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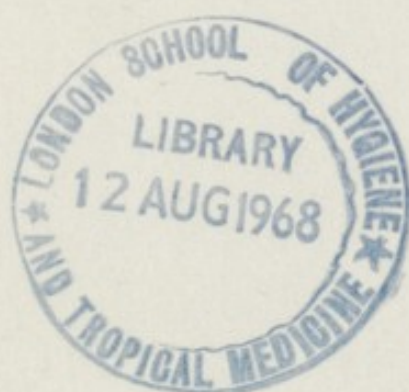
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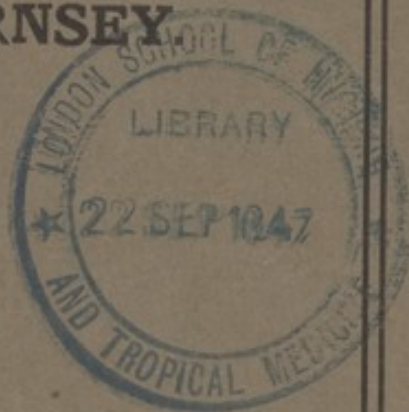


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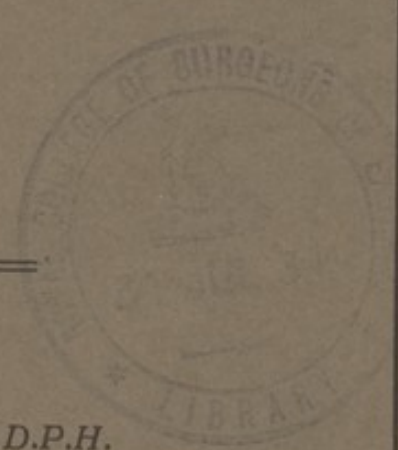


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BOROUGH OF HORNSEY

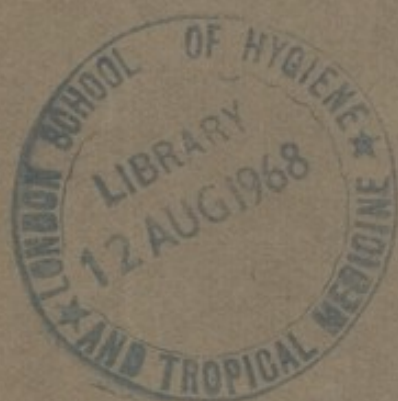


ANNUAL REPORT
OF THE
Medical Officer of Health
AND
School Medical Officer
FOR
1930.



R. P. GARROW, M.D., D.P.H.

68622



Borough of Hornsey.

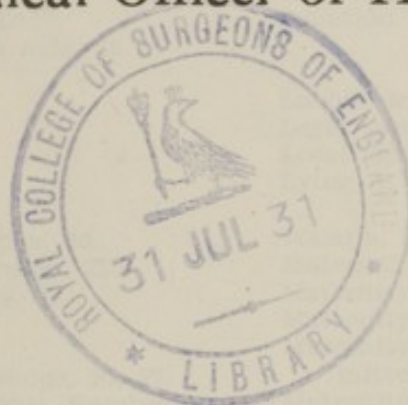
ANNUAL REPORT

FOR

1930

OF THE

Medical Officer of Health.



Branch of Diseases

ANNUAL REPORT

1930

Medical Officer of Health

THE HONORABLE MEMBER FOR HEALTH, NEW SOUTH WALES



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HEALTH COMMITTEE

AS AT 31st DECEMBER, 1930.

THE MAYOR, Councillor C. H. SUMMERSBY, J.P., 109, Muswell Hill Road, N.10.

Councillor J. W. SHIPP (*Chairman*), 12, Berkeley Road, N.8.

Alderman W. W. KELLAND, M.A., 14, Hillside Mansions, N.6.

Councillor Mrs. J. H. BARRENGER, 18, Fordington Road, N.6.

„ E. BROOKS, 122, Crouch Hill, N.8.

„ Mrs. C. M. CAVE, 10, Wood Vale, N.10.

„ J. EDWARDS, 102, Turnpike Lane, N.8.

„ P. EVERINGTON, 81, Mount View Road, N.4.

„ S. G. GOULDING, Woodlands, Cranley Gardens, N.10.

„ Mrs. M. N. HILL, 16, Bishopswood Road, N.6.

„ Dr. J. D. R. MONRO, Fairport, Fortis Green, N.10.

„ R. STEEDS, 19, Coolhurst Road, N.8.

„ L. J. VALETTE, 59, Allison Road, N.8.

„ W. V. WALL, 168, Stroud Green Road, N.4.

„ H. J. WILLIAMS, 105, The Chine, N.21.

„ C. WINKLEY, 72, Woodside Avenue, N.10.

MATERNITY & CHILD WELFARE COMMITTEE

AS AT 31st DECEMBER, 1930.

THE MAYOR, Councillor C. H. SUMMERSBY, J.P., 109, Muswell Hill Road, N.10.

Councillor Mrs. C. M. CAVE (*Chairman*), 10, Wood Vale, N.10.

Alderman W. W. KELLAND, M.A., 14, Hillside Mansions, N.6.

Councillor Mrs. J. H. BARRENGER, 18, Fordington Road, N.6.

„ E. BROOKS, 122, Crouch Hill, N.8.

„ J. EDWARDS, 102, Turnpike Lane, N.8.

„ P. EVERINGTON, 81, Mount View Road, N.4.

„ S. G. GOULDING, Woodlands, Cranley Gardens, N.10.

„ Mrs. M. N. HILL, 16, Bishopswood Road, N.6.

„ D. V. JOHNSON, 54, Coolhurst Road, N.8.

„ Dr. J. D. R. MONRO, Fairport, Fortis Green, N.10.

„ J. W. SHIPP, 12, Berkeley Road, N.8.

„ R. STEEDS, 19, Coolhurst Road, N.8.

„ L. J. VALETTE, 59, Allison Road, N.8.

„ W. V. WALL, 168, Stroud Green Road, N.4.

Co-opted Members.

Mrs. L. J. BOND, 125, Mount View Road, N.4.

Mrs. F. O. DIXON, 56, Talbot Road, N.6.

Miss A. M. INWARD, 29, Endymion Road, N.4.

Miss B. KNOX, 3, North Hill, N.6.

Mrs. E. PIGGOTT, 13, Rookfield Avenue, N.10.

Mrs. B. WALTON, 19, Etheldene Avenue, N.10.

STAFF OF PUBLIC HEALTH DEPARTMENT.

†*Medical Officer of Health ...	R. P. GARROW, M.D., D.P.H.
†*Deputy Medical Officer of Health and Assistant Medical Officer of Schools and Maternity and Child Welfare Centres	EDITH I. L. ABBOTT, M.B., B.S., D.P.H.
†*Assistant Medical Officer for Maternity and Child Welfare	JESSIE MUIR, M.B., Ch.B.
†*Senior Sanitary Inspector ...	HENRY EASTWOOD, Cert. R.San.I., Cert. Insp. of Meat and Foods.
†*Sanitary Inspectors ...	J. GOODMAN, Cert. R.San.I. J. H. JESSE, Cert. R.San.I., Cert. Insp. of Meat and Foods. J. D. CHANCE, Cert. R.San.I., Cert. Insp. of Meat and Foods. A. E. GOODAY, Cert. R.San.I., Cert. Insp. of Meat and Foods.
†Chief Clerk ...	W. GILROY,
†Assistant Clerks ...	E. CHEESMAN, A. WICKHAM. D. BRYANT (Temporary).
†*Health Visitors...	A. GLOVER. J. I. MACPHERSON, Dip. N.H.S., H.V. Cert., C.M.B. E. DURNFORD, H.V. Cert., C.M.B. A. GODDEN, H.V. Cert., C.M.B.
†*Midwife ...	M. ANDREWS, C.M.B.
†Mortuary Keeper ...	C. F. CATLIN.
†Disinfectors ...	W. H. LEWIS. P. HALL.
†Motor-Ambulance Driver ...	P. MARTIN.
†Veterinary Inspector under Diseases of Animals Acts ...	F. G. BUXTON, M.R.C.V.S.

