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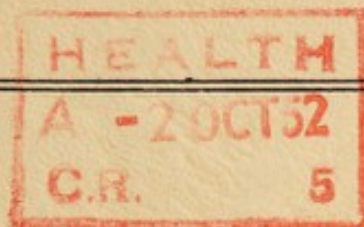
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Annual Report

of the

Medical Officer of Health

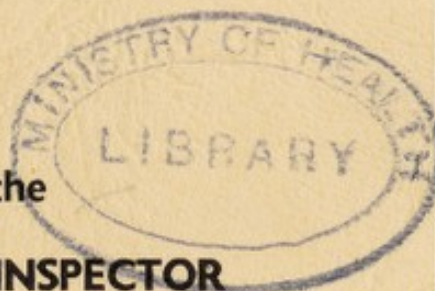
FOR THE YEAR 1951

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Report of the

CHIEF SANITARY INSPECTOR

FOR THE YEAR 1951



Report of the

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1951

Report on the

SCHOOL DENTAL SERVICES

FOR THE YEAR 1951

Copy of Report of the

AREA MEDICAL OFFICER

FOR THE YEAR 1951



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BOROUGH OF SWINDON
COMPOSITION OF COMMITTEE AND STAFF
as at 31st December, 1951.

HEALTH AND WELFARE COMMITTEE

HIS WORSHIP THE MAYOR (Alderman Arthur Leonard, J.P.)			
Alderman	A. M. BENNETT	Councillor	Mrs. L. R. LOCK
"	H. W. GARDNER	"	Mrs. P. M. MacPHERSON
	(Ex Officio)	"	Miss E. C. MILLIN
Councillor	A. T. E. BECK	"	R. S. C. ALEXANDER
"	W. T. G. BENNELL	"	L. J. NEWMAN
"	F. E. BISHOP	"	Mrs. E. M. SIMPKINS
"	W. J. DAVIS	"	N. V. TOZE
	(Vice-Chairman)		(Chairman)
"	T. J. GAY	"	M. WEBB
"	R. S. J. HONEY	"	R. E. WHITE
"	R. A. JONES		
"	L. R. HOOPER		

TOWN CLERK

D. MURRAY JOHN, Esq., O.B.E., B.A.

PUBLIC HEALTH STAFF

31st December, 1951

Medical Officer of Health	-	JAMES URQUHART, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health (Acting Deputy)		A. H. GRIFFITH, M.B., B.S., D.P.H.
Assistant Medical Officer of Health	-	S. B. S. SMITH, L.M.S.S.A., D.T.M. & H.
Senior Sanitary Inspector	-	H. A. BANWELL, C.R.S.I., M.S.I.A., C.M. & F.I.
Senior Additional Sanitary Inspector	-	R. A. LAW, C.R.S.I.
Additional Sanitary Inspectors	-	P. M. DALE, C.R.S.I.
		R. E. MOORE, C.R.S.I.
		A. E. WARMINGER, C.R.S.I.
		E. W. KNOWLES, C.R.S.I.
Dental Surgeons	-	Nil
Consulting Speech Therapist		Miss G. A. JANSSON, Associate of The British Society of Speech Therapists.
Senior Health Visitor and School Nurse	-	Miss G. K. WHITEWAY

Health Visitors and School
Nurses - - -

Mrs. B. E. BELL
Mrs. E. A. BUTT
Mrs. L. M. DAY
Miss A. H. HAWKINS
Miss W. PARKINS
Miss C. J. THORN
Mrs. J. D. WALL

Domiciliary Midwives -

Mrs. V. K. D. ARNOLD
Mrs. J. BROOKS
Mrs. M. DUTTON
Miss M. McHUGH
Mrs. H. M. MORTIMORE
Miss N. NEAL

Matron, Broad St. Nursery }
Pinehurst Nursery }

Mrs. A. DAVIES, S. R.N.

Chief Clerk - -
Senior Clerks - -

J. W. DAY
J. R. PELL
Miss L. M. RAWLINGS

Assistant Clerks - -

G. BOWMAN
F. C. MOSS
W. H. PAUL
T. C. POPE
Miss E. H. BARNES
Mrs. V. M. VOCKINGS
Mrs. E. E. C. FURLEY
Mrs. J. PEYTON
Mrs. E. M. ROBINSON
Mrs. M. E. SHARPE
Miss J. H. HARWOOD
P. A. HOLMES (H.M. Forces)
Mrs. M. YOUNG
A. C. MOLE
H. SNELL
K. J. PEARCE

Dental Attendant - -
Disinfector - -
Rodent Operators - -

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH (1951).

**To the Mayor, Aldermen and Councillors of the
 Borough of Swindon**

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the Health Department for the year 1951.

The Report has been prepared on the lines suggested by the Ministry of Health Circular 170/47.

During the year we were fortunate in that the medical staff was up to full strength.

This Report deals with the functions of the Department as The Local Sanitary Authority of a Municipal Borough. The work done under Part III of the National Health Service Act is reported upon separately and again, as last year, I am indebted to Dr. J. Burman Lowe, County Medical Officer, Wiltshire County Council, for permission to append the Area Report for your information.

The work of the Department in connection with the School Medical Service is included as a separate Report. I consider that by appending these reports the committees will get a better and more comprehensive idea of the health conditions of the town as a whole.

On August 1st, 1951, The Swindon Corporation Act, 1951 received Royal Assent. Several sections of this Act concern Public Health. In particular, Section 54 gives powers to see that proper sanitary facilities are available at places of amusement, and Section 88 concerns the registration of hairdressers' and barbers' premises. Under this section powers are given to make bye laws for the purpose of securing cleanliness of premises and employees. By 31.12.51 all hairdressers were registered and negotiations were in hand for the making of bye laws. This is an important step forward in Public Health as it is quite obvious to all that a hairdresser's or barber's shop which is dirty and badly run could be a source of infection to all customers.

It is interesting to note, too, that proposals were put forward for the Act to contain clauses giving the Local Authority greater powers in controlling infectious diseases especially as it affects carriers of disease. The Ministry of Health objected to such clauses being included in a Local Act as it was considered they were of sufficient importance to warrant national legislation.

Reference to the work of the Department under the various Acts and Regulations is made in the Report of the Senior Sanitary Inspector. As well as the legislation which directly affects the Department we are indirectly affected by many other Acts. For example the extension of the Borough boundary to include Penhill under the Swindon Corporation Act, 1951, affects the Department in extending the sanitary supervision, and as families move out of

old and sub-standard properties in the town, thought has to be given to the future disposal of these old properties.

I would also like to draw attention to the National Assistance (Amendment) Act, 1951, which came into force during the year. This Act speeds up and simplifies the procedure for the removal to hospital of persons who are living in insanitary circumstances or who are being inadequately cared for. Prior to the Act, the procedure took so long that it could well happen that the person concerned might die of neglect before removal could be effected.

From the Report it will be seen that by comparable statistics the health of the population compares favourably with that of the country as a whole.

I have again included graphs and histograms in the Report as I consider that they usually prove more interesting than statistical tables.

Generally the social circumstances of the population are reasonably good and the rate of employment is high. Although re-housing is proceeding at a good pace there are still many families living in sub-standard properties. A preliminary survey of such property is being made and in due course will be presented to the appropriate committee for consideration of policy. We frequently find that families living in such sub-standard houses at low rents are unwilling or unable to pay the rent of a Council house. This problem is one which faces any Local Authority wishing to rid itself of sub-standard housing and until it is solved towns will continue to breed slum dwellers.

In conclusion I would like to express my thanks to the staff of the Health Department for their loyalty and co-operation throughout the year and to the Chief Officers and staff of other Departments who have always given so freely of their services.

I am,

Your obedient servant,

JAMES URQUHART.

Medical Officer of Health.

CIVIC OFFICES,
SWINDON.

WATER SUPPLIES

The Borough Water Supplies continue to be satisfactory in quality and quantity.

27 bacteriological and 11 chemical analyses of water from various dwelling houses proved to be entirely satisfactory. 2 samples of raw water and 2 samples of the same water after treatment were taken at the source of supply, for chemical and bacteriological examination. The water is not plumbo-solvent.

During the year 5 wells which supplied 7 houses were closed and the houses connected to the public supply.

Some 20,290 houses with a population of 68,521 have water laid on from the public mains.

27 dwellings housing 81 people are supplied from stand-pipes and a further 14 dwellings housing 49 people are not connected to the public supply.

EXTRACTS FROM VITAL STATISTICS, 1951

Area of the Borough (acres)	...	...	...	6,062
Estimated total population mid-year 1951	...	...	...	68,570
Live Births—Legitimate	...	...	...	1,017
Illegitimate	...	...	...	54
Total	...	...	...	1,071
Birth rate per 1000 population	...	...	...	15.6
Stillbirths	...	...	...	21
Stillbirths rate per 1000 total births	...	...	...	19.5
Deaths at all ages—Males	...	...	...	469
Females	...	...	...	440
Total	...	...	...	909
Death rate per 1000 population	...	...	...	13.2
Deaths from Cancer	...	...	...	121
Deaths from Respiratory Diseases	...	...	...	112
Deaths from Pulmonary Tuberculosis	...	...	...	20
Deaths from Influenza	...	...	...	21
Deaths from vascular and heart diseases	...	...	...	429
Deaths from infective and parasitic diseases	...	...	...	7
Deaths from all other causes	...	...	...	199
Deaths of infants under the age of 1 year	...	...	...	28

GENERAL STATISTICS AND SOCIAL CONDITIONS

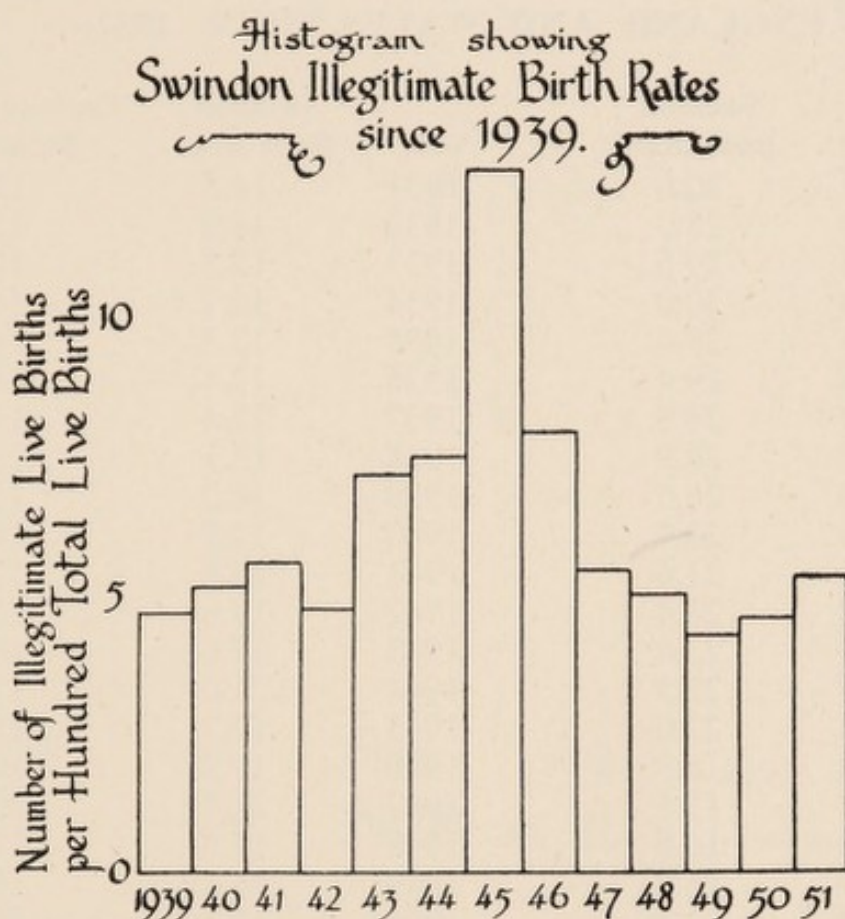
The population of the Borough of Swindon in 1901 was 50,771. At the 1931 census it was 62,407. The 1951 mid-year estimated population of Swindon was 68,570 but the actual population at the 1951 census was 68,932.

BIRTHS AND BIRTH RATES

The following table gives the number of legitimate and illegitimate live births in Swindon during 1950 and 1951.

		1950			1951		
		Males	Females	Total	Males	Females	Total
Legitimate	-	514	479	993	523	494	1017
Illegitimate	-	15	33	48	33	21	54
Totals	-	529	512	1041	556	515	1071

The illegitimate births formed 5.4% of the total live births in Swindon during 1951 and 4.6% during 1950.



The Swindon birth rate per 1000 population was 15.6 during 1951 as compared with 15.1 during 1950. The birth rates for Swindon and England and Wales for the last 5 years are given in the following table:—

Year	Birth Rate per 1000 population	
	Swindon	England & Wales
1947	21.7	20.5
1948	17.7	17.9
1949	16.3	16.7
1950	15.1	15.8
1951	15.6	15.5

The trend in birth rates in Swindon since 1901 is illustrated by the following table and graph:—

TABLE SHOWING SWINDON BIRTH RATES FROM 1901 to 1951, with COMPARATIVE BIRTH RATES FOR ENGLAND AND WALES SINCE 1931:—

Year	Swindon Birth Rate	Year	Swindon Birth Rate	England & Wales Birth Rate
1901	30.6	1931	14.5	15.8
1902	28.3	1932	14.3	15.3
1903	29.5	1933	12.5	14.4
1904	30.0	1934	12.7	14.8
1905	28.4	1935	12.3	14.7
1906	29.4	1936	12.4	14.8
1907	28.8	1937	12.4	14.9
1908	28.9	1938	13.1	15.1
1909	26.5	1939	14.0	15.0
1910	23.4	1940	14.8	14.6
1911	21.6	1941	15.8	13.9
1912	23.4	1942	17.0	15.6
1913	23.4	1943	17.6	16.2
1914	22.5	1944	21.0	17.7
1915	22.0	1945	17.7	15.9
1916	18.9	1946	19.2	19.2
1917	15.5	1947	21.7	20.5
1918	16.5	1948	17.6	17.9
1919	16.9	1949	16.3	16.7
1920	23.3	1950	15.1	15.8
1921	20.3	1951	15.6	15.5
1922	19.0			
1923	17.8			
1924	17.1			
1925	16.6			
1926	17.1			
1927	14.5			
1928	15.6			
1929	14.0			
1930	15.7			

Birth Rate per Thousand Population

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Graph Showing Swindon Birth Rate since 1901

Z

1901 1911 1921 1931 1941 1951
— YEAR —

Stillbirths numbered 21 in Swindon during 1951 compared with 31 during 1950. They were made up as follows:—

Stillbirths		1951			1950		
		Males	Females	Total	Males	Females	Total
Legitimate	-	9	11	20	21	9	30
Illegitimate	-	1	—	1	1	—	1
Total	-	10	11	21	22	9	31

The stillbirth rates per 1000 population for the last five years in Swindon and England and Wales are:—

Year	Stillbirth rate per 1000 population	
	Swindon	England & Wales
1947	0.28	0.50
1948	0.34	0.42
1949	0.17	0.39
1950	0.45	0.37
1951	0.30	0.36

DEATHS AND DEATH RATES

There were 909 deaths from all causes attributed to the Borough of Swindon during 1951 compared with 841 during 1950. The death rate per 1000 population during those years was 13.2 and 12.2 respectively. In England and Wales the death rate per 1,000 population was 12.5 in 1951 and 11.6 in 1950.

It will be noted from the following tables that in 1951 there were 21 deaths from influenza as compared with two during 1950. In conjunction with this it will be noted that the deaths from pneumonia and bronchitis also increased. Otherwise the causes of death remain much as in previous years, with circulatory and heart diseases still far and away the most common causes of death. It will be seen, too, that during the year there was comparatively a considerable increase in the number of deaths from cancer of the lung and bronchus. I would also draw attention to the fact that of all deaths 72.5% occurred in people over 65 years of age.

AN ANALYSIS OF THE CAUSE OF DEATH IN SWINDON
during 1951 and 1950.

