

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

Contributors

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BOROUGH OF HORNSEY.

ANNUAL REPORT FOR THE YEAR
1922

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

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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 presenting to you my second Report on the Health of the Borough of Hornsey. This Report is written on the lines advocated by the Ministry of Health.

The past year has been one of economy and of consolidation in our work. We have embarked on no fresh schemes; but, on the other hand, we have made the very best use of the resources at our disposal. The high level of the Public Health in the Borough has for long been the pride of the Burgesses, and it is pleasant to be able to record in this Report that this excellence in health and in sanitary circumstances has been well maintained. To be penurious where health was concerned would be indeed a bankrupt policy; but that it is possible to have a high standard of public health without spendthrift extravagance is amply shown by the conditions that exist in our Borough to-day.

I should like to take this opportunity of thanking the Members of the Town Council for their support during the last twelve months, and of expressing my appreciation of the help afforded to me by the Heads of the other Borough Departments and by the various members of my staff.

I am, Gentlemen,

Your obedient Servant,

A. T. NANKIVELL.

January, 1923.

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.

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

Hornsey is very largely a "dormitory town." 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 house-property, which is occupied by the well-to-do classes; there is not much poor house-property, and there are no slum areas, although there are certain districts and roads in the Borough which would rapidly degenerate were it not for the constant efforts of the Health Department to keep these houses reasonably fit for human habitation.

The Assessable Value of the Borough is £690,808, and a penny rate produced about £2,821 during the past year.

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 bracing, and the air is clean and fresh. The town lies above the smoke of London, and frequently when the City and West End are shrouded in a pall of smoke the sky can be seen blue over Hornsey. There are no flat and low-lying areas in the Borough, and, as the ground is generally undulating or hilly, the district is well drained and dry, although the sub-soil is a heavy clay.

The Borough is fortunate in possessing many lovely open spaces, such as the Highgate Woods and the Queen's Woods: these undoubtedly add to the amenities and health of the Borough.

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. These tables of statistical matter, although they are not always interesting in the reading, are to be considered as comparable to an annual balance-sheet. They show the work done by the Health Department during the year, and enable us to contrast the conditions of to-day with those of previous years.

Population.—The population of the Borough, estimated by the Registrar-General's method, was 88,007 in 1922. As I pointed out in my last Report, the taking of the Census in Midsummer, 1921, decreased our population figure, as many of our inhabitants were away in the country or at the seaside. The estimate of the present-day population, given above, which is worked out from the Census figures, is probably therefore an under-estimation. We shall not be able to arrive with accuracy at the figure of our ordinary population until the census is taken at a time when people are at home and not on holidays.

Age and Sex Distribution (See Tables M. and N.).—A most instructive series of figures will be found in Table M. at the end of this Report. This table shows the numbers of persons of different ages who were in Hornsey on the last three occasions when the census was taken, namely, in 1901, 1911 and 1921. From these census figures it will readily be seen that we have now a greater proportion than formerly of elderly people in the Borough. In 1901 only nine per cent. of the inhabitants were over fifty-five years of age; but in 1921 more than sixteen per cent. were over fifty-five. Although people suffer from sickness and mortality at earlier ages, it is from fifty-five and onwards that the amount of disease and death increases rapidly. The years above fifty-five may well be spoken of as "dangerous ages." Whereas in the year 1921 the death-rate per thousand of Hornsey inhabitants aged less than 45 was only 4·3, that of those from 45-65 was 12·3 per thousand living, and persons over 65 years of age had a death-rate of 72·5 per thousand. To-day we have in our Borough nearly eight thousand more elderly

people than we had twenty years ago, and it is significant that during 1922 there were thirty more deaths attributed to old age than in the previous year. The fact that we have so many elderly people in the Borough is in itself a tribute to the essential healthiness of Hornsey: if we had been in the past an insanitary town these people would not have lived to grow old. But this larger proportion of older people, taken in conjunction with the fact of a steadily-declining birth-rate over a period of years, must necessarily mean that the average age of our population is rising. A young population, with its normal low death-rate, is no longer being recruited; and, on account of the decreasing numbers of young people and the increasing numbers of old people, we must expect to see a gradual increase in our death-rate. Table N. clearly shows the influence of age on the death-rates of Hornsey and of England and Wales in 1921.

The last census showed that there was a considerable excess of females over males in the Borough of Hornsey. Altogether there are 12,063 more women than men in the Borough. This excess is chiefly due to the number of domestic servants. Up to the age of fifteen years the numbers of boys and girls in the town are practically equal—9,317 boys and 9,235 girls: in every other age-group, however, the females are in excess. For example, between the ages of 25 and 35 there are 5,794 males and 8,830 females in Hornsey—fifty-two per cent. more women than men of those ages.

The *Birth-rate*, that is to say, the number of births per thousand persons in the Borough, was 15·5 during the past year. This is a decrease over the rate of last year, and is far below the birth-rates of fifteen or twenty years ago. One reason for this decrease is to be found in the later age at which people marry; and another, and probably more important cause, is the voluntary limitation of families by those parents who do not desire to have children.

The *Death-rate* of the Borough of Hornsey for the year under review was only 11·2 per thousand population. This is a very low rate, and attests to the absence of unusual causes of mortality. Such a low rate would not be possible had the Borough

been subjected to epidemics of Pneumonia, Summer Diarrhœa, Measles, Whooping Cough, Influenza or Small-pox. The death-rate of a district is not, however, the best means of deciding whether the sanitary circumstances are perfect or otherwise; for, as I have pointed out, the rate (apart from fatal epidemics) depends much upon the numbers of infants and of the aged in a district. Mortality falls heavily upon the two extremes of age; and the town with few babies and old people will have a much lower death-rate than another equally healthy in which there are many old persons or infants. If our present-day population and death-rate in Hornsey remained stationary the average age at death would be 90 years. Rightly to judge of the health of a district the infant mortality rate and such records of sickness as are available are more to be relied upon than the death-rate by itself.

The *Infant Mortality* rate of the Borough during the past year was remarkably low, namely, 52 per thousand births. This is nearly the lowest rate on record, and one of which we may justly be proud. Summer diarrhœa was practically absent from Hornsey during 1922, and therefore the lives of many babies were spared. The frail body of a little child is a very delicate indication of insanitary conditions, and the infant mortality rate reflects very truly the hygienic condition of a town. There are three main causes of the death of children during their first year of life. Firstly, they suffer from the ill-health of the parents—they are “born tired” or diseased, and live for a few hours or days; secondly, they die from injuries received at birth; and, thirdly, they perish from diseases and infections that are acquired amid unhygienic surroundings. It is this third group of morbid conditions against which at present we are fighting most successfully; but in future we hope to reduce the ante-natal causes of death by being able to give more attention to mothers at our ante-natal clinics. The intermediate group, injury at birth, is not in this Borough a cause of much infant mortality. There will be found in the Appendix to this Report (Table G.) a diagram which shows the infant mortality rate over a number of years. From this it will readily be seen that the death-rate due to ante-natal causes has remained fairly constant for many years, while

that due to post-natal causes has shown a decline. Much of the credit for the saving of many lives is due to the admirable work which has been done for some years past at the Council's Maternity Centres. If in future we hope still further to reduce our rate of infant mortality, it will be necessary to diminish the number of deaths from ante-natal causes. This can only be accomplished by undertaking more ante-natal work at our Centres, where the expectant mother is taught how to safeguard the health of her unborn child.

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 it here.

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

There were 2 deaths from *Scarlet Fever*. This disease as a cause of mortality is negligible to-day, and of a very different nature to the Scarlet Fever of twenty-five years ago.

It is a matter for regret that there were 7 deaths from *Diphtheria*. Delay in the adequate treatment of any disease diminishes the patient's chance of recovery, but in no disease is delay more deadly than in *Diphtheria*. Last year a certain amount of public discussion arose from a suggestion that gross neglect of diphtheria cases should be reported to the Coroner, and this discussion was of value in directing attention to the gravity of this disease and to the need for prompt measures in its treatment.

Diphtheria Anti-toxin is supplied by the Town Council, and for the convenience of doctors it is kept at the Town Hall, the Isolation Hospital, the School Clinic and at the two Maternity Centres.

Measles caused 3 deaths.

Whooping Cough caused 7 deaths.

Summer Diarrhœa caused the deaths of only 3 infants during the year. This disease is fly-borne; and, in the absence of flies, the summer diarrhœa is non-existent. The cold and wet summer

of 1922 was prejudicial to the breeding of flies, and, in addition, an active anti-fly campaign was conducted by the Health Department from March to September. The breeding-places of flies were discovered and abolished, manure-heaps were removed and sprayed with borax, and instruction was given to the mothers at the maternity centres regarding the protection of their infants from the few flies that were found in the district.

Cancer was given as the cause of death in 145 instances. Reference to Table C. will show how the death-rate from Cancer has increased of recent years. Much of this increase is due to the fact that we have a larger proportion than formerly of persons over 45 years of age.

Tuberculosis was given as the cause of death in 70 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 89 deaths.

Old Age was returned as the cause of death in 81 cases. Altogether 468 persons over the age of 65 died in the Borough during the past year.

