Wilts. County Council.

The Public Health Committee.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1934.

Holloway & Son (Weston-super-Mare), Ltd., 47, Oxford Street.

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32-1935

Wilts. County Council.

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Wiltshire County Council.

Annual Report of the Medical Officer of Health for the year 1934.

PUBLIC HEALTH DEPARTMENT,
COUNTY OFFICES,
TROWBRIDGE.
APRIL, 1935.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my sixteenth Annual Report on the Public Health of the County of Wilts.

Circular No. 1417 of the Ministry of Health, laying down the lines upon which this Report should be made, has been followed as closely as possible. The desirability of early completion, as advised in the Circular, is fully appreciated. This year, however, as previously, completion has necessarily been delayed until the receipt of the essential statistics from the Registrar-General.

The various new schemes required by the Local Government Act, 1929, have not been completed. The work entailed, both to the Council and its officers, has been great but the ultimate value of some of the schemes seems scarcely proportionate to the labour involved.

From this Report it will be seen that in none of the various sections has there been any falling off in activity, but in several a definite increase. Among the latter the growth in the work of the Mental Deficiency Committee is obvious and is reflected in Dr. Lowe's detailed account of the year's work.

I desire here to refer to the loss the Medical Department and, indeed, the County generally has sustained by the retirement on pension, at the time of writing this Report, of Dr. Leonard Crossley, who was appointed as the first County Tuberculosis Officer in 1913. Only those associated with his work can fully appreciate the value of his devotion and wide experience during the long period he has served this County.

I have the honour to be,
Your obedient Servant,
C. E. TANGYE.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

County Medical Officer of Health :—
C. E. Tangye, B.A., M.D., D.P.H.

Deputy County Medical Officer :—
J. B. Lowe, M.B., D.P.H. (Also Medical Officer of Health, Chippenham Borough and Calne and Chippenham R.D.).

Assistant County Medical Officers and School Medical Inspectors :—
Agnes L. Semple, M.B., D.P.H.
Janet M. MacKay, M.B., D.P.H.
Jean Murray, M.B., D.P.H. (Also Medical Officer of Health, Trowbridge U.D., and Bradford-on-Avon U.D., and Bradford-on-Avon portion of Bradford and Melksham R.D.).
G. Napier, M.B., D.P.H. (Also Medical Officer of Health, Wilton Borough and Salisbury and Wilton R.D.). (Left County Council's service 28-2-35).
C. L. Broomhead, M.D., D.P.H. (Also Resident Medical Officer, Stratton St. Margaret Public Assistance Institution).

School Medical Inspector :—
A. H. Wilson, L.R.C.P., D.P.H. (Also Medical Officer of Health, East Wilts Combined Districts).

County Tuberculosis Officer :—
L. Crossley, M.D. (Ceased duty 6-4-35).
J. S. Harper, M.B., D.P.H. (Commenced duty 1-4-35).

Assistant Tuberculosis Officers :—
G. Napier, M.B., D.P.H. (Also Medical Superintendent, Harnwood Hospital, Salisbury). (Left County Council's service 28-2-35).
C. L. Broomhead, M.D., D.P.H.

Medical Superintendent, Harnwood Hospital (Part-time) :—
H. M. Boston, M.B., Ch. B. (Commenced duty 1-3-35).

Venereal Diseases Officers :—
Jean Murray, M.B., D.P.H.
C. L. Broomhead, M.D., D.P.H.
J. L. Potts, B.Ch. (Part-time).
J. C. Gordon, M.B. (Part-time).

Medical Officers for Maternity and Child Welfare :—
Agnes L. Semple, M.B., D.P.H.
Janet M. MacKay, M.B., D.P.H.
Jean Murray, M.B., D.P.H.

Consulting Obstetricians (Part-time) :—
J. J. Armitage, M.R.C.S., L.R.C.P.
D. A. Mitchell, M.D., F.R.C.S. (Edin.).
A. W. C. Bennett, M.R.C.S., L.R.C.P.

Physician for Nervous Disorders :—
R. C. Monnington, M.D., D.P.H.

Medical Officer to the Committee for the Care of the Mentally Deficient :—
J. B. Lowe, M.B., D.P.H.

Inspector under the Mental Deficiency Acts, 1913 and 1927 :—
Eva D. Edmund.

Senior County Dental Officer :—
W. H. Liebow, L.D.S. (Northern Area).

Assistant County Dental Officers :—
F. Lake, L.D.S. (Southern Area).
J. H. N. Macdonald, L.D.S. (Western Area).
D. P. Kearns, L.D.S. (Eastern Area).

County Oculists (Part-time) :—
G. C. Dixon, M.B., D.O.M.S., F.R.C.S. (Southern Area)
R. Colley, M.B., D.O.M.S. (Central Area).
O. B. Pratt, M.B., D.O. (Northern Area)

Aural Surgeons (Part-time) :—
A. H. Watson, M.D. (Southern Area).
E. Miles Atkinson, M.B., F.R.C.S. (Central Area).
F. Courtenay Mason, M.B., M.S., F.R.C.S. (Northern Area).

Consulting Heart Physicians (Part-time) :—
R. C. Monnington, M.D. (Southern Area).
C. E. K. Herapath, *M.C.*, M.D. (Remainder of County).

Orthopaedic Surgeon (Part-time) :—
Maud Forrester-Brown, M.D., M.S.
J. Bastow, F.R.C.S. (Took over the Wiltshire Orthopaedic Clinics as from 13-2-35).

After-Care Sister (Orthopaedic Scheme) :—
M. Cook, S.R.N., C.S.M.M.G.

Instructress in Remedial Exercises :—
Lucia S. Rolleston.

Chief Veterinary Officer :—
S. Vyvyan Golledge, *M.M.*, M.R.C.V.S.

Assistant County Veterinary Officers :—
P. R. Leckie, M.R.C.V.S.
H. S. Caldwell, F.R.C.V.S.

Pathologist :—
L. H. Douglas Thornton, M.A., M.R.C.S., D.P.H.

Inspectors under the Sale of Food and Drugs Acts :—
C. Keating.
E. C. Mercer.

Public Analyst :—
Dr. Bernard Dyer.

NURSING STAFF :—

County Health Visitors :—
R. I. Ansaldo.
M. Bright, S.R.N.
G. M. Jackson, S.R.N.
E. L. Richens, S.R.N.
G. F. Sainsbury, S.R.C.N.
E. Smith, S.R.N.
M. M. Warren, S.R.N.
E. F. Watkins, S.R.N.
W. A. M. Tilt, S.R.N.

School Nurse :—
C. L. Donnachie.

Dental Nurses :—
M. E. Gowen. (Ceased duty 31-12-34).
L. E. Dance.
N. L. Dibben.
E. Vaughan.
P. Parrott. (Commenced 7-1-35. Ceased 30-4-35).

The duties of the whole-time medical and nursing staff are co-ordinated, and the majority undertake work in connection with both public health and school medical inspection. These appointments are made by the Public Health Committee.

In addition to the whole-time nurses enumerated in the foregoing list, ninety-one District Nurses act as part-time Health Visitors and School Nurses.

The clerical staff of the combined Health, School Medical, and Mental Deficiency departments numbers twenty-three.

DISTRICT MEDICAL OFFICERS UNDER POOR LAW ACTS :—

District.	*Medical Officer.*
CHIPPENHAM :	
Calne No. 1	*Dr. J. C. Burton
	*Dr. R. S. Ferguson
Calne No. 2	Dr. C. Ede
Castle Combe	*Dr. W. H. Royal
Sutton Benger	*Dr. G. Ayres
Pewsham	*Dr. W. T. Briscoe
	*Dr. G. Laurence
	*Dr. F. R. Sawdon
Chippenham	Dr. J. H. Nixon
Chippenham Public Assistance Institution	Dr. G. Laurence
Box and Colerne	*Dr. T. W. R. Strode
	*Dr. J. G. S. Thomas
Corsham	Dr. H. E. Creswell
Lacock	Dr. R. N. Hunter
Malmesbury No. 1	Dr. R. M. Moore
Malmesbury No. 2	Dr. F. J. G. Battersby
Malmesbury No. 3	Dr. B. L. Hodge
Malmesbury No. 4	Dr. J. R. Woods
DEVIZES :	
Districts Nos. 1, 2, and 6	Dr. C. S. Rivington
District No. 3 and Public Assistance Institution	Dr. G. H. H. Waylen
District No. 4	Dr. T. W. Morcom Harneis
District No. 7	Dr. F. J. de Coverly Veale
District No. 5	*Dr. A. S. Gedge
	*Dr. F. W. Rayment
PEWSEY :	
Districts Nos. 1 and 2 (except Everley)	*Dr. A. S. Gedge
	*Dr. F. W. Rayment
Parish of Everley	*Dr. P. D. Abbatt
District No. 3	Dr. C. J. Bashall
District No. 4	Dr. A. L. Edwards
District No. 5	Dr. H. H. Williamson
MARLBOROUGH :	
Districts Nos. 1 and 2 and Public Assistance Institution (Casual Wards only)	Dr. W. B. Maurice
RAMSBURY :	
District No. 1	Dr. H. A. Hancock
District No. 2	Dr. O. Kellett
SALISBURY :	
District No. 1	*Dr. T. W. Stewart
District No. 2	Dr. B. Whitehead
Districts Nos. 3 and 5	Dr. L. D. Saunders
District No. 4 and Public Assistance Institution	Dr. J. H. Gubbin
District No. 6	Dr. C. T. Edmunds
District No. 7 and Amesbury Public Assistance Institution	Dr. J. L. D. Lewis
District No. 8	*Dr. A. G. B. Lory
District No. 9	*Dr. W. H. Du Pre
District No. 10	*Dr. N. I. Townsend
District No. 11	*Dr. D. Arnott
	*Dr. H. C. Beck
Tisbury Public Assistance Institution	Dr. W. H. Du Pre
Districts Nos. 12 and 16	Dr. R. C. C. Clay
Districts Nos. 13 and 14 and Wilton Public Assistance Institution	Dr. A. W. K. Straton
District No. 15	Dr. E. W. Lewis
District No. 17	Dr. R. L. Wood
SWINDON :	
District No. 1	Dr. F. A. V. Denning
Districts Nos. 2 and 5	*Dr. W.de Lacey
	*Dr. C. Lavery
	*Dr. C. A. Lavery
	*Dr. S. A. Cornelius
	*Dr. J. Holland
	*Dr. G. Young
District No. 3	Dr. F. W. Begg
District No. 4	Dr. J. W. Darling
Cricklade No. 1	*Dr. F. Lewarne

District.	*Medical Officer.*
Cricklade No. 2	*Dr. A. Fernie
	*Dr. J. N. Watson
Cricklade No. 3 and Purton Public Assistance Institution	Dr. A. C. Oakley Brown
Stratton St. Margaret Public Assistance Institution	Dr. C. L. Broomhead
TROWBRIDGE:	
Bradford-on-Avon Nos. 1 and 2(*a*)	*Dr. C. E. S. Flemming
	*Dr. A. A. G. Flemming
	*Dr. L. J. Panting
	*Nr. C. N. Vaisey
Bradford-on-Avon Nos. 2(*b*) and 3	Dr. J. F. M. Burnett
Trowbridge No. 1	Dr. F. F. Bond
Trowbridge No. 2	Dr. E. E. Tayler
Melksham Nos. 1 and 2 and Semington Public Assistance Institution	Dr C J. E. Bennett
Melksham No. 3	*Dr. C. F. Rumboll
	*Dr. D. Leigh Spence
	*Dr. I. C. Keir
WARMINSTER:	
District No. 1 and Public Assistance Institution	Dr. R. C. Hodges
District No. 2	Dr. E. W. Lewis
District No. 3	*Dr. H. T. Hinton
District No. 4	Dr. H. L. Blackley
Westbury No. 1	Dr. E. T. Shorland
Westbury No. 2	Dr. C. S. Kingston
Westbury No. 3	Dr. F. F. Bond
Westbury No. 4	Dr. W. K. A. Richards
Mere No. 1	Dr. R. E. Whitby
Mere No. 2	Dr. G. E. Ellis

*Serving on the panel under the open-choice scheme for domiciliary medical attendance referred to on page 17.

PUBLIC VACCINATORS AND VACCINATION OFFICERS:

District.	*Public Vaccinator.*	*Vaccination Officer.*
CHIPPENHAM:		
Wilts No. 1	Dr. J. C. Burton	Mr. H. R. Gross
Wilts No. 2 and Chippenham Public Assistance Institution	Dr. G. Laurence	Miss A. Jeffery
Wilts No. 3	Dr. W. H. Royal	,,
Wilts No. 4	Dr. H. E. Creswell	,,
Wilts No. 5	Dr. G. W. Ayres	,,
Wilts No. 6	Dr. R. N. Hunter	,,
Wilts No. 7	Dr. R. M. Moore	Mr. C. Bradshaw
Wilts No. 8	Dr. F. J. G. Battersby	,,
Wilts No. 9	Dr. B. L. Hodge	,,
Wilts No. 10	Dr. J. R. Woods	,,
DEVIZES:		
Wilts No. 11	Dr. C. S. Rivington	Mr. H. Talbot
Wilts No. 12	,,	,,
Wilts No. 13	,,	,,
Wilts No. 14 and Devizes Public Assistance Institution	Dr. G. H. H. Waylen	,,
Wilts No. 15	Dr. T. W. Morcom Harneis	,,
Wilts No. 18	Dr. F. J. de Coverly Veale	,,
Wilts No. 16	Dr. A. S. Gedge	,,
Wilts No. 17	,,	Mr. W. H. Boaden
Wilts No. 19	Dr. F. W. Rayment	,,
Wilts No. 20	Dr. C. J. Bashall	,,
Wilts No. 21	Dr. A. L. Edwards	,,
Wilts No. 22	Dr. H. H. Williamson	,,

District.	*Public Vaccinator.*	*Vaccination Officer.*
MARLBOROUGH :		
Wilts No. 23	Dr. W. B. Maurice	Mr. H. R. Gross
Wilts No. 24 and Marlborough Public Assistance Institution	,,	,,
Wilts No. 25	Dr. O. S. Kellett	,,
Wilts No. 26	Dr. H. A Hancock	,,
SALISBURY :		
Wilts No. 31	Dr. C. T. Edmunds	Mr. L. H. Belben
Wilts No. 27	Dr. T. W. Stewart	Mr. S. A. Cudmer
Wilts No. 28	Dr. B. Whitehead	,,
Wilts No. 29	Dr. L. D. Saunders	,,
Wilts No. 30 and Salisbury Public Assistance Institution	Dr. J. H. Gubbin	,,
Wilts No. 32	Dr. A. W. K. Straton	,,
Wilts No. 33 and Wilton Public Assistance Institution	,,	,,
Wilts No. 34	Dr. E. W. Lewis	,,
Wilts No 35	Dr. R. C. C. Clay	,,
Wilts No. 37	Dr. R. L. Wood	,,
Wilts No. 38 and Amesbury Public Assistance Institution	Dr. J. L. D. Lewis	Mr. H. E. Miles
Wilts No. 39	Dr. A. G. B. Lory	,,
Wilts No. 36	Dr. R. C. C. Clay	Mr. F. Ford
Wilts No. 40 and Tisbury Public Assistance Institution	Dr. W. H. Du Pre	,,
Wilts No. 41	Dr. N. I. Townsend	,,
Wilts No. 42	Dr. H. C. Beck	,,
SWINDON :		
Wilts No. 43	Dr. F. A. V. Denning	Mr. G. Bowden
Wilts No. 47 and Stratton St. Margaret Public Assistance Institution	Dr. J. W. Darling	,,
Wilts No. 44	Dr. W. de Lacey	,,
Wilts No. 45	,,	,,
Wilts No. 46	Dr. F. W. Begg	,,
Wilts No. 48	Dr. F. Lewarne	Miss E. H. A. Guy
Wilts No. 49	Dr. A. Fernie	,,
Wilts No. 50 and Purton Public Assistance Institution	Dr. A. C. Oakley Brown	,,
TROWBRIDGE :		
Wilts No. 51	Dr. C. E. S. Flemming	Mr. W. G. Bacon
Wilts No. 52	,,	,,
Wilts No. 53	Dr. J. F. M. Burnett	,,
Wilts No. 54	,,	,,
Wilts No. 55	Dr. F. F. Bond	,,
Wilts No. 56 and Semington Public Assistance Institution	Dr. C. J. E. Bennett	,,
WARMINSTER :		
Wilts No. 57	Dr. E. T. Shorland	Mr. W. D. Case
Wilts No. 58	Dr. C. S. Kingston	,,
Wilts No. 59	Dr. F. F. Bond	,,
Wilts No. 60	Dr. W. K. A. Richards	,,
Wilts No. 61 and Warminster Public Assistance Institution	Dr. R. C. Hodges	Mr. S. Davies
Wilts No. 62	Dr. E. W. Lewis	,,
Wilts No. 63	Dr. H. T. Hinton	,,
Wilts No. 64	Dr. H. L. Blackley	,,
Wilts No. 65	Dr. R. E. Whitby	Mr. F. Ford
Wilts No. 66	Dr. G. E. Ellis	,,

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

GENERAL STATISTICS.

Area (acres)	860,829
Population (Census 1931)	303,258
Population (estimated 1934)	305,000
Number of Inhabited Houses (1931)	75,615
Number of families or separate Occupiers (1931)	78,216
Rateable value for whole County (1st April, 1934)	£1,521,647
Estimated produce of a penny rate over whole County (1934-35)	£5,952

The practice of giving a separate figure which excludes the Military population of the County for the purpose of calculating the death-rate has been discontinued by the Registrar General, as deaths occurring amongst H.M. Forces are now assigned to the area of residence.

The Ministry of Health's Order under section 46 of the Local Government Act, 1929, fixed April 1st, 1934, as the appointed day for the alteration of district boundaries. The number of urban districts remains the same but the 19 rural districts have been reduced to 12.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	Male.		Female.		Total.		Rate.	
	1934	1933	1934	1933	1934	1933	1934	1933
							(Per 1,000 of the population)	
Live Births :—								
Total	2252	2199	2084	2061	4336	4260	14.21	13.93
Legitimate	2149	2116	1994	1965	4143	4081	13.58	13.34
Illegitimate	103	83	90	96	193	179	0.63	0.59
							(Per 1,000 births)	
Stillbirths	77	78	90	81	167	159	37.09	35.98
							(Per 1,000 of the population)	
Deaths	1902	1823	1738	1820	3640	3643	11.93	11.91
							(Per 1,000 births)	
Deaths from :—								
Puerperal Sepsis	—	—	5	4	5	4	1.11	0.91
Other Puerperal causes	—	—	8	6	8	6	1.78	1.36
Total	—	—	13	10	13	10	2.89	2.26
							(Per 1,000 live births)	
Deaths of infants under one year of age :—								
Total	110	128	99	99	209	227	48.20	53.28
							(Per 1,000 legitimate live births)	
Legitimate	102	122	91	91	193	213	46.58	52.19
							(Per 1,000 illegitimate live births)	
Illegitimate	8	6	8	8	16	14	82.90	78.21
Deaths from :—								
Measles (all ages)	—	—	—	—	2	7		
Whooping Cough (all ages)	—	—	—	—	9	26		
Diarrhoea (under 2 years of age)	—	—	—	—	9	10		

BIRTH-RATE. The birth rate shows a slight increase on last year's figure, being 14.21 as compared with 13.93, but is less than the 1932 rate of 14.96. The rate for England and Wale generally was 14.8.

STILLBIRTH-RATE. One hundred and sixty seven stillbirths were recorded during the year—77 male and 90 female,—giving a rate per thousand total births of 37.09. This figure is unfortunately a little higher than the rates for the two previous years which were 35.98 and 36.54 respectively.

DEATH-RATE. The death rate has remained practically the same as in 1933, being 11.93 compared with 11.91. The rates for 1932 and 1931 were 12.2 and 11.29.

The chief causes of death were as follows, the figures in brackets being those for the year 1933 :—

Heart Disease			945	(848)
Other Circulatory diseases			197	(190)
Malignant Disease, including Cancer			496	(490)
Cerebral Haemorrhage			233	(241)
Senility			150	(212)
Tuberculosis :				
Pulmonary	127	(129)		
Non-Pulmonary	44	(24)		
			171	(153)
Pneumonia (all forms)			166	(141)
Bronchitis			110	(144)
Influenza			65	(156)
Congenital debility, premature birth, malformations, etc.			152	(143)
Acute and Chronic Nephritis			106	(114)

INFANT MORTALITY RATE. The deaths of infants under one year of age numbered five less per thousand live births than in the previous year, the figures being 48.20 and 53.28 respectively. The 1932 rate was however, still less—44.06.

The death rate of illegitimate children under one year of age per thousand illegitimate live births was again considerably greater than that of legitimate children, being 82.90 as compared with 46.58. The illegitimate death rate for 1933 was 78.21 and 1932, 75.83, but the number of illegitimate births generally is small and the annual fluctuations in the death rate are of comparatively little significance.

GENERAL. The number of deaths in consequence of childbirth belonging to the geographical County was 13, representing a maternal mortality rate of 2.89 per thousand births. Only one of these deaths related to the Borough of Swindon and none to Salisbury and, therefore, the remaining 12 belonged to the area for which the County Council is the maternity and child welfare authority. This represents a death rate of 3.66 per thousand births, which, although higher than the rate for the preceding year, compares favourably with the rate for the country as a whole, 4.41. Five of the deaths were due to puerperal sepsis, representing a rate of 1.52, and seven to other causes, representing a rate of 2.14.

The deaths from measles, whooping cough and diarrhoea were all fewer than in 1933, the numbers being two, nine and nine respectively, compared with seven, 26 and 10.

The deaths from heart disease and cancer were again heavier than from any other cause and were more numerous than in 1933. Non-pulmonary tuberculosis and pneumonia each accounted for a slightly greater number of deaths than in 1933, but the deaths due to senility, bronchitis, and influenza were decidedly fewer.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

No change has taken place in the arrangements for laboratory work, and the following table shows the nature and number of specimens examined for the County Council during the year 1934 :—

Nature of Specimen.	Laboratory at which Examinations carried out.		Total.
	Salisbury.	Bristol. (Waterfall & O'Brien)	
Blood Cultures	2	—	2
Blood Urea Estimation	1	—	1
Blood Counts	3	—	3
Cerebro-Spinal Fluids	2	—	2
Faeces for Dysentery Bacilli	1	—	1
Faeces for "Food Poisoning" Organisms	2	—	2
Gonococcal Smears	125	—	125
Hairs for Ringworm	3	—	3
Milk for T.B.	1105	—	1105
Milk for Brucella Abortus	5	—	5
Milk for Haemolytic Streptococci	63	—	63
Milk, Pasteurised, for Total Bacteria and B. Coli	8	—	8
Prawns, Bottled, Bacteriological Examination for "Food Poisoning" Organisms	3	—	3
Prawns, Bottled, Biological Examination for "Food Poisning" Organisms	2	—	2
Prawns, Bottled, for Metallic Poisons	2	—	2
Prawns, Bottled, for Preservatives	2	—	2
Pus for T.B.	1	—	1
Pus for Organisms other than T.B.	1	—	1
Sputa for T.B.	854	—	854
Swabs for Haemolytic Streptococci	29	—	29
Swabs for K.L.B. (Diphtheria)	1736	—	1736
Swabs for Meningococci	1	—	1
Urine Microscopical Examination for T.B.	2	—	2
Urine, Biological Examination for T.B.	1	—	1
Urine for "Enterica" group of Organisms	2	—	2
Urine for B. Coli	1	—	1
Vaccines	1	—	1
Vomited Concretions	1	—	1
Vomits for "Food Poisoning" Organisms	2	—	2
Waters and Effluents	13	50	63
Wassermann Reactions	680	—	680
Widal Tests	21	—	21
Totals	4675	50	4725

The total number of specimens examined last year was 3,898.

The figures with regard to X-Ray Examinations are given in the Tuberculosis Section of the Report.

AMBULANCE FACILITIES.

The ambulance service of the County remains as described in my last Report except that, the Calne Isolation Hospital having now been closed, its ambulance is no longer in commission and the Calne area is served by the Chippenham Isolation Hospital ambulance. The service in the County generally appears to be reasonably adequate.

The County ambulance has been used extensively for the transport of Public Assistance, tuberculosis, and other cases treated under the various County schemes. The mileage in 1934 was 11,600, compared with 9,500 during 1933.

LEGISLATION IN FORCE.

The only legal Public Health powers not applicable generally which the County Council has acquired are the following :—

(a) The County of Wilts (Prevention and Treatment of Smallpox) Regulations, 1923.

These regulations make it the responsibility of the County Council to provide accommodation and arrange for the treatment of any case of smallpox which may occur within the County.

(b) The County of Buckinghamshire, etc. (Prevention of Tuberculosis) Order, 1926.

This Order enables the County Council to exercise the powers under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in regard to the handling of milk by persons suffering from certain forms of tuberculosis.

NURSING IN THE HOME.

The only professional nursing is supplied by District Nursing Associations, which cover the area almost completely. The work of these Associations is intimately connected with the County Health Department through the County Nursing Association.

No professional nursing for infectious disease at home has been specially provided.

CLINICS AND TREATMENT CENTRES.