				1951		1950	
Cause of Death				Males	Females	Total	Total
Tuberculosis respiratory	-	-	-	14	4	18	31
Tuberculosis other	-	-	-	2	—	2	1
Syphilitic disease	-	-	-	2	1	3	3
Diphtheria	-	-	-	—	—	—	—
Whooping Cough	-	-	-	—	1	1	—
Meningococcal infections	-	-	-	—	—	—	—
Acute Poliomyelitis	-	-	-	—	—	—	2
Measles	-	-	-	1	—	1	—
Other infective and parasitic diseases	-	-	-	1	1	2	2
Malignant neoplasm, Stomach	-	-	-	13	6	19	22
Malignant Neoplasm, Lung, bronchus	-	-	-	14	3	17	12
Malignant Neoplasm, Breast	-	-	-	—	14	14	17
Malignant Neoplasm, Uterus	-	-	-	—	3	3	12
Other malignant and lymphatic neoplasms	-	-	-	38	30	68	72
Leukaemia, aleukaemia	-	-	-	1	1	2	2
Diabetes	-	-	-	—	5	5	4
Vascular lesions of nervous system	-	-	-	50	64	114	91
Coronary disease, Angina	-	-	-	46	24	70	75
Hypertension with Heart disease	-	-	-	18	21	39	24
Other Heart diseases	-	-	-	66	108	174	185
Other Circulatory diseases	-	-	-	16	16	32	29
Influenza	-	-	-	11	10	21	2
Bronchitis	-	-	-	34	20	54	31
Pneumonia	-	-	-	22	22	44	31
Other diseases of Respiratory system	-	-	-	10	4	14	10
Ulcer of Stomach and Duodenum	-	-	-	15	—	15	7
Gastritis, Enteritis and Diarrhoea	-	-	-	2	1	3	5
Nephritis and Nephrosis	-	-	-	5	4	9	10
Hyperplasia of Prostate	-	-	-	9	—	9	14
Pregnancy, Childbirth, Abortion	-	-	-	—	2	2	—
Congenital malformations	-	-	-	1	3	4	5
Other defined and ill-defined diseases	-	-	-	55	65	120	94
Motor vehicle accidents	-	-	-	10	1	11	4
Other accidents	-	-	-	8	3	11	7
Suicide	-	-	-	5	3	8	4
Homicide and Operations of war	-	-	-	—	—	—	—
TOTALS				469	440	909	841

The following tables gives the death rates per thousand population from various causes, in Swindon and England and Wales during 1951 :—

Cause of Death	Death rate per 1000 population	
	Swindon	England & Wales
All causes	13.2	12.5
Tuberculosis	0.29	0.31
Influenza	0.30	0.38
Acute Poliomyelitis	0.00	0.00
Pneumonia	0.64	0.61

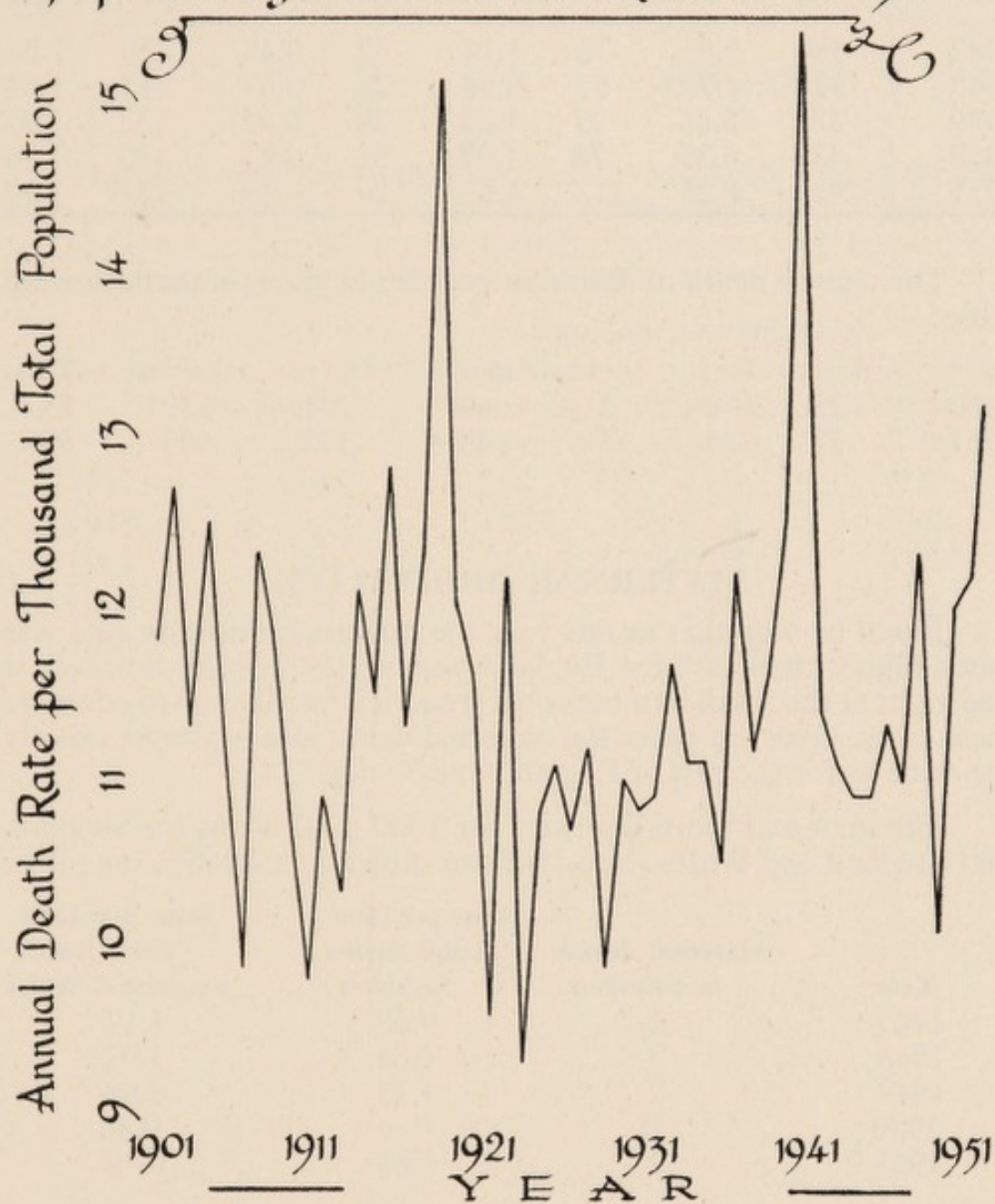
Deaths from Cancer and Malignant Neoplasms numbered 121 during 1951. During 1950 they numbered 135.

There were 429 deaths from circulatory, vascular and heart conditions usually associated with old age. 437 deaths occurred from this group of conditions during 1950.

TABLE SHOWING SWINDON DEATH RATES FROM 1901 to 1951 with COMPARATIVE DEATH RATES OF ENGLAND AND WALES SINCE 1941.

Year	Death Rate Swindon	Year	Death Rate Swindon	Death Rate England & Wales
1901	11.8	1926	10.7	
1902	12.7	1927	11.2	
1903	11.3	1928	9.9	
1904	12.5	1929	11.0	
1905	11.2	1930	10.8	
1906	9.9	1931	10.9	
1907	12.3	1932	11.7	
1908	11.8	1933	11.1	
1909	10.8	1934	11.1	
1910	9.7	1935	10.5	
1911	10.9	1936	12.2	
1912	10.3	1937	11.2	
1913	12.1	1938	11.6	
1914	11.5	1939	12.5	
1915	12.8	1940	15.4	
1916	11.3	1941	11.4	13.5
1917	12.3	1942	11.1	12.3
1918	15.1	1943	10.9	13.0
1919	12.0	1944	10.9	12.7
1920	11.6	1945	11.3	12.6
1921	9.6	1946	11.0	12.0
1922	12.2	1947	12.3	12.0
1923	9.3	1948	10.1	10.8
1924	10.8	1949	12.0	11.7
1925	11.1	1950	12.2	11.6
		1951	13.2	12.5

Graph showing Swindon Death Rates since 1901



The number of deaths and the death rate per 1000 population from the main causes of death are given in the following table:—

Year	Circulatory and Heart diseases		Respiratory diseases		Tuberculosis		Cancer	
	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000	No.	Rate per 1000
1947	389	5.85	76	1.14	32	0.48	120	1.8
1948	320	4.73	57	0.84	36	0.53	111	1.64
1949	387	5.66	97	1.42	29	0.42	132	1.91
1950	437	6.35	74	1.07	32	0.47	135	1.96
1951	429	6.25	112	1.63	20	0.29	121	1.76

The ages at death of Swindon people are given in the following table:—

	0—1	1—5	5—15	15—45	45—65	Over 65	Total
1950	25	8	2	46	201	559	841
1951	28	4	3	43	172	659	909

MATERNAL MORTALITY

It will be seen that in this year the maternal mortality rate was much higher than that for England and Wales. I think however if one looks at the small numbers concerned it is hardly fair to compare these rates. Over the years the maternal death rate is almost exactly the same as for the rest of England and Wales.

The maternal mortality rates per 1000 total births for Swindon and England and Wales since 1947 are shown in the following table:

Year	Maternal deaths in Swindon	Rate per 1000	Rate per 1000
		Total Births Swindon	Total Births England & Wales
1947	1	0.68	1.17
1948	2	1.64	1.02
1949	2	1.77	0.98
1950	0	0	0.86
1951	2	1.83	0.79

INFANT MORTALITY

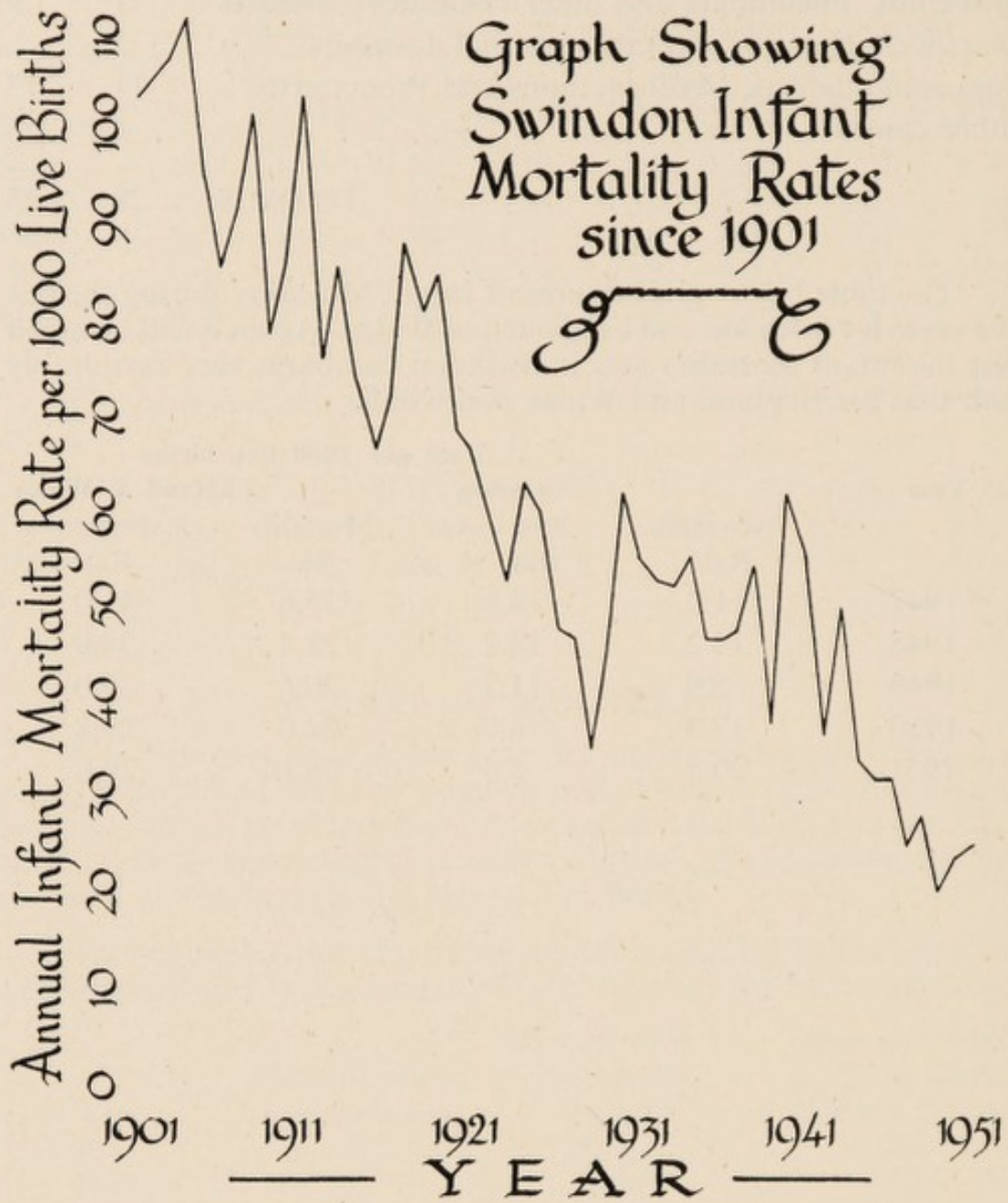
28 infants under the age of one year died in Swindon during 1951 giving an Infant Mortality Rate of 26.14 per 1000 live births. The corresponding number and rate for Swindon during 1950 were 25 and 24.0.

The causes of deaths in infants under one year of age during 1951 and 1950 were:—

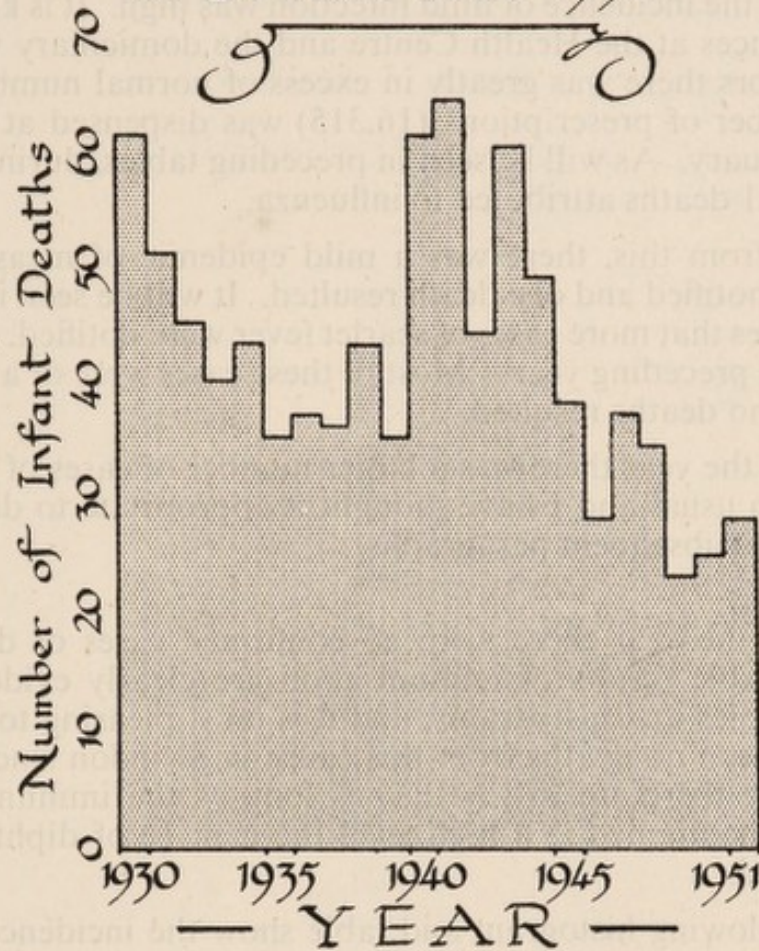
	1951	1950
Bronchitis, Pneumonia and other respiratory diseases	11	9
Diarrhoea, Enteritis and other internal disorders -	1	—
Congenital defects, Malformations and Prematurity -	11	13
Other causes - - - - -	5	3
	—	—
TOTALS	28	25
	—	—

The table below gives figures of Infant Mortality during the last five years for Swindon and England and Wales. Again it will be noted that the infant mortality rate in Swindon compares very favourably with that for England and Wales as a whole.

Year	Rate per 1000 live births			
	Neonatal Rate	Swindon	England & Wales	
		Rate—Age 4 wks.—1 yr.	Mortality Rate	Mortality Rate
1947	11.0	14.6	25.6	41.0
1948	14.2	14.2	28.4	34.0
1949	8.9	11.7	20.6	32.0
1950	17.3	6.7	24.0	29.8
1951	20.5	5.6	26.14	29.6



Histogram Showing the Number of Infant Deaths Annually in Swindon since 1930



INCIDENCE OF INFECTIOUS DISEASES

During the early months of the year there was an outbreak of influenza. The actual number of cases which occurred is not known as the disease is not notifiable, but reports were received from various sources that the incidence of mild infection was high. It is known that the attendances at the Health Centre and the domiciliary visits paid by the doctors there was greatly in excess of normal numbers and a record number of prescriptions (16,315) was dispensed at the pharmacy in January. As will be seen in preceding tables, during the year there were 21 deaths attributed to influenza.

Apart from this, there was a mild epidemic of measles, 1,173 cases being notified and one death resulted. It will be seen in the subsequent tables that more cases of scarlet fever were notified, compared with the five preceding years. Most of these cases were of a very mild nature and no deaths resulted.

During the year there was a larger number of cases of dysentery notified than usual and I have thought it appropriate to discuss this more fully in subsequent paragraphs.

Diphtheria.

During the year there were no confirmed cases of diphtheria. The remarkable results of immunisation are clearly evident in the following tables and histograms, and it is most pleasing to note that there have been no deaths from this cause in Swindon since 1944. It is reasonable therefore to say that as long as the immunisation of children is maintained at a high level the menace of diphtheria can be eliminated.

The following histogram and table show the incidence of diphtheria in Swindon during the last 20 years.

