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13-1942.

WILTS COUNTY COUNCIL.

The Public Health Committee.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1941.

JOHN DREW (PRINTERS) LTD., SWINDON.

**WILTSHIRE COUNTY COUNCIL.**

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**ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1941.**

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PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
TROWBRIDGE,  
AUGUST, 1942.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my twenty-third Annual Report on the Public Health of the County of Wilts. This is again very brief in accordance with the desire of the Ministry .

Although the population in 1941 was many thousands more than before the War, the health of the County continued to be remarkably satisfactory apart from the rising incidence and death-rate of tuberculosis. In spite of every endeavour no further institutional accommodation for this disease has been provided, and, without such further accommodation, its renewed spread is inevitable. Before the War tuberculosis had practically come under control and was on the decrease.

I have the honour to be,

Your obedient Servant,

CLAUDE E. TANGYE.

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**POPULATION.**

The Registrar-General's estimate for 1941 .....367,240

This shows an increase of over 49,000 on the corresponding estimate for 1939.



**BIRTHS AND DEATHS.**

	<i>Total</i>		<i>Rate</i>	
	1941	1940	1941	1940
Live births .....	5742	5072	(per 1000 of population)	
Deaths .....	4086	4669	15.64	14.87
Deaths from :—			(per 1000 births)	
Puerperal Sepsis .....	6	5	11.13	13.68
Other Puerperal Causes .....	10	11		
TOTAL .....	16	16	0.93	0.91
			1.55	2.00
			2.48	2.91
Death of Infants under one year of age .....	268	271	(per 1000 live births)	
Deaths from Cancer (all ages) .....	589	551	46.68	53.43
Deaths from certain Infectious Diseases :—				
Scarlet Fever .....	3	2		
Diphtheria .....	19	37		
Typhoid and Paratyphoid Fever .....	—	—		
Cerebro-spinal Fever .....	18	23		
Infantile Paralysis .....	3	1		
Acute Encephalitis Lethargica .....	5	5		
Phthisis .....	134	109		
Other Tuberculosis .....	49	28		

The birth rate was higher and the death-rate lower than for 1940. Almost all of the individual death-rates were also better than for that year except those for cancer and tuberculosis. The increase in the former was probably accidental but it would seem that the tuberculosis mortality had already begun to reflect the result of conditions arising from evacuation.

The comparative table inserted below includes the three diseases which give rise to most anxiety during present conditions, and refers to the whole County area including Swindon and Salisbury. None of the nineteen individuals who died from diphtheria was amongst the many thousands who had been immunised in the County area. Cerebro-spinal fever was less fatal than in 1940 or in the last war, largely because of the special treatment now available.

<i>Disease.</i>	1937	1938	1939	1940	1941
Deaths from Diphtheria .....	9	7	13	37	19
"    Cerebro-spinal Fever .....	1	5	3	23	18
"    Tuberculosis :—					
Phthisis .....	106	111	110	109	134
Other .....	29	22	19	28	49



### ACUTE INFECTIOUS DISEASES.

None of the infectious diseases usually treated in isolation hospitals threatened at any time in the year to assume epidemic proportions. Scarlet fever was of a mild type with very low mortality, and enteric fever caused little anxiety. Cerebro-spinal fever, which is so commonly associated with crowding and bad ventilation, actually showed a falling-off as compared with 1940.

<i>Disease.</i>	Total Notifications during :—		
	1939	1940	1941
Scarlet Fever .....	449	1180	711
Diphtheria .....	154	501	314
Enteric Fever (including paratyphoid) .....	8	2	31
Puerperal Pyrexia .....	86	86	120
Cerebro-spinal Fever .....	10	240	100
Infantile Paralysis .....	9	4	14
Acute Encephalitis Lethargica .....	1	4	2
Ophthalmia Neonatorum .....	18	18	29

The figures for diphtheria are of special importance and interest. The infection was very generally present through the County, no Rural District and only three Urban Districts being entirely free. The 314 patients included only five of the 33,399 children who had been inoculated, and these five made good recoveries. It is reasonable to suppose that, without the immunisation campaign, there would have been a far greater incidence and death-rate from this most tragic plague of childhood which has caused the County grievous loss of child life in the past.

The following table gives the immunisation figures from the beginning of the campaign at the end of 1940 to the end of 1941.