Venereal Diseases cause an amount of invalidism and mortality which is difficult to estimate. Many cases of blindness, deafness, paralysis and heart disease are due either to gonorrhœa or to syphilis, and to these diseases we can attribute a large number of all abortions, miscarriages, still births and deaths of newly-born children. It has been stated that, directly and indirectly, venereal diseases cause more deaths than Cancer and Tuberculosis together; however that may be, they certainly give rise to much more disability and crippling. On no subject connected with health is education more necessary; for, of all the infectious diseases, these are the most disastrous and fatal. In the future, when Continuation Schools are established and when hygiene is taught in our Secondary Schools, an opportunity will arise for giving the young adults of this country some instruction regarding the dangers of these infections.

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 166 tests of drains were made during the year. 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. During the early months of 1922, when hunting out fly-breeding grounds, we discovered some pail closets on the sidings of the Great Northern Railway at Haringey, and some adjacent to the New River at Hornsey. Immediate steps were taken to improve the condition of these latrines, and it can now be said that they are of no danger to the public health.

Scavenging.—Hornsey is a very clean town, and its roads and footpaths are frequently scavenged. The importance of tar-spraying and of cleanliness is considerable from the point of view of the public health. There are 18 stables in the Borough, and special attention was given to these by the Health Department during the spring and summer in order to prevent the breeding of flies. The Inspectors made altogether 716 visits to these premises.

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. During the year the Town Council served notices on 128 householders to provide proper and sufficient ash-bins.

Mortuary.—The public mortuary and coroner's court are situated in Hornsey. During the year 66 bodies were placed in the mortuary and 64 inquests were held at the coroner's court.

Cleansing Station.—A cleansing station has been established at the Hornsey Depôt, primarily with the object of cleansing school children. During the year it was used in addition for the cleansing of 20 adults.

Disinfection.—A steam disinfector at the Hornsey Depôt 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 11,439 articles were disinfected. Two motor-vans are employed in the collection and returning of such articles.

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 3,815 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 1,418 preliminary intimations were sent out from the office drawing the attention of the owner or occupier to the defects. In addition, 255 statutory notices were served and were obeyed, with the exception of 17 which were outstanding at the end of the year. In discovering defects and in seeing that these were properly remedied the inspectors made 13,903 visits during the year.

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 137 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 83 factories and 245 workshops in the Borough. All of them are small establishments. They were visited on 777 occasions, and any unhealthy conditions that were discovered were remedied.

(j) Bakehouses.—There are 33 premises on the register which are used as bakehouses. They were visited 88 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 28 times.

(m) Rag Flock Act.—Seventeen 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 943 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 2,600 lbs. of food that was unfit for human consumption was voluntarily surrendered to us by provision dealers.

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

There are 7 *Slaughter-houses* in the Borough. They are well kept. Last year they were inspected on 76 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, although the disease occurred in neighbouring areas and was prevalent in London during the autumn.

Although no cases of small-pox were notified in Hornsey, we suffered from several "false alarms," which served the useful purpose of testing the efficiency of our methods for dealing with an actual case of the disease.

At one time it seemed not unlikely that London would be attacked by a small-pox epidemic, and it was therefore considered desirable to take certain precautionary measures in this Borough. Some twelve thousand leaflets, urging the desirability of vaccination or re-vaccination, were sent out to the public elementary, secondary and private schools in the Borough; and the doctors who practise in Hornsey were circularised regarding the disease so that they might co-operate as much as possible with the Health Department in discovering the first case. Posters supplied by the Guardians were displayed throughout the Borough; and it is satisfactory to be able to report that the public, and especially the unvaccinated children, availed themselves to a great extent of the offer of vaccination. Small-pox does not tend to spread and to become epidemic in a well-vaccinated community, and, although this Borough is never safe from an imported case of small-pox, yet it is in a far stronger position now to withstand an epidemic than it was in the late summer of last year. The widespread neglect of vaccination in former years has been due much more to the indolence and apathy of parents than to any conscientious objections which they may have had to this certain method of preventing disease; and there are very few persons who, in the face of an epidemic of small-pox, are found to hold their objections tenaciously.

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.

Typhus Fever, Continued Fever, Cholera, Dysentery, Relapsing Fever, Trench Fever, Cerebro-Spinal Fever, Polio-myelitis.—There were no cases of these diseases notified.

Diphtheria.—There were 123 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 same class. One child, who subsequently admitted to have been ailing, was found to harbour the bacilli of Diphtheria in her throat. She was sent to the Isolation Hospital, and the outbreak ceased promptly. Year by year, in preparing my Annual Report, I have been able to record the occurrence of a school diphtheria outbreak which was immediately checked by swabbing and by isolating those who were found to be infective. In some quarters I believe that the swabbing of contacts is regarded as being expensive, troublesome and not worth the bother: that, however, is not my experience. Given a nurse who is able to take the swabs properly, and a bacteriologist who is competent to examine them, the control of diphtheria in a school or institution is a matter of no great difficulty. That, at any rate, has been our fortunate experience in Hornsey.

Scarlet Fever has shown a marked decline in 1922 compared to the previous year. Altogether 286 cases were notified (Tables F. and K.). The disease spreads by personal contact, and it is the mild and "missed" cases which give rise to others. No cases were traced to infected milk during the year under review. Scarlet Fever to-day is a trivial complaint, and very different from that dreadful disease so rightly feared by our parents and grandparents.

Erysipelas was notified on 24 occasions. This disease is no more infectious or contagious than a poisoned finger or a carbuncle, and there is no reason whatever why it should be a notifiable disease. Cases of erysipelas can safely be nursed in their homes or in ordinary wards of a general hospital, provided that reasonable cleanliness is observed.

Encephalitis, Malaria and Enteric Fever.—Only one case of each of these diseases was notified. They call for no special comment.

Pneumonia.—One hundred and four notifications were received of this infectious disease. Pneumonia, especially in children and in old people, is one of the most common causes of death; and, in order to attempt to reduce the numbers of cases during the autumn and winter of 1922, a mixed vaccine was sent

free by the Health Department to those doctors in the Borough who desired to use it. Out of 98 doctors practising in Hornsey, 60 availed themselves of this offer. There are strong grounds for believing that the use of such a vaccine at suitable intervals throughout the winter months affords considerable protection against those micro-organisms that cause pneumonia and bronchitis. Those who are liable to such respiratory infections certainly seem to benefit by the administration of such a vaccine.

Puerperal Fever.—There were 2 notifications of this disease during the year.

Ophthalmia neonatorum.—This acute inflammation of the eyes of newly-born children was notified on 10 occasions. The condition is generally gonorrhœal. The Health Visitors visited the cases. One child lost its sight in consequence of this terrible infection, which is one of the common causes of blindness.

Tuberculosis.—During the year 112 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 97 rooms which had been occupied by tuberculous people were disinfected, and 628 articles were sterilised by steam.

Disinfection.—During the year 875 rooms were disinfected by sulphur or formalin, and 11,439 articles were passed through the Council's steam disinfecter. In addition to these, 178 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.

At the end of September the Isolation Hospital in Coppett's Road ceased to be the property of the Borough of Hornsey. For many years past an arrangement has been under review by the Councils of Hornsey, Finchley and Wood Green with the object of making this institution a joint hospital, owned equally by the

three districts. The negotiations to bring this about were completed during 1922, and the Hospital is now the joint property of these three Authorities, and is managed by a Committee composed of members from each of the three Councils. The Medical Officers of Health of the three districts act in the capacity of consulting Medical Officers to the Hospital, and Dr. J. R. Prior, the former Resident Medical Officer, has been appointed its Medical Superintendent.

The diseases ordinarily admitted to the Isolation Hospital are Scarlet Fever and Diphtheria. Occasionally a case of Puerperal Fever, of Erysipelas, or of Enteric Fever is admitted.

Considering the mild nature of Scarlet Fever and its very low rate of mortality, it may be considered more logical to keep cases of this disease in their own homes and to send some other more infectious and more deadly condition, such as Measles or Summer Diarrhoea, into the Hospital instead of admitting Scarlet Fever. Unfortunately there still exists in the public mind a great horror of "fever," and a corresponding disregard for far more serious diseases; and it is to be feared that the exclusion of Scarlet Fever from the Hospital would not meet with the approval of the public. In order to save lives and to improve the public health, it may be necessary, in the future, when the people are more enlightened, to make a change in the character of the cases now sent into hospital.

During the year under review there were admitted to the Hospital from the Borough of Hornsey 223 cases of Scarlet Fever, 106 cases of Diphtheria, 2 cases of Erysipelas, 1 case of Enteric Fever, 1 case of Measles, 1 case of Whooping Cough and 1 case of Meningitis.

MATERNITY AND CHILD WELFARE.

(See Tables G., H. and J.).

On no branch of Preventive Medicine can money and energy be better spent than upon Maternity and Child Welfare Work. If an infant can be given a good start in life and escape the dangers that so easily beset it during the first few years of existence, a healthy constitution is established which will enable the child to grow and prosper into a healthy adult and a useful member of society.

