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BOROUGH OF HORNSEY.



Annual Report

FOR

1923

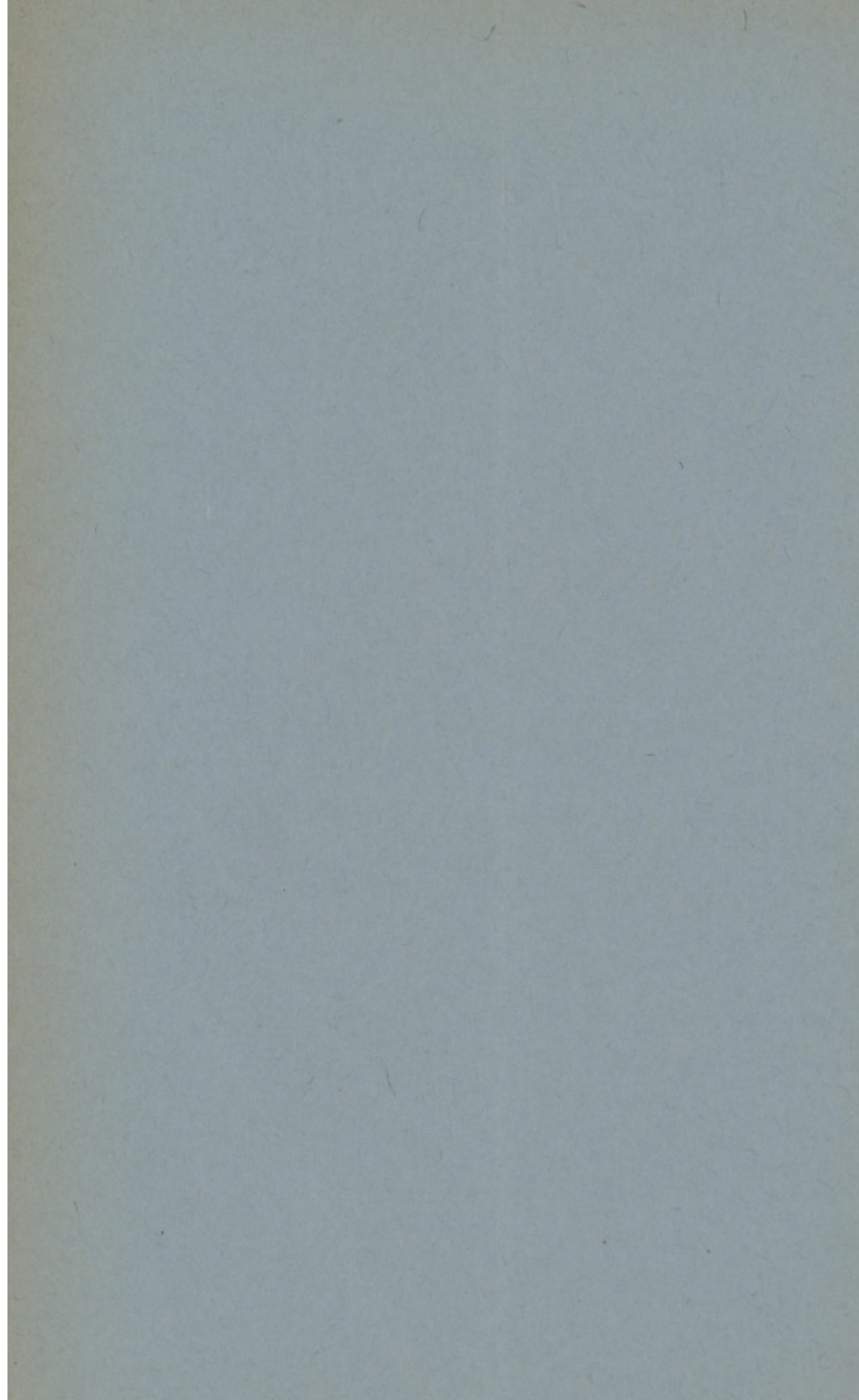
ON THE

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.*



BOROUGH OF HORNSEY.

ANNUAL REPORT FOR THE YEAR

1923

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; 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 and Lecturer in Epidemiology at King's College in the University of London.

STAFF OF PUBLIC HEALTH AND SCHOOL MEDICAL SERVICES.

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.
Assistant for Maternity and Child Welfare Purposes	...	FLORA SHEPHERD, M.B.
Assistant for Ante-natal Clinics		JESSIE MUIR, M.B.
Senior Sanitary Inspector	...	WM. THORPE
Sanitary Inspectors	... ..	HENRY EASTWOOD JAMES GOODMAN HAROLD L. BURT JOSEPH H. JESSE ARTHUR C. ARNOLD
Chief Clerk	... ..	WM. GILROY
Assistant Clerks	... ..	REGINALD H. WIGMORE JOSEPH R. HARRILD GEORGE E. DORRELL
School Nurses	... ..	MISS EVA HUBBARD ,, L. M. OLIVER ,, M. ANSCOMBE
Clerk at School Clinic	... ..	,, HILDA M. CROAK
Health Visitors	... ..	,, A. GLOVER ,, J. I. MACPHERSON ,, N. BOURDILLON
Midwife	... ..	,, M. ANDREWS
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 third Annual Report on the Health of the Borough of Hornsey. This Report is written on the lines advocated by the Ministry of Health.

No remarkable events from the point of view of the Public Health have characterised the past year. The general health of the Borough has remained good and preventable diseases have been few.

During the past fifty years the direction and the aim of Preventive Medicine has altered. Half a century ago every effort was turned towards the abatement of insanitary surroundings, and this resulted, in Hornsey and in other places, in making our towns clean and wholesome. To-day, although we take a pride in the preservation of our excellent Municipal Sanitation, yet we believe that Preventive Medicine cannot be wholly successful until the principles and practice of hygiene are understood and followed by the individual. The public is slowly becoming educated in matters relating to health and well-being, and the house-to-house work of sanitary inspectors, of school nurses and of health visitors is gradually helping to teach the public and to establish a sanitary conscience among the people. Work of this nature merits every extension and encouragement; and it is most gratifying to notice how greatly the services of your staff of inspectors and nurses are appreciated by the people who are visited, helped and instructed.

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, 1924.

HORNSEY STATISTICS, 1923.

Population	...	...	88,325			
Birth-rate	...	...	13·8	per	1,000	population
Death-rate	..	...	10·5	„	„	„
Infectious diseases death-rate			0·3	„	„	„
Infant mortality death-rate			52	„	„	births

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 Town consists for the most part of good-class residential property. A few old houses exist, and there are some dwellings to which more or less constant repairs are required. There are no insanitary areas.

The Rateable value of the Borough is £695,776, and a penny rate produces £2,927.

The Public Health and Hospital Service of the Borough cost the inhabitants last year approximately 2s. 2d. per head. It is apparent that this is a very cheap form of insurance against preventable disease.

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 show the work done by the Health Department during the year, and are of interest in contrasting the conditions of to-day with those of previous years.

Population.—The population of the Borough, estimated by the Registrar-General's method, was 88,325 in 1923.

As I pointed out in my last Report, the taking of the Census in Mid-summer, 1921, decreased our population figure, as many of our inhabitants were away from the Borough at that time. 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.—I reported at some length on this subject last year, pointing out that the Borough had an excess of females over males, which was due in part no doubt to the number of domestic servants. There is also an excess of elderly people in the district—about eight thousand more than we had twenty years ago.

Necessarily these tend to add to the death-rate; but, on the other hand, they demonstrate by their old age that Hornsey is a healthy town in which to live.

Table (M.) at the end of this Report shows the age and sex distribution and the condition as to marriage of the people in the Borough.

Occupations and Industries.—There are no dangerous or offensive trades conducted in the Borough, and but few of the inhabitants work elsewhere at injurious occupations.

The day employments of the night residents of Hornsey are many and varied, and an abridged list is given in the Appendix to this Report, Table (O.). A scrutiny of the detailed census returns relating to occupations is remarkably interesting. There is, for example, no organ-grinder resident in Hornsey, but there are two female bookmakers! We have seventy-two dentists, of whom three are women, and eighty doctors are resident in the Borough.

Movements of Population.—For the first time the Registrar-General, as the results of the Census enquiry, has been able to give an account of the daily movements of population in the

County of London and in the five Home Counties of Middlesex, Hertford, Essex, Surrey and Kent.

While these figures are of value for transport purposes, yet they are of considerable interest from the point of view of the public health.

Our towns in general and Hornsey in particular are not places which are self-contained. They are centres of activity out of which and into which persons come and go daily. These daily journeys, often in crowded conveyances, expose the travelling population to repeated chances of infection; especially is this the case with diseases of which the infection is spread from the respiratory tract by sneezing and coughing. The common cold, bronchitis, pneumonia, scarlet fever and small-pox are spread from person to person in this manner, and the district is always in danger of an outbreak of infectious disease imported by its much-travelled population.

No less than 27,534 persons who are resident in Hornsey leave the Borough day by day to work in other parts of England. Of these 244 work in Essex; 104 in Hertfordshire; 36 in Kent; 8,709 in the City of London; 3,555 in the City of Westminster; 12,152 in other parts of the County of London; 2,248 in Middlesex and 62 in Surrey. In addition, 424 others go still further afield. It is obvious, with this vast movement of population into all sorts of places, that the possibilities of acquiring infection are greatly increased.

But apart from these who leave the Borough daily there are others who come to the Borough and find employment here.

No less than 5,515 persons from London and the Home Counties enter Hornsey daily for the purpose of earning a living. Of these, 199 come from Essex, including a daily detachment of 34 from Southend-on-Sea; 98 from Herts; 68 from Kent; 1,975 from London; 3,111 from the rest of Middlesex, and 64 from Surrey.

Having regard to this active and perpetual flow of population, an outbreak of small-pox or other disease anywhere in England, and particularly in London or one of these five home counties, is of peculiar significance to us in Hornsey; but, thanks to the weekly figures of disease from the Ministry of Health and

the close inter-communication of epidemic news by "Greater London" medical officers, the health department of Hornsey is enabled to keep a watchful eye upon the health of its neighbours and is prepared to deal promptly with any known contact of infection.

Birth-rate.—During the year under review 1,217 births occurred in the Borough. This corresponds to a birth-rate of 13·8 per 1,000 population, which is the lowest rate on record, with the exception of those which occurred during the years of war. There are two main causes of a low birth-rate; persons marry at a later age than formerly, and they deliberately avoid having children. There are advocates for and against the practice of "Birth control." Those in favour of the practice argue that this country is over-populated already, that there is not enough work to go round, and that in the small family, say, of three or four children, more care can be given to these by their parents; their opponents object to the practice on ethical or religious grounds and deny that any country can be overcrowded.

Whatever the rights or wrongs of the case, it is undeniable that the whole subject interests the people profoundly, and that many are, in practice if not in belief, followers of the neo-malthusian doctrines. The results of this we see in our low birth-rate.

Death-rate.—The death-rate in Hornsey last year was only 10·5 per thousand population, compared to 11·2 in the previous year. This is a low rate and tells of the absence of unusual causes of mortality, such as the various epidemic diseases. I pointed out in my Report for last year that mortality is common to the extremes of age, and we may therefore expect with our excess of elderly persons in the Borough that the death-rate will tend slightly to rise during the next few years.

Infant Mortality.—The infant mortality rate during the year was 52 per thousand births, which is the same rate as in the previous year. The year was remarkable for the absence of summer diarrhoea and of fatal measles, both of which are causes of heavy mortality among little children. That there has been no decrease in the rate of infant mortality is entirely due to "ante-natal" causes—to adverse conditions that affected the children before they were born. (See Table G.)

These ante-natal conditions give rise to many deaths of little babies during the first few days or weeks of life, and the remedy is to be found in the extension of our ante-natal work and in the education of the people. It is unfortunately a common and wide-spread practice for women to take drugs in order to bring on abortion; often, however, the drugs fail to do this, and a living child is born, prematurely perhaps, and poisoned fatally by the drugs which its mother has taken. That this is a common cause of infant death is well known to midwives, health visitors and doctors who are acquainted with maternity work. The remedy lies partly in the education of the mother; but also in the prohibition of the sale of such poisonous drugs and the registration and control of places where they are at present manufactured.

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.