Nature of Clinic.	Centre.	Day and Time Clinics held.
Infant Welfare Centres (*Voluntary, except County Council Clinic at Trowbridge*).	Ashton Keynes, The Parish Hall	1st Wednesday each month, 3 p.m.
	Bradford-on-Avon, Church House, Church Street	1st & 3rd Tuesdays each month, 2.30 p.m.
	Chippenham, Church Hall, Market Place	2nd & 4th Tuesdays each month, 2 p.m.
	Corsham Maternity Home	2nd & 4th Fridays each month, 2.30 p.m.
	Devizes, Wesleyan School Room, Long Street	Alternate Thursdays, 2.15 p.m.
	Downton, Church Hall	Alternate Fridays, 2.30 p.m.
	East Knoyle, Village Hall	1st Wednesday each month, 2.30 p.m.
	Lavington, Wesleyan School Room, Littleton Panell	1st Friday each month, 2.30 p.m.
	Malmesbury, Parish Hall	1st Tuesday each month, 2.30 p.m.
	Marlborough, The Parish Room, Ivy House, High Street	1st Friday each month, 2.30 p.m.
	Melksham, Old Bank House	Alternate Thursdays, 2.30 p.m.
	Pewsey, Bouverie Hall	1st Monday each month, 2 p.m.
	Tisbury, Red Cross Hut, Hindon Lane	3rd Friday each month, 3 p.m.
	Trowbridge, County Council Clinic, The Halve	Every Tuesday, 2 p.m.
	Warminster, Town Hall	1st Friday each month, 2.30 p.m.
	Wilton, Town Hall	1st & 3rd Thursdays each month, 2 p.m.
	(*Most of the above Clinics are closed in August: the Pewsey and Tisbury Centres are for weighing purposes, a Medical Officer not ordinarily attending*).	
Ante-Natal Clinics. County Consultant Clinics	Salisbury, General Infirmary	Every Tuesday, 11 a.m.
	Swindon, Maternity Home, Kingshill	2nd & 4th Wednesdays each month, 2.30 p.m.
	Trowbridge, County Council Clinic, The Halve	1st Wednesday each month, 2.30 p.m.
Others	Corsham, Maternity Home	2nd & 4th Fridays each month, 2.30 p.m.
	Swindon, 36, Milton Road	Tuesdays & Fridays, 2 p.m. (Medical Officer) Thursdays & Saturdays, 2 p.m. (Matron, Swindon Maternity Home). Mondays, 6 p.m. (Matron, Maternity Home; for booking cases for Home).
	Wilton, Town Hall	1st & 3rd Thursdays each month, 2 p.m.
School Clinics	Trowbridge, County Council Clinic, The Halve	Tuesday & Saturday, 10 a.m.—12 noon, and as occasion arises for Eye, Ear, Nose & Throat, Dental, Heart, etc. Clinics.
	Swindon, County Council Clinic, 15, Milton Road	As occasion arises for Eye and Dental Clinics
	(*Eye, Dental, Ear, Nose and Throat, and Heart Clinics are also arranged at other convenient Centres as need arises*).	
Orthopaedic Clinics	Corsham, Maternity Home	Wednesday, 10.45 a.m. Surgeon attends 2nd Wednesday in each month.
	Devizes, Boy Scouts' Hall	Thursday, 11.0 a.m. Surgeon attends 3rd Thursday each month.
	Salisbury, General Infirmary	Monday, 11.0 a.m. Surgeon attends 3rd Monday each month at 11.15 a.m.
	Swindon, County Council Clinic, Gorse Hill	Tuesday, 11.0 a.m. Surgeon attends 3rd Tuesday each month.
	Trowbridge, County Council Clinic, The Halve	Friday, 10.30 a.m. Surgeon attends 4th Friday each month, 11 a.m.—1 p.m., and 2—3 p.m.
Tuberculosis Dispensaries	Salisbury, General Infimary	Tuesday, 10 a.m.
	Swindon, County Council Clinic, 15, Milton Road	Thursday, 10 a.m.
	Trowbridge, County Council Clinic, The Halve	Wednesday, 10 a.m.
Venereal Diseases Treatment Centres	Swindon, The Isolation Hospital, Gorse Hill	Men: Wednesday, 7—8.30 p.m. Friday, 6—7.30 p.m. Women: Monday, 5—6.30 p.m. Friday, 2—3.30 p.m.
	Trowbridge, County Council Clinic, The Halve	Men: Thursday, 5—6.30 p.m. Women: Tuesday, 5—6.30 p.m.
	Salisbury, General Infirmary .... (Skin Department)	Men: Tuesday, 11.30 a.m.—1 p.m. Friday, 6—7.30 p.m. Women: Wednesday 6—7.30 p.m. Saturday, 11.30 a.m.—1 p.m.
Cancer	Salisbury, General Infirmary	Alternate months. Usually held on first Tuesday at 2.30 p.m.
Rheumatoid Arthritis	Salisbury, General Infirmary	Every Friday, 3.15 p.m.

The Cancer Clinic at Salisbury Infirmary, which was opened in February, 1934, under Dr. A. G. C. Taylor, the Radium Officer of the Royal South Hants and Southampton Hospital, is doing good work. It is hoped that it may be possible later to open similar Clinics in other parts of the County.

The Rheumatoid Arthritis Clinic at Salisbury Infirmary, opened early in the year under Dr. J. H. Gubbin of Salisbury, has also proved successful, being well attended.

HOSPITALS.

A general outline of the hospital services of the County—voluntary, public assistance and those provided by local authorities—was given in my Report for the year 1930. The position remains as then described except as regards the use of certain Public Assistance Institutions, which are mentioned under the heading of Local Government Act, 1929, below.

Isolation Hospital Accommodation.

The main changes under this heading which have resulted from the Ministry's Order for the amalgamation of districts in the County, which came into force on the 1st April, 1934, concern only two Joint Hospital Districts:—The Calne Isolation Hospital district has been absorbed by the Chippenham and Malmesbury Hospital district, which therefore now includes Calne Borough, and the Calne and Chippenham, and Malmesbury Rural Districts. Calne Isolation Hospital was closed during the year and its future disposal is now under the consideration of the Chippenham Hospital Committee.

The Warminster Isolation Hospital district has been taken into the Trowbridge Hospital district, which consequently now includes the Warminster Urban District, the Warminster and Westbury Rural District, and the former Mere Rural District. The administration of the Warminster Isolation Hospital is now the responsibility of the Trowbridge and District Joint Isolation Hospital Committee.

After the receipt of the Ministry's Order, further consideration was given by the County Council to the preparation of a scheme under section 63 of the Local Government Act, 1929, and the County Council has now formally submitted a scheme to the Ministry of Health. Although not providing for the acquisition by the County Council of all Isolation Hospitals, as at first proposed, this scheme, together with the revision of conditions of County grants, have as their object a greater degree of co-ordination and economy than has in the past been possible with completely separate units.

Immediate proposals for the extension of Isolation Hospital premises include that by the Chippenham and Malmesbury Isolation Hospital Committee, who have submitted plans to the Ministry for a new twelve bed ward on the observation principle, and that by the Devizes Committee for a similar new building. The latter proposal has not yet been embodied in a plan.

LOCAL GOVERNMENT ACT, 1929.

During the year numerous Conferences were held, and work proceeded with regard to the formation of a County Scheme under Section 58 of the Local Government Act, 1929 for whole time District Medical Officers of Health, and the necessary Instrument was lodged with the Ministry of Health, in March, 1934.

The following brief notes outline the further steps which have been taken by the County Council in the classification and development of the various Public Assistance Institutions in the County.

Amesbury. The 27 beds available for male epileptic patients have remained fully

occupied throughout the year. Further cases requiring institutional care were found, and early in 1935 accommodation for eight additional patients was provided.

Chippenham. Arrangements are in progress for the development of this Institution on hospital lines. Additional sanitary annexes have already been provided, and financial provision has also been made for other essential structural alterations at the Institution, including the installation of a more up-to-date heating system, which will be undertaken early in 1935. A neighbouring property has been purchased, which after necessary adaptation and furnishing will house the nursing staff.

Devizes. Minor structural alterations have been undertaken to permit of the full use of a small block for the accommodation of children for whom temporary institutional care only is necessary. This block provides six cots and six beds, with necessary day room and nurse's bedroom. Hitherto care of such children has always presented a difficulty owing to the lack of suitable accommodation.

Marlborough. As from 1st July this Institution, apart from the casual wards, was appropriated with the consent of the Ministry of Health by the County Public Health Committee, and is now administered by that Committee solely as a children's convalescent home. Beds and cots are provided for 74 children.

Salisbury. Financial provision has been made for the erection next year of a nurses' home, as well as the adaptation of the present night nurses' quarters as a nursery. The accommodation vacated by the nursing staff in the infirmary will provide for some additional dozen beds. Arrangements are also in hand for the provision and equipment of a new mortuary.

St. Margaret's. The infirmary of this institution is also being developed on modern hospital lines, as mentioned last year, to serve the northern part of the County. An operating theatre and two small surgical wards have been provided and their equipment is now in progress. Financial provision has been made for this to be completed early in 1935, and full use can then be made of the Institution.

Semington. Dayroom accommodation, which has long been needed, is now available for the men and will be provided in 1935 for the women, as well as the necessary extensions to the female wards to replace the accommodation to be used as a female day room. Minor alterations to provide a dispensary were also undertaken during the past year.

When the above alterations have been completed, particularly at Chippenham, Salisbury and Semington, it is hoped that it will be possible to close the small Tisbury Institution, which cannot now be regarded as an efficient unit.

The use of the various institutions, either wholly or in part, for special purposes as described in previous reports, has continued and developed satisfactorily. Such special provision is now available as follows:—

Amesbury	Male epileptics: 35 beds.
Marlborough	Convalescent children: 74 beds.
Salisbury	Male-nursed cases: 68 beds.
Purton	Imbeciles and idiots: 18 beds.
	Female cases of senile dementia: 12 beds.
Wilton	Female mental defectives: 65 beds.
	Female epileptics: 18 beds.
Devizes	Mental defectives: 32 beds for males: 16 for females.
Semington	Mental defectives: 22 beds for males: 36 for females.

The actual position with regard to the feeble-minded inmates under the charge of the Committee for the Care of the Mentally Defective is described in Dr. Lowe's report on pages 22 and 23. In addition to these cases there are approximately 70 feeble-minded persons certified under the Lunacy Acts in the various Public Assistance Institutions.

Continued attention has been given to the question of the equipment of the institu-

tions with a view to securing the most efficient types of bedsteads, lockers, bed tables, rubber mattresses, etc., and obsolete furniture, both in the infirmary and house wards, is gradually being replaced as funds permit. Financial provision has been made for further progress in this direction next year.

Dr. Agnes Semple acts as Inspector of Nursing under the Public Assistance Committee, and is in close touch with all matters affecting the nursing arrangements of the various institutions. Each is visited periodically and reports made to the Committee where necessary.

The arrangements for dental treatment of Public Assistance patients by the County Dental Staff have proceeded very satisfactorily, and the following is a summary of the work undertaken during the year. The figures for 1933 are given in brackets for comparison.

	Patients in Institutions.		*Patients in receipt of Medical Out-Relief.*	
Number of Patients treated	163	(195)	99	(36)
,, Attendances	259	(265)	280	(99)
,, Extractions	476	(222)	786	(135)
,, Fillings	21	(15)	1	(—)
,, Other Operations	11	(33)	23	(3)
,, Dentures provided	18	(19)	43	(21)
,, Dentures repaired	6	(—)	4	(—)

It will be noted that there has been a marked increase in the amount of work undertaken, although fewer patients were treated in the institutions.

In view of the increasing expenditure on the provision of dentures, where it is at all possible patients are now asked to repay at least two-thirds of the cost by weekly instalments of 6d. or 1s. (the cost of a complete set being £1-12-6) and dentures are only supplied free where it is clear that they are really necessary on medical grounds.

There has been no meeting during the year of the local branch of the Hospitals Association formed in accordance with Section 13 of the Act.

POOR LAW MEDICAL OUT-RELIEF.

The free choice scheme of Domiciliary Medical Attendance under the Public Assistance Committee, which has replaced the old system of salaried appointments in 19 of the 69 medical relief districts, was dealt with fully in the 1933 Report and since the year to which this Report relates has been the subject of a detailed enquiry by the Ministry of Health and the British Medical Association.

In the rural areas the amount represented by the sum of the salaries previously paid to District Medical Officers almost met the expense of the new scheme, but at Swindon there was considerable additional expenditure, which has given rise to some misgiving.

With the consent of the Ministry of Health the scheme has been extended for a further experimental period from 30th June next to 30th June, 1937, by which time it is hoped that sufficient experience will have been gained for definite decisions to be reached as to the future permanent administration of Poor Law Medical Relief. In the meantime a close watch will be kept on the working of the scheme and such modifications introduced as from time to time appear desirable.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES

The following is the report of Dr. Lowe, Medical Officer to the Committee for the Care of the Mentally Defective :—

Ascertainment.

The Local Authority depends largely upon other County Committees for information as to the existence of mental defectives, i.e., the various Education Committees in the area and the County Public Assistance Committee. The Mental Deficiency Acts provide that the former Committees shall notify all children between the ages of seven and sixteen years who are found to be "ineducable" in a special school or class, and 28 of this group were actually notified during the past year.

The number of mental defectives on the register on the 1st January, 1935, including those dealt with and those living in their own homes under supervision, totalled 1,302, or 4.26 per thousand of the general population of the County. Of these, 85 were reported during the year 1934. This figure of ascertained cases does not include those children between the ages of seven and sixteen years of the "educable" grade, who are the responsibility of the County Education Committee. There are 173 such children known to that Committee, and 13 of these are in Residential Special Schools.

A proportion of these children will become "subject to be dealt with" in later years.

Every case that has been ascertained is reviewed in order to determine whether any action under the Mental Deficiency Acts is required, or in more technical language whether it has become "subject to be dealt with," or whether on the other hand conditions are of a sufficiently satisfactory nature that the case can merely be placed under supervision.

Supervision.

Supervision is undertaken by the Visitors of the Wilts Voluntary Association for Mental Welfare, and in a few special cases by the Committee's After-Care Officer and myself.

Supervision plays an important part in helping defectives and in preventing them from becoming a public charge. The visits are appreciated by many parents and often have a good influence on the defectives. Action is often taken on information supplied through this channel.

Among the number of cases ascertained are several, who while at school were found to be educationally feeble-minded, but on leaving were able to obtain and keep regular employment. Such cases as lead a more or less normal existence are withdrawn from regular supervision, but an enquiry is made every two years, and after a period their names are removed from the register when it is felt that further enquiries are not necessary.

In accordance with the Mental Treatment Rules, 1930, quarterly visits are paid by the District Medical Officers to all persons of unsound mind who are in receipt of out-relief. This includes not only those who are of unsound mind, but those who are idiots, imbeciles, and very low-grade feeble-minded. To avoid overlapping by unnecessary visits, this class of case is not now referred to the Voluntary Association for supervision, but the quarterly returns are carefully checked and information as to progress or otherwise is obtained.

With the exception of 43 low-grade defectives who are thus visited by the District Medical Officers, all cases notified for supervision by the Local Authority are referred to the County Voluntary Association for Mental Welfare. Local Visitors, who report half-yearly on each case, are appointed by that Association. By this means it is possible to keep in touch with most of the cases and to take action where necessary. The local Visitors can feel assured that immediate steps are taken should they report adversely on any case.

The cases placed under supervision at home are divided into three groups, as follows :—

(1) *Statutory.* Cases which are the responsibility of the Mental Deficiency Acts Committee, but where immediate action is not indicated.

(2) *Education.* Feeble-minded children between the ages of seven and sixteen years, theoretically "educable" in Special Schools, are supervised by the Voluntary Association on behalf of the Education Committee.

(3) *Voluntary.* This group mainly consists of "Education Supervision" cases who ceased to be the responsibility of the Education Committee on attaining the age of sixteen years. This class of case is not reported to the Statutory Committee unless there are special circumstances which make it necessary for that Committee to take action.

The number of cases under supervision on the 1st January, 1935, was as follows :—

Statutory Supervision	335
Education Supervision	160
Voluntary Supervision	367

Cases needing institutional treatment should not be placed under supervision as this imposes an impossible task on the Voluntary Visitors and is bound to fail. Supervision should be reserved for those cases where there seems a reasonable chance of the defectives being properly cared for. Supervision is often very much assisted by the attendance of the defectives at an Occupation Centre.

GUARDIANSHIP.

Guardianship is a more elaborate form of care than supervision, but does not entail the removal of the patient to an institution. Where the defective's behaviour gives no ground for complaint and the conditions under which he is living are considered to be satisfactory, he can be dealt with under the Mental Deficiency Acts, and his parent or guardian made his legal guardian. Such a procedure, in addition to giving greater control over the defective, does allow the Committee to make a regular payment towards his maintenance and prevents removal to an institution of any case whom the parents could not otherwise afford to keep at home.

On the 1st January, 1934, 53 cases were under Guardianship Orders. Twenty new cases were so dealt with during the year, and on the 1st January, 1935, a total of 14 males and 55 females had been so dealt with. Four cases were transferred to institutions during the year for various reasons. The following summary shews that the greater proportion of cases are placed with relatives :—

With Relatives.		*Otherwise Placed.*	
M.	F.	M.	F.
14	33	—	22

During the year the Local Relief Committees referred for action under the Mental Deficiency Acts, 16 mental defectives who were in receipt of out-relief. Although in some cases the home conditions were not ideal it has been found justifiable to place 11 such patients under Guardianship Orders, and thus assume the financial responsibility, formerly that of the County Public Assistance Committee.

The Committee arranges routine medical visits to each case every six months. In addition medical, dental and ophthalmic treatment is provided. The patients are also visited at intervals either by the Committee's After-Care Officer or by myself.

The payments made to the guardians were the same as reported previously. The average cost of each case for the year ended 31st March, 1934, was 12/3 per week.

INSTITUTIONAL ACCOMMODATION.

The certified accommodation at Pewsey Colony Certified Institution, and at the Devizes, Purton, Semington, and Wilton Public Assistance Institutions continued to be in use throughout the year. The accommodation now used outside the County is at the Chipping Norton Public Assistance Institution and at the Royal Fort and Eagle House Hostels for a few high grade girls who are suitable for placing in situations. Fifteen children also, below the age of sixteen years, are detained in three Institutions outside the County, owing to there either being insufficient or no accommodation for their class of case in Wiltshire.

Pewsey Colony Certified Institution.

The staff consists of Matron, Sister (Charge Nurse), Medical Officer (non-resident) and Chaplain.

On the male side there are one charge, three deputy charge and six male attendants, while the female staff consists of three charge nurses, and eight female attendants. No domestic help is employed, but the outside staff consists of an engineer fitter, two boiler men, and a gardener. Clerical assistance is provided from the administrative office staff.

The Board of Control's certificate for this Institution, which was first opened on the 15th December, 1931, authorises the reception of 201 patients—120 male and 81 female defectives over the age of sixteen years. All grades of defectives are admitted, but as far as possible the beds on the male side are reserved for the adolescent and young adult defectives while on the female side the patients are mostly of high or medium grade able to work. The hospital beds are for bedridden or chair cases, and at present those admitted are females. For practical purposes there is no accommodation for the nursing of sick male patients other than in the dormitories.

On the 31st December, 1934, 112 male and 78 female patients were in residence, a total of 190. The number of new admissions during the year was 23. This does not include the certified cases who were transferred from other institutions.

The opening of the new male block and consequent freeing of beds in the old building has enabled all female patients, with the exception of those mentioned in a preceding paragraph, to be returned to the County.

The Colony sub-Committee sits once a month and deals with matters of administration referred to them.

Section 111 of the Provisional Regulations places upon the Committee the duty of paying routine visits of inspection to the Colony. The Visiting Committees' reports and criticisms receive the careful attention of the Pewsey Colony Sub-Committee.

On two occasions a Commissioner of the Board of Control paid the usual visit. The following are extracts from a report made of the visit paid to the Colony on the 23rd. November, 1934 :—

> "Satisfactory progress is being made in the work of this Colony. At my visit to-day I was struck by the fact that patients of both sexes appeared to be more settled and contented than in June of the date of my last visit. Efforts have been made, and are being continued, to promote interests and amusements. Sixty patients visit the cinema in Pewsey each week, the males one week and the females the next. Wireless is being installed in the male block and a grand piano has been added to the high grade girls' day room. Dancing takes place every evening. A concert is to be given at Christmas and rehearsals are now being held regularly and are arousing much interest. Patients go to bed now at 8 p.m., and those who wish to do so can stay up until 9 p.m."

> "I was glad to hear of the formation of a Girl Guide company. Twenty-seven girls have joined."

"The colonists continue to be well occupied and are turning out quite good work. I was interested to see a small size billiard table in course of construction in the carpenters' shop. An occupational trainer is to start work in the low-grade block next week."

"The diet has now been arranged on a three-weekly basis which allows greater variety to be introduced into it. To-day there was a good dinner of roast pork, cabbage and potatoes, with chocolate pudding to follow."

General Health.

Throughout the year the general health of the patients was satisfactory. A few patients were treated for minor ailments, and only one case of infectious disease, i.e., measles, occurred. Seven patients were, however, admitted to the Savernake Hospital for surgical treatment. Three female patients, two certified, and one, who was detained as in a place of safety, died. They were of a grade so low that in physical health they had been invalids for life.

The Medical Officer, although non-resident, lives within a short distance of the Colony, and, in addition to paying routine visits, is always available should his services be required.

Industries.

All those patients who are physically and mentally able to be employed are engaged in some form of occupation. The higher grade male patients are principally engaged either in boot-repairing, carpentry, or farm and garden work. The lower grade lads perform the house and kitchen duties, and are also taught mat and rug-making. The female patients are employed in the laundry, sewing room, kitchen and in the house. With a view to giving the lower grade patients a variety of occupations an occupational trainer was engaged for 13 weeks to give instruction to the attendants in suitable occupations.

In addition to supplying the needs of the Colony itself, boot repairs are carried out for the Devizes, Chippenham, Amesbury, Semington, and Salisbury Public Assistance Institutions, and the Marlborough Children's Convalescent Home. Laundry is undertaken every week from the Marlborough Children's Convalescent Home. The carpenters' shop has not, so far, taken on any work for outside bodies, but has been fully occupied with supplying the needs of the Colony.

Spinning and Weaving.

This industry, formerly carried on at the Semington Public Assistance Institution, has been removed to the Pewsey Colony. Several of the female patients, who were experienced in this branch of work have been transferred. The industry provides a steady and interesting occupation for several patients who show keenness in producing material of a good quality. While difficulty continues to be experienced in effecting sales in the open market, the quantity of cloth used by the Committee and by other County Committees increases. Under the instruction of the seamstress the female patients make most of their clothing.

Boy Scout Troop and Girl Guide Company.

A few of the higher grade boys are members of the Boy Scout Troop, but until recently it has been difficult to maintain their keenness. At the time of writing a notable improvement has been shown.

Since the admission of the female patients a Girl Guide Company has been formed and good progress has been made. Great interest is shown by local residents to whom the Committee expresses its thanks. Sister Benzie, who was appointed on the staff of the Colony in June last, has been enrolled as Captain, and eight patients were enrolled as members of the movement during the latter part of the year. The Captain and Guides have been provided with regulation uniforms.

Physical Training.

The physical training classes continue, and those patients who are able to take part in the exercises are encouraged to do so.

Entertainments, Games, etc.

Suitable equipment for indoor and outdoor games such as football, cricket, tennis, etc. has been provided for the patients. In June a Sports Meeting was held. Both the male and female patients entered into the races with enthusiasm. Small money prizes were awarded to the successful competitors. At Christmas an excellent concert, which was much appreciated, was given by the patients and various members of the staff. A large number of relatives and visitors were present. Admission was by programme, for which a small charge was made. As a result, the Colony's Sports Fund benefited considerably.

The patients attend the local cinema, the male and female patients attending alternate weeks.

Rewards for Industry and Good Conduct.

The Committee's scheme for payment of a small weekly sum of pocket money to the patients acts as an incentive towards good conduct, payment being made at the discretion of the Matron.

Royal Medico-Psychological Association.

The Colony is recognised by the Royal Medico-Psychological Association as a training school for male attendants. Lectures were given to the staff by the Medical Officer, Matron, and myself, and five attendants sat for their written and oral preliminary examination at the County Mental Hospital in November. Three were successful in obtaining their certificates.

Application has now been made for recognition of the Colony as a training school for the female attendants.

Cost of Maintenance.

The cost of maintenance per patient, exclusive of central administration expenses and capital expenditure, for the year ended 31st March, 1934, was 20/7d. per week. This high figure is due to the fact that the premises could only be taken into occupation gradually. The present cost of maintenance is estimated at 16/- per head per week.

Devizes Public Assistance Institution. The certificate for this Institution authorises the reception of 16 females over the age of sixteen years, and 32 boys under the age of sixteen years. The accommodation has been in full use throughout the year. As before, the female defectives are engaged in domestic work and simple handicrafts. The instruction given to the boys has proved of general benefit, and the trainer, with the help of the other attendants, appears to have complete control of the children. As a result of representations made by an Inspector of the Board of Control lighter clothing has been provided for the boys for summer wear, and a more varied diet has been arranged.

