.95, the lowest ever recorded, being 12 points down on last year and 5 points below the previous lowest record (1923—53.2). The death rate of illegitimate infants was 193.54, against 43.2 for those born in wedlock.

RATES PER 1,000 POPULATION.

Scarlet fever attack rate	1.29
Scarlet fever death rate	.03
Diphtheria attack rate	1.39
Diphtheria death rate	.06
Pneumonia attack rate	3.00
Pneumonia death rate	.78
Tuberculosis attack rate	1.30
Tuberculosis death rate	.69
Cancer death rate	1.30

CONCLUSION.

In discussing the report of a year which has been unusually favourable, we are apt to be impressed rather by the fact of success than by the causes which have produced it, and to take credit for accidental circumstances, as though these were the direct outcome of endeavour. But the factors which cause various years to be favourable or unfavourable are so numerous and so difficult to evaluate, that much more is gained by consideration of the failures than of the successes, however galling it may be to have to harp upon those matters which we may well wish to be forgotten. Even in 1926, of the 612 citizens who died, 343 failed to complete their normal span of 65 years and lost their lives from causes which theoretically are preventable and at least half of these would have been alive to-day if the chain of concomitant circumstances which destroyed them had been broken. The reasons for our failure in the prevention and treatment of disease, fall into three groups. The first is lack of knowledge, which, though it diminishes steadily, does so but very slowly. How far the knowledge which we desire is obtainable by man we cannot say, but this we do know, that there is much which is knowable which is at present unknown, and the territory of the unknowable steadily recedes as man penetrates to its boundaries. Failure to put into operation that which we do know, is the second great cause of failure. There we are on different ground, where we are deserving of censure. But though we are quite ready to censure everything and everybody except ourselves, we are less eager to find the remedy. Einstein has forced us to recognize that physical measurements are relative to time and mass. Equally truly must biological science, when applied to man, take cognizance of those obscure and seemingly contradictory forces which make up human nature. Superstitition, prejudice and obstinacy are as much natural phenomena as are gravitation or combustion and doubtless they obey laws equally absolute, but we do not at present know those laws, and cannot estimate their influence in mathematical terms. The third and perhaps the greatest cause of failure is common to preventive medicine and to all human progress, the mental incapacity of those who eventually sink to the lowest stratum of society. This is man's greatest tragedy, the bar to his progress throughout all the ages and a hindrance which all his ingenuity has so far failed to overcome.

The lesson of 1926 is an important one. A favourable time is in itself a benefit, whatever its cause may be ; but it is only that improvement which is the direct outcome of endeavours made to achieve it, which gives promise of permanence and progression. The least satisfactory element in public health work in Swindon in 1926 was the maternal mortality, precisely where there was made

the greatest effort at improvement. This indeed should teach us humility, through which we may attain wisdom, for it was not lack of knowledge, nor lack of energy, but lack of wisdom, which caused over one per cent of our mothers to lose their lives in the performance of their maternal functions.

The first business of any endeavour is to explore the position, to sweep away all subterfuges and reveal the true facts without any attempt at prevarication.*

When we know what is to be done, we can consider how it is to be done and what we have wherewith to do it. It is only during the past two years that the subject of maternal mortality and morbidity has been taken in hand seriously and it is significant that in those two years the numbers of deaths traced directly to childbirth have been much greater than those previously recorded. We found similar phenomena with puerperal sepsis and with ophthalmia, and we shall without doubt find the same in all conditions against which we are determined to wage war—the first battle is always a fight against lies. This much is certain, that we now know the precise extent and circumstances of maternal mortality, just as in former years we laid open the true facts in regard to ophthalmia neonatorum and puerperal sepsis, and we have not the slightest doubt of being able to overcome the first as we have been able to subjugate the second and nearly, but not quite, reduce the third to impotence.

DUNSTAN BREWER,

Medical Officer of Health.

Public Health Department,

61, Eastcott Hill,

SWINDON.

* Of the eleven deaths actually connected with pregnancy, only seven are accredited by the Registrar General to accidents and disorders of pregnancy and parturition.

BOROUGH OF SWINDON.

GENERAL STATISTICS.

Area (Acres)	4265	
Population (1926)	57320	
Number of inhabited houses (1926)	14121	
Number of families or separate occupiers (1926)		(Figure not available).
Rateable Value	£313,997	
Sum represented by a penny rate	£1,275	

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total	M.	F.	
Births	Legitimate	949	502	447	
	Illegitimate	31	19	12	Birth Rate 17.09
Deaths	....	612	302	310	Death Rate 10.67

Number of women dying in, or in consequence of childbirth { From sepsis 2; From other causes 5

Deaths of Infants under one year of age per 1,000 births :—
Legitimate 43.20 Illegitimate 193.54 Total 47.95

Number of deaths from Measles (all ages)	1
,, ,, ,, Whooping Cough (all ages)	1
,, ,, ,, Diarrhoea (under 2 years of age)	4

INFECTIOUS DISEASE.