It is difficult to estimate the amount of vital force and money that is wasted in the premature deaths of infants; but it is interesting to notice that if the infant mortality rate of forty years ago in Hornsey existed to-day, we should, during the past year, have witnessed the deaths of 91 children under one year of age who are now alive and well. During the past ten years approximately 710 children's lives have been saved which would have been lost had they been living under the conditions that were found in 1880-1890. Although these figures are remarkable, they tell only a small part of the truth; for they make no allowance for the large number of children who have been saved from attacks of non-fatal sickness. An infant who has passed through a bad attack of diarrhoea or survived a severe attack of measles or of whooping cough, is a child who subsequently is often badly damaged: its health is sub-normal, its nutrition is impaired, its powers of resistance are lowered. Such a survivor tends to become one of those human wrecks which we see, too frequently, in our hospitals and poor-law infirmaries. The great reduction in infant mortality and in infant sickness has prevented many a child from becoming a chronic invalid in after days.

Staff.—The organisation of the Maternity and Child Welfare Work in the Borough is under the control of the Medical Officer of Health. He is assisted by a part-time lady doctor, Dr. Flora Shepherd, who conducts infant consultations at Brook Road Centre on two days in the week and at Wightman Road Centre on one day in the week. An ante-natal clinic is also held at both the centres by Dr. Jessie Muir, who is paid for her service from funds collected by the mothers themselves. In addition, there are three Health Visitors whose duties are to visit and advise mothers and to help in the work at the centres. A midwife is engaged by the Town Council, and her work is much appreciated by the mothers.

Voluntary Workers.—It would not be possible to do such 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.—In my Report for 1921 I wrote on this matter as follows:—

“ The Maternity Committee is aware that there is need for the extension of our activities. 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 the mothers and young children may be extended.”

These words are equally true to-day. It is undeniable that we have done and are doing very good work; but there is plenty more that is waiting to be done. Our infant sickness will not be materially reduced, nor our infant death-rate lessened, until we further increase our staff and the number of sessions that are held. The time may not yet be opportune for this additional expenditure of money; but I hope the day for this will not be long delayed. We need especially more sessions for ante-natal work, at which expectant mothers may consult and be advised by the doctor; for, until we have these, and until they are attended by the majority of expectant mothers, we shall not see much reduction in the rate of infant mortality that is due to ante-natal causes.

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 one year of age. During the year 297 applications for milk were received, and of these 257 were granted, the remainder being refused. Milk from a dairy, or dried milk, is given according to the needs of the case.

Home for Unmarried Mothers.—There is a small but admirable home situated in Upper Tollington Park where unmarried mothers are received and cared for until and after their confinements. This home receives a grant from the Town Council, and the mothers and babies attend the Maternity Centre in Wightman Road.

OTHER DETAILS OF ADMINISTRATION.

Staff.—There are five Sanitary Inspectors and four Clerks in the Medical Officer's Department. In addition, there are two caretakers attached to the maternity centres; one caretaker at the coroner's court and mortuary, and two disinfectors. Occasional labour for drainage work is obtained as it is required. All the members of staff have done work of a high standard of excellence throughout the year; and the thanks of the Medical Officer are due to all of them, and especially to the Senior Sanitary Inspector, Mr. Thorpe, and to the Chief Clerk, Mr. Gilroy.

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. During the year 1,217 specimens were examined in the laboratory, and of these 1,030 were swabs taken for the diagnosis of diphtheria infection.

CONTAGIOUS DISEASES OF ANIMALS ACTS.

No cases of suspected Rabies were reported, and no cases of Parasitic Mange were brought to our notice. The Veterinary Inspector, Mr. J. Buxton, M.R.C.V.S., granted several certificates for the movement of animals during the year, and also examined some cows and steers which were stated to have been in contact with infectious disease.

HOUSING.

Hornsey is mainly a residential town of good-class houses, but here and there are patches of inferior house property. There are, however, no insanitary areas and no slums. A slum can be defined as a collection of dwellings which are grossly overcrowded and in such an insanitary condition that they are not fit for human habitation. Certainly there are houses in the Borough overcrowded, but none in which insanitation co-exists with the overcrowding. The Health Department perpetually has under review the poorer class of house, and, by timely repairing, these properties are prevented from further disintegration.

Speaking generally, the condition of the poorer house property in Hornsey has improved during the last few years. During the War and in the years immediately succeeding it, the cost of repairs was excessive, and it was difficult to persuade property owners to do much to their houses. Now, however, prices are more reasonable, and labour is easier to obtain: the result is that the necessary repairs are carried out, and this class of house is better than it was three or four years ago.

Many houses in the Borough which were originally intended and built for the use of one family are now occupied by two or more families, and it is in these especially that sanitary supervision is needed. If two, three or four families share a sink or water-closet, it is no one's business to keep it clean: it is the business of nobody to look after the common passage and the common back-yard. Another evil associated with the sub-letting of these houses is that many of the families have no proper cooking-place: there is only one cooking range or gas-cooker in the house, and only one family has access to it. The remainder have to get along as best they can by cooking on a bedroom fire or on a gas-ring. Hot water and baths are unknown luxuries in many of these tenements, and it is not to be wondered at that vermin are sometimes found in these houses. Indeed, it is a matter for astonishment that so many people in such adverse circumstances manage to keep themselves and their homes clean and respectable.

As I stated in my last Annual Report, I do not think that the provision of more working-class houses would materially diminish this overcrowding, for the reason that the families now living in one or two rooms could not afford to live in larger houses and to pay an additional rent. It is difficult to obtain figures which are comparable year to year regarding overcrowding; but my personal experiences during 1922 lead me to believe that the overcrowding was not so acute as it was during 1921. The house shortage, as far as Hornsey is concerned, is more a national than a local problem.

During the year under review we discovered 39 houses that were bug-infested. It is not an easy matter to rid a house of these creatures, for they are more than usually tenacious of life,

and hide away in cracks and crannies, behind skirting boards and under wallpaper, and in holes in the plaster and in window-sashes, where it is difficult to reach them. These houses were, however, energetically disinfested, and relapses were reported in only seven instances. The houses are being kept under special observation.

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 497 premises.

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TABLE A.
BOROUGH OF HORNSEY VITAL STATISTICS, 1902—1922.

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.
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
1922	88,007	15·5	11·2	52	0·3
105 Great Towns (Rates in 1922)		21·5	13·0	81	—
155 Smaller Towns (Rates in 1922)		20·5	11·7	75	—
London (Rates in 1922)		21·4	13·4	73	—
ENGLAND and WALES (Rates in 1922)		20·6	12·9	77	—

TABLE B.
CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1922.

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 ...	...	...	...	3	...	2	1	...	...	...	...	...
4	Scarlet Fever ...	...	...	...	2	...	1	...	1	...	...	...	...
5	Whooping Cough ...	...	...	...	7	4	2	1	...	...	...	...	...
6	Diphtheria and Croup ...	...	...	...	7	...	...	3	3	1	...	...	...
7	Influenza ...	...	...	...	40	2	1	...	...	...	8	12	17
8	Erysipelas ...	...	...	...	1	...	...	...	...	...	...	...	1
9	Pulmonary Tuberculosis ...	...	...	...	57	...	...	...	...	10	23	22	2
10	Tuberculous Meningitis ...	...	...	...	5	...	...	1	4	...	...	...	...
11	Other Tuberculous Diseases ...	...	...	...	8	...	...	...	1	3	1	2	1
12	Cancer ...	...	...	...	145	1	...	1	...	2	12	70	59
13	Rheumatic Fever ...	...	...	...	6	...	...	...	2	...	...	1	3
14	Meningitis ...	...	...	...	4	1	...	1	...	...	2	...	...
15	Organic Heart Disease ...	...	...	...	89	...	...	...	1	1	9	31	47
16	Bronchitis ...	...	...	...	72	1	1	1	...	...	4	6	59
17	Pneumonia ...	...	...	...	80	7	3	2	...	2	6	26	34
18	Other Respiratory Diseases ...	...	...	...	3	...	...	...	...	...	...	1	2
19	Diarrhœa and Enteritis ...	...	...	...	3	3	...	...	...	...	...	...	...
20	Appendicitis ...	...	...	...	12	...	...	...	3	2	5	...	2
21	Cirrhosis of Liver ...	...	...	...	5	...	...	...	...	...	...	3	2
21a	Alcoholism ...	...	...	...	4	...	...	...	...	...	...	3	1
22	Nephritis ...	...	...	...	34	...	...	...	...	1	3	11	19
23	Puerperal Fever ...	...	...	...	3	...	...	...	...	1	2	...	...
24	Other accidents of Pregnancy and Parturition ...	...	...	...	2	...	...	...	...	...	2	...	...
25	Congenital Debility, etc. ...	...	...	...	42	41	...	...	1	...	...	...	...
26	Violent Deaths ...	...	...	...	29	4	1	3	1	...	3	11	6
27	Suicide ...	...	...	...	13	...	...	...	...	...	2	9	2
28	Other Defined Diseases ...	...	...	...	316	8	...	4	5	3	22	63	211
29	Ill-defined Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...					992	72	11	18	22	26	104	271	468

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
1922	...	16·5	...	7·9

TABLE D.
 NUISANCES AND DEFECTS DISCOVERED, 1922.

