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Borough



Swindon.

OF

# ANNUAL REPORT

OF THE

## Medical Officer of Health

FOR THE YEAR 1939

AND THE

## Isolation Hospital Annual Report

From the 1st April, 1939, to the 31st March, 1940,

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

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### Report of the

### Chief Sanitary Inspector

FOR THE YEAR 1939.

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### Annual Report

### of the School Medical Officer

FOR THE YEAR 1939.







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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 H R. HUSTINGS, 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	"	N. V. TOZE
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	"	N. V. TOZE
"	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 Air Raid Precautions 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 Air Raid Precautions 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.*

E. H. HOLROYD

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.

*Temporary Staff*—

Miss E. V. SMITH (commenced duties 14-9-39).

Miss E. NEWMAN (commenced duties 18-12-39).

## 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.)

*Clinical Clerks and Dental Attendants*—Miss G. L. NORRIS.  
 Miss E. M. KEY.  
 Miss E. FRANKLIN  
 Miss H. M. RICHMOND  
 Mrs. FURLEY  
 (commenced 3-4-39).

*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  
 (resigned 30-4-39).  
 Miss D. HANCOCK  
 (commenced 1-7-39).

*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.

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### 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 Obstetrician :*

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

#### *Consulting Surgeon :*

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

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#### *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 had intended, in this my last report to you, to write a brief history of social medicine during the time in which I dispensed it in your service ; for short as the period was, it covered a complete era, shut on both sides by wars. But to use the phrase beloved by those determined to stick in the mud who cramped progress during the brief interval of peace "the time is not opportune", so I shall confine myself to the less pleasant, but possibly more valuable, task of reviewing the failures of the period as they were manifested by the state of public health administration in Swindon when the gathering clouds of approaching chaos brought progress to a stand-still. It would be unfair to hold anybody responsible for these failures, but none of us can escape some culpability, for greater determination and energy might have turned some of them to success. Though none of our failures was peculiar to Swindon, an assault on a front of obstruction to progress must start by a local break through, and in those matters which I am about to relate Swindon was well placed to have effected a penetration. Let there be no mistake about the object of this writing ; it is not an apology, far less is it a censure, it is a record to help those who come after to make good where we failed.

The first failure was hospital co-ordination. Actually this should come last, for the treatment and management of disease is no real part of a health programme ; but in the present obscurity of our knowledge of health it is impossible to draw a distinction, not only between the pursuance of health and the prevention of disease, but even between the latter and the detection and early treatment of disease. There are other reasons which those familiar with health dispensation will appreciate, why a complete hospital system is necessary to ensure the health of the population, so I need say nothing of what benefits an efficient hospital service would give to the health of Swindon.

Swindon is served by six hospitals—Victoria, general ; G.W.R. Medical Fund, mainly surgical ; Gorse Hill Isolation Hospital ; the Maternity Home ; St. Margaret's Hospital, general ; and the Mental Hospital at Devizes. This sounds imposing—it is certainly extravagant—but none of the institutions is fully efficient ; all of them together do not cover the whole ground, and all of them overlap in functions. Over St. Margaret's and Devizes, Swindon has no control, so no local scheme for co-ordination could include them directly, though when the four hospitals in Swindon itself are co-ordinated linkage with these county institutions will be much simplified. The Isolation Hospital and the Maternity Home



belong to the Corporation so co-ordination between them presents little difficulty and has been in part effected. Victoria Hospital is a voluntary charitable institution. The G.W.R. Medical Fund is a private friendly society institution. To unite these two is the first step. One of the first things I was asked to do when I was appointed M.O.H. of Swindon, twenty years ago, was to sit as independent chairman at a meeting of the Governors of Victoria and the Committee of the Medical Fund called to consider amalgamation. At that time the Medical Fund had no hospital of its own, but it administered a small casualty hospital belonging to the G.W.R. Company. The question at issue was whether the Fund should build a new hospital for its own use, or join with the Governors in an enlargement of Victoria. It was obvious at the start that no agreement would be reached and the upshot of the meeting was that the G.W.R. Fund put up a temporary building which has been a tottering disgrace to the town and Victoria carried out an expensive enlargement which was so ill-planned and inconvenient that what was left of it—for much of it was abolished in a subsequent enlargement—is merely a nuisance. No person should be blamed for these catastrophes—it is the system which subjects the care of the sick to the prejudices and foibles of individuals, which is rotten. The result of the conference was therefore to worsen the prospects of co-ordination, but it opened a vision of what might and should be and for several years various persons and bodies in Swindon worked on plans for a happy solution. My part in this business was to work out in detail a complete scheme of co-ordination of the four hospitals in Swindon, which first was revealed in part when the Corporation was considering building a new Maternity Home. The plan was rejected—to my chagrin, not to my surprise—so I had to be contented for the time being with the Maternity Home at Kingshill. Later the plan was revived when the Corporation appointed a committee to explore a hospital scheme for the town with permission to consider the establishment of a municipal hospital either by buying out Victoria, or creating a new unit. The archives of this committee, together with all documents, etc., bearing on the subject are preserved in the Health Office (if they have not gone with ministerial circulars and other lumber to the waste-paper collectors). The committee was composed of persons of all shades of political opinion who very seldom agreed with each other on questions of policy, but they were unanimous in their recommendations for the hospital scheme. In due course their report was accepted by the Council, who were fully prepared to shoulder the cost and difficulty of pursuing it. But it got no further, for it was blocked by other parties whose acquiescence was essential. For the past ten years many parts and pieces of a scheme have been considered by various parties, out of which architects and lawyers may have made some profit but the people of Swindon have got nothing.



The second failure was to obtain a convalescent school for Swindon children. Plans for an open-air school were passed in principle some years ago. They have not materialised, but this is no loss, for what is generally understood by an open-air school is not wanted locally ; or rather what is required is that all normal schools as they are built anew or reconstructed should be on the open-air principle and this the Education Committee is doing. Certainly the new schools at Pinehurst leave little to be desired in this direction. Also we have the capacity to send diseased children needing medical treatment to Bath Orthopaedic Hospital and Winford but this is necessarily costly and only suitable for specials requiring skilled attention. What we want is something akin to the preventorium schools of France, a place to which children not actively sick but recovering from, or in danger of, sickness can be sent to regain their health and pursue their education until they are restored to full vigour. Such an institution was part of the hospital scheme, for its main function would be the restoration to full activity of children weakened by past sickness to tide them over the interval between the sick bed and the time when they can return to hold their own in the rough and tumble competition of citizenship.

The third failure was to give to the children of Swindon the benefit of modern research in estimating and developing their endowments, or, in more technical language, the discovery of their potential and freeing the way for its realisation. To effect this fully would require a complete recasting of our system of education, but it is, theoretically at least, within the capacity of the school medical service to contrive and utilize efficiency tests and to give some vocational guidance. It would surprise most members of the medical and teaching professions to know how much we know about these matters and how deviations from the mode can be turned to advantage. Our examination of children is designed to find out what is wrong with them and our efficiency gauged by the extent to which we meddle with their structure. If we changed to discover what was right in our children and gave our energy to the direction of functions, we should find that we can rear citizens to a degree of health, happiness and efficiency which my generation never realised. Is it not absurd that we devote our time to the detection and grading of dullards and imbeciles and have special schools for their education, whilst we do nothing to discover genius or capacity and have no machinery to give play to those who possess them ? The curve of variations of mentality is regular, as are the curves of all organic functions, so the dullards and brilliants are equal in number and their departures from the mode similar in degree though opposite in direction. The detection of special attributes is no more difficult than that of defects, but its importance is not yet recognised. I could give a detailed list



of all children in Swindon who are below average in any particular, but only by accident do I know anything of those who are above.

The fourth failure is health education. The difficulties here are admittedly formidable for we have the whole weight of prejudice and vested interests against us. It is easy to tell the people the truth—if you do not lie to yourself—but it is a different matter to make them believe it. For truth can admit of no exaggeration and what is not exaggerated fails to strike the public interest. Lips plastered with sealing wax attract more attention than those roseate with the blush of health. It follows from what we know of variation that the true way of health lies along inclination and not against it, so actually it is easy to pursue; but we are all educated to prescription the chief ingredient of which is that it is wrong to do what we desire. "There is nothing better for a man than that he should eat and drink and that he should make his soul enjoy good in his labour". This is the key to health education. It comes from Ecclesiastes, not from Harley Street, or Whitehall. Yet we still march under the slogan of Victorian metaphysics—"Find out what he is doing and tell him he mus'n't!"

These things we attempted and therein failed, but it cannot be denied that in the era that is passed we did do great good and raised the health of the people to a higher level than it had reached previously in historic times. We were well on the way to still better conditions when the age came to an end.

Historians who like to mark procession by catastrophic events will name the 3rd of September, 1939, as the date of the passing of the inter-war truce, but so far as public health is concerned the rot had started some years before and even had the war been postponed, the death of the public health era would not have been. It has been said that the Local Government Act of 1929 struck a mortal blow at public health progress; that the Public Health Act of 1936 killed it, and A.R.P. was its tombstone. This however is to confuse results with their causes. The injury to the health services inflicted by L.G.A. 1929 arose not from the Act itself, but from the opportunity it offered to reactionaries. It had in it, it has in it, much which can be used to build up a newer and better Public Health, but the hospital clauses worked evil to a service which was only beginning to relax the worship of disease. The consequence was that those who should have been most prominent in the pursuit of hygiene diverted their efforts to become indifferent hospital secretaries. Nobody can have a more profound contempt for anything than I have for the Public Health Act of 1936, but now that the amazement and disappointment of it have passed away, I see in it not the cause but the result of failure. A.R.P. would never have been foisted on the health service if the service



had not shown signs of eagerness to evade its true responsibilities. The real causes of the slide were failing enthusiasm ; inability to define and pursue an aim ; desire to escape argument by compromise, and a hunger for medical functions which are no part of the health service. In these matters all of us were guilty.

I dwell on the failures of the past only because they admit of remedy in the future. The war which is clearing our offices of accumulated waste-paper may also purge our minds of the dross which we are so reluctant to jettison. I was born with Public Health Act of 1875 which truly reflected the process of the era which preceded it ; I had hoped—and still I hope—to see a Public Health Act which will embody the knowledge reaped during my own times. This hope was stunned by the Act of 1936, but it is recovering, for the ineptitude of that Act carries its death warrant.

Public Health should be concerned with the health of the people, not with the diseases and defects of the unfortunate. What would we think of a railway company whose efforts to secure the safety of its passengers were limited to an efficient breakdown gang ? It is no excuse to say that we know nothing about health for we could know a great deal about it if we took the trouble to understand human biological research, in which the past age was highly fruitful. To close on a note of optimism, the researches carried out by the much abused and little understood Industrial Health Research Board, give us a foundation on which real health for the people can be builded.

The early part of 1939 was devoted, in so far as routine duties and the preparations for war allowed, to polishing up and codifying the public health services. Attempts to place the school medical and epidemiological services on a more satisfactory footing were wrecked by the Minister of Health refusing to allow us to proceed with the necessary building ; but with the Maternity and Child Welfare section we were more successful. A series of four somewhat lengthy memoranda, covering all the details of this complicated function from the staffing of the Maternity Home to the provision of free milk, embodying a large number of recommendations for improving the service and removing discrepancies and regulations which were no longer serviceable, was presented to the Committee and, with few alterations, eventually accepted by the Council. It was intended to bring all the matter in these memoranda, as modified by the Committee and the Council, into one sheath, to submit it to the Ministry of Health for their blessing and any such suggestions as they might make for its improvement, and leave it as a basic code. The final step was not reached, but the work done proved very valuable when war came and we were required to take a quota of expectant mothers from evacuation



areas. We could do this, and did it, we could have done much more had we been asked, and we are prepared to do the same again if necessary, without outlay on anything which did not have a permanent value for our own use when the war is over. As arrangements had been made for extending the accommodation of the Home to tide over the period when the present Home became too small for its purpose but the call was still insufficient for its permanent enlargement, little was required to be done when we were asked to accommodate expecting mothers from the evacuation areas. We were designed to accept 250 cases per half-year, but we had no difficulty in placing 300 during the last four months of 1939.