There was only one death 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.

There were 4 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*.

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 4 deaths.

Whooping Cough caused one death.

Summer Diarrhoea caused the deaths of only 4 children during the year. This disease is fly-borne; and, in the absence of flies, the summer diarrhoea is non-existent.

As usual during the spring and summer the officers of the Health Department kept a watch upon likely breeding-places for

flies. The advent of the motor-car, with the consequent diminution in the number of horses, and so of horse-manure, in which flies breed, certainly accounts in part for the marked diminution of summer diarrhoea during recent years.

Cancer was given as the cause of death in 139 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 58 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 105 deaths.

Premature Birth caused the deaths of 23 infants.

Old Age was returned as the cause of death in 64 cases.

Altogether 434 persons over the age of 65 died in the Borough during the past year.

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 142 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.

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 77 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 556 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 154 householders to provide proper and sufficient ash-bins.

Mortuary.—The public mortuary and coroner's court are situated in Hornsey. During the year 40 bodies were placed in the mortuary and 38 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 34 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 8,312 articles were disinfected. Two motor-vans are employed in the collection and returning of such articles. No complaints were received during the year of damage done to articles during the course of disinfection.

Sanitary Inspection of the District.—Throughout the year inspection of the district was made by the Medical Officer of Health and the six Sanitary Inspectors. As the result of these inspections insanitary conditions were found on 4,132 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 1,749 preliminary intimations were sent out from the office drawing the attention of the owner or occupier to the defects. In addition,

181 statutory notices were served and were obeyed, with the exception of 31 which were outstanding at the end of the year. In discovering defects and in seeing that these were properly remedied the inspectors made 14,960 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 128 outworkers on the register at the end of 1923. All their premises were visited, and generally the conditions found were satisfactory.

(h) Factories and Workshops.—There are 99 factories and 265 workshops in the Borough. All of them are small establishments. They were visited on 779 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 92 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 38 times.

(m) Rag Flock Act.—Twenty-seven 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 1,200 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 in seven instances 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 65 occasions.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

(See Tables F. and K.).

Small-pox.—There have been no cases of small-pox during the year, although the disease occurred in neighbouring areas and was prevalent in London during the autumn; but several contacts of small-pox were discovered from time to time in the Borough. These were kept under careful observation from day to day and were vaccinated. Happily none of them developed the disease.

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.

During the summer I was able to visit the City of Gloucester and to observe there, in the houses and in the isolation hospital, many cases of the epidemic of small-pox, which caused such financial loss to that usually prosperous city. The disease in Gloucester was mainly of a very mild type of small-pox; but some serious and confluent cases occurred. On my return from Gloucester I visited all the cases of chicken-pox which were reported to me in Hornsey, and found that a study of the contrast between the two diseases was exceedingly valuable. Both Dr. Prior and myself are frequently called by doctors to decide for them upon

the diagnosis of a doubtful case of infection, and it is only by observing many cases of each disease that a right decision can be made with certainty.

Typhus Fever, Continued Fever, Cholera, Dysentery, Relapsing Fever, Trench Fever, Poliomyelitis.—There were no cases of these diseases notified.

Diphtheria.—There were 133 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. When a case of Diphtheria is notified arrangements are made to have swabs taken for bacteriological examination from the noses and throats of the contacts. Often this leads to the discovery of a "carrier," or of a missed case or mild case of the disease, which, if it was not discovered, would continue to spread infection.

Scarlet Fever.—Only 126 cases of this disease were reported throughout the year. There was no epidemic. With one exception the cases were of a mild type.

At the present time we provide beds in our Isolation Hospital for the treatment of cases of scarlet fever. To make such provision is common in England and Wales. When isolation hospitals were first established in England, nearly half a century ago, Scarlet Fever was a severe and very fatal disease, well meriting treatment in hospital; but to-day it is a trivial complaint, much less fatal than measles, whooping cough or summer diarrhoea. It may be, and is in some places, nursed at home with safety. The home nursing of scarlet fever would liberate many hospital beds which could be used with greater advantage for the treatment of other and more serious diseases. It is well sometimes to revise our ideas with changing circumstances, and not always to be satisfied with the pronouncements of former days; and it is possible that we might with propriety re-consider our views on the hospitalisation of scarlet fever, reserving a few beds only for severe cases. The disadvantage of the home-nursing of scarlet fever is that it would be unpopular among the people, who greatly appreciate the services rendered to the sick at the Isolation Hospital.

Erysipelas was notified on 24 occasions.

Malaria was notified on four occasions. None of the patients derived their infection in this country.

Cerebro-spinal Meningitis was notified on two occasions, and two cases of *Encephalitis* were notified during the year.

Enteric Fever was notified on one occasion only. The source of the infection was not ascertained.

Pneumonia.—Pneumonia has been termed "the captain of the men of death," and seventy-four deaths in Hornsey were caused by it last year. In addition 78 deaths were caused by bronchitis.

It is impossible in considering the epidemiology of pneumonia to dissociate it from other and similarly infective conditions such as the common cold and bronchitis and influenza.

All these diseases are spread from person to person by the breath, and all are associated with the presence of small microbes called "micrococci" of one sort or another in the respiratory passages. Both pneumonia and bronchitis, and to a less extent the common cold, are crippling diseases which tend to leave the sufferer, after recovery, in a state of sub-health. Especially is this the case with children, to whom an attack of one of these infections may be of life-long detriment. It is after an attack of bronchitis or pneumonia that a prolonged holiday in a convalescent home or in an open-air school is of such importance in achieving a real and complete cure.

The prevention of these diseases, and indeed of all those spread by means of the respiratory tract, is a matter of the greatest difficulty. With our present knowledge the most promising hope of success appears to be by the use of "prophylactic vaccines." The prevention of bronchitis and pneumonia by means of vaccines has been brilliantly successful among the natives in South African mines; and, in the opinion of many competent to judge, it has been of value also in this country.

During 1922 a mixed vaccine designed to protect against attacks of "cold," bronchitis and pneumonia was distributed in Hornsey, free of cost, to 60 doctors. In September, 1923, I wrote to all these doctors asking how they liked this vaccine and enquiring of what value they had found it in their practices.

Out of the sixty, 21 replied, of whom only one doctor thought that the vaccine was of no value. The remainder of these doctors, from their own personal experiences in Hornsey, believed that this vaccine was of value both in the prevention and in the treatment of these respiratory infections. It will be of interest to quote shortly from some of the letters written to me by Hornsey practitioners on this subject:—

“ I tried it on two patients, both of them thought it lessened the number of attacks of colds during the Winter. They intend having injections this Autumn. I also tried it on myself, and had only one attack, and was able to carry on without having to take to bed.”

“ The Pneumococcal Vaccine which you sent me last Spring has been of considerable benefit in preventing Catarrhal attacks. I have always been very subject to such attacks in the Winter, so gave myself two injections in October and was quite free till March, when I gave myself further injections. I intend giving myself injections now and repeat again in about three months.”

“ I have used the Vaccine you kindly sent on several people who suffered regularly from Influenza of a severe type and from frequent colds and bronchial catarrh with very good results. None of them has been troubled since.”

“ In one case of a patient who suffers from chronic catarrhal condition every Winter, there was a decided improvement.”

“ I used the Vaccine you sent last Winter with satisfactory results, more than one expressing the opinion that it had been a protection to them.”

“ In none of the cases has there been any subsequent pneumonic conditions, and as regards the catarrh, the fact that I have not been consulted by any of these patients since the injections shows that they have been cured of it, or that the cold has been too slight to need medical advice.”

“ I find that patients return Autumn after Autumn to be injected, having experienced much protection from catarrhs from its use.”

“ I saw very little Pneumonia and none in the vaccinated.”

"We have inoculated between 30 and 40, with 60 per cent. favourable results."

"I was very pleased with results though I only used it in five people—wish I had done more."

"I used this Vaccine in 25 patients, all of them with chronic Catarrhal infections, with great comfort to my patients and my own satisfaction."

"The other case was most satisfactory. The man usually lost between 20 and 30 days per winter away from work, and he did not miss his work for a day and he never had a cold."

"It was especially noticed that patients who were subject to catarrhal conditions did not suffer from their ailments after they were inoculated."

"I am pleased to state that the 12 cases in which I used it remained free from colds during the Winter."

These replies speak eloquently of the opinion of certain among the Practitioners in this Town. It is a matter for regret that the remainder did not think it worth while to reply to the questionnaire; for "field-research" of this nature is of the greatest value to public health, and it is made all the more difficult if only one-third of the doctors are prepared to co-operate with the Public Health Department. However, it is evident that a *prima facie* case has been made out in favour of this preventive inoculation against catarrhal infections of the respiratory system. For this reason the Town Council authorised again this winter the distribution of a mixed vaccine to those doctors who desired to use it; and equally good results may be expected during the present winter.

But I would end these remarks on a note of caution. Although there seems to be no doubt as to the value of this vaccine in preventing respiratory infections, yet the protection afforded by it must not be considered absolute and impregnable. In some cases certainly the protection given by its use seems to be complete; but in others it is only partial. However, it is better to have a little protection than none at all, and I look forward to the time when the public will demand protective inoculation against respiratory infections as it demands to-day a safe water supply and decent drainage. Hornsey has been a

model town to other Boroughs in many sanitary respects; and it would be pleasant in after years to be able to say that this Borough also led the way in the matter of protective inoculation against respiratory diseases, and thereby set an example for the rest of England to follow.

Puerperal Fever.—There were 4 notifications of this infection during the year.

Ophthalmia neonatorum.—This acute inflammation of the eyes of newly-born children was notified on 6 occasions. The condition is generally gonorrhœal. The Health Visitors visited the cases.

Tuberculosis.—During the year 103 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 84 rooms which had been occupied by tuberculous people were disinfected, and 438 articles were sterilised by steam.

Disinfection.—During the year 601 rooms were disinfected by sulphur or formalin, and 8,312 articles were passed through the Council's steam disinfecter. In addition to these, 156 articles were destroyed after infectious and other diseases.

Fur Dermatitis.—A case of Fur Dermatitis, an unusual condition, was brought to my notice during the year.

Fur Dermatitis is inflammation of the skin caused by the wearing of furs in contact with the skin. The inflammation of the skin generally comes on within 24 hours of wearing the fur; if the wearing of the fur is discontinued the inflammation subsides, but is renewed again when the fur is next worn. The inflammation of the skin is caused by the dye used during the process of manufacture of the fur. It is not necessary that the fur should smell unpleasant in order that it may cause skin inflammation: just as there is no odour to mustard, but this substance, like those used for the dyeing of furs, may give rise to acute inflammation of the skin. The person affected by the fur was easily cured, and the sellers of the fur exchanged her garment for one of better and safer quality.

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 Hornsey, Finchley and Wood Green Joint Hospital Committee provides accommodation for Hornsey patients at the Hospital in Coppett's Road. The Hospital is under the able administration of Dr. J. R. Prior, the Resident Medical Superintendent. During the year 237 patients from Hornsey were admitted to the Hospital. Of these, 116 were suffering from Diphtheria, 98 from Scarlet Fever and 23 from other diseases.

The Isolation Hospital is in need of extension, and a scheme is being prepared for the accomplishment of this.

Laboratory Work.—During the year 1,481 specimens were examined in the laboratory of the Hospital for the Borough of Hornsey.

MATERNITY AND CHILD WELFARE.

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

Of all the public work done by Municipalities throughout the Kingdom, none is of more lasting value than that which aims at securing the health of the coming manhood and womanhood of our nation. To give a child sound health in a strong body is to give it something of infinite value throughout a lifetime, and this our child welfare work attempts to do. Often enough the only capital that a man has is his good health and his capacity for work; and this capital our Maternity and Child Welfare Service is creating, often out of unpromising material.

It is not possible to estimate in pounds, shillings and pence the benefits which the Borough is giving to its coming race of citizens by this work; but it is interesting to notice that the actual cost per head, based on the number of children under five years of age, is about four shillings and two pence per annum. This is indeed a very small expenditure to ensure each of these children with a reasonably good start in life; and it is difficult to think how money could be better spent by a Municipality than in Maternity and Child Welfare Work.

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 services partly by the Town Council and partly by funds collected for this purpose from the mothers who attend the ante-natal clinics.