Purton Public Assistance Institution. At this Institution accommodation for 18 of the lowest grade of child is reserved. As in the case of the Devizes Institution, all the beds have been occupied throughout the year. In fact, towards the end of 1934, owing to the dearth of vacancies for this particular class of child, it was necessary to admit two extra urgent cases thus making a total of 20 children resident on the 31st December.

In order to relieve the nursing difficulties experienced at this Institution, three of the most difficult active cases were transferred early in January to the Pewsey Colony in spite of the fact that they had not attained the age of sixteen years. In exchange one helpless

lad of eighteen years was transferred from the Pewsey Colony. It is expected that this reciprocal arrangement will be continued until such time as provision is made for the helpless and the very low-grade children at the Pewsey Colony.

Two feeble-minded workers have been licenced to this Institution to help with the children.

Semington Public Assistance Institution. Accommodation is provided at this Institution for 58 feeble-minded and imbecile defectives—22 being adult males and 36 adult females.

All the young employable male and female patients have been transferred to the Pewsey Colony, and in consequence of the latter's removal the spinning and weaving industry has also been transferred. The remaining female employable patients at this Institution are engaged in house, kitchen and laundry work, while the men are mainly employed in the garden.

Wilton Public Assistance Institution. The accommodation set apart for mental defectives at this Institution allows for the reception of 65 adult female patients. Both feeble-minded and imbecile cases are admitted to this Institution, but as far as possible the accommodation is used for the younger patients.

Owing to the transfer of a number of patients to the Pewsey Colony all the beds have not been fully used throughout the year, but during 1935 the vacancies will be filled, as there is now no room for more female patients at the Colony.

It is to be regretted that for various reasons it has not been possible to continue the glove making at this Institution, which had provided popular employment among the girls.

The following table shows how the cases in institutions under "Order" on the 1st January, 1935, were distributed :—

(*a*) *In County Institutions* :	*Male.*	*Female.*	*Total.*
Pewsey Colony :			
(*a*) Over 16	110	77	187
(*b*) Under 16	2	—	2
Devizes Public Assistance Institution :			
(*a*) Over 16	—	15	15
(*b*) Under 16	30	—	30
Purton Public Assistance Institution	4	16	20
Semington Public Assistance Institution	10	34	44
Wilton Public Assistance Institution	—	51	51
	156	193	349

(*b*) *In Non-County Institutions* :	*Male.*	*Female.*	*Total.*
Chipping Norton Public Assistance Institution	—	3	3
Eagle House Hostel, Mitcham, Surrey	—	3	3
Home of the Good Shepherd, Exeter	—	6	6
Home of the Holy Innocents, Exeter	1	4	5
Hortham Colony, Bristol	—	3	3
*Rampton State Institution	6	5	11
Royal Fort Home, Bristol	—	2	2
Stoke Park Colony, Bristol	—	1	1
	7	27	34

*These cases are maintained by the State.

(c) *Cases detained in "Places of Safety":*	*Male.*	*Female.*	*Total.*
Pewsey Colony Certified Institution	—	1	1
Devizes Public Assistance Institution	1	—	1
Salisbury ditto	—	1	1
Stratton ditto	—	2	2
	1	4	5

Total of Sections (*a*), (*b*) and (*c*) 388

Since the last report 73 patients have been transferred back to the County. Six of these were on licence from their Institutions on the 1st January, 1934.

For comparison, the following table shows the number of cases in institutions on the 1st January for the past five years :—

1931	282
1932	311
1933	342
1934	362
1935	388

The average cost of maintenance for the year ended 31st March, 1934, for cases in all institutions other than Pewsey Colony was 21/- per week.

LICENCE.

As mentioned last year the close observation of patients in the County who had previously been out of our reach in non-County Institutions, has led to the granting of licence in certain cases. Female, as well as male patients have benefited in this way.

During 1934 licence was granted to 13 male patients either to their homes or to situations. In all these cases, with the exception of two lads, regular or part-time employment has been secured, although some of the situations such as selling newspapers cannot be regarded as wholly satisfactory. Owing to the continued unsettled condition of the outside labour market it is difficult to obtain situations for all those patients who have responded to training, thus a smaller number was licenced than in the previous year.

With regard to the female patients, 37 have been granted licence during the year. All the patients either proceeded to approved situations, to the Purton Public Assistance Institution and Marlborough Children's Convalescent Home as paid workers, or to the Devizes Hostel.

The following table shows the alterations which have taken place during 1934 :—

			M.	F.
Cases on licence on 1st January, 1934			20	33
Cases sent out on licence during 1934			13	37
Cases on licence at some period during 1934			33	70
Of these :				
Cases returned to Institutions during 1934	4	26		
Cases discharged during 1934	1	2		
			5	28
Cases on licence on 1st January, 1935			28	42

These 70 cases on licence were cared for in the various ways shown below :—

	M.	F.
In Devizes Hostel	—	8
At remunerative work and in the care of relatives or friends	5	1
At remunerative work away from home or living-in service	10	19
At home, or with foster parents, unemployed	2	6
At home, or with foster parents, but unemployable	8	1
In other Institutions as paid workers	—	7
On licence for special medical care	2	—
Absconded—no information	1	—
	28	42

Devizes Hostel for Girls. In the Report for 1933 it was mentioned that the Committee had under consideration the question of establishing a Hostel for Girls whom it was considered would prove suitable for situations in private domestic service after a period of licence in a Hostel.

Miss Bond, of 2, Southbroom Terrace, Devizes, who is an ex-Matron of a Boys' School, was approached with a view to opening such a Hostel, and it was eventually agreed to place suitable girls with her on licence. The Board of Control was consulted, and their approval for the reception of eight cases on licence was given in May. Since the opening 16 girls have been licenced to the Hostel with the following results as on 1st January, 1935 :—

Placed in resident situations	6
Returned to Institutions	2
Resident in Hostel awaiting situations	8

The Committee makes a payment for each case, but when a patient is in a situation she ceases to be a charge on the rates.

Cases Discharged.

During the year 1934 four cases were discharged from the provisions of the Mental Deficiency Acts. One of the cases had been under "Order" for 15 years and the remaining three for 12 years.

Dental Treatment for Certified Mental Defectives.

The following table gives details of the work undertaken by the County Dental Staff during the year :—

Mental Defectives in Public Assistance Institutions :—

Number of patients treated	94
,, attendances	139
,, extractions	210
,, fillings	19
,, other operations	4
,, dentures provided	6
,, dentures repaired	—
,, half-days at above	16

Mental Defectives in Pewsey Colony :

Number of patients treated	118
,, attendances	121
,, extractions	154
,, fillings	29
,, other operations	19
,, dentures provided	.
,, dentures repaired	—
,, half-days at above	12

Mental Defectives under Guardianship and on Licence :—

Number of patients treated	11
,, attendances	15
,, extractions	65
,, dentures provided	1

JUVENILE OCCUPATION CENTRES.

The Wilts Voluntary Association for Mental Welfare has established three Occupation Centres for the lower-grade children in various parts of the County, one each at Salisbury, Swindon, and Trowbridge. These Centres continued to fulfil their object, and it should be mentioned that by attendance institutional treatment has been delayed in some cases for several years. The Chippenham Occupation Centre was closed during the year, but it is hoped that when a larger number of suitable children are available in that district it will be re-opened.

ADULT OCCUPATION CENTRE.

An interesting innovation of the Voluntary Association was to experiment with the opening of an Occupation Centre at Trowbridge, organised by members of the local branch of Toc H, for lads over school age. The "Club," as it is popularly known, was opened during the summer months on one evening each week, and although it was difficult to persuade many lads to attend during the summer evenings, the increased attendance at the end of the year proved its popularity.

Dr. Monnington, as part-time Physician for Nervous Disorders, was called in to assist in the diagnosis of seven difficult cases. On one occasion Dr. Monnington attended at the Police Court to give evidence.

The Police Authorities have continued to communicate with me in cases of all school children brought before the Magistrates with a view to ascertaining whether any evidence is available from medical inspection records as to the mental or other condition of the offenders, which should be considered in determining the necessity of punishment as opposed to other alternatives. This scheme should secure safeguards for the undeveloped and weak-minded child, which are not possible without special knowledge unobtainable through police means alone. The police made application for information in regard to 28 boys and two girls, but none was found to be suffering from any defect which should influence the decision of the Magistrates.

MIDWIFERY AND MATERNITY NURSING SERVICES.

The County Council is the Local Supervising Authority under the Midwives Acts for the whole of the County except the Borough of Swindon.

Two hundred and nine midwives gave notice of their intention to practise midwifery during 1934 in the Council's area. Some of these, however, were only in Wiltshire temporarily, and a number of them also practised in an adjoining County or the Swindon Borough and were consequently under obligation to notify more than one authority. All but two of the midwives permanently resident in the County area hold the certificate of the Central Midwives Board or that of an equivalent qualifying body. The remaining two are bona-fide midwives who, having been in practice before the passing of the Midwives Act, 1902, are allowed to practise in virtue of prior certification under Section 2 of that Act; one attended nine cases only during 1934, and the other, none, although she gave notice of intention to practise.

The following table has been compiled from the returns obtained from midwives of their cases during 1934, the corresponding figures for 1933 being given in brackets :—

	Confinements attended in Wiltshire, (excluding Swindon).					
	As Midwife.		As Maternity Nurse.		Total.	
Trained Midwives of Associations	1262	(1257)	392	(364)	1654	(1621)
Trained Midwives in Private Practice	423	(457)	213	(248)	636	(705)
Bona-fide Midwives	8	(5)	1	(3)	9	(8)
Trained Midwives attached to the Corsham Maternity Home	196	(143)	53	(45)	249	(188)
Trained Midwives attached to the Malmesbury Maternity Home	56	(41)	33	(23)	89	(64)
Trained Midwives attached to the Salisbury General Infirmary	427	(395)	14	(9)	441	(404)
Trained Midwives attached to the Trowbridge and District Hospital	67	(69)	50	(27)	117	(96)
Totals	2439	(2367)	756	(719)	3195	(3086)

On the 1st October the section of the Central Midwives Board Rules regulating the practice of midwives was amended, various changes in the Rules being made. Every practising midwife in the County area was notified in advance of these changes, which were explained in detail by a memorandum and by the Assistant Inspectors of Midwives in the course of their regular visits. A copy of the new rules was sent to each practising midwife.

Under the Board's Rules the following notifications were received from midwives during 1934, the figures for 1933 being given in brackets :—

Sending for Medical Aid	1048	(912)
Laying out the Dead	15	(25)
Contact with Infection	63	(62)
Stillbirths	48	(39)
Deaths of :— (1) Mothers	3	(4)
(2) Children	58	(57)
Artificial Feeding	32	(44)
Totals	1267	(1141)

It will be noted that there has been a considerable increase in the number of calls by midwives for medical help. This is doubtless due, to some extent, to the operation, during

the latter three months of the year, of the new Rule of the Central Midwives Board whereby it is obligatory for the midwife to use the notice of sending for medical aid in respect of each separate emergency arising in any case attended by her. Previously, in emergencies subsequent to the first, provided that the doctor called was still in attendance, the midwife was not bound to use the form, although requested to do so.

Another of the new Rules of the Board restricts the laying out of the dead by midwives to those cases upon whom they are in attendance as midwife or maternity nurse at the time of death. It is evident from the total of fifteen notifications received during the year that midwives in the County already comparatively rarely undertake this work, and the practice will obviously be still more restricted in future years.

Dr. Agnes Semple, as Inspector of Midwives and Executive Officer of the Wilts County Nursing Association, visits all midwives newly practising in the County area. She also makes visits, from time to time, to Honorary Secretaries of local Nursing Associations and their midwives to give advice and help when local difficulties arise.

The Assistant Inspectors of Midwives pay regular, usually quarterly, visits to the midwives in their respective areas. No instances of gross negligence, or other serious matters, occurred during last year and it was unnecessary to report any midwife to the Central Midwives Board. Naturally many minor points arose, and experience has proved that midwives generally regard the visits of their Inspectors as an opportunity for helpful discussion of difficulties, many of which are resolved in this way.

The following are the statistics for 1934 in regard to the working of Section 14 of the Midwives Act, 1918, under which doctors are entitled to claim from the County Council fees for services performed in cases to which they have been called by midwives these fees being recoverable from the patient according to her means. The corresponding figures for 1933 are given in brackets :—

Number of cases in which certified midwives sent for medical aid.....	1048	(912)
Number of cases in which doctors claimed fees from the County Council	649	(566)
Percentage of such cases in which doctors claimed fees from the County Council	61.93	(62.06)
Amount of doctors' fees paid by the County Council	£1,138	(£993)
Amount recovered from the patients	£330	(£283)
Balance not recovered	£808	(£710)

(The financial details given above refer to the respective financial years, and not to the calendar years as in the case of the other statistics).

The above figures show that 29 per cent. of the total sum paid to doctors was refunded, compared with 28.5 per cent. in 1933, 32 per cent in 1932, 40 per cent. in 1931, and 42 per cent. in 1930.

In June, 1934, two district midwives were appointed by the Calne and Calne Country District Nursing Associations, the latter newly-formed, and a complete midwifery service was thus provided for Calne and the villages of Cherhill, Compton Bassett, Hilmarton and Yatesbury. The elimination of the handy-woman, who had already almost completely disappeared from the administrative County except in this district, will naturally follow in this area also in course of time. It is very satisfactory that the gap which had hitherto existed in the otherwise practically complete midwifery service in the County has thus been filled.

Pupil midwives are constantly being trained by the County Nursing Association, aided in this and other connections by grants from the County Council, and thus a supply of trained midwives under contract is available for the smaller and scattered District Nursing Associations which are not always in a position to pay a full salary.

The work of certain of the District Nursing Associations in urban areas has grown largely during recent years with the result that at Warminster, Melksham and Stratton,

additional midwives have been appointed by the local Nursing Associations, either in full or part-time capacities.

No change was made during the year in the County Council's scheme under Section 101 of the Local Government Act, 1929, for grants to voluntary Associations providing maternity and child welfare services in the County.

The subsidies paid to two private midwives for the service of outlying areas were continued during 1934, although, since the end of the year, it has been possible to discontinue one of these subsidies as a Nursing Association has been formed in the area concerned.

No change was made during the year in the Council's arrangements with a number of Nursing Associations whereby an allowance for either a motor car or bicycle is paid when their midwives attend cases in outlying districts which would not otherwise have midwifery services.

Compensation amounting to £1-15-6 was paid to a private midwife in respect of suspension from practice following contact with a fatal case of puerperal fever.

A midwife who reported herself to be suffering from a sore throat was found to have an infection of haemolytic streptococci, which persisted for nearly three weeks. She was fit to resume duty before the expiration of this period but was not allowed to undertake midwifery until swabbing had proved her throat free from this infection, which is particularly dangerous to midwifery cases. Fortunately, the Nursing Association to which she is attached employs a second midwife and the nurses' work could, without difficulty, be re-arranged.

The advantages which have accrued from the County Nursing Association's schemes for assistance to local Nursing Associations in the provision of cars or motor-cycles and telephones for their midwives are evident. It is to be hoped that eventually the homes of all District Nursing Associations' midwives will be connected with the telephone service.

INSTITUTIONAL PROVISION FOR MOTHERS AND CHILDREN.

The County Council has not provided any homes for mothers and babies apart from the accommodation which exists for them in the Public Assistance Institutions. There is, however, provision for unmarried mothers and their infants at the voluntary Refuges at Devizes and Salisbury maintained by the Salisbury Diocesan Association for Moral and Spiritual Welfare.

The development of the institutional provision which has been made for maternity cases is fully described on pages 31 and 32 under the headings dealing with maternity services generally and puerperal infection, and the general arrangements for the in-patient treatment of infants suffering from various defects, and for convalescent treatment, are described under the appropriate headings on pages 40—43.

MATERNAL MORTALITY.

Dr. Agnes Semple, the Medical Officer for Maternity and Child Welfare, investigated thirteen maternal deaths during the year, upon which reports were subsequently sent to the Ministry of Health on the prescribed form. Twelve of these belonged to the County Council's area for maternity and child welfare purposes; all of these twelve deaths were primarily due to puerperal causes.

As already stated, the maternal mortality rate in the County area, i.e., the number of deaths of mothers from puerperal causes per thousand births was therefore 3·66. This figure, although higher than that for 1933, which was exceptionally low, compares favourably, as already mentioned, with the national rate of 4·41.

Medical records are kept of all cases of puerperal fever and puerperal pyrexia; further reference to the County Council's arrangements for the treatment of such cases, for the provision of consultants for these and other complicated maternity cases, and other ancillary services, will be found in the sections immediately following.

GENERAL ARRANGEMENTS FOR MATERNITY AND CHILD WELFARE.

Ante-Natal and Maternity Services.

The following table gives details of the consultant ante-natal clinics established at Swindon, Trowbridge and Salisbury, and their work in 1934.

Area.	Clinic.	Sessions.	Obstetrician Attending.	Clinics held.	Number of Attendances of Expectant Mothers.
Northern	Maternity Home, Kingshill, Swindon.	Second & fourth Wednesday in each month at 2.30 p.m.	Dr. A. W. Bennett, 57, Ashford Road, Swindon.	24 (24)	31 (22)
Western	County Council Clinic, The Halve, Trowbridge	First Wednesday in each month at 2.30 p.m.	Dr. D. A. Mitchell, 2, Gay Street, Bath.	12 (12)	41 (53)
Southern	Salisbury General Infirmary.	Tuesday of each week at 11 a.m. (Also on Thursdays for cases booked for Maternity Ward)	Dr. J. J. Armitage, 26, Endless Street, Salisbury.	103 (103)	636 (641)

(The figures given in brackets are those for 1933).

Treatment is not provided at these clinics except with the knowledge and at the wish of the practitioner sending the case.

With regard to the large attendance at the Salisbury Clinic, many normal cases are included in the number as all patients admitted to the Infirmary are first examined by the obstetrician as a routine procedure.

In December 1934, the Public Health Committee considered the question of bringing into operation the proposed county scheme for routine ante-natal supervision in midwifery cases by the family doctor, but it was decided to defer the matter for a year and it will again be considered towards the close of 1935. The introduction of this scheme, when possible, will make the system of ante-natal supervision complete; the existing consultant clinics will of course remain as essential adjuncts of the scheme.

In the meantime there is, in addition to the consultant clinics, provision for ante-natal examinations, particularly in connection with patients accepted for confinement in the various Maternity Homes. Thus, Dr. Semple sees cases before admission to the Corsham Maternity Home, and last year 240 attendances were made at that clinic. Similar clinics are available at Swindon in connection with the Maternity Home, and at Wilton a small ante-natal clinic is held in conjunction with the Infant Welfare Centre.

Consultants in Complicated Maternity Cases. In September, 1934, arrangements were made for Dr. A. W. Bennett, who conducts the consultant ante-natal clinic at Swindon, to be available for consultation in complicated maternity cases in patients' homes in the northern area of the County, in succession to the late Dr. Haydon. The consultants for the western and southern areas are already available for such consultations in their respective districts and, altogether, consultations were arranged in eleven cases during the year.

The consultants for the western and southern areas are available not only for cases of abnormal pregnancy and difficult labour but also for those of puerperal infection, to which reference will be found on page 33.

The Council meets the cost of operations found necessary after consultation. Patients are, however, always asked to repay as much as they can afford of the fees paid for both operations and consultations.

Hospital Beds. No change was made during the year in the Council's arrangements for the provision of hospital beds for maternity cases permanently residing in the County area and whose admission is necessitated for one or more of the following reasons :—

(1) Anticipated complications of labour, or ante-partum conditions needing institutional care ;

(2) Home surroundings unsuitable for confinement, or

(3) Want of proper medical or nursing attention owing to inaccessibility of home.

The following table shows the accommodation available for County Council and other patients in the five Maternity Homes with which the Council has arrangements, and also the number of County and other cases admitted during 1934. The figures for 1933 are given in brackets for purposes of comparison .

	Total No. of Beds.	Accommodation available for County Council cases.	No. of County Council cases admitted during 1934.		No. of other cases admitted during 1934.		Total Admissions.	
Corsham Maternity Home	10	As required	138	(130)	41	(31)	179	(161)
Malmesbury Maternity Home	5	do.	15	(26)	24	(8)	39	(34)
Salisbury General Infirmary, Maternity Ward	19	do.	90	(95)	266	(245)	356	(340)
Swindon Maternity Home	22	5 beds	96	(93)	329	(294)	425	(387)
Trowbridge and District Hospital, Maternity Ward	13	As required	33	(38)	84	(57)	117	(95)
Totals	69		372	(382)	744	(635)	1116	(1017)

Of the total of 372 County cases, 160 were admitted for medical reasons, 207 owing to unsuitable home surroundings (including 16 Public Assistance cases) and five on account of lack of medical or nursing attention in their homes due to their inaccessibility.

The 266 cases, other than Wilts County Council cases, admitted to the Maternity Ward at the Salisbury General Infirmary during the year included patients from Dorset, Hants, and the City of Salisbury.

Since the total number of registered births for Wiltshire was 4,503, it will be observed that, even allowing for the inclusion in the table of a number of cases from outside the County confined at Salisbury Infirmary, almost a quarter of Wiltshire births occurred in Maternity Homes.

The County Maternity Homes form a very important part of the Council's Maternity Scheme, and every effort is made to secure the best available treatment and conditions for patients. A proportion of the cost is recovered from patients, who are expected to contribute in accordance with their means, and substantial sums are also received from Hospital Leagues in respect of members admitted to County beds.

Since the closure, on the 31st January, 1934, of the Maternity Ward at the Devizes Public Assistance Institution, mentioned in my last Report, the admission of maternity cases to Public Assistance Institutions has entirely ceased apart from the admission of a few special maternity cases to Tower House Institution, Salisbury, the total for the year being seven. The closure, during the past few years, of the maternity wards in Public

Assistance Institutions generally in the County is a step in accordance with the spirit of the Local Government Act and was desirable not only in view of the poor accommodation which was provided at most of the Institutions but also as a measure of economy and efficiency.

Ancillary Services. Arrangements have been in existence for some years past with the General Infirmary, Salisbury, for the undermentioned examinations to be carried out at the expense of the County Council in the case of County patients for whom such examinations are necessary in order that their confinements shall be safeguarded :—

(a) Ophthalmic examinations (for retinitis, optic neuritis, etc.).

(b) Special pathological examinations.

(c) X-Ray examinations (cases of contracted pelvis, pelvic tumours complicating pregnancy, etc.).

During 1934, four such examinations were made at Salisbury, and one was also arranged at the Bath Royal United Hospital.

The County Dental Staff undertakes the treatment of expectant mothers urgently needing dental treatment which they are unable to afford and which is not otherwise available, as for instance, through the Honorary Staffs of local hospitals. Help towards dentures can be provided, in approved cases, through the Public Assistance Committee.

Sterilised maternity outfits can be provided, in necessitous cases, at the expense of the County Council.

INFECTIOUS DISEASES IN RELATION TO MATERNITY AND CHILD WELFARE.

Puerperal Infection. The County Council's arrangements with the undermentioned institutions for the in-patient treatment of cases of puerperal fever and puerperal pyrexia, admitted upon the authority of the County Medical Officer, remained unchanged :—

Chippenham and Malmesbury Joint Isolation Hospital.
Royal United Hospital, Bath.
Salisbury General Infirmary.
Salisbury Joint Isolation Hospital.
Savernake Hospital.
Swindon and District Joint Isolation Hospital.
Trowbridge and District Joint Isolation Hospital, and
Warminster Joint Isolation Hospital.

The following figures relate to cases notified during the year in the area of the County for which the County Council is responsible for maternity and child welfare. The figures for 1933 are given in brackets.

	No. of Cases Notified.		No. treated in Hospital.		Deaths.	
Puerperal Fever	11	(6)	10	(5)	2	(3)
Puerperal Pyrexia	33	(19)	16	(17)		

The distinction between puerperal fever and puerperal pyrexia is not in practice a real one as cases notified as pyrexia frequently develop the graver features which indicate puerperal fever, and, on the other hand, some cases notified as puerperal fever are quite mild in character.

In addition to the figures given in the above table, 21 cases of puerperal pyrexia were notified at Salisbury and one case of puerperal fever, and 45 cases of puerperal pyrexia, at Swindon, where the County Council is not the authority responsible for maternity and child welfare.

Ten cases were seen under the County Scheme during the year by the consultants for the western and southern areas referred to on page 30.

Venereal Infection. Accommodation is always available at the Gorse Hill Isolation Hospital, Swindon, for the reception of maternity cases suffering from venereal infection.

Ophthalmia Neonatorum. The County Council's arrangements with the undermentioned institutions for the in-patient treatment of cases of ophthalmia neonatorum, sent to such institutions with the sanction of the County Medical Officer, remain unchanged :—

General Infirmary, Salisbury.
Gorse Hill Clinic, Swindon.
Royal United Hospital, Bath.
Eye Infirmary, Bath, and
Savernake Hospital, Marlborough.

The following figures relate to cases notified during the year in the area of the County for which the County Council is responsible for maternity and child welfare. The figures for 1933 are given in brackets.

Cases.											
		Treated.									
Notified.		At Home.		In Hospital.		Vision Unimpaired.		Vision Impaired.		Total Blindness.		Deaths.	
9	(15)	4	(11)	5	(4)	8	(15)	1	(—)	—	(—)	—	(—)

With regard to the case in which impairment of vision resulted, one eye only was affected and the degree of impairment of vision was slight, being due to a small opacity reported to be clearing.