The growing cost of our scheme under the Milk (Mothers and Children) Order caused some apprehension. A Memorandum on the scheme, its history, its working, the difficulties encountered in working it and an enquiry into alleged abuses (which were not so found on inquiry) was presented to the Committee. The Committee proposed a slight modification of the terms on which milk is granted but this the Council rejected, so we were as we were when the Ministry of Health issued Circular 1840 in August 1939. This promised some relief, but the terms were such that they would deprive the scheme of half its public health benefit and I am pleased that the business came to nothing. "Timeo Danaos et dona ferentes". The Milk (Mothers and Children) Order is now superseded by the Milk Order of the Ministry of Food. This is not a Public Health measure, but the machinery we had for administering the old Order has been 'lent' to the Food Office. The Food Order does not ensure the nutrition of those in need of extra milk and the Milk (Mothers and Children) Order, which is not repealed, will come into its own again when it is seen how the nutrition of the poorer children suffers from its suppression.

The last lesson in public health I was to learn was that as soon as the public health services deteriorate, the health of the community declines.

To all those elected representatives of the people and their servants who in the past twenty years have worked for the furtherance of the health of the town, may I, on behalf of the citizens who have benefitted from their ministrations, express our esteem and gratitude. Many of those have passed away but their work will endure. In particular may I mention those of our Councillors, who have entered the Great Silence, to whose foresight and energy the people of Swindon are much beholden. I refer to Tom Butler, Charles Hill and Samuel Walters.

DUNSTAN BREWER.



## **STAFF OF THE PUBLIC HEALTH DEPARTMENT.**

The following changes occurred during 1939. Miss Q. M. Anstice, Matron of the Maternity Home, resigned and Miss D. Hancock appointed in her place. Mrs. Furley was appointed third dental attendant. Mr. A. M. R. Jones and Mr. D. A. Owen were called up for Military service and Miss E. V. Smith and Miss E. Newman appointed as temporary clerks.

## **GENERAL PUBLIC HEALTH AND SANITATION OF THE TOWN.**

In response to the desire of the Ministry of Health, the annual report for 1939 is an interim report curtailed of all matter which is not essential for record purposes.

## **HOUSING.**

During the year 306 new houses were erected in the borough, all by private enterprise.

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

The only change of importance was the re-organisation of the clinics necessitated by the two clinics being used as first-aid posts. The work of Eastcott Hill Clinic was transferred to the Town Hall where the facilities for carrying out special forms of treatment and research do not exist and so these had to be abandoned.

## **SANITARY CIRCUMSTANCES OF THE AREA.**

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

## **NEW LEGISLATION DURING 1939.**

Except in connection with Civil Defence there was no important new legislation during 1939, but the Food and Drugs Act, 1938, came into operation during October, 1939. Had we been at peace this Act would have made material difference to the work of the public health department for unlike most recent legislation it can be helpful to us in the prevention of disease, but owing to the war the provisions of the Act could not be carried out in the way that I had hoped that they would be.

## Maternity and Child Welfare.



# ANNUAL STATISTICS RELATING TO THE MATERNITY HOME, 1939.

	Borough	County	Evacuees	Total
(1) Number of cases in the Home on 1st January, 1939	17	1	nil	18
(2) Number of cases admitted during 1939	392	129	132	653
(3) Number of cases remaining in the Home on 1st January, 1940	11	5	nil	16
(4) Average duration of stay	14 days	14 days	12 days	13 days
(5) Number of cases delivered by :—				
(a) Midwives	289	85	100	474
(b) Doctors	78	24	5	107
Number of cases in which no delivery took place	38	20	27	85
(6) Number of cases in which medical assistance was sought by the midwives				210
(7) Number of cases notified as puerperal pyrexia	20 Notifiable under the New South Wales Convention which is in use at the Maternity Home. 12 are notifiable under the Puerperal Pyrexia Order.			
(8) Number of cases of pemphigus neonatorum	—	—	—	—
(9) Number of infants not entirely breastfed while in the Institution	26	7	10	43
(10) Number of cases notified as ophthalmia neonatorum	—	1	2	3
	Transferred to Gorse Hill Isolation Hospital. All recovered without injury to the eyes.			
(11) Number of maternal deaths, with causes	1			
	1 (a) Shock and Dehydration.			
	(b) Haemorrhage.			
	(c) Adherent Placenta.			
	2 Hyperemesis Gravidarum.			

## Annual Statistics relating to the Maternity Home, 1939—continued.

(12) Number of foetal deaths—		Abortion	3
		Stillbirths	25
		Infant Deaths	19
Cause of death.			
Abortion		(1) A.P.H.	
		(2) Hyperemesis Gravidarum.	
		(3) Inevitable abortion at 27 weeks. ? Cause.	
Stillborn			25
16 macerated	40 weeks.	Difficult forceps delivery.	
	40 weeks	Difficult forceps delivery. Albuminuria.	
	F.T.	Difficult forceps delivery.	
	28 weeks.	Anencephalic monster.	
	33 weeks.	Anencephalic and spina bifida.	
	? Post-mature	Hydrocephalic and spina bifida.	
	28 weeks.	A.P.H.	
	29½ weeks.	A.P.H.	
	30 weeks.	Albuminuria.	
	F.T.	Albuminuria.	
	F.T.	Abdominal ascites. Dystocia. Decapitation and perforation through thorax. Hydramnios.	
	30 weeks.	Cardiac.	
	38 weeks.	Thyroid. ? cause.	
	36 weeks.	No obvious cause.	
	F. T.	No obvious cause.	
	F.T.	No obvious cause.	
9 healthy	F.T.	A.P.H.	
	36 weeks.	Albuminuria.	
	40 weeks.	Breech.	
	F.T.	Difficult forceps delivery.	
	Post-mature.	Difficult forceps delivery.	
	28 weeks.	Internal aversion.	
	F.T.	Ruptured uterus.	
	40 weeks.	No foetal heart heard on admission. Placenta unhealthy.	
F.T.		No obvious cause.	
Infant deaths			19
28 weeks.	Lived 2 hours.	Prematurity.	
28 weeks.	Lived 12 hours.	Prematurity.	
28 weeks.	Lived 1 day.	Prematurity.	
28 weeks.	Lived 2 hours.	Prematurity.	
31 weeks.	Lived 8 hours.	Prematurity. Mother had eclampsia.	
31½ weeks.	Lived 2 days.	Prematurity.	
32 weeks.	Lived 4 days.	Prematurity.	
36 weeks.	Lived 30 mins.	Prematurity. Umbilical hernia.	
36 weeks.	Lived 1 week.	Prematurity. ? Twin pregnancy.	
36 weeks.	Lived 3 hours.	Premature anencephalic foetus.	
40 weeks.	Lived 3 days.	Icterus Gravis Neonatorum.	
40 weeks.	Lived 2 days.	Prematurity.	
40 weeks.	Lived 4 days.	Icterus Gravis Neonatorum.	
38 week.	Lived 1 week.	Hydrocephalus.	
39 weeks.	Lived 1 day.	Hydrocephalus and Spina Bifida.	
38 weeks.	Lived 2 hours.	Spina Bifida.	
40 weeks.	Lived 4 hours.	Oedema of Larynx and Nasopharynx. Dystocia.	
F.T.	Lived 2 hours.	Asphyxia Livida. Congenital heart disease.	
F.T.	Lived 2 days.	Cerebral haemorrhage.	



## MATERNITY HOME.

During the early part of the year 5 probationers were under instruction and were successful in obtaining their Certificate of the Central Midwives Board. Under the revised rules of the C.M.B. Swindon is a recognised training school for part two of the course and during the year received four pupils from St. Mary's Hospital, Portsmouth. Three of these were successful in obtaining their certificate.

## EXTERN MIDWIFERY DEPARTMENT.

The district connected with the Maternity Home dealt with 123 cases, of these 97 were delivered by the midwives and 23 by doctors and there were 3 abortions.

## DOMICILIARY MIDWIFERY SERVICE.

The four domiciliary midwives, apart from the midwives attached to the Maternity Home, attended 302 deliveries.

## MATERNITY CLINIC.

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

The big increase in the number of mothers attending the Maternity Clinics is in the main accounted for by the number of evacuee mothers who came to Swindon. Of these, twenty-two expected their babies in 1940.

## STATISTICS RELATING TO THE MATERNITY CLINIC, 1939.

No. of mothers attending the Centre for all purposes	979
No. of attendances at all clinics	3380
No. of stillbirths	24
No of cases of Albuminuria	34
Admissions to Maternity Home from Ante-natal clinic	41



## INSPECTION OF MIDWIVES AND NURSING HOMES.

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

There was a certain amount of interruption of the normal routine in 1939 owing to the post graduate courses for midwives, holidays, reception of evacuees and extra district work.

During 1939, 37 midwives (including 19 at the Maternity Home and 4 transferred to Swindon from London County Council under the evacuation scheme) 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—5 domiciliary midwives in an institution in private practice.

Fourteen routine visits were paid to midwives during the year, and one inspection made of the one nursing home in the Borough.

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

1067 births—1029 live births and 38 stillbirths—were notified in the area. 515 births occurred in the Maternity Home, 66 in other institutions and 486 in domiciliary practice.

The following forms were sent in by midwives :—

Artificial feeding .....	16	
Notification of stillbirth .....	8	
Notification of deaths in midwives' practice .....	2	mothers
	25	infants
Notification of laying out of dead bodies .....	4	mothers
	13	infants
Notification of infectious conditions and contact with them .....	7	

Number of cases in which medical aid was summoned during the year :—

For domiciliary cases .....	114
For cases in institutions .....	210
<b>Total .....</b>	<b>324</b>



### PUERPERAL PYREXIA.

35 cases of puerperal pyrexia were notified in the borough in 1939 against 57 for the previous year. Of these 32 occurred in the Maternity Home where notification is based upon the New South Wales Convention. Of these 32, 12 were notifiable under the Puerperal Pyrexia Order. Of the 32 pyrexias, 25 had been delivered in the Maternity Home and were treated there throughout; one was delivered at home and removed to the Maternity Home where she was treated throughout; three were transferred from the Maternity Home to the Isolation Hospital; one delivered in the Home and transferred to the G.W.R. Hospital; one delivered in the Home and transferred to the Victoria Hospital where she died; and one delivered in the Home where she died. Of the remaining three, one was delivered at home and transferred to the Isolation Hospital; one (abortion) admitted to the Isolation Hospital and treated there throughout; and one delivered at home, removed to Isolation Hospital and thence transferred to Victoria Hospital.

In addition there were two cases of severe pyrexia following abortion which were not notified, but were treated in the Isolation Hospital.

### 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, 3 deaths required investigation. Of these one is accreditable to the county. Of the 2 belonging to the Borough of Swindon one died from (a) paralytic ileus, (b) post operative shock, (c) removal of large tumour (sarcoma). This is not a maternal death. The other one was (a) uraemia, (b) nephritis, following child birth. Though the death certificate of nephritis following child birth may be acceptable, there is nothing in the case to suggest that the nephritis was in any way dependent upon the child birth.

### CHILD LIFE PROTECTION—PUBLIC HEALTH ACT, 1936.

The six health visitors are the Infant Protection Visitors under the above Act. 30 boarded-out children were on the Register at the end of the year and 90 supervisory visits were made. No proceedings were taken during the year.