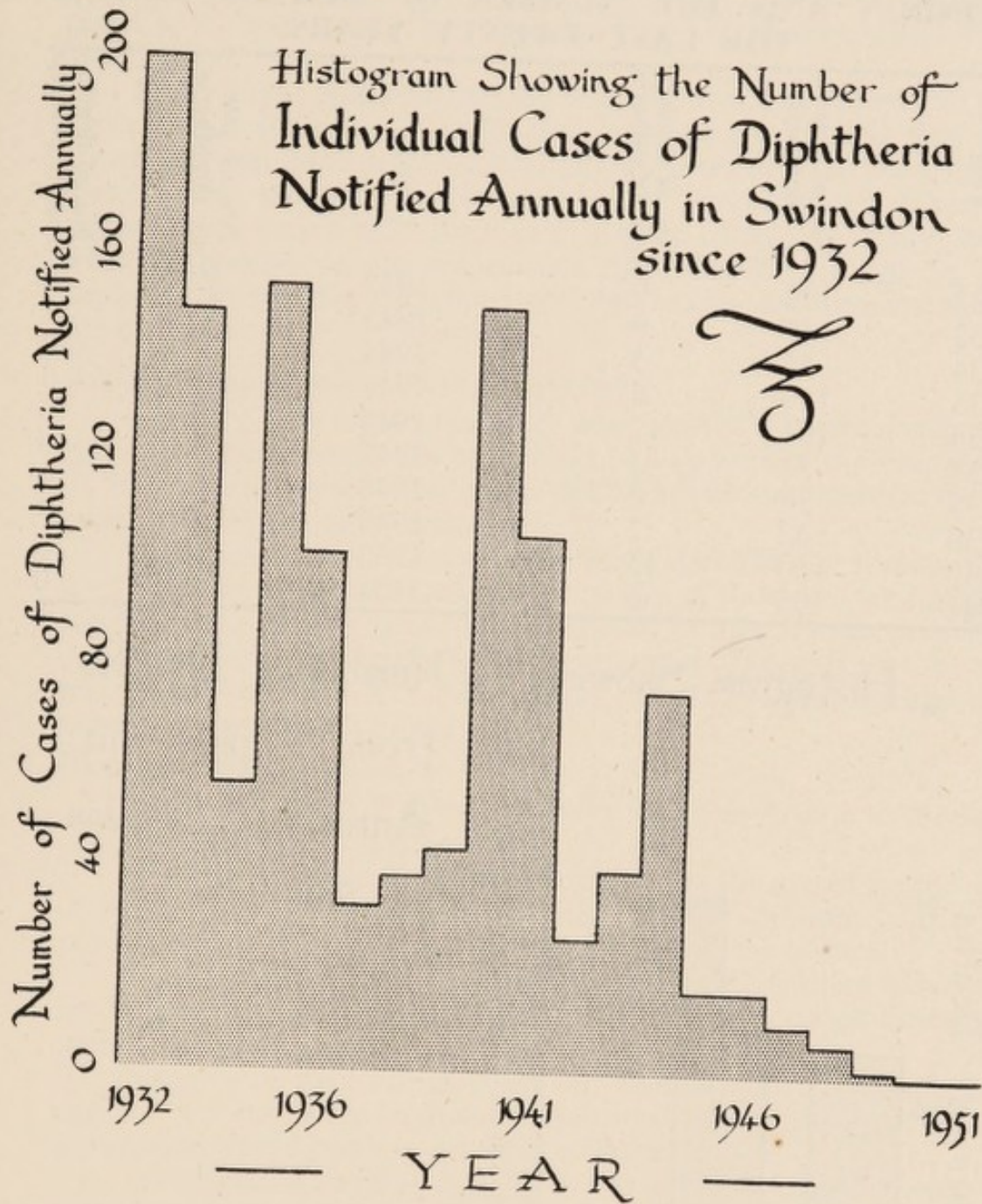
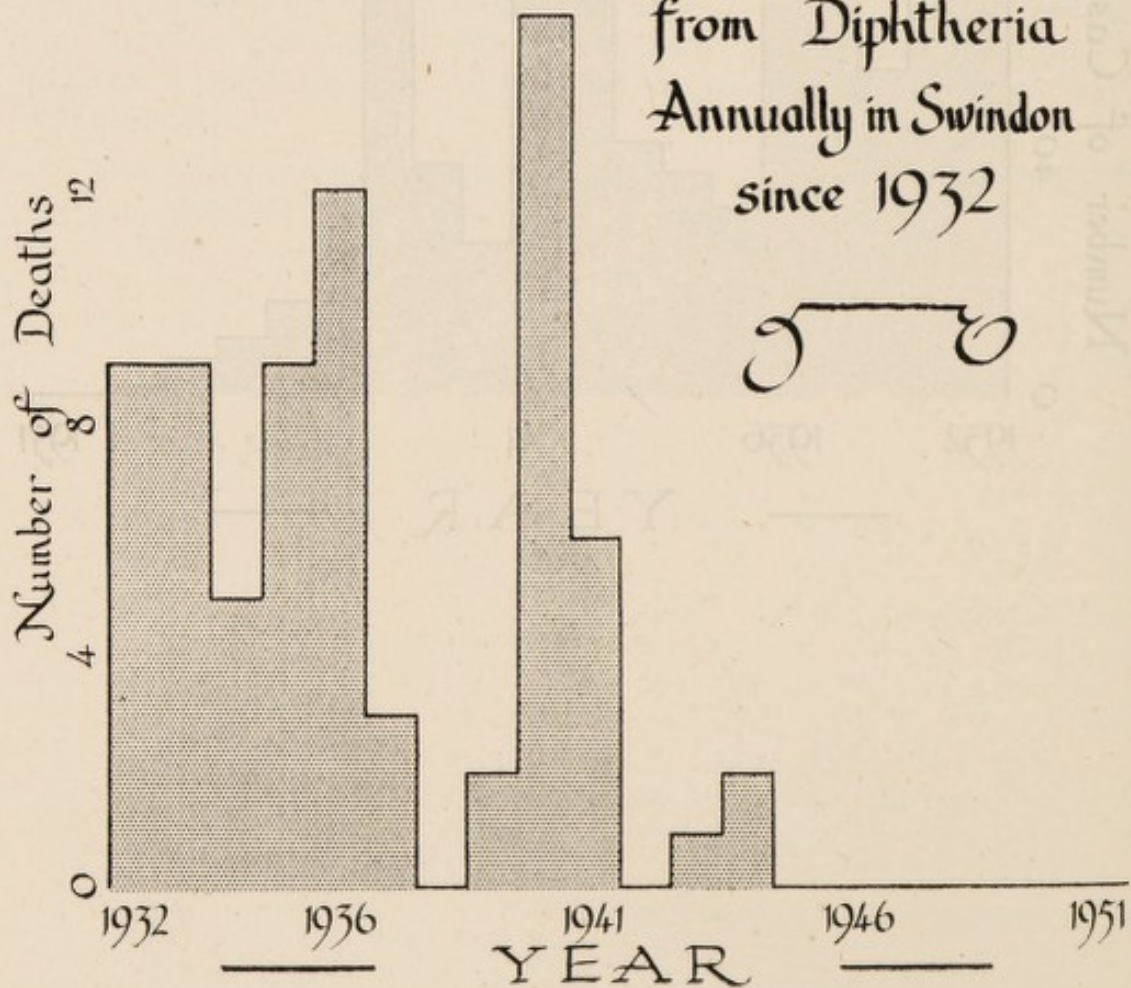


TABLE GIVING THE INCIDENCE OF DIPHTHERIA IN SWINDON AND THE NUMBER OF DEATHS DURING THE LAST TWENTY YEARS.

Year	No. of cases of Diphtheria	No. of deaths from Diphtheria	Year	No. of cases of Diphtheria	No. of deaths from Diphtheria
1932	199	9	1942	25	0
1933	149	9	1943	39	1
1934	55	5	1944	74	2
1935	153	9	1945	15	0
1936	101	12	1946	15	0
1937	31	3	1947	9	0
1938	38	0	1948	6	0
1939	42	2	1949	1	0
1940	150	15	1950	0	0
1941	105	6	1951	0	0

Histogram Showing the Number of Deaths from Diphtheria Annually in Swindon since 1932



Dysentery.

During the year 35 notifications of dysentery were received from general practitioners and when the households affected were investigated by the staff of this Department another 32 cases were discovered and notified.

It is thought probable that the infection was more prevalent than these figures indicate. This opinion is based on the fact that only six of the total number of general practitioners notified cases and of these six, two doctors were responsible for 29 notifications. Generally the infection took a mild form so it is quite likely that many people who had symptoms did not consult their doctors and others were probably treated for diarrhoea without having had specimens sent for bacteriological investigation.

Action taken on notification of dysentery.

In every case where dysentery was notified a medical officer of this department visited the household. The object of the visit was to try to trace the source of infection and to advise on measures for the prevention of spread of infection.

Extensive enquiries into the patient's diet and the source of his food supplies were made and many samples of food sent for bacteriological analysis. The possibility of spread of infection from another case or carrier was investigated and specimens of faeces from the entire household were sent for investigation. In all 154 persons had such investigations carried out.

Results of Investigation.

All the 67 cases of dysentery were found to be due to the same organism namely "shigella sonné."

57 of the cases occurred in children under the age of 5 years and of the 35 homes infected, 34 of which housed children of this age group, at least one child had dysentery in 33 of the homes.

Three children under the age of 5 years were admitted to hospital for treatment. Most of the patients only suffered a minor illness and there were no deaths.

Samples of such foods as corned beef, ice-cream, cakes, milk, egg powder etc., were frequently examined but no evidence of contamination with dysentery germs was found.

Investigation showed that there was no connection between the sources of food and the liability of infection.

During the period in which these cases occurred there was no undue prevalence of flies and in fact most of the cases occurred during the cooler autumn months.

It was noted that while these cases were occurring locally many other districts throughout the country were having a similar experience, and in almost all cases the infecting organism was the same. This seemed to indicate that the infection was being spread in a nationally distributed foodstuff but in spite of all the analyses carried out no confirmatory evidence was forthcoming to support this theory.

Food Poisoning.

Although there were no cases of food poisoning notified during the year I think it is of interest to give a short account of an incident which occurred at two schools in Swindon.

About noon on 1st November it was reported to me that a number of pupils and staff at Drove School complained of abdominal pain and diarrhoea and that these symptoms were ascribed to the school meal eaten on 31st October. It was also reported to me at the time that although the pupils at Headlands School also had their meals from Drove Road School none of them had been affected. Investigations at Drove Road School were immediately put in hand.

A Medical Officer inspected the kitchen and reported that he found the kitchen and all utensils in a most satisfactory state of cleanliness. None of the kitchen workers had any septic lesions of their hands and none had complained of previous illness although eight out of nine of them complained of diarrhoea during the previous night.

By a long standing arrangement a specimen of each article of food served in each kitchen is preserved for at least 24 hours after the meal is served. Thus we were able to send for laboratory investigation a complete sample of the meal served on October 31st. It was also arranged that samples of faeces from the staff and pupils should be sent for bacteriological analysis.

At 5.30 p.m. on 2nd November it was reported to me that many of the pupils at Headlands School had also complained of abdominal symptoms during the night 31st October—1st November. The reason for the delay in reporting this matter was said to be due to the reluctance of those affected to tell of their symptoms.

The meal consisted of:—

Steak and Kidney Pie;
Gravy;
Boiled Potatoes;
Carrots;
Rice Pudding with Jam Sauce.

A questionnaire was completed by all the pupils and staff at the schools concerned who had school dinner on 31st October. Many of the individual pupils and staff were further questioned. The general impression of those affected was that the rice pudding served at the meal was suspect. This was borne out by a study of the replies to the questionnaire, in that, of 44 persons who had the meal but had no symptoms 30 did not take rice pudding and that of those who had symptoms only 2 did not have the pudding.

None of the persons affected were severely ill and there were no notifications of food poisoning received.

The results of the investigations are summarized as follows:—

	Drove Road	Head-lands
No. of persons who had school meal 31.10.51 -	98	206
No. who had meal and complained of diarrhoea -	75	157
No. who had meal and had no symptoms -	23	49
No. who had school milk -	180	181
No. who had school milk but no meal and had no symptoms -	9	11
No. who were ill, had no milk but had meal -	46	75

In no case did the family of any person affected suffer similar symptoms.

Results of analysis of various samples.

- (1) No pathogenic organisms were isolated from the food samples.
- (2) Samples of faeces from 30 of those affected were examined and found to contain no known pathogenic organisms.
- (3) Samples of milk supplied to the schools were examined and showed that the milk was properly pasteurised and no pathogenic organisms were present.
- (4) A sample of water from the kitchen at Drove Road School was satisfactory.
- (5) Samples of rice and jam submitted to the Public Analyst for chemical analysis did not show the presence of any substance which would give rise to food poisoning.

Summary.

- (1) From exhaustive enquiries and investigations on this outbreak of symptoms in persons eating school dinner at Drove Road and Head-lands Schools on 31.10.51 no specific cause for the outbreak could be discovered. The illness complained of was a mild one and no notification of food poisoning was received from any doctor in the town.
- (2) The delay in the onset of symptoms from about 8-10 hrs. and the clinically mild infection suggest that the possible cause of this outbreak was an organism not normally regarded as pathogenic.
- (3) The answers to questions revealed wide diversity and many contradictory facts indicating that in such outbreaks mass suggestion is a considerable factor.

Erysipelas.

One case of erysipelas was notified in 1951 and 3 during 1950.

Tuberculosis.

During 1951 64 primary cases of pulmonary tuberculosis and 22 cases of non-pulmonary tuberculosis were notified in Swindon.

The following table shows the age and sex incidence of pulmonary and non-pulmonary tuberculosis notified during 1951.

Age period	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
Under 5	4	1	3	2	10
5—10	2	3	4	3	12
10—15	—	2	—	1	3
15—20	3	1	—	—	4
20—25	5	5	1	3	14
25—30	5	3	—	—	8
30—40	5	8	—	1	14
40—50	5	2	1	1	9
50—60	5	—	1	—	6
Over 60	5	—	—	1	6
TOTALS	39	25	10	12	86

Apart from the above notifications 18 cases of tuberculosis in Swindon became known to the Health Department through death returns, posthumous notifications, transfers from other area etc. Of the deaths which occurred during 1951 20% occurred in non notified cases.

The comparative figures of the incidence and death rates from tuberculosis since 1947 are given below:—

Year	Pulmonary Tuberculosis				All forms of Tuberculosis			
	Pri- mary cases noti- fied	Case rate per 1000 popn.	Deaths	Death rate per 1000 popn.	Cases noti- fied	Case rate per 1000 popn.	Deaths	Death rate per 1000 popn.
1947	77	1.15	26	.39	94	1.41	32	.48
1948	78	1.15	30	.44	113	1.67	36	.53
1949	101	1.47	27	.39	120	1.75	29	.42
1950	84	1.22	31	.45	106	1.54	32	.46
1951	64	0.93	18	.26	86	1.25	20	.29

Cerebrospinal Fever.

During the year one case of cerebrospinal fever was confirmed in a boy 9 years of age. This was the first such case confirmed in Swindon since 1947.

Whooping Cough and Measles.

The following table gives the incidence of whooping cough and measles during the past five years. It will be seen that the incidence of measles was higher than in any of the past four years. Many of the cases were of quite a severe type, and there was one death. The incidence of whooping cough was also higher than average and one death resulted.

Year	Measles		Whooping Cough	
	Number notified	Number of deaths	Number notified	Number of deaths
1947	354	—	66	2
1948	573	—	295	1
1949	964	—	191	3
1950	353	—	233	0
1951	1173	1	287	1

Scarlet Fever.

The following table shows the incidence of scarlet fever over the past five years. It will be seen that during the year the incidence of scarlet fever was much higher than in any of the previous four years. The cases were generally of a very mild nature.

Year	Number of Cases notified	Number of Deaths
1947	64	—
1948	81	—
1949	40	—
1950	32	—
1951	146	—

INFECTIOUS DISEASES

The incidence of notified infectious diseases in Swindon during recent years is given in the following table:—

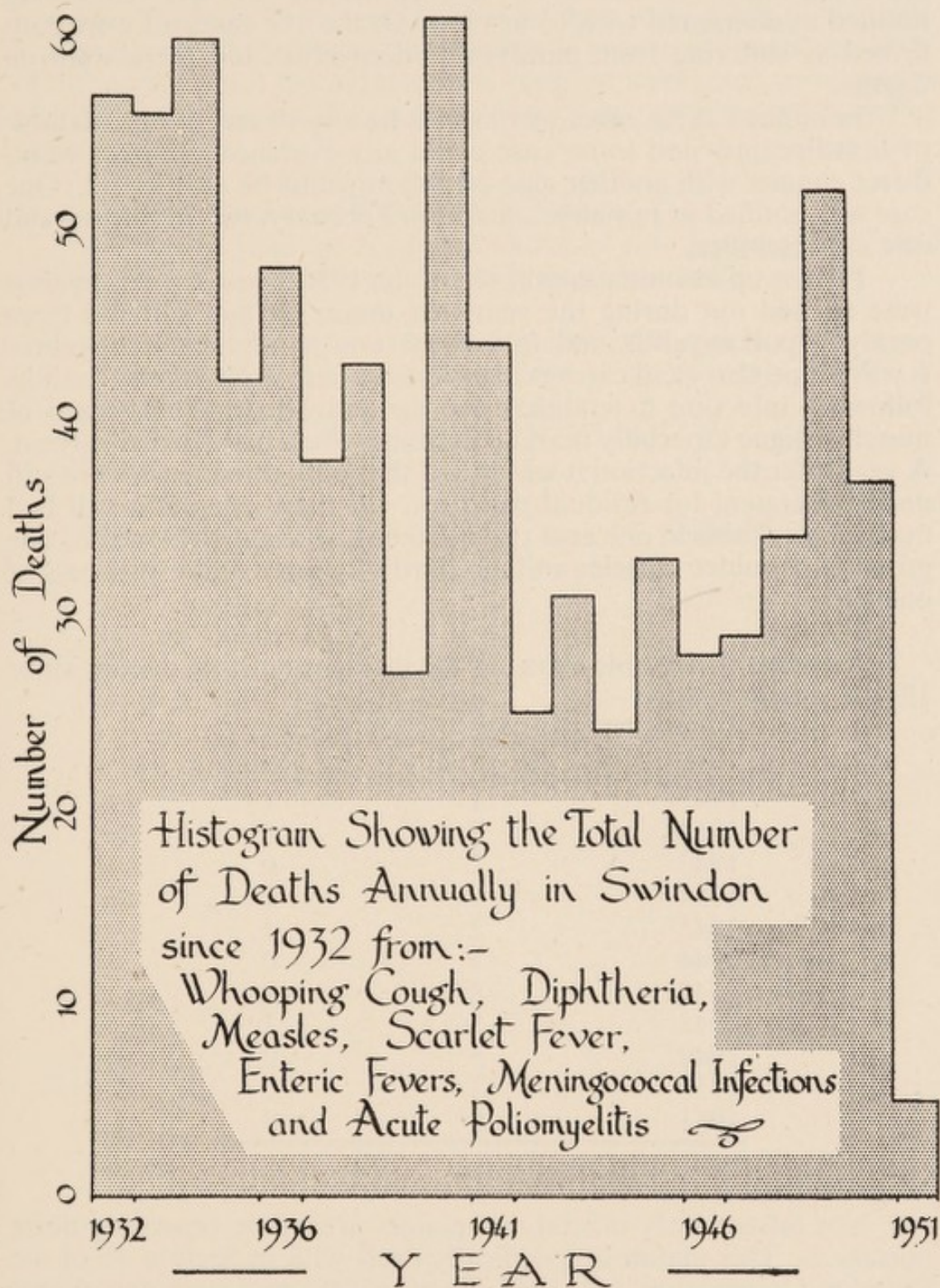
Diseases	1947	1948	1949	1950	1951
Acute Pneumonia - - -	57	41	39	32	38
Acute Poliomyelitis - - -	7	5	5	13	5
Acute Polioncephalitis - - -	1	1	—	—	—
Cerebrospinal fever - - -	2	—	—	—	1
Diphtheria - - -	9	6	1	—	—
Erysipelas - - -	15	5	5	3	1
Dysentery, food poisoning - - -	—	—	1	7	67
Measles - - -	354	573	964	353	1173
Ophthalmia Neonatorum - - -	3	3	—	—	2
Typhoid and Paratyphoid Fevers - - -	—	—	—	1	—
Puerperal Pyrexia - - -	15	12	24	11	37
Scarlet Fever - - -	64	81	40	32	146
Smallpox - - -	—	—	—	—	—
Tuberculosis—pulmonary - - -	77	78	101	84	64
Tuberculosis—Non pulmonary - - -	17	35	19	22	22
Whooping Cough - - -	66	295	191	233	287

The trend in death from infectious diseases is shown in the following table and histogram.

