

Infectious diseases

The death toll from infectious diseases is a significant factor in the health of the nation and were a major cause of death and morbidity. Different infections peak in each of the four seasons but for each pathogen, the timing and characteristic of the annual outbreak are generally consistent from year to year; however they could be altered slightly by climatic variations. Winter brought influenza, pneumonia and the rotavirus, whilst diphtheria peaked in autumn leaching into November and December with scarlet fever, also a disease of the winter months, rising in September peaking in October and decreasing in December. Spring brought measles and German measles along with their complications of pneumonia and encephalitis. Measles was, and still is, a very serious viral disease which peaks during March, April and May, whilst the summer months produced polio and the entero viruses such as typhoid, cholera and diarrhea, the most common cause of death in children under five years. The roll call nationally and locally included: measles, whooping cough, chickenpox, scarlet fever, diphtheria and mumps, and these often required the child being excluded from school. A selection of childhood mortality figures 1911-1915, showed annual deaths nationally from tuberculosis as 46,459, diphtheria, 23,380 and measles, 48,986.

The *Medical Officers Report, 1908* for Oxfordshire indicated that: five children had diphtheria, one of whom died, 2 had whooping cough, 47 cases of enlarged thyroid, and 6 children were badly nourished. There were 144 cases of lung disease, of which 13, were tuberculosis. In 1911, for example, in Oxfordshire the number of children excluded from school due to disease were: measles 9,838, scarlet fever 2,699, chickenpox 1,470, whooping cough 1,015, mumps 801, enteric fevers 777, diphtheria 609, impetigo 621, and ringworm 1,136.¹ An examination of the prevalence of notifiable diseases from Chinnor 1901-1947, shows that over this period there were a total of 88 cases of scarlet fever which can result in cardiac complications, as can oral bacteria from dental caries, causing acute bacterial endocarditis in healthy heart valves. There were a number of outbreaks of scarlet fever which resulted in the National School being closed on the orders of the Medical Officer of Health. The first recorded in 1912 with 5 cases and 1913 with 11 and another outbreak in 1929 with 15 cases.² Cyril Gibbs remembered being admitted to Wallingford Isolation hospital in 1937 when he had scarlet fever and being very miserable, as he was not allowed any visitors and had to stay in bed. A hospital admission for scarlet fever was also reported by Jean Braginton. In this case her mother, who was also suffering from the infection, was admitted as well, Jean was about three or four at the time so this would have been about 1939.³

Between 1901 and 1947 there were 72 cases of measles and one death in Chinnor. Complications of this infection included: encephalitis, pneumonia, blindness and deafness. The biggest outbreak of whooping cough was 1947 with 11 cases and, over the period under review, (1900-1947), five deaths were noted. In all there were only 13 cases of diphtheria recorded and one death. In July 1907 the school was closed due

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to an outbreak of mumps.⁴ The main causes of death were chest infections, including tuberculosis, with 37 deaths in the 0-40 age group. The statutory requirement for the notification of certain infectious diseases came into being with the *Infectious Diseases (Notification) Act, 1899* which was compulsory in London but spread to the rest of England and Wales with the *Infectious Diseases (Extension) Act, 1899* when the head of the house or the attending doctor notified the Local Authority. Following notification, the Local Authority under the *Public Health Act, 1875* had the authority to: isolate patients, disinfect property, suspend schooling, and close businesses. After the *Education Act, 1870* any scholars who were suspected of spreading disease were to be excluded from school. Research had shown that one of the primary causes of cross infection was school attendance.

Of these infections: polio was made notifiable from 1912, diphtheria from 1889, measles firstly, between 1915-1919, and then from 1940. This accounts for the gap in the table between these dates. Interestingly, although measles was not a notifiable illness in 1904 an entry in the *National School Log Book* for June 7th states that a case of measles had been reported to the Sanitary Inspector and, as a result of more cases being reported, the school was closed for nine weeks (four because of the measles and five because of the harvest holiday). This outbreak forced the Rector of St. Andrew's Church to hold the Girl's Friendly Society festival on July 11th in Watlington, and to cancel his 3 pm service on the 17th of July, as there were no children in attendance.⁵ A further large outbreak of measles in 1913 was also reported.⁶ In May 1903 three children from Crowell were excluded from school as they had been in contact with small pox. By the 7th May two more families had been kept from school because of the outbreak and the school was closed on the 15th May, 'In consideration of the constant communication between: Chinnor, Oakley, Kingston Stert in which there have been cases of smallpox.'⁷ In May 1909 the infants department of the school was closed on the instructions of the medical officer due to whooping cough. By the 24th May Doctor Summerhays advised closing the whole school for three weeks. It reopened on June 7th but the infant department was closed again for three weeks due to the same outbreak of whooping cough and, by the 15th June, the doctor advised closing the mixed department as well.⁸ An examination of the register of notifiable diseases and death certificates for Chinnor children 1895-1950 shows the extent and the severity of these illness.
