

[Report of the Medical Officer of Health for Hornsey, Borough of].

Contributors

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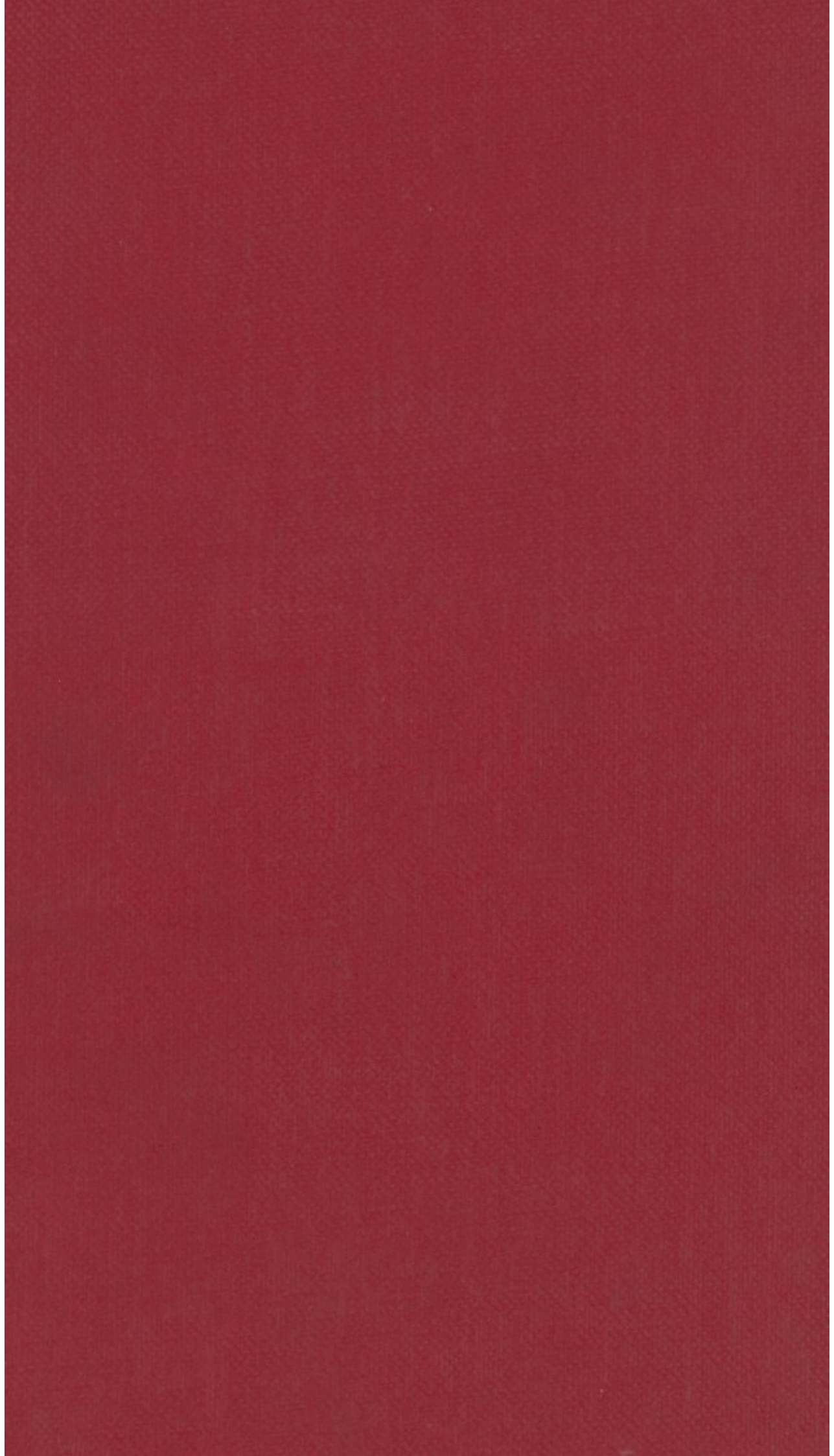
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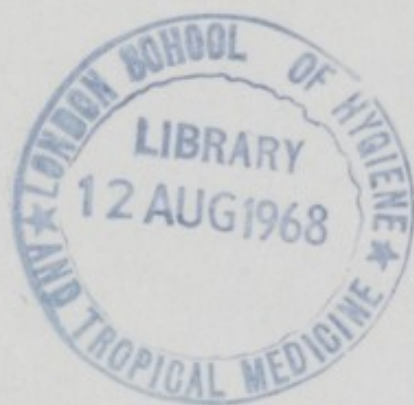
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C.435 (1) HORNSEY
BOROUGH OF HORNSEY.



Annual Report

FOR

1921

ON THE

Health and Sanitary Circumstances of the Borough

BY

A. T. Nankivell, M.D. (Lond.), D.P.H. (Camb.),

*Medical Officer of Health
and School Medical Officer.*

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BOROUGH OF HORNSEY.

ANNUAL REPORT FOR THE YEAR
1921
ON THE
HEALTH AND SANITARY CIRCUMSTANCES
OF THE BOROUGH
TOGETHER WITH
A RECORD OF THE WORK
OF
THE SCHOOL MEDICAL SERVICE
IN THE BOROUGH
BY

A. T. NANKIVELL, M.D. (Lond.), D.P.H. (Camb.)

Gold Medallist in State Medicine of the University of London; Bachelor of Surgery of the University of London; Licentiate of the Royal College of Physicians; Member of the Royal College of Surgeons; Medical Officer of Health and School Medical Officer to the Borough of Hornsey; Medical Superintendent of the Borough Isolation Hospital; Fellow of the Royal Society of Medicine and Fellow of the Society of Medical Officers of Health, etc. Formerly Temporary Captain, R.A.M.C.; Medical Officer of Health, etc., of Poole, and Demonstrator of Public Health at King's College in the University of London.



STAFF OF HEALTH DEPARTMENT.

Medical Officer of Health	...	A. T. NANKIVELL, M.D., D.P.H.
Assistant Medical Officer of Health	J. R. PRIOR, M.D., D.P.H.
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Chief Clerk	WM. GILROY
Assistant Clerks	ARTHUR C. ARNOLD JOSEPH R. HARRILD GEORGE E. DORRELL
Matron of Isolation Hospital	.	MISS IRENE WEBB
School Nurses	„ EVA HUBBARD „ L. M. OLIVER „ M. ANSCOMBE
Clerk at School Clinic	...	„ M. OCKLESTON
Health Visitors	„ A. GLOVER „ J. T. MACPHERSON „ E. BELL
Mortuary Keeper	CHARLES F. CATLIN
Disinfectors	WM. H. LEWIS WM. RUTTER

PREFACE.

*To the Mayor, Aldermen and Councillors of the
Borough of Hornsey.*

GENTLEMEN,

In accordance with the order of the Ministry of Health, I have the honour of submitting to you my first Annual Report on the Health of the Borough. I began my work in this District at the end of March, 1921.

To take up any new appointment is always a matter of difficulty, but my work has been rendered pleasant by the kindness and consideration not only of the Members of my Committees but by all those who are Members of the Town Council, and I should like to take this opportunity of expressing my gratitude for this.

The past year has been one of consolidation. Owing to the need for economy we have not been able to embark on fresh schemes or to extend our public health activities to any appreciable extent; but much has been done in minor ways to obtain the most economical and efficient working with the staff and with the money at our disposal.

The Town Council is especially to be congratulated on two events of public health importance during the year; firstly, on the provision of small-pox hospital accommodation; and, secondly, on the remarkably low rate of infant mortality that occurred during the year. A low rate of infant mortality is a true index of the healthiness of a town, and a much more satisfactory indication than is the death-rate of the presence of general hygienic conditions.

I should like to take this opportunity of placing on record my appreciation of the help that I have received from the Heads of the other Borough Departments, and from all the members of my Staff, who have supported me with diligent and loyal work.

I am, Gentlemen,

Your obedient Servant,

A. T. NANKIVELL.

January, 1922.

GENERAL CONSIDERATIONS.

The Borough of Hornsey is 2,874 acres in area and is situated to the north of the County of London. On the south-east the Borough is bounded by the Metropolitan Borough of Stoke Newington, on the south by that of Islington, on the south-west by that of St. Pancras, and on the west by the Metropolitan Borough of Hampstead and the Urban District of Finchley; on the north the Borough is bounded by the Urban District of Friern Barnet, and on the east by the Urban District of Wood Green and the Urban District of Tottenham.

Passing through the Borough from south to north the land rises abruptly, and circling the northern part of the district is a range of hills, a continuation of the Hampstead Heights, which stretches from Hampstead, through Highgate, and on to Muswell Hill. Haringey, Hornsey and Crouch End are between these northern hills and London. The hilly nature of the district makes travelling difficult, especially in winter time. The highest ground in the Borough, at the junction of North Road and Hampstead Lane, is 427 feet above sea-level. The Borough is well supplied with pleasant open spaces and woodlands, which add greatly to the amenities of the district.

The centre of the Borough is about five miles north of Charing Cross, and there are excellent rail, tube, tram and 'bus services between the Borough and the metropolis.

Hornsey has been described as a "dormitory town." Very many of its inhabitants spend their days at work in the City and return home in the evenings. Speaking generally, the Borough consists of good-class house property which is occupied by the well-to-do classes; there is not much poor house property, and there are no slum areas.

The Rateable Value of the Borough is £713,659, and a penny rate produces about £2,792.

The population of the Borough at the Census taken during the past year was 87,691. Reference will be made later to this.

There are no large factories in the district, no offensive trades are conducted, and there are no common lodging-houses and no dwellers in tents and vans.

The climate of Hornsey is more bracing and cold than that of London, and it is generally regarded as healthy. The fact that there are no flat and low-lying areas but that the ground is generally undulating or hilly makes the district relatively dry, although the subsoil is a clay.

With the exception of a small stream, the Moselle, which gives its name to Muswell Hill, there are no natural rivers or streams in the district. The New River passes through parts of Haringey and Hornsey.

There are two hospitals in the district—the Hornsey Cottage Hospital and the Borough Isolation Hospital. The Royal Northern Hospital is close to the Borough, and considerable use is made by our inhabitants of that excellent institution.

There are many voluntary workers who are engaged in helping in the public health work of our Borough. Especially valuable work is done among the mothers and young children by the voluntary workers at our Maternity and Child Welfare Centres; and in the schools and among the older children by the Care Committees. The Hornsey Council of Social Welfare is engaged in work which should be of public service. Too great a stress cannot be laid upon the value of voluntary work both as regards its practical effects and its educative value. It is not possible to make people healthy and therefore happy by Acts of Parliament or by the employment of a crowd of officials, unless the people themselves really wish to be directed into the ways of health. The greatest public health need at the present time is for the education of the public in health matters, so that, in the words of Sir George Newman, "the assent of the community may be won for sanitary reform and its consent secured for sanitary government. . . . Communal hygiene can only become an expression of the national life if the people consent and are willing to advocate and to carry out its reform." This valuable public health work done by voluntary workers is an evidence to-day that the people themselves are taking an interest in matters of health and well-being, and this newly-awakened interest should be encouraged by all possible means.

VITAL STATISTICS.

Tables of figures showing the chief features of the vital statistics of the Borough of Hornsey will be found at the end of this report. The various rates for previous years have been revised on the newly and accurately estimated population for these years. A few of the outstanding facts of interest call for mention here.

Population.—The actual census population was 87,691. This is considerably less than had been anticipated; indeed, the estimated mid-year population for 1921, based on the returns furnished under the scheme for the rationing of food, was 98,107. The corrected mid-year population of the Borough and other corrected vital statistics for the last twenty years are shown in Table A.

I do not think that the census, taken as it was at the end of a week in the month of June, gives a true estimate of our population, for the reason that the "week-end habit" is fairly established, and doubtless many people were week-ending at the time the census was taken. It is, however, the official estimate of our present population, and as such it must be accepted and used as basis for the calculation of our death and other rates. If I am right in my conclusion we may expect to find an apparent increase of birth-rate, marriage and death rates until the next census.

Birth-rate.—The birth-rate, that is to say, the number of births per thousand persons, is less than it was in 1920 but higher than it was during the years of war. During the year under review the birth-rate was 15·9 per thousand population. It is a matter for debate whether a high birth-rate is good or bad for a district or for a nation; but it is undeniably a terrible waste of life and energy for a high birth-rate to be accompanied by many deaths of infants. I am pleased to say that in Hornsey our rate of infant mortality is remarkably low.

The *infant mortality rate* was 51 per 1,000 births. This is a very low rate, and the lowest but one on record. It indicates that children are born of healthy parents, that confinements are carefully conducted, and that the babies are well cared-for by

their mothers. Further reference to the deaths of young children will be made in the section of this report which deals with our maternity and child welfare work. Some infant mortality rates in other parts of England are given in Table A., and it is satisfactory to notice that Hornsey is lower than any collection of towns in this respect.