Number of Deaths from :

Whooping Cough, Diphtheria, Measles, Scarlet Fever, Enteric Fevers, Meningococcal Infections and Acute Poliomyelitis.

Year	Number of Deaths	Year	Number of Deaths
1932	57	1942	25
1933	56	1943	31
1934	60	1944	24
1935	42	1945	33
1936	48	1946	28
1937	38	1947	29
1938	43	1948	34
1939	27	1949	52
1940	61	1950	37
1941	44	1951	5



Acute Poliomyelitis.

During 1951 poliomyelitis throughout the country was generally much less frequent than in 1950. In Swindon only five cases were notified as compared with 13 in 1950. Of the five cases all were confirmed as suffering from paralytic poliomyelitis and there were no deaths.

In none of these cases was there a history of recent inoculations or tonsillectomy and in no case could any evidence of direct or indirect contact with another case of poliomyelitis be discovered. One case was notified in January, another in February, two in August and one in September.

Follow up examinations of ten of the 1950 cases of poliomyelitis were carried out during the year. Of these, six had suffered from paralytic poliomyelitis and four from non-paralytic poliomyelitis. It was found that in all cases examined that there was for some months following infection a tendency for the individual to complain of muscle fatigue especially marked in limbs which had been paralysed. A year after the infection it was found that only three cases were still under treatment for residual paralysis. Of these one child still had marked weakness in one arm and another had slight weakness of one group of shoulder muscles and the third case very slight weakness of one leg.

A comparative table showing the incidence of this disease since 1941 is set out below:—

Year	Number of Cases notified	Number of Deaths
1941	1	1
1942	3	0
1943	2	0
1944	0	0
1945	2	1
1946	1	0
1947	8	1
1948	5	1
1949	5	0
1950	13	2
1951	5	0

Noise Nuisance.

Not infrequently official complaints are made regarding noise nuisances. This matter is specifically dealt with in Section 46 of the Swindon Corporation Act, 1947. During 1951 two such complaints were dealt with, both concerning industrial premises. Investigation of such complaints call for a great deal of patience and tact. We have to decide whether the noise is injurious or prejudicial to health before recommending that proceedings be taken. It is usual to find that in close proximity to those who complain of the adverse affect on health

of the noise there are others who in fact never hear the noise, or if they do, offer no complaints. I feel, too, that it would be an extremely difficult and long process to prove by observation that a person in previous good health was made ill or is likely to be made ill by noise. Fortunately, in the two specific instances of noise nuisance complained of during the year, the industries in question were most co-operative and willingly adopted the suggestions we made with regard to reducing the noise.

Medical Examination of Corporation Staff.

During the year the Medical Officers of this department carried out the following examinations of Corporation staff:—

Candidates for entry into the Superannuation Scheme and transfer to the established list of employees -	120
Candidates for Public Service Vehicle licences -	52
Others - - - - -	3
TOTAL	175

REPORT OF THE SENIOR SANITARY INSPECTOR FOR 1951

To the Chairman and Members of the Public Health Committee

Ladies and Gentlemen,

I have the honour of submitting the Annual Report of work carried out under the supervision of the Senior Sanitary Inspector during the year 1951.

STAFF

Mr. H. Wheeler resigned his post as Additional Sanitary Inspector in June, and Mr. E. W. Knowles, appointed to fill the vacancy, commenced his duties on the 1st October. Mr. R. E. Moore, Additional Sanitary Inspector, left the service of the Corporation at the end of the year.

FOOD AND DRUGS ACT 1938

Sixty-seven samples of milk and one-hundred-and-seventeen samples of other foodstuffs or drugs were submitted to the Public Analyst for examination. Particulars of these samples will be found on page 38 of this Report.

Two samples of milk, which were being sold as Channel Islands Milk, did not comply with the Milk (Control and Maximum Prices) (Great Britain) Order 1947. This Order requires that milk sold as Channel Islands Milk shall have a minimum fat content of 4% whereas ordinary milk should have a minimum fat content of 3%. The Ministry of Food is the authority for the enforcement of this Order, and the reports on these samples were passed to the Ministry for the appropriate action.

One-hundred-and-twenty-five samples of milk were submitted for biological examination, and one sample was found to contain tubercle bacilli. The Ministry of Agriculture and Fisheries Veterinary Surgeon was immediately informed, the farm was visited and the cow suspected of giving the infected milk was slaughtered at the Ministry of Food Slaughter House, Shrivenham Road, when it was found to be affected with Generalised Tuberculosis, including Tuberculosis of the udder.

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS 1949.

Following reports from the Pathological Laboratory, Gorse Hill, that samples of pasteurised milk obtained from a local dairyman and pasteurised by him had failed on several occasions to satisfy the Phosphatase and Methylene Blue Tests, a public inquiry

was held to consider the cancellation of the licence to pasteurise milk which had been issued by the Local Authority to the dairyman in question. After hearing the dairyman and his representative it was decided not to cancel or suspend the licence. Samples taken from this dairyman since the holding of the inquiry have been entirely satisfactory.

ICE CREAM

The Food Standards (Ice Cream) Order 1951 came into force on 1st March, 1951, and prescribed that ice cream should contain not less than 5% fat, 10% sugar and $7\frac{1}{2}\%$ milk solids other than fat, but the Order does not apply to water ices including iced lollies.

Twelve samples of ice cream, submitted to the Public Analyst, were found to comply with the Order. Four informal samples taken shortly after the Regulations came into force did not comply with the requirements of the Regulations, and follow-up formal samples, taken after interview with the retailers, were found to be quite satisfactory.

Nine samples of ice cream were submitted for bacteriological examination, and were graded as follows:—four in Grade 1, two in Grade 3 and three in Grade 4.

FOOD AND DRUGS ACT INSPECTIONS

A high standard of cleanliness is demanded from all persons engaged in the handling of food, and proper washing facilities with hot and cold water laid on, are provided in practically all food shops within the Borough.

Talks were given to the employees of various firms and to certain women's organisations on the importance of personal cleanliness when engaged in food handling and how food poisoning can occur if the elementary principles of personal hygiene are not carried out.

MEAT INSPECTION

Centralised slaughtering for the Borough of Swindon and the surrounding Rural Districts is still being carried out at the Ministry of Food Slaughterhouse in Shrivenham Road, but a modern Abattoir is now in course of erection by the Ministry of Food on a site in Marlborough Lane, and it is expected to be in full use before the end of 1952. The Abattoir is planned on the most modern lines for humane slaughtering and the dressing of carcasses with the minimum of handling, and for supplying the needs of a population of about 200,000.

FOOD AND DRUGS ACT 1938, section 9.

One local tradesman was prosecuted for selling pigs' chitterlings in an unwholesome condition, and was fined £6 plus 5/- costs. Another local firm was fined £2 plus £3-3-0 costs for selling Golden Raising Powder and Baking Powder which did not comply with the provisions of the Defence (Sale of Food) Regulations 1943.

DRAINAGE WORK

The drains of 260 premises were relaid or overhauled under the supervision of the Sanitary Inspectors during the year.

HOUSING REPAIRS

Housing repairs were carried out at 660 houses during the year as the result of informal action. Statutory Notices were served in respect of seventeen dwelling-houses and the work necessary to comply with the notices was eventually carried out by the owners concerned. In three cases where Statutory Notices were not complied with, Nuisance Abatement Orders under the Public Health Act 1936 were made by the Magistrate's Court. In one instance, where a Nuisance Abatement Order had not been complied with, the work necessary to abate the nuisance was carried out at a cost of about £20, which is recoverable from the owner/occupier of the house.

NATIONAL ASSISTANCE ACT 1948

Under this Act it is the responsibility of the Local Authority to carry out the burial or cremation of any person who has died in their area, where no suitable arrangements have been made for the disposal of the body. During the year under review arrangements were made for the burial of four persons.

PREVENTION OF DAMAGE BY PESTS ACT 1949

Systematic baiting of the sewer manholes was carried out twice during the year. Investigation showed that there was evidence of rat infestation in 50% of the manholes in the older parts of the Borough, but there was practically no evidence of rats in the sewers in the more recently constructed areas. In order to comply with the requirements of the Ministry of Agriculture and Fisheries, it was decided to discontinue the free service of disinfestation of business premises and to charge for the services of the Corporation Rodent Operatives in such cases. The occupiers of business premises are legally responsible for ridding their premises of rats or mice under the Prevention of Damage by Pests Act 1949, but are not obliged to accept the Corporation service. They can, of course, carry out the necessary measures themselves for the destruction of these pests, or they can employ one of the several servicing companies which specialise in rats and mice destruction.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

This Act, which came into force on 1st November 1951, requires the registration of premises where upholstery, including the stuffing or lining of bedding, toys etc., is being done, and requires that any rag flock or other filling material used on such premises shall comply with the standard of cleanliness prescribed in the Rag Flock and Other Filling Materials Regulations 1951. The Act does not apply to premises where only the remaking or reconditioning of articles is carried on, and the fitting out of railway carriages is also exempt from the provisions of the Act.

Four premises have been registered and four licences for the storage of Rag Flock have been issued.

In concluding my Report, I wish to thank all the Officers of the Corporation for their assistance and ready co-operation throughout the year.

H. A. BANWELL,

Senior Sanitary Inspector.

INSPECTIONS AND REVISITS — 1951

Premises	Primary	
	Inspections	Revisits
PUBLIC HEALTH ACT 1936		
Dwelling-houses on complaint - - -	498	375
Dwelling-houses on complaint no nuisances found - - -	276	32
Other premises - - -	153	23
Caravans - - -	29	2
Marine Stores - - -	1	—
Smoke observations - - -	13	1
Stables and piggeries - - -	10	1
Theatres, Cinemas etc. - - -	26	1
Public Sanitary Conveniences - - -	4	3
Common Lodging Houses - - -	3	5
Verminous premises - - -	18	3
Drainage work under supervision - - -	851	304
Infectious Disease inquiries - - -	187	3
HOUSING ACT 1936		
Dwelling-houses on complaint - - -	486	1299
Dwelling-houses on complaint no defects found - - -	192	—
Houses inspected and recorded - - -	131	18
Overcrowding - - -	14	6
FOOD AND DRUGS ACT 1938		
Bakehouses - - -	35	21
Dairies - - -	106	5
Milk samples—bacteriological - - -	158	—
Milk samples—chemical - - -	67	—
Milk samples—biological - - -	125	—
Ice-cream samples—bacteriological - - -	9	—
Food and Drugs samples - - -	117	—
Water samples—bacteriological - - -	27	—
Water samples—chemical - - -	11	—
Water samples—sewage effluent - - -	10	—
Ice-cream premises - - -	50	4
Restaurants, cafes etc. - - -	47	31
Fish shops and fish friers - - -	58	15
Markets and food stalls - - -	166	42
Food preparation and storage premises - - -	142	20
Butchers' shops - - -	111	17
Slaughterhouses - - -	606	—

Food Shops	-	-	-	-	-	718	130
Food samples—bacteriological				-	-	6	—
Licensed premises	-	-	-	-	-	68	—
FACTORIES ACT 1937							
Factories—mechanical			-	-	-	122	7
Factories—non-mechanical			-	-	-	93	7
Outworkers	-	-	-	-	-	40	14
SHOPS ACT 1934, section 10	-	-	-			1	—
RAG FLOCK ACT 1911 & RAG FLOCK & OTHER FILLING MATERIALS ACT 1951							
						10	—
NATIONAL ASSISTANCE ACT 1948, s.50	-					48	15
PREVENTION OF DAMAGE BY PESTS ACT							
1949	-	-	-	-	-	1411	1231
MISCELLANEOUS	-	-	-	-	-	1717	93
TOTALS						<u>8971</u>	<u>3728</u>

PUBLIC HEALTH ACT 1936 & HOUSING ACT 1936



NUISANCES ABATED AND HOUSING DEFECTS REMEDIED

Defective ceilings	-	-	-	-	148
„ walls	-	-	-	-	342
Damp walls	-	-	-	-	147
Dirty or Verminous Rooms	-	-	-	-	160
Defective floors	-	-	-	-	116
„ firegrates	-	-	-	-	73
„ windows	-	-	-	-	206
„ doors	-	-	-	-	92
„ stairs	-	-	-	-	16
„ coppers	-	-	-	-	11
„ sinks	-	-	-	-	16
New sinks provided	-	-	-	-	14
Water services provided or repaired	-	-	-	-	7
Defective chimneys	-	-	-	-	24
„ roofs	-	-	-	-	197
„ eavesgutters and/or rainwater pipes	-	-	-	-	158
„ yard paving	-	-	-	-	21
„ forecourt paving	-	-	-	-	—
„ water-closets repaired	-	-	-	-	47
New pedestal pans fixed	-	-	-	-	156
Defective flushing cisterns repaired	-	-	-	-	39
New flushing cisterns fixed	-	-	-	-	22
Additional water-closets provided	-	-	-	-	28
Choked drains	-	-	-	-	71
Defective drains	-	-	-	-	260
„ traps	-	-	-	-	14
Drains tested	-	-	-	-	264
New baths fixed	-	-	-	-	31
Offensive accumulations removed	-	-	-	-	31
„ animals	-	-	-	-	6
Overcrowding abated	-	-	-	-	11
Dust-bins provided	-	-	-	-	6
Rent Books made to comply with the Housing Act 1936	-	-	-	-	31
Miscellaneous	-	-	-	-	748
TOTAL					3513

**Matters requiring attention and remedied
following inspection, in 1951**

Shops Act 1934	-	-	-	-	3
Milk and Dairies Order 1926	-	-	-	-	6
Food and Drugs Act 1938	-	-	-	-	91

On the Registers of the department are:—

Food and Drugs Act, 1938

Premises registered for the Preparation or Manufacture of Sausages, or Potted, Pressed, Pickled or Preserved Food	-	-	-	-	60
Premises registered for the Manufacture, Sale or Storage of Ice-cream	-	-	-	-	198
Butchers' Shops	-	-	-	-	66
Wholesale Meat Stores	-	-	-	-	2
Fish Shops and Fish Friers	-	-	-	-	46
Bakehouses	-	-	-	-	28
Other Food Shops	-	-	-	-	401

Swindon Corporation Act, 1947

Premises registered as Accommodation for Food intended for sale from vehicles etc.	-	-	-	-	11
Hawkers registered for the Sale of Food from vehicles etc.	-	-	-	-	29

Milk and Dairies Regulations, 1949

Dairies	-	-	-	-	27
Distributors of Milk	-	-	-	-	26

**Milk (Special Designation) (Raw Milk) and (Pasteurised and
Sterilised Milk) Regulations, 1949**

Licences in force within the Borough, issued by the Town Council of Swindon:—

Dealers' licences authorising the use of the Special Designation "Tuberculin Tested"	14
Supplementary licences authorising the use of the Special Designation "Tuberculin Tested"	3
Dealers' licences authorising the use of the Special Designation "Pasteurised"	9
Dealers' (Pasteurisers') licences authorising the use of the Special Designation "Pasteurised"	3
Supplementary licence authorising the use of the Special Designation "Pasteurised"	1

Milk (Special Designation) Regulations

Samples of Milk submitted for Bacteriological Examination to the Public Analyst or the Pathological Laboratory, Gorse Hill.

Designation	No. of Samples taken	No. Satisfactory	No. Unsatisfactory
Tuberculin Tested -	19	15	4
T.T. Pasteurised -	64	59	5
T.T. Nursery -	1	1	—
Pasteurised -	73	59	14
Non-designated -	1	1	—
TOTALS - -	158	135	23

SAMPLES SUBMITTED TO THE PUBLIC ANALYST FOR CHEMICAL EXAMINATION

Samples taken	Formal	Informal	Genuine	Not genuine
Milk - -	51	16	65	2
Golden Raisin Powder - -	1	3	2	2
Baking Powder - -	1	4	3	2
Pepper - -	1	2	3	—
Coffee Essence - -	—	8	8	—
Ice-cream - -	5	11	12	4
Pork sausages - -	3	1	4	—
Beef sausages - -	7	—	7	—
Whisky - -	6	—	6	—
Beer - -	5	—	5	—
Curry Powder - -	1	8	8	1*
Malt Vinegar - -	—	5	5	—
Vinegar - -	—	2	2	—
Tincture of Iodine - -	—	6	6	—
Seidlitz Powders - -	—	5	5	—
Coffee and Chicory - -	—	1	1	—
Coffee and Chicory Essence - -	1	1	1	1*
Ground Mixed Spice - -	—	1	1	—
Mixed Spice - -	—	4	4	—
Ground Spice - -	—	1	1	—
Jam - -	—	6	6	—
Rice - -	—	1	1	—
Saccharin Tablets - -	—	6	6	—
Aspic Jelly Powder - -	—	1	1	—
Dessert Geiatine - -	—	1	1	—
Table Jellies - -	—	5	5	—
Custard Powder - -	—	3	3	—
TOTALS - -	82	102	172	12

* Formal follow-up samples entirely satisfactory.

