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Contributors

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Borough



Swindon

OF

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1938

AND THE

Isolation Hospital Annual Report

From the 1st April, 1938, to the 31st March, 1939.

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

**Report of the
Chief Sanitary Inspector**

FOR THE YEAR 1938.

**Annual Report
of the School Medical Officer**

FOR THE YEAR 1938.

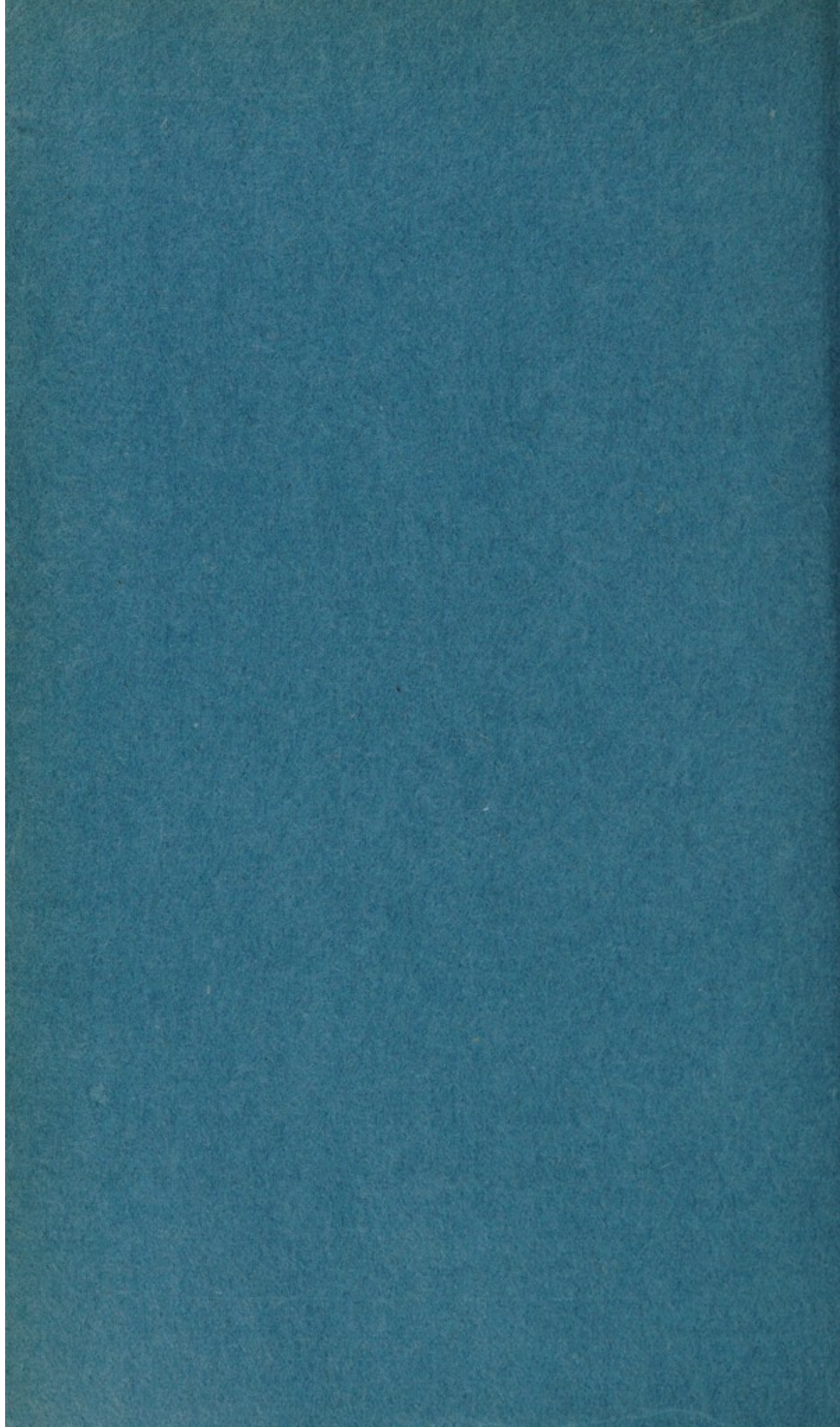
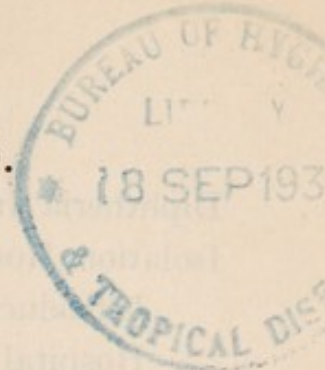


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BOROUGH OF SWINDON.

Health Committee.

Chairman—Alderman S. E. WALTERS.

Vice-Chairman—Councillor Mrs. E. M. SIMPKINS.

Members.

THE MAYOR (Councillor R. G. CRIPPS, J.P.)

Alderman	F. E. ALLEN	Councillor	Mrs. E. CARTER
"	W. SEATON	"	G. H. HUNT
"	A. SNOW	"	F. E. AKERS
"	T. MANNING	"	G. H. SELMAN
"	L. J. NEWMAN	"	C. S. MACPHERSON
"	A. H. WHEELER	"	A. E. HARDING
Councillor	A. E. LONG	"	W. J. DAVIS
"	Mrs. M. GEORGE		

Maternity and Child Welfare Sub-Committee.

Chairman—Councillor Mrs. M. GEORGE.

Members.

Alderman	F. E. ALLEN	Councillor	G. H. SELMAN
"	A. SNOW	"	C. S. MACPHERSON
"	T. MANNING	"	A. E. HARDING
"	L. J. NEWMAN	"	W. J. DAVIS
"	S. E. WALTERS	Miss	K. J. STEPHENSON
"	A. H. WHEELER	Miss	D. P. CHAPPELL
Councillor	A. E. LONG	Mrs.	DRAPER
"	Mrs. E. CARTER	Mrs.	SCHMITZ
"	G. H. HUNT	Miss	I. F. MOORE
"	F. E. AKERS	Mrs.	MORRIS
"	Mrs. E. M. SIMPKINS		

Town Clerk—D. MURRAY JOHN, Esq., B.A.

BOROUGH OF SWINDON.

PUBLIC HEALTH DEPARTMENT.

STAFF.

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

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

Deputy Medical Officer of Health.

D. S. CLARK, M.B., Ch.B., D.P.H., D.P.M., First Class Instructor's Certificate, Civilian Anti-Gas School.

Assistant Medical Officer of Health.

VIOLET REDMAN 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.

Additional 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

First Class Instructor's Certificate Civilian Anti-gas School.

F. R. G. SELWOOD.

Certificate of the Royal Sanitary Institute.

Certificate of the Royal Sanitary Institute for Meat Inspection.

D. L. WILKINSON

Certificate of the Royal Sanitary Institute and Sanitary Inspector's Examination Joint Board.

Certificate of the Royal Sanitary Institute for Meat Inspection.

Certificate in Building Construction.

Temporary Assistant Sanitary Inspector.

H. MITCHELL (resigned 21.3.38)

Certificate of the Royal Sanitary Institute and Sanitary Inspector's Examination Joint Board.

E. H. HOLROYD (commenced duties 1-6-38).

Certificate of the Royal Sanitary Institute and Sanitary Inspector's Examination Joint Board.

Head Clerk—S. MANSFIELD DEE.

Senior Clerk Public Health Service—W. M. WATTS.

Senior Clerk School Medical Service—J. W. DAY.

Assistant Clerks—

W. H. PAUL.

A. M. R. JONES.

D. A. OWEN.

PUBLIC HEALTH DEPARTMENT.**STAFF—Continued.**

Dental Surgeons—W. KENYON BERRIE, L.D.S., R.F.P.S.G.
 KENNETH W. MASSEY, L.D.S. (Liverpool)
 G. BUIST WESTWATER, L.D.S., R.C.S. (Edin.)
 (commenced 8-8-38).
 ERNEST H. HARTLEY, L.D.S. (Liverpool)
 resigned July, 1938).

Clinical Clerks and Dental Attendants—Miss G. L. NORRIS.
 Miss E. M. KEY.
 Miss E. FRANKLIN
 (commenced 16-3-38)
 Miss H. M. RICHMOND
 (commenced 29-12-38).
 Miss N. JONES
 (resigned Nov., 1938).

Matron of the Isolation Hospital.
 Miss J. MCKINNON SMITH, A.R.R.C.

Matron of the Maternity Home and Training Centre.
 Miss Q. M. ANSTICE.

Health Visitors and School Nurses.

Miss I. D. SAMPSON.
 3 years Certificate of Hospital Training.
 Certificate for Tuberculosis (Royal Chest Hospital, London.)
 Queen's Nurse.
 Certificate of the Central Midwives Board.
 State Registered Nurse.

Miss E. M. PILCHER.
 3 years Certificate of Hospital Training.
 School Nurse's and Health Visitor's and Tuberculosis Certificate.
 Certificate of the Royal Sanitary Institute.
 State Registered Nurse.

Miss A. HAWKINS.
 4 years Certificate of Hospital Training.
 Certificate of the Central Midwives Board.
 Health Visitor's Certificate of the Royal Sanitary Institute.
 State Registered Nurse.

Miss O. MARKER.
 4 years Certificate of Hospital Training.
 Certificate of the Central Midwives Board.
 Health Visitor's Certificate of the Royal Sanitary Institute.
 State Registered Nurse.

Mrs. K. M. D. FRANCIS.
 3 years Certificate of Hospital Training.
 Certificate of the Central Midwives Board.
 Health Visitor's Certificate of the Royal Sanitary Institute.
 State Registered Nurse.

PUBLIC HEALTH DEPARTMENT.**STAFF—Continued.**

Miss C. E. MIDDLETON.

4 years Certificate of Hospital Training.

Certificate of the Central Midwives Board.

Health Visitor's Certificate of the Royal Sanitary Institute.

State Registered Nurse.

Domiciliary Midwifery Service.

Miss O. M. TREDELL (Extern Dept. Maternity Home).

Mrs. I. GALE.

Mrs. A. V. INGRAM.

Mrs. H. M. M. MORTIMORE.

Miss W. I. SHEPPARD.

Needlework Demonstrator—Miss M. JOBSON.

Disinfector—A. C. MOLE.

Rat Catcher—S. F. WAKEFIELD.

Voluntary Helpers at Maternity Centres—

Mrs. E. SCHMITZ.

Mrs. CHAPMAN.

Mrs. OSMOND

Mrs. SANDILANDS

Mrs. RUSSELL.

LIST OF CONSULTANT & SPECIALIST STAFF.

MATERNITY DEPARTMENT.

Obstetricians on the Rota :

J. HOLLAND, M.B., B.Ch., B.A.O.R.U.I.

S. McDERMOTT, M.B., B.Ch.

M. BEHR, M.R.C.S., L.R.C.P. (Lond.).

W. HYND, M.B., Ch.B.

Consulting Surgeon :

J. EWART SCHOFIELD, F.R.C.S. (Eng.) M.B., Ch.B.

Consulting Obstetrician :

A. W. BENNETT, M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Ophthalmic Surgeon :

OLIVER B. PRATT, M.A., M.B., B.Ch., D.O. (Oxon.) M.R.C.S.
L.R.C.P.

Surgeon for Nose, Throat and Ear Diseases :

F. COURTENAY MASON, B.A. (Lond.), M.S., M.B., B.S., F.R.C.S. (Eng.)

Orthopaedic Surgeon :

M. F. FORRESTER BROWN, M.D. (Lond.) M.S.

Cardiologist :

C. E. K. HERAPATH, M.D. (Lond.), M.B., B.S., M.R.C.S., L.R.C.P.
(Lond.)

Honorary Consultant for Nervous and Mental Diseases :

J. F. W. LEECH, M.D., M.B., B.Ch., B.A.O., D.P.M., R.C.P.S.I.

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

LADIES AND GENTLEMEN,

I beg to submit the annual report of the Medical Officer of Health for the year 1938.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

The only changes in the staff were in the dental department mention of which is made in the School Medical Officer's report.

GENERAL PUBLIC HEALTH AND SANITATION OF THE TOWN.

In accordance with the requirements of the Ministry of Health, the annual report for 1938 is an ordinary and not a survey report and, with certain exceptions, information and observations are only required on alterations, improvements or developments which have taken place during the year. It is not therefore necessary to say much about the general sanitation of the town, for in this there was no important alteration, nor development, nor any trouble calling for remembrance.

HOUSING.

During the year 332 new houses were erected in the borough, 3 by the local authority and 329 by private enterprise. The action taken for relief of overcrowding is detailed in the report of the Chief Sanitary Inspector.

NUTRITION AND THE INSPECTION AND CONTROL OF FOODSTUFFS.

On the 1st October, 1939, the new Food and Drugs Act, 1938, comes into operation. This will cause radical alterations in the control of food and drugs within the borough.

LABORATORY FACILITIES, HOME NURSING, CLINICS AND TREATMENT CENTRES AND AMBULANCE FACILITIES.

No change of any importance occurred in any of these during 1938.

SANITARY CIRCUMSTANCES OF THE AREA.

Matters connected with closet conversion, shops, swimming paths and pools and eradication of bed bugs are referred to in the report of the Chief Sanitary Inspector.

THE HOSPITAL SITUATION IN SWINDON.

I am given to understand that negotiations for the amalgamation of the two hospitals not controlled by the municipality and the re-construction of Victoria Hospital are still in progress, but the position remains little different from what it was 20 years ago. It is just possible that the scheme for national defence may liven things up a bit, for as regards hospital accommodation the borough is extremely badly placed to carry out the Government's requirements.

NEW LEGISLATION DURING 1938.

With the exception of Air Raid Precautions and the Factories Act, 1937, no new legislation on a big scale directly affecting public health came into operation in 1938, but the year was much troubled by the repercussions of the Midwives Act, 1936, which had come into force in August, 1937. The Food and Drugs Act was passed in 1938, but does not come into operation until October, 1939. The 1936 Public Health Act does not materially affect public health practice, except in details of administration.

1938 would have been a very easy year for the public health department had it not been for the new regulations of the Central Midwives Board which disorganised the maternity service of the town, and A.R.P. which upset everything.

In his annual report the medical officer is not required by the instructions of the Ministry of Health to say anything about A.R.P., which until the end of 1938 was entirely under the control of the Home Office. In June 1936, I had prepared a scheme for dealing with casualties in the event of air raids, but this had become obsolete. It was, however, available at the crisis in September and would have been utilized had the emergency not passed.

THE HOSPITAL SITUATION IN SWITZERLAND

I am glad to understand that negotiations for the acquisition of the two hospitals are progressing well. The position remains with the hospital from which it was taken. It is just possible that the system for national defence may have been put into effect for the hospital. The hospital is a public institution, and it is not possible to carry out the hospital's purpose. The hospital is a public institution, and it is not possible to carry out the hospital's purpose. The hospital is a public institution, and it is not possible to carry out the hospital's purpose.

NEW LEGISLATION DURING 1932

With the exception of the Road Transport and the Public Health Act, no new legislation was passed during the year. The Road Transport Act was passed in 1932, and the Public Health Act was passed in 1932. The Road Transport Act was passed in 1932, and the Public Health Act was passed in 1932. The Road Transport Act was passed in 1932, and the Public Health Act was passed in 1932. The Road Transport Act was passed in 1932, and the Public Health Act was passed in 1932.

1932 would have been a very busy year for the public health department had it not been for the new regulations of the Central Board which were designed to reorganise the system of the public health department. The new regulations of the Central Board were designed to reorganise the system of the public health department. The new regulations of the Central Board were designed to reorganise the system of the public health department.

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Maternity and Child Welfare.

ANNUAL STATISTICS RELATING TO THE MATERNITY HOME, 1938.

	Borough	County	Total
(1) Number of cases in the Home on 1st January, 1938	8	4	12
(2) Number of cases admitted during 1938	368	91	459
(3) Number of cases remaining in the Home on 1st January, 1939	17	1	18
(4) Average duration of stay	15 days	17 days	15 days
(5) No. of cases delivered by :—			
(a) Midwives	270	69	339
(b) Doctors	66	12	78
No. of cases in which no delivery took place	29	8	37
(6) No. of cases in which medical assistance was sought by the midwives		156	
(7) No. of cases notified as puerperal pyrexia	44	Notifiable under the New South Wales Convention which is in use at the Maternity Home. 13 are notifiable under the Puerperal Pyrexia Order.	
(8) No. of cases of pemphigus neonatorum		Nil.	
(9) No. of infants not entirely breastfed while in the Institution		61	
(10) No. of cases notified as ophthalmia neonatorum		Nil.	
(11) No. of maternal deaths, with causes		3	
	(1) Pneumococcal peritonitis following Pneumonia.		
	(2) Shock. Obstructed labour. Contributing—Post maturity of foetus.		
	(3) Embolism. Myocardial degeneration. Pregnancy.		

Annual Statistics relating to the Maternity Home, 1938—*continued.*

(12) No. of foetal deaths—Abortion	3
Stillbirths	12
Infant deaths	16
Cause of death.	
Abortion —(1) Healthy.	5½ mths. Hyperemesis Gravidarum.
(2) Healthy.	20 wks. Deformed and paralysed mother.
(3) Macerated.	24 wks. Pre-Eclampsia.
Stillborn 4 macerated	34 wks. Meningocele.
	F.T. Hydrocephalic (twin)
	28 wks. A.P.H. Albuminuria.
	32 wks. Anencephalic and Meningocele.
8 healthy.	28 wks. A.P.H.
	F.T. A.P.H.
	F.T. A.P.H. Placenta praevia.
	28 wks. Albuminuria
	F.T. Prolapse of cord
	F.T. Difficult forceps delivery.
	32 wks. Breech.
	F.T. No obvious cause.
Infant deaths.	
4 Premature births. (28 wks.).	Aged 9 hrs., 7 hrs., 1 day, 4 hrs. respectively.
1 F.T. Lived 3 days.	Convulsions. Sub-dural haemorrhage.
1 F.T. Lived 1 hr.	Cerebral haemorrhage. Prolonged labour.
1 F.T. Lived 1 week.	Congenital heart disease.
1 F.T. Lived 20 mins.	Cardiac failure. Compression of umbilical cord. Prolapse of cord.
1 34 wks. Lived 2 days.	Convulsions. Prematurity. Mother had Eclampsia.
1 F.T. Lived 2 days.	Asphyxia. Pneumonia.
1 F.T. Lived 10 mins.	Asphyxia neonatorum.
1 F.T. Lived 1 week.	Cerebral haemorrhage. Difficult labour.
1 F.T. Lived 45 mins.	Asphyxia pallida.
1 F.T. Lived 1 day.	Cerebral haemorrhage. Anoxaemia. Premature separation of placenta in placenta praevia.
1 28 wks. Lived 7 hrs.	Difficult delivery. Hydrocephalus.
1 F.T. Lived 11 days.	Marasmic infant.

Towards the end of the year grave difficulty arose in the management of the Maternity Home, owing to the change in the training of midwives. Swindon Maternity Home ceased to be a training home for the whole midwifery course, but was recognised by the Central Midwives Board for the training of midwives in the second part of the course. Unfortunately, up to the present there have been no midwives to train for the second part of the course and at the time of writing there is poor prospect of getting any. During the year the maternity service of the town was in process of consolidation and reform. To this end the medical officer of health presented to the appropriate committee of the

Council a long memorandum in four parts which at the time of writing is under consideration. The memorandum in its final form will appear in the appendix to next year's report, if by that time it has been passed by the Council.

EXTERN MIDWIFERY DEPARTMENT.

The district connected with the Maternity Home dealt with 171 deliveries, of these 123 were delivered by the Midwives and 12 by doctors called in by the midwives. 21 infants were born before the arrival of the midwife and the remaining seven were doctor's cases in which the midwives acted as maternity nurses.

The four domiciliary midwives, apart from the midwives attached to the Maternity Home attended 184 deliveries.

During the year 17 probationers were under instruction and of these 10 obtained the Certificate of the Central Midwives Board.

MATERNITY CLINIC.

(Report by Dr. V. REDMAN KING, Asst. Medical Officer of Health.)

The number of mothers who attended the Centre during the year, and also the number of attendances made at all clinics, showed an increase over the previous year.

There was a big increase in the number of mothers admitted to the Maternity Home from the Centre for ante-natal care. Twenty six of these were primigravidae; 8 sent in for toxæmia, 4 for toxæmia and disproportion, 4 for disproportion only, 6 for breech presentation, 1 for chorea, 1 for pyelitis, 1 for malpresentation, 1 for contracted pelvis. Eight inductions were performed, one, a case of eclampsia, resulting in a neo-natal death. All deliveries were successful and resulted in live babies.

Of the multipara sent in, twelve were admitted for signs of toxæmia, complicated in three cases by ante-partum hæmorrhage, hydramnios and malpresentation respectively. Three came in for breech presentation, 1 for posterior, 2 for abnormal cardiac signs, 1 for ante-partum hæmorrhage, 1 for contracted pelvis and disproportion, and 1 for hyperemesis gravidarum. There were five inductions resulting in two stillbirths and three live births. All other deliveries were normal.

There were 28 cases of albuminuria, 14 occurring in primigravidae. In 16 it occurred once, in 5 twice, in 3 three times, in one four times, in one five times, in one six times, in one ten times. Five of these had babies delivered by forceps, two being in the posterior position, one a breech; all were living but there was one neo-natal death. All the others were normal deliveries of living infants, a pair of twins being among them.

STATISTICS RELATING TO THE MATERNITY CLINIC, 1938.