No. of Premises requiring structural repairs ...	...	855
„ „ „ „ „ cleansing and limewashing ...	...	321
Drains choked ...	...	63
„ otherwise defective ...	...	168
Defective W.C. fittings ...	...	262
„ Yard surfaces ...	...	128
„ Eaves and downspouts ...	...	320
„ Manure receptacles and ashbins ...	...	145
„ Sinks and waste-pipes ...	...	77
„ Urinals ...	...	13
Offensive accumulations ...	...	50
Animals improperly kept ...	...	11
Other nuisances and defects...	...	1,559
		<hr/>
Total number of nuisances and defects ...	...	3,815
		<hr/>
Total number of all visits to all premises for all purposes ...	...	13,903
		<hr/>

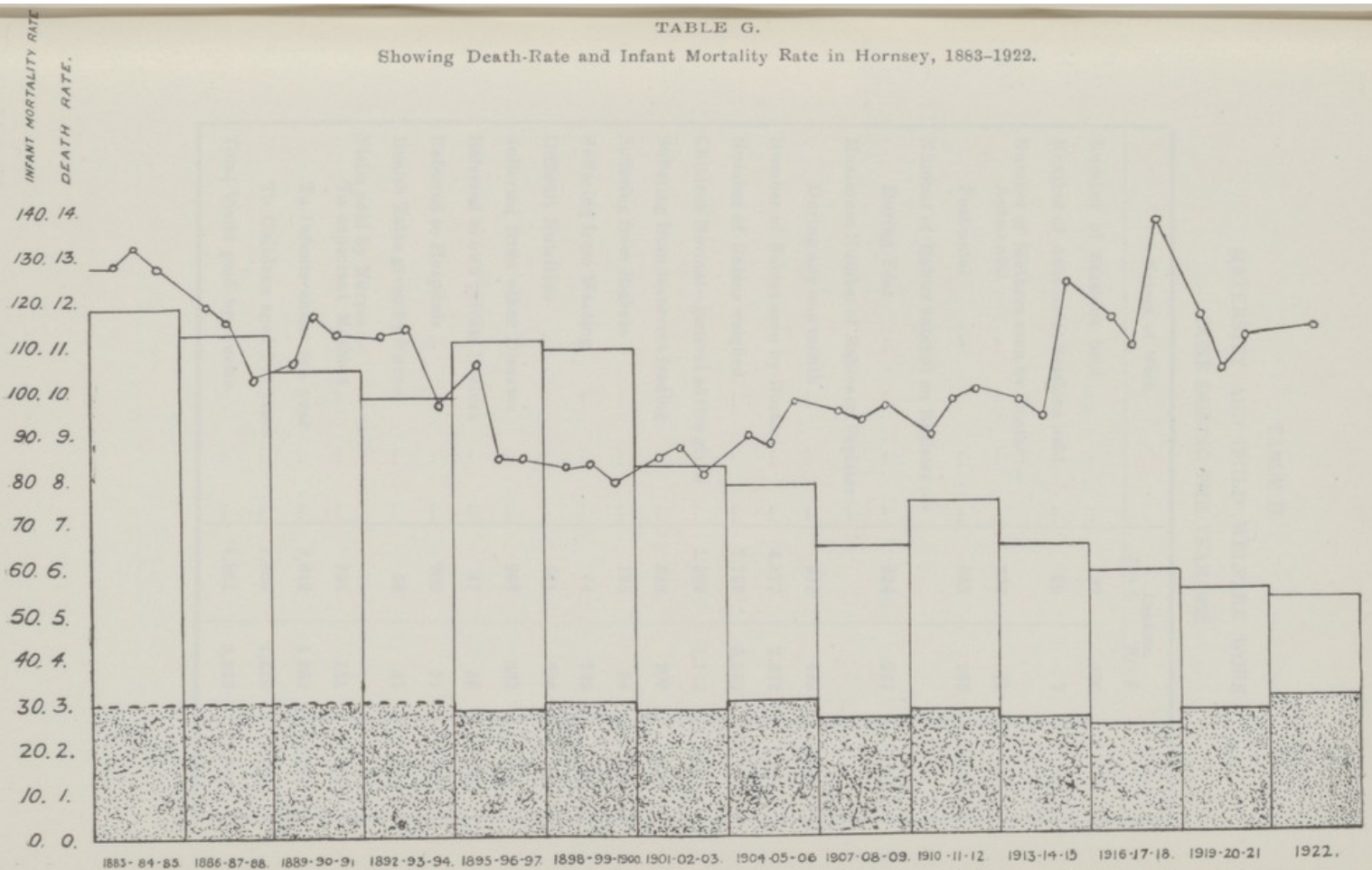
TABLE E.
WORK DONE DURING THE YEAR 1922.

No. of visits re Infectious Diseases ...	...	...	...	1,220
„ „ houses visited re Infectious Diseases ...	...	...	...	840
„ „ „ disinfected after Infectious Diseases ...	...	...	...
„ „ „ „ „ other „ ...	...	...	...
„ „ drains (smoke) tested... ..	...	...	...	150
„ „ „ (water) „ ... ..	...	...	...	16
„ „ visits to Outworkers ... ..	...	...	...	309
„ „ „ „ Factories and Workshops ... ..	...	...	...	777
„ „ „ „ Slaughter-houses ... ..	...	...	...	76
„ „ „ „ Bakehouses ... ..	...	...	...	88
„ „ „ „ Rag-Flock ... ..	...	...	...	17
„ „ „ „ Places of Public Entertainment ... ..	...	...	...	28
„ „ „ „ Dairies ... ..	...	...	...	57
„ „ „ „ Other food shops or provision stores ... ..	...	...	...	301
„ „ „ „ Under Shops Act ... ..	...	...	...	943
„ „ „ „ Schools ... ..	...	...	...	2
„ „ „ „ Houses under Rent Act ... ..	...	...	...	62
„ „ „ „ Other premises ... ..	...	...	...	9,586

TABLE F.—INFECTIOUS DISEASES NOTIFIED DURING 1922.

	Scarlet Fever.	Diph- theria.	Enteric Fever.	Malaria.	Puer- peral Fever.	Erysi- pelas.	Ophth. Neon.	Pneu- monia.	Ence- phalitis Lethar- gica.	Tuberculosis.		Total.	Admitted to Hospital
										Phthisis.	Other forms.		
Highgate ..	25	10	0	0	0	1	1	9	0	9	3	58	28
Muswell Hill..	7	16	0	0	0	2	0	13	1	11	1	51	14
Crouch End ..	18	2	0	0	1	3	2	7	0	7	1	41	9
West Hornsey	64	41	0	0	1	6	5	28	0	20	5	170	94
East Hornsey	51	25	1	1	0	7	0	10	0	17	2	114	65
Nth. Haringey	53	11	0	0	0	1	2	14	0	11	1	93	43
Sth. Haringey	30	6	0	0	0	1	0	5	0	9	1	52	25
Stroud Green..	22	5	0	0	0	2	0	7	0	8	1	45	17
Finsbury Park	16	7	0	0	0	1	0	11	0	4	1	40	13
Total ..	286	123	1	1	2	24	10	104	1	96	16	664	
Admitted to Hospital	201	103	1	0	1	2	0	0	0	—	—	—	308
	Scarlet Fever.	Diph- theria.	Enteric Fever.	Malaria.	Puer- peral Fever.	Ery- sipelas.	Ophth. Neon.	Pneu- monia.	Ence- phalitis Lethar- gica.	Tuberculosis.		Total.	Admitted to Hospital
										Phthisis.	Other forms.		
1st quarter ..	123	53	0	0	1	8	2	52	1	25	3	268	118
2nd quarter ..	56	22	1	0	0	5	4	21	0	21	4	134	56
3rd quarter ..	57	15	0	1	1	4	1	7	0	27	5	118	62
4th quarter ..	50	33	0	0	0	7	3	24	0	23	4	144	72
Total ..	286	123	1	1	2	24	10	104	1	96	16	664	308

TABLE G.
Showing Death-Rate and Infant Mortality Rate in Hornsey, 1883-1922.



NOTE.—The Death-Rate is shown as an interrupted line. The Infant Mortality Rate is shown as columns in which the post-natal causes of mortality are represented by the unshaded part, and the ante-natal causes by the shaded part. It will readily be seen that although the Infant Mortality due to post natal causes has declined considerably, yet that due to ante-natal causes has shown no diminution.

TABLE H.
MATERNITY AND CHILD WELFARE WORK
DONE DURING THE YEAR 1922.

Nature of Work.	Centres.		Total.
	No. 1.	No. 2.	
Number of Sessions held	199	100	299
Number of Ante-natal Sessions held ...	39	7	46
Number of Mothers seen by Doctor:—			
Ante-natal	323	71	394
Post-natal	855	292	1,147
Number of Babies entered on Register:—			
During Year	624	267	891
Maximum Number of Babies on Register:—			
During any one month	971	433	1,404
Number of Babies seen by Doctor	4,877	2,372	7,249
Number of Babies weighed	7,737	3,562	11,299
Children Normal—general advice given ...	1,569	1,142	2,711
Suffering from incorrect feeding	348	209	557
Suffering from Rickets	135	84	219
Suffering from Wasting	44	122	166
Difficult Nutrition	401	226	627
Suffering from other Diseases	967	332	1,299
Referred to own private Doctors	47	56	103
Referred to Hospitals	206	71	277
Health Talks given by Nurses	58	47	105
Visits paid by Nurses:—			
To expectant Mothers	324	151	475
To Infants under one year	2,642	1,362	4,004
To Children aged 1-5 years	1,895	1,510	3,405
Total Visits paid by Nurses	4,861	3,023	7,884

TABLE J.—INFANT MORTALITY DURING 1922.