TABLE showing the numbers of Infectious Diseases notified in the Borough during the year 1926.

Disease.	Cases notified at various ages. (Years).												Total cases notified	No. of cases admitted to Hospital	Total Deaths
	Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 & upwards			
Diphtheria	2	1	4	5	7	36	12	6	6	—	—	1	80	75	4
Erysipelas	—	1	—	—	—	1	1	1	2	1	12	3	22	5	2‡
Scarlet Fever	2	—	4	9	12	32	11	1	2	1	—	—	74	69	2
Ophthalmia Neonatorum	8	—	—	—	—	—	—	—	—	—	—	—	8	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	19	16	12	11	8	26	4	2	20	21	21	12	172	27	45
Enteric Fever	—	1	—	—	—	—	—	—	—	—	—	—	1	1	1*
Continued Fever	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1†
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	—	—	—	—	—	—	—	—	12	1	—	—	13	8	2
Poliomyelitis	—	1	—	—	—	—	—	—	—	—	—	—	1	1	2
Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Tuberculosis—															
(a) Pulmonary M.	—	—	—	—	—	2	—	6	8	5	5	—	26	—	13
F.	—	—	—	—	—	—	—	2	14	3	6	1	26	—	17
TOTAL													52	—	
(b) Non-Pulmonary M	—	2	—	—	2	8	1	—	2	1	2	—	18	—	6
F	—	1	—	1	1	2	1	5	4	1	1	—	17	—	5
TOTAL													35	—	
TOTALS	31	23	20	26	30	107	30	23	71	34	47	17	459	187	101

‡ One death from Glanders. * Death certified as due to Infantile Diarrhoea. † Cerebral Abscess.

TABLE SHOWING MONTHLY INCIDENCE OF INFECTIOUS DISEASES AND THE NUMBER OF DEATHS DURING 1926.

Disease.	No. of Cases.												Total	No. of deaths.
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.		
Diphtheria	10	10	8	5	4	7	5	6	8	6	6	5	80	4
Erysipelas	1	2	1	2	1	3	1	1	2	2	3	3	22	2‡
Scarlet Fever	9	14	6	11	17	—	3	3	1	4	2	4	74	2
Ophthalmia Neonatorum	2	1	3	—	1	1	—	—	—	—	—	—	8	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	30	34	17	13	15	10	8	3	4	7	20	11	172	45
Enteric Fever	—	—	—	—	—	—	—	1	—	—	—	—	1	1*
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	1	1	2	1	—	—	1	1	—	3	2	1	13	2
Poliomyelitis	—	1	—	—	—	—	—	—	—	—	—	—	1	2
Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cerebro-spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever ...	—	—	—	—	—	—	—	—	1	—	—	—	1	1†
TOTALS	53	63	37	32	38	21	18	15	16	22	33	24	372	60

* Death certified as due to Infantile Diarrhoea. † Cerebral Abscess. ‡ One death from Glanders.

TUBERCULOSIS 1926.

Age Periods.	New Cases. Pulmonary		Non-Pulm'ry		Deaths. Pulmonary		Non-Pulm'ry	
	M	F	M	F	M	F	M	F
Under 1 year	....	....	....	....	....	....	....	....
1—5	....	....	4	3	....	....	1*	2
5—10	2	....	9	2	1	....	2	2
10—15	....	....	1	2	....	....	1	....
15—20	7	2	....	5	3	2	....	1
20—25	2	6	2	1	1	3	1	....
25—35	7	9	....	3	3	4	....	....
35—45	6	3	1	2	2	5	....	....
45—55	4	3	1	....	2	1	....	....
55—65	1	3	1	1	....	1	1	....
65 and over	....	1	....	....	1	1	....	....
Totals	29	27	19	19	13	17	6	5

* This death (acute miliary tuberculosis) occurred in the course of scarlet fever and is accredited in the Registrar General's figures to that disease.

DEATHS FROM TUBERCULOSIS, 1926.
TABLE SHEWING WHEN CASES WERE NOTIFIED.

When Notified.	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
One year or more before death	6	5	1	....
Less than one year and more than 6 months before death	3	3	....	....
Less than six months and more than two months before death	1	3	....	....
Less than two months before death	2	2	....	1
At or immediately before death	....	2	4	4
Unnotified. (Cases who died in Devizes Asylum and never notified to Swindon.)	1	2	1	....
Total	13	17	6	5

The 8 deaths from non-pulmonary tuberculosis which were only notified at or immediately before death, were cases of tuberculous meningitis.