No. of mothers attending the Centre for all purposes	745
No. of attendances at all clinics	2555
No. of attendances at Consultant's clinics	145
TOTAL ATTENDANCES AT ALL CLINICS	2700

Primigravidae	253
No. referred to Consultant's Clinic	52
No. referred to Dental Clinic	27
No. of specimens of urine tested	2664
Ascheim-Zondek tests	9
Wassermann tests	2
Gynaecological and post-natal cases	9
Cases of suspected pregnancy	8
No. of cases X-rayed	10
No. delivered elsewhere than in Wilts	10
No. admitted to Maternity Home for Ante-natal supervision	47
No. of cases carried over into 1939	160

Conditions found at Clinics :—

Albuminuria	50
Anaemia	1
Ante-partum bleeding	6
Chorea	1
Contracted pelvis	7
Cyst of vagina	1
Diabetes	1
Epilepsy	1
Exophthalmic goitre	1
Goitre	2
Heart disease	2
Psoriasis	1
Spinal curvature	1
Varicose veins	115

Confinement Results with Particulars :—

No. of Abortions	4
No. of Deliveries	562
Of these :—	
Twins	9
Still-born full-time	6
Still-born premature	8
Premature living	8
Induction	30
Forceps	76
Caesarian section	2
Breech presentation	17
Footling	3
Transverse	1
Posterior	17
Eclampsia	1
Post-partum bleeding	3
Notifiable puerperal pyrexia	33
Maternal deaths	2

Foetal Abnormalities :—

Deformed heels	1
Talipes	2
Deformed right hand	1
Spina bifida	1

The following table gives the details of confinements of women who had attended the Ante-natal Department, but in whom the child failed to survive:—

No.	Age	Para.	Visits	General and Pre-Natal History.	Details of Confinement.
1	40	8	2	"Kidney trouble" 1937. An X-ray taken. Back ache. 7 normal pregnancies. Retained placenta in two confinements, otherwise normal. At present has varicose veins in both legs, headache, oedema of ankles and feet, albuminuria and dimness of vision. Examined by consulting obstetrician and found to have albuminuric retinitis. Admitted to Maternity Home in 10 days. Re-admitted 4 days later. Death of foetus suspected. Mother remained in 12 days B.P. 230/140.	Admitted to Maternity Home 10 days after last visit. Normal confinement. Mother left the Home with some albumin still present, and B.P. 128-100.
2	23	5	5	No serious illness at any time. 3 normal full-time confinements; one premature pair of twins; one abortion. Present pregnancy varicose veins; albuminuria on three occasions; B.P. 150-90. Mother visited by District Sister, last visit being an emergency call for ante-partum haemorrhage. Admitted immediately to Home.	Membranes artificially ruptured and manual dilation of os. Normal delivery. Trace of albumin 3 days before mother's discharge. B.P. 138-60.
3	31	0	3	Municipal Midwife's case. Mother had had no serious illness. Has pins and needles in hands, swelling of left foot. Short of breath at times, and slight headache. B.P. 134-72 at last visit. Foetus said to have been dead several days.	Normal confinement.

No.	Age	Para.	Visits	General and Pre-Natal History	Details of Confinement.
4	34	2	5	No serious illness. First delivery by forceps with bad tear. Baby stillborn. Was in Cardiff Royal Infirmary for 2 weeks before second confinement and had an induction. Present pregnancy some anaemia and hydramnios, foetal heart clear 4 weeks before term.	Admitted to Maternity Home with uterine inertia and slight bleeding. Normal delivery.
5	30	0	6	No serious illness. Well all through pregnancy, save for pain in left hip. Foetal heart clear one week before birth.	Difficult forceps delivery of baby in posterior position.
6	45	6	3	District case. Had been in bed for a month early in pregnancy with some chest trouble. All confinements normal. Has bad teeth. Dead foetus suspected at each examination. Some brown discharge.	Delivered of a premature macerated foetus.
7	27	1	12	Diphtheria at 13 years. Tonsillitis. First confinement normal but had backache for several months after. Present pregnancy breech diagnosed at 3rd visit and mother referred to Consultant who saw her on 6 occasions. X-ray taken position confirmed. B.P. on last visit 140-80. Foetal heart clear one month before delivery.	Delivered in Maternity Home by forceps; baby in posterior position. Prolapse of cord.
8	38	2	4	District case. 1st pregnancy ended in abortion. Mother lost use of right hand and arm. Second confinement instrumental but health improved since. Has backache with this pregnancy, and had a fright at 7 months, since when no movements were felt and no foetal heart heard. B.P. 130-85.	Delivered of a macerated premature foetus.

No.	Age	Para.	Visits	General and Pre-Natal History.	Details of Confinement.
9	40	2	3	No serious illness. Both confinements normal, mother well during this pregnancy, but felt no movements till 6 months, then said she did. Foetal heart not heard at any visit, no head palpable.	Normal delivery in Maternity Home on premature anencephalic foetus with meningocele. Manual removal of placenta.
10	30	3	7	Diphtheria at 11 years. District case. All confinements normal; forceps with first. During this pregnancy had haematuria on two occasions. No movements felt after 7th month. Had a fright about then. Foetal heart not heard at any time. Referred to consultant who detected no life.	Delivered of a premature macerated foetus.
11	27	2	1	Municipal midwife's case. No serious illness. Both confinements normal. First was instrumental. Present pregnancy uneventful. Foetal heart clear at 32 weeks. B.P. 134-80. Some varicose veins.	Ante partum haemorrhage 24 hours before birth of baby. Said to have been caused by fright.
12	19	1	6	District case. No serious illness. First delivery normal. Has severe varicose veins. Pregnancy uneventful. B.P. 120-60. Difficulty in diagnosing presentation. Foetal heart clear 7 days before birth.	Extended breech birth. Partially born before arrival of nurse.
13	27	0	2	Subject to bilious attacks. Pregnancy uneventful. Rigid abdomen difficult to palpate. B.P. 120-70. Foetal heart clear four weeks before birth.	Spontaneous expulsion, prematurely, in Maternity Home, of foetus with meningocele.
14	31	0	12	Booked case. Pneumonia and pleurisy at 8 years. Appendicectomy at 17. Albumin once during pregnancy. B.P. taken 9 times was 135-80 at last visit. Dieted. Presentation somewhat doubtful. Foetal heart clear 4 weeks before birth.	Admitted after rupture of membranes. Mother had oedema of both feet. Normal delivery.

Neo-Natal Deaths in relation to Ante-Natal Work, 1938.

No.	Age	Para.	Visits	Mother's History.	Confinement.	Infant's History.
1	32	7	9	No serious illness. All confinements normal except 4th. Had Caesarian Section done in Maternity Home for ante partum haemorrhage. During this pregnancy much sickness and headaches. Had one severe cold. B.P. 104-70. Urine normal.	Born on district. Normal delivery at term. Un-healthy placenta.	White asphyxia at birth. Did not respond to any treatment. Died in about 3 hours.
2	25	0	8	Appeared healthy. No serious illness. Well during pregnancy. B.P. and urine normal. Saw Consultant on one occasion to confirm dates and presentation.	Born on district. Fully extended breech.	Died the same day.
3	24	0	7	Appeared healthy. Had slight swelling of ankles, pregnancy otherwise normal. B.P. 140-90.	Booked case. Delivered by forceps, Doctor being called in for foetal distress.	Baby very feeble. No response to artificial respiration. Died in 10 minutes.
4	26	2	1	No serious illness. First confinement instrumental. When baby was 6 months had nervous breakdown and was in mental hospital for 6 months. 2nd delivery normal. Very sick with present pregnancy and not sleeping well.	Premature delivery by Municipal midwife. Retained placenta.	Feeble premature baby. 3 lbs. Died in 2 hours.
5	27	0	10	No serious illness. Had much vaginal discharge and irritation during pregnancy. Albumin once. B.P. varied from 144-76 to 126-78.	Booked case. Doctor called for foetal distress. Delivery by forceps.	White asphyxia of infant. No response to treatment. Died in one hour.
6	33	0	3	No serious illness. Some swelling of feet during pregnancy. B.P. 144-88. Foetal heart very faint.	Booked case. Normal delivery.	Infant premature. 3 lbs. 15 ozs. Dangerously feeble. Died in 9 hours.

Neo-Natal Deaths in relation to Ante-Natal Work, 1938—continued.

No.	Age.	Para.	Visits	Mother's History.	Confinement.	Infant's History.
7	28	1	3	No serious illness. First delivery membranes ruptured 13 hours before pains started. Present pregnancy normal, was going to Wales for confinement. Foetal heart clear 3 days before birth.	Born on district before arrival of nurse.	Infant about 4 weeks premature. Died suddenly on second day. Post Mortem exam. revealed congenital heart disease.
8	35	0	6	No serious illness. Pregnancy normal except for some cough.	Booked case. Normal delivery.	Infant weighed 4 lbs. 9 ozs. died in 11 days. No details or cause given.
9	30	2	5	General health good. Had phlebitis with both confinements. Varicose veins both legs. Occasional headaches during pregnancy. Transverse lie of foetus.	Booked case. Admitted at term with severe antepartum bleeding. Caesarian section performed.	Baby very cyanosed and shocked. Convulsions. Died in 24 hours.
10	33	4	5	No serious illness. 1 premature stillbirth. Confinements normal but had "white leg" after the last and went to Isolation Hospital. Present pregnancy normal.	Normal delivery at term in Maternity Home.	Infant remained cyanosed and died on the 8th day.
11	25	0	9	Spinal curvature and tilted pelvis. Appendectomy 1936. Pregnancy normal but B.P. varied between 144-74 and 158-100.	Booked case. Doctor called for prolonged 2nd stage. Forceps delivery, cord coming with the head.	Blue asphyxia of child. No response to treatment. Died in 25 minutes.
12	31	0	8	No illness recorded. Has headaches and varicose veins also haemorrhoids. Had an attack of bronchitis. Seen by Consultant three times for presentation. After version became a posterior. Admitted to Maternity Home for twitching of limbs. Tense abdomen. Head entered pelvis with pressure.	Delivered in Maternity Home by induction, in three days.	Blue asphyxia of baby. Breathing established for a short time then ceased, and no response to treatment. Heart beat strongly till the end.

Neo-Natal Deaths in relation to Ante-Natal Work, 1938—continued.

No.	Age	Para.	Visits	Mother's History.	Confinement.	Infant's History.
13	28	1	3	Mother a diabetic for 9 years. Diabetic coma several times. First pregnancy ended in abortion, 7 years before. Present pregnancy had trace of albumin once. B.P. 128-90. Foetal head in posterior position. Hydramnios. Foetal heart clear 5 days before birth.	Booked case. Brow presentation reduced to L.O.P. Forceps delivery.	Infant died in 7 days. No other particulars.
14	35	0	8	No serious illness. Uneventful pregnancy, but head not fixed at term.	Admitted to Maternity Home with history of ruptured membranes. Delivery by forceps.	Baby had twitching of face and convulsions. Died in 3 days.
15	36	0	2	No serious illness. During pregnancy had swelling of one ankle. B.P. 160-98. Admission to Maternity Home advised.	Induction and breech delivery.	Infant premature. Died in 7 hours.
16	25	0	2	Good health. During pregnancy had swelling of legs and ankles. B.P. 166-140.	Admitted to Maternity Home for signs of toxæmia at 32 weeks. In 16 days. Re-admitted in 2 weeks with same signs and albuminuria. Had 3 eclamptic fits. Induced and normal delivery.	Baby very feeble and convulsed. Died in 24 hours.

INSPECTION OF MIDWIVES AND NURSING HOMES.

(REPORT by DR. V. REDMAN KING,
Assistant Medical Officer of Health and Supervisor of Midwives.)

During 1938, 29 midwives (including 15 at the Maternity Home) notified their intention to practise within the Borough. 23 midwives were practising in the area at the end of the year—5 domiciliary midwives and 11 midwives in institutions employed by the Local Supervising Authority—6 domiciliary midwives and 1 midwife in an institution in private practice.

Eleven routine visits were paid to midwives during the year. These do not represent the number of times their homes were visited, but the occasions on which they were in. Actually 29 visits were paid in all.

One Nursing Home was on the register at the end of the year and there were no new homes registered during the year. During 1938 one nursing home ceased to exist. The one Nursing Home in Swindon has 10 beds and takes maternity cases as well as ordinary general nursing and surgical cases and was inspected three times, one being a special visit, during the year. It is the practice for each nursing home to be inspected twice a year, but special visits are paid, if necessary, at the request of the M.O.H.

The municipal maternity home is under the supervision of the M.O.H. who is medical superintendent.

930 births—900 live births and 30 stillbirths—were notified in the area. 417 births occurred in the Maternity Home, 42 in other institutions and 471 in domiciliary practice.

The following forms were sent in by midwives :—

Artificial feeding	32
Notification of stillbirth	15
Notification of deaths in midwives' practice	2 mothers
	21 infants
Notification of laying out of dead bodies	4 mothers
	24 infants
Notification of infectious conditions and contact with them	2

The following are the number of cases and the conditions for which medical aid was summoned by midwives : Engaged in domiciliary practice, 108 ; in institutional practice, 156, Total, 264.

MOTHER.		CHILD.	
Ruptured perineum	101	Prematurity & feebleness	6
Prolonged labour	56	Cyanosis	2
Uncertain or malpresentation	21	Bloodstained vomiting	1
Pyrexia	12	Deformity	1
Albuminuria	10	Stillbirth	1
Ante-Partum Haemorrhage	10	Discharging eyes	1
Post-Partum Haemorrhage	5	Distressed breathing and	
Retained placenta	7	rise of temperature	1
Swelling of legs	3	Poor condition of baby	1
Uterine inertia	2		—
Prolapse of cord	2		14
Maternal distress	2		—
Eclampsia	2		
Foetal distress	2		
Anaesthetic for Surgical induction	2		
Prolonged red lochia	1		
Small pelvic measurements	1		
Anaesthetic	1		
Pneumonia	1		
High Blood pressure	1		
Anaesthetic for version	1		
Prolapse of cervix	1		
Vaginal discharge	1		
Gastritis	1		
Inflammation of left breast	1		
Patient's or relative's request	3		
	250		

PUERPERAL PYREXIA.

57 cases of puerperal pyrexia were notified in the borough in 1938, which is the highest number for some years. Of these 44 occurred in the Maternity Home where notification is based upon the New South Wales Convention. Of these 44 only 13 were notifiable under the Puerperal Pyrexia Order. Of the 44 pyrexias, 41 had been delivered in the Maternity Home and were treated there throughout; one, a woman not belonging to the borough, was delivered at home and removed to the Maternity Home where she was treated throughout; and two were transferred from the Maternity Home to the Isolation Hospital.

Of the remaining 13, two have been delivered at home and were removed to Victoria Hospital; 4 delivered at home and treated there throughout; one (not a native of Swindon) was delivered in a nursing home and treated there throughout; one delivered in the Maternity Home was notified after her discharge and treated at her own home; one was delivered at home, removed to the Maternity Home and promptly transferred to the Isolation Hospital and four were either delivered or aborted at home and removed to the Isolation Hospital.

In addition to these 57 cases, 6 women suffering from puerperal sepsis, or post-abortion sepsis, were removed from the county to the Isolation Hospital.

This sounds a formidable list, but the conditions causing the pyrexias were mainly trivial. Among the 63 women with puerperal pyrexia treated in Swindon in 1938 there was only one fatality and that was the death from pneumonia of a woman who was prematurely delivered when she was moribund. In Swindon notification of puerperal pyrexia occurring in the Maternity Home is based on the New South Wales Convention which gives between four or five times as many notifications as practice based on the Puerperal Pyrexia Order. Another departure in Swindon from usual practice is that post-abortion pyrexia is considered in the same way as post-delivery pyrexia. Notes on every case of puerperal pyrexia which has occurred in Swindon since 1924 are preserved in the Health Office. Of all important cases the notes are full, and of those treated in the Isolation Hospital (which naturally are the most serious) are complete with bacteriological and haemological details. We have, therefore, a complete history of the fevers which have occurred in connection with delivery and abortion within the borough over a fairly long period. It is hoped to make use of this material at a future date.

In Swindon 1938 was a happy year for maternity. The

tragedy of 1937 was not repeated and in spite of the numerous cases of pyrexia there was remarkably little puerperal sepsis and none of any serious consequence. Whether the continued absence of serious sepsis can be attributed to the use of masks must remain in doubt, but since the use of masks was introduced for all the midwives in the town we have had but one serious case of puerperal infection and that was not fatal. On the other hand, there is abundant evidence from all parts of the country that the graver forms of puerperal sepsis are diminishing in incidence and in fatality.

MATERNAL DEATHS.

In accordance with our custom in Swindon of investigating the death of every female between the ages of 15 and 50 which might be caused by or connected with the reproductive process, 6 deaths required investigation. Of these three are accreditable to the county and contained two maternal deaths and one which is not. The three belonging to the borough of Swindon—one was a maternal death (post partum haemorrhage), the other two were cellulitis of the vulva, found pregnant post-mortem and an acute intestinal obstruction found ectopic gestation on operation.

The Registrar-General accredits us with two maternal deaths and those would be the one from post partum haemorrhage and the ectopic gestation. The Registrar would rightly exclude the death from cellulitis of the vulva, for though this woman was pregnant there was no obvious connection between pregnancy and her fatal disease.

CHILD LIFE PROTECTION—PUBLIC HEALTH ACT, 1936.

The six health visitors are the Infant Protection Visitors under the above Act. 28 boarded-out children were on the Register at the end of the year and 85 supervisory visits were made. No proceedings were taken during the year.

OPHTHALMIA NEONATORUM.

Year.	No. Notified	Cases of Infantile Ophthalmia due to Gonococcus	Where Treated.			Nursing Home	Result.				Not Notified as O.N.
			Home	Gorse Hill	Clinic	Matern- ity Home.	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	—	11
1924	15	13	—	3	10	2	15	—	—	—	12
1925	9	4	1	2	5	1	9	—	—	—	11
1926	8	3	—	—	8	—	8	—	—	—	22
1927	11	5	1	3	6	1	11	—	—	—	15
1928	4	4	—	2	2	—	4	—	—	—	30
1929	3	2	—	1	2	—	2	—	1	—	28
1930	11	8	1	4	6	—	11	—	—	—	58
1931	4	—	1	1	2	1	4	—	—	—	55
1932	5	1	1	—	4	—	5	—	—	—	49
1933	3	1	1	1	1	—	2	—	1	—	46
1934	4	—	2	—	2	—	4	—	—	—	52
1935	5	—	2	—	2	1	5	—	—	—	60
1936	1	—	—	—	1	—	1	—	—	—	35
1937	3	—	1	1	—	—	2	—	—	1	50
1938	1	—	1	—	—	—	1	—	—	—	37

* These figures are incomplete.

Table showing number of cases of Ophthalmia Neonatorum notified, the number treated, the results of treatment, and the number of deaths occurring. 1938.

No. of Cases Notified.	I	No. of Cases	Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
Treated at Clinic						
Treated at Gorse Hill Isolation Hospital						
Treated at Maternity Home						
Treated Privately		1	1	....	....	....
TOTALS		1	1	....	....	....

**Table Showing the Number of Visits Paid by the Health Visitors
to Mothers and Children and to cases of Tuberculosis.**

	1934	1935	1936	1937	1938
No. of first visits paid to mothers and children	857	945	987	892	857
No. of revisits	3690	3244	3710	3518	3476
No. of visits paid to expectant mothers	183	113	114	161	111
No. of visits paid to cases of deaths and stillbirths	80	60	53	50	62
No. of visits to cases of Tuberculosis	83	59	83	77	89
No. of visits paid to children aged 1—5 years	4859	4403	4112	4539	4245
	9752	8824	9059	9537	8840

**Record of Work done at the Infant Welfare Centres during the
Years 1934—1938 inclusive.**

	1934	1935	1936	1937	1938
No. of separate Infants who attended the Centre at—					
Eastcott Hill	1280	1189	1223	1117	1346
Pinehurst	158	198	348	371	439
Gorse Hill	212	205	210	237	260
Rodbourne	195	250	215	216	235
TOTAL	1845	1842	1996	1941	2280
Number of Attendances—					
Eastcott Hill	6850	7591	7533	8639	9133
Pinehurst	884	1110	2333	2798	3379
Gorse Hill	1644	1699	1630	2269	2549
Rodbourne	1487	1395	1660	2373	2253
TOTAL	10865	11795	13156	16079	17314
Number of cases which received medical advice and treatment	1108	1018	1194	1208	1413
Total Consultations	2899	3252	3941	4482	5810

RECORD OF WORK DONE AT INFANT WELFARE CLINICS
(continued).

	Infants	Toddlers	TOTAL
No. seen and treated during 1938	1071	342	1413
No. of consultations	4227	1583	5810
No. of Operations for the removal of Tonsils and Adenoids	—	4	4
No. of Bacteriological examinations	20	—	20
No. of Haematological examinations	10	9	19
No. of X-Rays examinations	5	—	5
No. of Mental Defectives	4	7	11
No. of Physical Defectives	1	—	1
No. of Blind Children	—	—	—
No. of Deaf Children	—	—	—
No. of Mute Children	—	—	—

**Table Showing the Number of Infants and Toddlers referred to
Special Departments for Treatment during 1938.**

	Infants and Toddlers
Dental Clinic	145
Eye Clinic	42
V.D. Clinic	3
Orthopaedic Clinic	23
Electrical Clinic	14
Tuberculosis Clinic	1
Rheumatic Clinic	—
TOTAL	228

THE MILK (MOTHERS AND CHILDREN) ORDER.

	1933	1934	1935	1936	1937	1938
No. of applications granted	265	206	205	181	283	565
Total quantity of Milk issued (Galls)	8320	7105	7627	7910	9638	12520
TOTAL COST £ (approx.)	770	720	825	856	1047	1429

THE PROVISION OF FREE MILK FOR CHILDREN AGED 1-5.

(By Dr. D. S. CLARK, Deputy Medical Officer of Health.)

The scheme for the issue of milk free to necessitous children between the ages of one and five was continued during 1938 on the same lines as previously.