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	4
Tuberculous Meningitis	—	—	—	—	0	—	—	—	—	0
Other Tuberculous Diseases	—	—	—	—	0	—	—	—	—	0
Convulsions	—	—	—	—	0	—	—	—	—	0
Bronchitis	—	—	1	—	1	1	—	—	—	2
Pneumonia	—	—	—	—	0	3	3	1	—	7
Diarrhœa	—	—	—	1	1	2	—	—	—	3
Rickets	—	—	—	—	0	—	—	—	—	0
Injury at Birth	2	1	—	—	3	—	—	—	—	3
Premature Birth	15	3	2	1	21	—	—	—	—	21
Atrophy, Debility and Marasmus	4	2	1	2	9	4	2	1	—	16
Other Causes	1	—	3	2	6	4	4	1	1	16
Total ...	22	6	7	6	41	15	9	4	3	72

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

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.
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
1922	32·5	13·9	0·1

TABLE L.—HOUSE-TO-HOUSE INSPECTIONS, 1922.

Premises.	Houses or Tenements.	Defective Drains.	Obstructed Drains.	Defective Sanitary Fittings.	Defective Water-closets.	Rainwater Pipes, Gutters, etc.	Defective Pavings.	Dampness.	No Damp Course.	Dirty Premises.	Overcrowding.	Dustbins.	Drinking-water Cisterns dirty.	Do. without covers.	Other Defects.	Satisfactory.
Myddelton Road ...	17	—	—	4	—	12	3	11	2	9	—	5	2	5	10	2
Clarendon Road ...	54	—	—	7	1	20	6	23	—	28	—	15	5	2	25	14
Rathcoole Gardens ...	208	—	3	45	1	86	6	9	—	23	—	12	14	14	42	17
St. James' Lane ...	29	—	—	—	1	4	—	1	—	—	—	6	—	1	—	19
North Hill ...	46	—	—	—	2	5	1	2	—	17	—	1	3	1	6	26
North Road Cottages	22	—	—	—	6	1	2	—	—	10	—	—	—	—	3	6
Castle Yard ...	11	—	—	4	2	3	—	—	—	—	—	—	—	—	—	3
Southwood Lane ...	34	3	—	7	6	8	2	5	—	14	—	5	4	3	15	16
Middle Lane...	6	1	6	4	1	2	1	—	—	—	—	1	1	1	7	—
Fortis Green ...	4	4	3	1	—	3	2	—	—	1	—	—	—	1	4	—
Archway Road ...	40	—	—	—	—	—	—	—	—	17	—	—	—	—	—	24
Townsend's Yard ...	9	—	—	3	2	4	2	3	—	2	—	1	—	1	5	2
Coppett's Road ...	17	—	—	—	—	3	1	1	—	—	—	—	—	—	—	13
Total ...	497	8	12	75	22	151	26	55	2	121	0	46	29	29	117	142

TABLE M.

AGE DISTRIBUTION OF POPULATION OF HORNSEY, 1901, 1911 and 1921.

AGES.	1901.		1911.		1921.	
	Number of Persons living at various ages.	Percentage of total Population at each age.	Number of Persons living at various ages.	Percentage of total Population at each age.	Number of Persons living at various ages.	Percentage of total Population at each age.
Under 5 years ...	6,554	9.09	6,586	7.78	5,469	6.23
5 years but under 10	6,111	8.48	6,464	7.64	6,333	7.22
10 „ „ „ 15	6,020	8.35	6,222	7.35	6,750	7.70
15 „ „ „ 20	7,729	10.72	7,549	8.92	6,941	7.91
20 „ „ „ 25	8,334	11.56	8,593	10.15	7,078	8.07
25 „ „ „ 30	7,534	10.45	8,422	9.95	7,325	8.35
30 „ „ „ 35	6,737	9.34	7,763	9.17	7,299	8.32
35 „ „ „ 40	5,454	7.56	6,963	8.23	7,370	8.40
40 „ „ „ 45	4,602	6.37	6,191	7.32	6,941	7.91
45 „ „ „ 50	3,502	4.97	5,174	6.11	6,406	7.30
50 „ „ „ 55	2,914	4.04	4,306	5.09	5,527	6.30
55 „ „ „ 60	2,132	2.95	3,296	3.89	4,477	5.13
60 „ „ „ 65	1,742	2.41	2,659	3.16	3,537	4.07
65 „ „ „ 70	1,165	1.61	1,884	2.24	2,534	2.91
70 „ „ „ 75	763	1.05	1,280	1.53	1,836	2.09
75 and over ...	763	1.05	1,240	1.47	1,836	2.09
Total at all ages ...	72,056	100	84,592	100	87,659	100
Persons under 55 years	65,491	90.93	74,233	87.71	73,439	83.71
Persons over 55 years	6,565	9.07	10,359	12.29	14,220	16.29

TABLE N.
DEATHS OF PERSONS PER 1,000 LIVING AT VARIOUS AGES.
HORNSEY AND ENGLAND AND WALES, 1921.

Age.	Death Rate—Hornsey.	Death Rate—England and Wales.
Under 5 	17·3	28·5
5 years but under 10	1·9	2·6
10 " " " 15	1·8	1·8
15 " " " 20	2·4	2·7
20 " " " 25	1·5	3·3
25 " " " 35	3·6	3·7
35 " " " 45	3·8	5·2
45 " " " 55	9·6	11·0
55 " " " 65	17·3	22·1
65 " " " 75	42·8	15·0
75 and over 	143·2	193·8

PREFACE.

To the Chairman and Members of the Education Committee.

Annual Report

FOR

1922

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.

A. T. NANKIVELL.

January, 1923.

Annual Report

1922

SCHOOL MEDICAL SERVICE

BOROUGH OF HORNSEY

A. T. NASHVILLE, M.D. (Lond.), D.P.H. (Camp).

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 second Report upon the School Medical Service in the Borough of Hornsey.

Throughout the year 1922 good work has been done in safeguarding the health of children of school age; and, although we have undertaken no additional lines of treatment and have embarked on no new schemes, we have made the most of the organisation at our disposal.

This Report follows closely on the lines desired by the Board of Education; but, since a full report on our administration was given last year, it has been thought unnecessary to repeat much of the information then given.

I should like to take this opportunity of thanking the Education Secretary and the members of his Staff for the help that they have given me during the past twelve months; and to express my appreciation of the work of the Assistant School Medical Officer (Dr. J. R. Prior) and of those other Doctors who have helped with the clinical side of the work. To the School Teachers and to the School Nurses I should like also to express my thanks for their hearty co-operation.

I am,

Your obedient Servant,

A. T. NANKIVELL.

January, 1923.

GENERAL.

The object of our School Medical Service is to secure that every child shall be reasonably healthy during its school life, so that it may be able to profit by instruction and be able later to earn its own living. To attempt to teach an ailing child is a waste of public money, and to put a sick child later on to the labour market to struggle against a heavy handicap of invalidism is merely to recruit a population for the workhouse infirmary.

By inspection of children when they enter school, and again when they are aged 8-9 years, and yet again when they are 12-14 years of age, we are able to detect the early signs of disease; and by means of our school clinic we are enabled to have this early disease remedied. The body of a child is plastic, and responds very readily to appropriate treatment. Owing to this repeated inspection and to the opportunity for adequate treatment, it is few, if any, children who pass through the critical years of 5-14 with physical conditions which are capable of being remedied.

Very many of the children who enter our public elementary schools have benefited by previous attendance with their mothers at one of our Maternity and Child Welfare Centres. The records of these children are passed on to the School Medical Service, and we have therefore in many instances complete medical records of school children from birth. It would be logical to pass these records to the panel practitioner for his enlightenment; but unfortunately a gap exists of two years between the time that the child leaves school and the time when he joins the State Insurance Scheme. During these two years the growing boy or girl is under no definite medical care, and the health records are of use to no one. It is certainly regrettable that during two important years of life the State should take no means of safeguarding the child's health, and that after fourteen years of Municipal and State effort the child, at a difficult period of existence, should be without adequate medical supervision. This criticism does not, of course, apply to those children who enter a secondary school, nor to those in residential institutions: and if ever we have continuation schools or classes for the growing boy or girl together with adequate medical supervision of these we shall no doubt further improve the health of our young adults.

SANITARY CONDITION OF SCHOOLS.

The conditions of sanitation in the schools are generally excellent, and I have nothing to add to the comments that I made in my last Report.

ORGANISATION OF THE SCHOOL MEDICAL SERVICE.

This remains as formerly, and calls for no special remarks. We have inaugurated no new schemes during the past year. I should like, however, to express my regret at the departure of the Clinic Clerk, Miss M. Ockleston, to whose devoted work much of our success at the School Clinic has been due. Owing to family reasons Miss Ockleston was compelled to resign her appointment towards the end of the year.