Comparative statement showing the number of notifications received of the various forms of Tuberculosis and the Death Rates resulting from each form of the disease for the years 1914-1926.

	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914
No. of cases notified (all forms)	94	91	111	117	103	98	97	73	116	129	132	140	160
Respiratory Tuberculosis	56	66	75	75	68	63	72	51	86	102	95	86	101
Deaths from Respiratory Tuberculosis	30	42	42	48	59	42	55	44	66	60	48	51	53
Deaths from Tuber. Meningitis	8	5	4	12	6	11	8	8	11	8	10	10	3
Deaths from other forms of the disease	*3	4	7	7	6	12	6	8	11	10	10	8	1
Total deaths from Tuberculosis	41	51	53	67	71	65	69	60	88	78	68	69	57
General Death Rate for all forms of Tuberculosis	0.71	0.89	0.93	1.19	1.27	1.17	1.28	1.16	1.74	1.5	1.3	1.32	1.07
Death Rate for Respiratory Tuberculosis	0.5	0.73	0.74	0.85	1.05	0.75	1.02	0.85	1.30	1.15	0.95	0.98	1.0

* One of these deaths (acute miliary tuberculosis) occurred in the course of scarlet fever and is accredited in the Registrar General's figures to that disease.

BACTERIOLOGICAL INVESTIGATIONS.

	Public Health Dept.					School Medical Dept.				
	1922	1923	1924	1925	1926	1922	1923	1924	1925	1926
Examinations carried out by Bristol University	7	3	....	5	4	....	....	2	1	2
Examinations carried out at Gorse Hill Hospital :—										
Throat swabs examined	178	161	613	780	646	4	1	....	....	....
Urine :* Examination for Tubercle bacilli	....	....	....	....	....	1	....	....	....	....
Examinations carried out at 61 Eastcott Hill :										
Throat ; swabs examined direct	7	....	....	5	83	3	1	2	6	1
Eyes ; swabs examined direct	62	71	48	33	45	17	9	11	1	5
Pus and discharges :—										
For Tubercle bacilli	3	8	3	20	9	13	9	5	8	2
For other organisms (cultures)	48	43	25	47	34	20	18	18	11	4
Hair. Examinations for Ringworm fungus	11	13	18	12	11	637	430	507	439	253
Other conditions	....	....	1	3	1	6	....	5	4	1
Blood, Histological examinations	2	9	50	48	27	5	36	66	149	83
Blood for Wasserman Reaction	....	....	....	2	....	....	....	....	....	1
Cerebro-spinal fluid	....	....	1	....	....	....	....	....	....	....
Sputum. For Tubercle bacilli	3	1	1	....	....	7	....	2	....	1
For other organisms	3	1	1	....	....	2	....	2	....	....
Urine-Chemical examinations	78	27	19	15	....	13	8	23	16	12
,, Microscopical examinations	....	....	....	9	....	....	....	....	2	....
,, Bacteriological examinations	....	3	5	....	....	....	....	3	....	4
For diseased meat	....	13	10	16	33	....	....	....	....	....
Miscellaneous	6	13	....	....	26	13	2	2	....	1
Totals	408	366	795	995	919	741	514	648	637	370

No. of samples of water submitted for chemical and bacteriological analysis	32
No. of samples of sewage effluent submitted for chemical examination	6

REVIEW OF THE COMPARATIVE VITAL AND MORTALITY STATISTICS FOR THE BOROUGH OF SWINDON, TOGETHER WITH THOSE FOR ENGLAND AND WALES FOR THE YEARS 1901 TO 1926 INCLUSIVE.