Three hundred and eighteen children received a grant during 1938, compared with two hundred and one during 1937. This large increase was not due to any deterioration in the condition of the children of Swindon, for the experience of the Health Department suggests that there has been a definite trend in the opposite direction during the last four years, and the individual cases presented showed in no instance malnutrition of unaccustomed severity. The increase is, I think, due to the fact that the scheme is becoming better known, and that the mothers are becoming better educated in the value of milk to the growing child, and is an indication of the success of the work of the clinics and health visitors in publicising milk, and in ascertaining those children who qualify for the grant.

Every case to which a free issue of milk was given (which usually consisted of one pint per day) had to satisfy the requirements of showing evidence of their need on medical examination, and of belonging to a family whose income fell below the prescribed scale. Each case was seen and reviewed monthly before the grant was continued.

Milk is an indispensable article in the dietary of the young child, and its importance is roughly inversely proportional to the family income. At the higher wage levels many of the food factors that it provides occur in other constituents of the diet. As the income scale descends, and the proportion of the more expensive foodstuffs in the menu decreases, its value is enhanced, and at the income level of those who are eligible for grant the role that it may play in the diet is so large, that in some of the cases who have received the additional pint of milk per day regularly the improvement, as estimated by appearance, weight gain, and resistance to disease, is phenomenal.

INFANTILE MORTALITY.

The deaths of all persons under the age of 25 which occur in Swindon, and of all Swindon children who die away from the town are investigated. Some knowledge of the previous history of these children is in the possession of the Health Office and, in an increasing number, the full life histories are available. Since some children die in the institutions of Swindon who do not belong to the Town, and certain other children who have regularly attended the Swindon clinics die elsewhere, these investigations become somewhat complicated. In the review which follows, cognizance is only taken of those deaths which the Registrar-General accredits to Swindon.

STILLBIRTHS.

30 stillbirths were notified in the Borough in 1938 of which 12 occurred in the Swindon Maternity Home, two of which are accreditable to the County and ten to Swindon. Some information of the stillbirths which happened in the Maternity Home is given in the report of that institution. One stillbirth occurred in a Nursing Home and 17 in private practice. The number of stillbirths accredited to the Borough was 28.

DEATHS BEFORE THE END OF THE FIRST DAY.

There were 14 of these against 9 in 1937. Eight of them occurred in the Maternity Home.

DEATHS BETWEEN THE END OF THE FIRST DAY AND THE END OF THE FIRST WEEK.

There were 5 of these against 7 in 1937. Three occurred in the Maternity Home.

DEATHS BETWEEN THE END OF THE FIRST WEEK AND THE END OF THE FIRST MONTH.

There were 5 of these against 5 in 1937. One died in the Maternity Home from inanition. One died from spina bifida, one from intracranial haemorrhage, one from convulsions (? cause), one from bronchitis, probably whooping cough.

NOTE.—In the following paragraphs cases marked* were physically defectives and † were mentally defectives.

DEATHS BETWEEN THE END OF THE FIRST MONTH AND THE END OF THE FIRST YEAR.

There were 19 of these against 15 in 1937. All were legitimate, 12 males and 7 females.

10 of these children had not been seen at the clinics. Of these 2 died of measles and 2 of whooping cough. One of septicaemia

from a skin rash, one from fractured skull (street accident), one from tuberculous meningitis, one from congenital heart disease*, one from influenzal pneumonia (?) and the last from gastro enteritis.

Of the nine who had attended the clinics, three were breast fed. One died from measles, one, infant of 11 months, certified as dead from broncho-pneumonia and gastro enteritis was almost for certain whooping cough, and the third, aged 2 months, was certified as having died from congenital feebleness. Of the 6 who had been artificially fed, two died of cerebro spinal meningitis, one of whooping cough*†, two others of whooping cough, and the last, an imbecile†, of congenital heart disease (which she did not have).

Altogether there were 43 deaths below the age of one year, of which 24 died in the first month.

DEATHS BETWEEN THE FIRST AND SECOND YEAR.

There were 7 of these against 3 in 1937. Three males and four females. Three had not attended the clinics. One of these (breast fed) died of measles, one (breast fed) died of fractured skull (street accident) and the third (artificially fed) died outside the town from gastro-enteritis. Of the four who had attended the clinics, two had been fully breast fed, one died of pneumococcal meningitis, the other of tuberculous meningitis. The other two had been partly breast fed and both died of whooping cough.

DEATHS BETWEEN THE SECOND AND FIFTH YEAR.

There were eight of these, 7 males and one female, against seven in 1937. Three of these were not known to us at the clinics. They died respectively of appendicitis, whooping cough and asthma following whooping cough. Of the five known to us, one died of lobar pneumonia, one of measles and one of tuberculous peritonitis. One is certified to have died of cerebral haemorrhage and the last of status epilepticus.

DEATHS BETWEEN THE FIFTH AND TENTH YEAR.

There were three of these, two males and one female, against three in 1937. All were known to us. They died respectively of appendicitis, acute miliary tuberculosis and accidental drowning.

DEATHS BETWEEN THE TENTH AND SEVENTEENTH YEAR.

There were 10 of these, six males and four females, against 7 in 1937. All were known to us. Two died of coal gas poisoning (homicide), one from a car accident, three from rheumatic heart disease***, one from pulmonary tuberculosis and one from lobar pneumonia. The last died suddenly in convulsions and was certified as cerebro spinal meningitis.

DEATHS BETWEEN THE SEVENTEENTH AND TWENTIETH YEAR.

There were three of these, two males and one female against four in 1937. All were known to us. Two died of pulmonary tuberculosis and one from lobar pneumonia.

DEATHS BETWEEN THE TWENTIETH AND TWENTY-FIFTH YEAR.

There were 11 of these, 10 males and one female, against 17 in 1937. Seven were not known to us. They died—two from pulmonary tuberculosis, two from road accidents, two from pneumonia and one from rheumatic heart disease. Of the four known to us, one died of fractured skull (road accident), one from coal gas poisoning (suicide), one from pulmonary tuberculosis and one from cerebral tumour (inquest).

**Table Showing the Causes of Deaths of Children under 25 years of age
in the Borough of Swindon during the Year 1938.**

CAUSE.	0-1	1-2	2-5	5-10	10-17	17-20	Total under 20	20-25
<i>Congenital, Ante-natal & Natal Defects & Injuries :</i>								
Congenital Malformations	7	—	—	—	—	—	7	—
Injuries at birth	9	—	—	—	—	—	9	—
Unknown	8	—	—	—	—	—	8	—
<i>Post-natal Diseases :</i>								
Measles	3	1	1	—	—	—	5	—
Whooping Cough	7	2	2	—	—	—	11	—
Pneumococcal Diseases	1	1	1	—	1	1	5	2
Meningococcal Disease	2	—	—	—	1	—	3	—
Rheumatic Diseases	—	—	—	—	3	—	3	1
Tuberculosis	1	1	1	1	2	2	8	3
Appendicitis	—	—	1	1	—	—	2	—
Septicaemia	1	—	—	—	—	—	1	—
Enteritis	1	1	—	—	—	—	2	—
<i>Nervous Diseases—</i>								
Status Epilepticus	—	—	1	—	—	—	1	—
Convulsions	1	—	—	—	—	—	1	—
Cerebral Tumour	—	—	—	—	—	—	—	1
Cerebral Haemorrhage	—	—	1	—	—	—	1	—
Intra Cranial Haemorrhage	1	—	—	—	—	—	1	—
<i>Accidents—</i>								
Road accident	1	1	—	—	1	—	3	3
Suicide by coal-gas poisoning	—	—	—	—	—	—	—	1
Homicide by coal-gas poisoning	—	—	—	—	2	—	2	—
Drowning	—	—	—	1	—	—	1	—
TOTALS	43	7	8	3	10	3	74	11

NOTE— The death of every child under the age of 25 years is made the subject of inquiry, 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. They agree in number, but not in causes of death, with the official records.

**A TABLE SHOWING THE NUMBERS OF DEATHS OF CHILDREN AND YOUNG PERSONS
UNDER 25 YEARS OF AGE.**

Year.	No. of births	No. of Deaths.						Total deaths under 17	Estim- ated number of sur- vivors.	Neo-natal deaths	Diphtheria	Measles	Whooping Cough	Scarlet Fever	Tuberculosis	Appendicitis	Rheumatism	Accident
		0-1	1-2	2-5	5-10	10-17	17-20	20-25										
1921	1125	76	†	†	†	†	†	†	†	35	†	†	†	†	†	†	†	†
1922	1057	64	15	9	15	11*	†	†	†	32	1	1	7	1	9	3	3	1
1923	995	52	10	9	7	13*	†	†	†	31	†	8	†	†	14	2	1	1
1924	968	58	14	14	5	12	†	†	†	29	†	13	17	1	9	1	1	4
1925	942	53	9	23	9	9	†	†	†	25	5	6	9	2	6	2	3	1
1926	980	49	12	10	17	12	†	†	†	21	6	†	2	†	11	2	8	†
1927	830	39	8	5	6	7	†	†	†	14	3	†	4	†	5	†	1	†
† 1928	910	33	10	10	7	6	†	†	†	18	2	15	13	†	4	†	1	†
1929	867	41	14	12	6	7	6	†	†	18	1	†	19	†	6	†	1	†
1930	971	61	8	11	19	18	7	†	†	42	9	7	11	†	6	†	4	5
1931	910	51	5	9	8	11	7	†	†	33	10	2	†	†	3	†	3	†
1932	887	47	10	15	11	6	5	†	†	28	8	11	†	†	5	†	4	4
1933	766	40	7	14	6	6	4	13	787	18	8	†	15	†	†	2	6	6
1934	770	43	6	16	9	6	8	17	666	33	5	1	3	3	8	†	3	4
1935	720	35	7	8	9	8	7	11	670	26	10	8	3	5	1	1	1	1
1936	790	37	3	6	14	6	3	9	620	24	12	1	3	†	5	†	1	†
1937	748	36	3	7	3	7	4	8	700	21	2	†	6	†	9	2	1	6
1938	791	43	7	8	3	10	3	17	690	24	†	5	11	†	11	4	†	10

* 10-16 years.

† Information not available.

‡ In 1928 the Borough was extended.

Infection and Epidemiology.

EPIDEMIOLOGY.

Except for the tail-end of the epidemic of Sonne dysentery and the prevalence of whooping cough, 1938 opened very quietly. January was a remarkably healthy month, all infectious diseases being low, except whooping cough. There was no influenza and comparatively little respiratory disease. February was an equally healthy month with nothing to worry us, except the suspicion of an approaching epidemic of measles. This epidemic eventuated in March, but it was not very serious, the type of disease being mild with few complications. Whooping cough had died down before measles appeared and as there was little respiratory infection at the time the epidemic caused little anxiety. Measles continued into April, in which month it showed a prevalence for adults. In April there was a slightly increased prevalence of scarlet fever, but the type of the disease was so mild that it was of little public health importance. The measles epidemic declined in May, but a few cases occurred in that month and also in the beginning of June. Just before 'Trip' we had the usual crop of abortions, but 1938 did not give us the anxiety of the previous year. In July we had one case of genuine typhoid (*Erbethella*). This was a man who had been infected in Egypt and was in the third week of the disease when he came to Swindon. No other case of the disease occurred in the town during the year. Beyond a trivial rise in scarlet fever there was no infectious disease worth mentioning in August, or September, and in October the only matter worth reporting was a fatal case of cerebro-spinal meningitis. There was no poliomyelitis, though Swindon was in the centre of an epidemic area, and no diarrhoeal disease at all. November was remarkably free from infectious diseases and so was December, though the cold snap just before Christmas produced a great increase in the death rate, due almost entirely to mortality among the aged.

On the whole, 1938 was the quietest year for infectious disease within my experience. The notification table, however, suggests that there was more notifiable disease in 1938 than in 1937, for there was a rise in numbers of notifications of the four chief notifiable diseases, with the exception of tuberculosis. But a rise in notifications does not necessarily denote a rise in diseases which should be not fied.

DIPHTHERIA.

There were 38 notifications of diphtheria, all of which were admitted to hospital. In 11 only of these 38 was the diagnosis substantiated. All recovered and, with one exception, all were mild. Never in its history has Swindon been so free from diphtheria as in 1938. 1937, with three deaths, was an extraordinarily free year, but 1938, with no deaths, is the record. This, of course, can never be beaten, though if the inhabitants of Swindon do not relax in availing themselves of immunisation, 1938 may be the first year of a new era in which death from diphtheria is deleted from the motality table.

SCARLET FEVER.

There were 88 cases of scarlet fever notified in 1938, of which all but five were treated in hospital. The diagnosis was confirmed in all cases but six. The type was so extremely mild that probably the majority of cases which did occur escaped notification and it would not have mattered very much had they all done so.

Of the other notifiable streptococcal infections, erysipelas gave 19 notifications with one death. In the puerperal pyrexias there was not a single streptococcal case. For some time the streptococcus has been on its best behaviour, not only in Swindon but in most parts of the temperate zone. Whether this is due to a permanent replacement of virulent by non-virulent types, or to some periodic variation, cannot be told at present. It would be flattering to believe that the benignancy of streptococcal infections last year was due to the use of certain chemical substances which are accredited with being antagonistic to the streptococcus, but in Swindon the only person with proved streptococcal disease who received this drug was the one that died of erysipelas.

PNEUMONIA.

There were 154 notifications of pneumonia, a number which is considerably above the average for recent years, and 38 deaths. Except for those cases that are admitted to the Isolation Hospital it is not possible to work out the types with any degree of accuracy and even with those that are admitted to the Isolation Hospital, the typing is clinical and not bacteriological. Measles and whooping cough were the most frequent causes of the pneumonias that were admitted to hospital and I imagine from the age distribution of those that were treated elsewhere (apart from the terminal pneumonias) that the same is true for them, though of this I cannot be certain. In temperate climates pneumonia kills more people than all the other infections put together, excluding tuberculosis, and not much short of the total if tuberculosis is included. In England, where one death from smallpox causes a national commotion, 30,000 deaths a year from pneumonia are accepted with complacency, but in America, where the pneumonias are even more prevalent and more fatal than they are with us, very great attention has been given to their study and in the towns facilities are available to all practitioners of medicine to have pneumococcus from their patients typed out without any fuss, expense, or delay. This is needed in this country, particularly as we have an antidote to some types of pneumococcus and not to others and the development of chemotherapy seems to promise a curative agent for the diseases set up by several types of pneumococcus. If these two remedies are to be saved from being used in a haphazard manner which is little short of quackery, some means must be instituted to enable practitioners to utilize them in a way acceptable to science and the first thing that is necessary is the provision of means for accurate, rapid and free typing of pneumococcus.

THE PNEUMONIAS.

The statistics for Pneumonia for the past eighteen years are as follows:—

Year.	Total No. of cases notified.	Total No. of deaths.	Cases removed to Hospital			Cases treated elsewhere.		
			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
1927	202	58	63	14	22	139	44	31
1928	204	53	66	16	24	138	37	27
1929	176	54	52	11	21	124	43	34
1930	105	40	44	12	27	61	28	46
1931	143	37	50	8	16	93	29	31
1932	182	44	53	9	17	129	35	27
1933	147	35	25	4	16	122	31	25
1934	154	40	36	3	8	118	37	31
1935	150	29	20	4	20	130	25	19
1936	127	32	18	3	16	109	29	26
1937	112	31	26	4	15	86	27	31
1938	154	38	40	7	17	114	31	27
18 years	2667	756	614	116	18.9	2053	640	31.1

THE ACUTE INFECTIONS OF THE NERVOUS SYSTEM.

Two cases of cerebro-spinal fever were notified. In both the diagnosis was confirmed and both cases ended fatally. They were not connected, nor did they appear to have any epidemiological connection with anything else. We escaped entirely from poliomyelitis and polio-encephalitis, though we were in the centre of an epidemic area and the disease was more highly prevalent throughout the country than in any year since it was made notifiable. 1938 was the first year since I have been in Swindon in which I failed to find any case of poliomyelitis or suspected poliomyelitis, or the resulting paralysis from a case that has been missed. There was no case of encephalitis lethargica and no death recorded from that cause.

DISEASES DUE TO PARASITES OF THE GENUS BACTERIUM

These include the typhoids, dysenteries and food poisonings.

The only case of the typhoids which occurred in the town was the fatal case of Erbethella previously mentioned. There were 32 cases of dysentery, none of which was of any particular consequence. The only one admitted to hospital had not dysentery but catarrhal jaundice.

There were no other notifiable diseases, apart from tuberculosis, and from ophthalmia neonatorum and the puerperal pyrexias which are considered in the chapter on maternity and child welfare.

NON-NOTIFIABLE INFECTIONS.

Whooping cough was very troublesome both at the beginning and at the end of the year. Measles was troublesome in the middle and chicken-pox, German measles and mumps put in appearances at odd times. Only one case of jaundice and that was of the catarrhal type (now believed to be a virus disease) was seen in 1938. But a case of infective jaundice—leptospirosis—was admitted into Victoria Hospital from a house just outside the borough boundary. This was the first case of this disease that has come to my knowledge from Swindon or its district.

HEALTH EDUCATION OF THE GENERAL PUBLIC.

The education of the people in public health matters and the care of their health is achieved mainly through the Swindon edition of "Better Health". During 1938 a complete exposition of cancer was published in the local edition of that journal. This consisted of five long letters and told the public all they can be told of our present knowledge of cancer and the means available

for reducing its toll. I was led to write these letters because the cancer index in Swindon is exceedingly high; there are certain local customs which may be partly responsible for this high incidence; the means of diagnosis of early and doubtful cancer are readily open to all citizens, and as a preparation of the public to receive new legislation which was about to be introduced to help us to fight this disease. In addition to the local edition of "Better Health" a considerable number of lectures and addresses are given by the medical officer of health on the request of the various social bodies and organisations in the town. An average of about 20 lectures a year are so given and presumably they are popular, for the call for them increases yearly. I have always looked upon the education of the public in health matters as the principle work of the public health department, apart from the technical duties imposed upon it, and have therefore devoted a good deal of labour to it, which, I believe, has produced as fair a return as can be expected. The chief difficulty is that there is a section of the public (in Swindon a comparatively small one) which will neither read nor listen to anything and which cannot be reached by any propaganda, except a direct, personal, frontal attack. There was nothing further that could be done usefully in the way of a special effort in connection with the national campaign. The main object of this campaign was "to secure a wider use of the health services". For some years the citizens of Swindon have availed themselves of all the facilities obtainable and used to the full all that we can dispense. Our difficulty is at the same time to satisfy the demands of the citizens, the enforced restrictions of the Finance Committee and the inquisitiveness of the public auditor. We are always being asked to extend the facilities we supply, but the demand for extensions to the service does not go with alacrity to pay increased rates.

PREVENTION OF BLINDNESS.

No action was taken under Section 176 of the Public Health Act, 1936.

TUBERCULOSIS.

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations 1925, or under Section 72 of the Public Health Act, 1936.

GENERAL OBSERVATIONS ON VITAL STATISTICS.

For the middle of 1938 the Registrar General gives us a population of 60,570 which is an increase of 400 on that of last year. The births in 1938 number 791 and the deaths 705, giving us a natural increase of 86, so that for the first time for several years migration has been in our favour. The births (791) were 43 more than

in 1937 and gave a birth rate of 13.06. The deaths numbered 705, 32 more than in 1937 and giving a crude death rate of 11.64 against 11.18 for 1937. The comparability factor in Swindon is 1.01, which will give a comparable death rate of 11.76. In order to compare the death rates of the various local units in the country it is necessary to reduce them to a common factor of population, age and sex. This gives the comparable death rate which it is not the standard death rate. The standard death rate is the crude death rate altered to what it would have been if the age and sex distribution of the population was the same as it was on the first day of the century. It is a very complicated business to work it out, but it is done annually by the Registrar-General. The standard death rate in England and Wales at present is somewhat in the neighbourhood of 9.5. The death rate in 1901, which is the standard rate, was 16.9. The difference between the standardized death rate of to-day with this rate of 16.9 gives us the true improvement in death rate and from it can be worked out the increased expectation of life. From the difference between the crude or recorded death rate and the rate when standardized we obtain information of alterations in the age and sex distribution of the population. The standard death rate should continue to fall until it reaches the theoretical limit which is the death rate of a population all members of which live the maximum span of life theoretically obtainable. The crude death rate will fluctuate slightly from year to year mainly owing to the variations in the prevalence of infectious disease, particularly influenza, but its tendency will be to rise as the population gets older. The death rate actually varies inversely with the birth rate, because all who are born must needs die, but there is a lag between the birth rate and the death rate consisting of the average length of life which at present is round about 60, so the death rate of to-day is governed by the birth rate of 60 years ago. As the birth rate has fallen steadily for the last sixty years so the crude death rate will rise steadily for the next sixty years.

The numbers of deaths accredited to Swindon by the Registrar General corresponds with those collected locally from the weekly returns, but there is some variation in the distribution, particularly as referred to deaths of people under the age of 25, and therefore the table given on page 34 of this report does not correspond with the official returns of the Registrar General. This is because the Registrar-General in assigning deaths to causes has no information other than the death certificate, whereas locally where all these failed lives can be scrutinised it is possible to attribute the deaths more truly to their primary cause. Thus, though the Registrar-General attributes us with four deaths from measles and three from whooping cough, locally we attribute five to measles and eleven to whooping cough. Favourable in our mortality table for last year were no deaths from puerperal sepsis, no deaths from diarrhoea

in persons 2 years and over; no deaths from scarlet fever or from diphtheria, no deaths from syphilis and only five from diseases which are certainly the outcome of syphilis. The 25 deaths from pulmonary tuberculosis and five from other tuberculosis is about our average toll. 99 deaths from cancer against 96 for last year gives a mortality which is about the same. The highest mortality from cancer was in 1936 when there were 125 deaths. It is probable that the fall of cancer deaths since that black year owes something to the efforts that have been made to secure earlier treatment.