EXTENT AND SCOPE OF THE WORK.

During the year the school nurses made 944 visits to the schools and 1,146 visits to the homes of children. At these visits to the schools the nurses made a cursory examination of no less than 32,943 children, inspecting them for obvious defects, such as skin disease, sore eyes, discharging ears or verminous conditions. 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. 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 to Table 8. The defects that were discovered at the routine inspection are shown in Table 2.

GENERAL REVIEW OF FACTS DISCLOSED BY MEDICAL INSPECTION.

Malnutrition.—Out of 2,622 children examined at the routine inspection during the year, 234 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.

Clothing and Footwear.—Out of 2,622 children examined at the routine inspection during the year, 40 were found to have defective clothing and 69 to have defective footgear.

Uncleanliness.—Out of 2,622 children examined, 214 were found to be unclean at the time of the routine inspection. Five children had live lice in their heads, and 138 others had nits (or eggs of lice), and 41 were found to be flea-bitten. During the year, as the result of class-to-class inspection, the school nurses have discovered 1,084 children who were unclean.

No child should pass through a school without learning one of the most important lessons, namely, that of the value of cleanliness; and this lesson is being taught both by the teachers and by the school nurses. The number of children reported to be dirty may appear considerable, but the general cleanliness of the school child shows now a vast improvement on ten years ago. To-day it is the adults more than the children who are lousy and dirty. The children are kept clean in the schools, and they are cleansed if necessary at the cleansing station, but they go home to be re-infected with vermin from adults in the same house. Whenever we cleanse a child we offer to disinfect its bedding and bedroom, but we have no power to compel the verminous mother or elder sister to be clean. Despite this great hindrance to our work, the extermination of the school louse is slowly proceeding, and the children themselves are properly impressed with the horror of bringing a louse to school.

Enlarged Tonsils and Adenoids.—Out of 2,622 children examined at the routine inspection 407 were found to have enlarged tonsils or adenoids or both of these conditions.

Defective Hearing.—Thirty 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.

Defective Vision.—Out of 2,622 children examined at the routine inspection, 235 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 2,622 children examined at the routine inspection, 26 were found to be suffering from other diseases of the eyes or eyelids.

Dental Diseases.—At the routine inspection, out of 2,622 children examined, 1,793 were found to have good teeth, 584 to have less than four bad teeth, and 245 to have more than four bad teeth. The School Dental Surgeons in their careful examination of children in the schools found that out of 6,600 children examined no less than 4,205 needed treatment.

Rheumatism and Heart Disease.—Out of the 2,622 children examined, 26 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. In addition to the above, 49 children were found who had some functional heart condition, and 41 were anæmic.

Bronchitis and Pre-tuberculous condition of the Lungs.—At the routine inspection, out of 2,622 children examined, 107 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 2,622 children examined, 4 were found to be suffering from definite pulmonary tuberculosis, and 3 others had some other form of tuberculosis.

Ringworm.—During the year under review 26 children were found who were suffering from ringworm of the scalp and 10 who had ringworm of the skin.

Impetigo or Infectious Sores.—During the year 234 children were discovered who were suffering from impetigo.

Scabies or the Itch.—During the year 40 children were found to be suffering from this irritating condition.

Enlarged Lymphatic Glands.—Out of 2,622 children examined 257 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 12 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.

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 4,137 children, who attended there on 11,137 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.—I consider that there is very little, if any, malnutrition in Hornsey that can be attributed to insufficiency of food. There is some, however, that is due to the ignorance

of parents who feed their children on substances that are unsuitable. Sweetstuffs, pickles and strong tea is not a suitable diet for a growing child, and the careless mother is often to blame for the malnutrition of her children. These, too, are days when amusement and excitement night by night is too often part of the existence of a child. Children are allowed to roam the streets or to spend their evenings at the pictures when they ought to be in bed and asleep. Several instances of malnutrition being associated with late hours and lack of repose have come to my personal notice during the year. This is a matter for which it is difficult to find a remedy, for to bring a sense of her duty to the bad mother is well-nigh impossible.

Milk and cod liver oil are provided in certain cases where the School Medical Officer thinks that a child will benefit thereby. The milk is provided by the Care Committees, and in some instances the parents of the children pay for the milk; in other cases it is given free to necessitous cases after inquiry has been made into the home circumstances of the children. All the children, about 50 in number, who have received milk during the year are inspected from time to time by the School Medical Officer, and are weighed monthly by a School Nurse. Without exception during the year these children who have been receiving milk at the schools have done well. They have gained in weight, and are more vigorous and healthy than they were before the milk was given them. In some instances the teachers report definite improvement in a child's mentality, and the parents also remark upon their children's improved physique. Milk is a cheap and perfect food, and contains all those factors necessary for growth and development. Several children who have been given malt and cod liver oil during the year have also shown marked improvement. There is one great advantage, however, that milk has over cod liver oil: the milk is drunk by the child at school under proper supervision, and there is no doubt that twice a day the child receives its milk. But the cod liver oil and malt is generally taken at home, and, being pleasantly sweet and sticky, it is no doubt sampled and enjoyed by all the children of the family to the detriment of the delicate child, who is robbed of his fair share of it. To obviate this the Head Mistress of one department gives in school their doses of oil and malt to the children for whom it has been ordered.

A few children suffering from malnutrition which was associated with illness were sent to convalescent homes during the year.

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 121 children passed through this cleansing station, and made altogether 142 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 58 children waiting for this operation. I wish again to put on record that, although the arrangements made for these operations at the Clinic are as perfect as possible the Clinic itself is no place in which to perform this operation, of which the results are sometimes very serious. It would be better if all children who need this operation could be admitted into hospital and kept there for forty-eight hours in order to recover from the effects. As this does not appear to be at present a practicable arrangement we continue to perform these operations at the School Clinic and take every possible precaution to minimise danger to the children. I am glad to be able to report that during the year under review all the operations were safely performed.

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 106 children with ear discharge attended on 1,275 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 satisfactorily during the year, and 314 children attended on 1,613 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.

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 treatment to a local doctor who is an expert at X-Ray work. This has already resulted in a diminution of the number of cases of this condition. During the year 14 children received X-Ray treatment for ringworm of the scalp.

Impetigo.—This is treated successfully at the School Clinic, and 199 children suffering from this complaint made 733 attendances during the year.

Scabies.—Children with scabies are treated at the cleansing station. During the year 40 children underwent the treatment there, and attended on 172 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.

Other conditions.—One hundred and fifteen children suffering from minor injuries made 316 attendances at the Clinic during the year, and 111 children with other skin diseases came for treatment on 264 occasions. Altogether during 1922 there were 705 children who came to the Minor Ailment Clinic for treatment by the Doctor and Nurse; these children made 3,088 attendances. It is obvious that the Minor Ailment Clinic is doing very good work, and is providing medical treatment and advice for children who otherwise would be without it. The children who attend the Minor Ailment Clinic come from poor houses where medical treatment by a private doctor would be a luxury that could not be afforded. Many of the ailments treated and cured at the Clinic are of a nature which parents tend to regard as trifling and of no importance; and, if it were not for the Clinic, no medical treatment would be obtained for the child with the sore eyes, discharging ears and other minor ailments.

GENERAL REVIEW OF HOME CONDITIONS AND EMPLOYMENT.

Under this heading I have nothing to add to the remarks which I made in my last Report.

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

This is, generally speaking, the same as last year. The teachers, school attendance officers, nurses and medical officers are always on the watch for possible cases of infectious disease, and no doubt the good health of the school children during the year was due, in part, to this carefulness.

The year under review was a non-epidemic year, in marked distinction to the two or three preceding. We have suffered from no epidemics in the schools, and only a few sporadic cases of infectious diseases have been reported. It seemed at one

time that Diphtheria might become prevalent in Campsbourne Girls' School, but timely swabbing and the detection of an infected child prevented this. During the Small-pox scare in the early winter, leaflets were circulated throughout the schools calling attention to the value of vaccination. One of these leaflets is reproduced in the Appendix to this Report.

In order still further to check the incidence of infectious disease in the schools it would be desirable to have sufficient trained nurses in order that one of these might visit every class daily and follow to their homes such children as were absent. The daily presence of a nurse in a school is certainly calculated to reduce the amount of infectious disease, since she becomes aware of early cases of illness. When the financial position is less difficult and more money can be spent on public health this is no doubt one of the first extensions of our work that will be undertaken.

LEGAL PROCEEDINGS.

It was found necessary to take legal proceedings during the year in 2 cases under S. 122 of the Children's Act. In both cases fines were imposed on the parents of the verminous children.

Under the same section 280 preliminary and 99 statutory notices were served on parents, and children were compulsorily cleansed in 31 instances. In five cases notices under S. 12 were served with satisfactory results.

BOROUGH OF HORNSEY.

MEDICAL OFFICER'S DEPARTMENT.

SMALL-POX.

Small-pox has been present in the Midlands and in Lancashire and Yorkshire during the last year, and it has now come to London.

Small-pox is a *disfiguring* disease, and it is often fatal. Recently out of the first thirty-seven cases of Small-pox at Poplar no less than eleven persons died.

Small-pox is very infectious, and spreads rapidly among persons who have not been vaccinated.