	Birth Rate		Death Rate		Infant Mortality Rate.		
Year	Swindon	England and Wales	Swindon	England and Wales	Swindon	England and Wales	Illegitimate Death Rate.
1901	30·6	28·5	11·8	16·9	102·9	151	—
1902	28·3	28·5	12·7	16·3	104·7	133	—
1903	29·5	28·5	11·27	15·5	106·9	132	—
1904	30·0	28·0	12·49	16·3	111·2	145	—
1905	28·4	27·3	11·2	15·3	95·4	128	—
1906	29·4	27·2	9·9	15·5	86·2	132	—
1907	28·8	26·5	12·3	15·1	91·8	118	—
1908	28·9	26·7	11·8	14·8	101·5	120	—
1909	26·5	25·8	10·8	14·6	78·2	109	—
1910	23·4	25·1	9·7	13·5	86·8	105	—
1911	21·6	24·3	10·9	14·6	103·1	130	—
1912	23·4	23·9	10·3	13·3	76·3	95	—
1913	23·39	24·1	12·08	13·8	86·4	108	—
1914	22·5	23·8	11·5	14·0	73·7	105	—
1915	21·16	21·9	12·83	15·7	67·7	110	—
1916	18·9	20·9	11·3	14·4	72·4	91	—
1917	15·5	17·8	12·25	14·4	88·6	96	—
1918	16·53	17·7	15·13	17·6	81·3	97	129·63
1919	16·86	18·5	11·97	13·8	83·9	89	79·52
1920	23·25	25·4	11·64	12·4	69·0	80	122·44
1921	20·27	22·4	9·58	12·1	67·5	83	102·56
1922	18·98	20·6	12·17	12·9	60·5	77	121·95
1923	17·77	19·7	9·27	11·6	53·2	69	83·33
1924	17·11	18·8	10·78	12·2	63·01	75	192·30
925	16·56	18·3	11·09	12·2	60·5	75	52·63
1926	17·09	17·8	10·67	11·6	47·95	70	193·54

BOROUGH OF SWINDON.

CAUSES OF DEATH, 1926.

(Registrar General's Official Returns).

Causes.	Males	Females	Total
Measles	—	1	1
Scarlet Fever	2	—	2
Whooping Cough	—	1	1
Diphtheria	2	2	4
Influenza	6	2	8
Tuberculosis of Respiratory System	13	17	30
Other Tuberculous Diseases	5	5	10
Cancer, malignant disease	37	38	75
Rheumatic Fever	2	3	5
Diabetes	2	5	7
Cerebral Haemorrhage &c.	20	29	49
Heart Disease	55	59	114
Arterio-sclerosis	13	10	23
Bronchitis	17	15	32
Pneumonia (all forms)	25	20	45
Other respiratory diseases	4	4	8
Ulcer of Stomach or duodenum	6	2	8
Diarrhoea &c. (under 2 years)	3	1	4
Appendicitis and typhlitis	4	2	6
Cirrhosis of Liver	1	1	2
Acute and Chronic nephritis	10	11	21
Puerperal Sepsis	—	2	2
Other accidents and diseases of .... pregnancy and parturition	—	5	5
Congenital Debility and Malformation, premature birth	12	12	24
Suicide	6	1	7
Other Deaths from Violence	4	2	6
Other defined diseases	53	60	113
	302	310	612

BOROUGH OF SWINDON.

INFANT MORTALITY.

1926. *Nett Deaths from stated causes at various ages under One Year of Age.*

Compiled from the Official Registrations.

CAUSES OF DEATH.	Under 1 week	1–2 weeks	2–3 weeks	3–4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 m'ths	Total deaths under 1 year,
All Causes :—										
Certified	17	2	1	3	23	9	7	7	1	47
Uncertified	....	....	....	....	....	....	....	....	....	....
Small-pox	....	....	....	....	....	....	....	....	....	....
Chicken-pox	....	....	....	....	....	....	....	....	....	....
Measles	....	....	....	....	....	....	....	....	....	....
Scarlet Fever	....	....	....	....	....	....	....	....	....	....
Diphtheria and Croup	....	....	....	....	....	....	....	....	....	....
Whooping-Cough	....	....	....	....	....	....	....	....	....	....
Diarrhoea	....	....	....	1	1	....	....	....	....	1
Enteritis	....	....	....	....	....	....	....	1	....	1
Tuberculous Meningitis	....	....	....	....	....	....	....	....	....	....
Abdominal Tuberculosis	....	....	....	....	....	....	....	....	....	....
Other Tuberculous Diseases	....	....	....	....	....	....	....	....	....	....
Congenital Malformations	....	....	....	1	1	1	1	1	....	4
Premature Birth	16	....	....	....	16	....	....	....	....	16
Atrophy, Debility & Marasmus	....	1	....	1	2	1	1	....	....	4
Atelectasis	....	....	....	....	....	....	....	....	....	....
Injury at Birth	....	....	....	....	....	....	....	....	....	....
Erysipelas	....	....	....	....	....	....	....	....	....	....
Syphilis	....	....	....	....	....	....	....	....	....	....
Rickets	....	....	....	....	....	....	....	....	....	....
Meningitis (not Tuberculous)	....	....	....	....	....	....	....	....	....	....
Convulsions	....	....	....	....	....	....	....	....	....	....
Gastritis	....	....	....	....	....	....	....	1	....	1
Laryngitis	....	....	....	....	....	....	....	....	....	....
Bronchitis	....	....	....	....	....	1	....	....	1	2
Pneumonia (all forms)	....	....	....	....	....	4	2	3	....	9
Suffocation, overlying	....	....	....	....	....	....	....	....	....	....
Other causes	1	1	1	....	3	2	3	1	....	9
TOTALS	17	2	1	3	23	9	7	7	1	47

LIST OF HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR BY THE COUNTY COUNCIL.