There were two maternal deaths and a total maternal mortality rate of 2.44 which is a great improvement upon the very black rate of 9.08 in 1937. Here again it is possible that the reduction owes something to some pretty plain speaking to which the high rate of 1937 gave rise, for in 1938 we had no maternal death in which suspicion of unnatural interference could be raised and the number of non-fatal abortions similarly open to suspicion was markedly fewer. The deaths from the heart disease group (*i.e.*, Nos. 15, 16, 17, 18 of the International causes of death) numbered 330, or very nearly half the total number of deaths recorded. A small proportion of these deaths was due to causes which could have been prevented, but the vast majority were normal terminations of life, so that a high proportion of deaths due to this cause is generally an indication of favourable and not of unfavourable circumstances. The Registrar-General accredits us with only 28 deaths from pneumonia in all forms, whereas we attribute 38 deaths as due to pneumonia. This apparent discrepancy is easily explained, because locally for our purpose which is to do what we can to limit the ravages of the pneumococcus, it is necessary to include in the toll of that parasite all deaths in which it has played a part, even if the part played is a subordinate one. When worked out in detail the mortality table for Swindon is about the most favourable of any year since I have been medical officer of health.

DUNSTAN BREWER,

Medical Officer of Health.

Public Health Department.
Civic Offices,
SWINDON.

IMMUNISATION AGAINST DIPHTHERIA 1938.

(By Dr. D. S. CLARK, Deputy Medical Officer of Health.)

Immunisation against diphtheria was continued during 1938, clinics being held weekly at Eastcott Hill and Pinehurst. An invitation was addressed to the parents of all children entering the Infant Departments, as in previous years, and the service was open to any child living in Swindon who was presented.

The number of children on whose behalf acceptance was tendered during 1938 was 345. Of these 52% were between the ages of 3 and 5; 31% were below and 17% were above.

This figure (345) which represents an increase of 56 over last year's total, though not spectacular, may be regarded as satisfactory. Indeed, it is desirable in a service of this sort that the spectacular be avoided. Expansive claims and too graphic a presentation of the bogey of diphtheria is apt to prove a very short term policy, provoking perhaps a large panic-stricken response, but also a later reaction of indifference when the stimulus loses its provocation, as it must. If the campaign for immunisation is conducted on quieter lines and is recommended as a desirable precaution for the child's welfare it will be assimilated into the list of normal needs for health and not be thought of as a desperate measure to stay epidemics. There is some justification for assuming that this desirable state of affairs is coming about in the steady flow of children for immunisation which is more or less constant through the year and in the increasing proportion (31% this year as compared with 10% last year) of children below school age that are being brought forward.

Since diphtheria immunisation was begun in Swindon the number of children who have been protected totals, to the end of 1938, 3307. It is perhaps worth noting that Swindon gained mention in the report of the Chief Medical Officer of the Ministry of Health for the year 1937 among those towns whose ratio of immune child population exceeded the 30% figure.

No change was made in the immunisation technique during the year. No preliminary Schick test was done in children under 10 years of age except in special circumstances. The antigen used was T.A.F. in three 1 c.c. doses at fortnightly intervals. A Schick test to assess immunity was offered in every case three months after the completion of the injections. Preliminary Schick testing was done in 26 cases, of whom 13 proved positive, 12 negative and in 1 the result was unknown.

A complete course of immunising injections was received by

300 children, of whom 20 were cases carried forward from 1937. A further 55 children were in the process of immunisation at the end of the year.

There were 10 children who failed to complete the course (3.3%). Of these 6 (2%) received only one injection and 4 (1.3%) received two.

Reactions to the injections were noted in 4 cases. None was severe. In one case there was local swelling and pain and some malaise lasting about twenty-four hours. The others complained of pain only, without general disturbance. Reactors usually give a history of violent exercise shortly after the injections. The immunising material used in Swindon is of the type least likely to cause reaction. These four instances occurred in a series of some 950 injections (roughly the number given during 1938) and of 355 cases, giving a case incidence of 1.1%.

The offer of a Schick test to assess the immunity acquired was accepted by 135 cases during 1938. A number of cases immunised were awaiting the test at the end of the year. Of these 135 cases, 127 proved Schick negative, giving a percentage of 94.08% success after three injections. Of the 8 cases who proved Schick positive (non-immune) after three injections, 2 proved Schick negative after four injections and 6 cases are awaiting a further Schick test after the fourth injection.

SUMMARY OF THE WORK DONE DURING THE YEAR.

Preliminary Schick tests	26
Positive	13
Negative	12
Not known	1
No. of patients immunised during 1938	280
" carried over 1937-38	20
" carried over 1938-39	55
No. of patients failing to complete course of immunisation	10
Posterior Schick tests	135
Positive after three injections	8
Negative after three injections	127
Total number of attendances at the Clinic	1326

Cases notified as diphtheria during the year that had received anti-diphtheritic injections number six.

One of the cases notified proved to be a case of clinical diphtheria.

Case one. A.P. Aged 3. Course of T.A.F. 3-9-37 to 30-9-37. Schick negative 20-1-39. Notified diphtheria 4-4-38. Diagnosis mild clinical diphtheria. Length of stay in hospital one month.

This case is notable as being an instance of an attack of the disease in a patient who had had a complete course of injections sufficiently long before to allow time for the development of an immunity.

It is not claimed that immunisation will totally abolish the risk of contracting the disease, but that incidence of cases will be reduced to about a tenth and the severity of the attacks will be very greatly lessened. That this statement of the efficacy of the process is a modest one may be gauged from the fact that this case, A.P., is only the second occurring in a child who had received injections a reasonable time before his illness, since immunisation was begun in Swindon nine years ago.

Case two. M.H. Aged 6. Course of T.A.F. 18-2-37 to 8-4-37. Schick negative 2-9-37. Notified diphtheria 25-1-38. Admitted to Isolation Hospital. Diagnosis Sub-clinical diphtheria (Swab positive). Duration of stay in hospital 18 days.

Case three. H.B. Aged 4. Course of T.A.F. 8-10-36 to 12-11-36. Schick negative 18-3-37. Notified diphtheria 2-9-38. Admitted to Isolation Hospital. Corrected diagnosis—Tonsillitis.

Case four. T.G. Aged 7. Course of T.A.F. 4-5-36 to 25-5-36. Schick negative 7-9-36. Notified diphtheria 3-10-38. admitted to Isolation Hospital. Corrected diagnosis—Tonsillitis.

Case five. J.M. Aged 10. Course of T.A.F. 26-3-36 to 29-5-36. Schick negative 17-9-36. Notified diphtheria 29-10-38. Admitted to Isolation Hospital. Corrected diagnosis—Tonsillitis.

Case six. J.H. Aged 6. Course of T.A.F. 23-4-37 to 21-5-37. Schick negative 20-8-37. Notified diphtheria 29-10-38. Admitted to Isolation Hospital. Corrected diagnosis—Impetigo.

Case one. A.P. Aged 1. Course of T.A.R. 2-9-37 to 30-9-37.
Schick negative 2-9-37. Notified diptheria 2-9-37.
Diagnosis mild clinical diptheria. Length of stay 10 days.
in hospital one month.

This case is notable as being the instance of an outbreak of the disease in a patient who had a complete tonsillectomy operation sufficiently long before to allow time for the development of an immunity.

It is not claimed that immunisation will neutralise the risk of contracting the disease but that incidence of cases will be reduced to about a tenth and the severity of the attack will be very greatly lessened. That this statement of the efficacy of the process is a modest one may be gauged from the fact that this case, A.P., is only the second occurring in a child who had received injections a reasonable time before his illness since immunisation was begun in Sweden nine years ago. The first case was in

Case two. M.H. Aged 4. Course of T.A.R. 18-2-37 to 2-3-37. Schick negative 2-3-37. Notified diptheria 2-3-37. Admitted to Isolation Hospital 2-3-37. Duration of stay in hospital 18 days. Corrected diagnosis—Tonsillitis.

Case four. T.G. Aged 7. Course of T.A.R. 4-5-38 to 25-5-38. Schick negative 7-5-38. Notified diptheria 8-10-38. Admitted to Isolation Hospital. Corrected diagnosis—Tonsillitis.

Case five. J.M. Aged 10. Course of T.A.R. 20-2-38 to 29-2-38. Schick negative 17-2-38. Notified diptheria 20-10-38. Admitted to Isolation Hospital. Corrected diagnosis—Tonsillitis.

Case six. L.H. Aged 6. Course of T.A.R. 23-1-37 to 21-2-37. Schick negative 1-2-37. Notified diptheria 10-10-38. Admitted to Isolation Hospital. Corrected diagnosis—Impetigo.

These cases had all very good general treatment as patients were

kept in bed for a week or longer before being sent to school.

ISOLATION HOSPITAL, GORSE HILL, SWINDON.

ANNUAL REPORT

From 1st April, 1938, to 31st March, 1939.

ISOLATION HOSPITAL.

The Isolation Hospital year runs from the 1st April to the 31st March. There was no change during the year in the policy of the hospital, nor in the area that it serves. Owing to various delays it was not possible to start the erection of the new cubicle block in the year under review, but there is hope that it may be in existence when the next annual report is written. There was no change in the Bacteriological Department, nor the Ambulance Service.

During the year 121 swabs were examined on behalf of the hospital and 240 on behalf of Swindon borough and the surrounding rural sanitary authorities. Also, the following journeys were made by the ambulances :—

Transport of infectious cases	359
Transport of non-infectious cases	850
Transport of bedding for disinfection and laundry articles	270

HOSPITAL SERVICE.

The number of new admissions during the year 1st April, 1938, to 31st March, 1939, was 276 against 233 in the previous year.

On the 1st April, 1938, 24 patients remained in hospital, so that altogether 300 cases were under treatment during the year.

Of these :—267 were discharged cured.

11 died

5 were transferred to other hospitals.

17 remained in hospital at the end of the year 31-3-39.

The 300 cases arranged according to the final diagnosis :—

Diphtheria	32
Scarlet Fever	111
Scarlet Fever and Whooping Cough	1
Scarlet Fever and Measles	1
Scarlet Fever and Mumps	1
Scarlet Fever and Rubella	1
Scarlet Fever and Chickenpox	1
Pneumonia	16
Measles and Pneumonia	33
Measles and Chickenpox	1
Whooping Cough and Whooping Cough Pneumonia	15
Rubella	5
Erysipelas	7

Tonsillitis	18
Laryngitis	2
Mumps	2
Poliomyelitis	2
Cerebro-spinal Meningitis	2
Bronchitis	1
Pleurisy	1
Enteric Fever	1
Chickenpox	1
Glanders (Cancrum oris)	1
Abortions and Puerperal Sepsis	27
Babies with mothers	4
Appendicitis	1
Aphthous stomatitis	1
Gout	1
Cardiac disease	1
Impetigo	1
Urticaria	3
Marasmus	1
Ill-nutrition	1
Dilated stomach	1
N.O.D.	2

The 276 cases admitted during the year were chargeable to the following local authorities :—

Public Health Acts :—

Swindon Borough	205
Highworth Rural District	39
Cricklade and Wootton Bassett Rural District	9
Wilts County Council	5

Maternity & Child Welfare (Puerperal and O.N. cases) :—

Borough of Swindon	9
Wilts County Council	9

Though the number of admissions to the hospital in 1938-39 was somewhat above that of 1937-38 (276 against 232) and the cases were even more miscellaneous in character, the deaths were fewer, being but 11 in number—two measles, two diphtheria, two pneumonia, one erysipelas, one alleged glanders, one cerebro-spinal meningitis, one enteric and one baby of a mother with puerperal fever.

There was one return case (scarlet fever), but the returned case had no obvious disease. The only cross infection was rubella. A patient admitted with scarlet fever was incubating rubella which developed a week later and gave rise to three further cases.

Two recently delivered women were admitted with puerperal pyrexia. They had measles infected before delivery and developed in the puerperium, the rash appearing in one on the 12th day after delivery and in the other on the 2nd day after delivery. Neither had had measles before. Both babies developed measles, the first on the 19th day, the second on the 9th day. These cases suggest that the immunity to measles usual in young infants is due to antibodies passing through the placenta to the foetus and will only occur in babies born of mothers who have had measles. In both these Swindon cases, the babies started measles 7 days after the mothers developed their rashes, which gives an 11 day incubation period—which is short. In the first case infection seemed to have occurred after birth, in the second before. If this is true, the placenta can pass the measles virus and does not inhibit its passage and placental extract *per se* has no value as a preventive of measles. The first mother, who developed the rash on the 12th day after delivery, might have been infected at delivery or after, but she was exposed to infection before but not during or after her delivery which took place in the Maternity Home.

The case admitted as glanders caused a good deal of contention over the correct diagnosis. My own view is that it was a form of cancrum oris which I believe to be a virus disease. The bacteriological and pathological reports from three separate laboratories were not in agreement, but in my opinion exclude glanders. Clinically the case differed from the five cases of undoubted glanders I have seen, but for a long time that diagnosis seemed possible. Full notes of this case are available.

There is nothing to be said about diphtheria, except to repeat that we never find chronic carriers of corynebacterium in Swindon and so far have never had difficulty in clearing convalescents and contacts. Scarlet fever was so mild that the majority of patients were barely indisposed and that for but a few days. As usual in non-epidemic times the cases of scarlet fever came in small crops from wide-spread areas. Of the 111 cases, 11 had "relapses", the nature of which is hardly open to doubt. Beyond three cases of otorrhoea, all healed before discharge, there were no other complications. 33 measles and 15 whooping cough, most of the former and all of the latter with lung complications, gave an opportunity of further study of the pneumonias which so frequently complicate these infections. Two of the measles died, one from cancrum oris, the other moribund from pneumonia on admission. Measles pneumonia and still more whooping cough pneumonias do remarkably well at Gorse Hill. Few receive any specific or alleged specific treatment, but M and B 693 is useful in some whooping cough cases.

Twenty-eight cases of puerperal pyrexia and abortions were admitted to the hospital in 1938-39. One of these was not a maternity case, but appendicitis. Seventeen cases were admitted for abortion—in two the abortion itself was aborted, 11 were clean and four septic. All recovered. The 10 cases of pyrexia also recovered.

Of the 16 cases of pneumonia—other than measles and whooping cough, nine were of the croupous type, four of the June epidemic type and one of the pleuro-pneumonic type. All these recovered. The two remaining cases were of the influenzal type and both died.

DUNSTAN BREWER,

Medical Officer of Health and
Medical Supt. Isolation Hospital

Public Health Department,
Civic Offices,
SWINDON.

BOROUGH OF SWINDON.

GENERAL STATISTICS.

Area (acres)	....	....	....	6062
Population : Census 1931	....	....	....	62401
Estd. middle of 1938	....	....	....	60570
Number of inhabited houses (1938)	....	....	....	17495
Rateable Value (General Rate)	....	....	....	£358,500
Sum represented by a penny rate	....	....	....	£1,425

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total	M.	F.		
Live Births	Legitimate	752	390	362	} Birth Rate	 13.06
	Illegitimate	39	20	19		
Stillbirths :	Legitimate	24	10	14	Rate per 1,000 total (live and still) births	 34.19
	Illegitimate	4	2	2		
Deaths	....	705	374	331	Death Rate	 11.64

Number of women dying in, or in consequence of childbirth—

	Deaths	Rate per 1,000 total (live and still) births
From Puerperal sepsis	 —	—
From Other puerperal causes	 2	2.44
Total	 2	2.44

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	54.36
Legitimate infants per 1,000 legitimate live births	53.19
Illegitimate infants per 1,000 illegitimate live births	76.92

Deaths from Cancer (all ages)	....	99
„ Measles (all ages)	....	4
„ Whooping Cough (all ages)	....	3
„ Diarrhoea (under 2 years of age)	....	3

INFECTIOUS DISEASE.

Table showing the number of cases notified in the Borough during the year 1938.

Disease	Cases notified at various ages. (Years)										Total cases notified	No. of cases admitted to Hospital.	No. of Deaths.
	Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and upwards	
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	5	5	12	44	15	1	5	1	...	83	...
Diphtheria	2	...	2	7	1	8	8	3	4	1	2	38	...
Enteric Fever (including paratyphoid)	...	...	...	...	...	...	...	...	...	...	1	1	1
Puerperal Pyrexia	...	...	...	...	...	...	...	1	49	7	...	7	1
Pneumonia	24	14	7	12	9	17	2	5	13	15	25	40	38
Erysipelas	...	...	1	...	...	...	...	...	2	4	8	8	1
Cerebro-spinal Fever	...	1	...	...	...	...	1	...	...	...	...	1	2
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	1	3	2	2	2	7	1	1	6	3	3	1	...
Ophthalmia Neonatorum	1	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	28	18	17	26	24	76	27	11	79	31	39	16	392
													43

TABLE SHOWING MONTHLY INCIDENCE OF INFECTIOUS DISEASES AND THE NUMBER OF DEATHS
DURING 1938.

DISEASE.	NUMBER OF CASES.												Total	No. of Deaths.
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.		
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	3	3	7	7	16	5	3	3	9	8	6	18	88	...
Diphtheria	3	...	6	5	2	1	1	3	3	7	6	1	38	...
Enteric Fever	...	...	...	...	...	1	...	...	...	...	...	...	1	...
(including paratyphoid)														
Puerperal Pyrexia	3	3	4	2	6	6	4	7	5	7	5	5	57	1
Pneumonia	34	16	21	21	9	16	2	3	4	7	9	12	154	38
Erysipelas	1	2	2	2	3	4	1	...	3	1	...	...	19	1
Cerebro-spinal Fever	...	...	...	...	1	...	...	...	...	...	1	...	2	2
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	13	7	5	1	2	...	4	...	...	...	...	...	32	...
Ophthalmia Neonatorum	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	57	32	45	38	39	33	15	16	24	30	27	36	392	43

TUBERCULOSIS, 1938.

Age Periods	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year ....	....	....	1	....	....	....	1	....
1—5 ....	....	....	3	....	....	....	2	....
5—10 ....	....	1	4	2	....	....	1	....
10—15	1	....	2	2	....	1	....	....
15—20	1	1	....	1	2	....	....	....
20—25	4	3	1	1	2	1	....	....
25—35	8	3	5	3	3	3	....	1
35—45	4	2	....	....	1	3	....	....
45—55	4	5	2	1	4	1	....	....
55—65 ....	....	2	....	....	2	1	....	....
65 and upwards	2	1	....	....	1	....	....	....
TOTALS	24	18	18	10	15	10	4	1

DEATHS FROM TUBERCULOSIS, 1938.

TABLE SHOWING WHEN CASES WERE NOTIFIED.

When Notified.	Respiratory		Non-Respiratory	
	Males.	Females	Males.	Females
One year or more before death	7	7	....	....
Less than one year and more than 6 months before death	2	2	....	....
Less than six months and more than two months before death	1	....	....	....
Less than two months before death	5	1	1	1
At or immediately before death ....	....	....	2	....
Unnotified (Cases who died outside the Borough & never notified to Swindon).	....	....	1	....
TOTALS	15	10	4	1

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 1919-1938.

	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919
No. of cases notified (all forms)	70	77	69	65	73	79	88	80	86	98	114	102	94	91	111	117	103	98	97	73
Respiratory Tuberculosis	42	54	52	40	42	53	62	52	41	57	69	70	56	66	75	75	68	63	72	51
Deaths from Respiratory Tuberculosis	25	21	21	26	28	35	41	40	37	23	40	45	30	42	42	48	59	42	55	44
Deaths from Tuber. Meningitis	3	3	3	1	5	1	5	3	3	3	6	1	8	5	4	12	6	11	8	8
Deaths from other forms of the disease	2	4	3	4	4	3	7	3	12	1	2	9	3	4	7	7	6	12	6	8
Total deaths from Tuberculosis	30	28	27	31	37	39	53	46	52	27	48	55	41	51	53	67	71	65	69	60
General Death Rate for all forms of Tuberculosis	0.49	0.47	0.45	0.51	0.61	0.64	0.85	0.73	0.84	0.44	0.82	0.96	0.71	0.89	0.93	1.19	1.27	1.17	1.28	1.16
Death Rate for Respiratory Tuberculosis	0.41	0.35	0.35	0.43	0.46	0.57	0.66	0.64	0.60	0.37	0.68	0.78	0.5	0.73	0.74	0.85	1.05	0.75	1.02	0.85

TABLE SHOWING THE DISTRIBUTION OF INFECTIOUS DISEASE IN
THE VARIOUS WARDS OF THE TOWN DURING THE YEAR 1938.

DISEASE.	WARD.						TOTAL.
	North	South	East	West	King's	Queen's	
Diphtheria	8	4	7	6	5	8	38
Scarlet Fever	13	24	11	16	17	7	88
Pneumonia	41	25	23	28	20	16	153
Pulmonary Tuberculosis	9	8	6	7	8	4	42
Other forms of Tuberculosis	5	3	8	6	3	3	28

INFANT MORTALITY IN THE SIX WARDS OF THE BOROUGH.

WARD.	NO. OF BIRTHS.	NO. OF INFANT DEATHS.	INFANT DEATH RATE PER 1,000 LIVE BIRTHS.
NORTH	162	11	67.90
SOUTH	99	7	70.71
EAST	125	5	40.00
WEST	207	9	43.48
KING'S	100	9	90.00
QUEEN'S	98	2	20.41
Total for Borough	791	43	54.36

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 1938 INCLUSIVE.

Year	BIRTH RATE		DEATH RATE		INFANT MORTALITY RATE		Illegitimate Death Rate
	Swindon	England and Wales	Swindon	England and Wales	Swindon	England and Wales	
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
1925	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
1927	14.52	16.7	11.16	12.3	46.98	69	107.14
1928	15.63	16.7	9.92	11.7	36.26	65	51.28
1929	13.98	16.3	10.96	13.4	47.29	74	32.26
1930	15.66	16.3	10.77	11.4	62.82	60	157.89
1931	14.51	15.8	10.88	12.3	56.04	66	136.36
1932	14.31	15.3	11.68	12.0	52.99	65	37.04
1933	12.48	14.4	11.06	12.3	52.22	64	66.67
1934	12.66	14.8	11.11	11.8	55.84	59	115.38
1935	12.32	14.7	10.50	11.7	47.04	57	107.14
1936	13.13	14.8	12.15	12.1	46.84	59	88.24
1937	12.43	14.9	11.18	12.4	48.13	58	40
1938	13.06	15.1	11.64	11.6	54.36	53	76.92

BOROUGH OF SWINDON.