In addition to the figures given in the above table, four cases were notified at Salisbury, and four at Swindon, where the County Council is not the authority for maternity and child welfare.

Other Infantile Diseases. There were 5 deaths of infants under two years from diarrhoea, etc., in the county area, as compared with ten during 1933.

The various other infectious conditions, such as measles and whooping cough, as well as the notifiable diseases to which mothers and infants are liable in common with the rest of the population, have not formed the object of special measures by the County Council. Facilities are, however, available under the County Orthopaedic Scheme for the treatment of cases of infantile paralysis. Two infants suffering from this disease were removed to the Bath Orthopaedic Hospital during the year.

CHILD WELFARE ARRANGEMENTS.

Health Visiting. Two thousand six hundred and twenty-four live births and 88 stillbirths were notified during the year under the Notification of Births Act, 1907, in the area of the County for which the County Council is responsible for child welfare. In addition details were received from the local Registrars of Births and Deaths of 20 live births which were not notified, which represents less than one per cent. of the total births recorded.

Allowing for inward and outward transfers, the numbers of live births and stillbirths registered were 3151 and 125 respectively.

No change was made during the year in the Council's health visiting scheme, described fully in previous Reports. The part-time staff of health visitors was increased from 87 to 91, several additional district midwives taking over the health visiting duties of their areas; the whole-time staff of nine remained unchanged in number.

Two thousand six hundred and fifty-six first visits and 22,787 total visits were paid during the year by health visitors to children under one year of age, and 27,359 to children between the ages of one and five years.

As a result of reports from health visitors regarding defects discovered in children during the course of their visits, many new cases were treated under the orthopaedic, ophthalmic, and ear, nose and throat schemes, to which further reference is made on pages 40 and 43. The family doctor is always consulted before any such arrangements for treatment are made.

A large number of serious housing defects, and instances of overcrowding, were also reported by the health visitors, and the information was forwarded to Local Sanitary Authorities for action to be taken by them.

The following table is a record of the work performed during the year by the whole-time health visitors and school nurse. The figures for the various nurses are not comparable as local circumstances differ widely, particularly in regard to travelling facilities. Corresponding figures for 1933 are given in brackets.

Record of Work performed during the Year 1934 by the Whole-time Health Visitors and School Nurse.

Centre.	Name of Nurse.	Visits to Tuberculous Patients.	Visits to Schools with Med. Inspector.	Routine Inspections of all Children in Schools.	Other Visits to Schools.	School Home Visits.	Inspections of Midwives.	Visits to Expectant Mothers.	Visits to Infants under One Year of Age.	Visits to Children 1—5.	Visits under Children Act.	Attendances at Clinics.
Bradf'd-on-Avon	G. M. Jackson	283 (299)	1 (1)	— (2)	— (—)	30 (6)	30 (35)	6 (10)	564 (343)	250 (456)	36 (47)	157 (151)
Chippenham	W. A. M. Tilt	29 (30)	3 (18)	59 (55)	60 (101)	293 (361)	46 (—)	7 (17)	985 (801)	1478 (872)	29 (17)	65 (6)
Chippenham	M. Warren	98 (145)	36 (54)	82 (121)	296 (212)	884 (933)	30 (43)	5 (3)	140 (168)	203 (280)	75 (82)	50 (56)
Devizes	R. I. Ansaldo	32 (49)	13 (15)	63 (65)	88 (89)	186 (189)	25 (30)	28 (33)	1079 (1210)	598 (612)	63 (51)	35 (39)
Marlborough	M. Bright	51 (59)	15 (20)	126 (131)	120 (125)	264 (290)	58 (54)	4 (4)	349 (354)	504 (544)	32 (40)	5 (15)
Salisbury	G. F. Sainsbury	138 (103)	9 (8)	47 (47)	5 (6)	107 (125)	76 (68)	21 (15)	259 (233)	427 (294)	129 (139)	72 (76)
Swindon	E. F. Watkins	278 (308)	11 (4)	77 (63)	13 (13)	785 (243)	60 (86)	23 (21)	87 (245)	174 (337)	20 (48)	58 (73)
Trowbridge	E. Smith	6 (15)	8 (1)	— (—)	— (—)	81 (94)	25 (26)	1 (8)	2637 (3162)	1435 (1570)	68 (34)	103 (97)
Trowbridge	C. L. Donnachie (School Nurse)	— (—)	40 (54)	162 (170)	252 (220)	296 (340)	— (—)	— (—)	— (—)	— (—)	— (—)	112 (100)
Warminster	E. L. Richens	6 (12)	17 (15)	71 (79)	111 (81)	201 (280)	59 (47)	12 (13)	254 (474)	379 (429)	163 (161)	19 (17)
Totals	—	921 (1020)	153 (190)	687 (733)	945 (847)	3127 (2861)	409 (389)	107 (124)	6354 (6990)	5448 (5394)	615 (619)	676 (630)

(Nurse W. A. M. Tilt commenced duty 5th April, 1934, in place of Nurse A. H. Webber, resigned.)

The figures given in the last column relate to attendances at tuberculosis, ophthalmic, ante-natal, infant welfare, heart, ear, nose and throat, minor ailments, and venereal diseases clinics.

In addition, a number of journeys have been undertaken by the various Nurses in conveying children to hospital, etc.

Infant Life Protection. The Children and Young Persons Act, 1932, which amplifies the Children Act, 1908, has now been in force for two years. Its provisions, which have been advertised in the County newspapers, are becoming generally known, although from time to time foster-parents are still discovered who are ignorant of the new Act.

The most important provisions of the Act of 1932 are those which raise the age limit of registrab'e children from seven to nine years and which make registration necessary before the reception of the child. It is now necessary for notice of reception to be given to the Council, except in emergency, at least seven days beforehand unless a child is already boarded-out under the Acts with the foster-parent concerned. In this case notification must be made two days before the intended reception of another child. There are of course other amendments of the original Act, and a comprehensive leaflet describing all the requirements of the law is available on application to the County Offices, or to any of the County Health Visitors, who act as Infant Protection Visitors.

Every new foster-home is visited immediately upon receipt of the notice from the foster-parent that a child is to be received, and subsequent periodical visits are paid by the Infant Protection Visitors to each child registered, no exemptions having been made. Altogether, over 600 such visits were paid during the year.

Although these visits are, strictly , visits of inspection of the child and home, they are, as far as possible, made in a tactful and helpful way to gain the good-will of the foster-parent and her ready adoption of the Infant Protection Visitor's suggestions for the welfare of the child.

At the end of the year the County Register contained the names of 123 children boarded out in 99 homes.

One child was removed during the year from the care of a foster-parent who had insufficient accommodation in her home. The child had been received without the statutory notice beforehand but the removal was promptly effected without the need for a legal order.

No necessity for legal action arose during the year.

Infant Welfare Centres. The following table gives details of the various Centres in the area of the County for which the County Council is responsible for maternity and child welfare :—

Centre.	Day of Month and Time Centre is open.	Names of Medical Officer and Nurse.	Remarks.
Ashton Keynes (The Parish Hall).	1st Wednesday 3 p.m.	Dr. F. Lewarne District Nurse	M.O. attends as frequently as possible and District Nurse attends each session.
Bradford-on-Avon (Church House, Church Street)	1st & 3rd Tuesdays 2.30 p.m.	*Dr. J. Murray †Nurse Jackson District Nurses	M.O. attends on 1st Tuesday and Nurse Jackson attends every session with District Nurses.
Chippenham (Parish Church Hall, Market Place)	2nd & 4th Tuesdays 2 p.m.	*Dr. J. MacKay †Nurse M. Warren District Nurse	M.O., Nurse Warren and the District Nurse attend every session.
Corsham (Maternity Home)	2nd & 4th Fridays 2.30 p.m.	*Dr. A. L. Semple Matron and a nurse	M.O. and members of Maternity Home Staff attend every session. Ante-natal work also is undertaken.
Devizes (Wesleyan School Room Long Street)	Alternate Thursdays 2.15 p.m.	*Dr. A. L. Semple †Nurse Ansaldo	M.O. and nurse attend every session.
Downton (Church Hall)	Alternate Fridays 2.30 p.m.	Dr. B. Whitehead District Nurse	M.O. and nurse attend every session.
East Knoyle (Village Hall)	First Wednesday 2.30 p m.	Dr. R. E. Whitby or Dr. H. C. Beck (alternate periods of six months) District Nurse	M.O. and nurse attend every session.
Lavington (Wesleyan School Room, Littleton Panell)	1st Friday 2.30 p.m.	Dr. F. J. de Coverly Veale District Nurse	M.O. and Nurse attend every session. Dr. Veale is understood to be resigning: his place will be taken by another local doctor.
Malmesbury (Parish Hall)	1st Tuesday 2.30 p.m.	Dr. R. M. Moore Dr. F. J. Battersby, or Dr. B. L. Hodge. (in annual rotation) Maternity Home Staff	M.O. and members of Maternity Home Staff attend every session. Dr. Battersby is acting as M.O. during 1935-36.
Marlborough (The Parish Room, Ivy House, High Street)	1st Friday 2.30 p.m.	*Dr. A. L. Semple District Nurses	M.O. and the District Nurses attend every session.
Melksham (Old Bank House)	Alternate Thursdays 2.30 p.m.	Dr. C. J. E. Bennett Dr. D. Leigh Spence or Dr. C. F. Rumboll (usually in annual rotation) District Nurse	M.O. attends on first Thursday in the month upon which a Clinic is held. Nurse attends every session, if possible.
Pewsey (Bouverie Hall)	1st Monday 2 p.m.	District Nurse	A weighing centre only. The District Nurse attends every session.
Tisbury (Red Cross Hut, Hindon Lane)	3rd Friday 3 p.m.	Dr. W. H. Du Pre (attends occasionally only) District Nurse	Nurse attends every session.
Trowbridge (County Council Clinic, The Halve)	Every Tuesday 2 p.m.	*Dr. A. L. Semple †Nurse E. Smith	M.O. and Nurse attend every session.
Warminster (Town Hall)	1st Friday 2.30 p.m.	*Dr. J. MacKay District Nurses	M.O. attends every session with two District Nurses.
Wilton (Town Hall)	1st & 3rd Thursdays 2 p.m.	Dr. A. W. K. Straton District Nurses	M.O. attends on 1st Thursday and two nurses attend every session. Ante-natal work is also undertaken on first Thursday in month.

(Most of the Centres are closed during August).

*Assistant County Medical Officer. †County Council Health Visitor.

CENTRES.

The following table shows the number of attendances of children and staff at the various infant welfare centres during the year, the figures for 1933 being given in brackets :—

	Ashton Keynes.	Bradford-on-Avon.	Chippenham.	Corsham.	Devizes.	Downton.	East Knoyle.	Lavington.	Malmesbury.	Marlborough.	Melksham.	Pewsey.	Tisbury.	Trowbridge.	Warminster.	Wilton.
Sessions held	12 (12)	26 (23)	22 (22)	24 (24)	21 (22)	25 (25)	12 (12)	7 (11)	12 (12)	11 (12)	22 (23)	8 (12)	10 (12)	48 (48)	12 (12)	21 22)
Attendances of Children	168 (144)	235 (335)	901 (1165)	151 (240)	857 (931)	709 (627)	210 (117)	163 (291)	223 (212)	334 (461)	428 (393)	136 (209)	46 (57)	1525 (1190)	289 (329)	169 (138)
Attendances of Medical Officer	3 (7)	12 (12)	21 (22)	24 (24)	21 (22)	25 (25)	12 (12)	7 (10)	12 (12)	11 (11)	11 (12)	8 (11)	2 (11)	46 (36)	10 (11)	11 (11)
Attendances of Nurse	11 (11)	26 (32)	41 (43) (Two Nurses)	48 (48) (Matron & Nurse)	20 (22)	25 (24)	11 (12)	7 (10)	22 (24) (Matron & Nurse)	20 (23) (Two (Nurses)	22 (18)	16 (23) (Four Nurses)	10 (10)	48 (48)	23 (24) (Two (Nurses)	40 (44) (Two Nurses)

As the attendance at the Pewsey Infant Welfare Centre had been small for some time and there are neighbouring Centres at Marlborough and Devizes, it was decided in September, 1934, that the attendance of a Medical Officer, hitherto provided from the County Medical Staff at Trowbridge, was no longer justified, and the Clinic was closed. It was, however, re-opened at the end of the year as a local Weighing Centre for babies. The Tisbury Welfare Centre is also used chiefly for weighing purposes, a Medical Officer not usually attending.

The large increase in attendances at the Trowbridge Clinic from 1190 during 1933 to 1525 during 1934 is noteworthy.

The small number of sessions and attendances at the Lavington Infant Welfare Centre during the year was caused by the closure of the Clinic for several sessions on account of infectious disease in the neighbourhood.

The Trowbridge Centre is administered by the County Council and, with the exception of Ashton Keynes, East Knoyle, Pewsey and Tisbury, all of the remaining Centres receive financial assistance from the County Council by means of grants payable under Section 101 of the Local Government Act, 1929, and also, in some cases, by the provision of a Medical Officer.

In addition to the civil Centres mentioned, there are three Infant Welfare Centres at Tidworth, Bulford and Larkhill, organised by the military for the children of the Forces in the neighbourhood.

Infant Deaths. There were 144 deaths of infants under one year of age in the County Council's area for maternity and child welfare, compared with 161 during 1933. The death rate per thousand live births during 1934 was therefore 4.57 which compares favourably with the national rate of 59.

Investigations into infant deaths are not made as a routine, and it is not easy to see how such investigations could usefully be made by the County Staff apart from the enquiries which naturally arise in health visiting.

Supply of Food and Milk. Wide use is made of the County Council's arrangements for the supply, on proper recommendation, of infant tonic foods and dried milk, at wholesale prices, for weakly and backward infants of parents whose circumstances preclude their paying the usual retail prices. These foods are available at the Trowbridge Infant Welfare Centre, and through the Public Health Department. Similar facilities are also available at several of the larger voluntary Welfare Centres.

One hundred and thirty-eight new applications for free supplies of milk were received during 1934, compared with 152 during 1933. One hundred and twenty-seven were granted, eight referred to the Public Assistance Officer of the Council for consideration as the families concerned were already in receipt of out-relief, and three refused as the applicants' circumstances, which had been mis-stated, did not justify a grant.

Six hundred and sixty-eight applications for renewal were received from persons who had previously been given supplies, compared with 643 received during 1933. Six hundred and sixty-one were granted, four referred to the Public Assistance Officer, and three refused.

The quantity of milk supplied was usually one pint per day but, in a few special cases, two pints daily were allowed, although no grant was made for a longer period than a month at a time. The total quantity provided under these grants was approximately 2,700 gallons.

As in previous recent years, the large majority of applicants during 1934 have been the wives of unemployed men and farm labourers. In every case recommendations are required from a local doctor, midwife or health visitor, and also from another responsible local resident; it is rarely that an unjustifiable application is received. Occasionally wages are grossly mis-stated but instances of deliberate deception are comparatively few and are inevitably discovered as all statements of income are checked.

It is evident that the value from a health standpoint of these grants is more and more generally recognised by the district nurses who usually recommend supplies and who are invariably in close touch with the applicants either as midwife or health visitor, and consequently are in a position to note any resultant benefit.

Treatment Schemes for Children under School Age. No change has been made during the year in the treatment schemes for children found to be suffering from crippling, ophthalmic or ear, nose and throat defects, fully described in my last Report. The number of cases under treatment during the year under the respective schemes has, in each instance, increased to a certain extent and details of the comparative figures are given under the following separate headings of the schemes.

Orthopaedic Scheme. The following table summarises the treatment provided for non-tubercular children under school age during the year at the out-patient clinics and the Bath and Wessex Children's Orthopaedic Hospital :—

Name of Clinic	Number of cases examined at Clinic during the year		Total Number of attendances at Clinic made during the year		No of cases treated as — In-patient at Hospital and Out-patient at Clinic		No of cases treated as — Out-patient at Clinic only	
Corsham	24	(20)	92	(102)	3	(2)	21	(18)
Devizes	21	(25)	101	(127)	2	(2)	19	(24)
Salisbury	38	(33)	191	(168)	4	(4)	34	(29)
Swindon	28	(26)	127	(115)	5	(2)	23	(24)
Trowbridge	36	(34)	171	(151)	11	(3)	26	(32)
TOTALS	147	(138)	682	(663)	25	(13)	123	(127)

(The figures given in brackets are those for 1933).

One case of acute poliomyelitis included in the fourth column above only received in-patient treatment during 1934, but has subsequently received out-patient treatment at the Trowbridge Clinic against which it is shown. Admission to hospital was urgent and was arranged without the usual preliminary examination at the clinic.

There has been a striking increase in the number of children recommended for in-patient treatment, as is shown in the table. This increase cannot be assigned to any definite factor and there is usually considerable fluctuation from year to year in the number of infants admitted to hospital for in-patient treatment.

Ninety-four of the cases in the above table were first reported during 1934 and the remainder are children who had received treatment in previous years and for whom further treatment and after-care were necessary. This figure of 94 compares with 53 new cases during 1933. The increase in the number of new cases consists largely of children reported under the health visiting scheme to be suffering from minor degrees of deformity for which, however, orthopaedic treatment was necessary.

The conditions for which the children shown in the table were treated were as follows:

Defect.	Clinic.					Total.
	Corsham.	Devizes.	Salisbury.	Swindon.	Trowbridge.	
Osteomyelitis	—	1	—	—	—	1
Congenital Deformities	6	4	8	8	7	33
Infantile Paralysis	—	1	—	1	2	4
Rickets	13	12	24	11	15	75
Spastic Paralysis	2	—	1	1	2	6
Postural Defects	—	2	1	5	4	12
Other Defects	3	1	4	2	6	16

The County Council bore the cost of surgical appliances in 23 instances during the year and there were of course many more cases in which the cost of such appliances was met from clinic funds. Massage was also provided in two cases at the expense of the County Council in addition to those cases in which the services of a masseuse were made available at the expense of clinic funds.

A brief outline of the whole of the work accomplished under the County Orthopaedic Scheme is given on pages 45 and 46.

Ophthalmic Scheme. Ninety-three infants were examined during the year, compared with 76 during 1933, at the out-patient clinics held by the County Ophthalmic Surgeons at various Centres, a total of 154 examinations being made. Forty-four of these children were cases first reported during the year, and the remainder were children examined previously but for whom further treatment or periodical examination was necessary.

The 44 new cases consisted of 35 suffering from squint and 9 from other defects such as nystagmus, conjunctivitis, etc. In-patient treatment was arranged for four children, glasses were prescribed for 16, and cover treatment, etc., was advised for several others. Twenty children were recommended no immediate treatment but are being kept under supervision by the Oculists.

The forty-nine cases previously seen but re-examined during 1934 comprised 39 suffering from squint and 10 from various other defects. Glasses or new lenses were recommended in four instances, and in other cases ointment, cover treatment, etc., was advised; four children needed no further treatment. The remainder are to be re-examined periodically.

Since the end of the year under review, Dr. Pratt, the County Oculist for the Northern Area, has severed his connection with the Oxford Eye Hospital and is now attached to the staff of the Swindon Victoria Hospital. In future, therefore, cases recommended from his clinics for in-patient treatment will be admitted to this Hospital in order that continuity of treatment, which is an important principle of the County Scheme, may be assured.

Ear, Nose and Throat Scheme. The following table summarises the treatment provided during the year for children under school age at the out-patient clinics and as in-patients at the institutions to which the respective aural surgeons attending the clinics are attached. The surgeon attending the Trowbridge Clinic is on the staff of the Royal United Hospital, Bath, and in-patients are admitted there.

Centre.	Number of Children Examined.		Referred for Operation.						Operations Performed.						Otherwise Treated.				Attendances at Out-Patient Clinic.	
			T. and A.		Mastoid.		Other.		T. and A.		Mastoid.		Other.		Without Operation.		In addition to Operation.			
Malmesbury (Malmesbury and District Hospital)	1	(1)	—	(1)	—	(—)	1	(—)	—	(1)	—	(—)	1	(—)	—	(—)	—	(—)	1	(1)
Salisbury (General Infirmary)	23	(15)	21	(11)	—	(—)	—	(—)	15	(8)	—	(—)	—	(—)	—	(1)	—	(4)	31	(34)
Savernake (Savernake Hosp.)	1	(1)	—	(—)	—	(—)	—	(1)	—	(—)	—	(—)	—	(1)	1	(—)	—	(1)	1	(1)
Swindon (Victoria Hospital)	15	(8)	9	(6)	—	(—)	—	(—)	6	(6)	—	(—)	—	(—)	6	(2)	4	(—)	21	(17)
Trowbridge (C.C. Clinic)	9	(7)	2	(4)	—	(—)	—	(—)	2	(2)	—	(—)	—	(—)	7	(3)	3	(—)	18	(12)
Totals	49	(32)	32	(22)	—	(—)	1	(1)	23	(17)	—	(—)	1	(1)	14	(6)	7	(5)	72	(65)

(The figures in brackets are those for 1933).

A number of cases included in the foregoing table as being referred for operation were actually operated upon during 1935.

In addition, 12 simple cases of enlarged tonsils and adenoids reported by Medical Officers of Infant Welfare Centres or local doctors were operated upon under the County Council's arrangements in various District and other hospitals in the County.

Convalescent Home, Marlborough. Twenty-six infants were admitted during 1934, compared with 20 during the previous year. The number of infants admitted continues to increase and is likely to do so as the Children's Home provides just the type of environment necessary for the recovery of the weakly and debilitated child, often the product of an overcrowded and dirty home. Such cases are frequently recommended for admission from the Welfare Centres in the County or are discovered through the medium of the health visiting scheme. Consent to treatment in the Convalescent Home, which is usually difficult to obtain from the parents of infants and babies, has recently been more readily given, more especially in areas where the benefits derived by young children from a stay in the Home have become well-known. Admission in the case of babies under 12 months of age is generally for a long period and has averaged approximately 18 weeks during 1934.

NURSING HOMES REGISTRATION ACT, 1927.

The County Council is the Local Supervising Authority under the Nursing Homes Registration Act, 1927, for the whole of the County except the Borough of Swindon, to the Council of which local powers under the Act were delegated in 1930.

During the year five applications for registration were received by the County Council in respect of small private Homes for chronic or infirm patients. Four were granted, and one refused as the sanitation of the applicant's house was considered unsatisfactory.

No applications for exemption from registration were received during the year.

Excluding Homes closed prior to 1934 but including one recently re-opened, at the time of writing fifteen private Homes are registered under the Nursing Homes Registration Act, 1927, in addition to all the Voluntary Hospitals in the County, with the exception of one which was granted exemption some years ago. This number, of course, includes some Homes and Hospitals previously registered under Part II. of the Midwives and Maternity Homes Act, 1926.

Periodical re-inspections of the Homes registered are made by members of the County Medical Staff but no unsatisfactory conditions were revealed during the past year.

VENEREAL DISEASES.

There has been no change in the County Council's arrangements for the treatment of venereal diseases, and only a brief summary of the facilities available and the work carried out during the year is, therefore, given.

CLINICS.

Out-patient clinics are held at the following centres, and patients may also attend daily for irrigation if necessary. Facilities are available for in-patient treatment at Salisbury and Swindon, but there is no such provision at Trowbridge.

Centre.	*Men.*	*Women.*
The Infirmary, (Skin Dept.), Salisbury. (Drs. Potts and Gordon)	Tuesday, 11.30 a.m. to 1 p.m. Friday, 6 to 7.30 p.m.	Wednesday, 6 to 7.30 p.m. Saturday, 11.30 a.m. to 1 p.m
The Isolation Hospital, Gorse Hill, Swindon. (Drs. Broomhead and Murray).	Wednesday, 7 to 8.30 p.m. Friday, 6 to 7.30 p.m.	Monday, 5 to 6.30 p.m. Friday, 2 to 3.30 p.m.
County Council Clinic, The Halve, Trowbridge. (Drs. Broomhead and Murray).	Thursday, 5 to 6.30 p.m.	Tuesday, 5 to 6.30 p.m.

WORK UNDERTAKEN DURING 1934.

The following details have been extracted from the returns received from the various treatment centres :—

Centre.	No. of Persons seen for the first time and found to be suffering from				Total.	Total No. of Attendances at the Out-Patient Clinics of Wiltshire Patients.	Aggregate No. of In-Patient days of Wiltshire Patients.	No. of Doses of Arsenobenzene Compounds given in the out-patient clinic and in-patient Department to Wiltshire patients.
	Syphilis.	Soft Chancre.	Gonorrhoea.	Conditions other than Venereal.				
Bath	8 (3)	— (—)	6 (4)	4 (4)	18 (11)	651 (457)	— (—)	55 (113)
Salisbury	19 (34)	— (—)	32 (39)	26 (13)	77 (86)	4106 (2973)	439 (549)	530 (466)
Swindon	53 (45)	2 (1)	54 (43)	72 (64)	181 (153)	3660 (3077)	245 (32)	1012 (1032)
Trowbridge	11 (9)	— (—)	23 (17)	32 (29)	66 (55)	1368 (802)	— (—)	64 (145)
*Bristol Royal Infirmary	— (—)	— (—)	1 (7)	1 (—)	2 (7)	31 (37)	190 (85)	1 (1)
*R. Berkshire Hospital, Reading	3 (—)	— (—)	3 (—)	— (—)	6 (—)	8 (—)	— (—)	— (—)
*Wyke Regis Hos., Dorset	— (1)	— (—)	— (1)	— (—)	— (2)	— (1)	— (47)	— (1)
	94 (92)	2 (1)	119 (111)	135 (110)	350 (314)	9824 (7347)	874 (713)	1662 (1758)

The figures in brackets are those for 1933.