Note:—† Whole time Officers.

‡ Part time Officers.

* Officers in respect of whom salary contribution is made under the Public Health Acts or by Exchequer Grants.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit my Report on the Health of the Borough of Hornsey for the year 1930.

Annual reports of Medical Officers of Health are of two kinds—*Ordinary Reports*, which contain a record of the work done during the year and the vital statistics for the year, and *Survey Reports* every fifth year of a more detailed character, surveying the progress made during the quinquennium. The last survey report was submitted by your Medical Officer of Health in 1925. This report for 1930 should in the ordinary course of events be a *Survey Report*, but Circular 1,119 of 18th June, 1930, addressed by the Ministry of Health to all Local Authorities, says:—

“Although the Annual Report for 1930 will be a Report of a more simple character than the full Survey Report which the Medical Officer of Health was asked to prepare for 1925, it should, for the following reasons, contain information on certain matters in more detail than has been given in the Reports for the last four years, viz.:—

“(a) The transfer of the Poor Law functions, in pursuance of the Local Government Act, 1929, and the other changes effected by that Act, have necessitated a careful survey, by the Medical Officers of Counties and County Boroughs, of the Hospital and other Medical Services available in their respective areas. The information obtained in this connection should be given in the Annual Report for 1930 on the lines indicated in the Section of Appendix I. to this circular which is headed ‘General Provision of Health Services in the Area.’

“(b) The proposals of the Government in relation to Housing, which are embodied in the Housing Bill at present before Parliament, will necessitate the early directing of special attention on the part of Medical Officers of Health to Housing defects in their areas and the compilation of accurate records regarding the Housing position generally. For this reason the

section on Housing contained in the Annual Report for 1930 should be on a more extensive scale than usual, as indicated in Appendix I."

In regard to the former of these special matters, namely, the transfer of the Poor Law from the Edmonton Guardians to the County of Middlesex, there is very little to record so far as the Municipal Borough of Hornsey is concerned. The only additional work falling to the Health Department is the supervision of foster children under Part I. of the Children Act, 1908. This work is done by the Health Visitors in the course of their routine visiting.

The other matter upon which more detailed information is asked for is the important question of Housing. The Housing Act, 1930, confers on local authorities new duties and powers in regard to Housing in their areas. One of these is the duty of furnishing to the Minister of Health a statement of the measures proposed to be taken in the next five years to improve the Housing conditions of the people. The Act is an incitement to local health authorities "to wipe out the slums," which are a disgrace to many of our large industrial cities.

There has been some loose talk in Hornsey about the slums of the Borough. With the exception of certain small groups of houses (numbering 86 houses in all), so old and decayed that they have outlived their usefulness as human habitations, *the Borough of Hornsey has no slums.*

Details of the work done, and, the Housing statistics, will be found in the Report.

I desire to acknowledge the good work done by the Sanitary Inspectors in response to your Committee's desire to pursue an active campaign in Housing, and in maintaining a healthy environment for the population of the Borough.

Sound health is not, however, a question only of the houses we live in, but the kind of lives we live in them. Equally important, therefore, is the work of officers whose duty it is to provide education in personal hygiene from infancy onward. Excellent work of this kind is constantly being carried on at the

Centres, in the Schools, in the homes, and I wish to acknowledge the help and co-operation of Assistant Medical Officers, Health Visitors, School Nurses, voluntary workers and various institutions and organisations too numerous to mention.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

R. P. GARROW.

STATISTICS FOR 1930.

SOCIAL AND ECONOMIC STATISTICS.

Area	...	...	...	...	...	2,874 acres
Population (Census 1921)	...	...	...	...	...	87,691
Do., Registrar-General's last estimate (1929)	...	...	...	...	...	88,450
Number of inhabited houses (Census 1921)	...	...	...	...	...	17,333
„ „ „ „ (end of 1930) according to Rate Books	...	...	...	...	...	21,050
Number of private families (Census 1921)	...	...	...	...	...	23,353
Rateable value (General Rate)	...	...	...	...	...	£993,582
Product of a penny rate	...	...	...	...	...	£4,131

Since the Report was printed the Preliminary Report of the Census, 1931, has been published, giving the following information:—

POPULATION.

	1921.			1931.		
	M.	F.	Total.	M.	F.	Total.
Hornsey	37,798	49,861	87,659	41,325	54,199	95,524
Middlesex	578,385	674,617	1,253,002	769,178	869,343	1,638,521

The increase in population is 7,865, equal to 9·0 per cent. The statistics in the Report are calculated on the Registrar-General's last published estimate, namely, 88,450.

Deaths—

Male	...	...	...	...	492
Female	...	...	...	...	555
Total	...	...	...	...	1,047

DEATH-RATE ... 11·8 per 1,000 population.

Percentage of total births occurring in Institutions ... 38·6

ZYMOTIC DEATH-RATE per 1,000 population, 0·23.

Number of women dying in, or in consequence of, child-birth:—

From Sepsis	...	...	...	1
„ other causes	...	...	...	3

DEATHS OF INFANTS UNDER 1 YEAR OF AGE.

Legitimate	...	Males 25, females 20	= 45
Illegitimate	...	„ 1, „ 4	= 5
Total	...	...	50

INFANT DEATH-RATE per 1,000 live births.

Legitimate 38·9, Illegitimate 94·3—Total 41·35.

Deaths from Measles (all ages)	...	...	...	0
Deaths from Whooping-Cough (all ages)	...	...	...	0
Deaths from Diarrhoea (under 2 years of age)	...	...	...	10

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

NURSING IN THE HOME.

Home nursing, or, as it used to be called, "district nursing," is carried out for the entire Borough by the Borough of Hornsey Nursing Association, which is affiliated with the Queen's Institute of District Nursing. The staff of five trained nurses, working under a Superintendent Nurse, provide a very important social service—skilled nursing in the homes of the people. It is a very economical form of service, as it prevents many patients being sent to hospitals and other institutions, and also enables hospital cases to be discharged to their homes at an earlier date than would otherwise be possible.

The Association is supported by donors' subscriptions, members' subscriptions, fees, subscriptions from churches and charities, and is subsidised by the Hornsey Borough Council (25 guineas), Middlesex County Council (£25), and Hornsey Education Committee (£5). For these grants the Association undertakes the nursing of cases of puerperal fever and pyrexia, whooping cough and measles, and the week-end care of children operated on for adenoids and enlarged tonsils. I desire also to acknowledge the willingness of the nurses to undertake any suitable case referred to them during the week-ends, when the Council's staff of school nurses and health visitors are not on duty.

A total of 9,836 visits were paid to 469 cases during the year. These included 18 cases of pneumonia, 4 cases of measles and 2 cases of puerperal fever.

MIDWIVES.