The *death-rate* of the Borough of Hornsey for the year under review was 11·0 per thousand population. This is a low rate. Hornsey has always prided itself, and rightly, upon a low death-rate, and the rate this year, although not the lowest on record, is very satisfactory. A low death-rate is never possible in an unsanitary, dirty, mean and overcrowded area.

It should, however, be noted that a low death-rate is not necessarily a reliable test of the sanitary circumstances of a district, but depends very much upon the age and sex distribution of the population. In a town such as ours the population consists largely of vigorous people who work for their living, persons up to the age of fifty years, among whom the death-rate is always low. A maintained death-rate of eleven per thousand means that, on the average, everyone dies at the age of ninety-one years, and that if a baby dies at birth other people have to live well over the century to make up for it! A low death-rate, therefore, depends more upon the age constitution of the population than upon its sanitary circumstances. The very low death-rates of some previous years depend to some extent upon the fact that the population for these years had been largely over-estimated; and it is for this reason that the vital statistics for the past twenty years have been revised and accurate rates have been worked out. These are given in Table A., which is found in the appendix to this report.

Causes of Death.—A tabulated statement showing the principal causes of death is given in the appendix (Table B.). It is desirable, however, to make a few comments on them here.

There were no deaths from *Small-pox* or *Enteric (typhoid) fever*.

There were only 4 deaths from *Scarlet fever*, although the disease was more than usually prevalent during the year.

Unfortunately there were 13 deaths from *Diphtheria*. This disease is often insidious in its onset, and the child may have been ailing for several days before the parents become aware that the child is really ill. Delay may follow in sending for the doctor; and so it happens that, by the time the child is admitted for treatment to the Isolation Hospital, it may have been ill for five or six days. For such cases little can be done. The early diagnosis and the immediate treatment of all cases of diphtheria is the best way of decreasing the mortality. This, again, is a matter in which parents need to be educated, for, whenever a child is ailing and listless, examination of the throat should be made at once. If only this were done many lives would be saved. It is a matter for regret that delay by the medical practitioner in rightly diagnosing cases of diphtheria has been followed by the death of the sufferers in several instances during the past year. This fatal delay might be avoided if the doctors would make use of the services of the Medical Officer of Health when they are in doubt as to the diagnosis of their cases.

Measles caused only one death. Very few cases occurred during the year, which accounts for the low mortality. Parents think that this disease is of little danger, and until this opinion is changed we shall continue to suffer from unnecessary deaths from this disease. If every case of measles could be visited and nursed by a Health Visitor, we should not only decrease our mortality from this disease but also help in educating the parents regarding the gravity of measles.

Whooping-cough caused 2 deaths. Again, if we had a sufficient staff of Health Visitors we should visit and nurse these cases in their own homes.

Summer diarrhœa (or infective enteritis) caused 14 deaths of little children. This is a disease which is carried by flies, and occurs during the fly season, especially in the early days of autumn when the chilly evenings cause the flies to come indoors for warmth. The Health Visitors spent much of their time and no doubt saved many lives of babies by visiting and helping to nurse those infants who were attacked by summer diarrhœa. The number of deaths from measles, whooping-cough and diarrhœa in children were equal to those caused by scarlet fever and diphtheria.

Cancer caused 142 deaths. The disease appears to be on the increase, and some interesting figures regarding the prevalence of cancer in this Borough are given in Tables B. and C. The death-rate from cancer last year was the highest on record.

The reason for this high rate is probably as follows:—The large number of persons between the ages of 15 and 45 who, twenty years ago, caused our death-rates to be so low, have now grown older and have arrived at the ages at which cancer is prevalent. The age-distribution of our population is slowly changing—we now have a larger proportion of elderly people in Hornsey, and cancer is a disease of old people.

Tuberculosis was given as the cause of death in 87 instances. Details are shown in Tables B. and C. The general problem of the control and treatment of tuberculosis is in the hands of the Middlesex County Council.

Heart disease caused 80 deaths.

Old age was returned as the cause of death in 51 cases. Altogether 450 persons over the age of 65 died in the Borough during the past year.

Venereal Diseases.—With the information at our disposal it is not possible to arrive with accuracy at the number of deaths caused by these grave conditions. A large proportion of all abortions, still-births and miscarriages are due to syphilis, and very many of the deaths of newly-born children are attributed also to that disease. Apart from these, by a careful scrutiny of our death returns, I am of the opinion that some 37 deaths, although certified under other names, can be considered as due to the immediate or remote effects of venereal infection. That these diseases are very prevalent is known to all of us; but it is perhaps not so universally recognised that venereal diseases are no respecters of persons, and that they are the greatest causes of invalidism and physical disability. On no health subject is education more necessary, for many of those who contract these infections do so unwittingly and from lack of knowledge.

SANITARY CIRCUMSTANCES OF THE BOROUGH.

Water Supply.—The water supply of the district is from the mains of the Metropolitan Water Board. There are no wells or private supplies of water in the Borough.

Closet Accommodation, Drainage and Sewerage.—All houses in the Borough are connected to the public sewers, and 276 inspections of drainage were made during the year. There are no pail closets and no cesspools in the district. The majority of the sewage passes into the London sewers; a small part from some of the northern area is treated on the Corporation Sewage Farm in Coppett's Road. The final effluent from this sewage farm is invariably of a very high standard of purity.

Scavenging.—The streets and roads in the Borough are well scavenged, and the town presents in consequence a clean and well-ordered appearance. The importance of street scavenging from the point of view of the public health is considerable. There are 18 stables in the Borough, and special attention was given to these during the summer season in order to prevent the breeding of flies. Altogether 568 visits were made to stables.

House Refuse.—This is removed once a week from ordinary dwelling-houses and twice a week from flats, and is disposed of by burning in the Corporation Refuse Destructor. Arrangements have been made to deal with trade refuse which is brought to the Refuse Destructor by the shopkeepers. The present arrangements are sufficient and admirable. Nothing tends to make a district more filthy and unhealthy than collections on premises of domestic refuse. During the year the Town Council served notices on 221 householders to provide proper and sufficient ashbins.

Mortuary.—The public mortuary and coroner's court are situated in Hornsey. During the year 46 bodies were placed in the mortuary and 44 inquests were held at the coroner's court.

Cleansing Station.—A cleansing station has been established at the Hornsey Dépôt, primarily with the object of cleansing school children. During the year it was used in addition for the cleansing of 15 adults.

Disinfection.—A steam disinfector at the Hornsey Dépôt serves to disinfect bedding, clothes and other articles from infected houses. Disinfection is offered now to householders, and is gratefully accepted, after deaths from cancer and tuberculosis as well as after the ordinary infective and contagious complaints. During the year 19,654 articles were disinfected. Two motor-vans are employed in the collection and returning of such articles.

Ambulance Service.—In addition to the horse-drawn ambulances at the Isolation Hospital, the Borough keeps a motor ambulance for the removal to hospital and elsewhere of non-infected cases. During the year this ambulance made 539 journeys.

Sanitary Inspection of the District.—Throughout the year inspection of the district was made by the Medical Officer of Health and the five Sanitary Inspectors. As the result of these inspections insanitary conditions were found on 3,744 occasions. Details of these defective and unhealthy conditions are given in Table D., and the work done by the inspectors is shown in Table E.

In order to have these insanitary conditions abated 1,923 preliminary intimations were sent out from the office drawing the attention of the owner or occupier to the defects. In addition, 529 statutory notices were served and were obeyed, except in two instances, where successful legal proceedings were taken against the defaulting persons. To serve notices which are not obeyed is to bring the Local Authority into disrepute, and it is satisfactory to see that the owners of property on the whole appreciate that it is necessary for them to obey the notices served upon them. In discovering defects and in seeing that these were properly remedied the inspectors made 12,485 visits during the year.

Procedure under the Nuisance Section of the Public Health Act of 1875 is often a slow and laborious business, and the delay occasioned in abating certain nuisances may be injurious to health. For example, if a drain is choked and sewage is overflowing into a house or back yard, it may be a month before the legal statutory notice can be served by the Council upon the

owner; and if he then refuses to do the necessary work, a further month may elapse before he can be prosecuted for his neglect. Such delay may result, at least, in great inconvenience to the inhabitants of the house.

*Premises and Occupations which can be controlled by
By-laws and Regulations.*

(a) Common Lodging-houses, (b) Offensive trades, (c) Underground sleeping rooms, (d) Vans, (e) Canal boats, (f) Houses let in lodgings. None of these are found in the Borough.

(g) Outworkers.—There were 128 outworkers on the register at the end of 1921. All their premises were visited, and generally the conditions found were satisfactory.

(h) Factories and Workshops.—There are 84 factories and 216 workshops in the Borough. All of them are small establishments. They were visited on 733 occasions, and any unhealthy conditions that were discovered were remedied.

(j) Bakehouses.—There are 31 premises on the register which are used as bakehouses. They were visited 110 times.

(k) Other food premises.—Frequent visits were made to premises where food is prepared or sold, and these were found generally to be of a high sanitary standard.

(l) Places of public entertainment were visited and inspected 31 times.

(m) Rag Flock Act.—Twenty-nine inspections were made under this Act, and the conditions found were generally satisfactory.

(n) Shops Acts.—The sanitary inspectors act as inspectors under the Shops Acts. They made 1,372 visits during the year, and found that generally the provisions of the Acts are observed. In cases of infringement the offender has been cautioned.

(o) Schools.—The Medical Officer of Health is also the School Medical Officer, and this ensures co-ordination between the two Health Services. A special report is issued on the School Medical Service.

FOOD.

The administration of the Sale of Food and Drugs Acts is in the hands of the Middlesex County Council.

Unsound Food.—No unsound meat, fish, fruit or vegetables were found exposed for sale during the year, but about 500 lbs. of food that was unfit for human consumption was voluntarily surrendered to us by provision dealers during the year.

No instances of *food poisoning* came to my notice during the year.

On the whole, the *cleanliness of the food shops* in the Borough is of a high standard, but the danger of the "typhoid fly" and of diarrhoeal conditions that are carried by flies is not generally appreciated by the keepers of the smaller shops. All food and milk ought to be protected by gauze or by other means during the fly season, and when customers for their own safety insist on this we shall at once find a diminution in colic and diarrhoea that occurs during the fly season.

There are 7 slaughter-houses in the Borough. They are well kept, and were inspected on 39 occasions.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

(See Tables F. and K.).

Small-pox.—There have been no cases of small-pox in the Borough during the year.

The Borough of Hornsey contains no small-pox hospital, but arrangements have been made for the treatment and isolation of its small-pox patients at the small-pox hospital of the Uxbridge Joint Hospital Board. The Borough of Hornsey now has the right to use ten beds in this hospital. This satisfactory arrangement was made towards the end of the year under review.

Typhus Fever, Continued Fever, Cholera, Dysentery, Relapsing Fever, Trench Fever and Cerebro-Spinal Fever.—There were no cases of these diseases notified during the year.

Enteric (Typhoid) Fever.—Two cases of this were notified. One of them contracted the infection outside the Borough. The origin of the other case was not ascertained.

Diphtheria.—There were 189 cases of this disease notified during the year. The cases were scattered and not related to a milk supply. Diphtheria is almost always a case-to-case infection, and is spread by missed cases and carriers. One small outbreak occurred at Campsbourne School, and swabs were taken from the noses and throats of all suspected children in the school. Out of the number swabbed two were found to be carriers. The exclusion of these two children from school resulted in the prompt abatement of the disease there. In all cases where diphtheria occurs in a house where there are school children one of the school nurses visits and takes swabs of the contacts. By this means several missed cases have been brought to light. In all houses where there has been a case of diphtheria the most careful disinfection is done, the drains are tested and insanitary conditions are abated. In my opinion there is a definite relation, the nature of which is uncertain, between diphtheria and scarlet fever. I have known of cases of scarlet fever which apparently gave rise to diphtheria, and during the scarlet fever outbreak of last year many of those cases admitted to the Isolation Hospital were found to have the microbes of diphtheria in their throats and noses.

Scarlet Fever.—During the autumn of this year our Borough shared with Middlesex and London in a considerable outbreak of a mild type of scarlet fever. We had altogether no less than 591 notified cases; but, in addition to this, I am convinced that very many children suffered from so mild an attack that they remained undiagnosed, untreated and not isolated. I myself found in the schools more than a dozen children apparently well who were desquamating—a sure sign of a recent attack of scarlet fever. To deal with a considerable outbreak of this nature taxed my staff to the utmost—the office staff, the district inspectors and the disinfectors were working at high pressure for several weeks. The whole problem of this outbreak of scarlet fever was made the subject of a special report to the Health Committee in November. As with diphtheria, this disease is propagated by

personal contact and the infection is from case-to-case. These mild and missed cases are the main sources of infection.