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

	1935	1936	1937	1938	1939
No. of first visits paid to mothers and children	945	987	892	857	1039
No. of revisits .....	3244	3710	3818	3476	3212
No. of visits paid to expectant mothers .....	113	114	161	111	64
No. of visits paid to cases of deaths and stillbirths .....	60	53	50	62	53
No. of visits to cases of Tuberculosis .....	59	83	77	89	67
No. of visits paid to children aged 1—5 years	4403	4112	4539	4245	3210
	8824	9059	9537	8840	7645

**Record of Work done at the Infant Welfare Centres during the  
Years 1935—1939 inclusive.**

	1935	1936	1937	1938	1939
No. of separate Infants who attended the Centre at—					
Eastcott Hill and Town Hall .....	1189	1223	1117	1346	1981
Pinehurst .....	198	348	371	439	487
Gorse Hill .....	205	210	237	260	336
Rodbourne .....	250	215	216	235	222
<b>TOTAL</b> .....	<b>1842</b>	<b>1996</b>	<b>1941</b>	<b>2280</b>	<b>3026</b>
Number of Attendances—					
Eastcott Hill and Town Hall .....	7591	7533	8639	9133	10720
Pinehurst .....	1110	2333	2798	3379	3496
Gorse Hill .....	1699	1630	2269	2549	2869
Rodbourne .....	1395	1660	2373	2253	1800
<b>TOTAL</b> .....	<b>11795</b>	<b>13156</b>	<b>16079</b>	<b>17314</b>	<b>18885</b>
Number of cases which received medical advice and treatment .....	1018	1194	1208	1413	1660



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

A further increase in the number of children taking advantage of this service occurred during 1939, 378 children receiving an issue of milk during the year. This is an increase of 60 over the figure for 1938.

### THE MILK (MOTHERS AND CHILDREN) ORDER.

	1933	1934	1935	1936	1937	1938	1939
No of applications granted	265	206	205	181	283	565	528
Total quantity of Milk issued (Galls.)	8320	7105	7627	7910	9638	12520	12902
Total Cost (approx.) £	770	720	825	856	1047	1429	1505

## 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.

38 stillbirths were notified in the Borough in 1939 of which 25 occurred in the Maternity Home, 6 of which are accreditable to the county and 19 to Swindon. Some information of the stillbirths which happened in the Maternity Home is given in the report of that institution. 13 stillbirths occurred in private practice.

## DEATHS BEFORE THE END OF THE FIRST DAY.

There were 15 of these against 14 in 1938. 5 of them occurred in the Maternity Home. 2 died in a hospital away from the town.



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

There were 8 of these against 5 in 1938. 3 occurred in the Maternity Home.

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

There were 2 of these against 5 in 1938. One died in the Maternity Home from cerebral convulsions and hydrocephalus, the other died from prematurity.

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

There were 10 of these against 19 in 1938. 6 males and 4 females.

Altogether there were 35 deaths below the age of one year, of which 25 died in the first month.

# DEATHS BETWEEN THE FIRST AND SECOND YEAR.

There were 4 of these, all males, against 7 in 1938.

# DEATHS BETWEEN THE SECOND AND FIFTH YEAR.

There were 6 of these, 2 males and 4 females against 8 in 1938.

# DEATH BETWEEN THE FIFTH AND TENTH YEAR.

There were 4 of these, one male and 3 females against 3 in 1938.

# DEATHS BETWEEN THE TENTH AND SEVENTEENTH YEAR.

There were 7 of these, 2 males and 5 females against 10 in 1938.

# DEATHS BETWEEN THE SEVENTEENTH AND TWENTIETH YEAR.

There was one female death in the Victoria Hospital from Suppurating tuberculosis, against 3 in 1938.

# DEATHS BETWEEN THE TWENTIETH AND TWENTY-FIFTH YEAR.

There were 12 of these against 11 in 1938. (8 males and four females.)



## INFECTION AND EPIDEMIOLOGY.

There was some deterioration of the health of Swindon in the first two months of the year owing to the prevalence of acute catarrhal infections. These were not of a serious nature. The researches carried out by the late Sir Patrick Laidlaw and his colleagues on the influenza-like epidemics of the early part of 1939 proved conclusively that they were not due to any known strain of influenzal virus. March was healthy and so was April, except for a slight recrudescence of diphtheria mainly in the districts outside Swindon. There was nothing to report in May and in June the state of the town as regards communicable disease was more favourable than it had ever been and this continued into August. In August we had the first case of gonorrhoeal ophthalmia in a new-born infant in a native of Swindon that we have had since 1930. The parents of this child though citizens of Swindon had only been in the borough for a few months. Matters continued favourable until the end of October when diphtheria, which had been almost absent from the town for some time, reappeared, and there was some slight increase in scarlet fever. The health of the town began to deteriorate about the middle of December. Whooping cough became troublesome and the pandemic of German measles started, but true measles was absent. There were indications about this time that the coming Winter would be unfavourable but the upset of the times was not favourable for epidemiological research. On the whole 1939 was about the most healthy year in the history of Swindon.

## TUBERCULOSIS.

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations 1925, or under Section 172 of the Public Health Act, 1936.

DUNSTAN BREWER,

*Medical Officer of Health.*

Public Health Department,  
Civic Offices,  
SWINDON.



# DIPHTHERIA IMMUNISATION, 1939.

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

There was a decline in the number of children brought forward for immunisation during 1939. This fall was most marked towards the end of the year, and was no doubt largely due to the diversion of public interest from such undramatic matters as prophylaxis, by the obtrusive political problems of the times.

The technique of administration remained unchanged. Preliminary Schick testing was performed in children of 10 years of age and over. The antigen used was T.A.F. in three doses of 1 c.c. A posterior Schick test was offered three months after completion of the course.

The following is a summary of the work of the clinic during 1939 :—

<i>Total number of acceptances</i>	124
Below 3 years of age	44%
Between 3 and 5 years of age	42%
Over 5 years of age	14%
<i>Anterior Schick Tests</i>	13
Positive	5
Negative	7
Unascertained	1
<i>Patients completing course of immunisation during 1939</i>	125
Carried over 1939-1940	13
<i>Patients failing to complete course of immunisation</i>	5
After one injection	1
	(.8% of cases)
After two injections	4
	(3.2% of cases)
<i>Posterior Schick Tests</i>	107
Patients negative after 3 injections	101
	(95%)
Positive after 3 injections	5
Patients awaiting 4th injection	2
Patients awaiting further Schick Test	3
Reaction after injection (mild)	1
	(.7% of cases)
<i>Total number of Attendances at the Clinic</i>	749







## ISOLATION HOSPITAL, GORSE HILL, SWINDON.

# ANNUAL REPORT

From 1st April, 1939, to 31st March, 1940.



## ISOLATION HOSPITAL.

The Isolation Hospital year runs from 1st April, 1939, to the 31st March, 1940, so the account of last year's working covers the first quarter of 1940 which was the most difficult and unhealthy period in the history of the public health since 1918. The year was one of bitter disappointment for us and the most unsatisfactory since the work of the hospital was re-organised in 1923.

## AMBULANCE SERVICE.

The Borough Ambulance Service is administered from the Isolation Hospital and the Ambulances are housed on the premises. The fleet consists of one Ford Ambulance, which is believed to be the only surviving relic of its time ; a Morris Ambulance which is in its dotage, and a Talbot Ambulance which has become rheumatic, asthmatic and liable to sudden syncope. Yet these venerable crocks did yeoman service. A decision to purchase a new ambulance and superannuate one of the veterans was passed by the Committee, but owing to various difficulties, nothing has happened so far. The citizens of Swindon must realise that we cannot give a first-class Ambulance Service from vehicles which should long since have gone to the scrap merchants. The following journeys were made by the ambulances :—

Transport of Infectious Cases	285
Transport of Non-Infectious Cases	616
Transport of Bedding for Disinfection and Laundry Articles	270

## HOSPITAL SERVICE.

The number of new admissions from the 1st April, 1939, to the 31st March, 1940, was 385 against 276 and 233 in the two previous years. The number of admissions was far fewer than it should have been, for, as will be explained later, after the outbreak of war the hospital was not in a position to do the work that it ought to do and we were forced to limit the numbers of cases and classes of disease which we could accept, much to the detriment of the health of the town.

On 1st April, 1939, there were 17 patients remaining in hospital so that in the course of the year we had to deal with 402 cases.

Of these 345 were discharged cured, 17 died, 3 were transferred to other hospitals and 37 remained in hospital at the end of the year, that is 31/3/40.



The 385 cases admitted during the year were chargeable to the following Local Authorities :—

Public Health Acts :—

Swindon Borough	278
Highworth Rural District	60
Cricklade and Wootton Bassett Rural District	16
Wilts County Council	1

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

Borough of Swindon	27
Wilts County Council	3

57 cases were admitted from the following districts and will be chargeable to the Ministry of Health under the Evacuation Scheme :—

Swindon Borough	46
Highworth Rural District	8
Cricklade and Wootton Bassett Rural District	2
Wilts County Council	1

During the year 202 swabs were examined on behalf of the hospital, (28 positive, 174 negative); and 483 on behalf of Swindon Borough and the surrounding rural sanitary authorities, (32 positive, 451 negative).

The 402 cases arranged according to the final diagnosis :—

Diphtheria	68
Scarlet Fever	154
Scarlet Fever and Whooping Cough	1
Scarlet Fever and Rubella	1
Scarlet Fever and Asthma	1
Pneumonia	22
Influenza	2
Influenza Encephalitis	1
Bronchitis	3
Measles	5
Whooping Cough	8
Chicken Pox	2
Rubella	26
Erysipelas	11
Tonsillitis	18
Laryngitis	2
Mumps	1
Cerebro-Spinal-Meningitis	7
Polio-myelitis	2
Encephalitis Lethargica	1
Para-Typhoid	1



Tuberculous Meningitis	1
Tuberculosis of Larynx	1
Quiescent Tuberculosis	1
Puerperal Pyrexia	10
Babies with Mothers	9
Abortion	13
Normal Puerperium	1
Post Pharyngeal abscess	1
Stomatitis	1
Drug Rash	1
Marasmus	1
Impetigo	18
Scabies	2
Dirty Heads	2
Mothers with Infants	2
N.O.D.	1

Early in the year the Committee decided to proceed with the erection of the cubicle block which had been sanctioned some years previously. Plans for the new building, drawn up with much care and after considerable research, were submitted to the Minister of Health who objected to them and suggested various modifications. To these the Committee agreed and submitted fresh plans. To these the Ministry made further objections and advised a plan of a totally different kind. My position became difficult because I disliked the plan advised by the Ministry and in ordinary circumstances would have fought for the original; but the growing menace of war made the matter urgent, and as I should have had the administration of the block for a very brief period, I was not prepared to impede progress in any way. All that I shall say is that the plan advised by the Minister is in my opinion not the most suitable for the purpose for which it is intended. However, all was to no purpose, for the Minister refused to allow us to proceed with his own plan until war had been declared and progress was impossible. Had we been told at the start that the Ministry of Health was not prepared to sanction the erection of the building we should not only have been saved a great deal of expensive work which was wasted but should have been in a position to put up some form of makeshift to relieve us of a difficulty that was bound to occur. As it was when war broke out we were left with isolation accommodation which was unlikely to be sufficient to meet the needs of the district. But worse was to follow. The black-out regulations forced us to abandon the use of the verandahs which in normal times are used as much as the wards and afford us the only real isolation accommodation we possess. Moreover, the sandbagging interfered with the lighting and ventilation of the wards, so these too were reduced in value and the prevention of cross-infection, the greatest difficulty in the treatment of infectious



disease, made well-nigh impossible. We have not so far had to face any unusual prevalence of infectious disease, but we had some seasonal increase; we were committed to give isolation accommodation to Army and Royal Air Force establishments in the neighbourhood, and owing to the disturbance of hospitals due to the war, it was advisable, if not imperative, to treat in the isolation hospital cases of infectious disease not usually treated there, to keep the general hospitals free from parasitic diseases. It was soon seen that the whole system would break down and we should have to trust to luck rather than to management to escape disaster. Luck was with us in that the prevalence of infectious conditions was low, and the general hospitals in the town were not called upon to take war casualties. Even so we did not escape payment for unpreparedness, for in the latter part of the hospital year we had far more of cross-infection and return cases than we had had for the past 20 years.