ICE-CREAM (HEAT TREATMENT ETC.) REGULATIONS 1947

☆

Samples of Ice-Cream submitted for bacteriological examination

Samples taken	Number in Grade 1	Number in Grade 2	Number in Grade 3	Number in Grade 4
9	4	—	2	3

Standards:—Grade 1—Methylene Blue reduced in $4\frac{1}{2}$ hours or more.
 Grade 2— „ „ „ „ $2\frac{1}{2}$ to 4 hours.
 Grade 3— „ „ „ „ $\frac{1}{2}$ to 2 hours.
 Grade 4— „ „ „ „ 0 hours, (i.e., reduction at the end of the pre-incubation period).

As there is no statutory test for the bacteriological examination of ice-cream, the above samples are graded in accordance with the Advisory Bulletin of the Ministry of Health and the Public Health Laboratory Service, 1947.

In every case where samples examined failed to reach a satisfactory grade, the manufacturers or vendors concerned were visited and advised as to the steps to be taken to raise the quality of the product to a satisfactory level.

PUBLIC HEALTH (MEAT) REGULATIONS 1924

The following table shows the number of carcasses inspected during 1951

☆

	Cattle		Calves	Pigs	Sheep and Lambs
	Cows	Others			
TOTALS - -	1337	2493	98	284	8827
Disease other than Tuberculosis					
Whole carcasses condemned -	86	20	13	23	47
Carcasses of which some part or organ was condemned -	640	1135	7	183	1478
Approximate percentage of number inspected affected with disease other than Tuberculosis -	54	46	20.4	72	17.2
Tuberculosis only					
Whole carcasses condemned - -	38	13	2	—	—
Carcasses of which some part or organ was condemned -	274	215	1	5	—
Approximate percentage of number inspected affected with Tuberculosis -	23	9.1	3.06	1.76	—

UNSOUND FOOD CONDEMNED BY SANITARY INSPECTORS DURING 1951

☆

		Tons	cwts.	qrs.	lbs.
Unsound Meat and Offal -		72	15	1	21
Other Unsound Food -		5	16	0	21

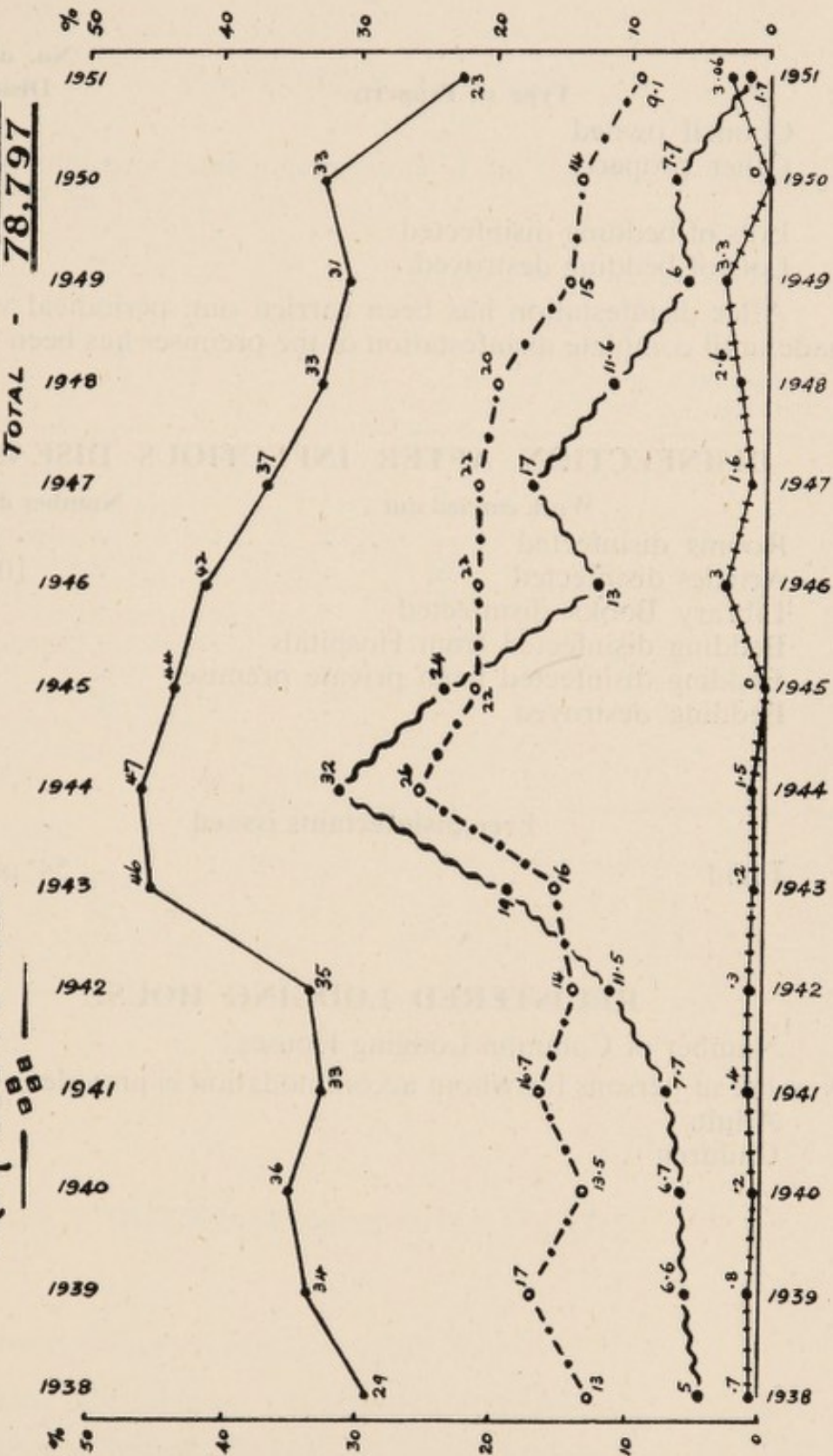
GRAPH SHOWING PERCENTAGE OF CATTLE & PIG CARCASSES FOUND TO BE INFECTED WITH TUBERCULOSIS FROM 1938 TO 1951

INSPECTED
1938-1951:

COWS	30,797
OTHER CATTLE	24,109
PIGS	11,925
CALVES	11,966
TOTAL	78,797

GRAPH
KEY:

— COWS
- - - OTHER CATTLE
~ PIGS
+ CALVES



DISINFESTATION OF VERMINOUS PROPERTY

☆

Type of Property					No. of Rooms Disinfested
Council owned	-	-	-	-	172
Other property	-	-	-	-	149
Lots of bedding disinfected	-	-	-	-	6
Lots of bedding destroyed	-	-	-	-	1

After disinfestation has been carried out, periodical visits are made until complete disinfestation of the premises has been effected.

DISINFECTION AFTER INFECTIOUS DISEASE

Work carried out					Number disinfected
Rooms disinfected	-	-	-	-	231
Articles disinfected	-	-	-	-	10103
Library Books disinfected	-	-	-	-	215
Bedding disinfected from Hospitals	-	-	-	-	77
Bedding disinfected from private premises	-	-	-	-	31
Bedding destroyed	-	-	-	-	26

Free disinfectants issued

Fluid - - - - - 54 pints.

REGISTERED LODGING HOUSE

Number of Common Lodging Houses	-	1
Number of persons for whom accommodation is provided:—		
Adults	-	87
Children	-	4

FACTORIES ACT 1937

1. The following table gives details of the inspections carried out during the year.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3 and 6 are to be enforced by Local Authorities. -	127	100	9	—
(ii) Factories not included in (i) to which section 7 applies (a) subject to the Local Authorities (Transfer of Enforcement) Order 1938 - -	159	129	1	—
(b) Others - -	—	—	—	—
(iii) Other premises under the Act, (excluding outworkers premises) - -	—	—	—	—
TOTAL - -	286	229	10	—

OUTWORK (sections 110 and 111)

☆

Number of Outworkers at August 1951:—

Making, Cleaning etc., of Wearing Apparel -	38
Making of Receptacles of Paper, Cardboard etc.	10
TOTAL	48

FACTORIES ACT 1937—Continued

2. Cases in which defects were found.

Particulars	No. of cases in which defects were				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (s.1) - -	3	3	—	—	—
Overcrowding (s.2) -	—	—	—	—	—
Unreasonable temperature (s.3) -	—	—	—	—	—
Inadequate ventilation (s.4) - -	—	—	—	—	—
Ineffective drainage of floors (s.5) -	—	—	—	—	—
Sanitary Conveniences (s.7) - -					
(a) insufficient -	1	2	1	—	—
(b) unsuitable or defective -	12	3	5	2	—
(c) not separate for sexes - -	—	—	—	—	—
Other offences (not including offences relating to Homework) -	3	2	—	—	—
TOTALS - -	19	10	6	2	—

HOUSING STATISTICS

☆

PUBLIC HEALTH ACT 1936 and HOUSING ACT 1936

☆

Houses inspected	-	-	-	-	1452
„ found to be defective	-	-	-	-	984
„ rendered fit by informal action	-	-	-	-	660
„ „ „ formal „	-	-	-	-	28
Informal notices served	-	-	-	-	559
„ „ complied with	-	-	-	-	323

Statutory Notices, Public Health Act:—

Served	-	-	-	-	17
Complied with	-	-	-	-	20

Statutory Notices, Housing Act:—

Served	-	-	-	-	—
Complied with by owners	-	-	-	-	6
„ „ „ Corporation in default of owners	-	-	-	-	2

HOUSING ACT 1936, section 58

☆

Overcrowding

☆

Houses overcrowded at end of 1950	-	-	-	28
Number of persons affected	-	-	-	211
New cases of overcrowding found in 1951	-	-	-	9
Number of persons affected	-	-	-	94
Cases of overcrowding abated during 1951	-	-	-	17
Number of persons affected	-	-	-	137½
Cases of overcrowding not abated at end of 1951	-	-	-	20
Number of persons affected	-	-	-	167½

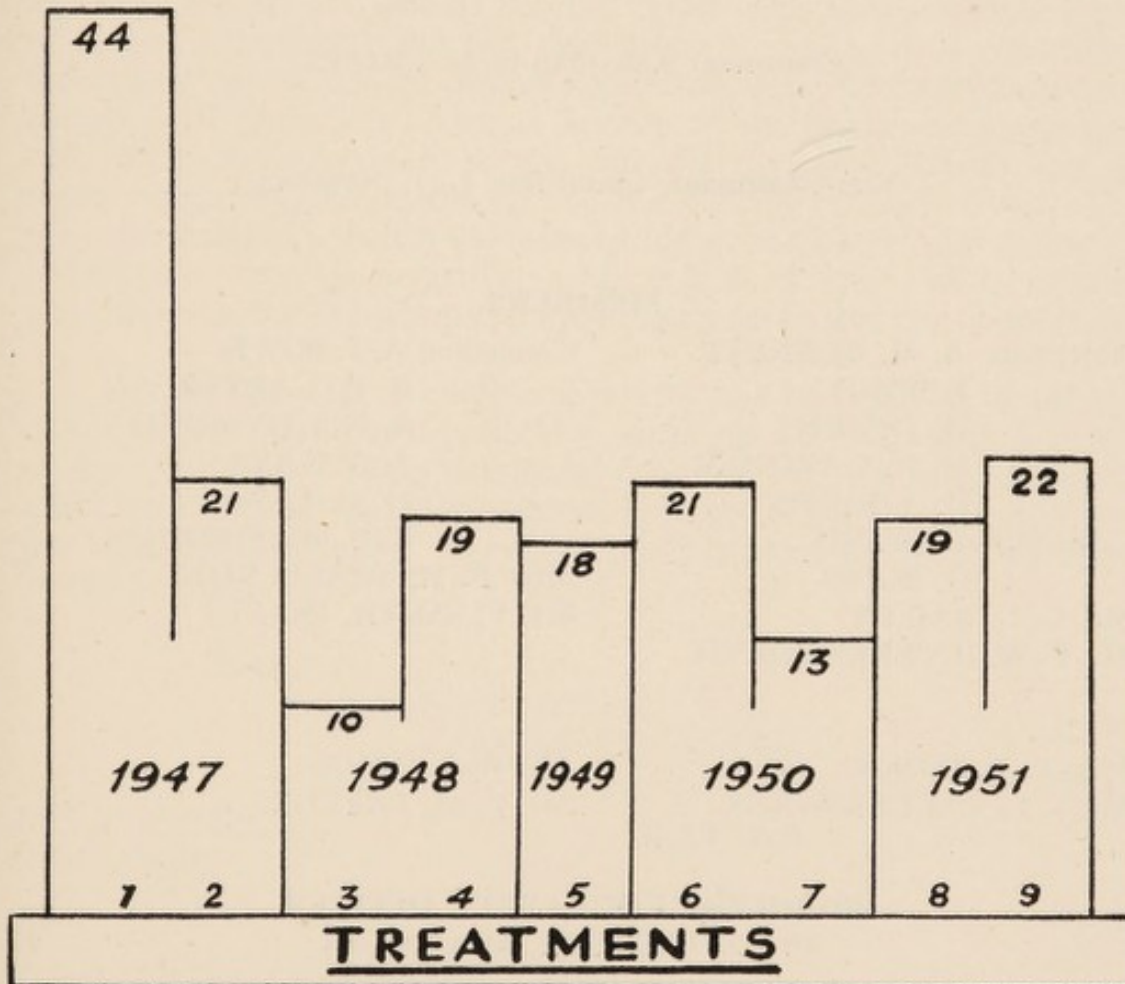
PREVENTION OF DAMAGE BY PESTS ACT 1949**Premises baited in 1951**

Type of Premises					Number baited
Local Authority	-	-	-	-	26
Business	-	-	-	-	122
Dwellinghouse	-	-	-	-	351
Agricultural	-	-	-	-	10
Sewer manholes	-	-	-	-	1475

Baiting					
Non-poisonous baits laid	-	-	-	-	7171
Poisonous baits laid	-	-	-	-	7954
„ „ taken	-	-	-	-	3237

RAT INFESTATION of SEWERS

*Percentage of Sewer Manholes
Showing evidence of rat infestation*



BOROUGH OF SWINDON

**EDUCATION COMMITTEE**

as at 31st December, 1951

HIS WORSHIP THE MAYOR (Alderman ARTHUR LEONARD, J.P.)

Chairman: Alderman R. G. CRIPPS**Vice-Chairman:** Councillor L. J. Newman.**MEMBERS**

Alderman	A. M. BENNETT	Councillor	A. J. BOWN
"	J. BOND	"	B. H. CARTER
"	H. DIMENT	"	A. W. J. DYMOND
"	H. W. GARDNER	"	J. G. GAY
"	H. THORPE	"	H. G. LEWIS
Councillor	H. BOND	"	C. S. MacPHERSON
"	G. BOND	Miss	F. H. SHALLCROFT
Mr.	C. L. BAILEY	Mr.	F. SMITH, (N.U.T.)
Mr.	F. W. HAWKESWORTH		
W.C.C.			
Mrs.	F. A. TONGE	Mr.	W. J. DAVIS
Mr.	J. L. CALDERWOOD,	Mr.	F. M. TAYLOR
	B.A., LL.B.		

BOROUGH EDUCATION OFFICER

Mr. G. JELlicoe, M.A. (Oxon)

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

Ladies and Gentlemen,

I have pleasure in presenting a report on the School Medical work for the Borough of Swindon for the year 1951.

During the year the medical staff was up to establishment and there were no changes. This enabled us to get up to date with school inspections and examinations.

I would draw your attention to the section of the report dealing with the School Dental Service. I am sure that you will agree with me in deploring the fact that as far as Swindon is concerned the school dental service almost ceased to exist. The excellent contribution of the School Dental Service to the health of the nation cannot be denied, yet it seems that the National Health Act in rapidly depriving us of this service is defeating its own object. The present situation appears to be insoluble at local level and action at government level is urgently required if it is intended to restore and maintain the dental care of the priority section of the population.

During the year a complete review has been made of all the handicapped pupils and generally speaking the educational needs of these children is being adequately catered for. I would, however, make an exception to this statement in respect of the children suffering from cerebral palsy and have made special reference to them in the Report.

I am,

Your obedient servant,

JAMES URQUHART,

Borough School Medical Officer.

CIVIC OFFICES,
SWINDON.

SCHOOL MEDICAL SERVICE

SUMMARY OF STATISTICS

A summary of the principal statistics for the year 1951 with comparable figures for 1950, is given below:—

	1951	1950
Number of primary and secondary school children on register at end of year - - -	10380	9901
Number of children examined at routine medical inspection - - -	3291	2319
Number found to require treatment for diseases and defects - - -	746	585
Number of dental inspections - - -	Nil	2255
Number referred for dental treatment - -	Nil	1535
Number of children examined for part-time employment - - -	173	144

SCHOOL POPULATION

The estimated population of the Borough of Swindon at mid year 1951 was 68,570. There were at the end of 1951 a total of 10,380 children on the registers of the primary and secondary schools of Swindon (including the Central Primary School). It will be noted that this is an increase of 479 over the school population at the end of 1950.