The responsibility of the Town Council for some of the ante-natal work began during the past year, and marks a welcome advance.

In addition to the medical staff, 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.

According to the standards laid down by the Ministry of Health, we have sufficient Health Visitors in Hornsey. Those, however, who know the work that remains to be done appreciate that we are sadly under-staffed. To assist in the growing work at the Centres, quite apart from home-visiting, another nurse is needed; and another could be employed in the management of difficult cases of breast-feeding and in superintending test-feeds. Yet another is required, in times when measles is prevalent, for the nursing of sick children in their homes. In spite of this we are fully staffed according to the standard of the Ministry of Health.

It must be admitted also that the medical staff and the number of sessions held will before long have to be increased, if we are to be able to satisfy the demands made by the public. It is a penalty of success that we are "snowed under" with work. Dr. Shepherd and Dr. Muir can see at each session only a limited number of mothers and children; and the numbers that desire to consult these doctors are greater than the doctors can see. In order to keep abreast with the work Dr. Shepherd herself provided, at her own expense, some additional medical help at the Centres during the Autumn and Winter of 1923. This kindly action diminished the waiting list; it shortened the queue; but it must be considered as only a temporary expedient. Those

engaged in the Maternity and Child Welfare Work of the Borough know that additional sessions are necessary, and hope that before long they will be provided.

To relieve the congestion, especially at Brook Road Centre, the opening of an additional centre at Highgate will in the future be desirable. This matter has been considered more than once by the Maternity Committee; but even if a Highgate Centre were to be established I believe before long it would still be necessary to increase the sessions at Brook Road and Wightman Road Centres. At the present time certain selected mothers from Highgate are transported to and from Brook Road Centre once a week by the Council's ambulance; and it is hoped that we shall be able to increase this service during 1924. There is no doubt that the public appreciates most thoroughly our Maternity and Child Welfare Work, and that with its ever-growing popularity our responsibilities will increase. The extension of this work merits the serious consideration of the Maternity Committee during the coming year.

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.

Mothercraft Examinations.—During the past three years the mothers attending our Centres have been successful in obtaining Mothercraft Certificates granted by the Association of Infant Welfares as follows:—20 Elementary Certificates, 11 Advanced, 1 Honours and 1 Double Honours. These are highly satisfactory results of which the mothers and their teachers may well be proud.

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 405 applications for milk were received, and of these 372 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.

Convalescent Home.—After a difficult confinement it is most injurious for a mother immediately to return to her household duties. Such premature return leads, often enough, to chronic pelvic trouble and to permanent disability. Similarly a child after an attack of one of the acute infections of childhood, such as measles or whooping-cough, needs a prolonged "fresh air" holiday in order for the body fully to recover its vigour before return to a dwelling that is probably ill-ventilated and possibly overcrowded. The value both to mothers and children of a country holiday in these circumstances cannot be over-estimated. In this Borough we could find at any time half-a-dozen mothers and a dozen or more little children under five years of age who would benefit enormously by a month's residence in a convalescent home. Sometimes in seeing these mothers and children, I have actually regretted that they were not suffering from Scarlet Fever so that they might be able to derive the immense benefit from five or six weeks' rest in the isolation hospital!

Even having regard to the expense, I do not think that the ideal of a Hornsey Convalescent Home is altogether impracticable. Such a home in the countryside of Middlesex or Hertford might be organised in conjunction with the Town Council's School Medical Service—a residential open-air school and a convalescent home combined. There can be no two opinions as to the good which such a home would do.

The essential requirements would be a house of moderate size, situated pleasantly in a few acres of meadow-land, and some open-air school rooms and rest rooms. We should always be able to keep it filled with happy mothers, babies and school children, who, without it, would be fretting in ill-health at home, striving vainly for the recovery from sickness that can only be attained in the sunshine and fresh air. Many of us know from personal experience the value of a holiday after illness; but that experience is denied to the poor. It is a mockery to tell

a poor man with consumption that he must winter in Egypt; and it is equally useless to tell many a mother that she must go away for a month's holiday, or that she must send her baby to convalesce in the country, or that her boy or girl at school must have six weeks' rest and good food in country air. A few may be able to pay perhaps half or a quarter of the cost of such an essential holiday, but there are many who can find only a few shillings or nothing at all; and in these cases one feels really reluctant even to give the advice. I should like to think that, in the future, Hornsey will have its own convalescent home; for I am certain that it would do a vast amount of good and give health to just those women and children who cannot themselves afford to buy it.

At present voluntary effort does something to provide convalescent home cure for babies who need it, and the Voluntary Workers at our centres find year by year enough money to reserve two cots in convalescent homes. This is better than nothing, but it is far from being enough.

HOUSING.

The Borough of Hornsey is composed mainly of good-class houses; but here and there are some small collections of dilapidated house property. In my opinion there are no areas which, without the misuse of words, could properly be called slums; for a slum area is essentially one in which persons are overcrowded in grossly insanitary buildings.

It is, however, true that there are a few houses which, under pre-war standards, would be closed as not being "in all respects reasonably fit for human habitation." Having regard, however, to the post-war shortage of alternative accommodation these houses are occupied. The rents of these houses are low, and they are occupied, in some cases, by a bad type of tenant. Many of the occupiers take in one or more lodgers, or sub-let one or more rooms for the purpose of augmenting their incomes.

The Hornsey Town Council is preparing to build some houses for the working classes; and it is undeniable that these houses will very readily be taken by decent people, many of whom are newly-married couples, and by persons who for many

years have been in lodgings while looking for houses. But, very properly, the Town Council demands that its tenants shall be fairly respectable and decent people; and the thriftless and bad tenant who has made objectionable some of our worst house property will not, and should not, find his way to a new Corporation house. He would make it a pig-sty in a month, would take lodgers into every room and would be evicted before he had paid any rent. So it must not be thought that the provision of Corporation houses will render more practicable the closing and demolition of, say, Ward's Cottages, a block of six back-to-back houses in North Hill; for the tenants living there are not of the sort that would be received into a Corporation house.

The sub-letting of houses and the taking in of lodgers, to which I have referred, is especially in evidence in the Campsbourne area, although it exists in other parts of the town. Practically every house in certain streets is sub-let, and in some instances the original tenant makes a good living out of the letting of his rooms. Overcrowding can be considered from two aspects: there is legal overcrowding where each person has less than 300 cubic feet of space (I believe there is none of this in Hornsey); and there is moral overcrowding where more than one family shares a cooking range, a sink, a water-closet and a copper—and of this there is a very great deal. It is economic in origin. One family cannot afford to live in a five-roomed house; but five families can afford to live there. Overcrowding of this nature will obviously not be remedied by the new Corporation houses; although these are emphatically needed by a large number of persons able and willing to pay the rents and to behave like decent citizens.

Some extremely interesting figures from the last census regarding the population in relation to its housing are given in Table N. in the Appendix to this Report. From that it is seen that 999 families comprising 1,523 persons were living in single rooms. These figures included one family of seven persons who were living in one room; two families each of six persons who were living in one room; eleven families each of five persons who were living in one room; and so on. But it is to be feared that such moral overcrowding will not be remedied by the new houses. These persons do not live and move and

have their being in one room because they like it. On the contrary, my personal experience is that they dislike it intensely. They live in one room because they cannot afford to live in two. Originally, many of them owned two or even three rooms; but they could not afford to pay the rent, and so they let their additional rooms, crowding into the accommodation which is so eloquently expressed in the Table given to us by the last census.

The whole problem of housing is essentially one of economics. Given no unemployment and no unusual poverty, the "housing problem" would largely solve itself, as it did in pre-war days—never completely perhaps, but far more satisfactorily than at present. In time, no doubt, the declining birth-rate will help to diminish the moral overcrowding of houses, just as it has given additional accommodation in our schools, and the new scheme of the Town Council will certainly diminish the amount of sub-letting in roads like Wightman Road and the turnings off it, temporarily at any rate.

There appear to be two methods of attacking the problems of overcrowding. The one is to deal effectively with the present economic situation and to provide work and wages for all: that is not the business of the Public Health Department.

The other method is to prosecute those who are living in overcrowded conditions. Although under the Public Health Act, 1875, prosecutions can be instituted for overcrowding, it would be, in my opinion, most subversive to the public health to take such proceedings. If an overcrowded family were to be prosecuted and fined, the children would have to go without margarine on their bread; for the fine would add penury to poverty. So during the year, although many instances of overcrowding have come to my personal notice, I have recommended prosecutions in none of them; but rather have done what I was able by peaceful persuasion to urge the persons concerned to find some other and more suitable accommodation.

This solution of the problem of housing, of sub-letting and of the lodger is an essential in public health reform. Dirt, disease, and especially infectious disease, flourish under these conditions. Of this, however, we may be assured that while the

present conditions of moral overcrowding and sub-letting continue in our large towns, they continue, not for the good of the people, but for the fostering of infection, of tuberculosis, of venereal disease, and of every other evil condition, due to overcrowding, which saps the strength and wastes the youth of the coming generation.

I would, however, like to refer to a more cheerful aspect of the housing problem. If these houses were left to themselves, without care and without supervision, they would in many cases rapidly become slums. Throughout the year we have made every endeavour to keep these houses in a state reasonably fit for human habitation, and we have in the main succeeded. More than a thousand notices were served in respect of house property, and in all instances the work has been done which we required to remedy the defects that were discovered.

During the past year closing orders were made and became operative in four houses which were dangerous.

Some statistical details regarding housing and the work of the Health Department in relation to insanitary conditions are given in Tables D. and L.

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 of general interest, and of every other kind, due to
 everywhere, which says the strength and wealth of the youth
 of the nation.

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 required to make the defects that were discovered.

During the past year closing orders were made and issued
 in the cases which were dangerous to public health.

Some statistical details regarding housing and the work of
 the Health Department in relation to housing conditions are
 given in Table I, and II, and in the text. The figures in
 Table I are for the year ending at the close of the
 fiscal year, 1917, and the figures in Table II are for the
 year ending at the close of the fiscal year, 1918.

Of the total population of the city, 1,000,000, 1,000,000
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 1917, and the figures in Table II are for the year ending at
 the close of the fiscal year, 1918. The figures in Table I are
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 of the fiscal year, 1918.

LIST OF TABLES.

TABLE A.—Vital Statistics, 1903-23.

TABLE B.—Causes of, and ages at, death during the year 1923.

TABLE C.—Death-rates per 10,000 population from Cancer and Consumption, 1902-1923.

TABLE D.—Nuisances and other defects discovered.

TABLE E.—Work of the Inspectors during the year.

TABLE F.—Cases of Infectious Disease notified in 1923.

TABLE G.—Chart showing Infant Mortality and the General Death-Rate 1883-1923.

TABLE H.—Work done at the Maternity and Child Welfare Centres during the year.

TABLE J.—Infant Mortality during the year 1923.

TABLE K.—Attack-rates per 10,000 population from Scarlet Fever, Diphtheria and Enteric Fever, 1903-1923.

TABLE L.—House-to-house Inspection in 1923.

TABLE M.—Age and sex distribution of population and condition as to marriage, 1921.

TABLE N.—Private Families, classified by size of family, rooms occupied and density of occupation.

TABLE O.—Occupations and Industries.

LIST OF TABLES

- TABLE A.—Vital Statistics, 1932-33
- TABLE B.—Causes of, and rates of, death during the year 1932
- TABLE C.—Death rates per 10,000 population from Cancer and Consumption, 1922-1932
- TABLE D.—Neonatal and other deaths discovered
- TABLE E.—Work of the hospitals during the year
- TABLE F.—Cases of Infectious Diseases notified in 1932
- TABLE G.—Chart showing Infant Mortality and the General Death Rate 1882-1932
- TABLE H.—Work done at the Maternity and Child Welfare Centres during the year
- TABLE I.—Infant Mortality during the year 1932
- TABLE K.—Attack rates per 10,000 population from Scarlet Fever, Diphtheria, and Whooping Cough, 1922-1932
- TABLE L.—Home to Home Inspection in 1932
- TABLE M.—Age and sex distribution of population and rate of increase in 1931
- TABLE N.—Private Hospitals classified by size of family, income, and number of patients
- TABLE O.—Occupations and Industries

TABLE A.
BOROUGH OF HORNSEY VITAL STATISTICS, 1903—1923.