During the first half of the hospital year infectious disease was exceedingly low in prevalence—up to the first of September the admissions to the hospital only numbered 79. At the time of the evacuation the hospital was practically empty, so it was called upon for the very useful service of taking in evacuated children suffering from contagious diseases, and so relieved us of some billeting difficulties. Towards the middle of the autumn there was the ordinary rise in the prevalence of infectious disease. As the year progressed there was a fairly high number of pneumonia cases which we should have taken but had to refuse, and at the beginning of 1940 cerebro-spinal meningitis put in an appearance. The first crop of cases of C.S.M. had to be accommodated in Victoria Hospital as we had no room for them in Gorse Hill. This gave rise to considerable anxiety because the Victoria Hospital was supposed to be kept free for casualties, whereas in fact in the winter it was overcrowded with cases of pneumonia and C.S.M. At the end of the hospital year the state of the public health improved somewhat as regards infectious disease, so we are fairly comfortable unless and until any infection assumes epidemic prevalence, but owing to the lack of real isolation accommodation we are never free from risks.

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
Resident Population mid. 1939	....	....	60390
Average Population appropriate to the calculation of death rates	....	....	61660
Number of inhabited houses (1939)	....	....	17854
Rateable Value (General Rate)	....	£367,222	
Sum represented by a penny rate	....	£1,475	

## EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total	M.	F.		
Live Births	Legitimate	808	420	388	} Birth Rate	.... 14.04
	Illegitimate	40	23	17		
Stillbirths :	Legitimate	27	14	13	Rate per 1,000 total (live and still) births	.... 33.07
	Illegitimate	2	2	0		
Deaths	....	773	402	371	Death Rate	.... 12.54

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	.... 1	1.06
Total	.... 1	1.06

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	38.42
Legitimate infants per 1,000 legitimate live births	39.04
Illegitimate infants per 1,000 illegitimate live births	25.00

Deaths from Cancer (all ages)	.... 125
„ Measles (all ages)	.... —
„ Whooping Cough (all ages)	.... —
„ Diarrhoea (under 2 years of age)	.... 1



# INFECTIOUS DISEASE.

Table showing the number of cases notified in the Borough during the year 1939.

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	1	2	2	7	9	47	20	13	3	2			106	95	
Scarlet Fever			2	7	5	10	8	4	3	1	2		42	42	2
Diphtheria															
Enteric Fever (including paratyphoid)						1							1	1	
Puerperal Pyrexia								3	27	5			35	6	1
Pneumonia	9	12	7	2	4	17	3	5	15	9	23	9	115	33	23
Erysipelas							1	1	3	3	9	2	19	6	
Cerebro-spinal Fever															
Poliomyelitis						1							1	1	
Polio-encephalitis															
Encephalitis Lethargica									1				1	1	
Dysentery			1			1			1				3		
Ophthalmia Neonatorum	7												7	5	
Malaria															
Measles				1	1	2			2		1		7		
Whooping Cough	2	4		6	4	7	2						25		
Food Poisoning									1				1		
TOTALS	19	18	12	23	23	86	34	26	56	20	35	11	363	190	27



TABLE SHOWING MONTHLY INCIDENCE OF INFECTIOUS DISEASES AND THE NUMBER OF DEATHS  
DURING 1939.

DISEASE.	NUMBER OF CASES.												Total	No. of Deaths.
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.		
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	4	9	10	2	8	1	1	7	11	17	17	19	106	...
Diphtheria	1	2	2	5	1	1	1	2	3	9	6	9	42	2
Enteric Fever	...	...	...	...	...	1	...	...	...	...	...	...	1	...
(including paratyphoid)														
Puerperal Pyrexia	4	1	7	3	2	3	3	2	1	3	2	4	35	1
Pneumonia	16	17	9	16	21	2	8	5	5	1	8	7	115	23
Erysipelas	...	...	...	...	1	1	1	2	1	1	6	6	19	...
Cerebro-spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-myelitis	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	1	...	...	...	...	...	...	...	1	1
Dysentery	...	...	...	...	...	...	...	...	...	1	...	2	3	...
Ophthalmia Neonatorum	...	1	...	...	...	1	...	1	2	...	1	1	7	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	3	7	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	4	10	25	...
Food Poisoning	...	...	...	...	...	...	...	...	...	1	...	...	1	...
TOTALS	26	30	28	26	34	10	14	19	23	33	59	61	363	27



## TUBERCULOSIS, 1939.

Age Periods	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year	....	....	1	....	....	....	....	....
1—5	....	....	3	1	....	....	2	....
5—10	....	1	4	2	....	....	....	....
10—15	1	1	4	....	....	1	....	1
15—20	3	1	....	2	....	1	....	1
20—25	6	7	1	1	2	3	....	....
25—35	4	5	....	....	....	4	1	....
35—45	4	5	....	....	....	1	....	....
45—55	7	2	....	1	2	1	....	....
55—65	3	1	....	....	....	3	....	....
65 and upwards	2	....	....	....	1	1	....	....
TOTALS	30	23	13	7	5	15	3	2

## DEATHS FROM TUBERCULOSIS, 1939.

## TABLE SHOWING WHEN CASES WERE NOTIFIED.

When Notified.	Respiratory		Non-Respiratory	
	Males.	Females	Males.	Females
One year or more before death	1	8	1	....
Less than one year and more than 6 months before death	....	....	....	....
Less than six months and more than two months before death	2	2	....	....
Less than two months before death	1	4	....	....
At or immediately before death	....	1	1	1
Unnotified (Cases who died outside the Borough & never notified to Swindon).	1	....	1	1
TOTALS	5	15	3	2



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 1920-1939.

	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920
No. of cases notified (all forms)	73	70	77	69	65	73	79	88	80	86	98	114	102	94	91	111	117	103	98	97
Respiratory Tuberculosis	53	42	54	52	40	42	53	62	52	41	57	69	70	56	66	75	75	68	63	72
Deaths from Respiratory Tuberculosis	20	25	21	21	26	28	35	41	40	37	23	40	45	30	42	42	48	59	42	55
Deaths from Tuber. Meningitis	2	3	3	3	1	5	1	5	3	3	3	6	1	8	5	4	12	6	11	8
Deaths from other forms of the disease	3	2	4	3	4	4	3	7	3	12	1	2	9	3	4	7	7	6	12	6
Total deaths from Tuberculosis	25	30	28	27	31	37	39	53	46	52	27	48	55	41	51	53	67	71	65	69
General Death Rate for all forms of Tuberculosis	0.41	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
Death Rate for Respiratory Tuberculosis	0.33	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



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 1925 INCLUSIVE.

**TABLE SHOWING THE DISTRIBUTION OF INFECTIOUS DISEASE IN  
THE VARIOUS WARDS OF THE TOWN DURING THE YEAR 1939.**

DISEASE.	WARD.						TOTAL.
	North	South	East	West	King's	Queen's	
Diphtheria ....	7	1	9	5	15	5	42
Scarlet Fever ....	37	17	10	23	10	9	106
Pneumonia ....	31	22	12	21	14	15	115
Pulmonary Tuberculosis	5	6	11	13	9	9	53
Other forms of Tuberculosis	3	1	2	8	5	1	20



**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 1939 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
1939	14.04	15.0	12.54	12.1	38.42	50	25.0



## BOROUGH OF SWINDON.

## CAUSES OF DEATH, 1939.

(Registrar-General's Official Returns).

CAUSES.	Males.	Females	Total.
Typhoid .....	.....	.....	.....
Measles .....	.....	.....	.....
Scarlet Fever .....	.....	.....	.....
Whooping Cough .....	.....	.....	.....
Diphtheria .....	1	1	2
Influenza .....	3	2	5
Encephalitis Lethargica .....	1	.....	1
Cerebro-spinal fever .....	.....	.....	.....
Tuberculosis of Respiratory System .....	5	15	20
Other Tuberculosis .....	3	2	5
Syphilis .....	1	.....	1
General paralysis of insane, etc. ....	3	.....	3
Cancer .....	67	58	125
Diabetes .....	4	9	13
Cerebral haemorrhage .....	26	27	53
Heart disease .....	126	133	259
Aneurysm .....	2	.....	2
Other circulatory diseases .....	17	15	32
Bronchitis .....	16	12	28
Pneumonia (all forms) .....	24	8	32
Other respiratory diseases .....	6	2	8
Peptic Ulcer .....	3	2	5
Diarrhoea under 2 years .....	1	.....	1
Appendicitis .....	.....	.....	.....
Cirrhosis of liver .....	.....	.....	.....
Other liver diseases .....	.....	1	1
Other digestive diseases .....	4	5	9
Acute and chronic nephritis .....	17	16	33
Puerperal sepsis .....	.....	.....	.....
Other puerperal disease .....	.....	1	1
Congenital Debility, Premature Birth, etc. ....	19	11	30
Senility .....	10	23	33
Suicide .....	3	1	4
Other violence .....	12	8	20
Other defined diseases .....	27	18	45
Diarrhoea 2 years and over .....	1	1	2
ALL CAUSES .....	402	371	773



## BOROUGH OF SWINDON.

## INFANT MORTALITY.

1939. *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 ....	23	2			25	3	4	2	1	35
Uncertified ....										
Measles ....										
Whooping-cough ....										
Diphtheria ....										
Influenza ....										
Tuberculosis of nervous system ....										
Tuberculosis of Intestines and Peritoneum ....										
Other Tuberculous Diseases ....										
Syphilis ....										
Cerebro-spinal Meningitis ....										
Convulsions ....										
Bronchitis ....										
Pneumonia ....						1	2	2	1	6
Other Respiratory Diseases ....										
Inflammation of the Stomach ....										
Diarrhoea and Enteritis ....							1			1
Hernia, Intestinal Obstruction ....										
Congenital Malformations ....	3	1			4	1				5
Congenital Debility and Sclerema ....	1				1					1
Icterus ....										
Premature Birth ....	17	1			18	2				20
Injury at Birth ....	1				1					1
Disease of Umbilicus ....										
Atelectasis ....										
Suffocation ....										
Exposure and inattention at birth ....										
Accidental death ....										
Uremia ....	1									1
TOTALS ....	23	2			25	3	4	2	1	35



**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 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 Methodist School, Romsey Street	Thursdays, 2 p.m. to 4 p.m. 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) Thursdays (G.W.R. cases) and Fridays, 2 to 4.30 p.m.	"
Consultation Ante-Natal Clinic	Maternity Home, Kingshill	Second & Fourth Wednesdays in each month at 2.30 p.m.	"
Minor Ailments	61, Eastcott Hill	Every morning 9 to 11 o'clock.	"
Minor Ailments	Pinehurst Clinic, Beech Avenue	Every morning 9 to 11 o'clock	"
Dental Clinic	Wesley Schools, Farnsby Street	Daily 9.30 a.m. to 12.30 p.m., and 2 p.m. to 5 p.m.	"
Dental Clinic	(61 Eastcott Hill) 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)	"	Wednesdays, 2 p.m. to 4 p.m.	"
Electrical Ionization Clinic	"	Fridays, 2 p.m. to 4.30 p.m.	"
Observation Clinic	"	Saturdays, 9.30 a.m. to 12 noon	"
Tuberculosis Clinic	"	Thursdays, 10 a.m. to 3 p.m.	Wilts County Council
Venereal Diseases Clinic	Milton Road 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.	"
Orthopaedic Clinic	Isolation Hospital Grounds, Gorse Hill	Tuesdays, 2 p.m. to 3.30 p.m.	Voluntary Association



### AMBULANCE FACILITIES.

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

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### 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.