TUBERCULOSIS.	Two beds at Winsley Sanatorium, near Bath, provided by the local authority.
MATERNITY.	A Maternity Hospital of 13 beds provided by the local authority.
CHILDREN.	Nil.
FEVER.	A fever hospital provided by the Swindon and District Hospital Board. (About 90 beds.)
SMALL POX.	A Smallpox Hospital provided by the Swindon and District Hospital Board. (Permanent brick building with 12 beds).
VENEREAL DISEASES.	A hospital with 6 beds provided by the Wilts County Council.

LIST OF CLINICAL TREATMENT CENTRES IN THE BOROUGH OF SWINDON.

Name of Clinic.	Where held	Days and hours of attendance	By Whom Provided.
Maternity and Child Welfare	61, Eastcott Hill	Mondays, Wednesdays & Fridays, 2.30 p.m. to 4.30 p.m.	Swindon Corporation
Maternity and Child Welfare	Girls' Club, St. Paul's Street	Tuesdays, 2.30 p.m.—4 p.m.	,, ,,
Maternity and Child Welfare	Primitive Methodist School, Romsey St.	Thursdays, 2.30 p.m.—4 p.m.	,, ,,
Ante-Natal Clinic	Maternity Home, Milton Road	Tuesdays, Thursdays and Fridays, 2.30 p.m.—4.30 p.m.	,, ,,
Minor Ailments	61, Eastcott Hill	Every morning 9 a.m.—11 a.m.	,, ,,
Dental Clinic	Faringdon Street	Daily 9.30—12.30 a.m. & 2—5 p.m. (Saturdays 10—12.30 p.m.)	,, ,,
Eye Clinic	Faringdon Street	Tuesdays 2—4 p.m. and Alternate Tuesdays, 9—11 a m.	,, ,,
Ringworm Clinic	61, Eastcott Hill	Tuesdays, 2—5 p.m.	,, ,,
Throat, Nose & Ear Clinic	,, ,, ...	Mondays, 2—5 p.m.	,, ,,
Enlarged Thyroid Glands	,, ,, ...	Thursdays, 2—5 p.m.	,, ,,
X'Ray Clinic	,, ,, ...	Thursdays, 2—5 p.m.	,, ,,
Electrical Treatment (General)	,, ,, ...	Mondays, 2—4 p.m.	,, ,,
Electrical Ionization Clinic	,, ,, ...	Fridays, 2—4.30 p.m.	,, ,,
Observation Clinic	,, ,, ...	Saturdays, 9.30 a.m.—12 noon	,, ,,
Tuberculosis Clinic	Tuberculosis Dispensary, Milton Road	Thursdays, 11 a.m.—1 p.m.	Wilts County Council.
Venereal Diseases Clinic	Isolation Hospital, Gorse Hill	Men. Wednesdays, 7—8.30 p.m. Saturdays, 1.30—3 p.m. .... Women and Children— Mondays, 5—6.30 p.m. .... Fridays, 2—3.30 p.m.	Wilts County Council
Orthopaedic Clinic	Isolation Hospital Grounds, Gorse Hill	Tuesdays, 11 a.m.—5 p.m.	Voluntary Association

AMBULANCE FACILITIES.

(a)	For Infectious Diseases (including Small-pox)	Two Motor Ambulances are supplied by the Swindon and District Hospital Board.
(b)	For non-infectious and accident cases.	A Motor Ambulance is provided by the Swindon Town Council.

List of Local Acts, Special Local Orders and General Adoptive Acts in Force in the District.

Local Acts and Orders.

The Swindon Corporation Act, 1904.
Swindon Water Act, 1894.
Swindon (Water) Orders of 1902 and 1919.
Swindon Corporation Tramway Order, 1901.
Swindon New Town Electric Lighting Order, 1895.
Swindon Corporation (Wilts and Berks Canal Abandonment) Act, 1914.
The Swindon Order, 1923.
The Swindon Order, 1925.
Swindon Corporation Act, 1926.

Adoptive Acts in Force.	Date of Adoption.
Infectious Diseases (Prevention) Act 1890	11th March, 1902
Notification of Births Act, 1907	27th Oct., 1914
The Museums & Gymnasiums Act, 1891	6th June, 1905
The Public Health Acts Amendment Act, 1890	11th Nov., 1890

The Public Health Acts Amendment Act, 1907 :—

Section 85 (Registries for Servants)	22nd Dec., 1926
Part III. Secs. 36, 37, 49, 50 and 51. Part IV. Secs. 62, 64 and 65. Part X. Sec. 93.	3rd Jan., 1927

The Public Health Act, 1925 :—

Part II. (except secs. 20, 24 and 29). Part III. Part IV. Part V.	1st Feby., 1927

APPENDIX.