STAFF

1. **Medical.** Throughout the year the medical staff has been up to full establishment namely a School Medical Officer and two whole time assistants.
2. **Dental.** The normal establishment is three full time dental officers. At the beginning of the year we had two dental officers, Mr. Berrie and Mr. Barnett. On 30th April, 1951 Mr. Berrie retired on the grounds of ill health and on 30th June, 1951 Mr. Barnett left to take up private practice. Although the posts were repeatedly advertised no applications were received up to the end of the year.
3. **Dental Attendants.** The normal establishment is two dental attendants. One of these ceased work in February, 1951. During the period when no dentist was available the remaining attendant helped on relief at the Health Centre. The rest of her time was taken up on clerical duties.
4. **School Nurses.** In Swindon the health visitor is also school nurse and during the year we retained our full complement of staff, namely eight health visitors who give half their time to the duties of school nurse. There were no changes in the personnel during 1951.

MEDICAL EXAMINATIONS.

During the year periodic medical examinations were carried out in accordance with the Handicapped Pupils and School Health Service Regulations, 1945. In addition to these periodic examinations the practice of examining pupils on admission to the secondary grammar school was continued. (It might be mentioned here that the school medical staff carry out routine inspections at the Occupation Centre on behalf of the Mental Health Services of the Wilts. County Council.)

It will be seen from the following table that during the year 972 more children were seen at the periodic examinations than in 1950. This increase was due to the fact that the medical staff was up to strength and enabled us to carry out a full programme of school visits.

The findings at medical inspection are given in the table on page 62.

The following gives the number of primary and secondary school children examined and the periodic age groups and the number found to be suffering from diseases and defects (excluding dental caries and uncleanliness) which required some form of treatment.

	1951	1950	1949	1948	1947
Number of children examined -	3291	2319	2897	3271	2345
Number of children found to have defects -	746	585	602	707	505
Percentage of children examined in need of treatment -	22.6	25.3	20.7	21.6	21.5

Of the 3291 children examined at routine medical inspections there were 358 (or 10.8%) defects of vision and 553 (or 16.6%) defects of ear, nose and throat.

During the year a height and weight graph was evolved and is included in the child's school records. Such a graph is I consider most helpful in assessing the physical development and progress of the pupil.

NUTRITIONAL STATE

The Ministry now recognises three categories relating to the general condition of a child, viz:—

A — Good

B — Fair

C — Poor

A table showing the number and percentage of children placed in each of these three categories for each age group examined during 1951 and 1950 is given below:—

Age Group		No. of children Inspected	Category A		Category B		Category C	
			No.	%	No.	%	No.	%
Entrants	1951	1276	743	58.2	515	40.4	18	1.4
	1950	960	411	42.8	482	50.2	67	7.0
Second Age Group	1951	733	441	60.2	264	36.0	28	3.8
	1950	581	295	50.8	262	45.1	24	4.1
Third Age Group	1951	952	603	63.3	323	33.9	26	2.8
	1950	476	189	39.7	274	57.6	13	2.7
Other Periodic Inspections	1951	330	278	84.2	48	14.6	4	1.2
	1950	302	213	70.5	76	25.2	13	4.3
TOTAL	1951	3291	2065	66.5	1150	31.2	76	2.3
	1950	2319	1108	47.8	1094	47.2	117	5.0

Comments:—

It will be seen from the above table that a greater percentage of children were classified in Group A and that the percentage in Groups B and C both decreased. Last year I reported that the classification tended towards fewer in Group A and more in Groups B and C—the opposite of this year. The variations in all groups are not in my opinion very significant and would only become worthy of note should a tendency to swing either way become stabilised over a period of years. The main point of note is that the nutritional state of the children as a whole is most satisfactory and that those in Group C are not all accounted for by under-nourishment due to neglect or under-feeding but more often attributable to ill health.

CLEANLINESS

During 1951, the School Nurses carried out a total of 22,101 inspections for uncleanness and a total of 540 instances of infestation were reported.

MINOR AILMENT CLINICS

Minor Ailment clinics are held at the following places and times

Eastcott Hill.	Time.	Dr. in attendance.
Monday to Saturday inclusive	9 a.m. to 12-30 p.m.	Monday, Friday and Saturday.
Pinehurst.	Time.	Dr. in attendance.
Monday to Friday inclusive	9 a.m. to 12-30 p.m.	Tuesday.

In all some 9,374 attendances were made at these clinics during the year. There were 2,744 consultations with doctor.

OBSERVATION CLINICS

When a child is seen either at a periodic or special examination and found to have any defect which while not necessitating reference to a specialist requires special observation such children are referred to special sessions at the Minor Ailment Clinics.

The advantages of such a system are summarised as follows:—

1. There is a saving of doctors' time in that routine follow up at school of all children previously found to have minor defects is obviated.
2. All children seen for special examination are accompanied by a parent or responsible adult. This ensures that a full medical history is available and that advice given is properly understood.
3. The facilities and equipment available at the clinic enables the examination to be carried out thoroughly and under good conditions.

OTHER MEDICAL INSPECTIONS

Special medical inspections and re-inspections were carried out on 1554 primary and secondary school children. The figures for 1950 and 1951 are as follows:—

			1951	1950
Number of inspections	-	-	1554	1310
Number of re-inspections	-	-	2065	806
An analysis of the 1951 and 1950 figures is given below:—				
			1951	1950
Number seen for skin conditions	-	-	775	664
„ „ „ eye	-	-	286	110
„ „ „ school accidents	-	-	71	82
„ „ „ ear defects	-	-	58	71
„ „ „ throat or nose defects	-	-	80	83
„ „ „ juvenile employment	-	-	173	144
Others	-	-	111	156
TOTAL			1554	1310

During the early months of the year it was found that at certain schools there were a number of children with plantar warts or epidermophytosis. Special examinations of feet were held at school and at the swimming baths. Out of 442 children seen it was found that 26 required treatment. This was arranged either through the private doctors or carried out at the school clinic.

Preventive measures were put into operation both at the baths and in the schools which appear to have been effective. It was thought that one of the main factors in the spread of these foot infections was the communal use of gym shoes in schools. Arrangements were made to send all these shoes for disinfection and thereafter they were reserved for individual use only.

CONSULTANT CLINICS

The Consultant Clinics in Swindon are the responsibility of the Oxford Regional Hospital Board. To these clinics are referred all the children who are found on medical inspection to need hospital treatment or consultants' opinion. In every case the family doctor is notified of our intention to refer children to these clinics and he is given the opportunity to deal with the case himself if he so desires.

In conjunction with the Hospital Board, Consultant clinics for school children were held in the School Clinic at Eastcott Hill. Clerical and nursing staff for these clinics were provided by the Health Department. Most of the consultants, however, preferred to hold such clinics at hospitals and in fact only the Ophthalmic clinics are now held on our premises.

From the point of view of the School Medical Service the transfer of these clinics to hospital premises is regrettable. Previously when we arranged these clinics we had knowledge of every child referred and our nursing staff took a personal interest in each individual case. Now the position is such that we have to depend on the goodwill of the consultant concerned to tell us about the children he sees and naturally the important personal link between the school nurse and the child is lost.

Ophthalmic Clinics. Consultant clinics continue to be held at the school clinic, Eastcott Hill with clerical and nursing staff provided by the Health Department.

No. of clinics held	-	-	-	-	75
No. of children attending	-	-	-	-	665
No. of attendances	-	-	-	-	1270

Orthopaedic Clinics. Since May 1950 the Orthopaedic Clinic has been run by the Regional Hospital Board at St. Margarets Hospital. 213 cases were referred during 1951 to the clinics by the School Medical Services. As this department no longer arranges the appointments at these clinics we have no actual knowledge of the total number of Swindon school children referred there from all sources.

Ear, Nose and Throat Clinics. On 23rd December 1950, the Ear, Nose and Throat Clinic was transferred from Eastcott Hill Clinic to the Victoria Hospital. Children referred by the School Medical Officers to this clinic have now to take their turn on the general waiting list for consultation and surgical treatment if advised. As a result of there being no special clinics for school children the waiting list for both consultation and operation has become very long. Again too the fact that operative treatment for tonsils and adenoids is suspended when the incidence of poliomyelitis is high makes the position still more unsatisfactory. Discussions on the position have taken place between this department and the Hospital

Authorities concerned and it is now hoped that there will be an improvement in the service. A system of priorities is now in operation and where it is considered by the School Medical Officer that a child is in urgent need of treatment special consideration is given to that child.

Many of the children who had been on the waiting list for a long time were seen again at the observation clinics and if it was considered that operation might not now be necessary a further appointment was made to see the consultant who made a final decision on this point. If on the other hand the condition of the child appeared to have deteriorated a request for priority consideration was sent to the hospital.

Pædiatric Clinics. The Consultant Pædiatric Clinic was transferred from Eastcott Hill Clinic to the Victoria Hospital in March 1951. As referred to previously the transfer of these clinics is from our point of view regrettable. I must acknowledge that the Consultant in Charge of the Clinic does furnish us with information about the school children seen by him there.

Up to March 39 cases involving 40 attendances were seen at the weekly clinics held at Eastcott Hill. Since transfer of the clinic to the Victoria Hospital 33 cases were referred to the Pædiatrician by the School Medical Officers.

SPECIAL CLINICS

Remedial Exercises. When children are found at examination by the School Medical Officers to require treatment for postural defects, they are either referred for special exercises to the qualified physical instructors at the schools or to the Orthopædic Clinic. Many of the latter children are then sent for outpatient treatment at the physiotherapy department of the Swindon and District Hospital Management Committee. There the Consultant in Physical Medicine, Dr. J. B. Stewart supervises their treatment. Unfortunately pressure of work and limited space and staff at the Physiotherapy Department does not permit of large numbers of children being given regular treatment and only the more serious defects were dealt with. The position therefore is that many children who would benefit from remedial exercises could not have such treatment. A plea has been made for the appointment of a whole time remedial gymnast for the schools and this matter is being considered by the Education Committee. In all 180 school children were found at medical inspection to require such treatment.

Child Guidance Clinic. The Child Guidance Clinic set up by the Wiltshire County Council which started to function in Swindon towards the end of 1950 held regular clinic sessions throughout the year. These sessions were held on the 1st, 3rd and 5th Thursdays of the month both morning and afternoon. When the clinic at 81, Bath Road was completed in August the Child Guidance team moved

there from Eastcott Hill and have expressed themselves as well satisfied with the facilities available there.

Appended at the end of this report is a report on the Child Guidance Service by Mr. H. R. Melrose, Educational Psychologist.

Speech Therapy. The services of the part time Speech Therapist Miss Jansson are only available on one day per week. In her report to me Miss Jansson stresses the fact that she does not consider that in the time available she is able to cope with the numbers of children requiring treatment and consequently the waiting list is lengthening and at the end of the year stood at 39. Further Miss Jansson felt that having to travel so far to the clinic was adversely affecting her health and she wished to resign her appointment if another Speech Therapist could be found. Representations to this effect have been made to the County Council and it is hoped that another appointment will be made next year.

Miss Jansson's report continues as follows:—

"A number of children have only been seen once and there are many others who have had treatment and who should be recalled to note whether progress has been maintained. All the children who have lapsed in their treatment require follow up. Two sessions per week however give no time for this important consolidating work."

As the value of speech therapy is being more widely recognised there is a growing demand from teachers and parents for treatment for their children. In this connection the visiting of schools by the Speech Therapist is of great value both from the diagnostic point of view and from the valuable contact with the teachers.

As in previous years the health visitors have always been most helpful in visiting cases when needful and in supplying information useful to the understanding of the background of patients.

Number of sessions				-	-	77		
Number of attendances				-	-	451		
							Boys	Girls
								Total
Number of children				-	-	46	15	61
Complaints:								
Stammer				-	-	17	—	17
Lisp				-	-	6	2	8
Cleft Palate speech				-	-	1	2	3
Defective Articulation:								
(a) Due to an organic condition				-	-	—	3	3
(b) Associated with low mentality				-	-	7	2	9
(c) Where the emotional element is an important contributory cause-				-	-	5	3	8
(d) Various causes				-	-	8	3	11
(e) Associated with deafness				-	-	2	—	2

Two children were referred to the dental clinic one to the Child Guidance Clinic and one to the Ear, Nose and Throat Surgeon for assessment of hearing.

HANDICAPPED PUPILS

1. **Blind Pupils.** (Pupils who have no sight, or whose sight is, or is likely to become so defective that they require education by methods not involving the use of sight). One Swindon blind girl has been in a Special School for the blind at the Royal School of Industry for the Blind, Westbury-on-Trym since 19-5-45. No new pupils were assessed during 1951 and there are none awaiting admission to a special school for the blind.

2. **Partially Sighted Pupils.** (Pupils who, by reason of defective vision, cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight). Three children were assessed as partially sighted during the year and are on the waiting list for admission to a Special School. There are at present no Swindon school children in special schools for this category of handicapped pupils.

3. **Deaf Pupils.** (Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language). Four Swindon children deaf from birth are attending special schools as follows:—

1 boy at Donnington Lodge Nursery School since January 1950.

1 girl at Royal Institute for Deaf, Derby since September 1950.

2 girls at Royal Institute for Deaf since 1947.

No new pupils were assessed during 1951 and there are none awaiting admission to a Special School.

4. **Partially Deaf Pupils.** (Pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils). No child was ascertained partially deaf during 1951.

5. **Delicate Pupils.** (Pupils who by reason of impaired physical condition cannot without risk to their health be educated under the normal regime of the ordinary school). Eight pupils were ascertained as delicate during 1951 and the following provisions were made:—

One boy aged 13 years was admitted to an Open Air School at Hamilton House, Seaford.

One boy aged 13 years was admitted to an Open Air School at Godalming, Surrey.

One girl aged 8 years was admitted to an Open Air School at Brighton.

The remaining five are on the waiting list for admission to Open Air Schools.

In addition there was one boy aged 12 years in an Open Air School at Godalming, Surrey at the end of 1950 who continued to attend until July 1951.

6. **Diabetic Pupils.** (Pupils suffering from Diabetes who cannot obtain the treatment they need while living at home and require residential care). One girl classified under this category has been a pupil at the Hutton Residential School since January, 1949.

7. **Educationally Subnormal Pupils.** During 1951, 47 pupils were examined and were grouped as follows:—

14 were recommended special educational treatment in an ordinary school

20 were recommended education in a Special Day School for educationally subnormal children

13 were reported to the Local Health Authority as ineducable.

Children already assessed as educationally subnormal were receiving special educational treatment at the end of 1951 at the following centres:—

Special Day School	-	-	-	-	52
Special Residential Schools	-	-	-	-	3
Waiting for a vacancy at a Special Day School	-	-	-	-	3
Waiting for a vacancy at a Special Residential School	-	-	-	-	—

The number of children who were examined in 1951 and notified under Section 57 (5) of the Education Act 1944 was 7.

Special educational treatment at an ordinary school was being given at the end of 1951 to 38 pupils, 14 of which were recommended this treatment during 1951.

8. **Epileptic Pupils.** (Pupils who by reason of epilepsy, cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils). During the year a review was made of all the Swindon school children who had been diagnosed as suffering from epilepsy.

Recent advances in the use of the encephalograph have enabled the diagnosis to be confirmed in all those with a doubtful history of mild seizures.

At the end of 1951 there were 17 confirmed epileptics attending ordinary school and a further seven still under investigation were also attending school. There were no Swindon children in any Special School for Epileptics.

All the children in whom the diagnosis is confirmed are under medical treatment and the drugs exhibited are so successful that it is a comparative rarity to hear of a child having a major seizure at school.

9. **Maladjusted Pupils.** (Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment).

One boy aged 10 admitted to Sutcliffe School September 1951.

One boy aged 11 waiting admittance to hostel or school.

10. **Physically Handicapped Pupils.** (Pupils not being pupils suffering solely from a defect of sight or hearing who, by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school, or cannot be educated in such a school without detriment to their health or educational development).

One girl aged 11 years was recommended school for physically handicapped pupils.

Spastic Paralysis. During the year a review was made of all children known to be suffering from cerebral palsy (more widely known as "spastic children"). The results of this investigation are summarised below.

Special schools for such children have been established in several centres but it is extremely difficult to obtain places in these schools. There are many more applications for these schools than there are places available and so it is only natural that generally speaking the children admitted are those whose mental and physical condition give the most promising prospect of improvement.

What then is done for those who cannot hope to be admitted to a Spastic School? The sad truth is that little or nothing is being done for such unfortunates. True they do attend at orthopædic clinics where some advice and physical treatment may be given but this is a periodic affair and no continuous training or education is given.

The problem of these children has been the subject of many discussions I have had with Dr. J. B. Stewart, the Consultant in Physical Medicine. He is most interested in this particular subject and has had much experience in their institutional care and training. Already he has seen all the known Swindon spastics at his clinic and has laid on special sessions for their training. One advance in their treatment has been that the Corporation have kindly put at his disposal the plunge bath at the Turkish baths so that hydrotherapy is available.

The result of our discussions is that as soon as premises and staff are available a scheme will be put forward for the establishment of a spastic unit where as well as physical treatment educational facilities will be available. If such a unit can be established then I consider that it will prove to be even more valuable than a boarding school as the children will still enjoy the benefits of parental care and training.

The present position regarding cerebral palsy children in Swindon is summarised as follows:—

No. of known cases of school age	-	-	-	6
No. in special schools for spastic paralysis	-	-	-	1
No. attending ordinary school	-	-	-	2
No. on waiting list for "screening" prior to admission to special school	-	-	-	2
No. of known cases under school age	-	-	-	7

Attempts have been made to assess the intelligence of all these children with the exception of the one pupil in the special school. While several are clearly of almost average attainment, it is impossible by reason of these physical disabilities to assess accurately the younger children.

If it is found possible to establish a spastic unit it is hoped that between 6 and 8 of the above children will be able to attend for both physical and educational training.

PHYSICAL WELFARE OF CHILDREN

Milk in Schools Scheme.

The results of a survey taken on one day in October 1951 are as follows (figures in brackets represent a similar survey taken on one day in October, 1950).