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# ANNUAL REPORT

OF THE

## Chief Sanitary Inspector

F. H. BEAVIS

### For the Year 1939.



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

LADIES AND GENTLEMEN,

I have the honour of submitting my fourteenth Annual Report dealing with the work carried out by the Sanitary Department during the year ended 31st December, 1939.

There was no change in the personnel of the Department during the year, but a great deal of time was devoted to A.R.P. work by some of the Inspectors, so that it was with difficulty that the work of the Department was maintained at its usual level.

#### MILK SUPPLY.

Milk is fast becoming one of the staple articles of diet, and consequently every practicable precaution is taken to ensure that the public is obtaining milk of undoubted purity and wholesomeness and with a minimum of handling.

One person was convicted of bottling milk in the street. This practice is a very objectionable one.

#### FOOD SUPPLY.

The tables appended hereto give a résumé of the work carried out under the Public Health (Meat) Regulations 1924. 15,088 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 60 cooked meat shops and 35 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-two 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.

During the year under review no houses were erected by the Corporation, though 306 were built by private enterprise.

## TENTS, VANS AND SHEDS.

There are still 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.

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 licensed premises 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 1389 vehicles and 6 crates were disinfected at the Cattle Market during the year, and that £34 15s. 6d. was collected in fees for this service, whilst the expenditure on casual labour amounted to £19 16s. 5d. 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 371 premises was either overhauled or relaid.



## RATS AND MICE DESTRUCTION.

A considerable amount of work was done under this heading, full particulars of which will be found in the table appended hereto.

## SWIMMING POOLS, ETC.

Swindon is amply provided with bathing facilities, and no trouble from this source was experienced during the year under review.

## DISINFECTION.

During the year 6 Council houses and 61 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 .4.

## FOOD AND DRUGS.

The Food and Drugs Act 1938 came into force on the 1st October, 1939. Under the provisions of this Act, this Council became the Food and Drugs Authority for the Borough.

The work under this Act has been organised, but owing to the outbreak of war some difficulty was experienced in carrying it out, but by the end of the year the work was proceeding more or less normally.

## SHOPS ACT, 1934.

Section 10 of this Act is administered by your Committee, and during the year 1939 one exemption certificate in respect of sanitary convenience was granted.

With regard to the ventilation and temperature in shops, over 200 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 poor classes of the community. The system adopted in 1933 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, 1939.**  
**TABLE OF NUISANCES RECORDED AND ABATED.**

Nature of Complaint.	Not abated 1938	Visited during 1939	Total	Abated during 1939	Not abated at end of 1939
Choked drains	4	213	217	214	3
Defective drains	4	238	242	232	10
traps	5	167	172	168	4
sinks	6	106	112	79	33
and dirty w.c.'s	43	350	393	267	26
flushing-cisterns	2	44	46	38	8
roofs	23	105	128	95	33
eaves-gutters & rainwater pipes	18	72	90	65	25
ceilings	11	62	73	53	20
walls	50	231	281	251	30
Damp walls	19	103	122	91	31
Dirty rooms	50	572	622	589	133
Defective floors	43	122	165	136	29
fireplaces	15	50	65	52	13
coppers	11	30	41	31	10
yard paving	6	39	45	35	10
forecourt paving	3	7	10	9	1
Offensive accumulations	—	53	53	48	5
animals	—	9	9	9	—
Miscellaneous	71	838	909	770	139
<b>TOTALS</b>	<b>384</b>	<b>3411</b>	<b>3795</b>	<b>3232</b>	<b>563</b>



## VISITS AND INSPECTIONS, 1939.

Work in course of construction	....	....	...	1200
Infectious disease	....	....	....	256
Slaughterhouses	....	....	....	4379
Pig-killing on private premises	....	....	....	14
Butchers' shops	....	....	....	215
Markets	....	....	....	466
Bakehouses	....	....	....	146
Ice-cream shops	....	....	....	150
Cow-sheds, milkshops and dairies	....	....	....	430
Fishshops	....	....	....	820
Food shops	....	....	....	749
Factories	....	....	....	409
Outworkers' premises	....	....	....	26
Common Lodging-house	....	....	....	26
Revisits	....	....	....	2042
Miscellaneous	....	....	....	2036
House-to-House inspections	....	....	....	654
Housing re-visits	....	....	....	883
Overcrowding Survey	....	....	....	214
TOTAL	....	....	...	15115



# 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 .....	158	14	—
Factories without mechanical power .....	249	7	—
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises.)	2	—	—
<b>TOTAL</b> .....	<b>409</b>	<b>21</b>	<b>—</b>



## 2.—DEFECTS FOUND IN FACTORIES.

Particulars.  (1)	Number of Defects.			Number of defects in respect of which Prosecutions were Instituted.  (5)
	Found  (2)	Remedied  (3)	Referred to H.M. Inspector.  (4)	
Want of Cleanliness (S.1) .....	41	39	—	—
Overcrowding (S.2) .....	—	—	—	—
Unreasonable temperature (S.3) .....	—	—	—	—
Inadequate ventilation (S.4) .....	—	—	—	—
Ineffective drainage of floors (S.6) .....	—	—	—	—
Sanitary Conveniences (S.7) {	insufficient	4	—	—
	unsuitable or defective	5	—	—
	not separate for sexes	2	—	—
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.) .....	30	28	—	—
<b>TOTAL</b> .....	82	78	—	—



## MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

Licences in force within the Borough.

Designation.	Producers.	Bottlers.	Dealers.
Tuberculin Tested ....	2	3	11
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 ..... 430

## DAIRIES, COWSHEDS AND MILKSHOPS.

Dairies and Milkshops	48
Farms	18
Shops—retailing milk in sealed containers only	35
Milk Purveyors from outside the Borough	48
<b>TOTAL</b>	<b>149</b>

## NUISANCES FOUND—

Dairies requiring limewashing	65
Cowsheds requiring limewashing	65
Dirty yards	1
Defective paving	4
Offensive accumulations	1
Defective ceiling plaster	2
Unsuitable and dirty utensils	—
Milk and containers uncovered	2
Defective floors	—
Defective vent shafts	—
Dirty conditions	3
Insufficient water supply	—
Choked drains	—
Defective water-closets	—
Defective drains	2
Miscellaneous	3
<b>TOTAL</b>	<b>148</b>



## DISINFECTANTS.

Quantity given : Fluid	156 gals. 0 qt. 0 pt.
Powder	2 qrs. 4 lbs.

## DISINFECTION.

Cases of Cancer	29
„ Tuberculosis	17
„ Scarlet Fever	96
„ Diphtheria	42
„ Pneumonia	4
Miscellaneous Cases	39
Verminous Rooms	290
Library Books disinfected	25
Lots of Bedding disinfected	249
Miscellaneous Articles disinfected	—
Lots of Bedding destroyed	53
Miscellaneous Articles destroyed	37
Animals destroyed	—

## SLAUGHTERHOUSES.

Registered	7
Licensed	11
	—
TOTAL	18
	—

Number of Inspections	4739
-----------------------	------

## NUISANCES FOUND—

Requiring limewashing	11
Want of cleanliness	2
Insanitary condition of pens and yards	6
Offensive accumulations	3
Choked drains	4
Other defects	12
	—
TOTAL	38
	—



## 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.
5,842	261	22	6

## BAKEHOUSES.

Number on Register	....	....	....	31
Number of Inspections	....	....	....	146

## NUISANCES FOUND—

Limewashing overdue	....	....	....	52
Dirty yards	....	....	....	1
Ceilings requiring re-painting	....	....	....	—
Choked drains	....	....	....	1
Dirty W.C. pans	....	....	....	1
No separate accommodation for sexes	....	....	....	—
Offensive accumulations	....	....	....	1
Defective yard paving	....	....	....	—
Defective vent shafts	....	....	....	—
Want of cleanliness	....	....	....	14
Other defects	....	....	....	8
TOTAL	....	....	....	78

## FOOD SUPPLY.

There are on the registers of the Department :—

Butchers' Shops	....	....	....	86
Butchers' Stalls (in covered market)	....	....	....	1
Wholesale Meat Stores	....	....	....	2
Fried Fish Shops	....	....	....	35
Ice Cream Shops	....	....	....	122
Cooked Meat Shops	....	....	....	60

and these premises are regularly inspected by your officers.



## MEAT AND FOOD DESTROYED.

	Tons.	Cwts.	Qtrs.	Lbs.
Carcases of Beef and Offal. ....	16	19	3	15
Portions " " ....	2	16	3	10
Carcases of Veal and Offal. ....		4	0	13
Portions. " " ....			1	16
Carcases of Pig and Offal ....		7	0	15
Portions " " ....			1	10½
Carcases of Mutton and Offal ....		1	0	13
Portions " " ....			1	15
Heads. ....	3	0	1	2
Lungs. ....	1	17	0	16½
Livers. ....		19	0	25
Plucks. ....		15	0	2½
Hearts. ....			1	11
Kidneys. ....				3
Legs. ....			2	22
Udders. ....			3	10
Offal. ....	4	17	0	8
Chilled Beef. ....		2	0	6
Beef Trimmings. ....				12
Frozen Eggs. (1 Tin). ....				22
Chilled Eggs. (3½ dozen). ....				—
Cheese. ....				1½
Frozen lambs' livers. ....				10
Tenderloins. ....			1	0
Sausages. ....			1	26
Ham. ....			1	19
65 Rabbits. ....				—
3 Turkeys. ....				19
13 Pies. ....				—
47 Packets of Kippers. ....				—
Prawns. ....			2	14
2 Boxes of Herrings. ....				—
4 Boxes of Haddock. ....			2	0
Codfish. ....		2	1	16
8 Tins of Pears. ....				—
2 Tins of Peaches. ....				—
2 Tins of Carrots. ....				—
2 Tins of Loganberries. ....				—
1 Tin of Baked Beans. ....				—
3 Tins of Peas. ....				—
2 Tins of Apricots. ....				—
1 Tin of Raspberries. ....				—
4 Tins of Pineapple. ....				—
1 Tin of Cream. ....				—
1 Tin of Cherries. ....				—
2 Tins of Butter Beans. ....				—
TOTAL. ....	32	8	0	17



## PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

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

	Cattle		Calves	Pigs	Sheep	Total.
	Cows	Other Cattle				
Total inspected ....	691	710	2077	3930	6279	15088
Approximate average per week.	13	14	40	75	121	290

## CARCASSES INSPECTED AND CONDEMNED, 1939.

	Cattle		Calves	Pigs	Sheep and lambs
	Cows	Other cattle			
Killed and inspected ....	691	710	2077	3930	6279
DISEASES OTHER THAN TUBERCULOSIS					
Whole carcasses condemned ....	16	5	6	1	4
Carcasses of which some part or organ was condemned ....	74	29	12	702	55
Approximate percentage of number inspected affected with disease other than Tuberculosis ....	13%	4.8%	.87%	17.9%	.94%
TUBERCULOSIS ONLY.					
Whole carcasses condemned ....	26	8	1	9	—
Carcasses of which some part or organ was condemned ....	214	113	16	353	—
Approximate percentage of number inspected affected with Tuberculosis ....	34.7%	17%	.8%	6.6%	—