Erysipelas was notified on 36 occasions. The cases call for no comment.

Acute Poliomyelitis was notified twice.

Encephalitis Lethargica was notified on 6 occasions.

Pneumonia.—Forty-two notifications were received of this acute infectious disease. Many cases of the disease were not notified by the doctors in attendance. Towards the end of the year some of the cases of pneumonia were secondary to influenza.

Puerperal Fever.—There were only 2 notifications of this disease during the year. This speaks highly for the care of the doctors and midwives who attend confinement cases.

Ophthalmia neonatorum.—This acute inflammation of the eyes of newly-born children was notified on 6 occasions. The condition is generally gonorrhoeal. The Health Visitors visited the cases. No child lost its sight in consequence of this terrible infection, which is one of the common causes of blindness.

Tuberculosis.—During the year 132 cases of tuberculosis were notified. Although the administrative control of this disease is in the hands of the Middlesex County Council, we take every opportunity of disinfecting those houses from which a case of tuberculosis has gone, and offer disinfection also from time to time during the illness. During the year 113 rooms which had been occupied by tuberculous people were disinfected and 874 articles were sterilised by steam.

Disinfection.—During the year 1,029 rooms at 982 houses were disinfected by sulphur or formalin, and 19,654 articles were passed through the Council's steam disinfector. In addition to these, 234 articles were destroyed after infectious diseases.

Note.—The attack-rates of the population of Hornsey from certain infectious diseases have been worked out for the last twenty years and are given in Table K. in the appendix.

ISOLATION HOSPITAL.

The Borough Isolation Hospital is in Coppett's Road, at the extreme north-west end of the Borough. It is a well-built brick hospital on the pavilion system, and consists of an administration block with quarters for the Resident Medical Officer, Matron, Nurses and Maids; an up-to-date laundry, a disinfector, a laboratory, ambulance shed and stables, a mortuary and five pavilion wards. Cases are admitted to the hospital not only from the Borough of Hornsey, but also from the adjoining districts of Finchley and Wood Green. The hospital has contained as many as 130 patients.

Diphtheria and scarlet fever are the chief diseases that are taken into Hospital. Occasionally a case of puerperal fever and erysipelas is admitted.

Extensions both of the accommodation for patients and of the quarters for nurses are needed. We especially require some observation or isolation wards where doubtful cases or those with mixed infection can be nursed.

Negotiations are in progress between Hornsey, Finchley and Wood Green with the object of the formation of a Joint Hospital Committee which would own and administer this Hospital; and it is hoped that when those negotiations are completed the necessary extension of the hospital will not be longer delayed.

The Medical Officer of Health has made 164 visits to the Isolation Hospital during the year, and he is indebted to Dr. J. R. Prior, the Resident Medical Officer, for the details regarding the patients admitted to Hospital, which are given in Table G. at the end of this Report.

MATERNITY AND CHILD WELFARE.

Staff.—For the purposes of working among mothers and young children the Borough is divided into three districts, and a health visitor, who is responsible to the Medical Officer of Health, is in charge of each district. Her duties are to visit

babies as soon as possible after birth, to advise the mothers regarding the welfare of their children, and to help at the child welfare centres. In addition to the three health visitors, the Council has recently appointed a whole-time midwife, who already has begun to do very useful work in the poorer parts of the Borough.

Centres.—There are two maternity and child welfare centres in the Borough, one in Brook Road, Campsbourne, and the other in Wightman Road. A part-time lady-doctor, Dr. Shepherd, attends at Brook Road Centre on two days in the week and at Wightman Road Centre on one day in the week. She sees ailing children and gives advice to the mothers, and her work is greatly appreciated among the people. An ante-natal clinic, at which advice is given to pregnant women, was started in the autumn of the past year; another lady-doctor supervises the work at the ante-natal clinic, and is paid for her services by voluntary subscriptions collected from the mothers who attend at the centres.

Besides the clinical work done at the centres, much instruction is given to mothers. Classes are held in sewing and in other useful branches of domestic art, and the health visitors and others give lectures. Occasionally social evenings and tea parties are given, and the centres are justly popular among the classes for which they are provided.

Voluntary Workers.—It would not be possible to do so much good work at the centres if we were not helped by a number of voluntary workers. These ladies devote much time to their valuable work, both at Brook Road and at Wightman Road, and it is largely owing to their unselfish labour and untiring activity that our Maternity and Child Welfare work has been so successful during the year.

Future Extension of Work.—The Maternity Committee is aware that there is need for the extension of our activities, and the subject has been discussed at length during the past year. It was felt, however, that, in view of the economic situation, any extension of the work at the present time would be undesirable. The Committee recognises that there is a real need both for additional sessions at our two centres and also for a third centre to be

opened at Highgate. It is hoped that when the financial position is less difficult our valuable work among mothers and young children may be extended.

Infant Mortality.—The object of maternity and child welfare work is to reduce the amount of sickness and mortality among mothers and young children, and, by safeguarding the health of the little children, to do something towards improving the general standard of health among the adult population in years to come. The very low infant mortality rate of this year is therefore most satisfactory, for it shows not only a small number of deaths among young children, but infers also that there has been a correspondingly small amount of sickness. Some statistical details of the various morbid conditions discovered among babies, and of the work done at the centres during the year under review, is given in Table H., and the causes of the deaths of young children are shown in Tables B. and J.

Milk (Mothers and Children) Orders.—After careful investigation of cases, milk is allowed free or at half-price to pregnant women and nursing mothers and to children under three years of age. During the year 547 applications for milk were received, and of these 473 were granted, the remainder being refused. Milk from a dairy, or dried milk, is given according to the needs of the case. Money to improve the public health cannot be better spent than on milk for mothers and young children. An ill-nourished baby never grows up into a healthy child, and the money that we are expending to-day will prevent much sickness and invalidism, with its consequent burden on the rates, in years to come.

PUBLIC HEALTH ADMINISTRATION.

Staff.—There are five sanitary inspectors and four clerks in the Medical Officer's department. A tabular statement of the work done by the inspectors is shown in Tables D. and E.

The Medical Officer sees all letters and communications that come to his office, and signs all outgoing correspondence, including preliminary and other notices. During the year under review 7,638 letters have been sent out from his office.

For the greater part of the year there were only three clerks in the Public Health department, but a fourth began work there in December. This shortage of assistance has put a heavy strain upon the clerical staff, and they have done much overtime. Their work has been of a high standard of excellence.

In addition to the above-mentioned staff, there are two disinfectors and a mortuary keeper. Occasional labour is obtained as it is required.

Isolation Hospital.—Reference has already been made to this. The staff at Coppett's Road consists of the Resident Medical Officer (Dr. J. R. Prior), the Matron (Miss I. Webb), 22 nurses, 18 maids, a laboratory assistant and 4 men. The gardening staff is under the control of the Borough Engineer.

Borough Laboratory.—This is situated at the Isolation Hospital. The majority of the specimens examined were from the Hospital itself and from the School Clinic. There is no doubt that an up-to-date and complete laboratory is of great value to the doctors practising in the district, and the work done at our laboratory might well be extended in its scope and utility. During the year 5,315 specimens were examined in the laboratory, and of these 5,093 were swabs taken for the diagnosis of diphtheria infection.

HOUSING.

General Considerations.—On the whole the house property in the Borough is of very good quality. This is largely due to the fact that in the past our building by-laws have been properly enforced. There are no houses in the Borough that are so dangerous or injurious to health as to be unfit for human habitation, and there are no insanitary areas.

In parts of Highgate, Crouch End and Hornsey there are collections of houses occupied in many instances by more than one family, and some houses exist which the tenants seem to make no efforts to keep reasonably clean. Sanitary defects in these and other houses have been brought to our notice from time to time throughout the year, and it may be said generally

that the activities of the Health Department have resulted in the amelioration of many conditions adverse to health. If the Health Department was to do no work for a year or two many of these slowly-degenerating houses would probably become slums; as it is, by the timely repairing and the remedy of insanitary conditions, even the worst house property is kept in a state that is reasonably fit for human habitation.

Overcrowding.—It cannot be said that there is any acute shortage of working-class houses in the Borough, chiefly because this is not a working-class district. But that there is a certain amount of overcrowding is undeniable. I do not consider that the provision of, say, a hundred more houses for the working classes would diminish this overcrowding to any appreciable extent, for the reason that it is largely financial in origin. For example, a family occupies a house; and, because they are in need of money, they sub-let three rooms, and crowd themselves into the remaining two. The sub-tenants themselves begin to take in lodgers, in order to increase their income, and these lodgers may in their turn take in other lodgers. The final result is the overcrowded house. To offer each family in such a house a separate workman's dwelling would not remedy the overcrowding, for none of the families would be able to afford to accept the offer.

The whole problem of overcrowding has given the Health Department much trouble during the year, for the reason that it is a matter of difficulty to find the right remedy. To take people to the police-court and to prosecute them for overcrowding is no remedy, for the infliction of fine would merely add to the distress of the individuals. Efforts have been made from time to time during the year to persuade people living in overcrowded houses to find accommodation in other and more satisfactory places, and by this means the conditions in some of the overcrowded houses have been improved.

Some statistical details regarding the work of the Health Department in the matter of housing are given in Tables D., E. and L., which last-named table gives the results of house-to-house inspection of 502 premises.

CONTAGIOUS DISEASES OF ANIMALS ACTS.

During the year the Veterinary Inspector, Mr. J. Buxton, M.R.C.V.S., has made several inspections of animals under these Acts. He saw one case of suspected Rabies in the early part of the year, and has examined several animals with Parasitic Mange. In addition, certificates for the movement of swine have been granted by him in 44 instances.

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TABLE J.—Infant Mortality during the year 1921.

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TABLE L.—House-to-house Inspection in 1921.

TABLE A.

BOROUGH OF HORNSEY VITAL STATISTICS, 1901—1921.

YEAR.	Estimated Mid-Year Population.	Birth Rate per 1,000 Population.	Death Rate per 1,000 Population.	Infant Mortality per 1,000 Births.	Zymotic Death Rate per 1,000 Population.
1901	73,549	20.5	8.3	84	0.6
1902	74,653	20.8	8.6	82	0.5
1903	75,757	20.6	8.0	83	0.6
1904	76,861	21.6	8.9	86	0.9
1905	77,945	20.0	8.7	67	0.5
1906	79,069	20.1	9.8	84	0.9
1907	80,173	19.0	9.5	76	0.5
1908	81,254	18.2	9.2	63	0.5
1909	82,378	18.3	9.5	57	0.4
1910	83,401	16.7	8.8	69	0.3
1911	84,592	17.5	9.6	78	0.9
1912	84,840	16.3	9.9	75	0.4
1913	85,122	16.7	9.7	56	0.5
1914	85,456	17.8	9.2	57	0.5
1915	85,800	15.5	12.2	80	1.0
1916	86,147	16.0	11.5	46	0.3
1917	86,450	11.3	10.9	70	0.3
1918	86,942	11.7	13.8	61	0.5
1919	87,100	13.6	11.4	64	0.2
1920	87,410	19.3	10.3	54	0.5
1921	87,691	15.9	11.0	51	0.6
96 Great Towns ... (Rates in 1921)		23.5	12.3	87	—
148 Smaller Towns (Rates in 1921)		22.7	11.3	84	—
London ... (Rates in 1921)		22.8	12.4	79	—
ENGLAND and WALES (Rates in 1921)		22.4	12.1	83	—

TABLE A MORBIDITY OF INFANT VITAL STATISTICS, 1901-1921

Year	Estimated Birth Rate per 1,000 Population	Death Rate per 1,000 Population	Infant Mortality Rate per 1,000 Live Births	Estimated Death Rate per 1,000 Population
1901	75,540	30.4	5.8	0.8
1902	74,620	30.2	5.6	0.8
1903	75,737	30.2	5.6	0.8
1904	75,951	31.0	5.9	0.9
1905	77,946	30.0	5.7	0.9
1906	79,863	30.1	5.8	0.9
1907	80,179	30.0	5.8	0.9
1908	81,331	30.2	5.8	0.9
1909	82,378	30.2	5.8	0.9
1910	83,401	30.7	5.8	0.9
1911	84,599	31.5	5.8	0.9
1912	84,846	31.7	5.9	0.9
1913	85,137	31.7	5.9	0.9
1914	85,456	31.8	5.9	0.9
1915	85,890	31.8	5.9	0.9
1916	86,147	31.9	5.9	0.9
1917	86,450	31.9	5.9	0.9
1918	86,916	31.7	5.8	0.9
1919	87,190	31.6	5.8	0.9
1920	87,416	31.6	5.8	0.9
1921	87,891	31.9	5.9	0.9
96 Great Towns ... (Rate in 1921)				
25.2	13.2	5.1	—	—
146 Smaller Towns (Rate in 1921)				
22.7	11.9	5.4	—	—
London ... (Rate in 1921)				
22.4	12.4	7.0	—	—
ENGLAND and WALES (Rate in 1921)				
22.4	12.1	5.3	—	—

TABLE B.
CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1921.