Survey taken on one day in October, 1951.

Total number primary children taking milk, 5415 representing 83.93% of children attending school at the time. (5097 representing 86.16%).

Total number secondary children taking milk 2239 representing 66.92% of children attending school at the time. (2324 representing 70.32%).

Total number Central Primary children taking milk, 44 representing 93.33% of children attending school at the time. (24 representing 70.59%).

All milk is pasteurised and is supplied in 1/3rd pint bottles.

No. of school departments supplied is 35.

All milk supplied to schools is sampled at regular intervals and any complaints regarding it are reported to the office for action.

Meals in Schools.

I am indebted to the Education Officer for the following details of the numbers of school children having school meals.

	Oct. 1951	Oct. 1950
Number of School canteens - -	27	27
Number of children taking meals -	2121	2046
Number of children taking free meals -	541	528

**A RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1951 WITH COMPARATIVE FIGURES FOR 1950.**

Defect Code No.	Defect or Disease	Periodic Inspections No. of defects			Special Inspections No. of defects		
		Requiring treatment		Requiring to be kept under observation but not requiring treatment	Requiring treatment		Requiring to be kept under observation but not requiring treatment
		1951	1950		1951	1950	
4.	Skin	34	33	55	781	681	1
5.	Eyes—						
	a. Vision	317	230	41	60	70	1
	b. Squint	45	19	17	5	10	1
	c. Other	8	6	10	323	136	13
6.	Ears—						
	a. Hearing	9	8	15	17	9	—
	b. Otitis Media	8	3	6	2	1	1
	c. Other	12	16	63	152	228	—
7.	Nose or Throat	159	177	281	236	224	3
8.	Speech	16	7	4	8	8	—
9.	Cervical Glands	6	1	23	39	41	1
10.	Heart and Circulation	7	17	88	4	3	2
11.	Lungs	30	6	77	19	—	9
12.	Developmental—						
	a. Hernia	5	4	11	2	1	1
	b. Other	2	2	56	13	1	5
13.	Orthopaedic—						
	a. Posture	107	17	100	3	1	3
	b. Flat foot	60	34	80	3	2	1
	c. Other	28	19	55	17	14	7
14.	Nervous system						
	a. Epilepsy	4	—	1	5	—	—
	b. Other	5	4	30	17	14	14
15.	Psychological—						
	a. Development	4	1	5	7	—	2
	b. Stability	19	—	24	24	2	2
16.	Other	60	57	134	2387	2160	138

CHILD GUIDANCE SERVICE 1951

Prior to 1951 any child in the Borough of Swindon who required Child Guidance investigation had to travel with his parents to Reading. The difficulties and inconvenience of this travelling were partially alleviated in September 1950 by the establishment of a Psychological Clinic at the Health Centre, Milton Road, Swindon, by Mr. H. R. Melrose, Educational Psychologist. It was thus possible to deal with the problems of the greater majority of the children by suggested ameliorations or alleviations in the home or school environment, and to refer those children who required psychiatric treatment to the Corsham Clinic, where a Psychiatrist was also in attendance. This arrangement continued until the end of March 1951. In April of that year a full Child Guidance Centre was set up at Eastcott Hill Clinic, Swindon consisting of:—

Dr. K. C. P. Smith—Consultant Psychiatrist.

Mr. H. R. Melrose—Educational Psychologist.

Miss N. Comber—Social Worker.

Miss H. Copping—Clerical Assistant.

Here it was possible to investigate the problems of children from the Borough, and also those county children and their parents living in the Highworth, Malmesbury and Marlborough areas, for whom Swindon provides such a convenient nodal point for purposes of transport.

A further change of premises was made in September 1951, when the Centre was moved to the recently reconstituted premises at 81, Bath Road, Swindon, where there is less pressure from other clinics and it has been possible to hold a session from 10 a.m. until 4 p.m. every Thursday. Towards the end of 1951 there was quite a lengthy waiting list of children to be seen, but by the middle of 1952 the referrals were well in hand, and no child now has to wait for more than a week or two for an appointment.

Case Load.

35 new cases were referred in 1951, all of whom were seen by Dr. Smith and Mr. Melrose, and the homes were visited by Miss Comber. Of these cases 18 were carried forward to 1952 and the remaining 17 were either seen as a consultation only or discharged as improved at the end of 1951. 5 of the children seen for consultation only were of an intelligence standard below that likely to profit from Child Guidance treatment and were recommended for special schools for educationally sub-normal pupils, or for attendance at the Swindon Occupation Centre. Dr. Smith carried out 59 therapeutic interviews and Mr. Melrose 43 interviews for the assessment of intelligence levels and subsequent therapeutic intervals. In addition 6 children were invited for 25 regular sessions of play therapy under Miss Comber's immediate supervision. There was a welcome tendency to refer children at an early (pre school) age, as these children usually profit considerably from regular periods of play therapy.

Referrals.

The great majority of the 35 children referred came from the Borough Medical Officer, though a few came through the Children's Officer.

Children's Problems.

The problems for which the children were referred may be summarised under the following classification:—

1. Nervous Disorders	-	-	-	2
2. Habit Disorders and Physical Symptoms	-			9
3. Behaviour Disorders	-	-	-	19
4. Educational and Vocational Difficulties	-			5

The distribution of ages of the children is as below:—

Ages	2 yrs. & under	3	4	5	6	7	8	9	10	11	12	13	14	15	16 & over	Total
Children	1	2	2	1	3		1	4	3	7	2	4	3	2		35

The distribution of Intelligence of the children is as below:—

I.Q.	Below 54 & below	Average 55-70	Average 71-85	Average 86-100	Average 101-115	Average 116-130	Average 131-145	Total
Children	1	4	8	9	8	5	0	35
Percentage	3	11	23	26	23	14	0	

In conclusion, the members of the Child Guidance Team would like to thank particularly Dr. J. Urquhart, Medical Officer of Health, for his ready assistance and co-operation at all times in the establishment and functioning of the service. The Educational Psychologist would also like to thank those Head Teachers who have so willingly rendered reports on the children seen at the Centre, for without their co-operation the service cannot function at all efficiently.

SCHOOL DENTAL SERVICES

Last year I reported that with two dentists out of our establishment of three it was impossible to keep pace with the demand for dental treatment. Our difficulties were further increased when Mr. Berrie retired on the grounds of ill health on 30th April, 1951. No applications for his post were received in spite of repeated advertisements. On 30th June the remaining dentist Mr. Barnett left to take up private practice. In spite of the fact that housing accommodation was offered, further advertisements brought no applicants for these posts.

Being without a dentist on our staff led to many difficulties as each day parents came in distress complaining that their children were suffering acute toothache and that they had tried to secure treatment from private dentists without success. Most of these cases were referred to the Health Centre for treatment and some private dental practitioners were co-operative and dealt with many of these children.

In an attempt to get emergency treatment instituted I approached the local dentists through the local Secretary of the British Dental Association but none were willing to give sessional service.

In August the County Medical Officer made available to us the services of Mr. Randerson, Assistant Dental Officer for one session per week. At this session it was only possible to deal with emergency work and while the help given was greatly appreciated it of course dealt with only a few of the most urgent cases. No conservative dentistry could be done.

The salary awards for Dental Officers in the Local Authority Service brought no hope of reinstating the School Dental Service and as long as the salaries offered compare so unfavourably with the remuneration of dental practitioners under the National Health Service one can see no prospect of any improvement in the position.

DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING THE YEAR, 1951

(1)	Number of children inspected by the Authority's Dental Officers:—			
	(a) Periodic age groups	-	-	—
	(b) Specials	-	-	—
			Total (1)	
(2)	Number found to require treatment	-	-	—
(3)	Number referred for treatment	-	-	—
(4)	Number actually treated	-	-	1286
(5)	Attendances made by pupils for treatment	-	-	2474
				—
(6)	Half-days devoted to: inspection	-	-	—
	treatment	-	-	264
			Total (6)	264
				—
(7)	Fillings: Permanent teeth	-	-	410
	temporary teeth	-	-	14
			Total (7)	424
				—
(8)	Number of teeth filled: Permanent teeth	-	-	337
	Temporary teeth	-	-	14
			Total (8)	351

(9)	Extractions: Permanent teeth	-	-	-	420
	Temporary teeth	-	-	-	1398
Total (9)					<u>1818</u>
(10)	Administration of general anæsthetics for extraction	-	-	-	<u>618</u>
(11)	Other operations: Permanent teeth	-	-	-	329
	Temporary teeth	-	-	-	423
Total (11)					<u>852</u>

REPORT OF THE AREA MEDICAL OFFICER FOR THE YEAR ENDED 1951.

I have pleasure in submitting the Report of the Area Medical Officer of Swindon for the year 1951.

As previously, the Report deals exclusively with the services provided under Part III of the National Health Service Act, 1946, which have been delegated to the Swindon Area Sub-Committee. The two services which have not been delegated under this part of the Act are the Ambulance Service and the Mental Health Service.

Having now had a complete year in which to observe the working and administration of the Area Medical Services, I would say that the arrangements are most satisfactory. Close liaison is maintained between this department and the departments concerned at County Hall; this co-operation has been most encouraging. Again, too, the degree of co-operation maintained enables us to deal satisfactorily and expeditiously with the many problems which are partly local Sanitary Authority and partly Area Services.

Medical Staff.

Medical Officer of Health - JAMES URQUHART,
M.B., CH.B., D.P.H.

Assistant Medical Officer of Health (Acting Deputy) - A. H. GRIFFITH,
M.B., B.S., D.P.H.

Assistant Medical Officer of Health - S. B. S. SMITH,
L.M.S.S.A., D.T.M. & H.

SWINDON HEALTH CENTRE

During the year ten doctors continued to work from the Health Centre where some 36,000 patients are registered.

New desks were supplied to all the doctors' consulting rooms, the waiting room accommodation was re-arranged and 60 stacking type chairs were supplied. This enabled us to dispose of some of the benches and chairs which were there previously with a resulting improvement in comfort and in appearance.

Extensive alterations were made in the general office by the replacement of the old wooden counter and wooden drawer filing system by modern steel cabinets. I am assured by the staff that the new equipment has made a considerable contribution to easier, quicker and more efficient working.

In my opinion there is still room for closer liaison between the Local Authority and the doctors working at the Centre. Although I have personal contact with the doctors and have discussed many problems with them I feel that there should be more official liaison which I am sure would make for happier relations. From my observations I would say that there is an undercurrent of dissatisfaction among the doctors principally due to the fact that they have no such direct contact with the Local Authority and no say in the administra-

tion of the Centre. I feel that as time goes on this problem will become more acute and serious consideration will have to be given to the methods of overcoming it.

Dental Department.

Dental Surgeons	-	2	Dental Attendants	-	2
Dental Technicians		5	Dental Receptionist		1

During the year there were 11,684 attendances for treatment and the following work was carried out:—

Fillings				Dentures			
Scalings	Amalgams	Synthetic	Extrac- tions	X-rays	repairs	Manufac- tured	Treatments
383	1852	361	3833	532	644	1175	5722

Pharmacy.

The Pharmacy dealt with 138,050 prescriptions during the year.

ANTE-NATAL AND POST-NATAL CLINICS.

Clinics at which a doctor is in attendance are held weekly as follows:—

37, Milton Road	-	Tuesdays Thursdays	{	1-30 to 4 p.m.
Beech Avenue	-	Mondays Fridays	{	1-30 to 4 p.m.

		1951	1950
Number of women who attended these Clinics during the period	-	794	924
Number of attendances made during the period	- - -	3786	4199

In addition to the above Clinics the arrangements whereby the Regional Hospital Board Obstetrical and Gynaecological clinics are held in County Council premises continues.

During the second half of the year the Thursday afternoon clinic at Milton Road has been taken by the Deputy Medical Officer of Health instead of the resident hospital staff. This was arranged so that the Local Authority Medical staff would have a more direct and personal interest in the domiciliary midwifery service. Other clinics have continued to have the services of the medical staff from the Swindon Maternity Hospital and two general practitioner obstetricians have continued to be employed for ante natal clinics on a sessional basis.

The Local Authority clinics are staffed by the district midwives on a rota system.

INFANT WELFARE CLINICS

Centre	Day and Time	Number of consultations with doctor	Number of attendances
61 Eastcott Hill	Monday (until 20.8.51) Wednesday Friday	2 to 4 p.m.	1833 (1732) 5318 (5729)
Beech Avenue, Pinehurst	Tuesday		
Gorse Hill	Wednesday		
Rodbourne	Thursday	2 to 4 p.m.	673 (768) 2472 (2794)
Moredon	Monday	2 to 4 p.m.	405 (261) 1681 (1854)
Bath Road	Friday	2 to 4 p.m.	336 (447) 1170 (1501)
	(from 24.8.51)	2 to 4 p.m.	381 (29) 1717 (1176)
			243 (—) 486 (—)

Figures for 1950 appear in brackets.

In August the clinic at 81, Bath Road was opened and various clinics have been held there including maternity and child welfare clinics, hospital obstetric clinics and child guidance clinics.

The clinic premises are on the ground floor and comprise a reception room, undressing cubicles, waiting room, baby weighing room, consulting room, kitchen and sluice room and lavatory facilities. There is a large covered pram shelter at the rear of the building. The upper two floors furnish 3 flats for staff.

The clinic is well furnished and equipped, and is both attractive to look at, efficient in working and provides adequately for the population of the Old Town. When one sees a clinic such as this one realizes how inadequate and depressing are the clinics which of necessity have to be held in make-shift premises.

The Paediatric Consultant Clinic which in conjunction with the Regional Hospital Board was held at Eastcott Hill Clinic was in March 1951 transferred to the Victoria Hospital. From our point of view this was a retrograde step as, unhappily, when such clinics are held in hospital we frequently lose touch with the cases and the personal interest of our clinic staff in each particular child is lost.

CARE OF PREMATURE INFANTS

Number of premature babies born:—

(i) At Home	-	-	-	-	25
(ii) In Hospital or Nursing Home	-	-	-	-	6

Number who died during the first 24 hours:—

(i) Born at Home	-	-	-	-	1
(ii) Born in Hospital or Nursing Home	-	-	-	-	—

Number who survived at end of one month:—

(i) Born at home	-	-	-	-	24
(ii) Born in Hospital or Nursing Home	-	-	-	-	6

The close liaison between the Swindon & District Maternity Hospital and the Local Authority in the care of premature infants continues to show good results. Before a premature infant is discharged from hospital our health visitors visit the home to ensure that adequate provision is made for its reception and care. If it is considered that the home is not suitable, the case is kept in hospital until such time as the infant gains in strength. On the other hand, if a premature infant is born at home and it is considered that the facilities for its care are inadequate the mother and child are admitted to the Maternity Hospital.

At the request of the Hospital Consultant Paediatrician and Ophthalmologist we have, during the year, made provision for and staffed a special clinic at Eastcott Hill where premature babies are seen at regular intervals during the first six months of life.

The system whereby the Maternity Hospital notifies us each day of the mothers and children due to be discharged the following day continues to function. This enables us to have a health visitor almost waiting on the doorstep to welcome the mother home and to help and advise her on this most difficult day.

DENTAL CARE

CLASS	Numbers provided with Dental care			Forms of Dental Treatment provided								
	Examined	Needing Treatment	Treated	Extractions	Anaesthetics		Fillings	Scalings or Scaling & gum treatment	Silver Nitrate Treatment	Dressings	Dentures	
					Local	General					Partial	Complete
Expectant & Nursing Mothers	34	27	24	39	12	5	13	9	—	18	6	2
Children under five	189	151	143	187	3	92	5	—	2	114	—	—
TOTALS	223	178	167	226	15	97	18	9	2	132	6	2

Patients for X-rays are referred to the Victoria Hospital.

Dentures are sent to an outside mechanic.

During the year we lost both our dental officers. Mr. Berrie retired on the grounds of ill health as from 30th April, 1951 and Mr. Barnett left to take up private practice on 30th June, 1951. Advertisements were repeatedly issued but no applications received. Being without a dentist on our staff led to numerous difficulties as almost every day mothers reported to me that having tried to secure emergency treatment at several dentists and being refused, undue suffering was being caused to the patients.

At that time I did approach the local secretary of the British Dental Association to see whether any of the local practitioners could give us some sessional services, but without result. I would add however that some of the dental practitioners were most helpful in treating as many of these emergency cases as they could and the dentists at the Health Centre also provided emergency treatment.

In August the County Medical Officer made available to us the services of the Assistant Dental Officer, Mr. Randerson, for one session per week. Although his services were much appreciated there was of course no possibility of any conservative work being done.

As has been expressed many times by many authorities the situation in Swindon with regard to lack of dental care of mothers and children has resulted directly from the National Health Service Act and as long as the present situation with regard to remuneration of dentists exists then one can truly say that the Local Authority Dental Services are moribund.

SUPPLY OF WELFARE FOODS

During the year 2872 packets of infant foods were sold for which £354 3s. 4d. was received. This shows a marked fall from the amount sold last year when 4189 packets were sold and £503 11s. 0d. received. These figures in themselves explain the reason for this fall—the rising cost of the proprietary foods and the comparatively cheap National Dried Milk.

PROVISION OF MATERNITY OUTFITS

During the year 567 maternity outfits were supplied from this office as compared with 330 during 1950. Although the birth rate showed little variation during the two years this difference is accounted for by the greater number of domiciliary confinements.

DAY NURSERIES

Number of Nurseries	Number of Approved Places		No. of children on the Register at the end of the year		Average daily attendance		
	0 - 2	2 - 5	0 - 2	2 - 5	0 - 2	2 - 5	
Nurseries maintained by the Council	2	30	60	7	44	6	39

The two Day Nurseries in Swindon provided for 90 children and at the beginning of the year the average number of daily attendances was 59 and those waiting for admission 113. As stated in last year's Report the increased numbers applying for admission necessitated the closest scrutiny of all applications and only the most deserving were admitted whenever a vacancy arose.