People who have been recently vaccinated cannot be attacked by Small-pox. The Nurses and Doctors who work in Small-pox Hospitals never get the disease because they are vaccinated.

Vaccination is a very cheap and safe form of insurance against this terrible disease.

Parents are advised to have their children *vaccinated* so that they may be protected against Small-pox.

Vaccination can be performed by any private Doctor, or, free of charge, by either of the Public Vaccinators, who are:—

DR. S. C. PRITCHARD, 1, North Road, Highgate, N.6.

DR. T. E. A. PEARMAN, 81, Hillfield Avenue, Hornsey, N.8.

Vaccination protects against Small-pox for at least seven years. Persons who have not been vaccinated for seven years are advised to be re-vaccinated.

A person sickening for Small-pox is ill for two days before spots appear on the face, body and limbs. The advice of a Doctor should at once be taken if these symptoms appear in any member of the family.

A. T. NANKIVELL, M.D., D.P.H.,

*Medical Officer of Health and
School Medical Officer, Hornsey.*

8th November, 1922.

BOROUGH OF HORNSEY.

BAD TEETH AND ILL-HEALTH.

Very many people do not understand how much ill-health and disease is caused by dirty mouths and bad teeth. Very many illnesses start because of bad teeth. Nobody wants to suffer from chronic ill-health, and no one wants a child to grow up only to be an invalid.

The following diseases and enfeebling conditions are caused through bad teeth:—**Ulceration and Inflammation of the Mouth and Throat, Gastritis, Dyspepsia and Indigestion, some cases of Appendicitis, Enlarged Glands and Abscesses in the Neck, Tuberculosis (or Consumption), Rheumatism, Anæmia.** All these crippling conditions, which wreck the health and happiness and lead to disease and death, are caused by bad teeth.

It is especially important to take care of the teeth of **growing children.** Decayed teeth should be pulled out or filled, and no child should be allowed to keep even one rotten tooth in its mouth. One bad tooth makes others go bad, and a child who has bad teeth is a child who is being slowly poisoned.

It is especially important to take care of the first set of teeth (the milk teeth), for, if these are allowed to decay, then the permanent teeth will be damaged.

We all of us want to see the children in this town growing up strong and healthy, and for this reason the Education Authority has established a **Dental Clinic** at 5, Topsfield Parade (close to the Clock Tower), Crouch End, where Dental Surgeons will give dental treatment to all school children. In this way we hope to save the lives of some children and to safeguard the health of many more.

It is never too early to begin to prevent disease, and it is much easier and better to put a child's teeth right than to try to cure the young man or woman in a few years' time who has some crippling and distressing disease. So while the child is at school make the fullest use of the Dental Clinic that has been provided for the treatment of school children's teeth, and the child will thank you in years to come.

To prevent the decay of teeth.

1. Do not let the child eat sweets, especially at night-time.
2. Make it use a toothbrush night and morning.

Take an interest in the Health and the Teeth of your Child.

A. T. NANKIVELL, M.D.,

School Medical Officer, Hornsey.

LIST OF TABLES.

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„	(2)—	Defects found on examination.		
„	(3)—	Return of Exceptional Children in Area.		
„	(4)—(a)	Treatment of Minor Ailments.		
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	(c)	„ „ Defects of Nose and Throat.		
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„	(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.		
„	(11)—	Age and Sex Distribution of Children and Young Adults in Hornsey.		

TABLE 1.
NUMBER OF CHILDREN INSPECTED, 1st January, 1922, to
31st December, 1922.

A. Routine Medical Inspection.											
Years of Age.	Entrants.				Inter- mediate Group.	Leavers.					Grand Total
	5	6	Other ages.	Total	8	12	13	14	Other ages	Total	
Boys	281	143	47	471	465	353	68	5	50	476	1,412
Girls	182	151	48	381	423	300	58	8	40	406	1,210
Totals	463	294	95	852	888	653	126	13	90	882	2,622

B. Special Inspections.			
	Special Cases.	Re-examinations	
Boys ...	931	1,180	
Girls ...	757	1,088	
Totals ...	1,688	2,268	

C. Total Number of Individual Children Inspected.			
4,310.			

TABLE 2.—RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1922

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 - - - -	14	122	20	6			
	Uncleanliness, head - - - -	173	—	2	—			
	" body - - - -	—	—	—	—			
	{ Ringworm, head - - - -	1	—	29	—			
	" body - - - -	1	—	9	—			
	{ Scabies - - - -	3	—	38	—			
Eye	{ Impetigo - - - -	3	—	231	—			
	{ Other Diseases (non-Tuberculous)	7	1	164	2			
	{ Blepharitis - - - -	7	—	24	—			
	{ Conjunctivitis - - - -	1	—	37	—			
	{ Keratitis - - - -	1	—	2	—			
	{ Corneal Ulcer - - - -	1	—	—	—			
	{ Corneal Opacities - - - -	3	—	3	—			
	{ Defective Vision - - - -	195	5	103	—			
Ear	{ Squint - - - -	40	4	16	—			
	{ Other Conditions - - - -	2	—	24	—			
	{ Defective Hearing - - - -	25	4	15	—			
	{ Otitis Media - - - -	16	1	78	—			
Nose and Throat	{ Other Ear Diseases - - - -	2	1	27	—			
	{ Enlarged Tonsils - - - -	80	45	8	3			
	{ Adenoids - - - -	10	5	2	3			
	{ Enlarged Tonsils and Adenoids	44	7	41	2			
Enlarged Cervical Glands	{ Other Conditions - - - -	11	2	64	9			
	(non-Tuberculous)	105	38	8	5			
Defective Speech - - - -		4	3	—	1			
Teeth: Dental Diseases - - - -		305	—	15	—			
Heart and Circulation	{ Heart Disease:							
	Organic - - - -	3	7	—	1			
	Functional - - - -	1	38	2	14			
Lungs	{ Anæmia - - - -	4	14	41	67			
	{ Bronchitis - - - -	5	15	10	3			
Tuber- culosis	{ Other non-Tuberculous Disease	4	4	16	16			
	Pulmonary:							
	Definite - - - -	4	—	4	—			
	Suspected - - - -	6	29	1	13			
	Non-Pulmonary:							
	Glands - - - -	1	—	2	2			
	Spine - - - -	—	—	—	—			
	Hip - - - -	—	—	—	—			
	Other Bones and Joints	—	—	1	—			
	Skin - - - -	—	—	—	—			
Nervous System	Other Forms - - - -	1	1	3	1			
	{ Epilepsy - - - -	—	5	3	3			
	{ Chorea - - - -	1	1	3	17			
Deformities	{ Other Conditions - - - -	—	1	1	8			
	Rickets - - - -	—	7	—	—			
	Spinal Curvature - - - -	—	—	2	—			
Other Defects and Disease	Other Forms - - - -	3	8	2	2			
		14	13	278	31			
Number of Individual Children having defects which required treatment or to be kept under observation - - -					2,120			

TABLE 3.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1922.

			Boys	Girls	Total
Blind (including partially blind) within the meaning of the Elementary Ed. (Blind & Deaf Children) Act, 1893.		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Blind	2	1	3
		Not at School	—	—	—
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Ed. (Blind & Deaf Children) Act, 1893.		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Deaf	2	6	8
		Not at School	—	1	1
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for Mentally Defective Children	11	10	21
		Notified to Local Control Authority by Local Education Authority during year	5	5	10
		Not at School	3	2	5
	Imbeciles.	At School	—	—	—
		Not at School	5	5	10
Idiots.		... ..	—	—	—
Epileptics.		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for Epileptics	3	—	3
		In Institutions other than Certified Schools	—	—	—
		Not at School	1	1	2
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	43	25	68
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools (Sanatoria)	4	3	7
		Not at School	1	2	3
	Crippling due to Tuberculosis.	Attending Public Elementary Schools	9	4	13
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	—	—	—
	Crippling due to other causes than Tuberculosis, <i>i.e.</i> : Paralysis. Rickets. Traumatism.	Attending Public Elementary Schools	7	10	17
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	4	3	7
	Other Physical Defectives, <i>e g</i> — Delicate and other Children suitable for admission to Open-air Schools. Children suffering from Severe Heart Disease.	Attending Public Elementary Schools	71	53	124
		Attending Open-air Schools	—	—	—
		Attending Certified Schools for Phy. Def. Children other than Open-air Schools	—	—	—
		Not at School	3	3	6
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 ...	26	24	2	26
Ringworm, Body ...	10	9	1	10
Scabies	41	40	1	41
Impetigo	234	232	2	234
Minor Injuries ...	225	209	16	225
Other Skin Diseases...	171	164	7	171
Ear Disease	163	124	9	133
Eye Disease (external and other)	71	63	3	66
Miscellaneous	292	132	85	217

B. TREATMENT OF VISUAL DEFECT.

Number of Children.

354	Submitted to Refraction.				Under Local Education Authority's Scheme.				
	Under Local Education Authority's Scheme.	By Private Practitioner or Hospital.	Otherwise.	Total.	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.
	314	18	—	332	244	230*	71	84	66

* 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.

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.	
373	146	24	170	91

D. TREATMENT OF DENTAL DEFECTS.

(1) Number of Children dealt with.