*No formal arrangements exist with these Treatment Centres.

From the foregoing table it will be observed that 36 more new cases were treated than during the previous year, with a marked increase in the total attendances and in-patient days. Fewer doses of Arsenobenzene Compounds were, however, given.

Pathological examinations are carried out for private medical practitioners at the Salisbury Laboratory at the expense of the County Council, and the following table indicates the work undertaken on their behalf during the year. The figures for the years 1932 and 1933 are given for comparison :—

Year.	Nature of Specimens Examined.		Total.
	Wassermann.	Gonococci.	
1932	330	54	384
1933	369	69	438
1934	348	90	438

The names of 18 medical practitioners qualified to use the drugs approved by the Ministry of Health for the treatment of Venereal Diseases are on the County register, and supplies are sent them free of cost when required.

RESCUE HOMES.

Only one case reported by the Salisbury Diocesan Association for Moral and Spiritual Welfare was sent to a rescue home during the year. The girl in question had been admitted by the Association to a maternity home at Bournemouth, but in view of a report received from the Medical Officer there arrangements were made for her admission to the Salisbury Clinic for examination, which, however, did not reveal any definite evidence of active venereal disease. In view of all the circumstances it was considered advisable to send the girl to St. Mary's Home, Exeter, for confinement, and after a period of five months there she was transferred to the St. Olaves Home, Exeter, were she is employed in the laundry.

THE ORTHOPAEDIC SCHEME.

This scheme as it affects elementary and secondary scholars is described in the School Medical Report on pages 14 and 40 respectively, and, with regard to children under five years of age, on page 40 of this Report. In order to present a general view of the whole of the work during 1934, however, the following summary is here given as in previous years, the figures for 1933 being shewn in brackets for purposes of comparison.

	Clinic Attendances.			
	Patients.		*Attendances.*	
Under five years	147	(138)	682	(663)
Elementary scholars	412	(421)	1555	(1409)
Secondary scholars	36	(30)	95	(89)
	595	(589)	2332	(2161)
Over school age	67	(64)	175	(175)
Living outside Wilts	16	(8)	46	(66)
Salisbury City	17	(26)	95	(142)
Totals	695	(687)	2648	(2544)

Of the above 36 (33) cases were tubercular.

The Swindon Town Clinic is now conducted entirely separately, and therefore statistics regarding Swindon Town cases are no longer included in the above table.

CASES TREATED AT THE BATH AND WESSEX CHILDREN'S ORTHOPAEDIC HOSPITAL.

	Tubercular.		Non-Tubercular.						Total.	
			Under five years.		Elementary scholars.		Secondary scholars.			
In Hospital, January 1st, 1934	10	(10)	4	(2)	10	(9)	—	(—)	24	(21)
Admitted during year	15	(10)	21	(11)	39	(46)	1	(2)	76	(69)
Totals	25	(20)	25	(13)	49	(55)	1	(2)	100	(90)

The devoted work of the honorary secretaries of the five out-patient clinics, and their voluntary helpers, is again recorded with sincere appreciation. The clinics, although worked in close connection with the Health Department, are separate voluntary units, and the responsibility of their administration rests upon the voluntary workers and is very ably undertaken. They also provide a great deal of private transport for conveying patients to the clinics from outlying districts.

The expenditure of the clinics during the year was £542-3-8, of which the County Council contributed £301-19-6, £190-9-0 being attendance fees and £111-10-6 payment for part of the massage undertaken in connection with the clinics. The remainder of the cost of the clinics is met by the sums contributed by patients in attendance fees and payments towards the cost of appliances supplied through the clinics, and by local voluntary financial support.

During the year the retirement of two members of the visiting surgical staff of the Bath and Wessex Children's Orthopaedic Hospital made necessary re-organisation of the Hospital and Clinic work which required much thought and discussion. Eventually a second Surgeon, Mr. John Bastow, F.R.C.S., was appointed to take approximately one-third of the work both at the clinics and at the Hospital as from February, 1935. The clinics selected for him were those of the County of Wiltshire, leaving those of Somerset, Dorset, and Bath to Dr. Forrester-Brown as before.

Whilst we welcome the simplicity of the new arrangement with the continuity it secures of treatment by the same Surgeon at the clinic and in hospital, we desire to express our sincere appreciation of Dr. Forrester-Brown's work for the County for the past ten years, and of the high standard she has set in the cure and alleviation of crippling conditions.

The Local Government Act, 1929, provides an opportunity for the treatment at the expense of the Public Assistance Committee of certain non-tubercular cripples in necessitous circumstances who could not otherwise be dealt with under the Orthopaedic Scheme. During the year two adult patients were thus admitted to the Bath and Wessex Children's Orthopaedic Hospital, one remaining in hospital for a month and the other for six months. Five adult patients were provided with new surgical boots, two with calipers, and one with a spinal jacket. In addition one artificial limb was provided, and arrangements made for four others, one of which had previously been supplied by the Public Assistance Committee, to be repaired. Each recommendation for an artificial limb is, of course, the subject of very careful investigation and consideration by the Committee, and, where possible, patients are asked to repay a proportion of the cost by small weekly instalments. In one or two cases the limbs provided have enabled the patients to follow a normal occupation and to others have given increased activity and usefulness which would otherwise, probably, never have been attained.

DENTAL WORK.

The Chief County Dental Officer has furnished the following report on the non-school dental work undertaken during the year by the County Dental Officers.

"The dental work performed by the Dental Officers for adult patients again shows a considerable increase. This increase can be observed in practically every branch of the work for adults, which now includes regular dental inspection and treatment of the following :—

Inmates of Public Assistance Institutions.
Out-relief Public Assistance patients.
Mental defectives at Pewsey Colony, Public Assistance Institutions, Devizes Hostel, and on Licence.
Tuberculous patients.
Wiltshire Constabulary.

"Occasionally patients are referred for treatment from Ante-Natal Clinics, and Maternity and Child Welfare Centres.

"Altogether 1,356 attendances were made by 683 adult patients for treatment. This compares with 1,034 attendances by 542 patients for the preceding year. A conspicuous increase is shown in the number of teeth extracted, which is nearly double that of the previous year. There is also a large increase in the number of dentures provided and repaired. The chief reason for the increase in work is due to the great number of out-relief patients treated. These patients are usually referred for dental treatment by their Medical Attendants in an endeavour to check or cure some other disorder or disease. The general condition of out-relief patients, particularly married women, is usually bad, so that the performance of dental work is difficult and troublesome and unusual precautions have to be observed. As I have to perform most of the work for these patients, I have often noted the beneficial effect of dental treatment on their general condition, therefore I am sure that this work is of great value. In spite of dental propaganda in schools, press and elsewhere, I am amazed at the appalling state of the mouths of these patients. Usually the only possible treatment is wholesale extractions and the provision of dentures. I can only hope that the consequences of teaching dental hygiene at the schools will result in a higher standard of dental fitness in the future.

"All the Public Assistance Institutions have been regularly visited. No attempt has been made to provide extensive treatment and raise the standard of dental health of all inmates to perfection. Our aim has been to remove sepsis and make the inmates as comfortable as possible, with special attention to those in hospital, whose complaint would benefit by dental treatment. Dentures are provided when necessary to young active workers in the Institutions. Local and general anaesthesia, including Evipan, have been used and the co-operation of the Medical Officers of the Institutions has been of great value to the Dental Officers.

"The grouping of mentally defective women at Pewsey Colony is responsible for an increase in the work for mentally defectives. The dental condition of inmates in this Colony is very good, as dental hygiene is compulsory and the Dental Officer attends every six months. Contrary to popular belief, these inmates make very good patients and are very tractable when tactfully handled.

'As a previous report contained the statistics up to May, 1934, of dental treatment for the Wiltshire Constabulary, I have included in this report only the work done from May to December, 1934. Practically the same number of officers received treatment, but a higher standard of dental fitness has been insisted upon. The benefit of the treatment received during the previous year is shown by the fact that only 93 teeth were extracted compared with 281 for the previous year. The number of dentures provided shows an increase, but many of these are for patients whose teeth had already been extracted. The advantage of insisting upon a high standard will be shown in subsequent reports, as I confidently expect a considerable decrease in the work required for the Constabulary in future years. Once a high standard has been attained it does not require much work to maintain this standard. Owing to the fact that this work must not interfere too much with time devoted to school work, many officers had to wait too long for treatment to be completed. The appointment of an additional assistant Dental Officer should remedy this defect.

"The majority of the work for tuberculous patients has been carried out at Harnwood Hospital."

The following is a summary of the work undertaken during the year.

	Public Assistance Patients.		Mentally Defective Patients.			Tuberculous Patients.	Ante-Natal Patients.	Police.	Total.
	In Institutions.	In receipt of Medical Out-Relief.	In Pewsey Colony.	In P.A. Institutions.	On Licence.				
Patients Treated	163	99	118	94	11	27	3	168	683
Attendances	259	280	121	139	15	53	3	486	1356
Extractions	476	786	154	210	65	45	5	93	1834
Fillings	21	1	29	19	.....	.....	.....	176	246
Other Operations	11	23	19	4	.....	4	.....	88	149
Dentures provided	18	43	7	6	1	8	.....	59	142
Dentures repaired	6	4	.....	.....	.....	1	.....	23	34
Half-days devoted to inspection and treatment	42	58	12	16	.....	9	.....	62	199

Administrations of general anaesthetic 34.

SANITARY CIRCUMSTANCES OF THE AREA.

(1) WATER SUPPLY.

RAINFALL.

Information as to rainfall is kindly supplied from various centres in the County. From these details the mean average rainfall for the year has been calculated as 29.33 inches as compared with 26.09 inches in 1933. The average number of days upon which rainfall was recorded was 165 as against 150 in the previous year.

PUBLIC INQUIRIES.

The following Inquiries by the Ministry of Health were held during the year in connection with applications by Local Authorities for sanction to raise loans for water supply schemes :—

Highworth Rural District Council ..... 12th June, 1934.	Application for sanction to borrow £2,850 for works of water supply for the contributory place of Liddington.
Highworth Rural District Council ..... 28th September, 1934.	Application for sanction to borrow £2,220, being additional expenditure in connection with the Gadbourne Bridge water supply scheme for the contributory place of Wroughton.
Marlborough and Ramsbury Rural District Council .... 27th June, 1934.	Application for sanction to borrow £4,021 for works of water supply for the contributory place of Baydon.
Mere and Tisbury Rural District Council .... 26th April, 1934	Application for sanction to borrow £3,290 for works of water supply for the contributory place of Zeals.

LOCAL GOVERNMENT ACT, 1929.

The following is a statement of the action taken by the County Council during the year in pursuance of Section 57 of the Local Government Act, 1929 :—

The County Council at their meeting on the 31st July, 1934, decided that contributions under Section 57 of the Local Government Act, 1929, towards the cost of water supply schemes in the County would be made by the Council in cases only in which the supply is by means of public standpipes, unless the premises to be supplied are efficiently drained or unless the means of supply is approved by the County Medical Officer.

Amesbury Rural District—Shrewton and Orcheston. An application by the Rural District Council for a contribution towards the cost of a water supply scheme for the parishes of Shrewton and Orcheston was considered by the County Public Health Committee. This Committee decided that, having regard to the small amount of rates levied upon the parishes and the burden which would be imposed by the scheme, they did not feel justified in recommending the County Council to make a contribution towards the cost of the proposed scheme but that, if the District Council were prepared to submit a larger scheme, covering other parishes, the Committee would be prepared to meet representatives of the District Council to discuss the scheme.

Bradford and Melksham Rural District.

(a) Westwood. The long-standing difficulties at Westwood have at length been settled and a chlorinating apparatus has been installed at the request of the Ministry of Health. It seems unlikely that events will arise which will require the use of this apparatus, but it will be a safeguard which should prevent trouble in the future if the Avoncliff Works are polluted by floods at the same moment as the Cuffley Spring is for some reason unavailable.

(b) Wingfield. An application was received in September from the Rural District Council for a grant towards the cost of a water supply scheme for the parish of Wingfield. This scheme involves the connection of pipe-lines to a private water supply. At the time of writing, the County Public Health Committee are awaiting further information as to the agreement the District Council propose to enter into with the owner of the land.

(c) South Wraxall. The supply from the newly sanctioned scheme proved intermittent and insufficient owing to drought during most of the year, though winter rains have augmented the supply. The District Council are entering into an arrangement with the Chippenham Rural District Council for an accessory supply should the Wraxall supply fail again.

Calne and Chippenham Rural District—Colerne. A scheme for the provision of a water supply for the parish of Colerne was considered in 1931, but was deferred by the District Council owing to the expected grant from the Unemployment Grants Committee not being available. The whole matter was re-considered in 1934 and the Ministry of Health decided to allocate from the Exchequer Grant a lump sum of £1,250 towards the cost of the scheme conditional on the Rural District Council and County Council each undertaking to make a contribution either by lump sum or annual payments at least equivalent to the amount of the Exchequer Grant.

The County Council agreed to make a lump sum contribution of £1,250.

Devizes Rural District—Great Cheverell, Marston and Worton. An application was received from the Rural District Council for a grant towards the cost of a scheme for Great Cheverell, Marston and Worton.

On the understanding that the Rural District Council, besides making a grant themselves, also make application for the Government grant, the County Council decided that they would make a grant in respect of this scheme after deducting a sum equal to a rate of one and sixpence in the pound on the parishes of an annual sum of fifty per cent. of the approved annual deficit on the scheme with a maximum of £40 per annum.

Since the above decision was arrived at, however, the District Council have extended their original scheme to include the parishes of Market Lavington, Potterne, Poulshot and Seend, and, at the time of writing, an amended application for a contribution under Section 57 of the Act is awaiting consideration by the appropriate Committee.

Highworth Rural District—Liddington. Reference was made in the 1933 Report to the District Council's application for a contribution under Section 57 in respect of a proposed water supply scheme for the parish of Liddington. The County Council, at their meeting on the 31st July, 1934, decided that the £50 fixed by their resolution of the 29th May, 1934, as the limit of the County Council's annual contribution towards the scheme, be increased to £55.

Marlborough and Ramsbury Rural District.

(a) Baydon. The Ministry of Health decided to allocate from the Exchequer Grant a lump sum of £1,250 towards the cost of the water supply scheme for Baydon, conditional on the Rural District Council and County Council each undertaking to make a contribution towards the cost by way of annual payments at least equivalent to the amount of the Exchequer Grant. The County Council agreed to make a lump sum contribution of £1,250.

(b) Great Bedwyn and Little Bedwyn. The District Council applied for a contribution by the County Council towards the extra annual deficit of the Bedwyn water supply scheme arising on proposals for three extensions of the existing mains. It was decided that a contribution be made by the County Council of one-third of the additional annual deficit estimated as £24-18-7 for the period of the loan raised to defray the additional capital expenditure, subject to the same conditions as those applicable to the grant made by the County Council towards the cost of the original scheme.

Mere and Tisbury Rural District—Zeals. An application by the Rural District Council for a contribution towards a water supply scheme for the parish of Zeals was considered by the County Public Health Committee, who decided that, having regard to the small amount of rates levied upon the parish and the burden which would be imposed by the scheme, they were not justified in recommending the County Council to make a contribution towards the cost of the proposed scheme.

As mentioned in the 1933 Report, a Survey of the rural water supplies in the County was commenced towards the end of that year with the assistance of a member of the County Architect's staff. Some very useful information has been obtained but, owing to the heavy pressure of other work, it has not been possible to progress very far with this Survey, which will naturally take a considerable time to complete.

(2) RIVERS AND STREAMS, DRAINAGE AND SEWERAGE.

The conditions found during the course of the annual inspection of the sewage disposal works and other possible sources of river pollution in the County are summarised in the following statement, and the Analysts' reports on the various samples which were taken are given in the tables on pages 57 and 58.

URBAN DISTRICTS.

The disposal works of the undermentioned Urban Districts were found to be giving good effluents, and further comment is, therefore, unnecessary except in the case of Trowbridge.

Chippenham ; Westmead.
Patterdown.
Devizes.
Marlborough.
Melksham.
Salisbury City.
Swindon : Rodbourne.
Trowbridge.
Westbury.

Comment is desirable in respect of the following works :—

Bradford-on-Avon. These works appeared to be in good condition. At the time of inspection the material from two of the secondary filters was in course of removal for screening. There is no humus tank, and the effluent from secondary filtration passes through a withy bed. A sample of the final effluent was found on analysis to be fairly good.

Calne. Complaints of nuisance arising from the works were received towards the end of July. On investigation by the Town Surveyor, it was found that the outfall pipe was blocked and it was consequently impossible to pass the sewage through the works in the usual way, with the result that only partially treated sewage was being discharged into the River Marden. A further inspection was made after the effluent pipe had been relaid and the works were then operating satisfactorily. A sample of the effluent was found on analysis to be fair.

On 26th February, 1935, a Ministry of Health Inquiry was held at Calne in connection with the Town Council's application for sanction to borrow £4,360 for the provision of two new filter beds, and £3,500 to cover the cost of extending sewers on the Hilmarton Road and main London Road in the Parish of Calne Without.

Devizes. Breachfield Works. No change has been made in the method of purification and the works were well kept, the grass cut, and the filter material clean and without deposit. The Analysts report the effluent to be of fair quality.

Malmesbury. The Town sewage receives no treatment and pollution of the River Avon continues.

Melksham. Early in June complaints were received from residents in the Bradford-on-Avon and Melksham districts and from the Milk Factory at Staverton, as well as the Avon Brue, and Parrett Fishery Board, concerning pollution of the River Avon which was resulting in wholesale destruction of fish. An immediate inspection of the River was arranged and pollution was found to be occurring from the following sources in the Urban District, and the Holt Sewage Works and Holt Tannery in the Rural District, to which reference is made under the heading Bradford-on-Avon and Melksham Rural District on page 53.

(i) Flour Mill.
(ii) Feather Factory.
(iii) Milk Factory.

Samples of effluent which were taken from the two former sources were found on analysis to be of a highly polluting character.

This matter has received the close attention of the County Public Health Committee in collaboration with the firms responsible for the pollution, who have taken steps to

improve their respective effluents. Further inspection and sampling was arranged after an interval of about three months and the results of analysis showed an improvement, although the effluent in all three cases was still unsatisfactory. The destruction of fish has, however, ceased, and was no doubt due in part to the exceptionally low level of the River at the time which resulted in an abnormally high concentration of the polluting effluents.

The responsible firms (and, in the case of Holt Sewage Works, the Bradford and Melksham Rural District Council) are being urged by the Committee to continue their efforts to secure a still greater improvement in the quality of their effluents, and to this end the matter will be kept under constant supervision.

Salisbury: Bemerton. There was evidence of ponding and unequal distribution of sewage in the field over which it was being run on the day of inspection. Distribution would appear to be over too limited an area for too long periods. There was no effluent.

Swindon: Broome Farm. There have been no alterations in the method of purification. All the contact beds were in use and appeared to be satisfactory, and a sample of the effluent, which was rather cloudy and had a very slight odour, was found on analysis to be fairly good.

Trowbridge. As already indicated, these works were producing a satisfactory effluent, and proposals are now under consideration for sewer extensions in the North Bradley, Studley, and Wingfield Roads. In this connection a Ministry of Health Inquiry was held on the 17th October with regard to the Urban District Council's application to borrow the sum of £15,430.

It is understood that the sewage works now receive all the trade effluents of the Town with the exception of that from part of one of the cloth mills, and part of that from the Gas Works. The Local Surveyor has this matter in hand, and it is hoped that shortly the whole of the effluent from both these sources will be removed from the River and treated at the works.

Warminster. This disposal system appeared to be efficiently worked and in satisfactory order, but a sample of the effluent was found on analysis to be rather poor. There were, however, no signs of river pollution.

Westbury: Cheese Factory. These works appeared to be carefully supervised. The filter beds were in good condition, the clinker having been replaced by slag. The engineer stated that they were not now troubled with any fatty deposit on the filtering medium. The small repair required last year had been done, and the irrigation area was satisfactory. The stream showed no sign of pollution, and a sample taken at the point of discharge was reported by the Analysts to be fair.

Rural Districts.

The undermentioned works were found to be producing good effluents, and it is, therefore, unnecessary to give further details:—

Cricklade and Wootton Bassett	Purton. Wootton Bassett.
Pewsey	Netheravon War Department Works: New Buildings. Harefield North.
Mere and Tisbury	Tisbury. Milk Factory, Semley.

Comment on the following disposal works is desirable.

Amesbury Rural District. (i) Amesbury. These works were found in good order, and the effluent was totally absorbed by the soil during the land filtration which follows mechanical filtration.

(ii) Shrewton Laundry. The method of disposal of soapy waste water from the laundry remains the same and is satisfactory. The brook was quite dry except for a small amount of clean water which had come from the boilers and was causing no nuisance.

Bradford-on-Avon and Melksham Rural District. Particular attention has been given to the undermentioned disposal plants having regard to the numerous complaints as to pollution of the River, referred to under the heading Melksham on page 51.

(i) Holt Sewage Works. These works were first inspected early in June, and a sample of the effluent was then found on analysis to be very poor indeed. When visited in August it was found that certain works had been carried out with a view to improving the effluent and the humus tank was in process of being enlarged. The quality of the effluent on analysis was still definitely poor, but was nevertheless an improvement on the June result. On completion of the enlargement of the humus tank it is hoped that the effluent will be still further improved.

(ii) Holt Tannery. When inspected the stream above the Tannery was quite clear, but below was a rich chocolate colour. A sample of the effluent was taken at its point of discharge into the brook, and was reported by the Analysts to be of a highly polluting character. The matter was taken up by the County Public Health Committee with the Firm and a further visit was made in September. The stream was then found not to be so discoloured, and the Analysts reported a sample of the effluent to show a remarkable improvement over the previous one.

The following sources of pollution had no connection with the complaints referred to above, being situated on a different part of the River.

(iii) Old Court Hotel. The position remains as described in previous Reports, and pollution of the River Avon from these premises continues.

(iv) Village of Limpley Stoke. No steps have yet been taken to prevent the pollution of the River at Limpley Stoke by domestic sewage.

(v) Village of Winsley. There is no sewerage scheme for this village, the drainage from the various houses eventually finding its way into the subsoil. Winsley Sanatorium has its own small sewage works which have been found to be inefficient, but no steps have so far been taken to deal with the situation. The only efficient remedy for the condition of matters in this area is a sewerage system which can if necessary connect with the intercepting sewer at Limpley Stoke, which was laid many years ago by the Bath Corporation with this end in view.

Calne and Chippenham Rural District. (i) Box. (a) Main Works. These works remain as before. When inspected one half of the irrigation channels was in use, the other being dry and clean. The small stream which enters the Box Brook just above the works showed slight deposit near its junction with the main stream, and the Brook also showed some sewage fungus on its bed. There was no offensive smell and no effluent could be obtained. (b) Middle Hill Works. The filter bed had been reconditioned, slag being used for the medium, with a tipping distributor which fills eight channels. A ditch some distance from the works, which receives the effluent and surface water, was inspected, but there was no evidence of pollution. (c) Council Houses. This small plant appeared in good condition and a sample of the effluent taken as it entered the brook was reported by the Analysts to conform with the standards in respect of suspended solids, to be well nitrated, but to

be much above the recognised limits as regards the dissolved oxygen absorbed. There was no difference in the appearance of the brook above and below the point of entry of the effluent.

(ii) Corsham. (a) Low Level. There has been no change in these works which show evidence of careful supervision. All the effluent was being absorbed in the withy beds and no sample could be obtained. Although there was only a small amount of water in the stream which eventually would take the effluent, no signs of pollution were observed. (b) High Level. These works also remain unchanged. All the effluent was being absorbed by the land, and no point of discharge into the brook was observed. (c) Potley Lane. Two small plants take the sewage from the Council Houses. The upper works treat the sewage from twenty-six houses, and have been reconstructed since the last inspection and in use for about eighteen months. The effluent enters a humus tank in common with that from the lower works, which are unchanged. A sample taken at a point some distance from the works where the combined effluents enter the brook was reported by the Analysts to be bad. The works, however, showed evidence of good supervision. (d) Gastard Council Houses. (Six in number). These works were unchanged and in good condition. The point of discharge of the effluent could not be traced.

(iii) Lacock. (a) Main Works. The general condition of these works was excellent, and a sample of the effluent taken as it left the humus tanks was reported by the Analysts to be fair. (b) Bewley Lane. The effluent from the tank was very clear as it escaped down the aerating "stair." The channels were kept in good condition and no effluent was reaching the river, in which no evidence of pollution was observed.