There are 14 practising midwives residing in the area, one of whom is a whole-time municipal midwife, who, in addition to conducting 144 confinements during the year, attended all the ante-natal sessions at the Centres.

NATIONAL HEALTH INSURANCE.

“ Give particulars of any important points in which the work of the local authority is related to or is administered in co-operation with this service.”

It is not possible to furnish any information under this heading, because this service is administered by the Middlesex Insurance Committee, and the work of medical attendance on insured persons does not in any way overlap any of the health activities of the Borough Council. If and when the medical benefits of National Health Insurance are extended to the dependants of the insured persons, the position will be entirely different. Such extension would result in overlapping between Maternity and Child Welfare and School Medical Services of the Council and the domiciliary medical attendance on the families by the insurance practitioners. The difficulty seems sufficiently remote in time not to require efforts for its solution at the moment.

LABORATORY FACILITIES.

Specimens for bacteriological examination are dealt with in the laboratory of the Isolation Hospital, and foods are submitted for analysis to the Middlesex County Council.

The specimens examined in the laboratory during 1930 were as follows:—

		Negative.		Positive.
Diphtheria specimens	...	1,043	...	90
Sputum	„	183	...	22
Enteric	„	4	...	1
Other	„	18	...	1
		<hr/>		<hr/>
		1,248	...	114
		<hr/>		<hr/>
Total	...			1,362

**LIST OF ACTS, BY-LAWS & REGULATIONS RELATING
TO PUBLIC HEALTH IN FORCE IN THE BOROUGH,
WITH DATE OF ADOPTION.**

Adoptive Acts.—

Infectious Disease (Notification) Act, 1889 (1st January, 1890).

Infectious Disease (Prevention) Act, 1890 (9th December, 1890).

Public Health Acts Amendment Act, 1890, Parts 2, 3 and 5 (9th December, 1890).

Museums and Gymnasiums Act, 1891, so far as it relates to Museums only (from 1st May, 1893).

Public Baths and Wash-houses Acts, 1846, 1847, 1878 and 1882 (6th July, 1896).

Housing of the Working Classes Act, 1890, Part III. (20th July, 1896).

Public Health Acts Amendment Act, 1907, sections 15 to 17, 19 to 27, 30, 31 and 33 in Part II., Parts III., IV., V. and VI., and section 95 in Part X.—by Order of Local Government Board, and section 81 (modified) in Part VII., sections 87 and 90 in Part VIII. and Part IX.—by Order of the Secretary of State (Home Office).

The Local Government and Other Officers' Superannuation Act, 1922 (from 1st January, 1924).

Public Health Act, 1925, Part II., relating to Streets and Buildings, Part III., containing Sanitary Provisions, Part IV., relating to Verminous Premises, etc., and Part V., relating to Watercourses and Streams, etc. (from 1st February, 1926).

**BY-LAWS, REGULATIONS, ETC., RELATING TO PUBLIC
HEALTH IN FORCE IN HORNSEY.**

By-laws have been made as follows:—

Cleansing of Earth-closets (22nd November, 1879).

Common Lodging-houses (22nd November, 1879).

Slaughter-houses (22nd November, 1879). Revised 24th November, 1930).

Management of Mortuary (6th December, 1886).

Decent Conduct of Persons using Sanitary Conveniences (21st May, 1894).

Houses Let in Lodgings or occupied by members of more than one family (21st September, 1896).

For Good Rule and Government of the Borough, 1904, 1909, 1913, 1922 and 1929.

Nuisances in the Borough (10th June, 1907).

With respect to New Streets and Buildings in the Borough (11th May, 1908, and 17th December, 1923).

With respect to Wireless Loud-Speakers, etc. (25th November, 1929).

Under Petroleum (Consolidation) Act, 1928, as to Filling Stations, etc. (20th January, 1930).

Repealing Byelaws as to Cleansing Footways, &c. (21st October, 1929).

Dogs (G.R. & G). (17th February, 1920).

Houses Let in Lodgings (24th March, 1930).

Offensive Trades (12th June, 1911, and 23rd July, 1928).

Also, Regulations have been made as to—

Management of Sanitary Conveniences (21st May, 1894).

Dairies, Cowsheds and Milkshops (19th June, 1899).

Under Swine Fever Order (14th March, and 14th May, 1904, and 1st March, 1905).

Under the Dogs Order, 1906 (21st January, 1906).

As to Cleansing, etc., under Order as to Parasitic Mange in Horses, &c. (13th December, 1909).

Under Section 17 (7) of the Housing, Town Planning, &c., Act, 1909 (20th July, 1914).

HOSPITALS.

(a) WITHIN THE BOROUGH.

(1) Hornsey Central Hospital for general, medical or surgical or special cases (48 beds) is situated in the centre of the Borough. It is staffed by the Medical Practitioners of Hornsey, together with Consulting Physicians, Surgeons and Specialists. A new Home for the Nursing Staff was opened in 1930.

(2) Hornsey, Finchley and Wood Green Joint Isolation Hospital, situated at Coppett's Road, on the northern boundary of the Borough, has 150 beds. (On Ministry of Health basis, 102 beds.)

(3) St. Luke's Hospital for early mental cases (50 beds) is situated at Woodside Avenue, Muswell Hill.

(b) WITHOUT THE BOROUGH.

(1) Hospitals of Middlesex County Council.

(2) Hospitals of London County Council.

(3) The London Voluntary Hospitals, general and special.

Although the Borough of Hornsey has no large hospital for general or special diseases within its boundary, its situation in relation to London places every kind of hospital service within easy reach of its inhabitants. It is not possible to specify in detail the number of beds available for male and female patients suffering from the different classes of diseases requiring hospital treatment, but the following table indicates the wide range of hospital or institutional service available:—

CLASS OF CASE				HOSPITALS OR INSTITUTIONS.
General Medical and Surgical	...	...	...	Hornsey Central Hospital
				North Middlesex Hospital (M.C.C.)
				London Voluntary Hospitals
Children	...	...	...	Hornsey Central Hospital
				North Middlesex Hospital (M.C.C.)
				London Voluntary Hospitals (Special Children's Hospitals and Children's Wards in General Hos- pitals)
Maternity	...	...	...	North Middlesex Hospital (M.C.C.)
				London Voluntary Hospitals
				(Special Maternity Hospitals and Maternity Wards of General Hos- pitals)

CLASS OF CASE.				HOSPITALS OR INSTITUTIONS.
Venereal Diseases	...	...	...	London Special V.D. Hospitals V.D. Departments of General Hospitals in London
Tuberculosis	...	...	...	Sanatoria of Middlesex County Council North Middlesex Hospital (M.C.C.) London Special Chest Hospitals
Chronic Sick	...	...	...	North Middlesex Hospital (M.C.C.)
Mental	...	...	...	Middlesex County Asylum North Middlesex Hospital St. Luke's Hospital in the Borough of Hornsey (for early mental cases)
Mental Deficiency—				
Ineducable	...	...	...	Middlesex County Council
Educable	...	...	...	Oak Lodge Special Day School
Orthopædic	...	...	...	Royal National Orthopædic Hos- pital, London and Stanmore, Orthopædic Departments of London General and Children's Hospitals
Ear, Nose and Throat	...	...	...	Hornsey Central Hospital Special Ear, Nose and Throat Hos- pitals in London Ear, Nose and Throat Departments of London General Hospitals
Purperal Fever and Pyrexia	...	...	...	Special Wards of London County Council Hospitals
Ophthalmia Neonatorum	...	...	...	Special Wards of London County Council Hospitals
Other Cases—Dental, Ophthalmic, Massage, etc.	...	...	...	All provided for at one or other of the Hospitals mentioned above

MATERNITY AND NURSING HOMES.