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.
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
1923	88,325	13·8	10·5	52	0·3
105 Great Towns (Rates in 1923)		20·4	11·6	73	—
157 Smaller Towns (Rates in 1923)		19·8	10·6	68	—
London (Rates in 1923)		20·2	11·2	61	—
ENGLAND and WALES (Rates in 1923)		19·7	11·6	69	—

TABLE B.
CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1923.

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 ...	...	...	...	1	...	...	...	...	...	1	...	...
2	Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...
3	Measles ...	...	...	...	4	2	2	...	...	...	...	...	...
4	Scarlet Fever ...	...	...	...	1	...	...	...	...	1	...	...	...
5	Whooping Cough ...	...	...	...	1	1	...	...	...	...	...	...	...
6	Diphtheria and Croup ...	...	...	...	4	...	1	...	3	...	...	...	...
7	Influenza ...	...	...	...	11	...	...	...	...	...	5	3	3
8	Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...
9	Pulmonary Tuberculosis ...	...	...	...	47	...	...	...	...	12	21	12	2
10	Tuberculous Meningitis ...	...	...	...	7	...	1	3	2	1	...	...	...
11	Other Tuberculous Diseases ...	...	...	...	4	...	...	1	...	1	1	...	1
12	Cancer ...	...	...	...	139	...	...	...	1	...	15	68	55
13	Rheumatic Fever ...	...	...	...	1	...	...	...	...	...	...	1	...
14	Meningitis ...	...	...	...	5	...	...	1	...	2	...	2	...
15	Organic Heart Disease ...	...	...	...	105	...	...	...	1	3	12	26	63
16	Bronchitis ...	...	...	...	78	2	...	...	1	...	1	19	55
17	Pneumonia ...	...	...	...	74	2	2	...	2	4	13	26	25
18	Other Respiratory Diseases ...	...	...	...	1	...	1	...	...	...	...	...	...
19	Diarrhoea and Enteritis ...	...	...	...	4	2	1	1	...	...	...	...	...
20	Appendicitis ...	...	...	...	6	...	...	...	1	1	1	3	...
21	Cirrhosis of Liver ...	...	...	...	6	...	...	...	...	...	...	2	4
21a	Alcoholism ...	...	...	...	1	...	...	...	...	...	...	1	...
22	Nephritis ...	...	...	...	35	...	...	...	1	...	3	14	17
23	Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
24	Other accidents of Pregnancy and Parturition ...	...	...	...	5	...	...	...	...	...	4	1	...
25	Congenital Debility, etc. ...	...	...	...	42	42	...	...	...	...	...	...	...
26	Violent Deaths ...	...	...	...	21	3	1	...	2	3	...	7	5
27	Suicide ...	...	...	...	12	...	...	...	...	1	3	6	2
28	Other Defined Diseases ...	...	...	...	311	8	...	1	5	6	20	69	202
29	Ill-defined Diseases ...	...	...	...	2	2	...	...	...	...	...	...	...
Total ...					928	64	9	7	19	35	100	260	434

TABLE C.
DEATH-RATES PER 10,000 POPULATION.

from

CANCER AND TUBERCULOSIS.

Year.		Cancer.		Tuberculosis.
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
1923	...	15.7	...	6.6

TABLE C
DEATH RATES PER 1000 POPULATION
From
CANCER AND TUBERCULOSIS

Year	Cancer	Tuberculosis
1903	68	91
1908	82	87
1909	83	100
1905	83	94
1906	82	78
1907	93	86
1908	108	83
1909	91	101
1910	105	72
1911	121	92
1912	124	70
1913	102	81
1914	91	80
1915	115	80
1916	123	122
1917	121	93
1918	148	102
1919	127	88
1920	126	84
1921	121	100
1922	102	79
1923	157	88

TABLE D.

NUISANCES AND DEFECTS DISCOVERED, 1923.

No. of Premises requiring structural repairs	...	...	710
„ „ „ „ „ cleansing and limewashing	...	...	468
Drains choked	...	...	69
„ otherwise defective	...	...	103
Defective W.C. fittings	...	...	182
„ Yard surfaces	...	...	121
„ Eaves and downspouts	...	...	202
„ Manure receptacles and ashbins	...	...	125
„ Sinks and waste-pipes	...	...	93
„ Urinals	...	...	14
Offensive accumulations	...	...	56
Animals improperly kept	...	...	2
Other nuisances and defects	...	...	1,987
Total number of nuisances and defects	...	...	4,132
Total number of all visits to all premises for all purposes	...	...	14,960

TABLE II
DEFECTS AND DEFECTS DISCOVERED, 1944

14,000	Total number of all visits to all premises for all purposes
1,987	Total number of all visits to all premises for all purposes
1,987	Other nuisances and defects
2	Animals improperly kept
50	Offensive accumulations
14	Urine
98	Sinks and waste-pipes
125	Manure receptacles and ashbins
202	Flues and downpipes
121	Yard refuse
182	Defective W.C. fittings
108	Other defects
69	Drains choked
408	Cleaning and housework
710	No. of premises requiring structural repairs

TABLE E.
WORK DONE DURING THE YEAR 1923.

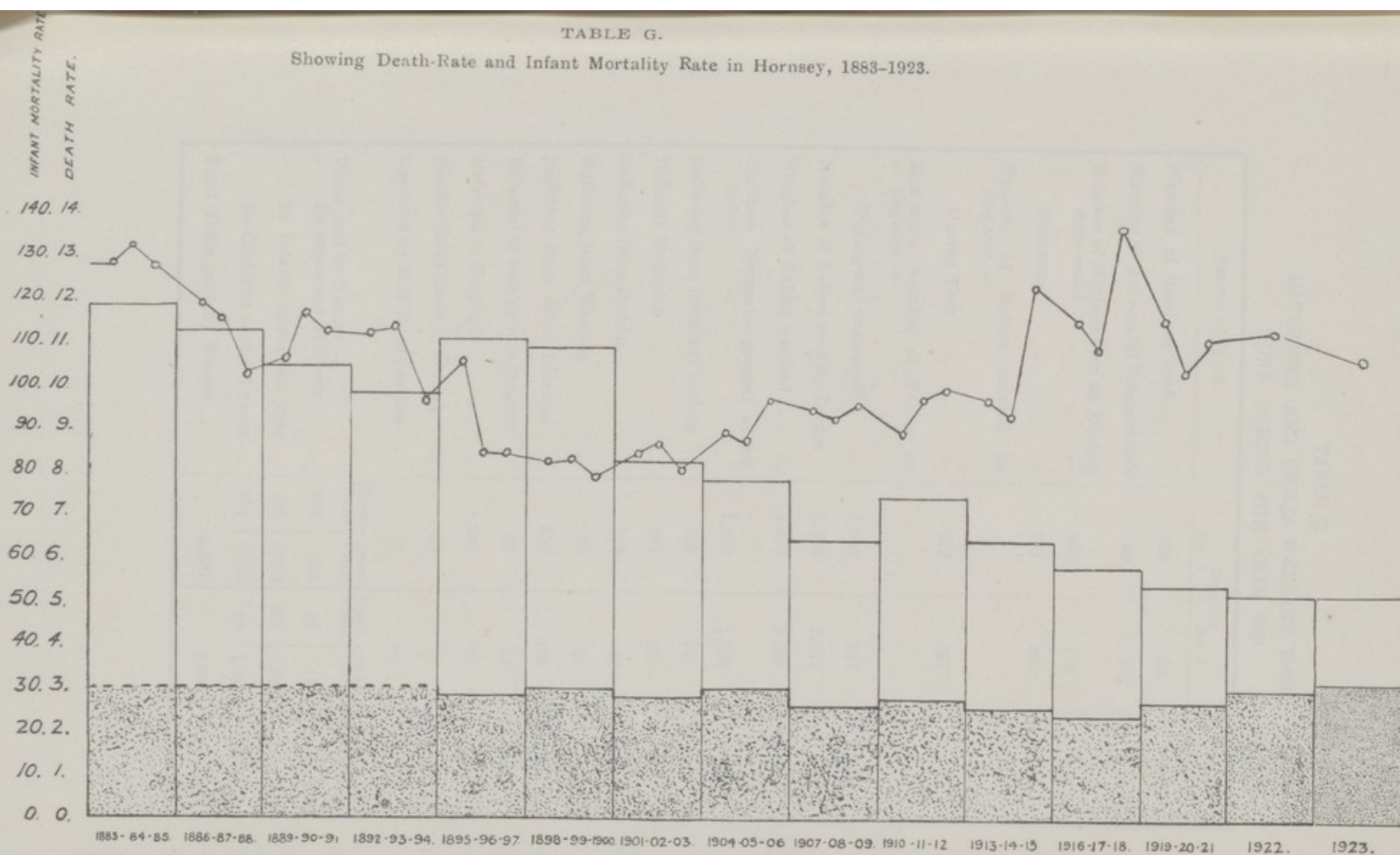
No. of visits re Infectious Diseases...	...	...	...	729
„ „ houses visited re Infectious and other Diseases ...				536
„ „ „ disinfected after Infectious Diseases ...				323
„ „ „ „ „ other „ ...				339
„ „ drains (smoke) tested ...	...	...	...	122
„ „ „ (water) „ ...	...	...	...	20
„ „ visits to Outworkers ...	...	...	...	333
„ „ „ „ Factories and Workshops ...	...	...	...	779
„ „ „ „ Slaughter-houses ...	...	...	...	65
„ „ „ „ Bakehouses ...	...	...	...	92
„ „ „ „ Rag-Flock ...	...	...	...	27
„ „ „ „ Places of Public Entertainment ...	...	...	...	38
„ „ „ „ Dairies ...	...	...	...	51
„ „ „ „ Other food shops or provision stores ...				198
„ „ „ „ Under Shops Act ...	...	...	...	1,200
„ „ „ „ Schools ...	...	...	...	1
„ „ „ „ Houses under Rent Act ...	...	...	...	38
„ „ „ „ Other premises ...	...	...	...	10,413

TABLE F.—INFECTIOUS DISEASES NOTIFIED DURING 1923.

	Scarlet Fever.	Diph- theria.	Enteric Fever.	Malaria.	Puer- peral Fever.	Erysi- pelas.	Ophth. Neon.	Pneu- monia.	Ence- phalitis Lethar- gica.	Cerebro- spinal Meningitis	Pneu- monia and Measles.	Tuberculosis.		Total.	Admitted to Hospital
												Phthisis.	Other forms.		
Highgate ..	6	12	0	2	1	2	2	7	1	0	0	15	2	50	14
Muswell Hill..	13	7	0	0	0	3	1	7	0	0	0	5	1	37	9
Crouch End ..	7	4	1	0	0	3	0	5	0	0	0	9	2	31	8
West Hornsey	29	46	0	0	0	3	1	14	0	0	10	12	6	121	85
East Hornsey	21	32	0	0	2	3	1	10	1	0	0	11	5	86	50
Nth. Haringey	19	8	0	1	0	6	0	7	0	0	0	8	3	52	21
Sth. Haringey	20	8	0	0	0	1	1	6	0	0	0	8	1	45	21
Stroud Green..	3	14	0	1	1	1	0	5	0	1	0	6	0	32	7
Finsbury Park	8	12	0	0	0	2	0	4	0	1	0	9	0	36	19
Total ..	126	133	1	4	4	24	6	65	2	2	10	83	20	480	
Admitted to Hospital	100	113	1	1	3	1	2	2	0	1	10	—	—	—	234
	Scarlet Fever.	Diph- theria.	Enteric Fever.	Malaria.	Puer- peral Fever.	Ery- sipelas.	Ophth. Neon.	Pneu- monia.	Ence- phalitis Lethar- gica.	Cerebro- spinal Meningitis	Pneu- monia and Measles.	Tuberculosis.		Total.	Admitted to Hospital
												Phthisis.	Other forms.		
1st quarter ..	34	44	1	0	0	5	2	28	0	0	0	15	2	131	65
2nd quarter ..	26	30	0	0	0	9	1	14	0	0	0	26	5	111	47
3rd quarter ..	26	34	0	2	0	2	1	6	2	0	0	19	8	100	54
4th quarter ..	40	25	0	2	4	8	2	17	0	2	10	23	5	138	68
Total ..	126	133	1	4	4	24	6	65	2	2	10	83	20	480	234

TABLE G.