Years of Age	Age Groups.									Specials.	Total.
	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist	629	757	802	842	872	766	745	665	252	270	6,600
(b) Referred for Treatment	4,015									190	4,205
(c) Actually Treated	1,979									110	2,089
(d) Re-treated*(result of periodical examination)	591										

* Cases under this head are also included under (C) above.

(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.
31	178	3,001	598	1,041	2,762	238	1,279	470	101	16

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.			Total.
		Under Local Education Authority's Scheme.	Otherwise.		
Minor Ailments	1,233	997	126		1,123
Visual Defects	354	314	18		332
Defects of Nose and Throat	373	237	24		261
Dental Defects	4,205	2,089	—		2,089
Total	6,165	3,637	168		3,805

TABLE 6.—SUMMARY RELATING TO CHILDREN MEDICALLY
INSPECTED AT THE ROUTINE INSPECTIONS DURING THE
YEAR 1922.

(1)	The total number of children medically inspected at the Routine Inspections*	2,622
(2)	The number of children in (1) suffering from—	
	Malnutrition	234
	Skin Disease	23
	Defective Vision (including Squint)	408
	Eye Disease	26
	Defective Hearing	30
	Ear Disease	26
	Nose and Throat Disease	418
	Enlarged Cervical Glands (non-Tubercular)	257
	Defective Speech	26
	Dental Disease	829
	Heart Disease:—	
	Organic	26
	Functional	49
	Anæmia	41
	Lung Disease (non-Tubercular)	70
	Tuberculosis:—	
	Pulmonary, definite	4
	,, suspected	37
	Non-Pulmonary	3
	Disease of the Nervous System	15
	Deformities	67
	Other Defects and Diseases	59
(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)	246
(4)	The number of children in (1) who were referred for treatment (excluding Uncleanliness, Defective Clothing, etc.)	714
(5)	The number of children in (4) who received treatment for one or more Defects (excluding Uncleanliness, Defective Clothing, etc.)	434

* Specials are not included in this Table.

TABLE 7.
List of Schools in the Borough.

School.	Department.	Authorized Accommodation.	No. on the Rolls.	Average Attendance.
Muswell Hill ...	Juniors	220	119	107
St. Michael's ...	Senr. Mixed	238	191	167
„ ...	Junr. Mixed	192	151	126
Highgate ...	Senr. Mixed	444	315	287
„ ...	Junr. Mixed	354	192	170
North Harringay	Boys	465	443	412
„ „ ...	Girls	465	492	439
„ „ ...	Junr. Mixed	508	405	340
South Harringay	Senr. Mixed	584	464	444
„ „ ...	Junr. Mixed	300	199	163
Stroud Green ...	Boys	418	405	378
„ „ ...	Girls	418	361	316
„ „ ...	Infants	426	250	199
St. Mary's ...	Boys	237	253	228
„ ...	Girls	235	259	236
„ ...	Infants	220	210	184
Crouch End ...	Boys	456	457	421
„ „ ...	Girls	450	417	377
„ „ ...	Infants	411	292	249
Holy Innocents' ...	Infants	101	103	92
St. James' ..	Mixed	269	258	225
Campsbourne ...	Boys	450	491	419
„ ...	Girls	450	506	392
„ ...	Infants	473	429	350
	Totals ...	8,784	7,662	6,721

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 ..	10	9	5	5	7	-	13	7	4	2	-	1	-	-	-	-	-	-	-	-	39 24 63
St. Michael's ..	15	7	1	9	3	3	17	21	5	4	1	2	-	1	21	13	1	1	-	-	64 61 125
Highgate ..	8	10	7	7	-	5	21	15	3	5	7	2	3	1	22	15	1	5	1	-	73 65 138
North Harringay	57	31	21	20	12	11	75	78	6	11	1	3	6	4	53	66	8	4	-	2	239 230 469
South Harringay	18	10	9	10	2	3	24	26	7	5	2	1	4	2	30	19	2	1	1	1	99 78 177
Stroud Green ..	36	22	17	15	6	3	52	39	11	10	6	2	5	3	54	29	6	3	2	2	195 128 323
St. Mary's ..	26	15	9	13	6	5	39	23	11	13	2	2	1	1	23	25	5	6	-	-	122 103 225
Crouch End ..	46	34	24	23	-	7	66	63	10	4	3	5	1	3	61	52	6	6	-	1	217 198 415
Holy Innocents'	14	9	3	7	2	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	20 18 38
St. James' ..	8	6	8	2	1	1	10	9	4	3	5	3	1	-	19	15	2	1	-	1	58 41 99
Campsbourne ..	43	29	39	40	8	9	57	63	29	21	2	3	-	1	70	66	37	31	1	1	286 264 550
TOTAL ..	281	182	143	151	47	48	374	345	91	78	29	24	21	16	353	300	68	58	5	8	1,412 1,210 2,622

TABLE 9.

WORK DONE AT MINOR AILMENTS CLINIC, 1922.

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.
87	3,369	39	3,337	1,632	1,737	1,410	337	127

DETAILS OF THE AILMENTS DEALT WITH.

Ringworm, Head ...	29	Nose and Throat Diseases ...	217
Do. Body ..	9	Enlarged Cervical Glands ...	18
Scabies ...	40	Bronchial Catarrh (Bronchitis) ...	14
Impetigo ...	232	Tuberculosis (susp. non.-pulm.) ...	29
Other Skin Disease	176	Infectious Diseases ...	18
Minor Injuries ...	225	Heart Disease ...	30
Ear Disease ...	137	Epilepsy ...	4
Eye Disease ...	73	Chorea ...	22
		Other Nervous Diseases ...	12
		Debility, Anæmia and Malnutrition ...	150
		Dental Disease ...	20
		Rheumatism ...	1
		Deformities ...	12
		Abdominal Complaints and Enuresis	39
		Miscellaneous ...	85
		Lungs (non.-T.B.) ...	40
		Total ...	1,632

TABLE 10.—SUMMARY OF WORK OF THE SCHOOL NURSES, 1922.
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.
Muswell Hill ...	Mixed	23	806	15	10	3	—	9	4	—	—	—	3	—	—
St. Michael's ...	Senr.	15	583	14	13	—	—	6	—	—	—	—	—	—	—
" " ...	Junr.	22	1,016	28	11	6	—	2	7	—	—	—	2	—	—
Highgate ...	Senr.	14	988	11	17	—	—	4	9	—	—	—	—	—	—
" " ...	Junr.	22	866	14	18	1	—	9	35	4	—	—	—	—	—
North Harringay ...	Boys	16	1,225	49	19	8	—	4	11	—	2	—	2	4	2
" " ...	Girls	25	2,313	125	19	12	—	14	6	—	—	—	2	2	1
" " ...	Infants	30	1,881	60	10	13	1	8	27	2	—	2	4	4	4
South Harringay ...	Senr.	15	1,125	29	10	7	2	6	17	2	—	—	1	2	3
" " ...	Junr.	12	478	6	12	10	2	1	10	1	—	1	—	—	4
Stroud Green ...	Boys	7	1,191	5	27	4	—	9	15	—	1	—	—	—	3
" " ...	Girls	18	1,293	23	17	8	—	15	9	—	—	1	—	—	—
" " ...	Infants	16	1,080	14	14	9	—	6	32	—	—	1	—	—	1
St. Mary's ...	Boys	15	1,149	13	15	5	2	3	2	—	1	1	—	—	2
" " ...	Girls	7	782	24	26	—	—	—	3	—	3	—	—	—	—
" " ...	Infants	9	732	12	13	3	—	—	8	—	—	—	—	—	3
Crouch End ...	Boys	16	1,592	32	25	1	—	18	4	—	2	5	8	2	1
" " ...	Girls	42	3,179	102	30	14	—	20	25	4	—	5	7	1	3
" " ...	Infants	32	1,664	65	29	16	—	19	37	2	—	4	6	5	4
Holy Innocents' ...	Infants	16	520	12	12	10	—	—	2	—	—	—	—	—	2
St. James' ...	Mixed	22	838	22	13	3	—	2	11	—	—	—	1	—	—
Campsbourne ...	Boys	24	2,135	74	30	4	—	17	12	3	1	1	10	—	2
" " ...	Girls	34	3,239	203	35	14	—	25	22	1	3	2	2	—	2
" " ...	Infants	27	2,268	132	40	19	—	13	48	1	1	1	1	—	6
Totals ...		479	32,943	1,084	465	170	7	210	356	20	14	24	50	20	43

TABLE 11.—AGE AND SEX DISTRIBUTION OF YOUNG PERSONS IN
THE BOROUGH OF HORNSEY, 1911 and 1921.

Age last Birthday.	1911.		1921.	
	Males.	Females.	Males.	Females.
0	742	623	638	639
1	628	614	677	692
2	682	651	448	446
3	610	634	447	443
4	721	699	546	493
5	628	655	609	588
6	652	672	650	606
7	675	705	636	659
8	616	626	677	610
9	628	607	615	681
10	596	671	691	675
11	628	633	673	641
12	576	619	671	687
13	569	614	654	713
14	660	656	685	660
15	585	750	620	701
16	605	843	612	752
17	564	940	629	778
18	630	927	569	843
19	667	1,038	587	850