<i>By whom Immunised.</i>	1—5 years.	5—15 years.
DR. H. L. BLACKLEY, County Medical Department .....	3154	17823
PROF. G. S. WILSON and Staff .....	347	3248
DR. A. H. WILSON, Medical Officer of Health for East Wilts Combined Districts .....	802	3205
DR. G. NAPIER, Medical Officer of Health for Mere and Tisbury Rural District, Salisbury and Wilton Rural District and Borough of Wilton .....	375	1713
COL. POWELL, Late Medical Officer of Health for Calne and Chippenham Rural District, the Borough of Calne and the Borough of Chippenham .....	257	1076
LOCAL PRACTITIONERS in Calne and Chippenham Rural District under arrangement with the District Council .....	259	1140
	5194	28205



Dr. Blackley continued to spend the whole of his time in this work during the year, in which he was assisted in the Trowbridge and Bradford areas by Dr. Jean Murray, who is also an Assistant County Medical Officer.

The above figures represent a percentage of the children under five years of age of 28.07 and of children between five and fifteen of 73.25. The ideal to aim at is immunisation as soon after one year as possible, again at five and again at ten. It is clearly necessary to devote the greatest energy to children under school age, which is the most susceptible period. The percentage of infants protected has greatly increased since the period covered by the above table, but the position will only be satisfactory when every child is given the protection at the right period as an ordinary routine. Fortunately parents are more and more realising the value of immunisation and its freedom from risk. The ultimate goal of a diphtheria-free population will fully justify the expense involved even on financial grounds alone.

### **MATERNITY.**

The increase in the county population has naturally led to pressure upon the district midwifery service and upon our county maternity beds. Although an increasing shortage of midwifery staff began to cause anxiety, the county maternity scheme met all demands during the year without any lowering of the standard of medical and nursing attention.

**Emergency Maternity Homes.**—The 40 maternity beds at Berryfield, Bradford-on-Avon, and the 30 maternity beds at the Old Cottage Hospital at Melksham, together with the 41 ante-natal beds at Woolley Grange, Bradford-on-Avon, form a most valuable and efficient unit under Mr. Wilfred Shaw of St. Bartholomew's Hospital. Recognition by the Central Midwives' Board as a training school has added to the importance of this unit. Its facilities, though primarily for evacuated expectant mothers, are available also in certain circumstances for County cases, thus easing the burden on other maternity homes whose accommodation has frequently been fully booked.

No part of our war-time work has been more successful than this unit which brings the most modern methods to the service of the large numbers of patients from evacuating areas for whom otherwise facilities could not be given.

To the end of 1941 a total of 1,229 cases had been confined at the unit with a much lower rate of complications than was the case generally in the County area. A general survey of the work is strikingly given by the results of the first 1,000 cases at Berryfield just completed at the time of writing this report.

There was not a single maternal death in this series, and, although puerperal sepsis occurred in three cases, it was of a mild type and there was no spread.

### **CHILD WELFARE.**

Evacuation and war conditions generally led to a large increase in our ordinary domiciliary and clinic work. In addition three hostels for difficult evacuated children with a total accommodation of 94 beds were administered by the medical department. The department was also responsible for the general supervision of some seven residential Nursery Parties for whom our special services, orthopaedic, etc. were made available.

### **CIVIL NURSING RESERVE.**

From the inception of the Reserve until the end of the year under review, 1683 applications for training as Nursing Auxiliaries had been received of which 984 had completed their training. In addition there were on the register 109 Trained Nurses and 46 Assistant Nurses.

The two weeks intensive course of training for Civil Nursing Reserve recruits, which has replaced the former training courses, is usually provided in some of the larger Centres outside the



County, such as Bristol. One such course, however, was arranged early in 1941 at Swindon Victoria Hospital. Nine candidates completed the course, were admitted to the Mobile Register and posted to various hospitals. Another similar course is being arranged at the Devizes and District Hospital at the time of writing.

Close touch is maintained with the Employment Exchanges throughout the county and every effort has been made in this and other ways to obtain as many recruits to the Reserve as possible. The numbers are, however, disappointingly small having regard to the needs of the Reserve and it would seem that eventually consideration may have to be given by the Ministries concerned to the question of the direction of women on registration to service in the Reserve.

#### **VENEREAL DISEASES.**

Although new civilian cases coming up for treatment at the Clinics numbered only 325, as compared with 391 in 1940, there was an increase of 34 new military cases as against 7 in 1940. In spite of what might have been anticipated in view of the very large new military population of the County, there was thus an actual falling off in the total new military and civilian cases to 359 as compared with 398 in the previous year.

In order to deal with military cases, particularly those referred to us for follow-up, a special Clinic was opened at Swindon on March 5th, sessions being held on Wednesday afternoons, and this has proved of great value in simplifying the work.