BOROUGH OF SWINDON.

ANNUAL REPORT

OF THE

Chief Sanitary Inspector,

F. H. BEAVIS,

For the Year 1926.

To the Chairman and Members of the Health etc., Committee.

LADIES AND GENTLEMEN,

I have the honour of submitting my first Annual Report dealing with the work carried out by the Sanitary Department during the year ending 31st December, 1926.

Appended hereto will be found the tables giving full particulars of the inspections made during the year in conformity with the requirements of the Ministry of Health.

During the year under review, many changes occurred in the personnel of the staff and as a result, the work of the Sanitary Department was somewhat disorganised for some time. In February, the Second Assistant Inspector, Mr. E. Partridge, left the service of the Corporation, having been appointed Sanitary Inspector to the Horsham U.D.C. The Chief Sanitary Inspector, Mr. A. E. Bottomley, who had been in indifferent health for a considerable time, finally decided to resign his appointment on the advice of his Medical Attendant, and severed his connection with the Department on 31st May. In the meantime your Committee had decided to promote the writer to the post of Chief Sanitary Inspector, and I took over the duties on 1st June. Mr. H. A. Banwell and Mr. D. Davies had also been appointed as Assistant Sanitary Inspectors and commenced their duties on the 17th May and 18th June respectively.

During the reorganisation of the staff, great difficulty was experienced in keeping abreast of the work of the Department, and as a consequence some of the work fell into arrears, notably the work under the Housing Act.

FOOD SUPPLY.

In reviewing the work under the Meat Regulations, it will be seen that there was a total of over 11,000 animals slaughtered in the Borough during the year and the unsound food amounted to just over 28 tons. This work is of the utmost importance if the peoples' meat supplies are to be safeguarded, and the inspections are rigorously carried out whether the slaughterings occur during office hours or otherwise. The provision of a Public Abattoir where all slaughtering can be centralised, is urgently needed.

HOUSING.

The housing question is slowly solving itself, but there are still a few bad cases of overcrowding. Unfortunately, the houses being erected are invariably for sale and there are very few to

let. Consequently there is very little available accommodation for the poorer classes of the community, who perhaps through adverse circumstances are unable to purchase a house in which to live. Although the owner-occupier is a fine ideal to aim at, it may not be possible for everyone to possess a house of his own.

There is another matter in connection with housing which, from a health point of view, is not at all satisfactory. There are at present a considerable number of water-closets without a proper flushing apparatus, which does not tend to promote cleanly habits.

MILK AND DAIRIES.

Swindon is particularly well placed as regards its milk supplies, being situated in the centre of a purely agricultural district where milk production is one of the farmers' principle sources of income.

It will be noticed from the tables that there is at present one licensed bottling establishment for Grade A (Tuberculin Tested) Milk within the Borough, whilst one supplementary licence to retail this grade of milk has been granted to a dairyman from an outside district. Grade A milk is also being retailed in Swindon from a farm at Hodson.

This is very satisfactory, but one would like to see many more cow-keepers and dairymen adopting the grading system, as the licensing undoubtedly tends to the production of a purer milk supply.

TENTS, VANS AND SHEDS, ETC.

Considerable trouble has been experienced in dealing with this class of the community during the year, but the new Public Health Act contains provisions whereby this nuisance can be dealt with more effectually. The Corporation are taking the necessary steps to adopt these provisions and the required sections will probably be in force early in the new year.

THEATRES, CINEMAS, ETC.

In Swindon we have :—one theatre, five cinemas, one billiard saloon and three dancing halls. Owing to the disorganisation of the staff and pressure of other work, it has not been possible to give the required attention to these places, but early in the new year I hope to be able to make a thorough inspection of these establishments.

EXTERMINATION OF RATS AND MICE.

Very useful work has been carried out during the year in trying to keep down the number of rats, and although the numbers given in the table as accounted for are slightly higher than last year, they by no means represent the number of rats actually destroyed, because by the use of poisons and by smoking the runs a very large number of rats are destroyed which are never accounted for.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. H. BEAVIS,

Chief Sanitary Inspector.

SANITARY STATISTICS.

TABLE OF NUISANCES RECORDED AND ABATED 1926.