The Nursing Homes Registration Act, 1927, is administered in the Borough of Hornsey by the Middlesex County Council.

There are 24 registered Nursing Homes in the Borough.

MATERNAL MORTALITY.

Four maternal deaths occurred in the total of 1,209 births during the year—representing a maternal mortality rate of 3·3 per 1,000 births. No special arrangements have been made for the investigation of maternal deaths or of cases of puerperal fever or puerperal pyrexia.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

These are cared for by the Middlesex County Council and by the Hornsey Deanery Association for Preventive and Rescue Work at Beacon Lodge, Eastern Road, Fortis Green.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The authority responsible for this is the Middlesex County Council.

AMBULANCE FACILITIES.

(a) *For Infectious Cases.*—All infectious cases removed to Hospital are carried by the ambulance service of the London County Council.

(b) *For Non-infectious and Accident Cases.*—Non-infectious and accident cases are conveyed by the Borough Ambulance. The following is a statement of the work done during the year:—

Number of occasions on which the Ambulance has been	
used	980
Number of persons conveyed	1,003
Number of street accidents	155
Number of persons conveyed, re ditto	176
Number of accidents on public and other premises	33
Number of persons conveyed, re ditto	34
Sudden illness in street or public premises	152
Number of persons conveyed, re ditto	151
Number of other cases	640
Number of persons conveyed, re ditto	642

There were 24 cases of accident or illness in streets within the Borough attended by other ambulances, owing to the Borough Ambulance being otherwise engaged.

Another ambulance—which travelled 11,243 miles during the year and carried 20,549 passengers—under the supervision of the Health Committee, is employed in the Medical Services of the Borough, chiefly for the transport of physically and mentally defective children.

CLINICS AND TREATMENT CENTRES.

Nature of Provision	Address	Sessions per week	Provided by
Maternity and Child Welfare Centres (Consultations)	(1) Brook Road Hall, Hornsey, N.8.	Infants ... 3½ Antenatal ... 1	Hornsey Borough Council
	(2) 22, Wightman Rd., Haringay, N.4.	Infants 2-3 Antenatal 1 (fortnightly)	do.
	(3) Church Road, Highgate, N.6.	Infants ... 1 Antenatal 1 (monthly)	do.
	(4) Coldfall Avenue, Muswell Hill, N.10	Infants ... 1 (fortnightly) Antenatal 1 (monthly)	do.
Day Nurseries			
School Clinics	(1) 5 Topsfield Parade, N.8.	Medical ... 2 Oculist .. 2 Aurist ... 1 Dental ... 10 (Nurse's treatments daily)	Hornsey Education Committee
	(2) Coldfall School.	Medical ... (Nurse's treatments daily)	do.
Orthopædic Clinics	School	Surgeon ... 1 (monthly)	
	Clinic	Massage ... 2	
Artificial Light Clinics			
Tuberculosis Dispensaries	(10) Alexandra Road, N.8.	2½	Middlesex County Council
Treatment Centres for Venereal Diseases	Royal Northern Hospital, Holloway Road, N.7.	Men ... 4 Women ... 3	Middlesex County Council
	Prince of Wales' Hospital, Tottenham, N.	Men ... 3 Women ... 3	

SANITARY CIRCUMSTANCES OF THE AREA.

WATER. — The Borough water supply is provided by the Metropolitan Water Board. It is adequate in quantity and excellent in quality for drinking, but is a hard water for washing purposes.

The construction of a large new reservoir within the Borough (on Highgate Golf Course) has been completed during the year.

RIVERS AND STREAMS.—During the early part of the year the sanitary inspectors were engaged in tracing sources of pollution of the River Moselle. These, when discovered, were promptly dealt with.

DRAINAGE AND SEWERAGE.—There is no important extension of sewerage to report in 1930. Drainage, sewerage and sewage disposal are satisfactory in all parts of the area.

CLOSET ACCOMMODATION. — The entire Borough has water carriage.

SCAVENGING. — The collection of house refuse has been improved during the year by the purchase of modern vehicles to replace some of the older vehicles.

SANITARY INSPECTION OF THE AREA.

The following statement of the work of the Sanitary Inspectors has been prepared by Mr. Henry Eastwood, Chief Sanitary Inspector:—

The total number of visits during the year was 15,729 and the number of defects or nuisances remedied 4,631.

At the end of the year defects or nuisances were either in hand or outstanding at 115 premises.

The visits made, the notices served and the sanitary improvements carried out are recorded in the following tables:—

VISITS.

House-to-house inspections	...	...	...	...	...	334
Special inspections	...	...	...	...	...	1,771
Re-inspections	...	...	...	...	...	8,729
Transfer to Council Houses	...	...	...	...	...	10
Notifiable infectious diseases	...	...	...	...	...	485
Other . do. do.	...	...	...	...	...	0
Tuberculosis	...	...	...	...	...	74
Deaths	...	...	...	...	...	125

Verminous houses	...	...	...	...	...	...	12
Scabies	...	...	...	...	...	...	0
Shops Act	...	...	...	...	...	...	919
Factories, workshops and outworkers	...	...	...	...	...	...	1,161
Rent Restriction Act	...	...	...	...	...	...	4
Cinemas, &c.	...	...	...	...	...	...	22
Overcrowding	...	...	...	...	...	...	242
Petroleum stores	...	...	...	...	...	...	384
Rag Flock Act	...	...	...	...	...	...	4
Dairies and milkshops	...	...	...	...	...	...	124
Bakehouses	...	...	...	...	...	...	50
Slaughter-houses	...	...	...	...	...	...	141
Butchers' shops	...	...	...	...	...	...	87
Restaurant kitchens	...	...	...	...	...	...	37
Other food shops	...	...	...	...	...	...	188
Annual licences	...	...	...	...	...	...	36
Stables	...	...	...	...	...	...	51
Urinals	...	...	...	...	...	...	16
Smoke observations	...	...	...	...	...	...	30
Refuse tips	...	...	...	...	...	...	58
Fee tests	...	...	...	...	...	...	11
Water tests applied (new drains)	...	...	...	...	...	...	34
Smoke and chemical tests applied (old drains)	...	...	...	...	...	...	55
Drains examined under Sec. 41, Public Health Act, 1875	...	...	...	...	...	...	15
SMALL-POX CONTACTS.—Visits	...	...	...	...	...	...	578
							15,787

SUMMARY OF SANITARY IMPROVEMENTS CARRIED OUT.

DRAINAGE.

Number of houses and premises redrained	...	...	...	25
Repairs or amendments to existing drains	...	...	...	220
Drains or gullies unstopped or cleansed	...	...	...	238
Manholes provided	...	...	...	45
do. repaired	...	...	...	51
Intercepting traps fixed	...	...	...	14
New gully traps fixed	...	...	...	127
New soil pipes and ventilating shafts fixed	...	...	...	67
Soil pipes and ventilating shafts repaired	...	...	...	47
Fresh-air inlets provided or repaired	...	...	...	66

WATER-CLOSETS AND SANITARY FITTINGS.

New water-closet basins fixed	...	...	...	...	176
Water-closets unstopped, cleansed or repaired	...	...	...	...	78
New check cisterns fitted to water-closets; existing check cisterns repaired	...	...	...	...	98
New sinks provided	...	...	...	...	183
New waste-pipes fixed	...	...	...	...	136
Waste-pipes trapped, repaired or unstopped	...	...	...	...	275

MISCELLANEOUS.