CAUSES OF DEATH, 1938.

(Registrar-General's Official Returns).

CAUSES.	Males.	Females	Total.
Typhoid	1	.....	1
Measles	2	2	4
Scarlet Fever .....	.....	.....	—
Whooping Cough	1	2	3
Diphtheria .....	.....	.....	—
Influenza	6	1	7
Encephalitis Lethargica	1	.....	1
Cerebro-spinal fever	2	.....	2
Tuberculosis of Respiratory System	15	10	25
Other Tuberculosis	4	1	5
Syphilis .....	.....	.....	.....
General paralysis of insane, etc.	2	.....	2
Cancer	46	53	99
Diabetes	4	5	9
Cerebral haemorrhage	25	36	61
Heart disease	108	124	232
Aneurysm	3	.....	3
Other circulatory diseases	17	17	34
Bronchitis	11	5	16
Pneumonia (all forms)	19	9	28
Other respiratory diseases	5	2	7
Peptic Ulcer	1	1	2
Diarrhoea under 2 years	1	2	3
Appendicitis	1	.....	1
Cirrhosis of liver	2	.....	2
Other liver diseases	3	.....	3
Other digestive diseases	1	5	6
Acute and chronic nephritis	9	8	17
Puerperal sepsis .....	.....	.....	.....
Other puerperal disease .....	.....	2	2
Congenital Debility, Premature Birth, etc.	17	8	25
Senility	9	10	19
Suicide	7	1	8
Other violence	21	8	29
Other defined diseases	30	19	49
Diarrhoea 2 years and over .....	.....	.....	.....
ALL CAUSES	374	331	705

BOROUGH OF SWINDON.

INFANT MORTALITY.

1938. *Nett deaths from stated causes at various ages under
One Year of Age.*

COMPILED FROM THE OFFICIAL REGISTRATIONS.

CAUSE OF DEATH.	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month.	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year.
All Causes—										
Certified	19	2	3	....	24	6	5	4	4	43
Uncertified .....	....	....	....	....	....	....	....	....	....	....
Measles .....	....	....	....	....	....	1	....	....	1	2
Whooping-cough .....	....	....	....	....	....	1	....	....	....	1
Diphtheria .....	....	....	....	....	....	....	....	....	....	....
Influenza .....	....	....	....	....	....	....	....	....	....	....
Tuberculosis of nervous system .....	....	....	....	....	....	....	1	....	....	1
Tuberculosis of Intestines and Peritoneum .....	....	....	....	....	....	....	....	....	....	....
Other Tuberculous Diseases .....	....	....	....	....	....	....	....	....	....	....
Syphilis .....	....	....	....	....	....	....	....	....	....	....
Cerebro-spinal Meningitis .....	....	....	....	....	....	....	1	....	1	2
Convulsions	2	....	1	....	3	....	....	....	....	3
Bronchitis .....	....	....	1	....	1	....	....	....	....	1
Pneumonia .....	....	....	....	....	....	1	2	2	2	7
Other Respiratory Diseases .....	....	....	....	....	....	....	....	....	....	....
Inflammation of the Stomach .....	....	....	....	....	....	....	....	....	....	....
Diarrhoea and Enteritis .....	....	....	....	....	....	....	1	....	....	1
Hernia, Intestinal Obstruction .....	....	....	....	....	....	....	....	....	....	....
Congenital Malformations	2	....	1	....	3	1	....	1	....	5
Congenital Debility and Sclerema	1	1	....	....	2	2	....	....	....	4
Icterus .....	....	....	....	....	....	....	....	....	....	....
Premature Birth	5	....	....	....	5	....	....	....	....	5
Injury at Birth	6	1	....	....	7	....	....	....	....	7
Disease of Umbilicus .....	....	....	....	....	....	....	....	....	....	....
Atelectasis	2	....	....	....	2	....	....	....	....	2
Suffocation .....	....	....	....	....	....	....	....	....	....	....
Exposure and inattention at birth	1	....	....	....	1	....	....	....	....	1
Accidental death .....	....	....	....	....	....	....	....	1	....	1
TOTALS	19	2	3	....	24	6	5	4	4	43

**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.

The Wilts County Council has two sanatoria for the treatment of tuberculosis; one at Winsley for early cases and the other at *Harnwood near Salisbury, for advanced cases.

MATERNITY

A Maternity Home of 24 beds provided by the local authority.

CHILDREN.

Nil.

FEVER.

A fever hospital of 70 beds provided by the local authority.

SMALLPOX.

A Smallpox Hospital provided by the Wilts County Council.

VENEREAL DISEASES.

A hospital with 6 beds provided by the Wilts County Council.

ORTHOPAEDIC.

Use of beds in Bath Orthopaedic Hospital.

*** Extract from County Medical Officer's Annual Report, 1937.**

This Hospital is not now exclusively reserved for advanced cases. As far as possible, all definite cases of pulmonary tuberculosis throughout the County requiring institutional treatment are admitted in the first instance to Harnwood Hospital. After a preliminary period of rest and observation there, cases suitable for Sanatorium Treatment are transferred to Winsley Sanatorium, the more advanced cases being retained at Harnwood.

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 and Fridays 2 p.m. to 4.30 p.m.	Swindon Corporation
Maternity and Child Welfare	Pinehurst Clinic, Beech Avenue	Wednesdays 2 p.m. to 4.30 p.m.	"
Maternity and Child Welfare	St. Barnabas' Church Hall	Tuesdays, 2 p.m. to 4 p.m.	"
Maternity and Child Welfare	Cricklade Road	Thursdays, 2 p.m. to 4 p.m.	"
	Methodist School, Romsey Street	Mondays, 2 p.m. (G.W.R. cases) 6 to 7 p.m.	"
Ante-Natal Clinic	37, Milton Road	Tuesdays, 2 p.m. (Medical Officer) 6 p.m. (Matron's Clinic)	"
Consultation Ante-Natal Clinic	Maternity Home, Kingshill	Thursdays (G.W.R. cases) and Fridays, 2 to 4.30 p.m.	"
Minor Ailments	61, Eastcott Hill	Second & Fourth Wednesdays in each month at 2.30 p.m.	"
Minor Ailments	Pinehurst Clinic, Beech Avenue	Every morning 9 to 11 o'clock	"
Dental Clinic	Wesley Schools, Farnsby Street	Every morning 9 to 11 o'clock Daily 9.30 a.m. to 12.30 p.m., and 2 p.m. to 5 p.m.	"
Dental Clinic	Pinehurst Clinic, Beech Avenue	Saturdays 10 a.m. to 12.30 p.m. Daily 9.30 a.m. to 12.30 p.m. and 2 p.m. to 5 p.m. (Weds. excepted)	"
Nose, Throat and Ear Clinic	61 Eastcott Hill	Saturdays 10 a.m. to 12.30 p.m.	"
Eye Clinic	"	Mondays, 2 p.m. to 5 p.m.	"
Ringworm Clinic	"	Tuesdays, 2 p.m. to 4.30 p.m.	"
Medical Officer's Special Clinic	"	Thursdays, 2 p.m. to 5 p.m.	"
X-Ray Clinic	"	Thursdays, 2 p.m. to 5 p.m.	"
Electrical Treatment (General)	"	Thursdays, 2 p.m. to 5 p.m.	"
Electrical Ionization Clinic	"	Wednesdays, 2 p.m. to 4 p.m.	"
Observation Clinic	"	Fridays, 2 p.m. to 4.30 p.m.	"
Tuberculosis Clinic	"	Saturdays, 9.30 a.m. to 12 noon	"
Venereal Diseases Clinic	Tuberculosis Dispensary, Milton Road	Thursdays, 10 a.m. to 3 p.m.	Wilts County Council
	Isolation Hospital, Gorse Hill	Men—Wednesdays, 7.0 to 8.30 p.m. Fridays, 6 p.m. to 7.30 p.m. Women and Children :— Mondays, 5 p.m. to 6.30 p.m. Fridays 2 p.m. to 3.30 p.m.	"

AMBULANCE FACILITIES.

- | | |
|---|---|
| (a) For Infectious Diseases | } Three Motor Ambulances, giving a
24 hour service, are supplied by the
Swindon Town Council. |
| (b) For non-infectious and
accident cases. | |

LIST OF THE ADOPTIVE ACTS WHICH HAVE BEEN ADOPTED IN THE BOROUGH OF SWINDON.

The Public Health Acts Amend-
ment Act, 1890 Adopted 11th November, 1890.

The Infectious Diseases (Pre-
vention) Act, 1890 Adopted 11th March, 1902.

The Museums and Gymnasium
Acts, 1891 (so far as it relates
to museums). Adopted 6th June, 1905.

*The Local Government and
Other Officers' Superannu-
ation Act, 1922. Adopted 1st May, 1924.

The Public Health Acts Amend-
ment Act, 1907, as regards the
following sections :—

Part VII, Sec. 85 Adopted 7th December, 1926.

Part VI Adopted 20th July, 1936.

The Public Health Act, 1925, as
regards the following parts :—

Part II (except Secs. 20, 24
and 29) Adopted 7th December, 1926.

Part VI Adopted 20th July, 1936.

* Repealed as from 1st April, 1939. Local Government Super-
annuation Act, 1937.

BOROUGH OF SWINDON.

ANNUAL REPORT

OF THE

Chief Sanitary Inspector

F. H. BEAVIS.

For the Year 1938.

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

LADIES AND GENTLEMEN,

I have the honour of submitting my thirteenth Annual Report dealing with the work carried out by the Sanitary Department during the year ended 31st December, 1938.

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.

One change occurred in the staff of the Department during the year, when Mr. Hugh Mitchell, Temporary Assistant Sanitary Inspector, left the service of the Corporation on the 21st March, having obtained the appointment of Sanitary Inspector to the Hexham Urban District Council. Your Committee decided to advertise for a successor to Mr. Mitchell, and in May, Mr. E. H. Holroyd was appointed and took up his duties on the 1st June. This caused a temporary delay in work under the Housing Act, but apart from this the work of the Department was maintained at its usual level.

MILK SUPPLY.

Swindon, being in the centre of an agricultural district where milk production is one of the principal sources of revenue to the farming community, can obtain an almost unlimited supply of fresh milk direct from the farm, with very little handling and within a few hours of its being obtained from the cow. Every effort is made by the Sanitary Authority to ensure that the milk is pure and wholesome when it reaches the consumer, and both producer and distributor are kept under constant supervision so far as is practicable in order to ascertain that everything possible is being done to keep our milk supply up to the highest possible standard of purity and wholesomeness.

The demand for graded milk is increasing. Tuberculin Tested and Accredited milk is being supplied by most of the dairymen, whilst one or two firms are specialising in Pasteurised milk.

There were four prosecutions for bottling milk in the street, and fines amounting to £3 10s. 0d. were imposed. This is a most objectionable practice because the milk might easily be put into a bottle which has been fouled by dogs or in which there is dust, etc., from the surface of the street. Such milk is badly contaminated and may be dangerous especially to infants and invalids.

Samples of school milk and milk in course of delivery are frequently being taken and sent to the Bristol University for bacteriological examination, and the results of such examination are set out in the table appended hereto. The arrangements with Officers of districts outside the Borough, whereby any adverse report on a sample of milk is sent to the Officer concerned, is still working satisfactory and enables us to deal with cases outside the Borough almost immediately the report is received, whilst no time whatever is lost in dealing with unsatisfactory samples from our own farms and dairymen. All this work entails a tremendous amount of time and trouble, but in order to safeguard the health of the public the work is essential.

Two farms, two bottling establishments, ten milkshops and six retailers from outside the Borough are licensed for the production or distribution of Tuberculin Tested milk. Ten farms, six milkshops and five retailers from outside the Borough are licensed for the production or distribution of Accredited milk. There are five retailers who are licensed to sell Pasteurised milk and two licences have been issued for the pasteurisation of milk within the Borough.

FOOD SUPPLY.

The tables appended hereto give a résumé of the work carried out under the Public Health (Meat) Regulations 1924. 13,648 animals were slaughtered during the year, every one of which was seen by your Inspectors before being offered for sale. This important branch of the Sanitary Inspector's manifold duties is of a continuous nature, a great deal of which must of necessity be done after "office hours", but the work is of such importance from a public health point of view that every effort is made to ensure that efficient supervision is maintained at all costs, and the work goes on just the same whether it be day or night.

There are 57 cooked meat shops and 39 fish frying establishments within the Borough, and all these premises are kept under constant supervision by your Officers in order to ensure that absolute cleanliness in preparation is strictly observed and that the viands offered to the public are composed of fresh and wholesome ingredients.

During the year the unsound food amounted to over thirty tons, which is an increase on last year's figure. The quality of meat offered for sale to the general public, however, has been maintained and there were no prosecutions under this heading.

HOUSING.

A considerable amount of work has been done under the Housing Act 1936, and the table appended hereto will show that the position

regarding overcrowding in the Borough is very favourable ; in fact, with the exception of one or two very large families, it is practically negligible. Four houses have been leased by the Corporation for terms of five or seven years, for the purpose of the relief of overcrowding, and four large families have been moved into these houses. In this way forty-five persons have been accommodated, giving an average of eleven persons per house. This is quite satisfactory, as the large houses can only be obtained as and when they become available ; but there are still two or three large families consisting of ten or more persons to be relieved, and it is hoped that suitable accommodation will be found for them during the coming year.

Progress was also made in house-to-house inspections during the year, and a very large amount of repair work was carried out in consequence, practically the whole of which was accomplished without formal proceedings being necessary.

During the year under review 3 houses were erected by the Corporation and 329 by private enterprise, making a total of 332 houses erected during the year.

TENTS, VANS AND SHEDS.

We still have a few caravans and tents which are being used for human habitation, within the Borough, and taken as a whole very little trouble was caused by this class of the community during the year. Most of these vans, etc., are occupied by travelling showmen who usually spend the winter in Swindon, and these people cause very little trouble. There is a small colony of people, all belonging to one family, who habitually dwell in caravans and who conduct themselves in such a manner that not one single complaint has ever been made against them. These people were granted licences by your Committee during the year in respect of the vans occupied by them. A licence was also granted to the owner of a piece of land situated on the south side of Argyle Street authorising her to allow not more than three moveable dwellings to occupy the site at any one time. Numerous complaints respecting the land and the persons living there were received during the year, but these, on investigation, were invariably found to be objections to the user of the land in question rather than to any nuisance which could be dealt with under the Public Health Act.

There has been no demand for organised camping sites within the Borough, consequently no licences have been granted, and except for a few isolated cases where tents are used for very short periods, there is no camping.

THEATRES, CINEMAS, ETC.

There are at present two theatres, six cinemas, one billiard hall and twenty-four premises licensed for dancing, within the

Borough, besides which there are five premises licensed for music and singing only. These buildings are regularly visited by your Inspectors so as to ensure their being kept in a cleanly and sanitary condition.

DISINFECTION OF VEHICLES, ETC., AT THE CATTLE MARKET.

The table appended hereto will show that 1,509 vehicles and 41 crates were disinfected at the Cattle Market during the year, and that £38 1s. 4d. was collected in fees for this service, whilst the expenditure on casual labour amounted to £23 19s. 10d. It must be clearly understood, however, that the figures shown cannot be taken as a full statement as to profit and loss, as they do not include the cost of collection, disinfectants, plant, etc. The scheme adopted in 1933, whereby unemployed persons are temporarily engaged on this work through the local Labour Exchange, is still working satisfactorily.

DRAINAGE WORK.

The supervision of drainage is another important branch of the work carried out by the Sanitary Department, and during the year the drainage of 496 premises was either overhauled or relaid. This work takes up a considerable amount of time, but from a public health point of view good drainage is essential, consequently too much trouble cannot be taken in seeing that this work is carried out efficiently.

RATS AND MICE DESTRUCTION.

The summer of 1938 was somewhat cold and wet, and on the whole was not very favourable for the propagation of the rat species. During the fine weather of February and early March the rodents left the tips for their usual summer vacation, but owing to the inclemency of the weather experienced during May and June they very quickly returned, so that most of the work of rat extermination was centred around the tips and allotments adjoining. Trapping, baiting, digging out with the dog and smoking their runs are the methods adopted, and proved very satisfactory, a large number of rats being accounted for.

During National Rat Week your Committee again authorised me to engage an extra man to assist in these operations, and a special effort was made to destroy as many rats and mice as possible during the week. The extra expenditure was amply justified and much useful work was accomplished.

A perusal of the table under this heading will show that 6,728 rats were caught during the year.

GENERAL.

The Borough of Swindon continues to grow, not so much in size, because there has been no further extension of the Borough boundaries, but within those boundaries the growth has continued very rapidly. This growth is more apparent to anyone returning to the town after having been away for a few years, because where they had formerly seen green fields they now find new streets and houses, and, strange though it may seem, these new houses are snapped up almost before they are completed and yet very few of the older houses are vacant. This, of course, is all to the good and goes to show that the Borough is in a healthy and flourishing condition.

Not so many years ago it would have been possible to say that over forty per cent. of the houses in Swindon were without proper flushing apparatus to the water-closets. This matter has now been taken firmly in hand by your Inspectors, and water-closets without flushing apparatus are being slowly but surely eliminated, so that the time will soon come when every w.c. will have a proper flushing-cistern. This, of course, is very desirable, and during the year just over 300 cisterns were installed where previously none had existed.

Swimming Pools and Bathing Facilities. The summer of 1938 was cold and wet, and consequently the out-door swimming pools were not patronised to any great extent. Although these were kept under constant supervision by the Department nothing occurred which necessitated any action being taken, and the samples of water which were periodically taken from the pools were passable.

Bathing facilities are provided by the Great Western Medical Fund Society, who in 1937 spent a considerable amount of money in modernising their Baths, so that these Baths are now complete and up-to-date in every way and enable the inhabitants of Swindon to enjoy the splendid bathing facilities provided in comfort and safety.

The Corporation bathing pool at Coate Water was fairly well patronised, but nothing to what it would undoubtedly have been had the summer been hot and dry.

Disinfection. During the year 5 Council houses and 84 other houses were disinfested of bed bugs. This is a reduction on last year's figures, and taking the inhabitable houses within the Borough as 17,495, gives a percentage of approximately .5.

The preventive measures adopted by your Committee in 1937 whereby lists of approved applicants for houses on the Housing

Estate are furnished to your Inspector, is still working satisfactorily. Each applicant is visited and if the Inspector thinks it necessary the furniture of the prospective tenant is disinfested in the house previous to removal to a Corporation house. This work is carried out by your own Disinfector, and Lawes' Block Disinfestators are used for this purpose.

Shops Act, 1934. Section 10 of this Act is administered by your Committee, and during the year 1938 seventeen exemption certificates (twelve in respect of sanitary conveniences and five in respect of washing facilities) were granted. These cases are carefully investigated by your Inspector previous to the granting of any certificate. With regard to the ventilation and temperature in shops, over 150 shops were visited during the year and many improvements were made without having recourse to formal action.

Free Disinfectants. Free disinfectants are issued by your Committee at the King Street Depot every Saturday between the hours of 9 and 11 a.m., to the poorer classes of the community. Owing to certain abuses the method of issue was re-organised in 1933. The system then adopted is still working satisfactorily and, whilst no genuine applicant is refused, the quantity of disinfectants issued has been reduced by quite seventy per cent.

I am,

Ladies and Gentlemen,

Your obedient Servant,

F. H. BEAVIS,

Chief Sanitary Inspector.

SANITARY STATISTICS, 1938.
TABLE OF NUISANCES RECORDED AND ABATED.

Nature of Complaint.	Not abated 1937	Visited during 1938	Total	Abated during 1938	Not abated at end of 1938
Choked drains	6	180	186	182	4
Defective drains	28	394	422	418	4
traps	2	189	191	186	5
sinks	45	103	148	142	6
and dirty w.c.'s	82	437	519	476	43
flushing-cisterns	12	52	64	62	2
roofs	53	130	183	160	23
eaves-gutters & rainwater pipes	50	89	139	121	18
ceilings	45	98	143	132	11
walls	122	305	427	377	50
Damp walls	78	138	216	197	19
Dirty rooms	144	507	651	601	50
Defective floors	65	176	241	198	43
firegates	22	74	96	81	15
coppers	16	42	58	47	11
yard paving	26	44	70	64	6
forecourt paving	1	8	9	6	3
Offensive accumulations	3	49	52	52	—
animals	1	4	5	5	—
Miscellaneous	240	894	1134	1063	71
TOTALS	1041	3913	4954	4570	384

VISITS AND INSPECTIONS, 1938.

Work in course of construction	....	....	....	2127
Infectious disease	....	....	....	232
Slaughterhouses	....	....	....	3997
Pig-killing on private premises	....	....	....	14
Butchers' shops	....	....	....	141
Markets	....	....	....	360
Bakehouses	....	....	....	124
Ice-cream shops	....	....	....	104
Cow-sheds, milkshops and dairies	....	....	....	457
Fishshops	....	....	....	730
Food shops	....	....	....	593
Factories	....	....	....	672
Outworkers' premises	....	....	....	25
Common Lodging-house	....	....	....	27
Revisits	....	....	....	3038
Miscellaneous	....	....	....	2284
House-to-House inspections	....	....	....	676
Housing re-visits	....	....	....	718
Overcrowding Survey	....	....	....	238
TOTAL	....	....	....	<u>16557</u>

FACTORIES ACT 1937.

1.—INSPECTIONS for purposes of provisions as to health.