Nature of Complaints registered.	Defects brought forward from 1925	Complaints received and visited during 1926	Total	No. of complaints abated during 1926	No. of cases not abated at end of year.
Defective drains	2	24	26	15	11
,, traps	—	18	18	13	5
,, spouts and eaves troughing	7	36	43	33	10
,, roofs	16	56	72	47	25
,, and dirty W.C. Pans	2	30	32	32	—
,, floors	3	52	55	37	18
,, and unsufficient yard paving	8	31	39	21	18
,, walls	1	26	27	15	12
,, flushing cisterns	5	29	34	18	16
,, ceilings	5	31	36	30	6
,, forecourts	1	5	6	2	4
,, sinks	1	10	11	10	1
Offensive animals	....	4	4	4	....
Offensive accumulations	1	43	44	43	1
Choked drains	1	68	69	67	2
Damp walls	1	43	44	30	14
Dirty rooms	35	220	255	216	39
Overcrowding	....	13	13	8	5
Absence of Covered receptacle at butchers' premises.	....	1	1	1	....
Miscellaneous	17	302	319	235	84
TOTALS	106	1042	1148	877	271

VISITS AND INSPECTIONS, 1926.

Infectious Disease	263
Work in course of construction	401
Slaughterhouses	4005
Bakehouses	35
Dairies, Cowsheds and Milkshops	182
Markets	236
Outworkers	112
Common Lodging Houses	23
Fried Fish Shops	255
Re-visits	749
Miscellaneous	1484
Workshops	221
Ice Cream Shops	87
Butchers' Shops	258
Contacts with Small Pox	1
Pig-killing on private premises	13
House to House Inspections	8
	8333

DEFECTS IN OUTWORKERS' PREMISES.

Dirty Ceilings	5
Dirty Walls	4
Defective Roofs	1
,, Water-closets	3
,, Floors	5
,, Yard Paving	2
,, Firegrates	1
,, Walls	1
	22

INSPECTION OF FACTORIES, WORKSHOPS AND WORK-PLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises	Number of		
	Inspections	Written Notices	Occupiers Prosecuted
(1)	(2)	(3)	(4)
Factories .... (Including Factory Laundries)	71	Nil	Nil
Workshops .... (Including Workshop Laundries)	342	7	Nil
Workplaces .... (Other than Outworkers' premises)	136	1	Nil
Total	549	8	Nil

DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.—Continued.

Particulars. (1)	Number of Defects. Found (2)	Remedied (3)	Referred to H.M. Inspector. (4)	Number of Offences in Respect to which Prosecutions were Instituted. (5)
Nuisances under the Public Health Acts :—*				
Want of cleanliness	29	28	....	....
Want of ventilation	1	1	....	....
Overcrowding	1	1	....	....
Want of drainage of floors	1	1	....	....
Other nuisances	4	3	....	....
Sanitary accommodation (insufficient	2	2	....	....
Sanitary accommodation (unsuitable or defective	....	....	....	....
Sanitary accommodation (not separate for sexes	1	1	....	....
Offences under the Factory and Workshop Acts:-				
Illegal occupation of underground bakehouse (s.101)	....	....	....	....
Other offences (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).	..	....	....	....
TOTAL	39	37	....	....

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

DISINFECTANTS.

Number of Applications	2226
Number of Applications Granted	2226
Quantity given Fluid	252 galls
Powder ..	4cwt. 0qr. 7lbs.

DISINFECTION.

Cases of Infectious Disease	361
,, Cancer	19
,, Consumption	209
Verminous Rooms	115
Number of Lots of Bedding destroyed	16
Number of Lots of Bedding disinfected	598
School Shawls disinfected	34
Library Books disinfected	63
Animals destroyed	16
Miscellaneous Articles disinfected	20
No. of School Rooms disinfected	Nil

DAIRIES, COWSHEDS AND MILKSHOPS.

Dairies and Milkshops	47
Cowsheds	14
Milk Purveyors from outside the Borough	18
	79

There is one licensed establishment for bottling and retailing Grade A (Tuberculin Tested) Milk within the Borough.
One subsidiary licence was granted for the retailing of Grade A (Tuberculin Tested) Milk.

Inspections	182

NUISANCES FOUND—

Dairies requiring limewashing	8
Cowsheds requiring limewashing	2
Dirty yards	—
Defective paving	3
Offensive accumulations	1
Defective ceiling plaster	1
Unsuitable and dirty utensils	2
Milk and containers uncovered	6
Defective floors	3
Defective vent shafts	2
Dirty conditions	3
Insufficient water supply	1
	32

SLAUGHTERHOUSES.

Registered	9
Licensed	10
TOTAL	19
Number of Inspections	4005

NUISANCES FOUND—

Requiring limewashing	15
Want of cleanliness	3
Insanitary condition of pens and yards	11
Offensive accumulations	5
Choked drains	4
Other defects	11
TOTAL	49

COMMON LODGING HOUSES.