Roofs repaired	...	...	...	...	314
Eaves guttering renewed, cleansed or repaired	...	...	...	...	181
Rain-water pipes provided, repaired or unstopped	...	...	...	...	156
do. disconnected from drains	...	...	...	...	8
Damp walls remedied	...	...	...	...	118
Damp-proof courses inserted	...	...	...	...	60
Paving of yards repaired	...	...	...	...	160
Structural repairs of premises	...	...	...	...	481
Rooms cleansed, distempered or papered	...	...	...	...	607
Work-rooms cleansed or repaired	...	...	...	...	29
Drinking-water cisterns repaired, cleansed and covered	...	...	...	...	114
Sanitary dustbins provided	...	...	...	...	124
Accumulations of manure and refuse removed	...	...	...	...	47
Stoves, ranges, and coppers repaired or renewed	...	...	...	...	97
Sundry items	...	...	...	...	265
Overcrowding abated	...	...	...	...	24
					<hr/> 4,631 <hr/>

PREMISES INSPECTED PERIODICALLY.

The following premises were inspected periodically during the year, and any matters requiring attention were dealt with:—

	No. in district.
Dairies and milkshops	31
Milk purveyors in connection with other businesses	35
Bakehouses	31
Restaurant kitchens	33
Slaughter-houses	5
Butchers' shops	54

	No. in District.
Fish shops	26
Factories, workshops and work-places	377
Outworkers' premises	143
Cinemas	7
Places of public entertainment	29
Shoots (refuse)	2
Overcrowded houses	43

HOUSE-TO-HOUSE INSPECTIONS.

	No. of Houses inspected.
Alexandra Cottages	48
Brook Road	12
Castle Yard	11
Eastfield Road	29
Enfield Road	35
Myddelton Road	40
Orchard Road	37
Rathcoole Gardens	45
St. James's Lane	6
St. James's Place	26
St. James's Terrace	11
Ward's Cottages	15
Weston Park	7
Woodside Cottages	12
	<hr/>
	334
	<hr/>

HOUSING WORK SUMMARY.

Dwelling-houses inspected	1,618
„ found to be in any respect unfit	1,104
„ in connection with which Preliminary Notices have been served	780
„ in connection with which Statutory Notices have been served	91
„ where work has been done on personal request	324
„ where work was outstanding at the end of 1930	119

Dwelling-houses where work was outstanding at the end of				
1929 (now completed)	191			
„ demolished by owners to make room for				
new buildings	4			
„ found to be overcrowded	67			
„ at which overcrowding was abated ...	24			
„ visited re overcrowding	242			
„ found to be unfit for human habitation—				
(a) Demolished by owner	1			
(b) Under consideration by Council	26			
				27
„ purchased by Council for the purpose of				
demolition and re-housing—				
Woodside Cottages	10			
(also Factory adjoining)				
Ward's Cottages	14			
North Hill	2			
				26

SMOKE ABATEMENT.

Smoke observations have been kept on 30 occasions.

LAUNDRY.—In consequence of complaints received and as the result of representations made, the proprietors of a Laundry factory have gone to considerable expense in fitting apparatus in order to mitigate the nuisance complained of.

HORNSEY ENGINE SIDINGS.

As a result of repeated representations by the Council, the London and North Eastern Railway Company have installed improved means of coaling their engines at the Hornsey Sidings. While the nuisance from coal dust has thus been reduced, the smoke from the engines when newly fired and getting up steam continues to pollute the air of North Haringey.

OFFENSIVE TRADES.

In February, 1928, the Council made an order and adopted Byelaws, confirmed by the Ministry of Health, declaring the trades of Rag and Bone Dealer and Fish Frier to be Offensive Trades.

There are 13 Fried Fish shops in the Borough. These have been inspected frequently in order to see that the Byelaws are observed.

One Fried Fish shop, at the request of this department, has been re-modelled and an entirely modern range and plant fitted.

Two applications have been made to establish new Fried Fish shops, but have not been proceeded with.

There are no Rag and Bone Dealers' premises in the Borough.

SCHOOLS.

See Report of School Medical Officer.

RAG FLOCK ACT, 1911 & 1928.

Four visits have been made to upholsterers' premises where Rag Flock is used.

There is no Rag Flock manufactured in the district, the supply being obtained from manufacturers who guarantee that it complies with the requirements of the Act.

HOUSING.

Number of New Houses erected during the year:—

(a) Total, including numbers given separately under (b)

(i) By the Local Authority	...	...	33 flats
(ii) By other Local Authorities	...	...	0
(iii) By other bodies and persons	...	...	61
Do., Houses turned into flats	...	...	20

(b) With State assistance under the Housing Acts:—

(i) By the Local Authority—

(a) For the purpose of Part II. of the Act of 1925	...	...	...	0
(b) For the purpose of Part III. of the Act of 1925	...	...	...	0
(c) For other purposes	...	...	...	0
(ii) By other bodies or persons	...	...	...	0

1. *Inspection of Dwelling-houses during the year:—*

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made	1,618
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925, and the number of inspections made	...	...			334
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...				27
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...				1,104

2. *Remedy of defects during the year without service of formal Notices:—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	1,085
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3. *Action under Statutory Powers during the year:—*

A.—Proceedings under section 3 of the Housing Act, 1925:—

(1) Number of dwelling-houses in respect of which Notices were served requiring repairs	...	...	...	...	0
(2) Number of dwelling-houses which were rendered fit after service of formal Notices:—					
(a) By owners	...	...	...	...	0
(b) By Local Authority in default of owners	...	...	...	...	0
(3) Number of dwelling-houses in respect of which Closing Orders became operative					

in pursuance of declarations by owners of intention to close	1
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B.—Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied	91
(2) Number of dwelling-houses in which defects were remedied after service of formal Notices:—	
(a) By owners	72
(b) By Local Authority in default of owners	0

C.—Proceedings under Sections 11, 14 and 15
of the Housing Act, 1925:—

(1) Number of representations made with a view to the making of Closing Orders ...	1
(2) Number of dwelling-houses in respect of which Closing Orders were made ...	0
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been ren- dered fit	0
(4) Number of dwelling-houses in respect of which Demolition Orders were made ...	0
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	0

4. *Number of houses owned by the Local Authority* ... 895

distinguishing (1) those built in the last two
years and held under Part III. of the Housing
Act, 1925, (2) Part II. of the Housing Act, 1925,
and (3) other powers:—

(1) Part III., 33 Flats at Newland Road	33
(2) Part II., Woodside Cottages, 16 houses, and Ward's Cottages and North Hill, 16 houses acquired to be pulled down for new housing scheme	32

(b) HOUSING CONDITIONS.

(1) *General Observations.*—Housing conditions in Hornsey have been the subject of close attention by the Health Committee and its officers during 1930.

The general standard of housing is high. The district is of modern development as a good-class residential suburb of London. The Borough is justly proud of its fine streets, roads and avenues, its well-kept houses and gardens, its beautiful open spaces. Yet there is cause for anxiety. Hornsey, like every other town in the outer ring of London, has its "housing problem." The problem is *overcrowding*, and is caused by outside factors, largely beyond local control. Two important factors are constantly operating—the tendency of families in London to move outwards into the suburbs as the more central parts of the Metropolis become converted to business premises; and the general tendency of industry in England to drift southwards. Middlesex is becoming one of the most industrial counties in England. New factories are springing up almost every month along the great new arterial roads of the county.