When estimates of expenditure for the coming year were considered it was decided that to effect economies the provision of day nursery places would have to be curtailed. As an adverse architect's report was received on the premises at Broad Street it was decided to close this nursery down and open at some other premises on a smaller scale.

At the present time negotiations are going on between the authorities concerned for the use of these premises and it is hoped that early in 1952 all arrangements will be completed and the premises ready for occupation.

FAMILY PLANNING ASSOCIATION

The Family Planning Association continue to hold clinics at Eastcott Hill Clinic weekly.

TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS

40 children were referred to the Orthopaedic Clinic at St. Margaret's Hospital.

21 cases attended the Surgeons Sessions and made 46 attendances.

19 cases attended the Sisters Sessions and made 58 attendances.

10 children were seen by the Ophthalmologist making 46 attendances.

As already stated under the heading Care of Premature Infants a special weekly ophthalmic clinic was established at Eastcott Hill in August.

The purpose of this clinic was to keep premature infants under regular supervision of the ophthalmologist for six months after birth to observe whether retrolenticular fibroplasia developed.

At this clinic a special technique of preparing the children for examination is employed and one of our health visitors seconded to the clinic was given a short course of instructions at The Radcliffe Hospital, Oxford.

MIDWIFERY SERVICE

The following is an analysis of the midwifery carried out in the area during the year:—

Category	Domiciliary Cases		Cases in Institutions		Total	
	As		As		As	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
(1) Midwives employed by the Authority	444	37	—	—	444	37
(2) Midwives employed by Hospital Management Comm.	—	—	914	23	914	23
(3) Midwives in Private Practice	3	4	—	146	3	150
Totals:	447	41	914	169	1361	210

The Local Authority establishment of 7 midwives was reduced to 6 during the year and a total of 8 pupil midwives were attached to them for training.

It appears that the numbers of pupils available are steadily decreasing and this naturally throws a greater burden of work on the midwives. If the number of domiciliary cases increases and the supply of pupils fails it will be necessary either to augment the strength of midwives or to get pupil midwives allocated from other hospital management committee areas.

ADMINISTRATION OF GAS AND AIR ANALGESIA

All six of the midwives are qualified to administer gas and air analgesia.

Analgesia was administered in 409 cases where the midwife acted as such and in 27 cases where the midwife acted as maternity nurse, making a total of 436 administrations in 491 cases.

MIDWIVES ACT, 1951

Medical Aid was summoned in 49 domiciliary cases during the year.

HEALTH VISITING

Number of visits paid by Health Visitors (figures for 1950 in brackets):—

Expectant Mothers		Children under 1 year of age		Children between the ages of 1 and 5	Other Classes
First visits	Total visits	First visits	Total visits	Total visits	Total visits
77 (49)	89 (60)	1021 (1031)	4568 (5211)	5384 (6631)	2821 (1649)

Number of live births notified during the year 1427 (1374)

Number of stillbirths during the year - 35 (38)

Included in "Other Classes" in this Table are 1306 (481) visits to cases of infectious diseases and 669 (529) visits to cases of tuberculosis.

The health visiting staff has remained as before namely one senior health visitor and seven health visitors.

The health visitors also act as school nurses and this arrangement makes for continuity of supervision of the family as the child can be followed from infancy through its school life. Again, too, it promotes the confidence of the family in the health visitor who treat her as friend, advisor and confidant in all their problems.

Elsewhere in this Report I have made reference to the scheme of co-operation between the Local Authority and the Maternity Hospital whereby a day's advance notice is given about mothers and babies returning home. This enables us to have the health visitor visit the mother on the day of her discharge from hospital.

We have also been able to get close co-operation between the Hospital Almoner and the health visitors and again this liaison is proving mutually helpful.

In my opinion there is still room for closer co-operation between the general practitioners and health visitors in this town. By personal contact with the practitioners I am encouraging them to develop liaison with the health visitors. I feel that such liaison would benefit all concerned especially the patients as I frequently find that practitioners are unaware of many of the services available to them.

The health visitor is I consider the key social worker. It is not unusual to find that a household is being visited by several social visitors representing various branches of the Social Services. I feel that this overlapping and duplication of visits could be to a large extent eliminated by extending the field of activity of the health visitor. As however the increasing problems of the aged are already throwing a heavier burden on to the health visitors one cannot extend their work without either extra staff or relieving them of some of their more routine duties. In this respect one might consider reducing the number of routine visits paid by the health visitors to good homes where the mother and child regularly attend the infant welfare clinics and the employment of someone less highly trained to carry out cleanliness inspections in school.

HOME NURSING

Four fully trained nurses are employed on district nursing. As the town expands and new housing development takes place the work of these nurses is made more strenuous by the greater area of the districts they have to cover.

These nurses work in close co-operation with the hospitals and general practitioners. During the year many instances have been brought to my notice where some consideration by both hospitals and doctors could have saved many extra and fruitless visits by the district nurses. When such instances were brought to the notice of the persons concerned I found that they did co-operate and the number of unnecessary calls made on the nurses fell immediately. In spite of this it does seem that the case load of each nurse is becoming too heavy and that in the near future extra staff will be necessary if we are to maintain an efficient service.

During the year the district nurses paid 14,718 visits to 1355 cases.

DETAILS OF WORK CARRIED OUT BY HOME NURSES

	<i>No. of cases</i>
Respiratory diseases (excluding tuberculosis) ...	179
Digestive diseases	78
Heart and Arteries	127
Veins and other circulatory diseases ...	83
Genito-urinary	65
Skin	98
Ear, Eye and other sense organs ...	179
Cancer (and other neoplasms) ...	84
Cerebral lesions of vascular origin ...	10
Infectious and parasite diseases ...	62
Diabetes	22
Injuries	86
Tuberculosis	19
Bones and organs of movement (mainly rheumatism)	42
Pregnancy	26
Mental and other nervous diseases ...	26
Other diseases or ill defined ...	110
Preparation for X-ray examinations ...	59
Total number of cases ...	1355

VACCINATION AND IMMUNISATIONS

Owing to repeated demands from mothers at Infant Welfare Clinics it was decided to provide facilities at these clinics for vaccination. It was thought that the numbers requiring vaccination would not be large enough to justify separate clinic sessions so each fortnight time was reserved for vaccination at the start of each child welfare clinic where a doctor was in attendance.

During the year 318 vaccinations were carried out at the clinics and the total vaccinations performed by clinics and private doctors is summarised in the following table.

		Under 1 year	1 to 4 years	5 to 14 years	15 years and over	Total
Primary Vaccination	-	169	57	36	71	333
Re-Vaccination	-	8	8	16	117	149
TOTALS	-	177	65	52	188	482

During the year there was no interruption in immunisation by poliomyelitis as in 1950. During that year the number of children immunised fell far below the previous year's averages so it was decided in 1951 to intensify the immunisation campaign. Again it was felt that the set immunisation clinics were not being well attended because this normally meant that a mother who attended a child welfare clinic had to make extra clinic visits for immunisation. It seems too that many will accept immunisation when it is performed immediately who would otherwise think twice about paying a visit to a separate clinic session for this purpose. It was therefore decided to provide immunisation facilities at all infant welfare clinics which had a doctor in attendance.

It will be seen from the statistics given below that this system has really proved its worth (1950 figures in brackets).

Number of clinics held	...	...	92	(52)
Total number of attendances	...	...	1419	(873)
Number of children who have completed course	...	...	620	(307)
Number of children immunised by general practitioners	...	...	175	(83)
Total number immunised	...	...	795	(390)
Re-inforcing injections including general practitioners	...	...	118	(83)

PROVISION OF NURSING EQUIPMENT AND APPARATUS

The Medical Loan Department continues to be run from the Swindon Health Centre and administered by the Clerk in Charge there. There is considerable demand for the various types of equipment and to give an idea of the work entailed in running the department, I append a list of the articles loaned during the year, for which hire payments of £72 6s. 1d. were received.

<i>Appliance</i>			<i>On Payment</i>	<i>On Free Loan</i>
Invalid chairs	...	...	72	—
Air Rings	...	...	149	—
Waterproof sheets	...	...	132	1
Bed pans	...	...	158	1
Bed rests	...	...	145	—
Bed slippers	...	...	79	1
Crutches	...	...	15	—
Urinals	...	...	77	—
Air beds	...	...	12	1
Bed cradles	...	...	13	—
Bed tables	...	...	5	1
Mattresses	...	...	2	1
Inhalers	...	...	1	—
Walking sticks	...	...	4	—
Feeding cups	...	...	9	—
Diabetic spring balance	...	...	1	—

DOMESTIC HELP

Number of full-time domestic helps on books at the end of the year	...	...	...	...	17
Number of part-time domestic helps on books at the end of the year	...	...	...	...	4
Number of householders helped during the year:—					
(a) Maternity cases	...	66	...		
(b) Other cases	...	126	Total	...	192
Number of hours of assistance provided during the year:—					
(a) Maternity cases	...	6122			
(b) Other cases	...	29975	Total	...	36097
Number of domestic help hours available	...				36791
Number of cases in which full fee was not charged					167

The demand for this service continues to increase and it is with great difficulty that the demands made on it can be fulfilled with the present staff. In order to give some service to each deserving case applying, the time that each Domestic Help can spend on each case has to be carefully assessed in relation to the needs. It is clear therefore that more administration time is required when the demand for the service is high and the number of Domestic Helps small.

It is felt too that there should be more supervision of the work performed by the Domestic Helps in the homes. A certain amount of information on their work is obtained from health visitors and district nurses and in fact there have been no adverse reports in this connection, but I do feel that for the protection of the domestic helps and to achieve the maximum service for the public a supervisor of domestic help is desirable.

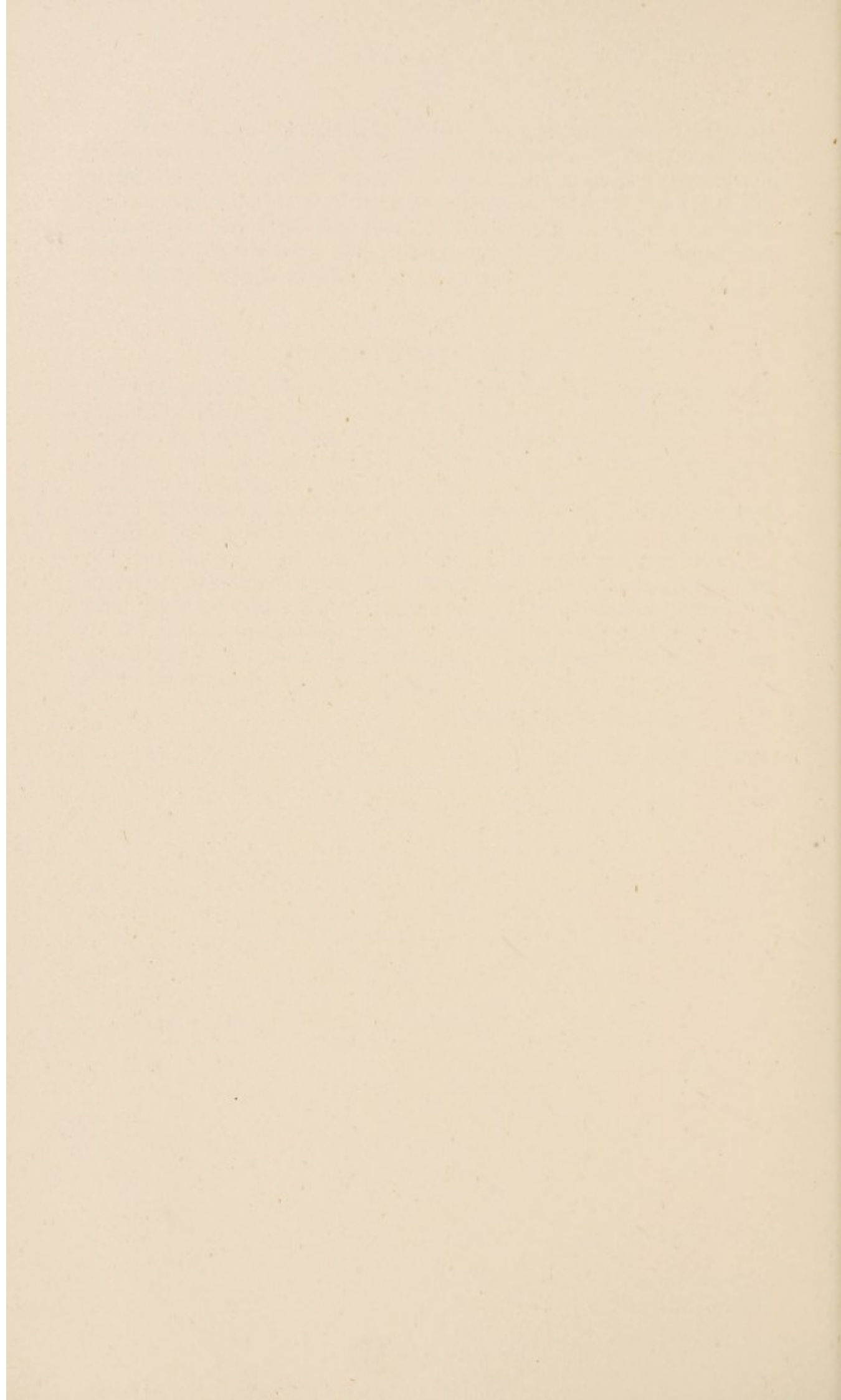
MATERNITY BEDS

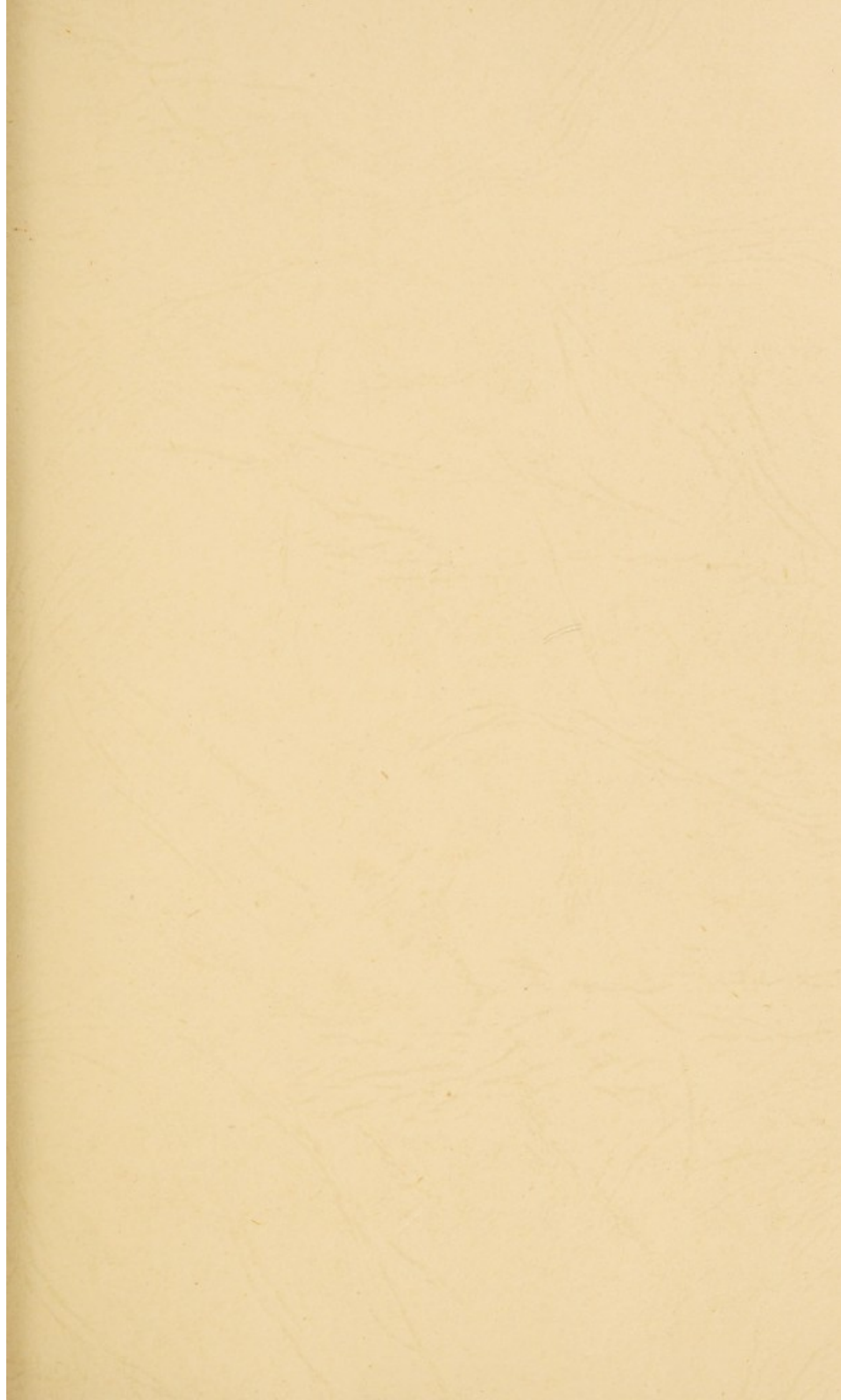
The scheme whereby all cases applying for admission to the Maternity Hospital who are not booked on medical grounds are referred to this department for social assessment continues to work satisfactorily. These social investigations which were previously made by the Social Worker, Miss Orr, have, since her resignation in May, 1951 been made by our health visitors. This is one more task added to the health visiting staff and has to be done at the expense of other duties. Again it means that with eight persons assessing social needs instead of one their different personal standards of social need must be taken into consideration. This is partially overcome by the use of a standard form of report for each case but in my opinion it would be more satisfactory to have one visitor for these social investigations.

JAMES URQUHART,

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