Cricklade and Wootton Bassett Rural District. (i) Cricklade. New works have been installed which at present serve the entire village except the Common Hill and Council Houses areas. It is understood, however, that these areas are shortly to be connected to the main scheme. The Vorty Tanks scheme is now disused. Sewage is pumped by three hydrostatic pumps to two sedimentation tanks seven feet above ground level. The liquor from these tanks is then treated by broad irrigation over an eight acre field. This irrigation area is a new one, the old area being no longer used. The scheme appeared very satisfactory and cheap to work. All the effluent was being absorbed.

On the 7th March, 1935, a local inquiry was held at Cricklade by the Ministry of Health in connection with the Rural District Council's application for consent to borrow £1,740 in respect of excess expenditure incurred on the above works, for which loans totalling £8,800 had previously been sanctioned.

(ii) Haydon Wick. This system, which is situated about one mile north-west of the river, serves about 70 houses, but is capable of dealing with the sewage from at least 20 more. The works consist of a sedimentation tank, the effluent from which is treated by broad irrigation, and subsequently enters a brook which eventually flows into the River Ray. The works appeared well managed, the channels in the irrigation area were well defined, and the land did not appear sewage-sick. A sample of the effluent was, however, reported by the Analysts to be only fair.

Devizes Rural District. Devizes Barracks. The works were clean and cared for, and no smell was noticed. The automatic dosing apparatus was being worked by hand owing to a portion of it having been sent away for repair. The effluent was full of black deposit and a very bad one in appearance, as well as by analysis. The ditch receiving the effluent was blackened, as was also the bottom of the canal into which the ditch discharges.

Highworth Rural District. (i) Castle Eaton. No sewage was reaching the irrigation area from the open ditch, which had been cleared of surrounding vegetation.

(ii) Chiseldon. There was no effluent from the irrigation area which was absorbing all the liquor from the sedimentation tank. It seemed probable that in wet weather the irrigation area would become somewhat waterlogged.

(iii) Chiseldon Camp. The sedimentation tanks were all sludged last October, but judging by a certain amount of gas bubbling to the surface they, as well as the connecting channels, will shortly require sludging again. The humus tanks at Ogbourne were under repair, but the effluent from the filter beds was all being absorbed by the land.

(iv) Hannington. No effluent was leaving the sedimentation tank, which appeared to have been cleared recently. The irrigation area farthest from the sedimentation tank required clearing and the channels defining.

(v) Highworth. (a) Eastrop. The point of discharge where the effluent was sampled last year had been blocked up. No effluent was reaching the stream, and the irrigation area was not overworked. The stream did not show any signs of sewage pollution. (b) Westrop. The irrigation area was absorbing all the liquor from the sedimentation tank.

(vi) Stratton St. Margaret. These works now consist of four screening and detritus tanks, four sedimentation tanks, three dosing chambers, six bacteria beds, four humus tanks, two storm water tanks, and three sludge drying lagoons. There are two effluents from the works—one from the old primary and secondary beds and the other from the new system. These effluents were sampled as they discharged into the brook, which showed no signs of sewage pollution. The Analysts reported that the effluent from the former source is of excellent quality and from the latter fair. The works generally were clean and well managed, and land irrigation is now only used for the storm water tank excess.

(vii) Wroughton. The construction of the works remains as before, but full use was not being made of the irrigation area. Samples of the effluent taken at their points of discharge to the east and north of the works were found on analysis to be bad and poor in quality respectively. The brook on the east side of the works showed signs of sewage pollution.

Marlborough and Ramsbury Rural District. Parish of Great Bedwyn. A Ministry of Health Inquiry was held at Great Bedwyn on the 23rd January in connection with the Rural District Council's application for sanction to borrow the sum of £120 for the purchase of land for purposes of sewage disposal for the contributory place of Great Bedwyn.

Mere and Tisbury Rural District. (i) Mere. Main and Subsidiary Works. The system of working is unchanged and is reasonably satisfactory. The Analysts' report on a sample of the effluent from each works was, however, as follows:—"Although this is an effluent from a very weak sewage the dissolved oxygen absorbed in five days is above the recognised limit. There is practically no nitration."

(ii) Hindon. The effluent from these works was small in quantity and very turbid. A sample was reported by the Analysts to be very poor, but the ditch into which the effluent is discharged was dry for the greater part of its length, and there was no nuisance.

Pewsey Rural District. (i) Pewsey Council Houses. The works appeared clean and well kept. The dosing chamber was working satisfactorily, and the filter media appeared clean with no ponding. The effluent did not, however, have a very good appearance, although it was neither frothy nor offensive to smell. A sample was reported on analysis to be poor.

(ii) Pewsey M.D. Colony. The new sewage purification works, consisting of two sedimentation tanks, two rotary filters, and two humus tanks was in operation for most of the year, and has been producing a good effluent. This is discharging into the stream below in which no evidence of polution has been observed.

(iii) Enford War Department Works. The irrigation area along the river bank was inspected, but no effluent was escaping into the stream. A sample of effluent from the humus tank was reported by the Analysts to be of poor quality.

(iv) Netheravon War Department Works. (a) Harefield East. The septic tanks had recently been cleaned out. The rotary filter appeared overworked, and apparently it was

impossible to rest the bed. It was understood that the media would shortly in part be renewed. The effluent was completely absorbed by land irrigation. (b) Harefield South. Vent pipes have been installed in the septic tanks, which had recently been cleaned out. All the liquor from the tanks is absorbed by land irrigation, and the land irrigation area appeared in a satisfactory condition.

Warminster and Westbury Rural District. Westbury Tannery. The general lay-out of these works was unchanged, but the installation of a new settling tank was being considered. At different points in its course the sewage was being chemically treated, some of the treatment still being in the experimental stage. The withy bed, which acts as an irrigation area, was being cleared and the effluent discharged directly into the stream. Although there was only a small amount of water in the stream (the needs of the factory are 300,000 gallons a day and that is the whole amount the spring produces), the only visible sign of pollution was a very small deposit of lime. A sample of effluent taken near the point of discharge into the stream had, however, an offensive odour, and was reported by the Analysts to be bad. It was apparent that the Chemist was making every effort to improve the effluent.

SCHOOLS.

Reference to the sanitary condition and water supply of schools, etc., is made in my current Annual Report as School Medical Officer, and mention here appears to be unnecessary.

Summary of Analysts' Reports on Samples of Effluent Taken from the various Sewage Disposal Systems in the Urban Districts of the County during the Year 1934.

Sewage Works.	Council Concerned.	Date of Analysts' Report.	Details of Analysis (Parts per 100,000).									Analysts' Remarks
			Free and Saline Ammonia.	Albuminoid Ammonia.	Chlorine.	Oxygen Absorbed (4 hours).	Nitrates (Nitrogen as)	Dissolved Solids.	Solids in Suspension.	Total Solids.	Dissolved Oxygen Absorbed after 5 days' Incubation.	
Bradford-on-Avon	Bradford-on-Avon	21/8/34	0.94	0.17	12.0	1.80	3.45	91.0	2.5	93.5	2.14	Fairly good
Calne	Calne	27/8/34	0.31	0.11	49.0	0.75	2.05	119.0	1.5	120.5	2.33	Fair
Chippenham : Westmead	Chippenham	4/9/34	1.16	0.13	22.45	1.30	0.28	97.5	1.5	99.0	1.81	Good
Patterdown : (before land irrigation)	do.	4/9/34	0.50	0.22	5.10	1.60	1.87	49.0	1.5	50.5	1.42	Good
Devizes : Main Works	Devizes	7/8/34	0.77	0.12	10.15	1.72	5.25	88.5	2.5	91.0	0.88	Good
Breachfield	do.	7/8/34	3.22	0.13	11.75	1.52	1.40	67.0	3.0	70.0	1.36	Fair
Marlborough	Marlborough	24/7/34	0.02	0.08	10.55	0.80	5.25	74.5	1.3	75.8	0.85	Excellent
Melksham	Melksham	21/8/34	0.59	0.11	8.10	0.95	1.97	67.0	0.5	67.5	1.33	Good
Flour Mill	do.	8/6/34	0.22	1.41	5.0	16.16	.....	87.5	52.5	140.0	more than 17	A highly polluting effluent
do.	do.	24/9/34	0.08	0.28	4.35	1.86	.....	36.5	6.5	43.0	3.40	Poor
Feather Factory	do.	8/6/34	3.71	2.35	9.3	10.00	.....	57.5	28.5	86.0	more than 17	A highly polluting effluent
do.	do.	24/9/34	3.06	0.48	7.8	2.74	.....	43.5	4.0	47.5	9.74	Bad
Milk Factory	do.	24/9/34	0.05	0.22	4.3	12.0	.....	64.0	5.0	69.0	more than 16.8	Very bad
Salisbury	Salisbury City	5/9/34	1.44	0.12	8.10	1.30	1.72	70.0	1.0	71.0	1.93	Quite satisfactory
Swindon : Broome Farm	Swindon Borough	22/8/34	1.52	0.17	9.40	1.05	0.84	74.5	2.3	76.8	2.25	Fairly good
Rodbourne	do.	22/8/34	0.18	0.10	10.9	0.80	5.25	89.0	2.5	91.5	1.16	Good
Trowbridge	Trowbridge	15/8/34	0.05	0.20	30.2	1.45	3.12	120.5	3.0	123.5	0.94	Good
Warminster	Warminster	5/9/34	0.18	0.15	11.2	1.05	3.28	75.0	5.0	80.0	2.84	Rather poor
Westbury	Westbury	5/9/34	0.36	0.12	10.4	0.90	3.12	69.5	1.8	71.3	1.37	Good
Cheese Factory	do.	4/9/34	0.25	0.15	39.0	0.95	0.46	109.0	2.5	111.5	2.21	Fair

Summary of Analysts' Reports on Samples of Effluent Taken from the various Sewage Disposal Systems in the Rural Districts of the County during the Year 1934.

Sewage Works.	Council Concerned.	Date of Analysts' Report	Details of Analysis (Parts per 100,000).									Analysts' Remarks.
			Free and Saline Ammonia.	Albuminoid Ammonia.	Chlorine.	Oxygen Absorbed (4 hours).	Nitrates (Nitrogen as)	Dissolved Solids.	Solids in Suspension.	Total Solids.	Dissolved Oxygen Absorbed after 5 days' Incubation.	
Holt	Bradford-on-Avon and Melksham	11/6/34	6.10	0.99	14.6	6.28	4.10	116.0	14.0	130.0	13.76	Very poor
do.	do.	21/8/34	2.05	0.46	14.5	5.05	4.10	115.0	8.0	123.0	4.56	Very poor
Holt Tannery	do.	8/6/34	1.17	2.26	106.0	26.0	.....	283.5	25.5	309.0	more than 42	Alkaline equivalent to free lime—18.5. A highly polluting effluent
do.	do.	24/9/34	0.12	0.16	6.45	1.03	0.14	56.0	2.0	58.0	3.22	Not up to standard as regards dissolved oxygen absorbed, but suspended solids all right A remarkable improvement over previous sample
Box: Council Houses	Calne and Chippenham	3/9/34	1.67	0.26	14.0	2.10	4.10	87.0	2.0	89.0	3.57	Dissolved oxygen much above standard but suspended solids & nitration satisfactory
Corsham: Council Houses	do.	3/9/34	5.06	1.07	17.7	4.55	0.06	106.2	11.3	117.5	more than 8.5	Bad
Lacock	do.	3/9/34	0.64	0.13	15.15	1.15	6.90	121.0	1.2	122.2	2.11	Fair
Haydon Wick	Cricklade & Wootton	15/10/34	1.08	0.13	8.3	1.65	0.21	76.5	1.5	78.0	2.21	Fair
Purton	do. Bassett	30/7/34	0.15	0.12	16.9	1.12	8.8	146.5	1.7	148.2	0.19	Very good
Wootton Bassett	do.	30/7/34	1.56	0.09	15.6	0.72	1.34	86.0	1.0	87.0	0.21	Good
Devizes: Barracks	Devizes	7/8/34	7.67	1.30	9.7	11.28	0.14	72.5	38.0	110.5	15.42	Bad
Chiseldon Camp	Highworth	26/7/34	2.82	0.30	7.35	2.68	3.12	87.5	7.5	95.0	5.32	Very poor
Stratton St. Margaret: (i) Old Primary and Secondary Filter Beds	do.	23/7/34	0.02	0.08	10.5	0.64	3.9	88.0	1.2	89.2	0.35	Excellent
(ii) New Works	do.	23/7/34	0.45	0.23	10.3	1.96	3.9	89.5	2.7	92.2	2.21	Fair
Wroughton: (i) Irrigation area East of Works	do.	23/7/34	4.41	0.72	8.0	4.48	0.06	85.5	17.5	103.0	more than 8	Bad
(ii) do. North of Works	do.	23/7/34	3.10	0.23	9.3	2.92	0.24	89.0	2.3	91.3	2.42	Poor
Mere: Main Works	Mere and Tisbury	3/9/34	0.15	0.09	1.5	0.55	0.02	39.5	1.7	41.2	2.83	Although from very weak sewage dissolved oxygen absorbed is above standard
Subsidiary Works	do.	3/9/34	0.09	0.13	1.5	0.70	0.06	32.0	3.0	35.0	3.07	Practically no nitration
Tisbury	do.	5/9/34	0.07	0.05	1.55	0.20	0.10	37.0	1.8	38.8	0.91	Ditto
Hindon	do.	1/9/34	4.32	0.47	8.2	4.15	0.07	59.5	11.0	70.5	6.65	Satisfactory
Semley Milk Factory	do.	1/9/34	0.01	0.03	3.2	0.20	0.82	32.0	0.2	32.2	0.22	Very poor
Pewsey	Pewsey	27/8/34	0.03	0.46	13.1	3.05	5.40	90.5	22.4	112.9	2.26	Good
do. M.D. Colony	do.	21/6/34	1.30	0.17	18.9	0.92	2.62	93.3	2.2	95.5	2.15	Poor
Enford	War Office	2/8/34	3.62	0.51	10.45	3.52	2.12	76.5	2.5	79.0	4.72	Fairly good
Netheravon (from Humus Tank)	do.	2/8/34	0.18	0.11	11.60	1.20	2.70	75.5	1.8	77.3	0.76	Poor
Harefield East: (from Humus Tank)	do.	2/8/34	3.33	0.29	6.65	2.00	2.05	56.0	3.7	59.7	3.91	Good
Harefield North: (from Humus Tank)	do.	2/8/34	0.07	0.04	5.55	0.48	2.43	48.0	1.3	49.3	0.20	Poor
Westbury Tannery	Warminster & Westbury	5/9/34	2.60	2.38	41.2	15.75	0.16	234.5	13.0	247.5	26.65	Good
												Bad

HOUSING.

Statistics as to the numbers of new houses erected, and the results of inspection under the various Housing Acts during the year are given in the District Medical Officers' Annual Reports, and the Ministry of Health does not require these details summarised in the County Report.

HOUSING (RURAL WORKERS) ACTS, 1926 and 1931.

The object of these Acts is to assist in securing improvement of housing conditions for agricultural labourers and other country workers by facilitating the re-conditioning of old houses in such a way as to bring them up to modern standards of comfort and sanitation by the conversion into dwellings of buildings not previously used for that purpose. To this end these Acts provide for assistance both by grants and loans to be made available by Local Authorities to owners who are willing to undertake the carrying out of approved work. In the case of Wiltshire, the authority for the Acts is the County Council.

Since the original Act came into operation in January, 1927, applications for grants or loans have been received by the County Council in respect of 418 dwellings. One hundred and fourteen of these applications were made during the year 1934. Of the 418, 407 were for grants, two for loans, and nine for grant and loans combined. Fifty-eight applications were subsequently withdrawn by the applicants and 60 were refused by the County Council.

The position up to the 31st December, 1934, was that financial assistance amounting to £25,829 had been undertaken by the County Council in respect of the improvement of 295 dwellinghouses, and the conversion into dwellings of three buildings not previously used as such.

Of this sum, £19,411 had been actually paid before the end of the year in respect of 230 houses. Work on three additional houses had been completed and 55 others were in course of renovation, but no grant had been paid in respect of them by the end of the year.

From January, 1927, up to the 31st December, 1934, the following houses have been renovated or renovations have been commenced :—

Rural District.	*Parishes.*	*No. of Houses.*	
Amesbury	Allington	1	
	Amesbury	1	
	Shrewton	1	
	Winterbourne Stoke	2	
	Woodford	1	
			6
Bradford and Melksham	Wingfield		1
Calne and Chippenham	Christian Malford	4	
	Compton Bassett	3	
	Hilmarton	4	
	Kington Langley	1	
	Langley Burrell Without	1	
	Sutton Benger	2	
	Yatton Keynell	2	
			17
Cricklade and Wootton Bassett	Lydiard Millicent	1	
	Lyneham	3	
	Purton	2	
			6
Devizes	All Cannings	8	
	Beechingstoke	1	
	Bishops Cannings	1	
	Bromham	2	
	Easterton	14	
	Etchilhampton	8	

Devizes (continued)	Great Cheverell	10	
	Market Lavington	10	
	Marston	1	
	Potterne	4	
	Poulshot	12	
	Rowde	10	
	Stanton St. Bernard	11	
	Urchfont	6	
	West Lavington	6	
	Worton	5	
			109
Highworth	Blunsdon	8	
	Chiseldon	2	
	Highworth	4	
	Lyddington	3	
			17
Malmesbury	Brinkworth	1	
	Hankerton	2	
	Minety	5	
	Oaksey	1	
	St. Paul, Malmesbury Without	1	
			10
Marlborough and Ramsbury	Aldbourne	2	
	Grafton	1	
	Ham	2	
	Little Bedwyn	3	
	Mildenhall	1	
	Ramsbury	2	
	Savernake	1	
	Shalbourne	3	
	Tidcombe with Fosbury	2	
	Winterbourne Monkton	3	
			20
Mere and Tisbury	Chilmark	2	
	Donhead St. Andrew	1	
	Hindon	12	
	Kilmington	4	
	Mere	5	
	Stourton with Gasper	3	
	Tollard Royal	1	
			28
Pewsey	Alton	1	
	Milton	5	
	Pewsey	2	
	Wilcot	3	
	Woodborough	1	
			12
Salisbury and Wilton	Alderbury	4	
	Barford St. Martin	2	
	Berwick St. James	3	
	Bishopstone	4	
	Bowerchalke	11	
	Britford	1	
	Broadchalke	1	
	Coombe Bissett	1	
	Ebbesbourne Wake	2	
	Great Wishford	2	
	Grimstead	1	
	Pitton and Farley	4	

	South Newton	1	
	Steeple Langford	1	
	Winterslow	5	
	Wylye	1	
			44
Warminster and Westbury	Bulkington	2	
	Codford	4	
	Hinton	1	
	Sherrington	1	
	Southwick	3	
	Sutton Veny	7	
			18
			288

HOUSING ACT, 1930.

This Act made it the duty of the County Council to have constant regard to the activities of Rural District Councils with reference to housing, and to keep in touch with housing conditions in Rural Districts with the help of information supplied at not less than yearly intervals at the request of the County Council.

The following table gives the information supplied by the District Councils with regard to their work under the Act from its commencement on August 16th, 1930, up to the autumn of 1934:—

Rural District.	No. of Inhabited Houses in District.	No. of houses completely inspected since Aug. 16th, 1930 (date Housing Act came into operation).	No. of Houses found totally unfit for habitation.	No. of Houses rendered reasonably fit as result of Council's action.	No. of cases of overcrowding reported to the Council since Aug. 16th, 1930.	No. of cases of overcrowding mentioned in previous col. permanently abated.
Amesbury	2730	566	174	36	18	16
Bradford and Melksham	2893	634	.....	62	.....	.....
Calne and Chippenham	5607	633	83	228	12	10
Cricklade and Wootton Bassett	3106	1755	45	373	47	31
Devizes	3287	192	77	14	8	3
Highworth	4289	2369	190	338	69	51
Malmesbury	2248	376	67	38	8	6
Marlborough and Ramsbury	3131	*567	*77	*444	*30	*16
Mere and Tisbury	3040	2191	114	90	8	6
Pewsey	3154	1677	80	115	20	11
Salisbury and Wilton	4797	410	236	46	.....	.....
Warminster and Westbury	3469	2035	78	17	3	2

*Figures incomplete as statistics not available regarding work undertaken in the Marlborough portion of the Marlborough and Ramsbury R.D. prior to 30/9/34.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The veterinary staff engaged in the supervision of dairy cattle comprises a Chief Veterinary Officer and two assistants, who are responsible for the examination of animals in their allotted areas which have as centres Trowbridge, Swindon, and Salisbury. The Chief Veterinary Officer, in addition to routine inspections, personally carries out all investigations relating to tubercle-infected milk supplies and generally supervises the whole work.

It has been found possible for the first time to make a complete annual circuit of the County and the value of these inspections is very patently reflected in the numbers of animals dealt with, compared with previous reports, and the statistics of the Tuberculosis Order which now stand at a higher figure than ever before recorded.

No less than 103,148 cows were subjected to a clinical examination and 344 proved to be affected with notifiable forms of tuberculosis. These were slaughtered and 120 showed evidence of disease in the udder on post-mortem and were thus definitely infecting the milk supply whereas many of the remainder were highly dangerous potential sources of infection. The majority of the cows condemned were discovered in the course of routine inspections under the Milk and Dairies Order, only 37 (10.8 per cent.) being found as the result of investigations relating to tubercle-infected bulk supplies. Of the animals slaughtered 269 (78 per cent.) were affected with tuberculosis to an "advanced" degree as defined by the Tuberculosis Order and the remainder were "not advanced." In no instance was a cow slaughtered and found not to be diseased. Apart from the above, there is good reason to believe that the inspections have a moral effect and farmers report suspected cases of disease when they consider a visit is imminent. There is also evidence that the enlightenment of stockowners regarding the danger of keeping tuberculous cattle in their herds has done much to stimulate notification.

Although the control of tuberculosis amongst cattle, more especially as regards limiting the danger of infected milk, may be regarded as the chief object of routine visits, their value must not be assessed merely in relation to the number of tuberculous cows slaughtered as, in addition, active steps are taken to prevent the use, for human consumption, of the milk of animals suffering from certain other pathological conditions, such as mastitis, likely to render the milk supply unwholesome. Seven hundred and twenty-five cows were found to be so affected and in each case requisite instructions were issued regarding the use of the milk. Attention is also directed towards improving the hygienic conditions of the farms generally and raising the standard of milk production.

It is gratifying to record that these inspections have been carried out with an almost entire absence of friction with the farmers who generally welcome the visits.

The post-mortem work and in most instances the valuations of cows found to be affected with tuberculosis are performed by the staff, but animals found to be affected with notifiable forms of tuberculosis not associated with the udder are still reported to the Police to be dealt with by the Local Veterinary Inspectors appointed under the Diseases of Animals Acts. This system is responsible for a good deal of overlapping of duties and generally it would be advantageous for the officer making the initial inspection to follow each case through and conduct the post-mortem examination of all the diseased animals encountered. Since, however, the staff is small in relation to the cow population of the County, and each member operates over such a wide area, this extra work could at present only be undertaken at the expense of routine inspections. With the appointment of two further assistant veterinary officers to cope with the extra work entailed by the Milk Marketing Board's accreditation scheme, it is proposed to incorporate these with their other duties.

Laboratory Work.

The testing of milk samples for the presence of tubercle bacilli has been continued at the Salisbury General Infirmary with satisfactory results. Samples from single cows are examined microscopically and the finding of morphological tubercle bacilli is accepted as conclusive evidence of the infection of the milk. This policy has now been adopted for some years and it is noteworthy that in every instance the post-mortem of the suspected animal has established the correctness of the microscopical finding. During the year 113 individual milks proved tuberculous and of these 85 (approximately 76 per cent.), were detected microscopically. Single cow samples which are negative to direct examination, and all group samples, are submitted to the biological test. In the case of composite

samples no microscopical examination is performed since, owing to the dilution of infected milk with that from healthy udders, the chance of obtaining any positive information by this means is exceedingly small.

The veterinary work carried out during the year is dealt with under the following heads, in order as far as possible to simplify the report thereon.

(A) Action taken on Report by the London County Council and the Salisbury City Council of Tuberculous Milk.

Under Section VIII. of the Milk and Dairies (Consolidation) Act, 1915, local authorities are empowered to take samples of milk consigned to them from outside areas. If on bacteriological examination any of these samples is found to contain tubercle bacilli, notice to this effect is sent to the Medical Officer of the area in which the milk was produced, and it then becomes this Officer's duty to arrange a veterinary inspection of the herd responsible for the infected milk. The bulk of the milk produced in Wiltshire is sent to London and 22 notices as to tubercle-infected milk were received during the year from the London County Council. The only other notices received were one from the City of Salisbury and three from the Borough of Swindon.

The number of notifications received under this section continues to decline and this appears to be mainly due to the fact that the large distributors now collect the farm supplies and bulk them at their local depot before despatch. Thus comparatively few stockowners send their supplies to the Metropolis direct. There is, however, reason to believe that the annual inspection of dairy cattle although of so recent origin, is beginning to have its effect in lessening the infection of milk and this is borne out by the improved results obtained from bulk sampling within the County.

Although in the majority of instances the investigations were brought to a satisfactory conclusion, it has not been uncommon for the sampling of the entire herd to yield negative results, and the length of time required for the biological test presents one of the great difficulties, since in every instance no less than six weeks has already elapsed between the date of bulk-sampling by the notifying authority and the Chief Veterinary Officer's first visit of inspection. Movements out of the herd often take place during this period and may be responsible for failure to detect the culprit, but fortunately such animals are usually sold for immediate slaughter or as "barreners" and the likelihood of their being again utilised for milk production is thus very remote.