Including inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted (4)
Factories with mechanical power	223	13	—
Factories without mechanical power	446	5	—
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises.)	3	—	—
TOTAL	672	18	—

2.—DEFECTS FOUND IN FACTORIES.

Particulars.	Number of Defects.			Number of defects in respect of which Prosecutions were Instituted.
	Found	Remedied	Referred to H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)
Want of Cleanliness (S.1)	36	34	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	6	1	—	—
Ineffective drainage of floors (S.6)	3	3	—	—
Sanitary Conveniences (S.7) {	2	2	—	—
	12	13	—	—
	—	—	—	—
Other offences (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories & Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)	11	8	—	—
TOTAL	70	61	—	—

MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

Licences in force within the Borough.

Designation.	Producers.	Bottlers.	Dealers.
Tuberculin Tested	2	2	10
Accredited	10	—	7

There are 4 producers of Tuberculin Tested milk, and 5 producers of Accredited milk from outside the Borough retailing milk within the Borough.

Designation.	Pasteurisers.	Dealers.
Pasteurised	2	5

Inspections 457

DAIRIES, COWSHEDS AND MILKSHOPS.

Dairies and Milkshops	54
Farms	18
Shops—retailing milk in sealed containers only	63
Milk Purveyors from outside the Borough	48

TOTAL 183

NUISANCES FOUND—

Dairies requiring limewashing	74
Cowsheds requiring limewashing	74
Dirty yards	—
Defective paving	4
Offensive accumulations	1
Defective ceiling plaster	1
Unsuitable and dirty utensils	—
Milk and containers uncovered	4
Defective floors	—
Defective vent shafts	—
Dirty conditions	5
Insufficient water supply	—
Choked drains	—
Defective water-closets	—
Defective drains	1
Miscellaneous	8

TOTAL 172

DISINFECTANTS.

Quantity given : Fluid	....	176 gals. 1 qt. 1 pt.
Powder	....	1 cwt. 0 qrs. 18 lbs.

DISINFECTION.

Cases of Cancer	....	23
„ Tuberculosis	....	18
„ Scarlet Fever	....	88
„ Diphtheria	....	38
„ Pneumonia	....	5
Miscellaneous Cases	....	45
Verminous Rooms	....	379
Library Books disinfected	....	43
Lots of Bedding disinfected	....	197
Miscellaneous Articles disinfected	....	1
Lots of Bedding destroyed	....	38
Miscellaneous Articles destroyed	....	42
Animals destroyed	....	—

SLAUGHTERHOUSES.

Registered		7
Licensed		11
		—
TOTAL		18
		—

Number of Inspections		3997
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NUISANCES FOUND—

Requiring limewashing		8
Want of cleanliness		2
Insanitary condition of pens and yards		4
Offensive accumulations	....	8
Choked drains	....	4
Other defects	....	6
		—
TOTAL	....	32
		—

COMMON LODGING HOUSES.

On Register	....	....	....	....	1
Number of persons for whom accommodation is provided :—Adults, 109 ; Children 8.					
Inspections	....	....	....	....	27

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.
6,728	254	28	5

BAKEHOUSES.

Number on Register	....	....	....	31
Number of Inspections	....	....	....	124

NUISANCES FOUND—

Limewashing overdue	....	....	....	49
Dirty yards	....	....	....	1
Ceilings requiring re-painting	....	....	....	1
Choked drains	....	....	....	—
Dirty W.C. pans	....	....	....	—
No separate accommodation for sexes	....	....	....	—
Offensive accumulations	....	....	....	2
Defective yard paving	....	....	....	2
Defective vent shafts	....	....	....	1
Want of cleanliness	....	....	....	10
Other defects	....	....	....	3
TOTAL	....	....	....	69

FOOD SUPPLY.

There are on the registers of the Department :—

Butchers' Shops	90
Butchers' Stalls (in covered market)	1
Wholesale Meat Stores	2
Fried Fish Shops	34
Ice Cream Shops	100
Cooked Meat Shops	65

and these premises are regularly inspected by your officers.

MEAT AND FOOD DESTROYED.

	Tons	Cwts.	Qrs.	Lbs.
Carcases of Beef and Offal	20	7	0	0
Portions	1	15	1	13½
Carcases of Veal and Offal		2	3	18
Portions			1	0
Carcases of Pig and offal		13	3	14
Portions		2	2	11
Carcases of Mutton and offal		2	1	9½
Portions		1	0	19½
Heads	2	5	2	27
Lungs	1	7	1	26
Livers		10	3	10½
Plucks		7	1	21½
Offal	1	12	2	3
Hearts			1	11½
Kidneys				3¼
Udders				7
Legs				19
Chilled beef	1	1	1	17
4 Turkeys			1	12
12 Chicken				21
40 Rabbits				—
Herrings		1	0	14
Bloaters			1	14
Prawns				21
Wet Fillet				14
Mixed Fish				16
Tin of Lambs' Livers				10
Tin of Frozen Eggs				22
TOTAL	30	14	1	11½

PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

The following table shows the number of carcasses inspected during the year, together with the approximate average per week.

	Beasts	Calves	Pigs	Sheep	Total.
Total inspected....	1082	2593	4135	5838	13,641
Approximate average per week.	21	50	80	112	263

CARCASSES INSPECTED AND CONDEMNED, 1938.

	Cattle		Calves	Pigs	Sheep and lambs
	Cows	Other cattle			
Killed and Inspected	534	548	2593	4135	5838
DISEASES OTHER THAN TUBERCULOSIS					
Whole carcasses condemned	30	4	7	4	5
Carcasses of which some part or organ was condemned	33	36	7	514	55
Approximate percentage of number inspected affected with disease other than Tuberculosis	12%	7%	.54%	12.5%	1%
TUBERCULOSIS ONLY.					
Whole carcasses condemned	26	5	—	9	—
Carcasses of which some part or organ was condemned	132	66	18	191	4
Approximate percentage of number inspected affected with Tuberculosis	29.5%	13.0%	.7%	5%	.07%

CLASSIFICATION OF THE DISEASES FOUND IN THE
UNSOUND FOOD.

	Tons	Cwts.	qrs.	lbs.
Abscesses		4	2	12
Actinomycosis		7	1	11
Angioma			3	26
Black Mould		6	3	17
Blood Aspiration		8	1	3
Bone Taint		1	3	4
Bruising	2	4	2	9
Cirrhosis			2	21
Coccidiosis (rabbits)				—
Cystercercus Tenuicollis			1	9 $\frac{1}{4}$
Decomposition		1	2	4
Degeneration				22
Distomum Hepaticum		2	3	24 $\frac{1}{2}$
Echinococcus Veterinorum				5
Emaciation	1	6	0	13
Emphysema		1	0	0
Enteritis		1	1	14
Ill-bled		2	1	24
Immaturity			1	22
Inflammation	1	6	3	13
Jaundice		19	3	0
Johnes Disease	1	6	3	17
Mastitis				7
Melanosis				18
Moribund			1	25
Necrosis		1	0	10
Nephritis		1	2	4
Oedema	2	6	0	5 $\frac{1}{2}$
Oesophagostomum Columbianum				3
Pericarditis			1	13
Peritonitis		1	0	8
Pleurisy		3	0	25
Pneumonia		9	3	21
Pyæmia			2	26
Septicaemia		5	2	12
Septic Mastitis		7	0	3
Septic Metritis		15	2	0
Strongylus Filaria				7
Strongylus Rufescens			3	7
Tuberculosis	15	17	1	10 $\frac{1}{2}$
Unsoundness		17	2	11 $\frac{1}{2}$
Urticaria			2	10
TOTAL	30	14	1	11$\frac{1}{4}$

DISINFECTION OF VEHICLES, ETC., AT THE
CATTLE MARKET.

Month.	No. Disinfected.		Fees Received.			Expenditure.		
	Vehicles	Crates	£	s.	d.	£	s.	d.
January *	20	—	10	0		5	0	
February	102	20	2	14	4	1	8	0
March	133	1	3	6	8	2	4	4
April	66	1	1	13	2	15	2	
May	205	7	5	3	8	3	12	4
June	121	—	3	0	6	2	7	10
July	122	—	3	1	0	2	13	8
August	141	4	3	11	2	2	7	10
September	144	2	3	12	4	2	2	0
October	186	4	4	13	8	2	17	2
November	168	1	4	4	2	1	16	2
December	101	1	2	10	8	1	10	4
TOTALS	1509	41	38	1	4	23	19	10

* Foot-and-Mouth Disease Order in force.

**TABLE SHOWING THE RESULTS OF THE BACTERIOLOGICAL
EXAMINATION OF MILK SAMPLES.**

No. of Sam- ple.	For Pasteurised Milk only.		Result of Bacteriological Examination.				
	Phos- phatase Test.	Organ- isms per C.M.L.	T.B.	B. Coli per 1 100 c.c.	Methyl- ene Blue Test	Sedi- ment per Half- pint.	Other Organisms.
1	—	—	—	—	4 hrs.	—	—
2	—	—	—	+	4 hrs.	—	—
3	—	—	—	+	4 hrs.	—	—
4	—	—	—	+	3 hrs.	—	—
5	—	—	—	+	3 hrs.	—	—
6	—	—	—	—	$\frac{1}{2}$ hr.	—	—
7	—	—	—	+	$\frac{1}{4}$ hr.	—	—
8	—	—	—	—	3 $\frac{1}{2}$ hrs.	—	—
9	—	—	—	—	7 hrs.	—	—
10	—	—	—	+	4 hrs.	—	—
11	—	—	—	+	$\frac{1}{4}$ hr.	—	—
12	—	—	—	—	3 $\frac{1}{2}$ hrs.	—	—
13	—	—	—	—	7+ hrs.	—	—
14	—	—	—	—	7+ hrs.	—	—
15	—	—	—	—	7+ hrs.	—	—
16	—	—	—	—	7+ hrs.	—	—
17	—	—	—	—	7 hrs.	—	—
18	—	—	—	—	7+ hrs.	—	—

HOUSING ACTS, 1935 and 1936.

OVERCROWDING.

THE WHOLE BOROUGH.

	Houses.	Families.	Persons.
Overcrowding on Primary Survey	149	168	1219
Relieved during 1936	6	6	47
Unrelieved, December 31st, 1936	143	162	1172
New cases added during 1937	16	18	122
Total cases—1937	159	180	1294
Cases relieved during 1937	109	128	892
Unrelieved, December 31st, 1937	50	52	402
New cases added during 1938	4	6	26
Total cases 1938	54	58	428
Relieved during 1938	20	24	146
Unrelieved 31st December, 1938	34	34	282

CORPORATION HOUSING ESTATE ONLY (included above.)

	Houses.	Families.	Persons.
Overcrowded on Primary Survey	29	29	269
Overcrowded since Primary Survey	4	4	31
Total Overcrowding Cases	33	33	300
Relieved during 1937	27	27	252
Unrelieved, December 31st, 1937	6	6	48
New cases added during 1938	—	—	—
Relieved during 1938	1	1	5
Unrelieved 31st December, 1938	5	5	43

HOUSING ACTS, 1935 and 1936.

OVERCROWDING.

Particulars of houses still overcrowded at the end of the year 1938.

Ward.	Primary Survey.			Overcrowded since Primary Survey.			Review cases found overcrowded since Primary Survey.			Total cases not relieved at the end of the year.		
	Houses	Families.	Persons	Houses	Families	Persons	Houses	Families	Persons	Houses	Families	Persons
North	1	1	10	1	1	9	2	2	16	4	4	35
South	3	3	28	1	1	11	—	—	—	4	4	39
East	2	2	11	—	—	—	1	1	6	3	3	17
West	4	4	37	—	—	—	1	1	9	5	5	46
King's	3	3	24	2	2	14	1	1	6	6	6	44
Queen's	4	4	32	—	—	—	3	3	26	7	7	58
Corporation Estate	2	2	20	—	—	—	3	3	23	5	5	43
Totals	19	19	162	4	4	34	11	11	86	34	34	282

NEW CASES REPORTED DURING THE YEAR.

Ward.	Relieved.			Not Relieved.		
	Houses.	Families.	Persons.	Houses.	Families.	Persons.
North	2	2	16	—	—	—
South	—	—	—	—	—	—
East	2	4	10	2	4	10
West	—	—	—	—	—	—
King's	—	—	—	—	—	—
Queen's	—	—	—	—	—	—
Corporation	—	—	—	—	—	—
Estate	—	—	—	—	—	—
Totals	4	6	26	2	4	10
				2	2	16

HOUSING.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b))	332
(b) With State assistance under the Housing Acts :—	
(i) By the Local Authority	3
(ii) By other bodies or persons	—

I. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1548
(b) Number of inspections made for the purpose	3783
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	656
(b) Number of inspections made for the purpose	1374
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	2
(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	1298

II. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	1373
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III. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(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	Nil

B. Proceedings under Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	....	....	....	....	....	3
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—						
(a) By owners	....	....	....	....	....	4
(b) By Local Authority in default of owners	....					—

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made	....	....				1
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	....	....				—

D. Proceedings under Section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	....	....	....	....	....	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	....	....	....	....	....	—

IV. HOUSING ACT, 1936—PART IV—OVERCROWDING :—

A.	(i) Number of dwellings overcrowded at the end of the year	....	....	....	....	....	34
	(ii) Number of families dwelling therein	....	....				34
	(iii) Number of persons dwelling therein	....	....				282
B.	Number of new cases of overcrowding reported during the year	....	....	....	....		4
C.	(i) Number of cases of overcrowding relieved during the year	....	....	....	....		20
	(ii) Number of persons concerned in such cases	....					146
D.	Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	....					—

B. Proceedings under Public Health Act

(1) Number of dwelling-houses in respect of which notices were served requiring them to be

(2) Number of dwelling-houses in which notices were

(a) By owners
(b) By Local Authority in default of owners

C. Proceedings under Sections 11 and 13 of the Housing

(1) Number of dwelling-houses in respect of which

(2) Number of dwelling-houses demolished in pursuance of

D. Proceedings under Section 12 of the Housing Act 1936

(1) Number of separate tenements or sub-tenements in respect of which

(2) Number of separate tenements or sub-tenements in respect of which

(3) Number of separate tenements or sub-tenements in respect of which

E. HOUSING ACT, 1936—PART IV—OVERCROWDING

(1) Number of dwellings overcrowded at the end of

(2) Number of families dwelling therein

(3) Number of persons dwelling therein

(4) Number of new cases of overcrowding reported during the year

(5) Number of cases of overcrowding removed during the year

(6) Number of persons concerned in such cases

(7) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding

BOROUGH OF SWINDON.

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

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

For the Year 1938.

BOROUGH OF SWINDON EDUCATION COMMITTEE.

* CHAIRMAN Councillor J. BELCHER.
† VICE-CHAIRMAN Mrs. Councillor M. GEORGE

MEMBERS.

THE MAYOR (Councillor R. G. CRIPPS, J.P.)

Alderman T. MANNING	Alderman L. J. NEWMAN
* Alderman W. SEATON	* Councillor C. S. MACPHERSON
* Councillor J. L. CALDERWOOD	* Councillor W. R. ROBINS
* Councillor H. W. GARDNER	* Councillor G. H. SELMAN
Councillor A. E. HARDING	Councillor F. L. TONGE
Councillor F. T. HOBBS	* Mrs. P. M. DARLING
* Mr. P. KING	* Mr. T. MEDCALF
* Miss M. E. SLADE	Mr. J. HASKINS
Mr. H. WHITING	Mr. F. W. HAWKSWORTH

Director of Education—Mr. STANLEY HIRST, B.Sc.

* *Members of the Medical Inspection Sub-Committee.*

† *Chairman of the Medical Inspection Sub-Committee.*

STAFF.

School Medical Officer—DUNSTAN BREWER, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers—

D. S. CLARK, M.B., Ch.B., D.P.H., D.P.M.

VIOLET REDMAN KING, M.B., Ch.B.

Ophthalmic Surgeon.

OLIVER B. PRATT, M.A., M.B., B.Ch., (Oxon.) D.O., M.R.C.S., L.R.C.P.

Specialist Nose, Throat and Ear Diseases.

F. COURTENAY MASON, B.A., Lond. M.S., M.B., B.S., F.R.C.S.(Eng.)

Orthopaedic Surgeon.

M. F. FORRESTER BROWN, M.D. (Lond.) M.S.

Dental Surgeons—W. KENYON BERRIE, L.D.S., R.F.P.S.G.

KENNETH W. MASSEY, L.D.S. (Liverpool).

G. BUIST WESTWATER, L.D.S., R.C.S. (Edin.)

(commenced 8-8-38)

ERNEST H. HARTLEY, L.D.S. (Liverpool).

(resigned July 1938)

Senior Clerk School Medical Service—JOHN W. DAY.

Clinical Clerks and Dental Attendants—

Miss G. L. NORRIS,

Miss E. M. KEY.

Miss N. JONES (resigned November, 1938).

Miss E. FRANKLIN (commenced 16-3-38).

Miss H. M. RICHMOND (commenced 29-12-38).

HEALTH VISITORS AND SCHOOL NURSES.

Miss I. D. SAMPSON.

3 years Certificate of Hospital Training.
Certificate for Tuberculosis (Royal Chest Hospital, London).
Queen's Nurse.
Certificate of Central Midwives Board.
State Registered Nurse.

Miss E. M. PILCHER.

3 years Certificate of Hospital Training.
School Nurse's and Health Visitor's and Tuberculosis Certificate.
Certificate of the Royal Sanitary Institute.
State Registered Nurse.

Miss A. HAWKINS.

4 years Certificate of Hospital Training.
Certificate of Central Midwives Board.
Health Visitor's Certificate of the Royal Sanitary Institute
State Registered Nurse.

Miss O. MARKER.

4 years Certificate of Hospital Training.
Certificate of Central Midwives Board.
Health Visitor's Certificate of the Royal Sanitary Institute.
State Registered Nurse.

Mrs. K. M. D. FRANCIS.

3 years Certificate of Hospital Training.
Certificate of Central Midwives Board.
Health Visitor's Certificate of the Royal Sanitary Institute.
State Registered Nurse.

Miss C. E. MIDDLETON.

4 years Certificate of Hospital Training.
Certificate of Central Midwives Board.
Health Visitor's Certificate of the Royal Sanitary Institute.
State Registered Nurse.

BOROUGH OF SWINDON.
EDUCATION COMMITTEE.

Area	....	....	....	....	....	6,021 acres
Number of Elementary Schools	....	....	....	....	....	16
Number of School Departments	...	....	....	....	....	33
Number of Children on Register	...	....	....	....	....	8,206
Average Attendance	....	....	....	....	....	7,282

Number of Secondary Schools						3
-----------------------------	------	------	------	------	------	---

Number of Scholars on Roll :—

The College, Secondary School	...	....	....	311
Euclid Street Secondary School	....	....	....	256
The Commonweal Secondary School	....	....	....	326

*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 1938.

The only changes that occurred in the Staff were the resignation of Mr. Hartley, dentist, and the appointment of Mr. Westwater in his stead; the appointment of a second dental attendant, Miss Franklin to replace Miss Hoare who resigned under superannuation; the resignation of Miss Jones, dental attendant, and the appointment of Miss Richmond; and arrangements made for the appointment of a third dental attendant early in 1939 so that each dentist shall have a dental attendant.

The chief event of 1938 was the adoption of the final plans or the new school clinic to be erected in Broad Street. In the middle of 1938 the administrative offices of the public health and school medical departments were removed from Eastcott Hill to the new Civic Offices, thus freeing Eastcott Hill entirely for clinical purposes. During 1939 it is proposed to reorganise Eastcott Hill, and, on the completion of the new Broad Street Clinic, to abandon the temporary clinic in Farnsby Street. The Borough will then have three fully equipped up-to-date clinics for school medicine and maternity and child welfare, and this should be sufficient to serve the needs of the Borough for many years to come. The somewhat extensive scheme for reorganising the schools to which the Education Committee is committed will have very material influence upon the health of the school children and the facilities for attending to those temporary departures from health which are inseparable from the school age. I am therefore hopeful that towards the end of 1939 the school medical department will have reached the stage of efficiency which had been visualised for many years, and which, so far as one can see into the future, will ensure the aim of all public medicine, namely, that no citizen shall suffer from any departure from health which is avoidable, or, who suffering from what is unavoidable, can fail to obtain the best treatment available without any let or hindrance, save obstruction by himself.

The work of the school medical department in 1938 was uneventful. The year was an extraordinarily healthy one with very low incidence of infectious disease of any kind and no special causes for anxiety.

For many years there has been a steady rise in the health and physique of our school children. The Entrants are now much freer from defects and generally in better condition than they used to be. It really seems that the thirty years of school medicine and twenty years of child welfare have done what they set out to do. Owing to the lack of generally accepted standards and the difficulty of expressing departures from health in formulae, there is great variation in the records of different observers, so that it is not easy to compare year by year what progress is made in improving the health of children, but when one epoch is compared with another the tremendous improvement which has occurred becomes obvious. Many disease conditions, formerly frequent, have disappeared altogether; others have become rare and what remains but little changed is not at present within the practical capacity of man to alter. Even more marked than the reduction of disease states is the improvement in vitality, physique and general liveliness of children. This in the main is due to the steady improvement in social environments. Though few children are fed as well as they ought to be, clothed as well as they could be, nurtured as carefully as they might be, or trained to their full physiological and psychological potentials, they are so much better cared for in all these respects than were their parents that those who knew the child population of this country half a century ago can scarcely realise that the children of to-day belong to the same race. We can do still better in two directions: first by raising generally the level of child culture and education, and secondly, by varying environments to suit the variations of biological potential to which the human species is subject. It has been known from the beginning of time that no two humans are alike in every particular, but it is only recently that we have recognised that each variation in the individual calls for some variation in his environment to give him the best chance of developing his potential. From the start, school medicine was directed to attend to each individual child and though in the early days such attention was mainly directed to the cure or mitigation of unhealthy conditions it is now directed towards the development of healthy factors. The marked drop in the prevalence of disease conditions, or such departures from health as obviously needed medical attention, has freed our minds and our time to investigate the misfitting of environment to potential, which though it may not produce actual disease, limits the value of citizens and makes them discontented, unhappy, inefficient and antisocial. This, which is now the main work of school medicine, progresses silently. Its progress cannot be given in statistical form and is difficult to make evident in the ordinary reports on the progress of school medicine which are produced annually.