CAUSES OF DEATH					All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and over.
1	Enteric Fever ...	...	...	...	0	...	...	...	...	...	...	...	...
2	Small-pox ...	...	...	...	0	...	...	...	...	...	...	...	...
3	Measles ...	...	...	...	1	...	1	...	...	...	...	...	...
4	Scarlet Fever ...	...	...	...	4	...	...	2	1	...	...	...	1
5	Whooping Cough ...	...	...	...	2	2	...	...	...	...	...	...	...
6	Diphtheria and Croup ...	...	...	...	13	...	1	4	6	1	1	...	...
7	Influenza ...	...	...	...	22	1	...	...	...	1	6	7	7
8	Erysipelas ...	...	...	...	1	...	...	...	...	...	1	...	...
9	Pulmonary Tuberculosis ...	...	...	...	71	1	...	...	1	9	36	22	2
10	Tuberculous Meningitis ...	...	...	...	4	1	2	...	...	...	1	...	...
11	Other Tuberculous Diseases ...	...	...	...	12	1	...	1	3	1	4	2	...
12	Cancer ...	...	...	...	142	...	...	...	...	...	12	62	68
13	Rheumatic Fever ...	...	...	...	3	...	...	...	...	1	1	1	...
14	Meningitis ...	...	...	...	5	...	...	...	2	1	2	...	...
15	Organic Heart Disease ...	...	...	...	80	...	...	...	1	1	9	32	37
16	Bronchitis ...	...	...	...	87	1	2	...	...	...	1	17	66
17	Pneumonia ...	...	...	...	56	3	1	1	1	1	7	19	23
18	Other Respiratory Diseases ...	...	...	...	6	...	...	...	...	...	...	3	3
19	Diarrhoea and Enteritis ...	...	...	...	15	14	...	...	...	...	1	...	...
20	Appendicitis ...	...	...	...	8	...	...	...	3	...	1	3	1
21	Cirrhosis of Liver ...	...	...	...	11	...	...	...	...	...	1	7	3
21a	Alcoholism ...	...	...	...	3	...	...	...	...	...	...	2	1
22	Nephritis ...	...	...	...	25	...	...	...	1	...	2	9	13
23	Puerperal Fever ...	...	...	...	0	...	...	...	...	...	...	...	...
24	Other accidents of Pregnancy and Parturition ...	...	...	...	3	...	...	...	...	1	2	...	...
25	Congenital Debility, etc. ...	...	...	...	45	43	2	...	...	...	...	...	...
26	Violent Deaths ...	...	...	...	25	1	1	2	1	3	4	8	5
27	Suicide ...	...	...	...	12	...	...	...	...	1	1	7	3
28	Other Defined Diseases ...	...	...	...	306	3	1	2	4	7	24	52	213
29	Ill-defined Diseases ...	...	...	...	6	1	...	...	...	...	...	1	4
Total ...					968	72	11	12	24	28	117	254	450
Sub-entry included in above figures Syphilis ...					37	10	...	...	...	...	12	15	...

TABLE C.
DEATH-RATES PER 10,000 POPULATION
FROM
CANCER AND TUBERCULOSIS.

Year.		Cancer.		Tuberculosis.
1901	...	6·3	...	8·6
1902	...	6·8	...	9·1
1903	...	8·2	...	8·7
1904	...	6·3	...	10·0
1905	...	8·6	...	9·4
1906	...	8·2	...	7·6
1907	...	9·5	...	8·6
1908	...	10·3	...	8·5
1909	...	9·1	...	10·1
1910	...	10·5	...	7·2
1911	...	12·1	...	9·2
1912	...	13·4	...	7·0
1913	...	10·3	...	8·1
1914	...	9·1	...	6·0
1915	...	11·5	...	8·9
1916	...	12·3	...	12·2
1917	...	13·1	...	9·5
1918	...	14·8	...	10·2
1919	...	13·7	...	8·8
1920	...	13·6	...	8·4
1921	...	16·1	...	10·0

TABLE D.

NUISANCES AND DEFECTS DISCOVERED.

No. of Premises requiring structural repairs	...	...	722
„ „ „ „ „ cleansing and limewashing	...	...	370
Drains choked	...	...	123
„ otherwise defective	...	...	89
Defective W.C. fittings	...	...	247
„ Yard surfaces	...	...	110
„ Eaves and downspouts	...	...	314
„ Manure receptacles and ashbins	...	...	221
„ Sinks and waste-pipes	...	...	53
„ Urinals	...	...	8
Offensive accumulations	...	...	73
Unsound food discovered	See note
Animals improperly kept	8
Other nuisances and defects	2,326
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Total number of nuisances and defects	3,744
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Total number of all visits to all premises for all purposes	12,485
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TABLE E.

WORK DONE DURING THE YEAR 1921

No. of visits re Infectious Diseases	1,026
" " houses visited re Infectious Diseases ...	778
" " " disinfected after Infectious Diseases ...	649
" " " " " " other ...	333
" " drains (smoke) tested	170
" " " (water) " 	2
" " visits to Outworkers	275
" " " Factories and Workshops	733
" " " Slaughter-houses	39
" " " Bakehouses	110
" " " Rag-Flock	29
" " " Places of Public Entertainment	31
" " " Dairies	50
" " " Other food shops or provision stores ...	515
" " " Under Shops Act	1,372
" " " Schools	4
" " " Houses under Rent Act	81
" " " Other premises	3,586

TABLE F.—INFECTIOUS DISEASES NOTIFIED DURING 1921.

	Scarlet Fever.	Diph- theria.	Enteric Fever.	Malaria.	Dysen- tery.	Puer- peral Fever.	Erysi- pelas.	Ophth. Neon.	Pneu- monia.	Ence- phalitis Lethar- gica.	Acute Polio- myelitis.	Tuberculosis.		Total.
												Phthisis.	Other forms.	
Highgate ..	75	30	1	0	1	0	4	0	4	1	0	9	2	127
Muswell Hill..	51	17	0	0	0	0	5	0	6	2	1	12	2	96
Crouch End ..	35	16	0	0	0	0	3	0	0	0	0	9	2	65
West Hornsey	143	69	0	0	0	1	5	1	12	1	1	22	5	260
East Hornsey	120	21	0	0	0	0	4	2	6	0	0	19	0	172
Nth. Haringey	75	8	0	1	0	1	7	0	6	0	0	14	2	114
Sth. Haringey	31	9	0	0	0	0	1	0	3	0	0	8	0	52
Stroud Green..	30	9	1	0	0	0	5	2	2	0	0	11	2	62
Finsbury Park	31	10	0	0	0	0	2	1	3	2	0	10	3	62
Total ..	591	189	2	1	1	2	36	6	42	6	2	114	18	1010

	Scarlet Fever.	Diph- theria.	Enteric Fever.	Malaria.	Dysen- tery.	Puer- peral Fever.	Ery- sipelas.	Ophth. Neon.	Pneu- monia.	Ence- phalitis Lethar- gica.	Acute Polio- myelitis.	Tuberculosis.		Total.
												Phthisis.	Other forms.	
1st quarter ..	64	36	1	1	0	0	8	3	19	6	0	18	4	160
2nd quarter ..	73	22	0	0	0	0	6	1	7	0	0	30	5	144
3rd quarter ..	110	60	0	0	0	0	6	2	7	0	2	35	4	226
4th quarter ..	344	71	1	0	1	2	16	0	9	0	0	31	5	480
Total ..	591	189	2	1	1	2	36	6	42	6	2	114	18	1010

TABLE H.
MATERNITY AND CHILD WELFARE
WORK DONE DURING THE YEAR 1921.

Nature of Work.	Centres.		Total.
	No. 1.	No. 2.	
Number of Sessions held	187	20	207
Number of Mothers seen by Doctor:—			
Ante-natal	263	15	278
Post-natal	604	308	912

TABLE G.
ADMISSIONS TO ISOLATION HOSPITAL IN 1921.

Disease.	Remaining at end of 1920.	Admitted during 1921.	Discharged during 1921.	Remaining at end of 1921.	Died during 1921.
Scarlet Fever ...	63	571	575	58	1
Diphtheria ...	21	289	255	37	18
Other Diseases	—	5	5	—	—

NOTE.—Included in the above figures are 7 Patients who were admitted with supposed Scarlet Fever, and 12 with supposed Diphtheria; but they were found not to be suffering from these Diseases. The case mortality from Scarlet Fever was 0·1 per cent. The case mortality from Diphtheria was 6·5 per cent.

Referred to own private Doctors	58	30	108
Referred to Hospitals	117	28	145
Health Talks given by Nurses	80	48	128
Vaccines paid by Nurses:—			
To expectant Mothers	230	180	410
To Infants under one year	2,462	2,315	4,777
To Children aged 1-5 years	1,804	1,250	3,054
Total Vaccines paid by Nurses	4,496	3,545	8,041

TABLE H.
MATERNITY AND CHILD WELFARE
WORK DONE DURING THE YEAR 1921.

Nature of Work.	Centres.		Total.
	No. 1.	No. 2.	
Number of Sessions held	137	90	227
Number of Mothers seen by Doctor:—			
Ante-natal	361	85	446
Post-natal	604	338	942
Number of Babies entered on Register:—			
During Year	598	235	833
Maximum Number of Babies on Register:—			
During any one month	1,055	468	
Number of Babies seen by Doctor	3,480	2,065	5,545
Number of Babies weighed	6,862	3,602	10,464
Children Normal—general advice given	1,710	1,129	2,839
Suffering from incorrect feeding	553	328	881
Suffering from Rickets	194	94	288
Suffering from Wasting	76	131	207
Difficult Nutrition	240	112	352
Suffering from other Diseases	935	453	1,388
Referred to own private Doctors	68	90	158
Referred to Hospitals	117	59	176
Health Talks given by Nurses	60	43	103
Visits paid by Nurses:—			
To expectant Mothers	330	129	459
To Infants under one year	2,535	1,245	3,780
To Children aged 1-5 years	1,501	1,230	2,731
Total Visits paid by Nurses	4,366	2,604	6,970

TABLE H.
MATERNITY AND CHILD WELFARE
WORK DONE DURING THE YEAR 1911

Total	Centers		Nature of Work
	No. 1	No. 2	
237	137	99	Number of Stations held ...
			Number of Mothers seen by Doctor:—
418	203	93	Ante-natal ...
948	604	328	Post-natal ...
			Number of Babies entered on Register:—
733	398	208	During Year ...
			Maximum Number of Babies on Register:—
	1,028	468	During any one month ...
8,345	8,460	2,023	Number of Babies seen by Doctor ...
10,409	8,903	8,097	Number of Babies weighed ...
2,899	1,710	1,179	Children Normal—general advice given ...
803	503	378	Suffering from insect pest feeding ...
209	194	94	Suffering from Hookworm ...
207	78	191	Suffering from Wasting ...
203	240	113	Difficult Mothers ...
1,908	988	433	Suffering from other diseases ...
166	68	30	Referred to own private Doctor ...
176	117	88	Referred to Hospital ...
163	80	48	Health Talks given by Nurses ...
			Visits paid by Nurses:—
489	280	130	To expectant Mothers ...
8,790	2,383	1,248	To Infants under one year ...
2,781	1,301	1,230	To Children aged 1-5 years ...
8,970	4,968	2,604	Total Visits paid by Nurses ...

TABLE J.—INFANT MORTALITY DURING 1921.

CAUSES OF DEATH.	Deaths from stated causes at various Ages under One Year of Age.									Total Deaths under One Year.
	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	
Whooping Cough	—	—	—	—	0	—	—	1	1	2
Tuberculous Meningitis	—	—	—	—	0	—	—	—	1	1
Other Tuberculous Diseases	—	—	—	—	0	—	—	—	1	1
Convulsions	1	—	—	—	1	—	—	1	—	2
Bronchitis	—	—	—	—	0	—	1	—	—	1
Pneumonia	1	—	—	—	1	—	1	1	—	3
Diarrhœa	—	1	—	1	2	2	6	4	—	14
Rickets	—	—	—	—	0	—	—	—	—	0
Injury at Birth	2	—	—	—	2	—	—	—	—	2
Premature Birth	11	1	—	1	13	3	—	—	—	16
Atrophy, Debility and Marasmus	8	4	—	—	12	3	—	—	2	17
Other Causes	3	1	—	—	4	4	2	1	2	13
Total	26	7	0	2	35	12	10	8	7	72

TABLE K.
ATTACK-RATES PER 10,000 POPULATION FROM SCARLET FEVER,
DIPHTHERIA AND ENTERIC FEVER.