Showing Death-Rate and Infant Mortality Rate in Hornsey, 1883-1923.



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.

The following is a list of the names of the persons who have been
 elected to the office of the President of the United States since
 1789. The names are given in the order in which they were
 elected, and the year of election is given in parentheses.
 1789-1797 George Washington (1789)
 1797-1801 John Adams (1797)
 1801-1809 Thomas Jefferson (1801)
 1809-1817 James Madison (1809)
 1817-1825 James Monroe (1817)
 1825-1833 Andrew Jackson (1829)
 1833-1837 Martin Van Buren (1837)
 1837-1841 John Tyler (1841)
 1841-1845 James K. Polk (1845)
 1845-1849 Zachary Taylor (1849)
 1849-1853 Millard Fillmore (1850)
 1853-1857 Fremont (1856)
 1857-1861 Abraham Lincoln (1861)
 1861-1865 Andrew Johnson (1865)
 1865-1869 Ulysses S. Grant (1869)
 1869-1873 Rutherford B. Hayes (1877)
 1873-1877 James A. Garfield (1881)
 1877-1881 Chester A. Arthur (1881)
 1881-1885 Grover Cleveland (1885)
 1885-1889 Benjamin Harrison (1889)
 1889-1893 William McKinley (1897)
 1893-1897 Theodore Roosevelt (1897)
 1897-1901 William Howard Taft (1901)
 1901-1905 Woodrow Wilson (1901)
 1905-1909 William Howard Taft (1909)
 1909-1913 Woodrow Wilson (1913)
 1913-1917 Woodrow Wilson (1917)
 1917-1921 Woodrow Wilson (1921)
 1921-1923 Warren G. Harding (1921)
 1923-1925 Calvin Coolidge (1923)
 1925-1929 Herbert Hoover (1929)
 1929-1933 Franklin D. Roosevelt (1933)
 1933-1945 Franklin D. Roosevelt (1945)
 1945-1953 Dwight D. Eisenhower (1953)
 1953-1961 John F. Kennedy (1961)
 1961-1963 John F. Kennedy (1963)
 1963-1969 Lyndon B. Johnson (1969)
 1969-1973 Richard Nixon (1973)
 1973-1977 Richard Nixon (1977)
 1977-1981 Jimmy Carter (1981)
 1981-1985 Ronald Reagan (1985)
 1985-1989 George H. W. Bush (1989)
 1989-1993 Bill Clinton (1993)
 1993-1997 Bill Clinton (1997)
 1997-2001 George W. Bush (2001)
 2001-2005 George W. Bush (2005)
 2005-2009 Barack Obama (2009)
 2009-2013 Barack Obama (2013)
 2013-2017 Donald Trump (2017)
 2017-2021 Donald Trump (2021)
 2021-2025 Joe Biden (2021)

TABLE H.
MATERNITY AND CHILD WELFARE WORK
DONE DURING THE YEAR 1923.

Nature of Work.	Centres.		Totals.	
	No. 1.	No. 2.		
Number of Sessions held	206	98	304	
Number of Ante-natal Sessions held	40	15	55	
Number of Mothers seen by Doctor:				
Ante-natal	469	156	625	
Post-natal	771	260	1,031	
Number of Babies entered on Register:—				
During Year	619	267	886	
Maximum Number of Babies on Register:—				
During any one month ...	1,022	447	1,469	
Number of Babies seen by Doctor	5,181	2,247	7,428	
Number of Babies weighed	9,270	3,569	12,839	
Children Normal—general advice given	1,986	1,028	3,014	
Suffering from incorrect feeding ...	353	237	590	
Difficult Nutrition	301	271	572	
Suffering from Rickets	122	62	184	
Suffering from Wasting	30	43	73	
Suffering from other Diseases ...	530	438	968	
Referred to own private Doctors ...	51	34	85	
Referred to Hospitals	200	70	270	
Health Talks given by Nurses ...	46	44	90	
Lectures by M.O. H. to parents ...	2	—	2	
Visits paid by Nurses:—	First Visits	Total Visits	First Visits	Total Visits
To expectant Mothers ...	136	273	59	154
To Infants under one year ...	716	2,789	361	2,035
To Children aged 1-5 years ...	104	1,775	58	1,910
Total Visits paid by Nurses ...	4,837		4,099	8,936

TABLE II
MATERNITY AND CHILD WELFARE WORK
DONE DURING THE YEAR 1922

Nature of Work		Continued		Totals
No. 1	No. 2	No. 1	No. 2	
Number of patients held	208	20	208	228
Number of Ante-natal Sessions held	40	15	40	55
Number of Patients seen by Doctor	422	152	422	574
Ante-natal	371	200	371	571
Post-natal	51	52	51	103
Number of babies nursed on Maternity	319	287	319	606
During Year	319	287	319	606
Maximum Number of Patients on Maternity	1,072	447	1,072	1,519
During any one month	2,192	2,047	2,192	4,239
Number of babies seen by Doctor	2,192	2,047	2,192	4,239
Number of babies weighed	2,192	2,047	2,192	4,239
Antenatal Normal - general advice given	1,285	1,093	1,285	2,378
Delivered from infectious feeding	222	207	222	429
Delivered from infectious feeding	201	207	201	408
Delivered from infectious feeding	192	20	192	212
Delivered from infectious feeding	20	20	20	40
Delivered from infectious feeding	200	20	200	220
Delivered to own private Doctor	41	24	41	65
Delivered to Hospital	40	20	40	60
Health Talks given by Nurses	2	—	2	2
Conducted by M.O. or Nurse	2	—	2	2
Visits paid by Nurses	278	124	278	402
To expectant Mothers	278	124	278	402
To infants under one year	278	124	278	402
To Children aged 1-5 years	278	124	278	402
Total Visits paid by Nurses	278	124	278	402

TABLE J.—INFANT MORTALITY DURING 1923.

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
Measles ...	—	—	—	—	0	—	—	—	2	2
Tuberculous Meningitis ...	—	—	—	—	0	—	—	—	—	0
Other Tuberculous Diseases ...	—	—	—	—	0	—	—	—	—	0
Convulsions ...	—	1	—	—	1	—	—	1	—	2
Bronchitis ...	—	—	—	—	0	—	—	2	—	2
Pneumonia ...	—	—	—	—	0	—	—	1	1	2
Diarrhœa ...	—	—	—	—	0	—	2	—	—	2
Rickets ...	—	—	—	—	0	—	—	—	—	0
Injury at Birth ...	5	—	—	—	5	—	—	—	—	5
Premature Birth ...	18	4	1	—	23	—	—	—	—	23
Atrophy, Debility and Marasmus	2	1	—	—	3	4	—	1	—	8
Other Causes ...	6	—	—	—	6	2	4	4	1	17
Total ...	31	6	1	—	38	6	6	10	4	64

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

Year.	Scarlet Fever.	Diphtheria.	Enteric Fever.
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
1923	14·3	15·0	0·1

TABLE 2
ATTACHMENT FROM 1900 TO 1923
DIPHTHERIA AND ENTERIC FEVER

Year	Diphtheria	Enteric Fever
1900	26.5	1.0
1901	26.5	1.0
1902	26.5	1.0
1903	26.5	1.0
1904	26.5	1.0
1905	26.5	1.0
1906	26.5	1.0
1907	26.5	1.0
1908	26.5	1.0
1909	26.5	1.0
1910	26.5	1.0
1911	26.5	1.0
1912	26.5	1.0
1913	26.5	1.0
1914	26.5	1.0
1915	26.5	1.0
1916	26.5	1.0
1917	26.5	1.0
1918	26.5	1.0
1919	26.5	1.0
1920	26.5	1.0
1921	26.5	1.0
1922	26.5	1.0
1923	26.5	1.0

TABLE L.—HOUSE-TO-HOUSE INSPECTIONS, 1923.

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.
Campsbourne Road	132	2	2	6	2	58	23	30	—	75	—	29	15	15	71	27
Boyton Road ...	92	—	—	2	6	65	15	39	—	46	2	15	5	—	54	24
Brook Road ...	52	—	3	3	4	30	14	25	—	44	2	10	10	6	25	—
North View Road ...	165	1	4	16	4	28	28	16	—	51	1	10	—	—	37	59
Newlands Road ...	14	—	—	—	—	4	3	3	—	2	—	2	—	—	5	—
Enfield Road ...	40	—	—	2	—	14	3	—	—	11	—	3	1	—	34	8
Hanbury Road ...	30	—	—	9	1	24	1	2	—	10	—	5	2	—	27	8
Church Path ...	11	—	—	10	1	—	2	—	—	1	—	1	3	3	—	6
Gordon Road ...	73	—	—	11	—	33	7	5	—	19	—	9	—	—	61	15
Rathcoole Gardens	93	3	—	6	5	15	6	6	—	8	—	7	1	1	13	20
Tottenham Lane ...	14	—	1	2	1	16	3	1	—	2	—	4	—	2	13	1
Woodstock Road ...	76	—	—	3	—	13	1	1	—	5	—	4	3	3	8	21
Ennis Road ...	34	—	—	—	—	3	2	—	—	3	—	1	1	1	1	5
Total ...	826	6	10	70	24	303	108	128	—	277	5	100	41	31	349	194

During the year 230 visits were made to houses which had previously been inspected.

TABLE M.
BOROUGH OF HORNSEY.
AGE AND SEX DISTRIBUTION
AND
CONDITION AS TO MARRIAGE, 1921.

AGE LAST BIRTHDAY.	PERSONS.	MALES.					FEMALES.					PERCENTAGES.	
		Total.	Single.	Married.	Widowed.	Divorced.	Total.	Single.	Married.	Widowed.	Divorced.	Males.	Females.
												Sex Per 43.1	centages 56.9
All } Ages } No. %	87,659 —	37,798 100.0	18,661 49.3	17,942 47.5	1,169 3.1	26 0.1	49,861 100.0	26,948 54.0	18,356 36.8	4,517 9.1	40 0.1	Age Per 100.0	centages. 100.0
0—4	5,469	2,756	2,756	—	—	—	2,713	2,713	—	—	—	7.3	5.4
5—9	6,333	3,187	3,187	—	—	—	3,146	3,146	—	—	—	8.4	6.3
10—14	6,750	3,374	3,374	—	—	—	3,376	3,376	—	—	—	9.0	6.8
15—19	6,941	3,017	3,006	10	1	—	3,924	3,889	35	—	—	8.0	7.9
20—24	7,078	2,768	2,454	312	2	—	4,310	3,638	660	12	—	7.3	8.6
25—29	7,325	2,864	1,484	1,369	8	3	4,461	2,461	1,926	69	5	7.6	9.0
30—34	7,299	2,930	724	2,181	23	2	4,369	1,783	2,461	118	7	7.8	8.8
35—39	7,370	2,995	476	2,474	40	5	4,375	1,390	2,753	224	8	7.9	8.8
40—44	6,941	2,973	357	2,552	57	7	3,968	1,177	2,522	258	11	7.9	8.0
45—49	6,406	2,773	286	2,408	76	3	3,633	964	2,388	279	2	7.3	7.3
50—54	5,527	2,412	177	2,131	104	—	3,115	752	1,935	426	2	6.4	6.2
55—59	4,477	1,957	158	1,673	123	3	2,520	530	1,499	487	4	5.2	5.1
60—64	3,537	1,526	105	1,277	142	2	2,011	403	1,051	557	—	4.0	4.0
65—69	2,534	982	56	784	142	—	1,552	312	604	635	1	2.6	3.1
70—74	1,836	682	34	466	181	1	1,154	205	329	620	—	1.8	2.3
75—79	1,110	380	14	215	151	—	730	125	151	454	—	1.0	1.5
80—84	529	165	12	70	83	—	364	65	36	263	—	0.4	0.7
85—89	161	53	1	19	33	—	108	14	5	89	—	0.1	0.2
90—94	27	4	—	1	3	—	23	3	1	19	—	0.0	0.0
95 and over	9	—	—	—	—	—	9	2	—	7	—	—	0.0

TABLE N.
PRIVATE FAMILIES IN THE BOROUGH OF HORNSEY, CLASSIFIED BY SIZE OF FAMILY,
ROOMS OCCUPIED AND DENSITY OF OCCUPATION. CENSUS 1921.