In 1938 there was no hindrance to the progress of school medicine. As a consequence of this there was a considerable

increase in the number of inspections. There was a decline in the number of children found to be defective and requiring treatment, a decline which was greater in quality than in quantity. The improvement is least marked in the inspections of the second age group. These are children between the ages of 7 and 8, a period in the child's life which has its special difficulties, both physically in the development of immunity to parasitic invasion, and psychologically in adjustment to environment. There was a slight increase in ringworm, chiefly of the body. The ringworm rate, which in former years was very high in Swindon, is now so low that it has long since ceased to be a problem. There was no increase in scabies in Swindon in 1938, though in many parts of the country this infection has been gaining ground recently. An increase in blepharitis and conjunctivitis can be attributed to the dry dusty Spring. There was a rise in ear diseases and to a less extent in nose and throat conditions. There is reason to believe that these rises are not genuine but due to greater attention being paid to minor departures from health which in former years would not have been detected. There continues to be a total absence of obvious rickets in the school children of Swindon and the rate of spinal curvature has diminished. The slight rise in the state of nutrition may mean something, but the figures are not of mathematical significance. The apparent great rise in Other Defects and Diseases found on special inspections is due to greater attention being given to minor matters which in busier years had to be neglected.

No new case of blindness originated in the Borough last year and no new case of deafness, but there was one new partially sighted child. There is only one epileptic under the age of 16 in the Borough. There was an increase in the number of cases of non-pulmonary tuberculosis. There was a reduction in the number of children found to be unclean. Child rheumatism remains at a very low level in Swindon. A survey of children who had, or who were alleged to have, chronic heart disease enabled us to discard from the list many who had healthy hearts and to leave in one case of serious permanent heart disease of rheumatic origin, one of congenital heart disease of serious import, and three acute cases which required treatment which was afforded to them and resulted in cure. Towards the end of the year, following a visit from an inspector from the Board of Education, the dental department was reorganised and the procedure dealing with children's teeth modified. The result of these modifications will be seen in the tables of dental inspection and treatment.

PROVISION OF MEALS AND MILK IN SCHOOLS SCHEME.

At the end of 1938, 85 children were receiving free mid-day meals and 14 were receiving meals at a nominal cost to their parents. 4097 were receiving one-third of a pint of milk at the cost of a halfpenny and 741 were receiving this milk free.

DUNSTAN BREWER,

March 1939.

School Medical Officer.

THE ORTHOPAEDIC SCHEME.

The Orthopaedic scheme has been continued on the same basis as before, the conduct of the Clinic being in the hands of the Children's Orthopaedic Clinic holding weekly remedial sessions and monthly surgeon's consultations in Gorse Hill Hospital Annexe. In addition to cases continued from the previous year, 36 new cases attended, whose defects are summarised below :—

	Infant Welfare Section	Elementary Education Section	Higher Education Section
Postural & Spinal Defects :			
Scoliosis		2	2
Kyphosis		1	
Others			1
Chest deformities			1
Defects of hip joint		1	
Defects of knee joints :			
Genu varum	2		
Genu valgum	3	3	1
Deformities of feet	1	2	
Deformities of toes	2		1
Flat foot	4	2	1
Defects arising from nervous disease	2	4	
TOTALS	14	15	7

SUMMARY OF WORK OF CLINIC.

	Infant Welfare Section.	Elementary Education Section.	Higher Education Section.
Consultations with Surgeon	63	119	28
Attendances at Sister's weekly Clinic	162	369	69

<i>Nature of Defect and Treatment</i>	<i>Hospital In-patient days.</i>
Genu varum (bending under anaesthetic)	14 (Maternity and Child Welfare case)

D. S. CLARK,
Assistant School Medical Officer

March, 1939.

APPENDIX I.

REPORT OF THE SCHOOL DENTAL SURGEON.

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

LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on Dental Inspection and Treatment for the year 1938.

During the year Mr. E. H. Hartley, L.D.S., relinquished his post to take up another appointment, and Mr. G. B. Westwater, L.D.S., was appointed in his place on 8th August.

Two new dental attendants were appointed during the year. Miss Franklin in March, and Miss Richmond in December. Miss Jones left in November to be married. All the elementary school children were inspected. The children in the Pinehurst area were seen twice. 75.2% of the children require treatment.

ELEMENTARY SCHOOLS.

9244 appointments were made.

8576 or 92.7% appointments were kept.

4776 teeth were extracted (General Anaesthetics were used in
444 cases).

2259 teeth were filled.

Other operations included :—1341 on permanent teeth.

7280 on temporary teeth.

65 scalings and 2 crowns.

3 partial dentures were made

8 cases of regulation were completed by means of apparatus. Most regulations were completed by means of extraction. Over-crowding conditions are very prevalent.

The X-ray was used in many cases, and was valuable in the diagnosis of obscure conditions.

The dental attendants were present at practically all the sessions. Their services are greatly appreciated. Casuals are seen any school morning between 11 and 12 o'clock, as time permits

ROUTINE INSPECTION.

7926 children were inspected at the Schools.
 5590 or 75.2% were recommended for treatment.
 4274 or 76.4% attended the Clinic.
 8576 attendances were made.

SECONDARY SCHOOLS.

Dental Inspection and Treatment were carried out for the
 3 Secondary Schools (The College, The Commonweal, Euclid St.).
 807 children were inspected.
 472 or 58.4% were referred for treatment.
 346 actually were treated.
 532 attendances were made.
 286 teeth were extracted (General Anaesthetics were used in
 89 cases).
 446 teeth were filled.
 Other operations were carried out on:—68 Permanent teeth.
 25 Temporary teeth.
 Scalings were done in 32 cases.

The analysis will be found in the statistical tables for Higher Education.

We thank all the Health Staff and the teachers who have so generously helped us in carrying on our work.

INFANT WELFARE.

145 children were treated from the Infant Welfare Centre, and 33 mothers were also treated or given advice.

In all 460 attendances were made. A start has been made in making artificial dentures; 3 were completed by the end of the year.

139 teeth were extracted (General Anaesthetics were used in 22 cases). 18 teeth were filled. There were 740 other operations, principally on temporary teeth.

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

January, 1939.

Senior Dental Officer.

APPENDIX II.

REPORT OF THE OPHTHALMIC SURGEON.

To the Chairman and Members of the Swindon Education Committee.

LADIES AND GENTLEMEN,

The attendances at the Eye Clinics in 1938 show an increase over previous years. This is due to two causes. Firstly a large waiting list had accumulated owing to the gap between Dr. Walker's retirement and the time when Dr. Clark was able to undertake part of the work. This list has now been wiped out through the Committee's authority being given for a number of extra clinics to be held by Miss T. Belt, M.B., D.O. (Oxon.), in the first half of the year.

A second reason for the increased numbers is a technical one. I have lately paid much more attention than hitherto to the early treatment of squint cases, nearly all in children of pre-school age, with the object to preventing the onset of amblyopia, or as it is popularly called, the "lazy eye". In former years one has had to be content in many cases with correction of the deformity of the squint. There were very great practical difficulties in preventing amblyopia, and the greatest of these was the impossibility of securing total occlusion of the sound eye. This problem has now been solved in a way which causes the minimum of inconvenience to parent and child and one may hope that the children now being treated may leave school in 10 years time, not only with their squints cured, but with good vision in both eyes. The attainment of this aim is quite practical if squint cases are treated early and kept under close observation.

I wish to again thank my professional colleagues and the Nursing and Clerical Staffs for their help.

OLIVER B. PRATT, M.A., M.B., M.R.C.S., L.R.C.P.

Ophthalmic Surgeon.

March, 1939.

APPENDIX III.

REPORT ON PHYSICAL TRAINING.

1st September, 1937, to 31st August, 1938.

1. SURVEY.

During the year 1937-38 there has been a steady progress towards better Physical Training in the Swindon Elementary Schools.

Better interpretation of the Syllabus and the methods of presenting the work have become noticeable, but it should be observed that the "spirit" of the lesson can only be achieved where there is sufficient interest and technical knowledge. Too many lessons are disjointed and presented as a series of exercises with long pauses between each, reminiscent of the "drill" lesson. Teachers are still inclined to talk to the class at length before beginning an activity instead of a brief explanation followed by "coaching" while the children are doing the work. It has been our object to help teachers to improve the methods of presentation and coaching and to further this we have spent periods of from two to five days consecutively in a school taking demonstration and instructional lessons with the children. By following up the work day by day we are able to help the teachers in their own particular difficulties and conditions.

2. GENERAL COMMENTS.

(a) *Posture.*

Greater familiarity with the Syllabus has enabled some of the better teachers to interest themselves, and the children, in good bodily posture. Practice has enabled them to observe more closely and see faults more quickly. The habit of turning the class sideways at the end of the lesson for a quick correction of the standing position is invaluable to the teacher, who should train himself, or herself, to observe line and form in the human body. Previously overclothing—coats, blazers, etc.—have masked faults and hindered movement. In those schools where the children are wearing a business-like costume for their lessons, knickers and blouse or jersey for the girls, and shorts and singlets or bare bodies for the boys, the teachers are becoming more aware of the importance of postural training.

(b) *School Apparatus.*

We mentioned in our last report that we hoped to find a suitable mat for use in the lying and sitting exercises. A report on this question was made and submitted to the Education Committee and later a supply of oval Sea-grass mats in two standard sizes was issued to the schools.

(c) Clothing.

The increased effort on the part of the teachers to encourage children to bring gym. shoes has met with a gratifying response. There are still obvious difficulties in the poorer districts and in the Infant Departments, particularly where the child is one of a big family. To help in this we suggest that an issue of shoes might be considered where and when areas become reorganised, and accommodation could be provided, *e.g.*, Pinehurst School.

Many of the teachers are to be congratulated on their response to our suggestion regarding their own attire when taking lessons. Some of the teachers wear loose shirts, shoes, and in some cases shorts, and some of the women change into shorts and tunics. This change of attire has not only proved to them the advantages of freedom in demonstrating exercises, but has had the desired effect upon the children, presenting to them an example.

Now that more active lessons are being given the desire to remove outer garments has been general. In two or three schools it has become customary for children to adopt the recognised costume *i.e.*, knickers and blouse or jersey for girls, and shorts and singlets or bare bodies for boys.

(d) Time-Tables.

The standard should be a daily lesson and in the Infants' Departments a short period of exercise every morning and afternoon. This allocation is being increasingly adopted, but there are some schools where time for Physical Training is not given for each class every day for various reasons, sometimes on account of sharing of playground accommodation between Departments.

(e) Remedials.

In the course of our visits to the schools we have observed the needs of remedial work, and are submitting to the Director of Education a report and suggested scheme for future use.

(f) Organised Games.

As we wrote in the report last year: "good performance in games will largely develop through the Physical Training lessons, and the training in ball handling begins in the Infants' Departments." The teachers have followed up suggestions and demonstrations, and have begun to recognise that ball sense can be developed through the practices in the Physical Training lesson.

The improvement in the conditions of the Recreation Grounds has been of value in connection with the playing of Football and Cricket, but the surfaces are not yet good enough for such games as Rounders, Baseball, Shinty, Hockey, Field Handball and Stoolball.

(g) Courses for Teachers.

During the year the following individual teachers attended Courses of Instruction in Physical Training :—

Borough Road Training College, London (One term's Senior School Training)	Two men
Southlands Training College, London (One term's Senior School Training)	One woman
Loughborough Training College, Leicestershire (One month's Senior School Training)	One man
(Fortnight's Course of Recreative Training)	One woman
Scarborough Summer School, Yorkshire (Fortnight's Course of Recreative Training)	One woman
Gorleston Summer School, Norfolk (Infants' and Junior Training, Fortnight's Course)	One woman

(h) Evening Institutes.

During the winter 1937-1938 there were 42 classes with a total of 620 women and 548 men, showing an increase of 368 members. While this increase is gratifying we cannot expect to maintain the interest of the public with the present shortage of good trained teachers. We are glad to say that a few teachers have attended short courses, but it is hoped in time that more teachers will avail themselves of the Board of Education Courses in Advanced Work and so form a panel of Leaders well equipped with the essential knowledge and training which are desirable to make the Recreative work interesting.

Although the issue of the Recreative Physical Training Books has provided suggestions for material, methods and organisation, the present teachers of Junior classes have been faced with the difficulty of distinguishing between School and Recreative work.

The present accommodation consists of two small gymnasia and school halls equipped with portable apparatus. It was again found that very little use could be made of The Commonweal Secondary School gymnasium because of its remote position.

School hall accommodation has been a difficulty, and, although the present numbers, with one or two exceptions, have not demanded larger spaces, the work has been limited. School halls as at present equipped and furnished are hardly suitable for use as improvised gymnasia, and the presence of pictures, glass cases, and other hall equipment is a handicap to the teacher and the lessons.

Fully equipped gymnasia are essential for Recreative Physical Training for men and until these become increasingly available one cannot expect much greater development of these classes.

With the wider facilities which may be expected to follow from the reorganisation of the Elementary Schools, including proper changing accommodation and a qualified panel of staff, there is every indication of expansion in the different districts of the town.

During the summer months the "Keep-Fit" Classes were run under the "Open Class" system, paying 2d. per lesson. This method has proved popular with the classes themselves, particularly those for women. It is hoped that the experiment may be continued during the winter months, at any rate with the Adult classes which are often very big, *e.g.*, 62 on one register and necessarily of a floating population. The small sum involved encourages more people to try and "see what it's like" and brings newcomers in during the term.

3. CONCLUSION.

A somewhat narrow conception of Physical Training still exists in the minds of the teachers and the general public. The term "drill" can no longer be used to cover the variety of activities found in the modern lesson. The need for a revision of the older Syllabus has come about through the experience gained in the past ten or twelve years, and the accepted changes of thought and practice which have taken place in Physical Education generally during this time.

That many schools in Swindon have made fair progress with the change over, has been due in great measure to the enthusiastic response of the teachers, and with a continuation of this interest and enthusiasm there is every indication that Physical Training will increasingly justify its place in the education of the children.

We would like to record our appreciation of the interest shown by the Head Teachers and their Assistants. They have always made us welcome with a spirit of friendly co-operation, and nothing could be more encouraging for the Organisers than to work with such help behind them.

Finally, we wish to express our thanks for the support and help given by the Education Committee, the Director of Education, and the members of the Teaching Staffs, during our two years' service in the Swindon Schools.

M. H. DANBY,
J. E. ONGLEY,
Organisers of Physical Training.

Education Department,
Civic Offices,
SWINDON.
August, 1938.

With the other facilities which may be expected to follow from the reorganization of the elementary schools, we have proper changing accommodations and a gradual transfer of the pupils to the new buildings in the different districts of the city.

During the summer months the "Kew-Forest" Class, under the "Open Class" system, was held for women. This class has been organized with the class themselves. It is hoped that the experiment may be repeated during the winter months of next year with the addition of a few more pupils. It is also hoped that the experiment may be repeated during the winter months of next year with the addition of a few more pupils. It is also hoped that the experiment may be repeated during the winter months of next year with the addition of a few more pupils.

CONCLUSION

A somewhat narrow conception of Physical Training still exists in the minds of the teachers and the general public. The term "Physical Training" can no longer be used to cover the various activities which are now being carried on in the schools. It is now used to cover the various activities which are now being carried on in the schools. It is now used to cover the various activities which are now being carried on in the schools.

Let many schools in particular have made the greatest contribution to the change over, has been due in great measure to the enthusiasm of the teachers and with a recognition of the importance of the physical education in the education of the child.

We would like to record our appreciation of the interest shown by the Head Teachers and their Assistants. They have made it a point with a view to the physical education of the child to make it a point with a view to the physical education of the child to make it a point with a view to the physical education of the child.

Finally, we wish to express our thanks to the support and help given by the various committees, the Director of Education and the members of the Teaching Staff during the past two years.

Organizer of Physical Training

Education Department

ELEMENTARY EDUCATION

Statistical Tables.

TABLE I.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :

Entrants	....	....	....	....	787
Intermediates	....	....	....	....	747
Leavers	....	....	....	....	762
TOTAL	....	....	....	....	<u>2296</u>

Number of other Routine Inspections Nil

B.—OTHER INSPECTIONS.

Number of Special Inspections	....	....	4049
Number of Re-Inspections	....	....	5881
TOTAL	....	....	<u>9930</u>

TABLE I—C.

CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Disease)

GROUP.	For defective vision (excluding squint.)	For all other conditions recorded in Table IIa.	Total No. of children requiring treatment.
Entrants	2	51	53
Second Age Group	52	54	104
Third Age Group	39	38	73
TOTAL (Prescribed Groups)	93	143	230
OTHER ROUTINE INSPECTIONS	—	—	—
GRAND TOTAL	93	143	230

TABLE II.—A.—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1938.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
<i>Skin—</i>				
Ringworm :				
Scalp	1	....	5	....
Body .....	....	....	12	....
Scabies .....	....	....	15	....
Impetigo	2	....	60	....
Other Diseases (Non-Tuberculous)	10	4	999	....
<i>Eye—</i>				
Blepharitis	4	....	29	....
Conjunctivitis	2	....	57	....
Keratitis .....	....	....	2	....
Corneal Opacities .....	....	....	2	....
Defective Vision (exclud. Squint)	93	96	35	....
Squint	10	9	2	....
Other Conditions	2	5	175	4
<i>Ear—</i>				
Defective Hearing	10	6	34	....
Otitis Media	15	1	94	....
Other Ear Diseases	8	4	148	....
<i>Nose and Throat—</i>				
Chronic Tonsillitis only	3	....	65	....
Adenoids only	3	5	9	....
Chronic Tonsillitis and Adenoids	7	....	22	....
Other Conditions	41	66	307	....
Enlarged Cervical Glands (Non-Tuberculous)	1	4	116	....
Defective Speech	2	1	....	5

TABLE II. A.—(Continued)

DEFECT OR DISEASE.	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
<i>Heart and Circulation—</i>				
Heart Disease :				
Organic ....	....	2	2	....
Functional ....	....	19	2	....
Anaemia	5	2	2	....
<i>Lungs—</i>				
Bronchitis ....	....	1	2	....
Other Non-Tuberculous Diseases	3	6	21	1
<i>Tuberculosis—</i>				
Pulmonary :				
Definite ....	....	....	....	....
Suspected ....	....	....	....	....
Non-Pulmonary :				
Glands ....	....	....	....	....
Bones and Joints	....	....	....	....
Skin ....	....	....	....	....
Other Forms	....	....	....	....
<i>Nervous System—</i>				
Epilepsy ....	....	....	1	1
Chorea ....	....	2	....	1
Other Conditions	2	14	29	9
<i>Deformities—</i>				
Rickets ....	....	....	....	....
Spinal Curvature	1	4	2	....
Other Forms	13	84	25	4
Other Defects and Diseases	23	58	1541	55
TOTALS	261	393	3816	80

TABLE II. B.

Classification of the Nutrition of Children Inspected during the Year in
the Routine Age Groups.

Age Groups	Number of Children Examined.	A (Ex- cellent)		B (Normal)		C (Slightly Sub Normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	787	161	21	557	71	66	8	3	4
Second Age-Group	747	169	23	518	69	60	8	....	....
Third Age-Group	762	198	26	536	70	28	4	....	....
Other Routine Inspection	....	....	....	....	....	....	....	....	....
TOTAL	2296	528	23	1611	70	154	7	3	....

TABLE III.

Return of all Exceptional Children in the Area.

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children, and can only be appropriately taught in a school for blind children.

At Certified Schools for the Blind.	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
2				2

PARTIALLY SIGHTED CHILDREN.

Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted

At Certified Schools for the Blind	At Certified Schools for the Partially Sighted	At Public Elemen- tary Schools	At other Institu- tions.	At no School or Institution	Total
....		6	1	1	8

DEAF CHILDREN

Children who are too deaf to be taught in a class of hearing children in an elementary school, and can only be appropriately taught in a school for the deaf.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
1	1	....	....	2

TABLE III.—(Continued).

PARTIALLY DEAF CHILDREN.

Children who can appropriately be taught in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions	At no School or Institution	Total
....					

MENTALLY DEFECTIVE CHILDREN.**FEEBLE-MINDED CHILDREN**

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children	At Public Elemen- tary Schools.	At other Institu- tions.	At no School or Institution	Total
17	5	....	6	28

EPILEPTIC CHILDREN.**CHILDREN SUFFERING FROM SEVERE EPILEPSY**

Children who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total
1				1

TABLE III.—(Continued).

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A. TUBERCULOSIS CHILDREN.

In this category are only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment are recorded as delicate children.

I. CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands)

At Certified Special Schools.	At Public Elemen- tary Schools†	At other Institu- tions.	At no School or Institution	Total
	3	(a) 1		4

(a) One case had X-ray evidence of quiescent pulmonary tuberculosis.

* See note below.

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools	At Public Elemen- tary Schools†	At other Institu- tions	At no School or Institution	Total
1	27	3	7	38

† Tuberculous children who are, or may be, a source of infection to others are promptly excluded from Public Elementary Schools.

B. DELICATE CHILDREN.

Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools	At Public Elemen- tary Schools	At other Institu- tions	At no School or Institution	Total
	52			52

* This child is still retained on the T.B. Register. He has no signs of active disease and attends school on the advice of the Tuberculosis Officer and the School Medical Officer.

TABLE III.—(Continued).

C. CRIPPLED CHILDREN

Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elemen- tary Schools	At other Institu- tions	At no School or Institution	Total
1	21	2	3	27

D. CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elemen- tary Schools.	At other Institu- tions	At no School or Institution	Total
2	5	...	1	8

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect :—

Blindness (not partial Blindness).