We have, therefore, on the one hand, the *natural increase* in population, together with these outside or unnatural causes of increase, and, on the other hand, a fully developed district with literally not one acre of land on which to build new houses. In addition, there is the desire of large sections of the population to occupy smaller houses.

The result is the wholesale conversion of good-class residences once in single occupation into flats, sub-let rooms, houses let in lodgings, or tenements.

Hornsey's housing problem is therefore not unfit houses, unhealthy areas, or shortage of houses, but the much more difficult problem of preventing the district from undergoing the change in social status which has overcome large areas in the adjoining parts of the County of London.

The district has, however, certain natural advantages, which tend towards stabilising its good housing conditions and social character. It is situated on the "Northern Heights" at an elevation of, roughly, 200 to 400 feet above sea level, which gives

it a climatic advantage over the lower levels towards the River Thames. As the Official Guide to Hornsey puts it, "there is fresh air all over Hornsey"—a fact which its residents experience on returning home after the day's work in London.

In addition to its elevation, the undulating or hilly character of the district is a factor in preventing deterioration. Flat districts are more prone to decay than hilly districts.

These natural advantages, together with the firm determination of the Council to preserve the amenities of the Borough and its high standard of housing, should maintain Hornsey's position as one of the most favoured residential districts in or near London.

(2) *Sufficiency of Supply of Houses.*—The Medical Officer of Health is requested to discuss the extent of the shortage of houses, any important changes of population and any special difficulties in the way of providing suitable sites for new houses.

The position in Hornsey is that the houses are sufficient for the area, but insufficient for the population. There are many more families living in the Borough than its houses were ever intended to contain, and there are no housing sites available within the district.

(3) *Overcrowding.*—The above conditions result in *social overcrowding*, that is to say, two, three, four or (in exceptional cases) five families living in houses originally intended for one middle-class family. It should, however, be borne in mind that many of these houses have spacious rooms, well lit and well ventilated. Further, the average family to-day is very much smaller in numbers than the average family in the days when these houses were built.

The minimum cubic space required under the Byelaws with respect to houses let in lodgings is 360 cubic feet per person over 10 and 250 cubic feet per person under 10 years of age. As measured by this standard there is very little *legal overcrowding*.

Special attention has been given by the sanitary inspectors to overcrowded dwelling-houses, and a quarterly report under this heading is submitted to the Health Committee. During 1930 67 houses were found to be overcrowded. In 24 of these the overcrowding was abated. This work involved 242 visits.

(4) *Fitness of Houses*.—(a) No special difficulties have been experienced in dealing with unfit houses under the Public Health and Housing Acts and the Byelaws made under section 6 of the Housing Act, 1925.

(b) PROGRAMME.—A return has been made to the Ministry of Health under section 25 of the Housing Act, 1930, setting out a five-year programme of repair of houses and replacement of unfit houses.

(c) WATER SUPPLY.—There are 58 houses in the Borough which have not an adequate internal water supply. All of these are included in the five-year programme with a view to their having the defects remedied.

(d) SANITARY ACCOMMODATION.—Forty houses have no separate water-closets or other adequate sanitary accommodation. These difficulties will be made good in the five-year programme of repair and replacement.

(5) *Unhealthy Areas*.—A survey of the Borough for the purpose of making the return required by the Ministry of Health under section 25 of the Housing Act, 1930, resulted in 86 houses being regarded as so unfit as to be beyond repair. This number is made up of seven groups, containing respectively 4, 6, 9, 10, 15, 16 and 26 houses.

It would be quite misleading to refer to these as "slums," or even as "unhealthy areas." They are simply nests of old houses in a state of senile decay. The largest group (26 houses) was built about 115 years ago on the southern slope of Muswell Hill.

For the greater part of a century this little hamlet enjoyed a position of splendid isolation, looking south across cornfields towards Shepherds Hill, and enjoyed shelter from the north and east winds by the high ground on which the Alexandra Palace and modern Muswell Hill are built. The more recent development of the district has resulted in this old property being surrounded on all sides by modern houses. The picturesque hamlet of a bygone age is now sadly out of keeping with its surroundings, and the time has arrived for it to be treated as a "clearance area."

The second largest group of unfit houses (16) is situated on North Hill, Highgate, in the heart of first-class residential properties. The third group (15) is in Tottenham Lane. The fourth (10), the fifth (9), the sixth (6), and the seventh group (4) are all in Highgate.

The dwelling-house, No. 14, Woodside Cottages, was represented as being in a state so dangerous or injurious to health as to be unfit for human habitation, on the 12th of March, 1930.

The Agents were communicated with, and as a result the house was demolished on the 1st of May, 1930, without the necessity of formal action.

(6) *Byelaws relating to Houses intended or used for occupation by the working classes and let in lodgings or occupied by members of more than one family.*—These byelaws were made on 24th March, 1930, and confirmed on 13th May, 1930. They do not apply to any lodging-house in which the occupier resides and not more than one family is lodged. Parts of these byelaws, involving structural alterations, do not apply to any lodging-house the rent of which is for the time being controlled by the Rent and Mortgage (Restrictions) Acts, 1920 and 1923. In spite of these limitations it is hoped that the enforcement of the byelaws will strengthen the campaign for better housing conditions amongst families living in divided houses.

Thirty-four houses have been dealt with under these Byelaws during the six months and the following works carried out:—

Byelaw No.			
11 (a)	Cleanliness of drains	... ..	2
11 (b)	Provision of sinks	... ..	8
11 (c)	Provision of suitable window	... ..	1
11 (f)	Repair of sash-cords	... ..	21
12 (b)	Cleansing of bedding	... ..	1
15 (b)	Additional water supply	... ..	8
15 (c)	Accommodation for washing clothes	... ..	6
15 (d)	Accommodation for storage of food	... ..	14

RE-HOUSING.—During the year 72 families, representing 314 persons, have been re-housed, as follows:—

			Families.	Persons.
Lynton Road	...	...	1	3
Myddelton Road	...	...	8	40
Boyton Road	...	...	5	27
Campsbourne Road	...	...	3	13
Brook Road	...	...	1	4
Pembroke Road	...	...	1	6
South View Road	...	...	2	13
North View Road	...	...	3	9
Beechwood Road	...	...	4	15
Hawthorn Road	...	...	5	17
Nightingale Lane	...	...	1	2
Ashford Avenue	...	...	1	4
Palace Road	...	...	1	4
St. Joseph's Road	...	...	1	8
Middle Lane	...	...	1	4
Rathcoole Gardens	...	...	1	3
St. Mary's Road	...	...	2	8
Montague Road	...	...	1	4
Westfield Road	...	...	1	4
Haringey Road	...	...	1	3
Inderwick Road	...	...	1	7
Haringey Grove	...	...	1	3
Clarendon Road	...	...	1	3
Malvern Road	...	...	1	4
Turnpike Lane	...	...	2	7
Denmark Road	...	...	1	6
Endymion Road	...	...	1	4
Lothair Road	...	...	1	4
Crouch Hill	...	...	1	3
Eastwood Road	...	...	1	4
Woodside Avenue	...	...	1	3
Hill Road	...	...	2	15
Steeds Road	...	...	2	9
Colney Hatch Lane	...	...	1	5
Alexandra Gardens	...	...	1	6
Milton Avenue	...	...	1	5

	Families.	Persons.
Archway Road	1	2
Woodside Cottages, Churchyard Bottom	4	15
North Hill	1	4
North Road	2	11
Orchard Road	1	3
	<hr/>	<hr/>
	72	314
	<hr/>	<hr/>

These totals include the 33 tenants who have been housed in the Newland Road Flats at Hornsey.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

DAIRIES AND MILKSHOPS.