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.
1901	68·1	18·2	4·9
1902	35·0	13·2	4·8
1903	26·8	8·1	1·9
1904	25·6	13·1	1·9
1905	33·4	19·8	2·6
1906	52·0	19·9	3·1
1907	35·3	12·2	1·4
1908	29·5	11·5	1·0
1909	26·9	18·3	0·5
1910	20·7	12·6	1·1
1911	21·2	15·7	0·7
1912	16·2	10·3	1·0
1913	24·2	13·5	1·2
1914	40·7	11·8	1·1
1915	21·1	12·2	2·9
1916	11·9	8·8	0·9
1917	15·3	7·7	0·4
1918	10·1	7·6	0·9
1919	23·3	10·0	0·6
1920	27·9	17·0	0·6
1921	67·4	21·5	0·2

TABLE L.—HOUSE-TO-HOUSE INSPECTION, 1921.

Premises.	Houses or Tenements.	Defective Drains.	Obstructed Drains.	Defective Sanitary Fittings.	Defective Water-closets.	Rainwater Pipes, Gutters, Defective Roofs.	Defective Pavings.	Dampness.	No Damp Course.	Dirty condition of Premises.	Overcrowding.	Defective, or no Dustbin.	Drinking-water Cisterns dirty.	Drinking-water Cisterns, no cover.	Other Defects.	No. of Premises satisfactory.
Holmesdale Road ...	46	—	—	2	2	11	2	9	—	3	—	6	—	1	5	23
Orchard Road ...	45	—	—	2	1	21	—	12	—	3	—	4	—	1	12	17
Lavender Cottages ...	5	—	—	—	—	1	—	—	—	1	—	1	—	—	2	3
North Hill ...	6	3	—	1	1	6	2	—	—	1	—	2	—	—	13	3
Pickering Cottages ...	2	—	—	—	—	—	2	—	1	—	—	1	—	—	—	—
New Road ...	13	—	—	2	—	7	—	2	—	—	—	4	—	—	5	5
The Grove ...	27	—	—	5	1	13	3	—	—	11	—	12	1	2	8	4
St. Mary's Road ...	73	2	3	20	—	31	6	8	—	33	—	14	—	—	63	26
Myddelton Road ...	129	1	5	6	16	94	24	73	14	78	1	30	18	12	139	11
Hanbury Road ...	38	1	1	1	2	14	1	9	9	10	—	3	2	11	12	5
Canon Road ...	34	—	2	10	4	28	2	25	4	21	1	6	5	7	69	4
Enfield Road ...	33	—	1	4	—	18	4	10	5	12	—	14	4	2	27	2
Spencer Road ...	44	1	3	19	8	12	1	8	5	7	—	5	2	6	5	11
Gordon Road ...	7	—	—	2	—	7	4	5	1	—	—	—	—	—	4	1

Name	Age at death	Sex	Cause of death	Date of death	Place of death	Occupation	Education	Marital status	Number of children	Religion	Ethnicity	Social class	Notes
John Smith	45	M	Heart disease	1915	New York	Teacher	High school	Married	3	Protestant	White	Upper middle class	
Mary Jones	32	F	Tuberculosis	1918	London	Factory worker	Elementary	Single	1	Catholic	White	Lower middle class	
Robert Brown	58	M	Stroke	1920	Chicago	Businessman	College	Married	2	Protestant	White	Upper class	
Elizabeth White	65	F	Old age	1922	Paris	Artist	University	Married	4	Catholic	White	Upper class	
William Green	70	M	Heart disease	1925	Boston	Doctor	Medical school	Married	2	Protestant	White	Upper class	
Anna Lee	40	F	Accident	1928	San Francisco	Journalist	College	Single	1	Protestant	White	Upper middle class	
James Wilson	35	M	Heart disease	1930	Los Angeles	Actor	High school	Married	2	Catholic	White	Upper middle class	
Grace Miller	28	F	Tuberculosis	1932	Philadelphia	Teacher	College	Single	1	Protestant	White	Upper middle class	
Charles Davis	60	M	Stroke	1935	Washington	Politician	University	Married	3	Protestant	White	Upper class	
Elizabeth Clark	55	F	Heart disease	1938	San Diego	Businesswoman	College	Married	2	Catholic	White	Upper middle class	
Thomas Evans	42	M	Accident	1940	Seattle	Engineer	University	Single	1	Protestant	White	Upper middle class	
Margaret King	38	F	Tuberculosis	1942	Portland	Teacher	College	Single	1	Catholic	White	Upper middle class	
Richard Hall	50	M	Heart disease	1945	San Jose	Businessman	College	Married	2	Protestant	White	Upper middle class	
Anna Scott	48	F	Stroke	1948	San Antonio	Teacher	College	Married	2	Catholic	White	Upper middle class	
George Adams	62	M	Heart disease	1950	San Luis Obispo	Businessman	College	Married	3	Protestant	White	Upper middle class	
Elizabeth Baker	52	F	Heart disease	1952	San Bernardino	Teacher	College	Married	2	Catholic	White	Upper middle class	
William Carter	45	M	Stroke	1955	San Francisco	Businessman	College	Married	2	Protestant	White	Upper middle class	
Grace Evans	35	F	Tuberculosis	1958	San Jose	Teacher	College	Single	1	Catholic	White	Upper middle class	
Thomas King	55	M	Heart disease	1960	San Diego	Businessman	College	Married	2	Protestant	White	Upper middle class	
Margaret Lee	40	F	Stroke	1962	San Antonio	Teacher	College	Married	2	Catholic	White	Upper middle class	
Richard Miller	30	M	Accident	1965	San Luis Obispo	Engineer	University	Single	1	Protestant	White	Upper middle class	
Anna Wilson	25	F	Tuberculosis	1968	San Bernardino	Teacher	College	Single	1	Catholic	White	Upper middle class	
Charles Young	65	M	Heart disease	1970	San Francisco	Businessman	College	Married	3	Protestant	White	Upper middle class	
Elizabeth Green	58	F	Heart disease	1972	San Jose	Teacher	College	Married	2	Catholic	White	Upper middle class	
Thomas White	42	M	Stroke	1975	San Antonio	Businessman	College	Married	2	Protestant	White	Upper middle class	
Grace Brown	38	F	Tuberculosis	1978	San Diego	Teacher	College	Single	1	Catholic	White	Upper middle class	
Richard Hall	50	M	Heart disease	1980	San Francisco	Businessman	College	Married	2	Protestant	White	Upper middle class	
Anna Scott	48	F	Stroke	1982	San Jose	Teacher	College	Married	2	Catholic	White	Upper middle class	
George Adams	62	M	Heart disease	1985	San Luis Obispo	Businessman	College	Married	3	Protestant	White	Upper middle class	
Elizabeth Baker	52	F	Heart disease	1988	San Bernardino	Teacher	College	Married	2	Catholic	White	Upper middle class	
William Carter	45	M	Stroke	1990	San Francisco	Businessman	College	Married	2	Protestant	White	Upper middle class	
Grace Evans	35	F	Tuberculosis	1992	San Jose	Teacher	College	Single	1	Catholic	White	Upper middle class	
Thomas King	55	M	Heart disease	1995	San Diego	Businessman	College	Married	2	Protestant	White	Upper middle class	
Margaret Lee	40	F	Stroke	1998	San Antonio	Teacher	College	Married	2	Catholic	White	Upper middle class	
Richard Miller	30	M	Accident	2000	San Luis Obispo	Engineer	University	Single	1	Protestant	White	Upper middle class	
Anna Wilson	25	F	Tuberculosis	2002	San Bernardino	Teacher	College	Single	1	Catholic	White	Upper middle class	
Charles Young	65	M	Heart disease	2005	San Francisco	Businessman	College	Married	3	Protestant	White	Upper middle class	
Elizabeth Green	58	F	Heart disease	2008	San Jose	Teacher	College	Married	2	Catholic	White	Upper middle class	
Thomas White	42	M	Stroke	2010	San Antonio	Businessman	College	Married	2	Protestant	White	Upper middle class	
Grace Brown	38	F	Tuberculosis	2012	San Diego	Teacher	College	Single	1	Catholic	White	Upper middle class	
Richard Hall	50	M	Heart disease	2015	San Francisco	Businessman	College	Married	2	Protestant	White	Upper middle class	
Anna Scott	48	F	Stroke	2018	San Jose	Teacher	College	Married	2	Catholic	White	Upper middle class	
George Adams	62	M	Heart disease	2020	San Luis Obispo	Businessman	College	Married	3	Protestant	White	Upper middle class	

Annual Report

FOR

1921

ON THE

SCHOOL MEDICAL SERVICE

OF THE

BOROUGH OF HORNSEY

BY

A. T. Nankivell, M.D. (Lond.), D.P.H. (Camb.),

*Medical Officer of Health
and School Medical Officer.*

PREFACE.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour of presenting to you my first Report on the Health of the Elementary School Children in the Borough of Hornsey. This Report follows closely on the lines recommended by the Board of Education.

I should like to take this opportunity of expressing my thanks for the help and encouragement that I have received in this work from the various medical and clerical members of my staff, and of thanking also the Teachers, the School Attendance Officers and the Education Secretary, who have done so much to render more easy my difficult task of taking up a new appointment.

I am, your obedient Servant,

A. T. NANKIVELL,

School Medical Officer.

January, 1922.

SANITARY CONDITION OF THE SCHOOLS.

At the end of the year 1921 there were in the Borough 11 schools with 26 departments under the control of the Education Committee. There was accommodation in these schools for 8,875 children, and there were 8,091 on the roll, with an average attendance of 7,126 (Table 7).

As regards general hygienic conditions—site, surroundings, ventilation, lighting, warming and sanitation—the schools are of a high standard upon the whole. There are, however, one or two old schools in which the hygienic conditions cannot be considered altogether satisfactory. All the schools are kept reasonably clean, and the school cleaners do their work in a satisfactory manner. All the schools are supplied with water from the public supply, and all are connected to the public sewers. The washing accommodation in the schools seems to be sufficient; but the use of the common towel, a potent source of infection, is still to be deplored. The cloak-room accommodation is adequate in most of the schools.

ORGANISATION OF THE SCHOOL MEDICAL SERVICE.

The School Medical Officer is also the Medical Officer of Health and this arrangement ensures complete co-operation between these two departments. The present School Medical Officer began his work in the Borough at the end of March, 1921, and has visited the school departments on 147 occasions during the year.

The School Medical Officer is assisted by the Assistant Medical Officer of Health (Dr. J. R. Prior), who helps with the work of routine inspection and acts as School Ophthalmic Surgeon. This arrangement works very satisfactorily. The other School Medical services in the Borough, viz., the inspection of Secondary School Children, the treatment of the minor ailments of elementary school children, the operating for tonsils and adenoids, and the administration of gas for the extraction of teeth, are performed by part-time local practitioners. During

the year under review this way of staffing these medical services has been generally satisfactory. The local doctors who carry out these auxiliary services are selected by a Sub-Committee of the Education Committee.

The *nursing and clerical staff* consists of three whole-time nurses and one whole-time clerk. One of these nurses spends her whole time at the School Clinic, while the other two nurses visit the schools and the children at their homes, and help only occasionally at the School Clinic. In order properly to control infection in the schools and to visit the homes of all children in need of treatment, it is calculated that one school nurse is necessary for every thousand school children; given this number of nurses, it would be possible to arrange for one to be at each school when it is opened daily, and for her to follow up absentees, and to urge their parents to obtain when necessary medical advice. There is no doubt that the daily presence of a nurse in each school increases the attendance and helps to prevent disease.

The present time is not opportune for the extension of the school medical service, but later, when the financial situation is more favourable, this subject will merit further consideration. It may, however, be said that, despite our shortage of staff, we have been able during the year to do much good work in the early treatment and prevention of disease among the elementary school children.

Co-operation of School Teachers. — The Teachers and the School Attendance Officers have co-operated in every possible way with the school medical service during the year.

EXTENT AND SCOPE OF THE WORK.

During the year the school nurses made 1,018 visits to the schools and 1,505 visits to the homes of children. At these visits to the schools the nurses made a cursory examination of no less than 32,348 children, inspecting them for obvious defects, such as skin disease, sore eyes, discharging ears or verminous con-

ditions. These inspections, though rapid and superficial, are of the greatest value, since they usually result in securing treatment for the condition before it becomes chronic and difficult to be cured. Children respond very well to early treatment; but if this is withheld they soon show signs of general ill-health, and the cure is then rendered more difficult. These "class-to-class" inspections are also of definite educative value to the children, to their parents and to the teachers. A Summary of the work of the School Nurses will be found in Table 10.