NUMBER OF PERSONS IN FAMILY.	NUMBER OF PRIVATE FAMILIES OCCUPYING THE FOLLOWING NUMBER OF ROOMS.								TOTAL PRIVATE FAMILIES.		Popula- tion in Private Families.	Rooms occupied.	DENSITY OF OCCUPATION.				
	1	2	3	4	5	6-7	8-9	10 & over.	No.	%			Average Number of Rooms per person.	Population at following densities of occupation (rooms per person).			
														under ·3.	·3 and under ·5.	·5 and under ·7.	·7 and under 1·0.
Cols. a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r
HORNSEY M.B.																	
1 ...	658	388	318	217	87	129	56	5	1,858	8·0	1,858	5,045	2·72	—	—	—	—
2 ...	213	833	1,259	1,164	468	789	347	80	5,153	22·1	10,306	21,538	2·09	—	—	426	2
3 ...	91	424	966	1,240	657	1,161	610	149	5,298	22·7	15,894	26,319	1·66	—	273	1,272	3
4 ...	23	236	595	898	644	1,169	671	196	4,432	19·0	17,728	24,410	1·38	92	4	940	2,388
5 ...	11	88	262	533	400	887	602	179	2,962	12·7	14,810	17,909	1·21	55	440	1,310	2,665
6 ...	2	30	140	269	251	485	372	154	1,703	7·3	10,218	10,801	1·06	12	186	2,448	1,506
7 ...	1	23	76	169	129	255	229	115	997	4·3	6,979	6,493	0·93	168	532	1,183	1,757
8 ...	—	6	37	79	51	123	120	60	476	2·0	3,808	3,193	0·84	48	296	1,040	984
9 ...	—	3	11	31	47	69	38	37	236	1·0	2,124	1,588	0·75	27	378	747	513
10 ...	—	1	9	18	27	40	24	24	143	0·6	1,430	984	0·69	10	270	490	420
11 ...	—	—	1	4	9	20	14	7	55	0·2	605	402	0·66	11	143	220	176
12 ...	—	—	—	3	5	10	3	7	28	0·1	336	215	0·64	—	96	132	36
13 ...	—	—	—	—	—	2	1	—	3	0·0	39	20	0·51	—	26	13	—
14 ...	—	—	—	—	—	2	1	1	4	0·0	56	36	0·64	—	14	28	—
15 and over	—	—	—	—	—	1	2	2	5	0·0	82	64	0·78	—	34	15	15
Total Private Families	999	2,032	3,674	4,625	2,775	5,142	3,090	1,016	23,353	100·0	—	—	—	—	—	—	—
Population in Private Families	1,523	5,136	11,292	16,490	11,239	21,410	13,902	5,281	—	—	86,273	—	—	423	2,692	10,264	10,465
Rooms occupied	999	4,059	11,020	18,497	13,873	33,533	25,836	11,200	—	—	—	119,017	1·38	—	—	—	—
	4·3	8·7	15·7	19·8	11·9	22·0	13·2	4·4	100·0	1921.	Percentage of families living in various units of occupation.						
	3·7	6·5	12·5	15·7	9·9	25·5	18·6	7·6	100·0	1911.	..	..	..	..	..	..	..

NOTE.—The above Table should be read as follows:—There were 658 families, each composed of only one person, who lived (each family) in one room; that there were 213 families, each of two persons, who lived in one room; that there were 91 families, each of three persons, who lived in one room, etc.

The following table shows the results of the experiments conducted on the effect of the amount of water on the rate of the reaction between hydrogen and oxygen. The results are given in the form of a table, the first column of which gives the amount of water, the second column the time taken for the reaction to take place, and the third column the volume of gas evolved. The results show that the rate of the reaction increases with the amount of water.

Amount of water (c.c.)	Time taken for reaction to take place (secs.)	Volume of gas evolved (c.c.)	Rate of reaction (c.c./sec.)				Percentage of gas evolved in each 10 secs.				Percentage of gas evolved in each 10 secs.				Total amount of gas evolved (c.c.)	Total time taken for reaction to take place (secs.)	Rate of reaction (c.c./sec.)	Percentage of gas evolved in each 10 secs.	Total amount of gas evolved (c.c.)	Total time taken for reaction to take place (secs.)	Rate of reaction (c.c./sec.)	Percentage of gas evolved in each 10 secs.
			0-10	10-20	20-30	30-40	0-10	10-20	20-30	30-40	0-10	10-20	20-30	30-40								
1	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
2	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
3	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
4	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
5	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
6	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
7	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
8	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
9	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
10	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

TABLE SHOWING THE EFFECT OF THE AMOUNT OF WATER ON THE RATE OF THE REACTION BETWEEN HYDROGEN AND OXYGEN.

TABLE O.
BOROUGH OF HORNSEY.
OCCUPATIONS BY SEX OF PERSONS AGED 12 YEARS AND OVER
IN 1921.

Occupation.	Males.	Females.
Agricultural Occupations	317	15
Makers of Bricks and Pottery	61	17
Workers in Chemical Processes... ..	68	7
Metal Workers	1,552	56
Workers in Precious Metals and Electro-plate	207	16
Electrical Apparatus Makers and Fitters ...	453	29
Makers of Watches and Scientific Instruments	188	9
Workers in Skins and Leather	115	38
Textile Workers	44	60
Makers of Textile Goods and Articles of Dress	511	1,206
Makers of Foods, Drinks and Tobacco... ..	276	113
Workers in Wood and Furniture	862	31
Makers of and Workers in Paper	858	161
Builders, Stone and Slate Workers	665	4
Painters and Decorators	514	6
Workers in other Materials	58	24
Workers in Mixed or Undefined Materials ...	326	62
Persons employed in Transport and Communi- cation	2,699	308
Commercial, Finance and Insurance Occupa- tions	5,222	1,330
Persons employed in Public Administration and Defence	1,690	797
Professional Occupations	1,835	1,665
Persons employed in Entertainments and Sport	212	100
Persons engaged in Personal Service	673	5,178
Clerks and Draughtsmen... ..	5,335	3,870
Warehousemen, Storekeepers and Packers ...	502	165
Stationary Engine Drivers, etc,	86	—
Other and Undefined Workers	838	48
Retired or not Gainfully Occupied	4,247	27,371

TABLE 3
 OCCUPATIONS BY SEX OF PERSONS AGED 15 YEARS AND OVER
 IN 1921

Occupation	Males	Females
Unemployed (Unemployed)	517	10
Makers of Bricks and Tiles	61	17
Workers in Chemical Industries	68	7
Metal Workers	1,333	56
Workers in Iron and Steel Works	207	16
Electrical Apparatus Makers and Fitters	473	26
Makers of Watches and Scientific Instruments	189	9
Workers in Glass and Leather	175	38
Textile Workers	44	60
Makers of Paper, Books and Articles of Paper	511	1,206
Makers of Lumber, Timber and Wood	276	113
Workers in Wood and Furniture	603	31
Makers of and Workers in Paper	658	161
Bookbinders, Printers and Stationers	635	4
Painters and Decorators	514	6
Workers in other Industries	56	31
Workers in Mixed or Unspecified Industries	320	62
Persons employed in Transport and Commerce	2,609	209
Commercial, Financial and Insurance Clerks	5,232	1,206
Persons employed in Public Administration	1,690	207
Professional Occupations	1,625	1,005
Persons employed in Industries and Sport	373	109
Persons engaged in Personal Service	678	2,178
Clerks and Typographers	2,035	2,970
Watchmen, Sweepers and Porters	202	103
Stationary Engine Drivers, etc.	56	—
Other and Unspecified Workers	188	48
Method or not definitely grouped	4,347	27,571

Annual Report

FOR

1923

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.*

Annual Report

1923

SCHOOL MEDICAL SERVICE

BOROUGH OF NORWICH

A. J. HADLEY, M.D. (Cond.), 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 third Report upon the School Medical Service in the Borough of Hornsey.

This Report follows closely on the lines desired by the Board of Education.

The work of your School Medical Service continues to be satisfactory; but extension is needed, particularly in respect to the provision of an open-air school.

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, 1924.

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 Nurse, Miss E. Hubbard, to whose devoted work much of our success at the School Clinic has been due. She was deservedly popular both with the parents and children.

EXTENT AND SCOPE OF THE WORK.

During the year the school nurses made 924 visits to the schools and 966 visits to the homes of children. At these visits to the schools the nurses made a cursory examination of no less than 32,819 children, inspecting them for obvious defects, such as skin disease, sore eyes, discharging ears or verminous conditions. These inspections, are of great value, and result in securing treatment for disease conditions before they become chronic and difficult to be cured. 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 2,212 children examined at the routine inspection during the year, 148 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 2,212 children examined at the routine inspection during the year 65 were found to have defective clothing and 71 to have defective footgear.

Uncleanliness.—Out of 2,212 children examined, 166 were found to be unclean at the time of the routine inspection. Three children had live lice in their heads, and 129 others had nits (or eggs of lice), and 24 were found to be flea-bitten. During the year, as the result of class-to-class inspection, the school nurses have discovered 959 children who were unclean.

Enlarged Tonsils and Adenoids.—Out of 2,212 children examined at the routine inspection 219 were found to have enlarged tonsils or adenoids or both of these conditions.

Defective Hearing.—Twenty-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.

Defective Vision.—Out of 2,212 children examined at the routine inspection, 170 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 2,212 children examined at the routine inspection, 3 were found to be suffering from other diseases of the eyes or eyelids.

Dental Diseases.—At the routine inspection, out of 2,212 children examined, 1,699 were found to have good teeth, 454 to have less than four bad teeth, and 59 to have more than four bad teeth. The School Dental Surgeons in their careful examination of children in the schools found that out of 6,332 children examined no less than 3,897 needed treatment.

Rheumatism and Heart Disease.—Out of the 2,212 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. In addition to the

above, 37 children were found who had some functional heart condition, and 6 were anæmic.

Bronchitis and Pre-tuberculous condition of the Lungs.—At the routine inspection, out of 2,212 children examined, 56 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 2,212 children examined, 3 were found to be suffering from definite pulmonary tuberculosis, and 9 others had some other form of tuberculosis.

Ringworm.—During the year under review 20 children were found who were suffering from ringworm of the scalp and 24 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 35 children were found to be suffering from this irritating condition.

Enlarged Lymphatic Glands.—Out of 2,212 children examined 71 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.

Left-handed Children.—During the year my attention was directed by two of the head teachers to the number of left-handed children in their departments. This condition, I was told, was prejudicial to the child in after life, since certain employers of labour were as unwilling to take a child who was left-handed as they were to employ one who was partially deaf or suffered from defective mentality. I was asked if it would

be detrimental to the children if an attempt was made to teach them to be right-handed; and I was able to assure the teachers that no such imagined danger to the children would result from this education in right-handedness. Thanks to the Head Teachers of Boys' and Girls' Departments in the Borough I have been able to arrive at an estimate of the number of left-handed children in our area and some interesting details regarding them.

Out of our total school population of 7,410, returns have been received in regard to 6,058 children. Of these there are, 239 who are left-handed, and 87 who are ambidextrous. A family history of left-handedness exists in 63 immediate relations.

Of the left-handed children 42 are dull and backward, 181 are of normal intelligence, and 16 more than usually bright.

Of the ambidextrous children 15 are dull and backward, 69 are of ordinary intelligence and 3 are above the normal in mentality. Only 6 of the left-handed children speak with a stutter.

Further details regarding these children are given in Table 11 at the end of this Report. If left-handedness, like deafness or stammering, is of detriment to the child in after life, it is obvious that to remedy this while the child is still at school will be of value to the child.

These cases may demand much patience and perseverance from the teachers; but it is labour that is well spent.

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 3,251 children, who attended there on 10,700 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.—This is an unsatisfactory term for a condition of "sub-health," which may be due to a variety of circumstances. The word does not necessarily imply that the child is not having enough to eat; indeed, few, if any, of our cases of malnutrition are suffering from lack of food. The condition of "sub-health" of being "below par," of being "run down in health," often follows upon a previous illness or upon some chronic ailment. An early attack of measles or whooping-cough or any other serious disease may cause a child to be for many years in a state of malnutrition; enlarged and septic tonsils, bad teeth and even the ravages of vermin may induce this state of sub-health. Parental neglect, irregular and badly cooked meals, late hours and over-fatigue are all responsible for the ill-nourished child.