# CLASSIFICATION OF THE DISEASES FOUND IN THE UNSOUND FOOD.

	Tons	Cwts.	Qrs.	lbs.
Abscesses. ....		10	0	20
Actinomycosis. ....		1	0	20
Angioma. ....		5	3	7
Blood Aspiration. ....		6	1	24
Bruising. ....	1	2	2	15
Cirrhosis. ....			3	0 $\frac{1}{2}$
Contamination. ....				12
Cystercercus Tenuicollis. ....				14
Decomposition. ....		1	1	25
Degeneration. ....				9
Distomum Hepaticum. ....		2	0	3
Echinococcus Veterinorum. ....			2	23 $\frac{1}{2}$
Emaciation. ....	1	0	1	0
Enteritis. ....			2	10
Fever. ....		12	3	10
Gastritis. ....				10
Immaturity. ....		1	0	6
Inflammation. ....		2	1	21
Jaundice. ....		4	2	24
Johnes Disease. ....	1	4	0	14
Mastitis. ....			1	20
Melanosis. ....				3
Moribund. ....			3	14
Necrosis. ....			1	24
Nephritis. ....				3
Oedema. ....	2	4	2	18
Oesophagostomum Columbianum. ....			2	4
Metritis. ....				24
Moulds. ....			1	9
Pericarditis. ....		8	3	26
Peritonitis. ....		6	0	16
Pleurisy. ....		3	3	14 $\frac{1}{2}$
Pneumonia. ....		9	0	17
Pyæmia. ....			2	20
Septicæmia. ....		18	2	12
Strongylus Filaria. ....				12
Strongylus Rufescens. ....				2
Tuberculosis. ....	20	12	2	27 $\frac{1}{2}$
Tumour. ....				5
Unsoundness. ....	1	2	2	13 $\frac{1}{2}$
Urticaria. ....				20 $\frac{1}{2}$
TOTAL. ....	32	8	0	17



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

Month.	No. Disinfected.		Fees Received.	Expenditure.
	Vehicles	Crates	£ s. d.	£ s. d.
January .....	55	—	1 7 6	11 8
February .....	52	—	3 16 0	2 7 10
March .....	147	—	3 13 6	1 18 6
April .....	104	—	2 12 0	1 9 2
May .....	135	1	3 7 8	2 2 0
June .....	109	3	2 15 0	1 3 4
July .....	117	2	2 18 10	1 18 6
August .....	93	—	2 6 6	1 12 8
September .....	106	—	2 13 0	1 6 10
October .....	150	—	3 15 0	2 3 6
November .....	110	—	2 15 0	1 15 0
December .....	111	—	2 15 6	1 7 5
TOTALS .....	1389	6	34 15 6	19 16 5



**TABLE SHOWING THE RESULTS OF THE BACTERIOLOGICAL  
EXAMINATION OF MILK SAMPLES 1939.**

No. of Sam- ple.	For Pasteurised Milk only.		Result of Bacteriological Examination.				
	Phos- phatase Test.	Organ- isms per M.L.	T.B.	B. Coli per 1 100 c.c.	Methyl- ene Blue Test	Sedi- ment per Half- pint.	Other Organisms.
1	Satis- factory.	510	—	—	—	—	—
2	do.	300	—	—	—	—	—
3	do.	550	—	—	—	—	—
4	—	—	—	—	6½ hrs.	—	—
5	—	—	—	—	6½ hrs.	—	—
6	—	—	—	—	7 hrs.	—	—
7	Not more than 2.3 L.B. Units.	7400	—	—	—	—	Coliform organisms relatively abundant
8	do.	5400	—	—	—	—	None of significance
9	—	—	—	+	7+ hrs	—	do.
10	do.	1670	—	—	—	—	do.
11	do.	470	—	—	—	—	do.
12	do.	1250	—	—	—	—	do.
13	—	—	—	—	6½ hrs.	—	Large No. of Mastitis Strepto- cocci present
14	—	—	—	—	7+ hrs.	—	None of significance
15	—	—	—	—	7+ hrs.	—	do.
16	—	—	—	+	5½ hrs	—	do.
17	—	—	—	+	7+ hrs.	—	do.
18	—	—	—	+	3 hrs.	—	Very large No. of Mastitis streptococci present.
19	—	—	—	+	1 hr.	—	None of significance
20	—	—	—	+	6 hrs.	—	do.
21	—	None	—	—	—	—	None.
22	—	—	—	+	¼ hr.	—	None of significance
23	—	—	—	+	3½ hrs.	—	do.
24	—	—	—	+	5 hrs.	—	do.
25	—	—	—	—	7 hrs.	—	do.
26	—	—	—	—	6 hrs.	—	do.
27	—	—	—	+	7 hrs.	—	do.
28	Less than 2.3 L.B. Units.	200	—	—	—	—	do.
29	—	—	—	—	7 hrs.	—	do.
30	—	—	—	—	7 hrs.	—	do.
31	—	—	—	—	6 hrs.	—	do.
32	—	—	—	—	6 hrs.	—	do.
33	—	—	—	—	7 hrs.	—	do.
34	—	—	—	—	4½ hrs.	—	do.
35	—	—	—	+	¼ hr.	—	do.
36	—	—	—	+	3½ hrs.	—	do.



## HOUSING ACT, 1936.

OVERCROWDING.

	Houses	Families	Persons
Found overcrowded on Primary Survey .....	149	168	1219
New cases of overcrowding found during 1937. ....	16	18	122
New cases of overcrowding found during 1938. ....	4	6	26
Total cases of overcrowding up to December, 1938. ....	169	192	1367
Cases of overcrowding relieved up to December, 1938. ....	135	158	1085
Cases of overcrowding unrelieved, December, 1938. ....	34	34	282
New cases of overcrowding found during 1939. ....	5	5	35
Total cases of overcrowding, 1939. ....	39	39	317
Cases of overcrowding relieved during 1939. ....	19	19	157
Cases of overcrowding unrelieved, December, 1939. ....	20	20	160



## HOUSING.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b))	306
(b) With State assistance under the Housing Acts :—	
(i) By the Local Authority	—
(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)	1413
(b) Number of inspections made for the purpose	3345
(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	664
(b) Number of inspections made for the purpose	1547
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1124

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	1020
---	------

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	5
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	5
(b) By Local Authority in default of owners	—



## B. Proceedings under Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	....	....	....	....	....	5
(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	....	....			—
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	....	....			1

## 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	....	....	....	....	....	20
	(ii) Number of families dwelling therein	....	....				20
	(iii) Number of persons dwelling therein	....	....				160
B.	Number of new cases of overcrowding reported during the year	....	....	....	....		5
C.	(i) Number of cases of overcrowding relieved during the year	....	....	....	....	....	19
	(ii) Number of persons concerned in such cases	....					157
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 Acts:

- (1) Number of dwelling-houses in respect of which notices were served requiring abatement of nuisance or removal of obstructions to the highway.
- (2) Number of dwelling-houses in which abatement was effected by service of formal notices:
  - (a) By owners.
  - (b) By Local Authority in default of owners.

C. Proceedings under Sections 11 and 12 of the Housing Act 1936:

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

D. Proceedings under Section 13 of the Housing Act 1936:

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

IV. HOUSING ACT 1936, PART IV—OVERCROWDING

- A. (1) Number of dwellings overcrowded at the end of the year.
- (2) Number of persons dwelling therein.
- B. Number of new cases of overcrowding reported during the year.
- C. Number of cases of overcrowding relieved during the year.
- (a) Number of persons concerned in such cases.
- 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.



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 1939.

# BOROUGH OF SWINDON EDUCATION COMMITTEE.

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Councillor R. G. CRIPPS.

\*VICE-CHAIRMAN

Councillor J. BELCHER.

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\*Miss M. E. SLADE

Mr. H. WHITING

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.)

*Senior Clerk School Medical Service*—JOHN W. DAY.

*Clinical Clerks and Dental Attendants—*

Miss G. L. NORRIS,

Miss E. M. KEY,

Miss E. FRANKLIN.

Miss H. M. RICHMOND.

Mrs. E. FURLEY.



## 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.**

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Area	....	....	....	....	....	6,021 acres
Number of Elementary Schools	....	....	....	....	....	16
Number of School Departments	...	....	....	....	....	33
Number of Children on Register	...	....	....	....	....	9611
Average Attendance	....	....	....	....	....	8474

---

Number of Secondary Schools . .... 3

Number of Scholars on Roll :—

The College, Secondary School	...	....	400
Euclid Street Secondary School	....	....	370
The Commonweal Secondary School	....	....	532



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

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LADIES AND GENTLEMEN,

In presenting this, my twentieth, and last, annual report on the medical inspection and treatment of the school children in the Borough of Swindon, I am conscious that the era during which I served you has passed away before I have. Some premonition that this would occur caused me to write my epilogue for the annual report of 1937 which closed my active participation in the development of school medicine and shifted my interest to leaving the service as complete as possible by securing through you the refurbishing of the clinics and their equipment. This failed for reasons for which neither you nor I are responsible.

During the first nine months of 1939 school medicine proceeded normally but uneventfully. We had hoped that in that year the new Clinic at Broad Street would come into active service and the alterations at Eastcott Hill change the primary clinic of the borough into one fully equipped for the prosecution of the latest improvements in treatment and clinical research. But these hopes were doomed to disappointment. Permission to proceed with Broad Street was given by the Ministry of Health only after the war had started and its building became impossible; and though the structural alterations at Eastcott Hill were completed before the war, the use of the building was in the main reserved for A.R.P., though we did manage to transfer to it the two dental surgeries formerly at Farnsby Street. During the alterations at Eastcott Hill the school clinic was housed temporarily in the old Town Hall and there it has remained, poor in facilities and with much of the special equipment unusable.

Swindon being a reception area, arrangements had to be made in the summer for the reception of a large number of persons to be evacuated from the London area should war be declared. So far as school medicine and public health were concerned evacuation presented no great difficulty. Naturally it meant much extra work and a great deal of fore-thinking, but since September, 1938, evacuation was expected and the whole business had been planned in times of comparative peace. Had H.M. Government merely told us what they wanted us to do and granted us permission to proceed with the two essentials we needed—the clinic at Broad Street and the cubicle block at the Isolation Hospital—the evacuation would have given the medical department no greater difficulty or anxiety than a minor epidemic. We got neither of these essentials, but a continuous bombardment of pamphlets, circulars, questionnaires and offers of help which was not needed, which diverted attention from action. Fortunately and curiously—for of recent years it has



become the custom to load the medical department with what nobody wants to do—the medical officer of health was not honoured by being created evacuation officer, so I was able to give time and attention to the medical problems of evacuation, one of the chief of which was the supervision and treatment of the school children which formed the bulk of what H.M. Ministers, either lacking a dictionary or failing to use it, call evacuees. The number of children we expected, which was about twice as great as that we actually received, would not have raised our school population to what it was when I came to Swindon and as in the twenty years which have elapsed since then the school accommodation has improved greatly and the housing of the town has become more than ample for the resident population, there was no material difficulty in taking in the added population, or so housing it that overcrowding could be avoided, and the more populous parts of the town, which form our danger zone and which we were ready to depopulate should the exigencies of the war call for such a measure, could be kept free. The survey carried out under the Housing Act of 1935 had given us particulars of practically the whole room space in the borough and the work of the health visitors supplied the health office with knowledge of the amenities of most of the households. In the evacuation scheme no use was made of this local knowledge, but still I had no great fear that however it was carried out it would give my department any problems which we were not prepared to solve.

The condition of the children when they came was precisely what I expected, for I know the districts from which they came, the state of the public health and school medical services in those districts and the special difficulties, which do not exist in Swindon, which those services have to face. The only complaint that I had was, not that children with contagious skin diseases were sent to us, for these were expected, but that we were not informed how or when they were coming or in what numbers. Accident enabled us to overcome this difficulty. At the time of evacuation the Isolation Hospital was practically empty, so it was feasible to remove those children suffering from contagious skin diseases forthwith to the Hospital and delay billeting them until they were cured.