The *Routine Examination* of children has been carried out as usual during the year, and does not call for special comment. Three age-groups of children were examined, the Entrants aged 5—6, the Intermediates aged 8—9 and the Leavers aged 12—13. The number of children examined in each school will be seen on reference in Table 8. The defects that were discovered at the Routine Inspection are shown in Table 2.

Very little practical benefit results from inspection unless the cases of defects are "*followed up*" and treatment is provided for the ailing child. Merely to collect a mass of statistics may be interesting, but it does not improve the health of the children, which, after all, is the object of all our work. Treatment is now provided at the School Clinic for defective children; but the process of "*following up*" forms an all-important connecting link between the Routine Inspection and the School Clinic. Certain parents entirely disregard printed instructions, and treat with indifference such invitations as are sent to them asking them to bring their children for treatment to the Clinic or to their own Doctor; and it is in persuading such stubborn parents of their responsibilities that energetic "*following up*" is of so much value.

Apart from the children seen in the routine examination and in the class-to-class inspection, various "*special*" children have been examined by the school medical officer throughout the year. These "*specials*" are children whom the teachers or the school attendance officers consider to be in need of medical advice, and they include cases of malnutrition, mental defect and other crippling conditions.

GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Malnutrition.—Out of 2,825 children examined at the Routine Inspection during the year, 281 were found to be suffering from malnutrition.

The chief causes of malnutrition are (1) lack of sufficient food; (2) improper and indigestible food; (3) unsuitable home conditions; (4) excessive employment out of school hours; (5) illness and disease. The seeds of disease flourish most readily in an ill-nourished body; and, since we are concerned to check the beginnings of illness, it is especially desirable to deal with all children who show sign of malnutrition. In the opinion of the School Medical Officer few, if any, of these cases were due to an absolute lack of sufficient food; they could be attributed rather to parental sloth, to improper diet, to an absence of fresh air and sunlight, to shortened hours of sleep, and to a lack of domestic economy. The feeding of elementary school children by the Borough would not be likely to remedy any of these unhygienic circumstances in the houses of the children.

Clothing and Footwear.—Out of 2,825 children examined at the routine inspection during the year, 64 were found to have defective clothing and 80 to have defective foot-gear. It must be remembered, however, that the clothes seen by the medical officers at these routine inspections are not always representative of the children's everyday clothing. Often enough they are specially dressed and particularly cleansed for the inspection.

Uncleanliness.—Out of 2,825 children examined, 264 were found to be unclean at the time of the routine inspection. Four children had live lice in their heads, and 2 on their bodies; 167 others had nits (or the eggs of lice) and 91 were found to be flea-bitten. During the year, as the result of class-to-class inspection, the school nurses have discovered 1,162 other children who were unclean. The louse is slowly being eradicated from the schools; but the above figures show that much work still remains to be done.

Adenoids and Enlarged Tonsils.—Out of 2,825 children examined at the routine inspection 476 were found to have adenoids or enlarged tonsils or both of these crippling conditions. The presence of adenoids, a growth at the back of the nose, causes a child slowly to become deaf. It grows to be stupid and backward, because it cannot hear well; it breathes through its mouth, which does not improve either its health or appearance; and it is seriously handicapped in later life when it has to compete with other and more intelligent adolescents in the labour market. Enlarged tonsils are one of the most serious conditions from which a child can suffer; those so afflicted are subject to recurring sore throats, and they seem more likely to develop infectious diseases than are other children. The microbes of rheumatic fever and of consumption make their way into a child's body through diseased tonsils.

Defective Hearing.—Sixty-one deaf or partially deaf children were discovered during the year. Deafness is due in many cases to the presence of adenoids; in others, to middle ear disease, secondary to measles or to scarlet fever. A few cases of temporary deafness were found to be caused by wax in the ears. Inherited syphilis is a cause of deafness in children, and is more difficult to treat successfully than the before-mentioned causes.

Defective Vision.—Out of 2,825 children examined at the routine inspection, 250 were found to have defects of vision which required treatment. Details of these children are given in Table IV. B.

Other Eye Diseases.—Out of 2,825 children examined at the routine inspection, 39 were found to be suffering from other diseases of the eye or eyelids.

Dental Diseases.—At the routine inspection, out of 2,825 children examined, 1,868 were found to have good teeth, 681 to have less than four bad teeth, and 276 to have more than four bad teeth. The School Dental Surgeons in their careful examination of children in the schools found that out of 5,249 children examined no less than 3,202 needed treatment.

The cause of such a vast amount of dental caries is primarily the ignorance and apathy of the parents. If a child is not in acute pain from a dental abscess the parent thinks that there is no cause for worry, and that dental decay is merely a sign of the child's adolescence. About the importance of a clean mouth, the public badly needs to be educated. The results of dental caries and of a septic mouth are that the growing child is slowly poisoned; it absorbs and swallows the products of decomposition and decay, and this leads in time to malnutrition and dyspepsia.

Rheumatism and Heart Disease.—Out of the 2,825 children examined, 5 were found to be suffering from organic lesions of the heart, the sequel in the majority of cases to a previous attack of rheumatism or rheumatic fever. Many of these children develop this crippling disease owing to an infection of the tonsils, and it is to be hoped that, as the school medical service becomes more active, enlarged tonsils may be removed at an early date, before they have become diseased and of danger to the child. In addition to the above, 74 children were found who had some functional heart condition, and 37 who were anæmic.

Bronchitis and Pre-tuberculous condition of the Lungs.—At the routine inspection, out of 2,825 children examined, 142 were found to be suffering from bronchitis or from pre-tuberculous lung conditions. Chronic bronchitis in children is of grave significance, and the most satisfactory method of treatment is that of sending the child to an open-air school or to a convalescent home.

Tuberculosis.—Out of 2,825 children examined, 7 were found to be suffering from definite pulmonary tuberculosis, and 13 others had some other form of tuberculosis. Tuberculosis is a slowly infectious disease, and a child who is exposed to the possibility of infection at home will be very likely to contract the disease later. This is the reason that consumption is said "to run in families." The disease goes through a house in just the same manner as any other infectious disease, only more slowly.

Several conditions predispose a child to become consumptive and lower its resistance to the tubercle bacillus; these adverse conditions may shortly be summarised as follows:—

- (1) Bad housing conditions, lack of fresh air and sunlight.
- (2) Overcrowding, especially among tuberculous persons.
- (3) Malnutrition.
- (4) Bad teeth and enlarged tonsils.
- (5) Other illness, such as whooping cough.

Ringworm.—During the year under review 43 children were found who were suffering from ringworm of the scalp and 21 who had ringworm of the skin. The disease is infectious and is caused by a fungus, the spores of which are spread from person to person either by direct contact or through the air.

Impetigo or Infectious Sores.—This is a common and distressing complaint, and not without danger to the child. During the year 254 children were discovered who were suffering from impetigo. There is an association, the nature of which is uncertain, between this disease and scarlet fever; but the disease itself seems also to be related to a lack of the "Fat Soluble A" vitamine that is found in fresh butter and in milk and cod liver oil.

Scabies or the Itch.—During the year 53 children were found to be suffering from this irritating condition. The disease is caused by a small parasite of the spider family that burrows under the skin and lays its eggs there.

Enlarged Lymphatic Glands.—Out of 2,825 children examined, 278 were found to have enlargement of the lymphatic glands. In the majority of instances these enlargements were secondary to decayed teeth or to inflamed tonsils or to some other septic condition. In a few cases the enlargement was tuberculous in nature.

Mental Deficiency.—During the year under review 8 children were seen who were mentally defective. The mentally defective children in the school at Finchley were inspected twice during the year by the School Medical Officer.

A REVIEW OF THE METHODS EMPLOYED FOR TREATMENT.

Most of the defects discovered among school children are amenable to treatment, and this treatment can be provided for the ailing child in one of three ways:—(1) From the general practitioner in his capacity as family physician; (2) at the voluntary hospitals; and (3) at the School Clinic.

The *School Clinic* is situated in Topsfield Parade, Crouch End, and during the year it has been instrumental in providing treatment for 4,351 children, who attended there on 13,106 occasions.

The treatment of various conditions will now be described under the same headings and in the same order as those in the previous section of this report.

Malnutrition.—The general activities of the Public Health Department, by making dwellings sanitary and fit for human habitation, lessen no doubt the amount of malnutrition. The remedy of minor defects and illnesses in the children themselves helps also in this direction. A few children who were considered by the Medical Officer to be in need of extra nourishment were supplied with milk at the school, and at the end of the year arrangements were being made to supply these children in school with malt and cod liver oil. No doubt these children who show evidence of defective metabolism would be improved in health by instruction in an open-air school.

Uncleanliness.—The Education Committee has provided an excellent cleansing station where verminous and unclean children can be cleansed and their clothes can be sterilised. During the year 118 children passed through this cleansing station and made altogether 161 attendances.

Adenoids and Enlarged Tonsils.—Four children are operated on every Saturday morning at the School Clinic for these conditions. At the end of the year there were 155 children waiting for this operation. During the year the Medical Officer reported to the Clinic Sub-Committee that in his opinion these operations

could be done in larger numbers and with greater safety at a hospital, where it would be possible to detain the children for 24 hours after the operation.

Defective Hearing.—Cases of chronic otorrhœa are treated at the School Clinic, and these take up a large part of the time of the school nurse. During the year under review 103 children with ear discharge attended on 1,958 occasions at the Clinic.

Defective Vision.—Children who are found to be suffering from defective vision are treated at the School Clinic and examined by the Assistant School Medical Officer who prescribes for them the necessary glasses and gives what other treatment is necessary. This arrangement has worked very satisfactorily during the year, and 526 children attended on 1,627 occasions for examination and treatment.

Dental Diseases.—Two part-time dentists are employed by the Committee to examine and to treat children who have defective teeth and oral sepsis. During the year they have done much good work. Details of their examinations and treatments are given in Table IV. D.

Rheumatism and Heart Disease.—The majority of cases of heart disease discovered during the year did not appear to be in need of treatment. In certain cases directions regarding the child's general health were given to the parents.

Bronchitis and Pre-tuberculosis.—Apart from general instructions to parents and the administration of cod liver oil and malt, it was not possible to do much for this group of ailing children. Some individual cases were referred to the Tuberculosis Officer. The best treatment for children with chronic bronchitis and "strumous" conditions is education in an open-air school.

Tuberculosis.—Children discovered to be suffering from active tuberculosis were in all instances referred for advice and treatment to the Tuberculosis Officer.

Ringworm.—The skin infection is treated at the School clinic. Children with ringworm of the scalp are referred for treat-

ment to a local doctor who is an expert at X-Ray work, and they are treated by him with X-Rays. This is by far the most satisfactory method of treatment, and it has already resulted in a diminution of the number of cases of this condition. During the year 24 children received X-Ray Treatment for ringworm of the scalp; eleven of these were treated by our specialist, and the remainder at one of the London Hospitals.

Impetigo.—This is treated successfully at the School Clinic.

Scabies.—Children with scabies are treated at the cleansing station. During the year 57 children underwent the treatment there and attended on 619 occasions. In every case the Health Department offered to disinfect free of cost the bedding and bedroom at the house where the child lived. To cure a child of scabies and to send it home to sleep in an infected bed is obviously a waste of time and money.

Enlarged Lymphatic Glands.—The conditions such as septic skin troubles which give rise to enlargements of the glands are treated at the Clinic.

Mental Deficiency.—Children who can benefit by instruction in a special non-residential school are sent to the school in Finchley which is shared by Finchley, Wood Green and Hornsey.

GENERAL REVIEW OF HOME CONDITIONS AND EMPLOYMENT.

Home Conditions.—Reference has already been made to the influence which sanitary circumstances have on the health of children. The unpaved yard, the manure heap, the defective drain, the unclean and over-crowded house, all take their toll during the year of the health and lives of the children. The School Medical Officer, the Sanitary Inspectors and the Nurses have had occasion during the year frequently to visit the homes in which the school children live; and any defects found that were prejudicial to health were remedied under the various Public Health Acts.

Employment.—No cases have been brought to the notice of the School Medical Officer of injury to the health of children from over-employment. There is a Juvenile Labour Bureau in the Borough, and the Choice of Employment Act is in force.

ACTION TAKEN TO DETECT AND PREVENT THE SPREAD OF INFECTION IN SCHOOLS.