It is well known that tubercle bacilli may at times be excreted intermittently and also it must be acknowledged that the detection of these organisms in a bulk sample of milk is only presumptive evidence of a tuberculous mastitis, since indirect or accidental contamination by infected urine, dung, or dust, would give a similar bacteriological result. It will be appreciated, therefore, that the tracing down of the source of infection is by no means a simple matter.

The following table summarises the results of the Chief Veterinary Officer's investigations at the farms in respect of which notices were received from the London County Council and the City of Salisbury. It does not, however, include those received from the Borough of Swindon which are dealt with separately in the concluding paragraphs of this section, as the information forwarded could not be regarded as definite evidence of tubercle infection as was contained in the notices from London and Salisbury.

No. of Notices received.	No. of Farms visited or re-visited.	No. of Cows examined.		Results of Examination of Milk samples from individual cows.		Results of Post-Mortem examination of cows slaughtered under the Tuberculosis Order.	
		In Milk.	Dry.	Positive.	Negative.	Tuberculosis of the Udder.	Other forms of tuberculosis.
23(*)	38	1453	34	12	55	14	6

(*) Two notices related to a single farm supply which was sampled twice within a short period and one cow was found to be responsible for the infection of both samples.

The twelve animals found to be giving tuberculous milk were slaughtered under the Tuberculosis Order and post-mortem showed that eleven were affected to an advanced degree and one "not advanced."

Eight other cows were reported to the police for immediate action in view of their clinical condition and post-mortem revealed that all were affected, five of them being in an advanced stage of disease. Lesions of tuberculosis were found in the udder of each of the animals slaughtered as the result of a positive milk test and also in two of those reported to the police.

Sixty group samples of milk were submitted for examination and seven proved to be positive to tubercle.

A summary of the investigations shows that 20 tuberculous cows were found on 17 premises and on each of three farms a diseased animal had been disposed of during the period the bulk milk sample was undergoing the biological test. Two of these latter were known to have tuberculosis of the udder, one of them having been dealt with by a member of the staff in the course of routine inspection. On another farm, several cows had been marketed and the remaining failure was in the case of a mixed milk which also involved farms outside the County.

The notices received from the Borough of Swindon were to the effect that acid-fast bacilli had been demonstrated microscopically in three samples of milk and a full investigation was made by the Chief Veterinary Officer in each case.

Four farms were concerned in the three complaints and all were visited once and two re-visited. One hundred and sixteen cows were examined, but none was detected to be clinically affected with tuberculosis. Six group samples were taken, one of which proved positive and led to the individual sampling of the group concerned. One of these samples was finally found to be tubercle-infected and the cow in question duly slaughtered and found to be diseased.

It would appear to be highly improbable that the acid-fast organisms discovered were actually tubercle bacilli since a complete investigation at each of these farms revealed only one cow giving tuberculous milk and that was only discovered as the result of inoculating a guinea-pig.

(B) Action taken on our own Discovery of Tuberculous Milk.

In former years it has been customary to have a large number of bulk milk samples from single farms examined for the presence of tubercle bacilli, but as the veterinary staff becomes augmented and the inspection of cattle correspondingly more frequent, so does the need for indiscriminate sampling diminish. In the early part of September it was decided to eliminate sampling by the Inspectors of Food and Drugs and it is probable that before long, sampling from farms will be abandoned altogether. The only such samples now being taken within the County at the cost of the County Council are those submitted by the

managers of the four Wilts United Dairies Depots at Melksham, Salisbury, Semley and Wootton Bassett and I should like to express here my appreciation of their courteous co-operation.

Three hundred and thirty samples were taken by the United Dairies and 138 by the Inspectors—a total of 468. Twenty-seven of these proved to be positive, 437 were negative and in the remaining four instances the infected guinea-pigs died. The percentage of samples found to be tubercle-infected was 5.8 per cent. as against 7.2 per cent. for the previous year.

Of the 27 positive reports, three were received in January, 1935, and they will, therefore, be included in the report for that year; in addition, however, one report was dealt with which was outstanding from last year. Investigation was not called for on three of the farms since the offending animals had already been removed by routine inspection but the remaining 22 farms were visited, and in all 1,497 cows examined. Seventy-eight samples of milk from single cows were taken and of these, 16 proved to contain tubercle bacilli. The 16 infected animals were slaughtered and post-mortem showed that ten were "advanced" and six "not advanced." Two other cows were reported to the police, one of which was found to be affected to an advanced degree and the other "not advanced" on post-mortem.

Seventy-one group samples of milk were taken and of these, seven were found to be tuberculous.

Eighteen tuberculous animals were thus found on 16 premises, while in six instances no such animal could be detected although the milk of every milking cow was subjected to the biological test. Two of the failures were probably due to alterations in the composition of the herds and in two further instances there was almost conclusive evidence that milk from another source had been added to the farm supply. It appears that lorrymen engaged in collection occasionally mix part churns of milk to facilitate transport, although such a procedure is contrary to the instructions of the dairy company.

(C) Action taken on Discovery of some other probable Infection or Dirty Condition of the Milk.

(*i*) *High Bacterial Counts.*

Two farms were visited in respect of reports from the Swindon Borough Council and 56 cows examined. On each set of premises a cow was found to be affected with mastitis which was unknown to the owner and in addition various defects in milking methods were noted. Appropriate advice was offered in each instance and no further complaint was received.

(*ii*) *Sedimentation Tests.*

All samples of milk taken by the Inspectors of Food and Drugs are subjected to a test to ascertain the presence of any sediment, and in this connection, 30 farms were selected for investigation, one being re-visited. Five hundred and fifty-nine milch and 39 dry cows were examined, and six individual samples of milk taken, one of which proved to be tubercle-infected. The offending animal was immediately slaughtered and post-mortem showed that she was affected with tuberculosis to an advanced degree.

In nine of the cases, no obvious reason could be found to account for the unsatisfactory test and it can only be assumed that the offending material gained access to the milk during the course of retailing. In all the remaining instances, the examining Veterinary Officer was able to determine the source of the trouble and the facts were pointed out to the farmer concerned.

From the sediment pads submitted by the Inspectors, it is obvious that the cleanliness of the milk now being produced is greatly improved.

(D) Routine Inspection of Dairy Farms.

General.

Part IV. of the Milk and Dairies Order, 1926, imposes upon the County Council the responsibility of arranging such veterinary inspection as may be considered necessary for the health of the cattle and as already stated, this is now done annually. The programme of routine examination of herds was continued and during the year every registered cowkeeper in the County was visited at least once.

The following table shows the work accomplished :—

Farms visited or re-visited.	Cows examined.		Results of examination of milk samples from individual cows.		Total No. of cows slaughtered under the Tuberculosis Order.
	In Milk.	Dry.	Positive.	Negative.	
4,007	85,282	12,085	82 (*)	259	302

(*) One cow died before the post-mortem could be arranged.

It will be seen from the table that 221 animals were reported to the Police and slaughtered under the Tuberculosis Order apart from the 81 found to be giving tuberculous milk.

Whenever possible, as an aid to diagnosis, specimens of sputa and pus from suspected cows are examined microscopically by the staff and, of 120 such examinations, tubercle bacilli were demonstrated in 40 cases.

Seven hundred and twenty-five animals were found to be affected with pathological conditions other than tuberculosis, as scheduled under the Milk Act and Order and appropriate instructions given regarding the use of these animals' milk.

Borough of Chippenham.

The practice of examining twice yearly the herds from which the milk supply of the Borough of Chippenham is derived was continued. This special supervision was begun four years ago at the request of the Town Council.

Thirty-five visits to farms were made and 780 milch and 144 dry cows examined. Only three individual samples of milk were taken of which one was reported to be tubercle-infected. This cow was slaughtered and on post-mortem found to be affected with tuberculosis, but not to an advanced degree. One other animal having a chronic cough was reported to the police and in this instance the post-mortem revealed that she was affected with "advanced" tuberculosis.

Thirteen cows affected with scheduled pathological conditions were detected and the usual instructions regarding the withdrawal of the milk from the main supply given.

It is noteworthy in that the October examination carried out by the Chief Veterinary Officer was the first occasion on which no tuberculous animal was detected since this bi-annual inspection was commenced in January, 1931.

(E) Defects in Premises reported to the Responsible Authority.

Under this head, 175 reports were made to the District Councils concerned and four to the Smallholdings Committee. This represents a considerable increase over any previous year's figures but it should be remembered that nearly three times as many farms were visited in 1934 as in 1933.

The attention of Local Sanitary Authorities was also drawn to certain cases where no action had been taken in respect of reports submitted to them some time ago and recent reports show that in the majority of instances, these defects have now been remedied.

Generally speaking, the reports made by the veterinary staff are welcomed by the local authorities in the County, and the relations between the sanitary inspectors and the staff are most cordial.

(F) Milk (Special Designations) Orders, 1923 and 1934.

The number of licensed herds in the County at the end of the year was as follows:—

Certified	2
Grade A. (T.T.)	33
Grade A.	5

A decision to include in the general scheme of routine veterinary inspections all tuberculin-tested herds was made about the middle of the year and since then 23 herds representing 1,242 milch and 112 dry cows have been examined. It is satisfactory to record that no case of tuberculosis was discovered, but unfortunately on several farms mastitis was prevalent. A total of 63 animals, or 4.6 per cent. of those examined, was found to be so affected and their immediate isolation enforced. Only seven of these 23 farms were found to be quite free from disease and it would, therefore, appear that the supervision by the County Veterinary staff of tuberculin-tested herds is a real necessity. In each instance, detailed information regarding all diseased animals was forwarded to the Ministry of Health.

Grade A. (T.T). Licences.

Eight applications for licences were referred to the Chief Veterinary Officer for his comments by the department concerned of the Ministry of Health. All the farms were visited and 143 milch and eight dry cows examined. Eleven animals found to be affected with scheduled diseases were ordered to be removed forthwith from the herds and a general report made in respect of both cattle and premises.

Grade A. Licences.

The five Grade A. farms were all visited and one special investigation was made at the request of the Agricultural General Purposes Sub-Committee. Streptococcal mastitis was found to be very prevalent and approximately 30 per cent. of the herd ultimately proved to be infected. Rigid isolation of the affected cattle and elimination of their milk, together with disinfection measures, were successful in removing the trouble and subsequent milk tests have been highly satisfactory.

With the inception of the scheme of the Milk Marketing Board for granting a premium on all Grade A. milk as from the 1st. May, 1935, a large increase in the number of the producers of this grade is anticipated, and at the time of writing, a further 124 Grade A. licences have been granted.

Summary of Year's Work.

No. of Farms visited or re-visited			4,182
No. of Cows examined:	(a) In Milk	90,747	
	(b) Dry	12,401	103,148
No. of Individual samples found	(a) Positive		113(*)
	(b) Negative		389
No. of Group samples found:	(a) Positive		14
	(b) Negative		121

No. of Cows slaughtered under the Tuberculosis Order :—

(a) Found to be giving tuberculous milk	112
(b) Reported to Police for immediate action in view of clinical symptoms	232

Results of post-mortem examination of cows slaughtered :—

	Udder.	Chronic Cough.	Emaciation.	Totals.
Advanced	93	134	42	269
Not advanced	27	35	13	75

No. of Cows found to be suffering from diseases other than tuberculosis, as defined under the Act and Order :—

(a) acute mastitis	361	
(b) suppuration of the udder	107	
(c) septic condition of the uterus	37	
(d) other conditions	314	819

Defects in premises reported to :—

(a) District Councils	175	
(b) Smallholdings Committee	4	179

(*) One cow died before the post-mortem could be arranged.

TABLE SHOWING NUMBER OF FARMS VISITED OR RE-VISITED; COWS EXAMINED (IN MILK AND DRY, AND NUMBER OF COWS SLAUGHTERED WITH THE CLASS AND DEGREE OF DISEASE.

COUNCIL.	No. of Farms or re-visited.	No. of Cows examined.		Cows Slaughtered.			
		In Milk.	Dry.	Udder.	Chronic Cough.	Emaciation.	Totals.
URBAN.							
Bradford-on-Avon	21	264	55	.....	.....	.....	.....
Calne	11	142	31	.....	.....	.....	.....
Chippenham	6	214	28	.....	1	.....	1
Devizes	21	400	50	.....	.....	1	1
Malmesbury	2	22	2	.....	.....	.....	.....
Marlborough	8	157	26	1	.....	.....	1
Melksham	6	185	27	.....	.....	.....	.....
Salisbury	19	559	70	1	1	.....	2
Swindon	28	1103	28	.....	.....	.....	.....
Trowbridge	25	403	52	1	.....	.....	1
Warminster	29	433	53	.....	.....	.....	.....
Westbury	20	508	46	.....	.....	.....	.....
Wilton	6	257	45	.....	.....	.....	.....
RURAL.							
Amesbury	94	1592	267	2	5	2	9
Bradford-on-Avon and Melksham	276	5326	1128	8	8	9	25
Calne and Chippenham	516	10854	1640	16	32	2	50
Cricklade	359	7603	953	12	19	2	33
Devizes	607	12259	2130	15	22	17	54
Highworth	243	6132	576	7	16	3	26
Malmesbury	382	6622	1045	4	9	5	18
Marlborough and Ramsbury	235	6666	543	17	13	5	35
Mere and Tisbury	349	7769	820	1	19	1	21
Pewsey	177	5613	590	6	5	4	15
Salisbury and Wilton	382	7606	1295	11	10	1	22
Warminster and Westbury	260	8058	901	18	9	3	30
Totals	4182	90747	12401	120	169	55	344

SUPPLY OF MILK TO SCHOOLS.

The milk supply to schools under the Milk Marketing Board's Scheme commenced in October and although in several instances it has proved difficult to find a suitable source, 230 of the 265 schools from which requests were received, have been suitably dealt with. Every effort is still being made to provide an approved article for the outstanding school departments but in some localities this has been impossible either by reason of the paucity of suitable farms or the refusal of producers to co-operate. Lack of transport facilities has also been responsible for some of the failures, but the bonus has not been sufficient in other cases to attract the producer in view of the extra work involved.

Wherever possible, tuberculin-tested milk has been provided, but where this has not been available, either pasteurised milk or milk from approved farms has been supplied. These latter are only accepted subject to satisfactory reports by members of the Agricultural and Veterinary Staffs who adopt a standard much the same as that required for Grade A. milk, and make periodical inspections to ensure that the conditions of the premises and health of the cattle are being maintained.

MEAT.

The arrangements for the veterinary inspection of meat at the Calne Bacon Factory are still the same and regular reports of all meat condemned are received,

No change has been reported in the general question of meat supply throughout the County.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The following is a summary of the samples submitted to the Public Analyst by the Inspectors under this Act during the year :—

Substances.	*Number of Samples Analysed.*	*Number adulterated or unsatisfactory.*
Almonds, ground	1	—
Beans with Pork and Tomato Sauce	1	—
Beer	1	—
Bloater Paste	1	—
Borax	1	—
Brandy	3	—
Brawn	2	—
Brisling	1	—
Brisling, Tinned	1	—
Butter	11	—
Cheese	2	—
Chocolate	1	—
Chocolate, Breakfast	1	—
Coffee	2	—
Cornflour	1	—
Cream	10	—
Cream of Tartar	2	—
Curry Powder	1	—
Custard Powder	2	—
Dripping	2	—
Fat, Cooking	1	—
Flour, Self-raising	5	—
Gin	7	1
Ginger, Ground	1	—
Grape Fruit Squash	2	—
Honey	1	—
Ice Cream	2	—
Jam, Blackcurrant	1	—
Jam, Strawberry	1	1
Jelly	1	—
"Kako" (Cake Flour)	1	—
Lard	10	—
Lemonade	1	—
Lemonade Powder	1	—
Lemon Curd	1	—
Lemon Squash	2	—
Mandarin Oranges, Tinned	1	—
Margarine	2	—
Marmalade	2	—
Mincemeat	2	—
Mustard Mixture	1	—
Milk, Condensed	4	—
Milk, Evaporated	1	—
Milk, New	79†	25
Milk, Separated	1	—
Milk, Skimmed	1	—

Orange Squash	1	—
Oranges, Tinned	1	—
Ox Tail Soup	1	—
Peaches, Tinned	2	—
Peas, Tinned	1	—
Pepper	3	—
Pork Pie	1	—
Prawns	1	—
Rice	3	—
Rice, Puffed and Toasted	1	—
Salmon	1	—
Salmon, Tinned	2	—
Salmon and Shrimp Paste	1	—
Sardines	2	1
Sausages	3	—
Sausages, Preserved	1	—
Semolina	1	—
Sild, Norwegian	1	—
Sloe Gin	1	—
Sponge Mixture	1	—
Suet, Flaked	1	—
Suet, Shredded	2	—
Sulphur, Flowers of	1	—
Sweets	4	—
Tapioca	1	—
Tartaric Acid	1	—
Tea	1	—
Vinegar	1	—
Whisky	11	—
	231	28

† 26 of these were "appeal to cow" samples.

Of the 25 unsatisafctory samples of milk 17 were found to contain added water. Two of these were informal samples and in four others the dilution was so slight that legal action was considered unnecessary. The four vendors from whose supplies the other 11 watered samples were taken were duly prosecuted and fines imposed in each instance.

The remaining eight unsatisfactory samples of milk, two of which were from one supply were found to be deficient in fat. In only four instances was it considered necessary to take legal proceedings, and one vendor was cautioned and three fined. No action was taken in the other three instances in view of the results of the "appeal to cow" samples

The one unsatisfactory sample of gin was found to be below the minimum legal strength and the vendor was prosecuted and fined.

The sample of strawberry jam was considered not to comply with the Regulations as although it was labelled "Full Fruit Standard" it was found to be of "Lower Fruit Standard." The vendor was cautioned, and further samples of the same manufacture taken since have been found to be satisfactory.

The sample of sardines which was reported unsatisfactory was found to contain traces of lead, and the vendor was interviewed and the remainder of the stock withdrawn. It was, however, ascertained from the packers that new machinery had been installed at the factory which would render a recurrence of the contamination very unlikely.

The 79 samples of milk shown in the foregoing table do not represent the total number taken during the year. All milk samples are tested first by the Inspectors themselves by means of their Gerber apparatus and only those found to be unsatisfactory by this means are submitted to the Public Analyst for full investigation. In all 535 samples of milk were so tested.

ARTIFICIAL CREAM ACT, 1929.

Eight samples of cream were procured under this Act in the Northern division of the County and all were found to comply with the Regulations. The Inspector for the Southern division reports that no cases of mis-description were discovered during the year.

PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923 and 1927.

Five samples for the purpose of these Regulations were taken in the Southern division of the County only, but in each division stocks have been regularly examined both in factories and dealers' premises, and no infringements detected.

PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923 and 1927.

There is no dried milk factory in the Southern division of the County, but in the Northern division manufacturers' stocks were examined, and it was found that the Regulations as to labelling had been complied with in every case.

PUBLIC HEALTH (PRESERVATIVES, ETC. IN FOOD) REGULATIONS, 1925 to 1927.

Of the various samples examined under these Regulations only one was found not to conform with the requirements. This was the sample of sardines referred to under the heading Food and Drugs (Adulteration) Act, 1928.

The following inspections of food factories were made during the year :—

Sausage, Bacon Curing, Meat Pies, Tinned Meat, etc.	8
Milk Products	11

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

(1) INFECTIOUS DISEASES (OTHER THAN TUBERCULOSIS).

The following table gives statistical information of notifiable infectious diseases, other than tuberculosis, during the year 1934 :—

District.	Smallpox.	Scarlet Fever.	Diphtheria.	Enteric Fever, including Paratyphoid.	Puerperal Fever.	Puerperal Pyrexia.	Pneumonia.	Other Diseases Generally Notifiable. Erysipelas.	Malaria.	Dysentery.	Cerebro-spinal Fever.	Encephalitis Lethargica.	Acute Polio-myelitis.	Ophthalmia Neonatorum.	Notifiable Locally. Chickenpox
URBAN															
Bradford-on-Avon	—	2	1	—	1	—	8	2	—	—	—	—	—	—	—
Calne	—	3	1	—	—	—	3	—	—	—	—	—	1	—	—
Chippenham	—	43	15	—	—	2	14	7	—	—	—	—	—	—	—
Devizes	—	3	7	—	1	2	4	6	—	—	—	—	—	—	—
Malmesbury	—	2	—	—	—	—	1	—	—	—	—	—	—	1	—
Marlborough	—	64	56	—	—	—	6	2	—	—	—	—	—	1	—
Melksham	—	3	—	—	—	3	3	1	—	—	—	—	—	—	—
Salisbury	—	69	118	—	—	21	34	2	—	—	1	—	6	4	—
Swindon	—	342	54	3	1	45	153	22	1	—	4	2	1	4	—
Trowbridge	—	6	4	—	—	2	—	2	—	—	—	—	—	1	—
Warminster	—	9	5	—	1	—	8	1	—	—	—	—	—	—	—
Westbury	—	20	4	—	—	—	—	3	—	—	—	1	1	—	—
Wilton	—	5	—	—	—	—	1	1	—	—	—	—	1	—	—
RURAL.															
Amesbury	—	26	11	—	2	—	9	1	—	—	2	—	—	—	1
Bradford and Melksham	—	1	1	—	—	1	4	1	—	—	—	—	—	2	—
Calne and Chippenham	—	23	16	—	1	4	16	9	—	—	—	—	—	—	—
Cricklade and Wootton Bassett	—	44	4	1	—	2	15	—	—	—	1	—	—	—	—
Devizes	—	52	36	—	—	—	14	3	—	8	—	—	1	—	—
Highworth	—	80	56	2	1	5	24	5	—	—	1	—	3	1	—
Malmesbury	—	3	—	—	1	2	5	—	—	—	—	—	—	—	—
Marlborough and Ramsbury	—	59	7	—	—	1	5	4	—	—	—	—	—	1	—
Mere and Tisbury	—	23	17	—	—	5	25	4	—	—	—	—	1	—	—
Pewsey	—	36	14	—	1	2	11	2	—	—	—	—	—	—	—
Salisbury and Wilton	—	25	37	—	1	1	7	4	1	—	—	—	1	1	—
Warminster and Westbury	—	11	3	—	1	1	4	5	—	—	—	1	2	1	—
Urban Districts	—	571	265	3	4	75	235	49	1	—	5	3	10	11	—
Rural Districts	—	383	202	3	8	24	139	38	1	8	4	1	8	6	1
Administrative County :—															
Total: Cases Notified	—	954	467	6	12	99	374	87	2	8	9	4	18	17	1
Total: Cases admitted to Hospital	—	858	494	5	†10	†16	56	35	—	8	8	2	13	†5	1
Total: Deaths	—	8	35	1	†5		166*	††	††	††	6	5	3	—†	††

*Includes all forms of pneumonia.

† †The numbers of deaths from these diseases are unknown.

† Excludes Salisbury and Swindon cases where the Local Authorities are responsible for arranging hospital treatment.

In the foregoing table, the totals given for the various amalgamated Rural Districts include the notifications received in their constituent districts during the first three months of the year, before amalgamation took place.

In addition, the following military cases were notified:—

Amesbury Rural District	1 Scarlet Fever
	1 Enteric Fever
	2 Pneumonia
Devizes Rural District	1 Cerebro-spinal Fever
Pewsey Rural District	3 Scarlet Fever
	1 Enteric Fever
	1 Pneumonia
	1 Malaria
	1 Acute Polio-myelitis

All admissions to Isolation Hospitals 'are included under the heading relating to the admission of cases to hospital and any known admissions to general hospitals.

The statistics relating to deaths given in the foregoing table, and referred to in the following notes, are those supplied by the Registrar-General and are corrected according to permanent residence. Notifications of infectious disease, upon which the remainder of the statistics are based, are not, however, similarly corrected. The figures with regard to notifications and those with regard to deaths are not, therefore, strictly comparable, although sufficiently so for practical purposes.

SMALLPOX. The County has fortunately remained free from this disease during 1934.

An efficient nursing staff for the Smallpox Hospital is retained under arrangement with the Devizes Isolation Hospital Committee, and is always ready for immediate service.

In March, and again in May, 1934, the Smallpox Hospital was temporarily placed at the disposal of the Marlborough Joint Isolation Hospital Committee on account of a serious outbreak of scarlet fever for which isolation hospital facilities had been exhausted. It was, of course, arranged that, had an outbreak of smallpox occurred, the hospital would have been immediately vacated.

SCARLET FEVER. Nine hundred and fifty-four civilian cases were notified, with eight deaths, during 1934, compared with 405 cases and one death in 1933. A serious outbreak in Swindon accounted for 342 notifications, with totals of 80 and 44 in the neighbouring Rural Districts of Highworth and Cricklade and Wootton Bassett. There was also a large outbreak in the Marlborough District, to which reference is made in the preceding paragraph, 64 notifications being made in the Borough and 59 in the Marlborough and Ramsbury Rural District. In addition, the Chippenham and Salisbury areas were affected and no district was entirely free from the disease.