Deafness (not partial Deafness).

Mental Defect (Feeble-Minded).

Severe Epilepsy

Active Tuberculosis.

Crippling.

Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elemty. Schools.	At other Institu- tions.	At no schl. or Insti- tution.	TOTAL
Feeble-Minded & Crippled	1	—	—	2	3
Blind & Feeble-Minded	—	—	—	1	1

Statement of the number of Children notified during the Year ended
31st December, 1938, by the Local Education Authority to the
Local Mental Deficiency Authority.

Total Number of Children notified — 9.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots ....	....	1
(b) Imbeciles	2	2
(c) Others	2	1
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives ....	....	....
(b) Others ....	....	....
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	1	....
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases	....	....
4. Children who in addition to being mentally defective were blind or deaf ....	....	....
GRAND TOTAL	5	4

**TABLE IV.—Return of Defects Treated during the Year ended
31st December, 1938**

TREATMENT TABLE.

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

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during year.		
	Under the Authority's Scheme.	Otherwise	Total.
<i>Skin—</i>			
Ringworm—Scalp { X-ray treatment	....	....	....
{ Other	5	....	5
Ringworm—Body	12	....	12
Scabies	15	....	15
Impetigo	60	....	60
Other Skin Disease	682	....	682
Minor Eye Defects (External and other, but excluding cases falling in Group II).	244	....	244
Minor Ear Defects, &c.	362	....	362
Miscellaneous (e.g. Minor injuries, bruises, sores, chilblains, etc.)	1300	23	1323
TOTAL	2680	23	2703

TABLE IV.—(Continued).

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

DEFECT OR DISEASE	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint)	566	....	566
Other Defect or Disease of the Eyes (excluding those recorded in Group I).	97	....	97
TOTAL	663	....	663

Total number of children for whom spectacles were prescribed : 335

(a) Under the Authority's Scheme

(b) Otherwise

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme 295

(b) Otherwise

Group III.—Treatment of Defects of Nose and Throat

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treat- ment.	Total number Treated.
Under the Author- ity's Scheme, in Clinic or Hospital for :				By Private Prac- titioner or Hospital apart from the Authority's Scheme				Total					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
		62	3	....	....	....	....		....	62	3	250	315

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.

(iv) Other defects of the nose and throat.

TABLE IV.—Continued.
GROUP IV. — ORTHOPAEDIC AND POSTURAL DEFECTS.

Number of children treated.	UNDER THE AUTHORITY'S SCHEME			OTHERWISE			Total Number treated.
	Residential treatment with education	Residential treatment without education	Non-residen- tial treatment at an orthopaedic clinic.	Residential treatment with education	Residential treatment without education	Non-residen- tial treatment at an orthopaedic clinic.	
.....			63	....	....	....	63

TABLE IV.—(Continued)

Group V.—Dental Defects.

(1) Number of Children who were :—

(i) Inspected by the Dentist :

	Age	{	3	97	}	Total 7926
			4	331		
			5	527		
			6	744		
			7	733		
			8	845		
Routine Age Groups			9	817		
			10	881		
			11	807		
			12	808		
			13	828		
			14	502		
			15	6		

Specials 80

GRAND TOTAL 8006

(ii) Found to require treatment 5590

(iii) Actually treated 4274

(2) Half days devoted to : { Inspection 90 } Total 1197
 { Treatment 1107 }

(3) Attendances made by children for treatment 8576

(4) Fillings { Permanent teeth 2198 } Total 2259
 { Temporary teeth 61 }

(5) Extractions { Permanent teeth 1018 } Total 4776
 { Temporary teeth 3758 }

(6) Administrations of general anæsthetics for extractions 444

(7) Other operations { Permanent teeth 1341 } Total 8621
 { Temporary teeth 7280 }

Group V.—Dental Defects (continued).

- (i) Inspected by the Dentist :

Routine Age Groups	....	....	Total	3235
Specials	....	....	....	80
GRAND TOTAL	....	....	....	<u>3315</u>

- | | | | |
|-------|------------------|-------|------|
| (iii) | Actually treated | | 1190 |
|-------|------------------|-------|------|

- (2) Half days devoted to : $\left\{ \begin{array}{l} \text{Inspection} \quad 30 \\ \text{Treatment} \quad 437 \end{array} \right\}$ Total 467

- | | |
|--|------|
| (3) Attendances made by children for treatment | 3399 |
|--|------|

- | | | | |
|--------------|--|-------|------|
| (4) Fillings | $\left\{ \begin{array}{l} \text{Permanent teeth } 1424 \\ \text{Temporary teeth } 28 \end{array} \right\}$ | Total | 1452 |
|--------------|--|-------|------|

- | | | | |
|-----------------|---|-------|------|
| (5) Extractions | { Permanent teeth 363
Temporary teeth 1895 } | Total | 2258 |
|-----------------|---|-------|------|

- (6) Administrations of general anaesthetics for extractions 193

- | | | | |
|----------------------|---|-------|------|
| (7) Other operations | $\left\{ \begin{array}{l} \text{Permanent teeth } 290 \\ \text{Temporary teeth } 1867 \end{array} \right\}$ | Total | 2157 |
|----------------------|---|-------|------|

Group IV.—Uncleanliness and Verminous Conditions.

TABLE IV.—RETURN SHOWING DEFECTS TREATED AT MINOR
AILMENT CLINIC. YEAR ENDED 31st DECEMBER, 1938.

DISEASE OR DEFECT	No. of Defects treated under Authority's Scheme.			No. of Defects cured.	No. of Defects remaining under treatment.	No. of consultations.	No. of attendances at Clinic
	From previous year	New	Total				
<i>Contagious Skin Diseases</i>							
Impetigo	2	58	60	59	1	79	271
Scabies	1	14	15	13	2	124	141
<i>Non-Contagious Skin :</i>							
Dermatitis ....	....	10	10	10	....	53	72
Eczema	2	3	5	4	1	16	32
Abscesses ....	....	7	7	7	....	15	21
Boils	1	30	31	31	....	103	190
Warts	1	91	92	85	7	140	755
Herpes	1	18	19	19	....	55	96
Pityriasis ....	....	12	12	12	....	29	35
Urticaria ....	....	30	30	30	....	59	67
Psoriasis ....	....	1	1	....	1	1	1
Alopecia ....	....	2	2	2	....	2	2
Other diseases	6	467	473	470	3	485	1567
<i>Ear, Nose and Throat Diseases :</i>							
Glands ....	....	19	19	17	2	38	48
Rhinitis ....	....	3	3	3	....	12	12
Tonsillitis ....	....	21	21	21	....	56	56
Earache ....	....	27	27	27	....	66	70
Other Diseases	....	110	110	108	2	256	269
<i>Wounds and Injuries :</i>							
Grazes ....	....	195	195	195	....	190	669
Bites and Stings	....	38	38	38	....	46	80
Burns, Scalds, Cuts,&c.	....	150	150	149	1	152	568
Septic Sores ....	....	280	280	277	3	196	908
Bruises and Sprains	....	135	135	135	....	201	370
Others ....	....	188	188	187	1	301	542
<i>External Eye Diseases :</i>							
Foreign Body	....	19	19	19	....	23	26
Stye ....	....	44	44	43	1	109	144
Blepharitis	1	26	27	26	1	110	237
Keratitis ....	....	2	2	2	....	15	17
Conjunctivitis	....	33	33	33	....	106	115
Corneal Ulcer	....	1	1	1	....	20	26
Corneal Opacity	....	2	2	2	....	4	7
Pink Eye ....	....	23	23	23	....	70	92
Other Conditions	1	93	94	92	2	167	197

TABLE V.—(Continued).

DISEASE OR DEFECT	No. of Defects treated under Authority's Scheme.			No. of Defects cured.	No. of Defects remaining under treatment.	No. of consultations.	No. of attendances at Clinic
	From previous year	New	Total				
<i>Infectious Diseases :</i>							
Chicken Pox	....	17	17	17	....	29	32
Whooping Cough	....	5	5	5	....	11	31
Diphtheria ....	....	2	2	2	....	2	2
Mumps ....	....	5	5	5	....	6	6
Scarlet Fever	....	2	2	2	....	2	2
Measles ....	....	1	1	1	....	1	1
<i>General :</i>							
Ill-health, &c.	1	392	393	388	5	850	923
TOTALS	17	2576	2593	2560	33	4200	8700

Total number of children treated—1689.

TABLE VI.—TREATMENT OF DEFECTS OF NOSE, THROAT AND EAR
AT SPECIAL CLINIC.

Number of cases referred for treatment	376
Number of consultations	1147
Number of attendances at clinic	1165
<i>Defects.</i>	
Tonsils considerably enlarged	34
Tonsils enlarged	86
Tonsils and adenoids	22
Tonsillitis	8
Adenoids	9
Inflamed turbinates	12
Cervical and other glands	85
Nasal spurs, deflections and obstructions	27
Rhinorrhoea and rhinitis	30
Cleft palate	—
Nasal and aural polypi	2
Myringitis, diseases and perforations of membranes	52
Mastoid	4
Discharging ears	88
Foreign body in ear	4
Thickened, scarred and opaque membranes	28
Deafness—slight	33
severe	1
Wax in ears	31
Other conditions	99
Number for whom operation for tonsils and adenoids was advised	113
Number who received operation for tonsils and adenoids	62
Number of other operations performed	5
Number of cases cured	130
Number of cases remaining under observation or treatment:	58
Number of cases for whom no report is available	188

TABLE VII. TREATMENT OF RINGWORM.

Number of cases		Number of consultations with Doctor	Number of attendances made by children at Clinic	Number of cases cured	Number of cases still under treatment		Number for which no report is available
Old	New Total				Attending School	Not attending School	
1	16 17	85	97	12	4	1	....
12 Skin R.W. 5 Scalp R.W.							

TABLE IX. ELECTRICAL TREATMENT.

Number of cases			TOTAL	Number of attendances for treatment.	Disease or Defect	
Boys		GIRLS			Infantile Paralysis	Naevus
Old	New	Old	New			
....		1	1	5		2

TABLE X. SUMMARY OF CASES OF SCHOOL ACCIDENTS WHICH ATTENDED THE CLINICS DURING THE YEAR 1938.
(ELEMENTARY SCHOOL CHILDREN)

Number of cases		Total number of attendances made by children at Clinic.	Number of cases where treatment was completed at Clinic.	Still under Treatment	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					
....	337	337	1259	314	19	23	....

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 XI. RETURN OF ELEMENTARY SCHOOL CHILDREN MEDICALLY EXAMINED AND FOUND TO BE FULLY EFFICIENT DURING THE YEARS 1925 to 1938.

YEAR.	UPPER DEPARTMENTS				INFANT DEPARTMENTS				TOTALS				
	Efficient		Defective		% Eff- cient	Efficient		Defective		% Eff- cient	Defec- tive	Total exam- ined	% Eff- cient
	Boys	Girls	Boys	Girls		Boys	Girls	Boys	Girls				
1925	428	398	457	499	46	294	278	387	329	44	1398	3070	45
1926	393	318	287	248	57	345	336	273	257	56	1392	2457	57
1927	553	635	373	471	58	321	344	259	242	57	1853	3198	58
1928	785	633	532	513	58	367	394	342	267	56	2179	3833	57
1929	474	361	291	257	60	213	202	152	117	60	1250	2067	60
1930	687	633	297	299	69	367	407	212	224	64	2094	3126	67
1931	579	459	243	295	66	363	257	165	145	65	1658	2506	66
1932	687	572	240	211	74	356	344	93	73	81	1959	2576	76
1933	696	726	252	325	71	328	367	117	93	77	2117	2904	73
1934	725	579	244	268	72	327	381	108	76	79	2012	2708	74
1935	708	610	212	231	75	298	324	120	91	75	1940	2594	75
1936	702	683	235	276	73	357	391	153	140	72	2133	2937	73
1937	437	477	149	206	72	264	279	123	104	70	1457	2039	71
1938	486	484	210	276	67	312	294	126	108	72	1576	2296	69

HIGHER EDUCATION

Statistical Tables.

HIGHER EDUCATION.

**TABLE I.—NUMBER OF CHILDREN ATTENDING THE SWINDON
SECONDARY SCHOOLS INSPECTED DURING THE YEAR
ENDED 31st DECEMBER, 1938.**

A.—ROUTINE MEDICAL INSPECTIONS.

	AGE GROUPS.										TOTAL
	10	11	12	13	14	15	16	17	18	19	
Boys ....	....	23	70	69	61	55	36	11	....	....	325
Girls	3	37	81	64	79	59	50	11	4	1	389
TOTALS	3	60	151	133	140	114	86	22	4	1	714

B.—OTHER INSPECTIONS.

Number of Special Inspections ....	....	....	440
Number of Re-inspections ....	....	....	548
			988

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1938.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	Number of Defects		Number of Defects	
	Re-quiring treat-ment.	Requir- ing to be kept under obser- vation but not requiring treatm't	Re-quiring treat-ment.	Requir- ing to be kept under obser- vation but not requiring treatm't
<i>Nutrition :</i>				
Poor	7		1	
<i>Skin :</i>				
Dermatitis	2			
Other Diseases, Acne, etc., (non-Tuberculous)	5	7	31	1
<i>Eye :</i>				
Conjunctivitis			1	
Blepharitis	1	2		
Defective vision	44	16	7	
Squint			1	
Other conditions	1	2	11	
<i>Ear :</i>				
Defective Hearing	1	1		
Otitis Media	3		3	
Other Ear Diseases	8	5	5	
<i>Nose and Throat :</i>				
Adenoids				
Enlarged Tonsils only	2	5		
Enlarged Tonsils & Adenoids				
Other conditions	12	5	9	
<i>Glands :</i>				
Enlarged, Cervical and Sub-max : (non-Tuberculous)		1	2	
Enlarged Thyroid	2		5	
<i>Tuberculosis :</i>				
Pulmonary		1		
<i>Heart and Circulation :</i>				
Heart Disease—Organic		1		
Functional		2		
Anaemia		2		
<i>Lungs :</i>				
Bronchitis etc.		2	1	
<i>Nervous System :</i>				
Asthma		2	1	
Overstrain	1	1		
Other conditions	1	7		
<i>Deformities :</i>				
Spinal Curvature	5	4		
Posture	23	17		
Flat Foot	7	8	5	
Other Forms	3	8	2	1
<i>Other Defects or Diseases :</i>	13	29	93	27
TOTALS	141	128	178	29

TABLE III. SUMMARY OF CASES OF SCHOOL ACCIDENTS WHICH ATTENDED THE CLINICS
DURING THE YEAR ENDED 31st DECEMBER, 1938.
(SECONDARY 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 Hos- pital or Private Practitioner for further treatment	Number of cases resulting in permanent disability.
Serious	Minor					
....	77	228	55	12	22	....
	77					

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 IV.—RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31st DECEMBER, 1938.**

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness)

DISEASE OR DEFECT.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme	Other- wise	Total
<i>Skin—</i>			
Impetigo ....	....	....	....
Other Skin Disease	31	....	31
Minor Eye Defects	11	....	11
Minor Ear Defects	8	....	8
Miscellaneous (e.g., minor injuries, bruises, sores, etc.)	105	22	127
TOTAL ..	155	22	177

TABLE IV.—(Continued).

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

DEFECT OR DISEASE	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint)	167	....	167
Other Defect or Disease of the Eyes (excluding those recorded in Group I).	20	....	20
TOTAL	187	....	187

Total number of children for whom spectacles were prescribed : 101

(a) Under the Authority's Scheme

(b) Otherwise

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme

(b) Otherwise

97

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 for :				By Private Practitioner or Hospital apart from the Authority's Scheme				Total					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
1		2	3	....	....	....	....	1	....	2	3	12	18

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.

(iv) Other defects of the nose and throat.

TABLE IV.—Continued.
GROUP IV. — ORTHOPAEDIC AND POSTURAL DEFECTS.

	UNDER THE AUTHORITY'S SCHEME				OTHERWISE		Total Number treated.
	Residential treatment with education	Residential treatment without education	Non-residen- tial treatment at an orthopaedic clinic.	Residential treatment with education	Residential treatment without education	Non-residen- tial treatment at an orthopaedic clinic.	
Number of children treated.			14	....	....	....	14

TABLE IV.—(Continued)

Group V.—Dental Defects.

(1) Number of Children who were :—

(i) Inspected by the Dentist :

	Age	$\left\{ \begin{array}{l} 10 \\ 11 \\ 12 \\ 13 \\ 14 \\ 15 \\ 16 \\ 17 \\ 18 \\ 19 \end{array} \right\}$	$\left\{ \begin{array}{l} 4 \\ 104 \\ 144 \\ 150 \\ 144 \\ 139 \\ 85 \\ 32 \\ 4 \\ 1 \end{array} \right\}$						
Routine Age Groups				Total	....	....	807		
	Specials	....	....				9		
				GRAND TOTAL	....	....	816		

(ii) Found to require treatment 472

(iii) Actually treated 346

(2) Half days devoted to : { Inspection 9 } Total 147
Treatment 138 }

(3) Attendances made by children for treatment 532

(4) Fillings { Permanent teeth 446 } Total 446
Temporary teeth — }(5) Extractions { Permanent teeth 219 } Total 286
Temporary teeth 67 }

(6) Administrations of general anæsthetics for extractions 89

(7) Other operations { Permanent teeth 68 } Total 93
Temporary teeth 25 }

TABLE IV.—Continued.

**GROUP V. CONDITION OF TEETH OF SCHOLARS DENTALLY
INSPECTED AT THE SECONDARY SCHOOLS DURING THE
YEAR ENDED 31st DECEMBER, 1938.**

THE COLLEGE SECONDARY SCHOOL.

BOYS

Year of Birth	Number of carious teeth							Number free from caries.	Total number exam- ined
	1	2	3	4	5	6	8		
1918	1	....	....	....	....	....	....	....	1
1919	....	1	....	....	....	....	....	1	2
1920	1	1	....	....	....	....	....	6	8
1921	1	....	....	....	....	....	....	4	5
1922	8	5	....	....	....	....	....	16	29
1923	7	6	....	....	....	....	....	8	21
1924	7	1	....	1	1	....	....	12	22
1925	10	5	4	....	....	....	....	14	33
1926	8	2	1	1	1	....	....	10	23
1927	....	....	....	....	....	....	....	1	1
Totals	43	20	5	2	2	....	....	72	145

GIRLS

Year of Birth	Number of carious teeth.					Number free from caries.	Total number examined.
	1	2	3	4	12		
1919	....	....	....	....	....	1	1
1920	....	1	....	....	....	2	3
1921	1	....	....	....	....	1	3
1922	8	1	1	....	....	13	23
1923	6	2	....	....	....	12	20
1924	8	4	3	....	1	12	28
1925	4	3	....	1	....	9	19
1926	4	5	2	1	....	9	41
TOTALS	31	16	6	2	1	59	116

EUCLID STREET SECONDARY SCHOOL.

BOYS

Year of Birth	Number of carious teeth						Number free from caries	Total number exam- ined
	1	2	3	4	5	8		
1921	3	3	....	....	....	....	5	11
1922	7	3	2	2	....	....	12	26
1923	3	5	2	....	....	....	8	18
1924	11	8	....	....	....	1	7	27
1925	4	8	2	1	1	1	8	25
1926	11	3	4	2	1	....	6	27
1927	1	1	....	....	....	....	....	2
TOTALS	40	31	10	5	2	2	46	136

TABLE IV (Continued.)

GROUP V. (Continued).

EUCLID STREET SECONDARY SCHOOL.

GIRLS.

Year of Birth	Number of carious teeth.						No. free from caries	Total No. examined.
	1	2	3	4	5	8		
1921	1	1	1	....	1	....	2	6
1922	10	3	2	1	....	2	6	24
1923	1	1	1	....	....	....	6	9
1924	8	2	2	2	....	....	5	19
1925	10	5	....	1	1	....	7	24
1926	9	1	2	....	....	....	3	15
Totals	39	13	8	4	2	2	29	97

THE COMMONWEAL SECONDARY SCHOOL.

BOYS.

Year of Birth.	Number of carious teeth.						Number free from caries.	Total number examined
	1	2	3	4	5	6		
1921	4	....	3	....	....	....	7	14
1922	4	6	....	1	....	1	14	26
1923	9	3	1	3	1	....	21	38
1924	8	8	1	....	....	....	8	25
1925	14	5	2	1	....	....	10	32
1926	6	12	3	....	1	1	11	34
1927	1	....	....	....	....	....	1	2
TOTALS	46	34	10	5	2	2	72	171

GIRLS.

Year of Birth	Number of carious teeth.				Number free from caries	Total number examined
	1	2	3	4		
1919	....	....	....	....	1	1
1920	2	1	1	....	....	4
1921	6	2	1	1	3	13
1922	9	7	1	....	16	34
1923	4	4	....	1	9	19
1924	11	3	2	1	9	26
1925	4	3	1	1	11	20
1926	6	7	3	1	7	24
1927	....	....	....	....	1	1
Totals	42	27	9	5	57	142

TABLE IV (Continued).
 GROUP V. (Continued).
 SUMMARY OF RESULTS OF DENTAL INSPECTION AT THE SECONDARY SCHOOLS, YEAR 1938.

Secondary School.	ENTRANTS		RE-INSPECTIONS		Total Number Inspected	Total Number referred for treatment	Number free from caries
	Number Inspected	Number referred for treatment	Number Inspected	Number referred for treatment			
The College	54	34	207	96	261	130	131
Euclid Street	63	48	170	110	233	158	75
The Commonweal	82	56	231	128	313	184	129
TOTALS	199	138	608	334	807	472	335
Percentage of Entrants requiring treatment							
Percentage of children Re-inspected requiring treatment				....	....	....	69%
Percentage of Total number of children inspected requiring treatment				....	....	....	55%
				....	....	....	59%