At the end of the year there were 31 dairies within the Borough and 35 other shops from which milk was retailed.

Eighteen dairymen supply milk within the Borough who operate from other districts.

There are no cowsheds within the Borough.

The dairies and milkshops are inspected periodically. A high standard of cleanliness exists.

THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

During the year licences were granted as follows:—

For sale of Pasteurised Milk	20
„ Certified Milk	4
„ Grade “A” (T.T.) Milk	8
„ Grade “A” Milk	2
„ Grade “A” (Pasteurised)	2

Twelve samples of milk taken from roundsmen's barrows and sent for bacteriological examination gave results varying from 6,800 to 88,500 organisms per cubic centimetre, as compared with the limit of 100,000 organisms allowed for pasteurised milk.

Legal proceedings were taken under Article 31 (2) of the Milk and Dairies Order, 1926, for selling milk in bottles not filled and closed on registered premises. The roundsman was fined £2.

(b) Meat and Other Foods.

The Public Health (Meat) Regulations, 1924, came into operation on the 1st day of April, 1925.

Under these regulations notice of intention to slaughter has to be sent to the Town Hall by all butchers who have a slaughter-house in Hornsey. In this way the inspectors are enabled to inspect the carcase and organs of every animal killed in the Borough. The general standard of meat sold in Hornsey is good, and in no case has it been found necessary to seize any portion of a carcase or any organ.

OTHER FOODS.—Particular attention has been paid to all premises where food is prepared or sold, and it is only by frequent inspection that satisfactory standards of cleanliness can be maintained.

During the year the carcasses of 1,024 sheep and 4 bullocks have been inspected under the Regulations, and offal amounting to 49½lbs. was surrendered voluntarily on account of some diseased condition.

All diseased meat is destroyed at the Council incinerator.

SLAUGHTER-HOUSES.—The following is a statement regarding the Slaughter-houses in the Borough:—

	1920.	1925.	1930.
Licensed ...	7	5	5

SLAUGHTERING OF ANIMALS DURING THE LAST 5 YEARS.

The table below is interesting as showing a steady decrease in the number of animals slaughtered in the Borough during the last 5 years:—

		Beasts.	Sheep.	Swine.	Calves.
1926	...	195	2,843	27	0
1927	...	144	2,374	21	16
1928	...	58	1,526	0	1
1929	...	21	1,303	0	1
1930	...	4	1,024	0	0

The Byelaws relating to Slaughter-houses were revised in November, 1930, and the use of a "mechanical killer" made compulsory in the slaughter of any bull, ox, cow, heifer or calf.

UN SOUND FOOD.—Unsound food was surrendered and destroyed as follows:—

Lungs	31 $\frac{3}{4}$ lbs.
Liver	17 $\frac{1}{2}$ „
Sausage meat	30 „
Haddocks	98 „
White Bream Fillets	7 „
Apples containing traces of arsenic	20 „
	<hr/>
	203 $\frac{1}{4}$ lbs.
	<hr/>

List of samples taken in Hornsey and examined during the year by the Middlesex County Council:—

Article.	Taken.	Adulterated.
Milk	184	5
Milk, sterilised	3	—
Apples	4	—
Arrowroot	2	—
Butter	10	—
Cream	4	—
Gin	5	—
Meat	18	1
Pastry	1	—
Pepper	1	—
Preservative	3	—
Rice Flour	3	1
Rum	1	—
Sausages	29	6
Sausage colouring	1	—
Whisky	11	—
	<hr/>	<hr/>
	280	13
	<hr/>	<hr/>

Number of prosecutions ... 1

Number of convictions ... 1

SHOPS ACTS.

The Shops Acts, 1912-1913, and the Shops (Hours of Closing) Act, 1928, may be cited together as the Shops Acts, 1912 to 1928.

Six hundred and thirty-nine visits have been paid to shops during the year and, apart from a number of minor infringements, which were dealt with, the provisions of the Shops Acts, 1912-1928, have, generally speaking, been well observed.

Letters have been sent in eleven instances where contraventions have occurred after verbal notices, and undertakings obtained that recurrences will not take place.

LEGAL PROCEEDINGS were taken under Section 1 of the Shops (Hours of Closing) Act, 1928, for being open for the service of customers and selling *tobacco* after the prescribed hour. The Magistrates fined the shopkeeper £2 0s. 0d.

There are 1,225 shops in the Borough engaged in the following trades:—

Grocers	118
Confectioners	97
Drapers and Costumiers	73
Boots	72
Greengrocers	68
Stationers and Newsagents	55
Butchers	54
Restaurant Kitchens	50
Tobacconists	50
Hairdressers and Barbers	45
Tailors and Outfitters	43
Furniture and Upholsterers	36
Public-houses	35
Off-licences	35
Dairies and Milkshops	31
Coal Merchants	30
Bakers	29
Chemists	28
Fishmongers	25
Oil and Colour Shops, General and Domestic Stores	23

Milliners	...	...	...	...	...	18
Ironmongers and Hardware	...	...	...	...	...	18
Gas, Electrical and Wireless Fittings	...	...	...	...	...	17
Clothes Pressing (Cleaning and Repairing)	...	...	...	...	...	15
Florists	...	...	...	...	...	13
Builders and Decorators	...	...	...	...	...	13
Watches and Jewellery	...	...	...	...	...	11
Cycles and Motor Repairs	...	...	...	...	...	11
Hosiers	...	...	...	...	...	10
Pianos and Music	...	...	...	...	...	9
Corn Chandlers	...	...	...	...	...	8
Photographers	...	...	...	...	...	8
Wardrobe Dealers and Dress Agencies	...	...	...	...	...	8
Books	...	...	...	...	...	7
Saddlers and Leather Goods	...	...	...	...	...	7
Cooked Meats	...	...	...	...	...	7
Picture Frames	...	...	...	...	...	5
Carpets and Lino	...	...	...	...	...	5
Art Needlework and Wool	...	...	...	...	...	5
Bazaars	...	...	...	...	...	4
Umbrellas	...	...	...	...	...	3
Toys	...	...	...	...	...	3
Timber Merchants	...	...	...	...	...	3
Sewing Machines	...	...	...	...	...	3
Opticians	...	...	...	...	...	2
Pawnbrokers	...	...	...	...	...	2
Blinds	...	...	...	...	...	2
Baby Carriages	...	...	...	...	...	2
Antique Shops	...	...	...	...	...	2
Furriers	...	...	...	...	...	2
Corsets	...	...	...	...	...	1
Cotton Goods (Cottons and Shirts)	...	...	...	...	...	1
Herbalist	...	...	...	...	...	1
Basket Ware	...	...	...	...	...	1
Cutler	...	...	...	...	...	1

1,225

HAIRDRESSERS' & BARBERS' SHOPS (SUNDAY CLOSING) ACT, 1930.

This Act came into operation on the first day of January, 1931, and provides for the compulsory closing of hairdressers' and barbers' shops on Sundays. An exception is made in the case of a person of the Jewish religion.