Successfully to prevent "sub-health" is a matter of great difficulty. The cases due to the apathy of the parents are especially difficult, since but rarely can the slovenly mother and the casual father be accused of or punished for actual neglect. These cases due to improper feeding and to irregular meals are generally benefited by being given milk or cod liver oil. In such instances the parents pay as much as is possible towards the cost of this treatment. It is wonderful to observe how often a child improves rapidly under a course of milk or of cod liver oil, both of which contain a "growth-accessory" food vitamin. After a few weeks of milk, a child, previously dull and apathetic, will begin to take an interest in its school work: it seems to wake up physically and mentally.

The malnutrition due to previous illness is much more difficult to cure. Many children after a severe attack of some disease are sent back to school without any previous convalescent holiday. It is for such cases as these that a *residential open-air school* would be of inestimable benefit. Again, in cases of chronic but slight disease such as early tuberculosis or rickets an open-air school would give to the child just that chance of recovery which its parents had not been able to afford. The results of such a residential open-air school would be seen, not only at the

present, but also in the future; and it would prevent many children from becoming "chronic invalids with a precarious hold on life." I shall refer to this matter again later in my report.

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 149 children passed through this cleansing station, and made altogether 196 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 only 10 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 the children who need this operation could be admitted into hospital and kept there for forty-eight hours in order to recover from the effects. I am glad, however, to be able to report that during the year under review all the operations were safely performed at our Clinic.

Defective Hearing.—Cases of chronic otorrhoea are treated at the School Clinic. During the year under review 102 children with ear discharge attended on 1,272 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 368 children attended on 1,545 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. Many of the cases would be immensely benefited by a few months' residence at 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.—This 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 12 children received X-Ray treatment for ringworm of the scalp.

Impetigo.—This is treated successfully at the School Clinic, and 194 children suffering from this complaint made 773 attendances during the year.

Scabies.—Children with scabies are treated at the cleansing station. During the year 34 children underwent the treatment there, and attended on 81 occasions. In every case the Health Department offered to disinfect free of cost the bedding and bedroom at the house where the child lived.

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 ten children suffering from minor injuries made 320 attendances at the Clinic during the year, and 141 children with other skin diseases came for treatment on 379 occasions. Altogether during 1923 there were

722 children who came to the Minor Ailment Clinic for treatment by the Doctor and Nurse; these children made 3,260 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.

AN OPEN-AIR SCHOOL.

Children suffering from chronic bronchitis, chronic heart affections, anæmia, early tuberculosis, malnutrition and some other insidious conditions can derive great benefit by instruction in the open-air. This benefit is increased when the child is away from home conditions that are detrimental to health, and when it is living a clean and well-regulated life in an open-air school. Sunlight and the fresh air of the country, away from the smoke and dirt of a big city, are tonics which are far more valuable than any that are sold in bottles; but unfortunately they are more expensive than the bottle of the chemist's physic, and are therefore out of reach of those children whose parents are not well-to-do. There are, of course, a few exceptions, and poor children are now and again sent away by charitable persons to convalescent homes; but for the majority of the ailing children whom such open-air treatment would benefit this form of treatment is not procurable; and, owing to the lack of it, many a child drifts into a condition of chronic invalidism.

I should like the Education Committee and the Town Council to consider whether, in the future, it might not be possible to provide an open-air school for some of the children who need it. Possibly it might be desirable and economical to combine with the Maternity and Child Welfare Committee for this purpose; and to provide a home in the country where mothers and babies might stay for convalescence, and where school children might live and be instructed under open-air conditions. I think in this Borough it would always be possible to find half-a-dozen mothers and little children who would benefit by a two months' holiday in such a home; and possible also to find twenty or thirty school children to whom a two months' holiday in the country would be of immense benefit. In addition to these there are perhaps a dozen children whose residence at such an open-air school should be of much longer duration. It would

not be a matter of great difficulty to find, as a nucleus for such a school, a country house in rural Middlesex or Hertfordshire; indeed, nearly three years ago, when I was searching for a house that could be made into a small-pox hospital, I saw several that could have been used for the purpose of a convalescent home and school administrative block. Necessarily all new schemes and reforms begin in a small way, and a house that would take even a couple of mothers and a dozen school children would be of immediate value to the Borough.

Open-air Classes.—I should like to see a number of these established in the Borough. They would benefit considerably the groups of children that I have mentioned, although not to the same extent as would a residential school. At the Hornsey High School an excellent open-air class-room was built during the year; and the girls who have been taught in it have all improved in health.

GENERAL REVIEW OF HOME CONDITIONS AND EMPLOYMENT.

Under this heading I have nothing to add to the remarks which I made in my former Reports.

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.

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.

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 175 preliminary and 44 statutory notices were served on parents, and children were compulsorily cleansed in 9 instances. In sixteen cases notices under S. 12 were served with satisfactory results.

LEGAL PROCEEDINGS.

It was found necessary to take legal proceedings during the year in a number of cases. In the first instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the second instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the third instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the fourth instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the fifth instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the sixth instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the seventh instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the eighth instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the ninth instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same. In the tenth instance, the law was enforced in the case of the owners of the premises, who were required to pay the rates of the same.

THE BIRTH OF THE NEW YORK STATE.

THE BIRTH OF THE NEW YORK STATE.

The birth of the New York State was a process which took place over a long period of time. It was the result of a number of factors, including the growth of the population, the development of the economy, and the increasing influence of the state. The process began in the early years of the colony, when the settlers began to establish a government of their own. This was done in a number of ways, including the establishment of a council of the colony, and the creation of a system of laws. The process continued over the years, as the colony grew in size and power. By the time of the American Revolution, the New York State was a well-established and powerful entity. It was the result of a long and difficult process, but it was one that was worth the effort. The New York State is a state of many achievements, and it is a state that is proud of its history. It is a state that is committed to the future, and it is a state that is dedicated to the well-being of its people. The birth of the New York State was a process that was both long and difficult, but it was one that was worth the effort. The New York State is a state of many achievements, and it is a state that is proud of its history. It is a state that is committed to the future, and it is a state that is dedicated to the well-being of its people.

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.
- „ (11)—Details regarding Left-handed Children in Hornsey.

LIST OF TABLES

- (1)---Number of Children Inspected.
- (2)---Defects found on examination.
- (3)---Defects of Exceptional Children in Year.
- (4)---(a) Treatment of Minor Defects.
- (b) Visual Defects.
- (c) Defects of Nose and Throat.
- (d) Dental Defects.
- (5)---Summary of Treatment of Defects in Table 4.
- (6)---Referring to Children Inspected.
- (7)---Investigation of Defects in the Borough.
- (8)---Number of Children Examined at each School.
- (9)---Work done at Minor Defects Clinic.
- (10)---Summary of Work done by School Nurses.
- (11)---Details regarding Defects found in Home.

TABLE 1.
NUMBER OF CHILDREN INSPECTED, 1st January, 1923, to
31st December, 1923.

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	181	77	39	297	323	282	42	17	113	454	1,074
Girls	175	99	40	314	345	295	66	6	112	479	1,138
Totals	356	176	79	611	668	577	108	23	225	933	2,212

B. Special Inspections.		
	Special Cases.	Re-examinations
Boys ...	761	1,635
Girls ...	572	1,684
Totals ...	1,333	3,319

C. Total Number of Individual Children Inspected.	
3,545.	

TABLE I
NUMBER OF CHILDREN REPORTED BY SEX, AGE, AND RACE
FOR 1950

A. Number of children reported									
Year of age	Total			Total			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-1	107	117	224	107	117	224	107	117	224
2-3	175	180	355	175	180	355	175	180	355
4-5	175	180	355	175	180	355	175	180	355
6-11	175	180	355	175	180	355	175	180	355
12-17	175	180	355	175	180	355	175	180	355
Total	737	737	1474	737	737	1474	737	737	1474

B. Number of children reported		
Year of age	Male	Female
0-1	107	117
2-3	175	180
4-5	175	180
6-11	175	180
12-17	175	180
Total	737	737

C. Total number of children reported	
Male	737
Female	737
Total	1474

TABLE 2.—RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1923.

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	148	5	1
	Uncleanliness, head - - -	132	—	—	—
	body - - -	34	—	—	—
	{ Ringworm, head - - -	—	—	20	—
	" body - - -	—	—	24	—
	{ Scabies - - - - -	3	—	32	—
	{ Impetigo - - - - -	1	—	233	—
	Other Diseases (non-Tuberculous)	4	—	72	—
Eye	Blepharitis - - - -	1	—	25	—
	Conjunctivitis - - - -	2	—	26	—
	Keratitis - - - - -	—	—	2	—
	Corneal Ulcer - - - -	—	—	—	—
	Corneal Opacities - - -	—	—	1	—
	Defective Vision - - -	160	—	100	—
	Squint - - - - -	10	—	23	—
	Other Conditions - - -	—	—	6	—
Ear	Defective Hearing - - -	11	2	15	—
	Otitis Media - - - -	7	—	85	—
	Other Ear Diseases - - -	3	—	16	1
Nose and Throat	Enlarged Tonsils - - -	50	15	71	5
	Adenoids - - - - -	2	—	6	—
	Enlarged Tonsils and Adenoids	12	1	31	—
	Other Conditions - - -	—	—	41	17
Enlarged Cervical Glands (non-Tuberculous)		71	3	13	12
Defective Speech - - - -		2	—	—	—
Teeth: Dental Diseases - - -		136	—	13	—
Heart and Circulation	Heart Disease:				
	Organic - - - -	—	5	—	—
	Functional - - - -	—	37	—	17
Lungs	Anæmia - - - - -	—	1	23	31
	Bronchitis - - - - -	1	4	12	11
	Other non-Tuberculous Disease:	—	5	5	8
Tuberculosis	Pulmonary:				
	Definite - - - -	1	—	—	—
	Suspected - - - -	2	—	—	4
	Non-Pulmonary:				
	Glands - - - - -	—	—	—	—
	Spine - - - - -	—	—	—	—
	Hip - - - - -	—	—	—	—
	Other Bones and Joints	—	—	—	—
Nervous System	Skin - - - - -	—	—	—	—
	Other Forms - - - - -	—	8	—	—
	Epilepsy - - - - -	—	4	—	2
Deformities	Chorea - - - - -	—	—	1	6
	Other Conditions - - -	—	—	—	—
	Rickets - - - - -	—	—	—	—
	Spinal Curvature - - -	1	1	—	—
	Other Forms - - - - -	—	2	1	—
Other Defects and Disease - - -		3	15	230	47
Number of Individual Children having defects which required treatment or to be kept under observation					1,626

TABLE 3.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1923.

			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	1	2	3
		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	5	6
		Not at School	—	1	1
Mentally Deficient.	Feeble Minded.	Attending Public Elemen- tary Schools	—	—	—
		Attending Certified Schools for Mentally Defective Children	10	13	23
		Notified to Local Control Authority by Local Edu- cation Authority during year	4	5	9
		Not at School	—	—	—
	Imbeciles.	At School	—	—	—
		Not at School	6	7	13
	Idiots.	... ..	—	—	—
Epileptics.		Attending Public Elemen- tary Schools	—	—	—
		Attending Certified Schools for Epileptics	2	—	2
		In Institutions other than Certified Schools	—	—	—
		Not at School	3	3	6
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elemen- tary Schools	31	22	53
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools (Sana- toria)	—	—	—
		Not at School	—	—	—
	Crippling due to Tuberculosis.	Attending Public Elemen- tary Schools	6	1	7
		Attending Certified Schools for Phy. Def. Children	—	2	2
		In Institutions other than Certified Schools	—	—	—
		Not at School	1	2	3
	Crippling due to other causes than Tuberculosis, <i>i.e.</i> : Paralysis. Rickets. Traumatism.	Attending Public Elemen- tary Schools	14	9	23
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	3	3	6
	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	98	106	204
		Attending Open-air Schools	—	—	—
		Attending Certified Schools for Phy. Def. Children other than Open-air Schools	—	—	—
		Not at School	2	3	5

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 ...	20	17	3	20
Ringworm, Body ...	24	24	—	24
Scabies	35	35	—	35
Impetigo	234	233	1	234
Minor Injuries ...	101	92	9	101
Other Skin Diseases...	76	68	8	76
Ear Disease	116	101	15	116
Eye Disease (external and other)	83	43	40	83
Miscellaneous	424	286	90	376

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.					
	Under Local Education Authority's Scheme.								
368	335	—	33	368	243	215	92	24	9

* This Number includes several children for whom glasses were prescribed during the latter part of 1922, but who did not obtain glasses until 1923.