On Register 1
Number of persons for whom accommodation is provided :—
Adults 116. Children 10.
Inspections .... 23.

RATS AND MICE (DESTRUCTION) ACT, 1919.

The following is a table showing the work carried out by your officer under the above Act during the year under review :—

Rats caught	Complaints Received.	Due to Defects of Drains or Sewers.	Due to Structural Defects.
8,602	137	9	2

BAKEHOUSES.

Factory Bakehouses	10
Workshop Bakehouses	20
Domestic Bakehouses	1
TOTAL	31
Number of Inspections	35

NUISANCES FOUND—

Limewashing overdue	7
Dirty yards	1
Ceilings requiring re-painting	—
Choked drains	—
Dirty W.C. pans	2
No separate accommodation for sexes	—
Accumulations of manure	—
Defective yard paving	1
,, vent shafts	2
TOTAL	13

FOOD SUPPLY

There are on the registers of the Department—

Butchers Shops	77
Butchers Stalls (in covered market)	3
Wholesale Meat Store	1
Fried Fish Shops	30
Ice Cream Shops	101
Cooked Meat Shops	23

and these premises are regularly inspected by your officers.

MEAT AND FOOD DESTROYED.

	Tons	cwts.	qrs.	lbs.
Carcases of Beef and Offal	20	6	2	6
Portions of Beef	3	7	3	24
Carcases of Mutton and Offal		7	3	3
Portions of Mutton				23
Carcases of Pig and Offal	1	2	2	8
Portions of Pig		1	2	1¼
Carcases of Veal			3	6
Plucks		8	3	12½
Livers		13	0	20½
Lungs		10	0	9½
Heads		13	2	15
Kidneys			3	12¾
Offal		18	3	15¼
Poultry				11
Fish		2	1	0
Sausages				12
Plums				7
Corned Beef			1	13
	28	16	0	1¾

PUBLIC HEALTH (MEAT) REGULATIONS 1924

The following is a table showing the number of carcases inspected during the year, together with the average per week.

	Beasts	Calves.	Pigs.	Mutton	Total
Total Inspected	1459	1965	3552	4577	11553
Average per week	28.05	37.78	68.30	88.01	222.14

CLASSIFICATION OF DISEASES FOUND IN THE UNSOUND FOOD SINCE JUNE 1st, 1926.

	Tons	cwts.	qrs.	lbs.
Abscesses		3	0	27
Actinomycosis		1	0	14
Amyloidosis			2	8
Angioma			1	0
Angioma Cavernous			2	10
Bruising		7	3	11¼
Cirrhosis			3	20
Cystercercus Tenuicollis				11½
Decomposition	1	19	3	19
Distomum Hepaticum		3	3	18½
Echinococcus Veterinorum			1	21
Emaciation		19	1	13
Enteritis			2	0
Fatty Degeneration			1	2
Fevered		2	1	4
Hypernephrosis				5
Inflammation	1	6	0	9½
Johnes Disease		5	3	21
Mastitis				22
Moribund			3	4
Necrosis			2	5½
Oestrus ovis				3
Oedema		4	2	10
Pericarditis			2	7¼
Pericarditis Septic		7	3	0
Peritonitis				2
Peritonitis Septic		6	0	0
Pleurisy			2	12
Pneumonia			3	10
Sarcoma		8	1	27
Septicaemia	1	8	0	20
Strongylus Micrurus				9
Strongylus Paradoxus				26
Strongylus Rufescens			2	1½
Unsound			1	15
Tuberculosis	12	15	2	2
	21	8	2	27

HOUSING.

Number of new houses erected during the year :—

(*a*)	Total (including numbers given separately under (*b*)	392
(*b*)	With State assistance under the Housing Acts :—	
	(i) By the Local Authority	6
	(ii) By other bodies or persons	359

I. UNFIT DWELLING-HOUSES.

INSPECTION :—

(1)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	426
(2)	Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	7
(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-head) found not to be in all respects reasonably fit for human habitation	412

II. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	362

III. ACTION UNDER STATUTORY POWERS.

A. Proceedings under Section 3 of the Housing Act, 1925 :

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	1
(2)	Number of dwelling-houses which were rendered fit after service of formal notices—	
	(a) By Owners	Nil.
	(b) By Local Authority in default of owners	1
(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 Act :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	1
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a) By Owners	1
(b) By Local Authority in default of owners	Nil

C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of representations made with a view to the making of Closing Orders	1
(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.

NOTE.—Seventeen new houses were erected by this Authority under the Housing Acts on their Hurst Park Housing Estate, which is outside the Borough, and also four houses at Cricklade Road, which is outside the Borough.