By visits to the schools and by class-to-class inspections of the children it is often possible to discover cases of infectious disease. For example, during the year cases of diphtheria, scarlet fever, mumps, ringworm, scabies and impetigo have been discovered in this manner. At the routine inspections also some cases of infectious disease are discovered. It is a rule that whenever a child is found in or out of school and complaining of a sore throat that a swab is taken, and several early cases of diphtheria have been discovered in this way. At one of the schools it seemed likely that diphtheria was becoming epidemic during the autumn, and a large number of swabs were taken from the children attending that school. Two of these were found to contain the germs of diphtheria, and on the exclusion of these children from school there was a complete cessation of the cases of diphtheria. The teachers have been instrumental in bringing to the notice of the School Medical Service many cases of infective disease; if a teacher considers that a child is in or away from school and may be suffering from any infectious condition a notification of this is sent to the School Medical Officer or the child is sent for examination to the Clinic. It would be ideal to have sufficient nursing staff properly to follow up all these cases daily to their homes; but at present this is not practicable.

The contacts of diphtheria and scarlet fever are excluded from school, and in addition the contacts of a case of diphtheria are swabbed. A notice is sent to the infected house saying that no child in that house may attend school, and the teacher concerned is also informed of this. When it appears that contacts may safely return to school another notice is sent giving the necessary permission. On the backs of these notices short descriptions are printed giving the signs and symptoms of the

diseases to which they refer. No less than 2,418 of these notices were sent by the Public Health Department during the past year.

In the event of any serious school epidemic all the energies of the Health Department would be employed in stamping it out. The Laboratory is prepared at any time to examine large quantities of nose and throat swabs.

No schools or departments have been closed during the year. The School Medical Officer does not advise the closure of schools except in rare instances, for when the children are scattered to their homes and the schools are closed, the Health Department loses at once its main source of information about prevalent sickness.

The school buildings have been disinfected from time to time during the year.

The large amount of clerical work concerned with infectious diseases in the schools is done by the clerks in the Health Department and not at the School Clinic. During the year the excessive prevalence of scarlet fever has greatly increased the work of the clerical staff in the Health Department.

LEGAL PROCEEDINGS.

It was not found necessary to take any legal proceedings during the year under S. 12 or S. 122 of the Children's Act. Under the latter section 394 preliminary and 129 statutory notices were served on parents, and children were compulsorily cleansed in 37 instances.

CONCLUSION.

The work of the School Medical Service is the logical continuation of that which is done by the Maternity and Child Welfare Committee among mothers and young children. The aim of those efforts is to safeguard the lives and health of little children until they enter school and come under the protection of the School Medical Service. All the work that we do among these school children has for its object the protection of their

health, so that they may be able properly to benefit by their instruction in the schools; and it should be our ideal to secure that, when these children leave school at the age of 14 years, they are fit and healthy and are not disabled by physical defects from earning their own livings. Year by year a heavy cost is incurred by the State and by the ratepayers in caring for those who are physically unfit; and it is calculated that upwards of fourteen million weeks of sickness occur, among insured persons alone, every year. It is impossible to estimate the loss of money and the mental and physical suffering caused by all this disability; but it is to prevent this waste of life and health and substance that the School Medical Services throughout the country are concerned to-day.

LIST OF TABLES

TABLE (1)—Number of Children inspected.

„ (2)—Defects found on examination.

„ (3)—Return of Exceptional Children in Area.

„ (4)—(a) Treatment of Minor Ailments.

(b) „ „ Visual Defects.

(c) „ „ Defects of Nose and Throat.

(d) „ „ Dental Defects.

„ (5)—Summary of Treatment of Defects in Table 4.

„ (6)— „ „ relating to Children Inspected.

„ (7)—Accommodation, etc., at Schools in the Borough.

„ (8)—Number of Children Examined at each School.

„ (9)—Work done at Minor Ailments Clinic.

„ (10)—Summary of Work done by School Nurses.

TABLE 1.
NUMBER OF CHILDREN INSPECTED, 1st January, 1921, to
31st December, 1921.

A. Routine Medical Inspection.											
Years of Age.	Entrants.				Inter- mediate Group.	Leavers.					Grand
	5	6	Other ages.	Total	8	12	13	14	Other ages	Total	Total
Boys	273	164	50	487	488	356	70	5	51	482	1,457
Girls	255	157	47	459	442	359	55	5	48	467	1,368
Totals	528	321	97	946	930	715	125	10	99	949	2,825

B. Special Inspections.		
	Special Cases.	Re-examinations.
Boys ...	957	1,316
Girls ...	869	1,338
Totals ...	1,826	2,654

C. Total Number of Individual Children Inspected.	
3,948.	

TABLE 2.—RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1921.

Defect or Disease.		Routine Inspections		Specials	
		Number referred for Treatment.	Number requiring to be kept under observation but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation but not referred for Treatment.
Skin	Malnutrition - - - -	2	192	7	1
	Uncleanliness, head - - -	171	—	2	—
	„ body - - - -	3	—	—	—
	Ringworm, head - - - -	2	—	41	—
	„ body - - - -	—	—	21	—
	Scabies - - - -	10	—	43	—
	Impetigo - - - -	—	—	254	—
Other Diseases (non-Tubercular)		20	1	189	—
Eye	Blepharitis - - - -	22	—	46	—
	Conjunctivitis - - - -	3	—	53	—
	Keratitis - - - -	—	—	1	—
	Corneal Ulcer - - - -	—	—	3	—
	Corneal Opacities - - - -	2	—	—	—
	Defective Vision - - - -	206	1	121	—
	Squint - - - -	44	2	17	—
Other Conditions - - - -		2	—	33	—
Ear	Defective Hearing - - - -	34	1	24	—
	Otitis Media - - - -	36	3	95	—
	Other Ear Diseases - - - -	18	1	52	—
Nose and Throat	Enlarged Tonsils - - - -	85	87	61	2
	Adenoids - - - -	14	5	24	—
	Enlarged Tonsils and Adenoids - - - -	79	14	45	—
	Other Conditions - - - -	—	—	116	8
Enlarged Cervical Glands (non-Tubercular)		95	74	26	3
Defective Speech - - - -		1	9	—	—
Teeth: Dental Diseases - - - -		234	—	23	—
Heart and Circulation	Heart Disease:				
	Organic - - - -	—	5	—	6
	Functional - - - -	1	73	4	10
Lungs	Anæmia - - - -	—	31	63	9
	Bronchitis - - - -	—	23	6	—
	Other non-Tubercular Disease - - - -	2	4	38	4
Tuberculosis	Pulmonary:				
	Definite - - - -	7	—	—	—
	Suspected - - - -	—	41	4	6
	Non-Pulmonary:				
	Glands - - - -	4	4	—	2
	Spine - - - -	—	—	—	—
	Hip - - - -	—	1	—	—
	Other Bones and Joints - - - -	—	1	—	—
	Skin - - - -	—	—	—	—
Nervous System	Other Forms - - - -	2	1	—	—
	Epilepsy - - - -	—	3	—	2
	Chorea - - - -	—	2	14	2
Deformities	Other Conditions - - - -	—	2	10	5
	Rickets - - - -	—	6	—	—
	Spinal Curvature - - - -	—	1	2	1
Other Forms - - - -		5	22	2	1
Other Defects and Disease - - - -		14	14	317	12
Number of Individual Children having defects which required treatment or to be kept under observation - - - -					2,584

TABLE 3.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1921.

			Boys	Girls	Total
Blind (including partially blind) within the meaning of the Elementary Ed. (Blind & Deaf Children) Act, 1893.		Attending Public Elemen- tary Schools	—	—	—
		Attending Certified Schools for the Blind	4	1	5
		Not at School	—	—	—
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Ed. (Blind & Deaf Children) Act, 1893.		Attending Public Elemen- tary Schools	—	—	—
		Attending Certified Schools for the Deaf	1	4	5
		Not at School	—	—	—
Mentally Deficient.	Feeble Minded.	Attending Public Elemen- tary Schools	—	—	—
		Attending Certified Schools for Mentally Defective Children	12	14	26
		Notified to Local Control Authority by Local Edu- cation Authority during year	3	2	5
		Not at School	2	1	3
	Imbeciles.	At School	—	—	—
		Not at School	1	5	6
Idiots.		... ..	—	—	—
Epileptics.		Attending Public Elemen- tary Schools	—	—	—
		Attending Certified Schools for Epileptics	3	1	4
		In Institutions other than Certified Schools	—	—	—
		Not at School	—	1	1
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elemen- tary Schools	15	6	21
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools (Sana- toria)	2	—	2
		Not at School	3	2	5
	Crippling due to Tuberculosis.	Attending Public Elemen- tary Schools	3	5	8
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	—	2	2
	Crippling due to other causes than Tuberculosis, <i>i.e.</i> : Paralysis. Rickets. Traumatism.	Attending Public Elemen- tary Schools	15	9	24
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	3	2	5
	Other Physical De- fectives, <i>e g</i> — Delicate and other Children suitable for admission to Open- air Schools. Children suffering from Severe Heart Disease.	Attending Public Elemen- tary Schools	58	30	88
		Attending Open-air Schools	—	—	—
		Attending Certified Schools for Phy. Def. Children other than Open-air Schools	—	—	—
		Not at School	1	1	2
Dull or Backward ...		Retarded 2 years	—	—	178
		Retarded 3 years	—	—	126

TABLE 4.—A. TREATMENT OF MINOR AILMENTS.

DISEASE or DEFECT.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		Total.
		Under Local Education Authority's Scheme.	Otherwise.	
Skin—				
Ringworm, Head ...	43	23	20	43
Ringworm, Body ...	21	21	—	21
Scabies	53	53	—	53
Impetigo	254	247	7	254
Minor Injuries ...	180	175	5	180
Other Skin Diseases...	209	188	6	194
Ear Disease	259	187	25	212
Eye Disease (external and other)	120	98	4	102
Miscellaneous	356	217	109	326

B. TREATMENT OF VISUAL DEFECT.

Number of Children.

Referred for Refraction.	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses.	Received other forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme.	By Private Practitioner or Hospital.	Otherwise.	Total.					
433	342	15	—	357	276	282 *	45	45	66

* This Number includes several children for whom glasses were prescribed during the latter part of 1920, but who did not obtain glasses until 1921.

C. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	NUMBER OF CHILDREN.			
	Received Operative Treatment.			Received Other Forms of Treatment.
	Under Local Edu- cation Authority's Scheme.	By Private Practitioner or Hospital.	Total.	
424	125	42	167	134

TABLE 4.—A. TREATMENT OF MINOR DEFECTS.

DISEASE or DEFECT.	Relieved for Treatment.	Treated.		Total.
		Under Local Examination Authority's Scheme.	Otherwise.	
Miscellaneous ...	888	317	100	816
Eye Disease ... (external and other)	130	90	4	102
Ear Disease ...	320	197	23	513
Other Skin Diseases	309	188	6	494
Minor Injuries	180	178	2	359
Impetigo ...	304	247	7	554
Scabies ...	68	48	—	88
Ningworm, Body	31	31	—	61
Ningworm, Head	48	33	20	99
Skin—				

B. TREATMENT OF VISUAL DEFECT.

Number of Children.

Defect.	Relieved for Treatment.	Treated.		Total.
		Under Local Examination Authority's Scheme.	Otherwise.	
Myopia	307	278	—	585
Hypermetropia	—	—	—	—
Presbyopia	—	—	—	—
Strabismus	—	—	—	—
Cataract	—	—	—	—
Glaucoma	—	—	—	—
Other	—	—	—	—

* This number includes several children for whom glasses were prescribed during the
 latter part of 1921, but who did not obtain glasses until 1922.

C. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Defect.	Relieved for Treatment.	Treated.		Total.
		Under Local Examination Authority's Scheme.	Otherwise.	
Defects of Nose	—	—	—	—
Defects of Throat	—	—	—	—
Other	—	—	—	—

D. TREATMENT OF DENTAL DEFECTS.

(1) Number of Children dealt with.

Years of Age	Age Groups.						Specials.	Total.
	6	7	8	9	13	14		
(a) Inspected by Dentist	918	1,035	1,006	1,000	627	213	450	5,249
(b) Referred for Treatment	2,770						432	3,202
(c) Actually Treated	1,549						432	1,981
(d) Re-treated*(result of periodical examination)	265							

* Cases under this head are also included under (C) on previous page.

(2) Particulars of Time Given and of Operations Undertaken.

No. of half-days devoted to Inspection.	No. of half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anæsthetics.	No. of Other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent.	Temporary.
23	193	3,136	662	774	4,601	266	1,040	578	37	36

D. TREATMENT OF DENTAL DEFECTS

(1) Number of Children Examined

Year	Age	Age Groups					Total
		14	13	12	11	10	
(a) Inspected by Dentist		212	217	1,000	1,000	918	3,347
(b) Referred for Treatment				2,770			2,770
(c) Actually Treated				1,849			1,849
(d) Re-treated (re-examination)				205			205

* Cases under this head are also included under (C) on previous page.