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.	
191	138	29	167	24

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	646	685	774	797	859	879	732	697	224	39	6,332
(b) Referred for Treatment	3,877									20	3,897
(c) Actually Treated	1,654									20	1,674
(d) Re-treated*(result of periodical examination)	656										

* 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 Anaesthetics.	No. of Other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent.	Temporary.
31	176	2,864	403	1,016	2,432	93	1,109	373	87	48

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	1,113	899	166	1,065
Visual Defects	368	335	33	368
Defects of Nose and Throat	191	138	53	191
Dental Defects	3,897	1,674	—	1,674
Total	5,569	3,046	252	3,298

TABLE 6.—SUMMARY RELATING TO CHILDREN MEDICALLY
INSPECTED AT THE ROUTINE INSPECTIONS DURING THE
YEAR 1923.

(1) The total number of children medically inspected at the Routine Inspections*	2,212
(2) The number of children in (1) suffering from—	
Malnutrition	148
Skin Disease	10
Defective Vision (including Squint)	299
Eye Disease	3
Defective Hearing	21
Ear Disease	18
Nose and Throat Disease	221
Enlarged Cervical Glands (non-Tubercular)	71
Defective Speech	25
Dental Disease	513
Heart Disease:—	
Organic	7
Functional	48
Anæmia	9
Lung Disease (non-Tubercular)	42
Tuberculosis:—	
Pulmonary, definite	3
,, suspected	6
Non-Pulmonary	3
Disease of the Nervous System	5
Deformities	22
Other Defects and Diseases	25
(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 obser- vation (but not referred for treatment)	136
(4) The number of children in (1) who were referred for treatment (excluding Uncleanliness, Defective Clothing, etc.)	402
(5) The number of children in (4) who received treatment for one or more Defects (excluding Uncleanliness, Defective Clothing, etc.)	347

* Specials are not included in this Table.

TABLE 2. SUMMARY OF FINDINGS TO CHILDREN'S HOSPITAL
AND CLINIC AT THE NATIONAL INSTITUTE OF CHILD HEALTH
YEAR 1962

(1) The total number of children actually reported at	2,272
(2) The number of children in (1) suffering from	
Malnutrition	114
Skin lesions	10
Infective diseases (including syphilis)	230
Eye lesions	3
Infective lesions	31
Ear lesions	15
Nose and throat lesions	231
Prolapsed testis (non-communicable)	71
Infective diseases	53
Genital lesions	218
Other lesions	7
Parasitoses	42
Anemia	9
Toxic lesions (non-infectious)	23
Tuberculosis	
Leishmaniasis, definite	5
" " "	0
Non-infectious	3
Lesions of the lymphatic system	5
Infectious	23
Other lesions and diseases	23
(3) The number of children in (1) suffering from lesions	
other than those mentioned in Infectious Diseases	
or First year) who require to be kept under obser-	
vation (but not referred for treatment)	130
(4) The number of children in (1) who were referred for	
treatment (excluding Infectious Diseases)	
Clinical	102
(5) The number of children in (1) who received treatment	
for one or more lesions (excluding Infectious Diseases)	
Infectious Diseases	511

* Deaths 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	115	105
St. Michael's ...	Senr. Mixed	238	190	175
" ...	Junr. Mixed	192	133	117
Highgate ...	Senr. Mixed	444	308	288
" ...	Junr. Mixed	354	197	177
North Harringay	Boys	465	419	388
" " ...	Girls	465	461	424
" " ...	Junr. Mixed	508	429	367
South Harringay	Senr. Mixed	584	459	437
" " ...	Junr. Mixed	300	207	180
Stroud Green ...	Boys	418	418	385
" " ...	Girls	418	385	351
" " ...	Infants	426	242	211
St. Mary's ...	Boys	237	246	229
" ...	Girls	235	258	236
" ...	Infants	220	206	176
Crouch End ...	Boys	456	433	402
" " ...	Girls	450	400	366
" " ...	Infants	411	294	255
Holy Innocents' ...	Infants	101	101	88
St. James' ...	Mixed	269	253	233
Campsbourne ...	Boys	450	445	412
" ...	Girls	450	460	410
" ...	Infants	473	438	367
	Totals ...	8,784	7,497	6,779

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 ..	1	1	—	1	—	—	8	6	1	—	1	—	—	—	—	—	—	—	—	—	11	8	19
St. Michael's ..	7	12	1	2	—	—	8	6	3	1	—	2	1	1	12	15	2	4	—	—	34	43	77
Highgate ..	17	13	9	4	2	—	22	16	2	10	1	4	1	3	26	19	2	3	1	—	83	72	155
North Harringay	32	33	14	13	13	13	53	73	6	12	7	6	2	5	61	42	5	16	2	1	195	214	409
South Harringay	18	14	10	14	11	2	24	16	6	4	3	3	2	1	24	15	2	3	1	—	101	72	173
Stroud Green ..	27	34	16	22	5	4	46	63	19	15	16	7	6	—	44	66	14	22	13	2	206	235	441
St. Mary's ..	16	10	7	2	2	1	24	33	9	4	5	2	1	—	15	25	4	2	—	2	83	81	164
Crouch End ..	24	20	11	20	3	5	67	66	7	10	—	3	1	3	48	52	7	10	—	1	168	190	358
Holy Innocents'	6	10	—	3	—	2	8	10	—	—	—	—	—	—	—	—	—	—	—	—	14	25	39
St. James' ..	5	5	2	1	—	1	11	13	2	—	1	1	1	—	9	7	2	—	—	—	33	28	61
Campsbourne ..	28	23	7	17	3	12	52	43	5	12	—	2	4	1	43	54	4	6	—	—	146	170	316
TOTAL ..	181	175	77	99	39	40	323	345	60	68	34	30	19	14	282	295	42	66	17	6	1,074	1,138	2,212

TABLE 9.

WORK DONE AT MINOR AILMENTS CLINIC, 1923.

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	2,893	34	3,144	1,339	1,659	1,277	189	82

DETAILS OF THE AILMENTS DEALT WITH.

Ringworm, Head ...	20	Nose and Throat Diseases ...	191
Do. Body ...	24	Enlarged Cervical Glands ...	25
Scabies ...	31	Bronchial Catarrh (Bronchitis) ...	35
Impetigo ...	233	Tuberculosis (susp. non-pulm.) ...	4
Other Skin Disease	72	Infectious Diseases ...	4
Minor Injuries ...	101	Heart Disease ...	19
Ear Disease ...	116	Epilepsy ...	2
Eye Disease ...	47	Chorea ...	8
		Other Nervous Diseases ...	1
		Debility, Anæmia and Malnutrition ...	160
		Dental Disease ...	12
		Rheumatism ...	—
		Deformities ...	2
		Abdominal Complaints and Enuresis	13
		Miscellaneous ...	206
		Lungs (non-T.B.) ...	13
		Total ...	1,339

TABLE I

ANALYSIS OF THE DATA OBTAINED FROM THE EXPERIMENT

Run	Time (min)	Temperature (°C)	Pressure (mm Hg)	Flow Rate (ml/min)	Concentration (g/l)	Yield (%)
1	10	25	760	1.0	0.1	10
2	20	25	760	1.0	0.2	20
3	30	25	760	1.0	0.3	30
4	40	25	760	1.0	0.4	40
5	50	25	760	1.0	0.5	50
6	60	25	760	1.0	0.6	60
7	70	25	760	1.0	0.7	70
8	80	25	760	1.0	0.8	80
9	90	25	760	1.0	0.9	90
10	100	25	760	1.0	1.0	100

ANALYSIS OF THE DATA OBTAINED FROM THE EXPERIMENT

Run	Time (min)	Temperature (°C)	Pressure (mm Hg)	Flow Rate (ml/min)	Concentration (g/l)	Yield (%)
1	10	25	760	1.0	0.1	10
2	20	25	760	1.0	0.2	20
3	30	25	760	1.0	0.3	30
4	40	25	760	1.0	0.4	40
5	50	25	760	1.0	0.5	50
6	60	25	760	1.0	0.6	60
7	70	25	760	1.0	0.7	70
8	80	25	760	1.0	0.8	80
9	90	25	760	1.0	0.9	90
10	100	25	760	1.0	1.0	100

TABLE 10.—SUMMARY OF WORK OF THE SCHOOL NURSES, 1923.

Schools.	Visits to Schools.		No. Examined.	No. of Individual Children found Unclean.	No. of Visits to Schools re other work.	Vermineous Conditions.	Home Visits re Defective Children.								Scabies.	Ringworm.	Miscellaneous.
	Dept.	No. of Visits re Uncleanliness.					Teeth.	Defective Vision.	Tonsils and Adenoids.	Lungs.	Heart.	Ears.	Impetigo.				
Muswell Hill ...	Mixed	20	863	10	14	7	—	11	7	—	—	—	—	7	—	5	
St. Michael's ...	Senr.	15	686	16	14	4	1	7	9	1	—	—	2	—	—	4	
" " ...	Junr.	24	861	17	12	5	1	3	5	1	—	1	3	—	—	5	
Highgate ...	Senr.	18	993	10	16	4	—	4	5	—	—	1	—	—	—	3	
" " ...	Junr.	16	637	11	14	7	—	4	6	1	—	—	15	—	—	10	
North Hartingay	Boys	19	1,342	33	24	—	—	22	13	—	3	3	13	2	1	3	
" " ...	Girls	24	1,844	95	19	8	1	7	2	—	1	—	3	—	—	3	
" " ...	Infants	27	1,996	66	21	9	—	7	34	—	—	2	3	—	2	6	
South Harringay	Senr.	14	956	27	11	2	—	12	9	1	—	2	—	—	—	1	
" " ...	Junr.	10	663	9	15	—	1	—	19	—	—	—	—	2	—	2	
Stroud Green ...	Boys	7	1,396	4	23	2	—	11	17	2	—	1	3	—	—	11	
" " ...	Girls	21	1,681	22	17	6	—	13	10	—	—	1	2	—	—	7	
" " ...	Infants	19	1,440	14	19	18	—	10	8	—	—	—	—	—	—	9	
St. Mary's ...	Boys	11	714	8	15	—	1	1	3	—	1	—	—	—	1	—	
" " ...	Girls	10	802	21	22	2	—	—	5	—	—	—	—	—	—	3	
" " ...	Infants	15	979	10	14	3	—	2	13	—	—	—	—	—	2	2	
Crouch End ...	Boys	19	1,498	34	33	2	—	24	17	—	1	—	—	1	—	10	
" " ...	Girls	41	3,355	89	27	31	2	7	20	—	—	—	5	3	1	15	
" " ...	Infants	28	1,638	43	21	12	—	9	13	—	—	1	5	2	6	13	
Holy Innocents'	Infants	14	645	9	10	1	—	—	2	—	—	—	—	—	1	—	
St. James'	Mixed	16	811	19	10	6	—	7	4	1	—	—	—	—	—	3	
Campsbourne ...	Boys	21	1,800	73	30	—	—	12	8	—	—	—	1	—	—	7	
" " ...	Girls	31	2,855	179	30	14	—	13	11	1	—	2	1	—	1	14	
" " ...	Infants	24	2,364	140	29	2	—	5	25	—	—	—	1	—	4	10	
	Totals	464	32,819	959	460	145	7	191	265	8	6	14	57	17	19	147	

TABLE 11.—LEFT-HANDED CHILDREN.

No. of Scholars.	Left-handed Children.	Ambi- dextrous Children.	Relations Left-handed.					Left-handed Children with Stutter.	Mental Condition.					
									Left-handed.			Ambidextrous.		
			Both.	Father.	Mother.	Brother.	Sister.		Above Normal.	Average.	Dull.	Above Normal.	Average.	Dull.
6,058	239 Percentage 3'94	87	2	7	16	21	17	6	16	181	42	3	69	15