#### **TUBERCULOSIS.**

Dr. D. F. Morgan, Assistant County Medical Officer, continued to act as Tuberculosis Officer, with assistance from Dr. Teeuwen, a temporary member of the staff, who attended at the Swindon Dispensary. Owing to the pressure of work at the Dispensaries, Dr. Knight was appointed an additional temporary Assistant Tuberculosis Officer in August, 1941, and attended the Trowbridge and Salisbury Clinics. These arrangements were continued until March, 1942, when Dr. Harper, County Tuberculosis Officer, was released from the Royal Air Force, and returned to duty.

The total number of notifications in 1941 was 433, compared with 436 in 1940 and 355 in 1939. The last year for which notification was normal, viz. 1938, showed 293 notifications.

The increase in the figures for 1939, 1940 and 1941, was due not to new cases, but to transfers of existing cases from other areas. During 1941, however, there was a slight increase in tuberculosis amongst ordinary Wiltshire residents, the total number of primary notifications of residents being 289 compared with 277 in 1940, and in 1942 it seems probable that this increase will continue.

The deaths from tuberculosis showed a considerable increase in 1941, numbering 183, 134 pulmonary and 49 non-pulmonary. For the previous year the figures were 109 pulmonary and 28 non-pulmonary, total 137.

The death rate from tuberculosis has risen during the year from 0.40 to 0.49 per 1,000 of the population.

The number of cases of tuberculosis under supervision at the end of 1941 was 852, compared with 839 in the previous year, 750 in 1939, and 667 in 1938.

The attendances at the Dispensaries showed a very large increase, the total being 3681, compared with 2943 in 1940, and 2491 in 1939. The attendances were roughly 50% higher than in pre-war years.



The number of patients who received institutional treatment during the year was as follows :—

<i>Institutions.</i>	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
Winsley Sanatorium	49	34	3	86
Harnwood Hospital	68	68	4	140
Preston Hall, Aylesford	3	—	—	3
Papworth Hall	1	—	—	1
Savernake Hospital	5	8	33	46
Children's Orthopaedic Hospital, Bath	8	5	23	36
Beckford Lodge	10	5	2	17
Royal United Hospital, Bath	1	—	—	1
Westbury Hospital	—	—	1	1
	<u>145</u>	<u>120</u>	<u>66</u>	<u>331</u>

The first four on the above list of institutions take pulmonary cases only, and the remainder take non-pulmonary.

At Winsley Sanatorium 36 beds are available for the County, (21 for men and 15 for women). At Harnwood Hospital, in the summer with shelters, the accommodation is 48 beds (27 for men and 21 for women), and in the winter 40 beds (24 for men and 16 for women). At the other institutions included in the table, accommodation is available according to our requirements and the possibilities at the hospital.

The " daily average " number of in-patients under treatment during 1941 was 103.9, compared with 101.8 in the previous year.

There has been great difficulty throughout the year in providing institutional treatment for all the patients requiring it, resulting in a waiting list of varying lengths. On the 31st December, 1941, no less than 42 cases, 29 pulmonary, and 13 non-pulmonary, were awaiting admission to institutions.

The medical examination of cases referred under the National Service Acts and by the Ministry of Pensions, and the submission of reports thereon, caused much additional work during the year.

### CANCER.

The table on page 8 gives details of attendances at Clinics and Hospital treatment, from which it will be seen that although there was a falling off at Salisbury and to some extent at Trowbridge, there was an increase of patients attending the Swindon Clinic.

The treatment tends to become divided under radium treatment which necessitates admission to Hospital, and deep X-ray treatment for which out-patient attendances only were necessary. The total number of patients treated showed a considerable increase on 1940 when enemy action interfered with treatment in Bristol.

In December a Clinic was opened at the Royal United Hospital, Bath, by permission of the hospital authority, on behalf of the Wiltshire County Council. Since the close of the year patients from other authorities have attended this Clinic, which it is hoped will be an important feature in the Cancer Scheme of the neighbouring authorities.



TREATMENT OF CANCER.

	YEAR 1941.			YEAR 1940.		
	* Bath.	Salisbury.	Trow-Swindon. Total.	Salisbury.	Trow-Swindon Total.	Total.
<i>Attendances at Clinics.</i>						
Patients attending during the year	8	32	61 115 216	59	79 104 242	
Number of above examined for the first time during the year	7	8	20 46 81	7	16 49 72	
Attendances of Patients	8	65	115 228 416	155	167 191 493	
* Bath Clinic: First session 10-12-41.						
<i>Treatment at Hospital.</i>						
Recommended for In-Patient Treatment	12	26	38	7	33	40
Recommended for Out-Patient Treatment	16	41	57	2	28	30
Total Recommendations for Treatment	28	67	95	9	61	70
Treated as In-patients	11	20	31	8	26	34
Treated as Out-patients	16	39	55	4	16	20
Total Patients Treated	27	59	86	12	42	54