(2) Particulars of Time Given and of Operations Performed.

No. of Children Examined	No. of Children Referred for Treatment	No. of Children Actually Treated	No. of Children Re-treated (re-examination)	No. of Children Referred for Treatment	No. of Children Actually Treated	No. of Children Re-treated (re-examination)	No. of Children Referred for Treatment	No. of Children Actually Treated	No. of Children Re-treated (re-examination)
23	192	2,136	502	774	4,601	286	1,040	278	37

TABLE 5.—SUMMARY OF TREATMENT OF DEFECTS AS SHOWN
IN TABLE 4 (A., B., C., D.).

DISEASE OR DEFECT.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	1,495	1,209	176	1,385
Visual Defects	433	387	15	402
Defects of Nose and Throat	424	259	42	301
Dental Defects	3,202	1,981	—	1,981
Total	5,554	3,836	233	4,069

TABLE 2—SUMMARY OF TREATMENT OF DEFECTS AS SHOWN
IN TABLE 1 (A, B, C, D).

DISEASE OR DEFECT	Referred for Treatment	Treated	
		Under Local Education Authority's Direction	Otherwise Total
Miscellaneous	1,492	1,398	174
Vocal Defects	482	387	95
Defective Nose and Throat	434	330	104
Facial Defects	2,502	1,981	521
Total	5,314	4,896	418

TABLE 6.—SUMMARY RELATING TO CHILDREN MEDICALLY
INSPECTED AT THE ROUTINE INSPECTIONS DURING THE
YEAR 1921.

(1)	The total number of children medically inspected at the Routine Inspections*	2,825
(2)	The number of children in (1) suffering from—	
	Malnutrition	281
	Skin Disease	46
	Defective Vision (including Squint)	452
	Eye Disease	39
	Defective Hearing	37
	Ear Disease	63
	Nose and Throat Disease	476
	Enlarged Cervical Glands (non-Tubercular)	278
	Defective Speech	36
	Dental Disease	957
	Heart Disease:—	
	Organic	5
	Functional	74
	Anæmia	37
	Lung Disease (non-Tubercular)	101
	Tuberculosis:—	
	Pulmonary, definite	7
	„ suspected	41
	Non-Pulmonary	13
	Disease of the Nervous System	9
	Deformities	41
	Other Defects and Diseases	34
(3)	The number of children in (1) suffering from Defects (other than Uncleanliness or Defective Clothing or Foot-gear) who require to be kept under observation (but not referred for treatment)	351
(4)	The number of children in (1) who were referred for treatment (excluding Uncleanliness, Defective Clothing, etc.)	737
(5)	The number of children in (4) who received treatment for one or more Defects (excluding Uncleanliness, Defective Clothing, etc.)	522

* Specials are not included in this Table.

TABLE 2.—SUMMARY RELATIVE TO CHILDREN MEDICALLY INSPECTED AT THE HOUSE HOSPITALS DURING THE YEAR 1921

1) The total number of children medically inspected at the House Hospitals		2,835
2) The number of children in (1) suffering from—		
Mental	...	281
Skin	...	40
Defective Vision (including Squint)	...	432
Eye	...	30
Defective Hearing	...	87
Ear	...	60
Nose and Throat	...	410
Malformed Genital (non-Tubercular)	...	218
Defective Speech	...	30
Dental	...	307
Heart	...	
Organic	...	8
Functional	...	14
Stomach	...	37
Lung (non-Tubercular)	...	101
Tubercular	...	
Liver, Gallbladder, Pancreas, etc.	...	7
Unspecified	...	41
Non-Fatal	...	10
Disease of the Nervous System	...	0
Deformities	...	41
Other Defects and Diseases	...	31
3) The number of children in (1) suffering from Defects (other than Tuberculosis or Defective Clothing) or Foot-gear who require to be kept under observation (but not referred for treatment)		351
4) The number of children in (1) who were referred for treatment (excluding Tuberculosis, Defective Clothing, etc.)		137
5) The number of children in (4) who received treatment for one or more Defects (excluding Tuberculosis, Defective Clothing, etc.)		322

* Special are not included in this Table

TABLE 7.
List of Schools in the Borough.

School,	Department.	Authorized Accommo- dation.	No. on the Rolls.	Average Attendance.
Muswell Hill ...	Juniors	220	152	130
St. Michael's ...	Boys	166	142	133
" ...	Girls	192	136	120
" ...	Infants	163	75	61
Highgate ...	Senr. Mixed	444	319	289
" ...	Junr. Mixed	354	201	174
North Harringay	Boys	465	439	406
" " ...	Girls	465	466	417
" " ...	Junr. Mixed	508	487	405
South Harringay	Senr. Mixed	584	473	441
" " ...	Junr. Mixed	300	243	200
Stroud Green ...	Boys	418	410	369
" " ...	Girls	418	359	322
" " ..	Infants	426	300	246
St. Mary's ...	Boys	237	241	222
" ...	Girls	235	254	241
" ...	Infants	220	219	193
Crouch End ..	Boys	456	449	410
" " ...	Girls	450	429	378
" " ...	Infants	411	371	309
Holy Innocents' ..	Infants	101	109	94
St. James' ..	Mixed	269	261	234
Campsbourne ...	Boys	450	511	453
" ..	Girls	450	532	453
" ..	Infants	473	513	426
	Totals ...	8,875	8,091	7,126

TABLE 7.
List of Schools in the District.

School.	Department.	Admitted Pupils.	No. on Roll.	Average Attendance.
Muswell Hill	Boys	220	142	105
St. Michael's	Boys	105	143	112
"	Girls	102	105	120
"	Infants	102	15	41
Highgate	Boys, Mixed	444	310	202
"	Boys, Mixed	304	301	171
North Harringay	Boys	403	410	400
"	Girls	402	400	417
"	Boys, Mixed	302	497	403
South Harringay	Boys, Mixed	351	470	411
"	Boys, Mixed	300	343	300
Second Green	Boys	410	410	360
"	Girls	410	400	392
"	Infants	400	300	345
St. Mary's	Boys	307	341	302
"	Girls	302	304	311
"	Infants	300	310	300
Crouch End	Boys	403	440	410
"	Girls	400	423	420
"	Infants	417	471	300
Holy Innocents'	Infants	101	100	94
St. James'	Mixed	300	301	301
Campden	Boys	410	411	400
"	Girls	410	402	410
"	Infants	470	510	400
Totals	...	8,970	8,991	7,730

TABLE 8.—ROUTINE MEDICAL INSPECTION.
Number of Children examined at each School.

YEARS OF AGE.	5		6		7		8		9		10		11		12		13		14		TOTALS.		
SCHOOL.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	Total
Muswell Hill ..	3	7	6	9	1	2	11	9	4	6	3	-	-	-	1	-	1	-	-	-	30	33	63
St. Michael's ..	5	15	13	8	1	6	21	9	10	17	3	2	-	1	19	17	10	10	-	-	82	85	167
Highgate ..	16	20	11	13	8	1	29	24	22	10	3	4	3	1	39	18	28	15	-	1	159	107	266
North Harringay	54	34	17	18	5	10	67	68	6	14	6	4	2	1	64	65	6	6	-	-	227	220	447
South Harringay	22	23	32	20	3	8	28	46	8	6	1	3	-	-	26	31	2	5	-	-	122	142	264
Stroud Green ..	31	37	17	20	7	7	60	45	-	7	10	7	-	6	54	39	4	3	2	3	185	174	359
St. Mary's ..	15	30	31	23	4	3	47	32	3	2	1	1	3	-	19	34	3	-	-	-	126	125	251
Crouch End ..	36	32	12	11	8	6	45	41	4	7	-	7	9	7	50	67	4	1	-	-	168	179	347
Holy Innocents'	15	17	1	1	1	-	3	1	-	-	-	-	-	-	-	-	-	-	-	-	20	19	39
St. James' ...	2	-	5	10	3	2	12	8	3	1	-	1	-	-	6	22	1	-	-	-	32	44	76
Campsbourne ..	74	40	19	24	9	2	77	86	28	3	7	3	-	-	78	66	11	15	3	1	306	240	546
TOTAL ..	273	255	164	157	50	47	400	369	88	73	34	32	17	16	356	359	70	55	5	5	1,457	1,368	2,825

TABLE 9.
WORK DONE AT MINOR AILMENTS CLINIC, 1921.

No. of Inspection Clinics held.	Total No. of Attendances at Inspection Clinics.	Average Attendance at Inspection Clinic.	Total No. of Attendances for Treatment.	No. of Cases dealt with.	No. of Re-Examinations of these Children.	No. of Cases cured and returned to School.	No. of cases referred to private Doctor or Hospital or not requiring treatment.	No. of Cases still on Register.
86	4,173	49	4,045	1,844	2,329	1,493	326	248

DETAILS OF THE AILMENTS DEALT WITH.

Ringworm, Head ...	43	Nose and Throat Diseases	338
Do. Body ..	21	Enlarged Cervical Glands	26
Scabies	53	Bronchial Catarrh	47
Impetigo	254	Tuberculosis	18
Other Skin Disease	189	Infectious Diseases	56
Minor Injuries ...	180	Heart Disease	36
Ear Disease ...	188	Epilepsy	2
Eye Disease ...	120	Chorea	19
		Other Nervous Diseases	20
		Debility, Anæmia and Malnutrition ...	86
		Dental Disease	24
		Rheumatism	7
		Deformities	9
		Abdominal Complaints and Enuresis	72
		Miscellaneous	36
		Total ...	1,844

TABLE 10.—SUMMARY OF WORK OF THE SCHOOL NURSES, 1921.

Visits to Schools.

Home Visits re Defective Children.

Schools.	Dept.	No. of Visits re Uncleanliness.	No. Examined.	No. of Individual Children found Unclean.	No. of Visits to Schools re other work.	Vermineous Conditions.	Teeth.	Defective Vision.	Tonsils and Adenoids.	Lungs.	Heart.	Ears.	Impetigo.	Scabies.	Ringworm.	Miscellaneous.
Muswell Hill ...	Mixed	23	736	17	8	4	1	11	5	2	1	—	1	—	1	8
St. Michael's ...	Boys	12	433	7	18	2	—	3	1	—	—	—	—	—	—	6
" " ...	Girls	27	993	22	16	8	—	1	—	3	2	—	—	—	2	4
" " ...	Infants	15	339	13	15	3	—	1	2	3	—	2	—	—	—	3
Highgate ...	Senr.	17	916	12	17	4	—	3	11	—	2	—	1	—	1	14
" " ...	Junr.	19	1,069	10	23	8	2	3	20	1	—	2	5	—	—	25
North Harringay...	Boys	24	1,577	48	17	3	1	14	8	1	1	2	5	—	3	6
" " ...	Girls	33	2,158	142	16	12	—	16	11	3	2	—	—	—	1	6
" " ...	Infants	32	1,974	81	33	22	—	6	24	2	—	1	2	2	1	7
South Harringay...	Senr.	19	1,258	30	23	4	3	6	10	—	—	2	1	1	5	10
" " ...	Junr.	16	590	8	17	1	—	2	12	1	—	—	1	3	7	8
Stroud Green ...	Boys	6	793	4	22	—	—	19	17	1	2	2	—	1	1	19
" " ...	Girls	17	1,011	30	21	—	—	22	20	—	—	1	—	1	5	17
" " ...	Infants	16	943	12	19	2	1	11	38	1	1	3	6	1	5	17
St. Mary's ...	Boys	11	529	10	15	1	2	6	3	3	—	—	—	—	—	5
" " ...	Girls	11	798	33	15	2	1	3	5	—	—	1	—	—	—	2
" " ...	Infants	11	422	9	13	2	3	1	11	—	—	—	—	1	—	5
Crouch End ...	Boys	15	1,447	34	19	—	1	34	20	2	3	6	5	2	3	23
" " ...	Girls	29	2,589	108	18	22	—	44	23	—	—	—	6	—	7	36
" " ...	Infants	28	1,996	64	24	23	—	16	17	—	—	3	7	2	5	19
Holy Innocents' ...	Infants	16	431	11	13	—	—	—	7	—	1	1	—	2	2	1
St. James' ...	Mixed	19	1,004	20	13	4	—	5	5	—	—	—	1	—	—	3
Campsbourne ...	Boys	36	2,141	61	21	8	—	36	8	3	3	2	4	1	14	10
" " ...	Girls	41	3,246	195	31	28	—	27	22	8	3	1	7	3	8	16
" " ...	Infants	43	2,955	181	35	29	1	29	42	1	—	3	6	3	13	22
Totals ...		536	32,348	1,162	482	192	16	319	342	35	21	32	58	23	84	292