The level of cleanliness of the received children was below that of the resident population. It was therefore necessary to take steps at once to prevent a general deterioration. For this purpose we set up a cleansing station and kept it busy by rapid and vigorous action. We had no real difficulty in raising the standard of cleanliness to what is tolerable. We had to deal with many lousy heads—some of which recalled the early days of school inspection—impetigo and scabies, but no ringworm and no body lice.



On the outbreak of war the schools were closed and the routine of school medicine suspended, but all the schools were re-opened on 20th September and routine medical inspection was resumed on 10th October.

Since then the service has become normal, all the children are receiving full-time schooling and the newcomers are treated in all respects as if they were natives. We have however found that in many districts from which the evacuated children came the school medical services are not so advanced as they are in Swindon, and what we are prepared to do for our children, the evacuating authorities are not prepared to do for theirs. In matters which involve no great special expense, this does not matter, but it is otherwise in regard to children who require expensive treatment, such as residence in the Orthopaedic Hospital at Bath.

The increased child population naturally added to the amount of work to be done by the school medical department, but beyond the appointment of a temporary health visitor in charge of the cleansing station and an assistant to help her, no increase of staff was necessary. For a short time we had two school nurses and for six months we retained one, lent by the L.C.C., whose services were very welcome, but we needed nothing more, for our own permanent and specialist staff was able to deal with the increased work.

A difficulty which should have been foreseen, but which received but partial recognition, was that amongst the evacuated children would be an average number of unruly, objectionable and diseased children who could not in fairness be billeted in ordinary households. Most reception areas felt that the children they received were below standard and embraced an exceptional number of these 'specials'. Indeed, there were more than vague hints that the evacuating authorities had seized the opportunity to unload as many of their least desirable citizens as they could manage to do. Judging from what we received, the children were an average mixed sample of city children. It should be realised however that a difficult child—a bed-wetter for instance—in his own home is a domestic problem, but if he has to be billeted he becomes an administrative problem. During the preliminary upset and excitement of evacuation, very large numbers of children did wet their beds (much to the chagrin of those who expected to harbour angels and had with great praiseworthiness gone to much trouble and expense to give them welcome) which anyone with any knowledge of children would expect in the circumstances, but this trouble was in the main shortlived. There did, however, remain a small number of genuine bed-wetters which give much trouble. The Committee established a hostel or bay for the reception of these. This gets over the billeting difficulty, but is not favourable for treatment.



Evacuation by billeting is favourable for some difficult children, but unfavourable for others unless the hosts are prepared to give more attention to their guests than can be expected.

During the war we expect to keep the school medical service going but not advancing. We hope to avoid the curtailments which were enforced in the war of 1914-18 when the service was young, but we have little hope of carrying out reforms or prosecuting those researches which give vigour to the science of child-rearing. The era which is past was one of great progress and in consequence the state of the children of Britain of 1939 was vastly different from that of those of 1914; but we have a right to expect that the children of 1964 will show an advance on those of to-day at least as considerable, for human life as we know it to-day is still much below its potential and what has been done to improve it in the past is merely a preliminary to what should be done in the future.

In bidding you God-speed, may I express on behalf of the citizens of Swindon an appreciation of the interest you and your predecessors of the Education Committee have taken in the welfare of the children of the Borough for whom you are responsible? You have made my part of the work comparatively easy. Also may I thank your two Directors of Education and other officers of your department for the part each and all have played in exalting the health, the vigour and the happiness of the children of Swindon?

DUNSTAN BREWER,

School Medical Officer.



## APPENDIX I.

## REPORT OF THE SCHOOL DENTAL SURGEON FOR 1939.

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

LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on Dental Inspection and Treatment for the year 1939.

On the outbreak of war in September the work was partly disorganised, but after a few weeks, when the Clinic at Farnsby Street was transferred to Eastcott Hill, things were got into working order again.

No difference is being made with regard to the inspection and treatment of evacuees, and by the end of the year there were 254 visits made by them to the Clinics.

All the Elementary Schools were inspected and it was found that 67.6% of the children required treatment. 5,556 children were referred for treatment and 4,371 children attended the Clinic.

---

ELEMENTARY SCHOOLS.

8508 appointments were made and 7639 were kept, 89.6%.

5239 teeth were extracted, and 2606 teeth were filled.

3971 other operations were carried out.

The X-ray was used in many cases. This is most valuable for the purpose of diagnosis and observation in obscure conditions.

8 regulations were completed by means of appliances. Many cases were corrected by means of extraction.

A partial artificial denture was made for one child.

Dental attendants were present at all inspections. Their work is greatly appreciated by the dental surgeons, patients and parents.

Over 1,500 parents attended at the school inspections. Valuable propaganda work is done by this contact.

---



## ROUTINE INSPECTIONS.

8064 children were inspected at the schools.

1983 or 24.5% were found free from caries.

538 or 6.6% were found to require no treatment.

4371 children attended the Clinics for treatment.

7639 attendances were made.

---

 SECONDARY SCHOOLS.

Dental inspection was carried out in the three secondary schools (The College ; Euclid Street ; The Commonweal).

810 pupils were examined.

508 were referred for treatment.

246 teeth were extracted, and 602 teeth were filled.

95 other operations were carried out.

2 pupils received partial dentures.

A detailed report of inspections and treatment is appended in the statistical tables for Higher Education.

---

 INFANT WELFARE DEPARTMENT.

205 children were seen from the Infant Welfare Department, and 54 Mothers were also treated or given advice.

13 artificial dentures were completed and 2 dentures were repaired.

213 teeth were extracted and 27 filled.

There were 361 dressings in temporary teeth and 15 in permanent teeth.

General anaesthetics were administered in 40 cases.

I thank all the teachers and members of the Medical Department for the assistance that they gave us in carrying out our work.

W. KENYON BERRIE, L.D.S., R.F., P.S.G.  
*Senior Dental Officer.*



## REPORT OF THE OPHTHALMIC SURGEON.

LADIES AND GENTLEMEN,

The Eye Clinic has been fully occupied throughout the year and especially since the school population has been increased by the addition of evacuated children.

Miss Belt and Dr. Clark have held a number of sessions and by their help the waiting list has been kept down.

I have again paid special attention to the prevention of amblyopia in squint cases with some satisfactory results.

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

May, 1940.



REPORT OF THE OPHTHALMIC CLINIC

REPORT OF THE OPHTHALMIC CLINIC

The Eye Clinic has been fully occupied throughout the year and especially since the school population has been increased by the addition of ex-slave children.

Miss Bell and Dr. Clark have held a number of sessions and have been busy the morning but few from the afternoon sessions. I have again paid special attention to the question of amblyopia in blind cases with some satisfactory results.

OLIVER B. BRATT, M.D., F.R.C.S., F.R.S.E., F.R.C.P.  
 Ophthalmic Surgeon  
 May 1910

TREATMENT OF STRABISMUS

Strabismus is a condition in which the eyes are not properly aligned. It may be caused by a variety of factors, including muscle weakness, nerve damage, or refractive errors.

There are two main types of strabismus: convergent and divergent. Convergent strabismus is characterized by the eyes turning inward, while divergent strabismus is characterized by the eyes turning outward.

The treatment of strabismus depends on the type and severity of the condition. In some cases, corrective lenses or prisms may be sufficient to align the eyes.

In other cases, surgery may be necessary to correct the muscle imbalance. Surgery involves the adjustment of the muscles that control the movement of the eyes.

It is important to seek treatment for strabismus as early as possible to prevent complications such as amblyopia or loss of vision.

I thank all the teachers and members of the Medical Department for their assistance in carrying out our work.

W. KAYON DERRIS, D.O., M.D., F.R.C.S.  
 Chief of Clinic

## ELEMENTARY EDUCATION

# Statistical Tables

In the following Tables figures in italics denote Evacuees.



**TABLE I.—Return of Medical Inspections.****A.—ROUTINE MEDICAL INSPECTIONS.**

Number of Code Group Inspections :

Entrants	....	....	....	....	556
Intermediates	....	....	....	....	705
Leavers	....	....	....	....	697
<b>TOTAL</b>	....	....	....	....	<u>1958</u>

Number of other Routine Inspections .... Nil

**B.—OTHER INSPECTIONS.**

Number of Special Inspections and Re-inspections .... 9576 930

TABLE II.—A.—Return of Defects found by Medical Inspection in the  
Year ended 31st December, 1939.

DEFECT OR DISEASE.  (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment  (2)	Requiring to be kept under observation but <i>not</i> requiring treatment.  (3)	Requiring treatment  (4)	Requiring to be kept under observation but <i>not</i> requiring treatment.  (5)
<i>Skin—</i>				
Ringworm :				
Scalp .....	—	—	6	—
Body .....	—	—	10	1
Scabies .....	3	—	55	42
Impetigo .....	—	—	99	19
Other Diseases (Non-Tuberculous)	12	2	1349	222
<i>Eye—</i>				
Blepharitis .....	5	3	40	6
Conjunctivitis .....	1	—	21	3
Keratitis .....	—	—	—	—
Corneal Opacities .....	—	—	—	—
Defective Vision (exclud. Squint)	107	122	40	16
Squint .....	11	2	16	1
Other Conditions .....	8	5	275	37
<i>Ear—</i>				
Defective Hearing .....	5	4	29	2
Otitis Media .....	6	—	91	3
Other Ear Diseases .....	2	—	237	18
<i>Nose and Throat</i>				
Chronic Tonsillitis only .....	3	—	66	2
Adenoids only .....	2	6	4	1
Chronic Tonsilitis and Adenoids .....	3	—	24	—
Other Conditions .....	17	32	411	69
Enlarged Cervical Glands (Non-Tuberculous) .....	—	5	166	11
Defective Speech .....	—	5	—	1



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 .....	—	1	—	—
Functional .....	3	6	5	2
Anaemia .....	2	4	—	—
<i>Lungs—</i>				
Bronchitis .....	—	2	3	1
Other Non-Tuberculous Diseases	3	3	16	4
<i>Tuberculosis—</i>				
Pulmonary :				
Definite .....	1	—	1	—
Suspected .....	—	—	1	1
Non-Pulmonary :				
Glands .....	1	—	—	—
Bones and Joints .....	1	—	2	2
Skin .....	—	—	—	—
Other Forms .....	—	—	—	—
<i>Nervous System—</i>				
Epilepsy .....	—	—	2	—
Chorea .....	1	—	4	2
Other Conditions .....	10	11	17	6
<i>Deformities—</i>				
Rickets .....	—	—	—	—
Spinal Curvature .....	2	1	—	—
Other Forms .....	6	85	22	5
Other Defects and Diseases .....	15	43	1879	289
TOTALS .....	230	342	4891	760
				107 9

TABLE II. B.

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

Age Groups	Number of Children Examin- ed.	A (Ex- cellent)		B (Normal)		C (Slightly Sub Normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ....	556	136	24.5	381	68.5	39	7.0	....	....
Second Age-Group ....	705	193	27.4	469	66.5	43	6.1	....	....
Third Age-Group ....	697	237	34.0	434	62.2	26	3.7	....	....
Other Routine Inspection	....	....	....	....	....	....	....	....	....
TOTAL ....	1958	566	28.9	1284	65.6	108	5.5	....	....