DIPHTHERIA. There was again a slight increase in the prevalence of this disease, 467 notifications being made, with 35 deaths, compared with 404 and 20 deaths during 1933. The districts mostly affected were Salisbury City, where 118 notifications were made, Marlborough Borough, 56 notifications, and Swindon Borough 54, with, also, a total of 56 in the adjacent Highworth Rural District.

The County Public Health Committee is always willing to afford to Local Sanitary Authorities the assistance of the County Medical and Nursing Staff, as far as circumstances permit, in local immunization campaigns. During 1934 such assistance was given to the Devizes Rural District Council in a campaign at Market Lavington and Easterton Schools and, since the end of the year, another similar campaign has been undertaken in the Marlborough District with the assistance of the County staff.

The figure of 494 admissions to hospital given in the table was furnished by the Clerks of the various Isolation Hospitals in the County and includes a number of cases admitted as suspicious, but not subsequently confirmed and notified as diphtheria.

ENTERIC FEVER. Six civilian notifications, and two military, with one death, were made during 1934, compared with three, with one death, during 1933. Five of the six civilian cases were connected, four occurring amongst persons at Wroughton and Purton who were related to each other, the fifth case, subsequently notified, being a nurse in the Isolation Hospital to which the original cases were admitted.

The sixth civilian notification was in respect of a case which proved not to be one of enteric fever, but the notification, which was made in Swindon, was not withdrawn.

PUERPERAL FEVER AND PUERPERAL PYREXIA, AND OPHTHALMIA NEONATORUM. These conditions are dealt with on pages 32 and 33.

PNEUMONIA, INFLUENZAL AND PRIMARY. These notifications are so partial, except in Swindon, that no conclusions can be drawn from the statistics.

ERYSIPELAS. These cases were chiefly scattered, although 22 were notified in Swindon.

MALARIA. In each of the three cases of malaria notified, two civilian and one military, the infection was believed to have been contracted abroad.

DYSENTERY. The eight cases notified occurred in the County Mental Hospital.

CEREBRO-SPINAL FEVER. Ten cases, including one amongst the military, were notified with 6 deaths. Four of the civilian cases occurred in Swindon, where several other cases suspicious of cerebro-spinal fever were also reported, but not notified.

Anti-meningococcus serum is always available in the County Public Health Department for emergency use.

ENCEPHALITIS LETHARGICA. Four cases were notified during 1934, of which three died. The fourth case proved not to be one of encephalitis lethargica, but the notification, which was made in Swindon was not withdrawn.

The Registrar General's figure of five deaths, given in the foregoing table, evidently includes two deaths of Wiltshire residents occurring outside the County.

ACUTE POLIO-MYELITIS: (INFANTILE PARALYSIS). Nineteen cases, including one military, were notified, with three deaths, compared with three, with two deaths, during 1933. Two of the six notifications at Salisbury were in respect of cases admitted to the Salisbury Infirmary from other Counties; several other cases notified were apparently not very serious in character. Immediate in-patient treatment at the Bath and Wessex Children's Orthopaedic Hospital, under the County Orthopaedic Scheme, is always available for infants and school children developing the disease, and two such notified cases were admitted thereto. Eleven other civilian cases were admitted to local hospitals.

Local Sanitary Authorities are empowered to supply medical practitioners with diphtheria anti-toxin and a stock is also kept in the County Medical Department. A small stock of various other kinds of sera is also kept in order that supplies may be available for practitioners in emergencies with the minimum of delay.

(2) NON-NOTIFIABLE INFECTIOUS DISEASES.

Complete information as to the incidence of these diseases is not available. The returns from elementary schools, however, give, with the registered deaths, some rough indication of their respective prevalence.

MEASLES. This disease again showed a decrease in incidence. The total number of school cases during 1934 was 1,010, compared with 1,220 during the previous year, and only eleven school closures were necessitated compared with 21 during 1933.

The number of deaths at all ages was fortunately only two, compared with seven during 1933.

WHOOPING COUGH. There was also a considerable decrease during 1934 in the incidence of this disease, 828 cases being reported, compared with 958 during 1933. Eleven school closures were made, compared with 18 during the previous year.

The number of deaths at all ages was only nine, compared with 26 in 1933.

CHICKENPOX. A total of 1,003 school notifications was received during 1934, compared with 900 during the previous year. There were, however, only two school closures, as in 1933.

MUMPS. Mumps was again prevalent, 1,069 cases being reported, compared with 985 during 1933. Only one school closure was made, however, compared with two in the previous year.

INFLUENZA. Comparatively few school cases were reported, 288 as compared with 2,574 during 1933. Only nine schools were closed on account of its prevalence, compared with 80 during the previous year.

The number of deaths at all ages was 65, compared with 156 in 1933.

CANCER.

During the year 496 deaths from cancer were recorded as compared with 490 in 1933 and the death rate per 1,000 of the population for the last three years has been 1.6, 1.7 and 1.8. With the exception of heart disease more deaths occur from this cause than any other.

Facilities for radium treatment in suitable cases are available at the Bristol Royal Iinfirmary for patients in the northern and central parts of the County, and at the Royal South Hants and Southampton Hospital for those in the south. Where the cost of treatment cannot be borne by the patient the County Council assumes responsibility and reclaims such amounts as investigation of the family circumstances shows can reasonably be afforded. The amounts recovered in this way are, however, extremely small, but certain Hospital Leagues pay the whole or a part of the cost of treatment of their members. Travelling expenses are also repaid by the County Council in necessitous circumstances.

Detailed reports as to the progress of treatment in each case are regularly received from the respective radium officers and patients are kept under observation at varying intervals according to their condition.

The Out-Patient Clinic which was established early in the year at the Salisbury Infirmary in connection with the Southampton Centre, and is attended by their Radium Officer, has proved of great value in following up patients already under treatment, and is also available for consultation in cases of doubtful diagnosis or suitability for radium treatment. Sessions are held at two-monthly intervals and five were arranged during the year. Nineteen patients attended, the total number of consultations being 37.

Twenty new cases were referred to the Centres for examination during the year as follows, and one patient suffering from cancer of the tongue died before a consultation could be arranged. Three other patients were sent direct to Radium Centres in London without first reference to the Health Department in the usual way, and consequently we have no information as to their progress.

	Bristol.		*Southampton.*	
Found suitable for Radium Treatment	4	1 face 1 cervix 1 lip 1 nose	9	1 larynx 1 neck 4 lip 2 face 1 tongue and lip
Found unsuitable or too far advanced for Radium Treatment	2	1 tongue 1 breast	3	1 vagina 1 other 1 neck (patient since died)
Refused Treatment	2	1 ear 1 breast		

In addition to the 13 cases in the above table which were found to be suitable for radium treatment, 17 patients who first received treatment in 1932 or 1933 continued to attend the Radium Centres, or in the case of Southampton at the Salisbury Clinic, at intervals during the year. The following table is a summary of the 30 cases under treatment.

Radium Centre	AREA AFFECTED.																
	Mouth		Lip		Tongue		Tongue and Lip		Face		Neck		Larynx		Breast	Uterus and Vagina	Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	F.	F.	
Bristol	—	—	4	—	1	—	—	—	3	1	—	—	—	—	—	3	12
Southampton	1	—	7	—	1	—	1	—	1	4	1	—	1	—	1	—	18
Total	1	—	11	—	2	—	1	—	4	5	1	—	1	—	1	3	30

Of the above patients, only two, each of whom was treated for the first time during the year, have died, the disease affecting respectively the nose and larynx.

Sixteen other patients who were examined at the Centres during 1932 and 1933 did not attend in 1934 for the following reasons:—

Died	6
Found unsuitable or too far advanced for Radium Treatment ..... (one of these cases was treated surgically)	7
Condition apparently cleared up .... (one of these cases has now left the County)	2
Too ill to attend for further treatment and under care of own doctor	1

In many cases the results have been distinctly encouraging and satisfactory progress has been maintained, particularly where only the lip or face has been affected. In seven cases we have definite reports from the Radium Officers that the lesions have completely cleared up without evidence of recurrence after a lapse of many months. In some conditions of the disease the reaction which may be expected to radium treatment is of course much less favourable than in others, and amelioration was the most that could be hoped for in certain cases.

Fuller use seems to have been made by practitioners and hospitals in the County of the facilities afforded by the Southampton Centre than of those at Bristol, and there can be no doubt that for rural areas a clinic system linked, as at Salisbury, to the nearest Radium Centre is essential if early diagnosis and early treatment are to be secured for dwellers in districts remote from those centres. Until we can establish such clinics in connection with Bristol we must expect decisions to undertake the long journey thither to be often postponed until too late. But when local clinics are available we can confidently hope that patients in the earliest and most doubtful stage will be increasingly advised to attend for the Radium Officer's recommendations, since such attendance will mean little if any expense or inconvenience. When once the expert concerned makes a definite recommendation for treatment the distance of the treatment centre does not prove an obstacle as we know from the experience of various other conditions.

PREVENTION OF BLINDNESS.

Subsection (1) of Section 66 of the Public Health Act, 1925, reads as follows :—

> "Without prejudice and in addition to any other power under any other Acts, a county council or local authority shall have power, with the consent of the Minister of Health, to make such arrangements as they may think desirable for assisting in the prevention of blindness, and in particular for the treatment of persons ordinarily resident within their area suffering from any disease of or injury to the eyes."

In May, 1932, the Ministry of Health sanctioned a scheme, prepared under the abovementioned Section, for the hospital treatment by recognised ophthalmic surgeons of a small number of adult eye cases. The great majority of cases are able to receive the necessary treatment either as members of Hospital Leagues or through the voluntary services of the hospitals, but occasionally cases for whom it is desired to have definite arrangements with the hospitals of the area come under the responsibility of the County Health Authorities.

One case was dealt with under this scheme during the year, the patient being admitted to the Bath Eye Infirmary in November for operation for the removal of cataract of each eye.

TUBERCULOSIS

New Cases and Mortality during 1934.

Table I. shows the number of new cases of tuberculosis, including all primary notifications, 23 transfers from other Counties, eight posthumous notifications, and 22 other cases who died during the year and were not notified :—

TABLE I.

Age Periods.	New Cases. Pulmonary. Male.	Pulmonary. Female.	Non-Pulmonary. Male.	Non-Pulmonary. Female.	Deaths. Pulmonary. Male.	Pulmonary. Female.	Non-Pulmonary. Male.	Non-Pulmonary. Female.
0	—	1	3	1				
1	—	3	13	7				
5	—	—	10	12				
10	—	6	9	6				
15	9	15	3	1				
20	21	22	5	6	74	53	24	20
25	31	21	6	4				
35	17	18	3	8				
45	12	9	3	—				
55	9	10	—	1				
65 and upwards	3	5	—	—				
Totals	102	110	55	46	74	53	24	20

Of the 22 cases who died during the year and were not notified, six were resident in Mental Hospitals, ten (of whom seven were infants) died of meningitis, peritonitis, or acute general tuberculosis, and one died in a Public Assistance Institution shortly after admission. Of the remaining five, three had probably been notified in other Counties.

Enquiry is made in all cases of tuberculosis not notified before death, as to the reason for non-notification.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action has been taken by the Council under these Regulations.

PUBLIC HEALTH ACT, 1925, SECTION 62.

No action has been taken by the Council under this section of the Act.

Table II. shows the average annual number of cases of pulmonary and non-pulmonary Tuberculosis occurring during the four five-yearly periods 1913-32, and the numbers for the years 1933 and 1934 :—

TABLE II.

Period.	Total.	Pulmonary.	Non-Pulmonary.
1913-1917	469	359	110
1918-1922	398	310	88
1923-1927	430	282	148
1928-1932	365	242	123
1933	296	214	82
1934	313	212	101

Table III. shows the number of cases of pulmonary and non-pulmonary tuberculosis (excluding posthumous notifications, but including transfers from other Counties) notified from each district in the County during the year 1934, and during the period 1913-1934.

TABLE III.

URBAN DISTRICTS.

	1934.			1913—1934.		
	Pulmonary.	Non-Pul.	Total.	Pulmonary.	Non-Pul.	Total.
Bradford-on-Avon	4	—	4	95	12	107
Calne	3	1	4	79	35	114
Chippenham	7	1	8	260	66	326
Devizes	1	1	2	126	15	141
Malmesbury	1	—	1	51	22	73
Marlborough	2	—	2	51	33	84
Melksham	2	1	3	73	41	114
Salisbury	28	13	41	554	159	713
Swindon	39	25	64	1538	800	2338
Trowbridge	7	3	10	209	49	258
Warminster	2	—	2	136	55	191
Westbury	1	3	4	83	35	118
Wilton	1	—	1	72	28	100
Totals	98	48	146	3327	1350	4677

RURAL DISTRICTS.

	1934.			1913—1934.		
	Pulmonary.	Non-Pul.	Total.	Pulmonary.	Non-Pul.	Total.
Amesbury	7	6	13	232	79	311
Bradford-on-Avon	5	—	5	108	34	142
Calne and Chippenham	10	1	11	453	122	575
Cricklade and Wootton Bassett	1	2	3	150	84	234
Devizes	8	5	13	205	45	250
Highworth	8	7	15	351	158	509
Malmesbury	7	1	8	167	81	248
Marlborough	4	3	7	70	45	115
Melksham	2	1	3	59	30	89
Mere and Tisbury	6	2	8	206	64	270
Pewsey	16	7	23	334	111	445
Ramsbury	2	2	4	124	46	170
Salisbury	13	3	16	172	56	228
*Tetbury	—	—	—	5	2	7
Warminster	3	1	4	107	50	157
Westbury	2	—	2	99	36	135
Wilton	2	—	2	148	69	217
Totals	96	41	137	2990	1112	4102

*The portion of the Tetbury Rural District to which these figures relate embraced the parishes of Ashley and Long Newnton, which were transferred to Gloucestershire on 31st March, 1930.

The Calne and Chippenham Rural areas, and the Mere and Tisbury Rural areas were amalgamated during the year, and the figures show the totals for the combined areas.

The Bradford and Melksham Rural areas, the Marlborough and Ramsbury Rural areas, the Salisbury and Wilton Rural areas, and the Warminster and Westbury Rural areas, were also amalgamated during the year, but the figures are shown separately as in the past, as the Medical Officers of Health remained unchanged.

Table IV. shows the number of cases given in the quarterly reports of the District Medical Officers of Health for the quarter ended 31st December, 1934, and these figures show 1,515 cases of tuberculosis in the County, as compared with 1,422 for year 1933, and 1,332 for year 1932.

TABLE IV.

URBAN DISTRICTS.

	Pulmonary.			Non-Pulmonary.			Total
	Male.	Female.	Total.	Male.	Female.	Total.	Cases.
Bradford-on-Avon	14	7	21	—	3	3	24
Calne	1	5	6	2	3	5	11
Chippenham	18	4	22	2	1	3	25
Devizes	3	4	7	3	2	5	12
Malmesbury	2	1	3	—	1	1	4
Marlborough	2	1	3	1	4	5	8
Melksham	4	4	8	3	2	5	13
Salisbury	72	56	128	45	36	81	209
Swindon	108	101	209	56	77	133	342
Trowbridge	11	23	34	14	7	21	55
Warminster	7	15	22	—	9	9	31
Westbury	2	3	5	3	6	9	14
Wilton	5	6	11	3	2	5	16
Totals	249	230	479	132	153	285	764

RURAL DISTRICTS.

	Pulmonary.			Non-Pulmonary.			Total
	Male.	Female.	Total.	Male.	Female.	Total.	Cases.
Amesbury	18	23	41	9	9	18	59
Bradford-on-Avon	9	6	15	6	8	14	29
Calne and Chippenham	21	23	44	3	9	12	56
Cricklade and Wootton Bassett	22	20	42	30	30	60	102
Devizes	9	6	15	6	2	8	23
Highworth	42	22	64	45	24	69	133
Malmesbury	4	5	9	4	3	7	16
Marlborough	6	4	10	3	6	9	19
Melksham	4	6	10	3	3	6	16
Mere and Tisbury	13	15	28	10	2	12	40
Pewsey	22	15	37	20	17	37	74
Ramsbury	13	7	20	6	3	9	29
Salisbury	15	7	22	10	13	23	45
Warminster	16	11	27	8	5	13	40
Westbury	17	10	27	6	3	9	36
Wilton	8	5	13	12	9	21	34
Totals	239	185	424	181	146	327	751
Totals for County	488	415	903	313	299	612	1515

N.B. See note at top of page *re* Amalgamation of Districts.

Table V. shows the average annual number of deaths from pulmonary and non-pulmonary tuberculosis during the four five-yearly periods 1913-32, and the numbers for the years 1933 and 1934.

TABLE V.

Period.	Total.	Pulmonary.	Non-Pulmonary.
1913-17	271	202	69
1918-22	265	209	56
1923-27	218	166	52
1928-32	183	145	38
1933	153	129	24
1934	171	127	44

During the year 1934, the number of patients who received Institutional Treatment was as follows :—

	Men.	Women.	Children.	Total.
Winsley Sanatorium	70	54	6	130
†Harnwood Hospital	80	50	5	135
Savernake Hospital	10	11	22	43
Children's Orthopaedic Hospital, Bath	3	5	17	25
Alton Cripples' Hospital	—	—	2	2
Wingfield Orthopaedic Hospital	1	—	1	2
Westbury Hospital	—	1	3	4
Preston Hall, Aylesford	2	—	—	2
Swanage Memorial Hospital	—	—	3	3
Totals	166	121	59	346

†Twenty-seven of the men patients at Harnwood Hospital were London County Council cases.

The number of patients receiving Institutional Treatment on the 31st December, 1934, was as follows :—

	Men.	Women.	Children.	Total.
Winsley Sanatorium	17	14	1	32
†Harnwood Hospital	18	14	—	32
Savernake Hospital	3	4	7	14
Children's Orthopaedic Hospital, Bath	2	1	9	12
Alton Cripples' Hospital	—	—	1	1
Westbury Hospital	—	—	1	1
Preston Hall, Aylesford	2	—	—	2
Swanage Memorial Hospital	—	—	3	3
Totals	42	33	22	97

†Two of the men patients at Harnwood Hospital were London County Council cases.

The "Daily Average" number of patients under treatment during 1934 was as follows:

Winsley Sanatorium	32.4
Harnwood Hospital	35.0
Other Institutions	38.3
Total	105.7

From the first April, 1934, the County Council took over the maintenance of two beds at Winsley Sanatorium hitherto paid for by the Great Western Railway Medical Fund Society, Swindon. The Council now maintains 34 beds at the Sanatorium.

Surgical appliances were provided for 22 patients, at a total cost of £57-4-7.

Thirty shelters were occupied by 34 patients at their own homes; one was removed to the Stratton Public Assistance Institution, and nine were in use at Harnwood Hospital.

Financial assistance can be given to District Nursing Associations providing nursing in approved cases, but no application for help was received during the year.

X-Ray examinations were made for 73 patients, as follows:—

	Examinations.
Dr. Mackay and Dr. Steven, Bath	4
Trowbridge Hospital	2
Salisbury General Infirmary	47
Swindon Victoria Hospital	20
Winsley Sanatorium	1

The total cost was about £70.

In addition to the above 74 examinations, numerous X-Ray examinations of in-patients were made at Winsley Sanatorium, The Children's Orthopaedic Hospital, Bath, The Savernake Hospital, or other approved Institution. Most of the X-Ray examinations made in connection with the Tuberculosis Scheme are done in one or other of these Institutions, no special charge being made, the maintenance fees paid by the Council covering these examinations.

The Committee of Winsley Sanatorium have recently installed a new and very efficient X-Ray plant, and it is now possible for Wiltshire patients to be sent there on the recommendation of the County Tuberculosis Officer for examination and report by the Medical Superintendent, at a cost of 10/6 for each visit.

Sputum Examination. Eight hundred and fifty-four specimens of sputa, etc., were examined, all the work being undertaken at the Greville Laboratory, Salisbury General Infirmary. The specimens were sent from the undermentioned sources:—

Salisbury Dispensary	47
Swindon Dispensary	172
Trowbridge Dispensary	24
Harnwood Hospital	121
G.W.R. Medical Fund Society	132
General Practitioners	330
Stratton P.A. Institution	28
Total	854

DISPENSARIES.

The arrangements for the three Dispensaries at Salisbury, Swindon, and Trowbridge, remained unchanged during the year, and were described in my last report.

Owing to the retirement of Dr. Crossley, County Tuberculosis Officer, and the departure of Dr. Napier, Assistant Tuberculosis Officer, fresh arrangements will commence as from the 1st April, 1935. All three Dispensaries will then be served by Dr. J. S. Harper, recently appointed County Tuberculosis Officer.

Dispensary.		Day Open.	Name of Doctor Attending.
Salisbury	Out-Patient Department, The General Infirmary	Tuesday	Dr. J. S. Harper
Swindon	15, Milton Road	Thursday	do.
Trowbridge	County Council Clinic, The Halve	Wednesday	do.

The Dispensaries are open at 10 a.m. and new patients are seen between 10 a.m. and 1 p.m.

Dr. Harper will visit patients at their own homes in any part of the County, at the request of their doctors, if particulars are sent to him at the County Offices, Trowbridge.

The attendances at the three Dispensaries during 1934 were as follows :—

	Men.	Women.	Children.	Total.
Salisbury	232	278	85	595
Swindon	280	333	277	890
Trowbridge	139	121	43	303
	651	732	405	1788

This compares with an average for the last five years of 1,743.

Dispensary Register.—The number of patients remaining on the Dispensary Register on December 31st, 1934, was 708. All these cases are kept under observation, and either attend the Dispensaries or are visited at their own homes.

Number of Consultations by Tuberculosis Officers with Medical Practitioners :—

(*a*) Practitioner actually present at time of examination, wherever held 90
(*b*) Practitioner not present at examination, but report in writing sent to him by Tuberculosis Officer 521

Number of visits by Tuberculosis Officers to Homes (including those in (a) above) 662

Visits to homes by Health Visitors were made as follows :—

Nurse R. I. Ansaldo	32
,, M. Bright	51
,, G. M. Jackson	283
,, E. L. Richens	6
,, G. F. Sainsbury	138
,, E. Smith	6
,, W. A. M. Tilt	29
,, M. M. Warren	98
,, E. F. Watkins	278
Total	921

ORTHOPAEDIC CLINICS.

Thirty-six patients suffering from non-pulmonary tuberculosis, of whom seven were over school age, attended the orthopaedic clinics, the number of attendances being as follows :—

Corsham	12
Devizes	44
Salisbury	55
Swindon	37
Trowbridge	24
Total	172

TREATMENT OF LUPUS.

One patient received in-patient treatment during the year at Alton Hospital.

Two other cases received out-patient treatment at the Radium Institute, London, and the St. Thomas' Hospital, London, respectively, the travelling expenses to and from London being paid by the County Council.

ARTIFICIAL PNEUMOTHORAX TREATMENT.

The County Council pays for patients who have had Artificial Pneumothorax induced during their stay at Winsley Sanatorium, and who are recommended to attend as out-patients at the Sanatorium afterwards for refills. During the year 19 patients have been so treated, the cost of the refills being £87-3-0.

Seven of the nineteen cases were attending as out-patients for refills, the initial A.P. having been induced whilst under sanatorium treatment.

DENTAL TREATMENT.

The following information is supplied by the Senior County Dental Officer regarding dental treatment of tuberculous patients carried out by the County Dental Officers during the year :—

No. of half-days treatment	9
No. of patients treated	27
No. of attendances	53
No. of extractions	45
No. of other operations	4
No. of dentures supplied	8
No. of dentures repaired	1

The Committee of Winsley Sanatorium have during the year appointed a Visiting Dentist, who attends the Sanatorium regularly, and a very efficient Dental Clinic has been established, which is available for all the in-patients at the Sanatorium. No extra charge has been made in the maintenance fees payable by Local Authorities.

HARNWOOD HOSPITAL.

There are now in the main building 21 beds for male and 16 for female patients. Eight shelters are also available for use when there are patients suitable to use them, and when the weather is favourable.

The daily average of patients under treatment was 35.0 compared with 33.8 in the previous year.

The arrangement entered into in June, 1931, with the London County Council, whereby certain male patients from that Authority's area are treated at Harnwood, was continued. Details of the admissions of such cases will be found in the tables regarding institutional treatment.

Dr. Napier, Assistant Tuberculosis Officer, having left the service of the Council, arrangements have been made for a local practitioner to act as Visiting Physician at Harnwood Hospital, as was the case in former years.

The central heating of the Men's Block at the Hospital was completed during the year, and a new mortuary, now in course of erection, will be ready for use early in 1935.

TREATMENT IN PUBLIC ASSISTANCE INSTITUTIONS.

Seven cases were under treatment in Public Assistance Institutions at the beginning of 1934, and 22 new cases were admitted during the year, making a total of 29, nineteen of these being pulmonary cases and ten non-pulmonary.

The 29 cases were treated in the following Institutions:—

Stratton	23
Chippenham	3
Salisbury	3

Twelve cases were discharged, and ten died, leaving seven in the Institutions on the 31st December, 1934, three pulmonary and four non-pulmonary.

GENERAL.

The number of notifications as given in Table II., and the number of deaths as given in Table V. show the reduction in the amount of tuberculosis in Wiltshire since 1913.

There can be no question that the disease is declining in this County as in many other areas. Although the decline is no doubt in part due to improved general conditions of life, there is every reason to maintain the efficiency of the Tuberculosis service which undoubtedly plays a very important part in the lessening incidence of this disease.