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
3	....	....	1	4

#### 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
2	1	....	....	3



**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
15    2	3	1	....	19    2

**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	—	—	1	2

**Statement of the number of Children notified during the Year ended  
31st December, 1939, 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	1
(b) Imbeciles      ....	1	....
(c) Others      ....	1	4
(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.e., "special circumstances" cases	....	....
4. Children who in addition to being mentally defective were blind or deaf      ....	....	....
GRAND TOTAL      ....	4	5



**TABLE IV.—Return of Defects Treated during the Year ended  
31st December, 1939.**

**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	1	—	—	—	1	—
{ Other	6	—	—	—	6	—
Ringworm Body	10	1	—	—	10	1
Scabies	55	42	—	—	55	42
Impetigo	99	19	—	—	99	19
Other Skin Disease	1130	191	—	—	1130	191
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	336	46	—	—	336	46
Minor Ear Defects, etc.	344	21	—	—	344	21
Miscellaneous (e.g., Minor injuries, bruises, sores, chilblains, etc.)	1164	137	20	2	1184	139
<b>TOTAL</b>	<b>3145</b>	<b>457</b>	<b>20</b>	<b>2</b>	<b>3165</b>	<b>459</b>

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) ....	543	15	....	543 15
Other Defect or Disease of the Eyes .... (excluding those recorded in Group I).	84	2	....	84 2
TOTAL ....	627	17	....	627 17

Total number of children for whom spectacles were prescribed :	308	9
(a) Under the Authority's Scheme	....	....
(b) Otherwise	....	....
Total number of children who obtained or received spectacles :		
(a) Under the Authority's Scheme	....	259 7
(b) Otherwise	....	....

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)		
....	....	....	....	....	....	109	4	....	....	109	4	260 10	373 10

(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. ....	1 ....	....	51 1	....	....	....	51 1	

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist—

(a) Routine age-groups :

Age	3	4	5	6	7	8	9	10	11	12	13	14	15
No.	120	366	646	754	924	881	859	814	810	778	773	332	7
	—	8	34	49	74	92	66	43	44	30	23	6	—

TOTAL	8064	469
-------	------	-----

(b) Specials	913	60
--------------	-----	----

(c) TOTAL (Routine and Specials)	8977	529
----------------------------------	------	-----

(2) Number found to require treatment	5556	195
---------------------------------------	------	-----

(3) Number actually treated	4371	185
-----------------------------	------	-----

(4) Attendances made by children for treatment	7639	254
--	------	-----

(5) Half-days devoted to—Inspection	87	—
Treatment	1015	—

TOTAL	1102	—
-------	------	---

(6) Fillings—Permanent Teeth	2556	59
Temporary Teeth	50	—

TOTAL	2606	59
-------	------	----

(7) Extractions—Permanent Teeth	627	29
Temporary Teeth	4612	119

TOTAL	5239	148
-------	------	-----

(8) Administrations of general anaesthetics for extractions	435	6
---	-----	---

(9) Other Operations—Permanent Teeth	802	6
Temporary Teeth	3169	55

TOTAL	3971	150
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TABLE IV—(Continued).

## Group IV.—Uncleanliness and Verminous Conditions.

(i)	Average number of visits per school made during the year by the School Nurses .....	7
(ii)	Total number of examinations of children in the Schools by School Nurses .....	24569
(iii)	Number of individual children found unclean .....	591
(iv)	Number of children cleansed under arrangements made by the Local Education Authority .....	37
(v)	Number of cases in which legal proceedings were taken :	
	(a) Under the Education Act, 1921 .....	Nil
	(b) Under School Attendance Byelaws .....	Nil

TABLE IV.—RETURN SHOWING DEFECTS TREATED AT MINOR

AILMENT CLINIC. YEAR ENDED 31st DECEMBER, 1939.

DISEASE OR DEFECT.	No. of Defects treated under Authority's Scheme.		No. of consultations.		No. of attendances at Clinic.	
<i>Contagious Skin Diseases :</i>						
Impetigo .....	99	19	108	17	541	110
Scabies .....	54	27	227	102	285	130
<i>Non-Contagious Skin :</i>						
Dermatitis .....	5	1	22	1	42	1
Eczema .....	4	3	6	5	14	13
Abscesses .....	11	3	45	4	51	8
Boils .....	81	28	192	68	417	174
Warts .....	99	16	64	5	610	80
Herpes .....	21	2	57	2	85	4
Pityriasis .....	15	1	25	1	26	—
Urticaria .....	29	1	53	1	78	1
Psoriasis .....	3	—	14	—	26	—
Alopecia .....	2	1	5	1	6	2
Other diseases .....	835	132	849	139	3046	522
<i>Ear, Nose and Throat Diseases :</i>						
Glands .....	66	7	171	8	187	9
Rhinitis .....	—	—	—	—	—	—
Tonsillitis .....	9	2	21	4	21	4
Earache .....	43	2	88	14	109	15
Other Diseases .....	195	60	348	50	391	66
<i>Wounds and Injuries :</i>						
Grazes .....	170	21	120	14	502	79
Bites and Stings .....	54	11	71	14	126	47
Burns, Scalds, Cuts, etc. ....	138	13	172	25	588	85
Septic Sores .....	219	31	135	32	818	138
Bruises and Sprains .....	121	18	233	37	393	107
Others .....	309	28	592	44	921	69
<i>External Eye Diseases :</i>						
Foreign Body .....	10	3	26	5	31	8
Stye .....	70	9	64	14	189	20
Blepharitis .....	36	5	117	19	244	26
Keratitis .....	—	—	—	—	—	—
Conjunctivitis .....	21	3	73	9	90	12
Corneal Ulcer .....	1	—	9	—	9	—
Corneal Opacity .....	—	—	—	—	—	—
Pink Eye .....	27	—	145	—	175	—
Other Conditions .....	141	20	239	30	312	46



TABLE IV.—(Continued).

	No. of treated under Authority' Scheme.		No. of consult- ations.		No. of attend- ances at Clinic.	
<i>Infectious Diseases :</i>						
Chicken Pox .....	30	1	37	1	38	1
Whooping Cough .....	18	—	41	—	41	—
Diphtheria .....	1	1	1	1	1	1
Mumps .....	6	1	13	1	13	1
Scarlet Fever .....	2	—	2	—	2	—
Measles .....	—	—	—	—	—	—
Rubella .....	31	—	40	—	43	—
<i>General :</i>						
Ill-health, etc. ....	581	111	1117	172	1310	222
<b>TOTALS</b> .....	3557	642	5669	840	11709	20 <sup>4</sup> 8

Total number of children treated—2111  
465

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

Number of cases referred for treatment .....	432	27
Number of consultations .....	1201	80
Number of attendances at clinic .....	1257	87
<i>Defects.</i>		
Tonsils considerably enlarged .....	47	
Tonsils enlarged .....	92	1
Tonsils and adenoids .....	24	
Tonsillitis .....	10	
Adenoids .....	3	
Inflamed turbinates .....	11	1
Cervical and other glands .....	85	2
Nasal spurs, deflections and obstructions .....	24	
Rhinorrhoea and rhinitis .....	25	2
Cleft palate .....	1	
Nasal and aural polypi .....	2	
Other conditions of nose and throat .....	50	4
Myringitis, diseases and perforations of membranes .....	21	2
Mastoid .....	1	
Discharging ears .....	89	3
Foreign body in ear .....		
Thickened, scarred and opaque membranes .....	31	2
Deafness—slight .....	26	2
severe .....	1	
Wax in ears .....	22	1
Other conditions .....	112	9
Number for whom operation for tonsils and adenoids was advised .....	104	1
Number who received operation for tonsils and adenoids .....	109	
Number of other operations performed .....	4	
Number of cases cured .....	164	12
Number of cases remaining under observation or treatment .....	104	3
Number of cases for whom no report is available .....	164	12



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	11	16	137	251	13	3	1	....
10 Skin R.W. 6 Scalp R.W.								

TABLE X. SUMMARY OF CASES OF SCHOOL ACCIDENTS WHICH ATTENDED THE CLINICS  
DURING THE YEAR 1939.  
(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 Practi- tioner for further treatment	Number of cases resulting in permanent disability.
Serious	Minor						
....	335 33	1173	314	3	16	20	....

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.





## HIGHER EDUCATION

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# Statistical Tables

In the following Tables figures in italics denote Evacuees.



## HIGHER EDUCATION.

TABLE I.—NUMBER OF CHILDREN ATTENDING THE SWINDON  
SECONDARY SCHOOLS INSPECTED DURING THE YEAR  
ENDED 31st DECEMBER, 1939.

### A.—ROUTINE MEDICAL INSPECTIONS.

Boys	....	....	....	....	....	292
Girls	....	....	....	....	....	326
Total	....	....	....	....	....	618
Total number of inspections						657

TABLE III. SUMMARY OF CASES OF SCHOOL ACCIDENTS WHICH ATTENDED THE CLINICS  
DURING THE YEAR ENDED 31st DECEMBER, 1939.  
(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					
	Total					
....	45	45	150	43	2	....

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, 1939.

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 .....	1	....	1
Other Skin Disease .....	35	....	35
Minor Eye Defects .....	13	....	13
Minor Ear Defects .....	10	....	10
Miscellaneous .....	110	2	112
(e.g., minor injuries, bruises, sores, etc.)			
<b>TOTAL</b> .. ..	169	2	171

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) ....	145	.....	145
Other Defect or Disease of the Eyes ..... (excluding those recorded in Group I).	8	.....	8
TOTAL .....	153	.....	153

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme .....	100
(b) Otherwise .....	—

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme .....	99
(b) Otherwise .....	—

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

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treat- ment.	Total numb- er Treat- ed.
Under the Author- ity'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)		
....	....	5	2	....	....	....	....	....	....	5	2	6	13

(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 without education.	Non-residen- tial treatment at an orthopaedic clinic.	
Number of children treated	.....	.....	11	.....	.....	11

TABLE V.—DENTAL INSPECTION AND TREATMENT.

## Higher Education.

(1) Number of children inspected by the Dentist—

(a) Routine age-groups :

Age	10	11	12	13	14	15	16	17	18	19	TOTAL
No.	5	77	149	182	145	116	90	34	10	2	810

(b) Specials ..... 55

(c) TOTAL (Routine and Specials) ..... 865

(2) Number found to require treatment ..... 508

(3) Number actually treated ..... 380

(4) Attendances made by children for treatment ..... 958

(5) Half-days devoted to—Inspection ..... 9  
Treatment ..... 129

TOTAL ..... 138

(6) Fillings—Permanent Teeth ..... 601  
Temporary Teeth ..... 1

TOTAL ..... 602

(7) Extractions—Permanent Teeth ..... 174  
Temporary Teeth ..... 72

TOTAL ..... 246

(8) Administration of general anaesthetics for extraction ..... 86

(9) Other Operations—Permanent Teeth ..... 59  
Temporary Teeth ..... 36

TOTAL ..... 95



TABLE IV (Continued).  
GROUP V. (Continued).

SUMMARY OF RESULTS OF DENTAL INSPECTION AT THE SECONDARY SCHOOLS, YEAR 1939.

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 ....	65	38	215	112	280	150	130
Euclid Street ....	61	45	181	118	242	163	79
The Commonweal ....	63	41	225	154	288	195	93
TOTALS ....	189	124	621	384	810	508	302
Percentage of Entrants requiring treatment			....	....	....	....	65.6%
Percentage of children Re-inspected requiring treatment			....	....	....	....	61.8%
Percentage of Total number of children inspected requiring treatment			....	....	....	....	62.7%





TABLE IV (Continued)

GROUP V. (Continued)

TRENDS OF RESULTS OF DENTAL INSPECTION AT CITY SECONDARY SCHOOLS, YEAR 1932.

Secondary School	Examiners		Per Inspectors		Total Number Inspected	Total Number Returned for treatment	Number Referred to treatment	Number Referred to treatment
	Number Inspected	Number Referred to treatment	Number Referred to treatment	Number Referred to treatment				
The College	61	31	31	172	200	100	100	100
East Street	61	31	31	172	200	100	100	100
The Commercial	61	31	31	172	200	100	100	100
Total	183	93	93	516	600	300	300	300

Percentage of students requiring treatment

Percentage of students recommended requiring treatment

Percentage of total number of children examined requiring treatment

41.5%

41.5%

41.5%