The provisions of this Act is carried out by the Sanitary Inspectors, who are also responsible for the carrying out of the Shops Acts, 1912 to 1928, and will necessitate occasional Sunday morning duty.

FLY BREEDING.

Allotment holders and those in charge of refuse shoots were notified in April respecting preventive measures to be taken to obviate fly breeding.

MOSQUITOES.—Stagnant pools were sprayed in April, and at other suitable times during the year, to prevent the breeding of midges and mosquitoes. From observations and enquiries made, this seems to have been efficacious, and to have been appreciated, especially by those living in the vicinities.

DISINFECTION.

Number of rooms fumigated after notifiable infectious					
				disease	570
"	"	"	"	non	160
"	"	"	"	T.B.	80
"	articles	disinfected	...	...	10,032
"	"	destroyed	...	...	166
"	verminous	rooms disinfected	...	...	121

CLEANSING STATION.

Eighteen adults and 143 children have been treated at the cleansing station for various reasons. Nine of the adults and 7 of the children belonged to Wood Green.

MORTUARY.

Sixty-two bodies were received at the mortuary and an inquest held on 18 of them.

DISEASES OF ANIMALS ACT.

Mr. F. G. Buxton, the Veterinary Inspector, reports that during the year he inspected 148 pigs and issued 1 removal licence. No action was necessary under the Tuberculosis Order, 1925.

DOG NUISANCE.

Byelaw made by the Town Council on the 17th February, 1930:—

“No person being in charge of a dog in any street or public place, and having the dog on a lead, shall allow or permit such dog to deposit its excrement upon the public footway.

“Any person offending against this Byelaw shall be liable to a penalty not exceeding Forty Shillings.”

The following is a copy of the poster which has been exhibited in prominent positions since June, 1930:—

“BOROUGH OF HORNSEY.

DOG NUISANCE.

The FOULING of the PUBLIC FOOTWAYS by Dogs is very offensive to the general public, as well as being

DANGEROUS TO HEALTH.

Dog Owners are asked to co-operate in keeping the pavement clean by training their dogs to use the gutter or roadway.

All dogs are trained not to foul their owners' living rooms. They can easily be trained not to foul the footways.

The attention of the public is drawn to the following Byelaw made by the Town Council:—

“No person being in charge of a dog in any street or public place, and having the dog on a lead, shall allow or permit such dog to deposit its excrement upon the public footway.

“Any person offending against this Byelaw shall be liable to a penalty not exceeding Forty Shillings.”

PUBLIC HEALTH DEPARTMENT,

TOWN HALL, HIGHGATE, N.6.”

As a result of inspections, it was found that passages and shop fronts suffer the most from fouling by dogs; that few dog-owners keep their dogs on leads, either early morning or late evening, or appear to realise, or care, how disgusting the fouling of the footpaths and shop fronts by dogs can become.

PETROLEUM ACTS, ETC.

Under the Petroleum (Consolidation) Act of 1928 provision is made for the storage and safe keeping of Petroleum Spirit. Petroleum Spirit is defined as Petroleum, which when tested in a prescribed manner, gives off an inflammable vapour at a temperature of less than 73 degrees Fahrenheit.

The number of premises licensed by the Council has steadily increased from year to year.

The total number of licences for petroleum spirit is 71, and the quantity of petroleum which may be kept on licensed premises is 75,904 gallons, 4,994 gallons being kept in two-gallon cans and 70,910 gallons in underground tanks.

The premises licensed were inspected from time to time and contraventions of the conditions attached to the licences, which have been few, dealt with.

Plans relating to new petrol installations have been submitted to the Committee for their approval. The construction of new installations has been carefully supervised and tanks and pipe lines for bulk storage installations tested.

CARBIDE OF CALCIUM.

There are three premises licensed for the storage of Carbide of Calcium and the quantity stored under licence is 1 ton 10 cwts. 50 lbs.

HYDROCARBON.

There is 1 licence issued for the storage of 100 gallons of hydrocarbon.

CELLULOSE SPIRIT.

One licence for the storage of 20 gallons of cellulose spirit has been issued.

HORTICULTURAL POISONS.

There are two licences in force for the sale of horticultural poisons under the Poisons and Pharmacy Act.

THE PETROLEUM SPIRIT (MOTOR VEHICLES, ETC.) REGULATIONS.

These came into force on 1st day of December, 1929.

They provide for the safe keeping and use of petrol for the purposes of motor vehicles, motor boats, aircraft and certain classes of engines mentioned in the Schedule.

PETROL-DRIVEN ENGINES USED FOR ROAD-MAKING.

Under these Regulations it is provided that, for the keeping and use on any road of petroleum spirit for the purposes of any such engine, notice shall be given to the local authority.

Cautions were given in four instances of contraventions of these regulations.

PETROLEUM SPIRIT AND DANGER FROM FIRE.

In addition to the sand usually kept for putting out fires at licensed petroleum stores, suitable fire-extinguishing apparatus, available at once if required, has been provided in 59 instances. These include every petrol-filling station from which petroleum spirit is sold in the Borough. Garages are being similarly equipped, in addition to extinguishers kept on private cars.

Attention has also been paid to the repair shops, particularly the small repair shops with oil-soaked wooden floors, to bring these into line with efficient fire-extinguishing apparatus. The number of fire-extinguishing apparatus kept on licensed premises, apart from those on private cars, was found to be 140.

THE PETROLEUM (CARBIDE OF CALCIUM) ORDER, 1929.

This came into operation in December, 1929, and makes provision for the labelling of packages and stores containing carbide of calcium, the wording now being "Carbide of Calcium—Dangerous if not kept dry. The contents of this package are liable if brought into contact with moisture to give off a highly inflammable gas."

Visits have been made to each licensed storage place, and this order is observed.

A list of all Licences issued under the Petroleum Acts, with particulars, is sent to the Superintendent of the Fire Brigade each year.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The statistics of infectious diseases in the Borough are set out in Tables F. and G.

The only novel feature in regard to the prevalence of infectious diseases was the appearance of small-pox on two occasions, first in South Harringay, where two brothers contracted the disease, and later in Stroud Green, where a single case occurred. Each case was dealt with in the usual way—removal to small-pox hospital and vaccination of the contacts. The disease was of the type now officially designated “Variola Minor,” to distinguish it from “Variola Major,” or Classical Small-pox.

It is common knowledge that some of the older views regarding small-pox and vaccination have cracked up in face of newer knowledge relating to the *types of small-pox* and the *sequelæ of vaccination*. The subject is too long, too involved and too controversial to be discussed here, but the reader is referred to a recent Memorandum from the Ministry of Health entitled, “A review of certain present aspects of Small-pox Prevention in relation particularly to the Vaccination Acts, 1867-1907.”

IMMUNISATION.—Artificial immunisation as a means of preventing or controlling infectious and epidemic diseases in the community is attracting more attention year by year. Its scope is extending to diphtheria, scarlet fever, influenza, pneumonia, tuberculosis and other diseases. There can be no doubt that a considerable measure of success attends these methods, but so long as the incidence and mortality rates of these diseases remain low, I do not anticipate any keen demand for the method, even with an active campaign of propaganda.

In present circumstances I feel that there is so much to be done in environmental and personal hygiene and nurture in infancy and childhood that the time and energy of your staff are better spent in these directions.

OPHTHALMIA NEONATORUM.—One case of ophthalmia neonatorum was notified, and was treated in St. Margaret's Hospital (M.A.B.), Kentish Town.

Cases			Vision unimpaired.	Vision impaired.	Total blindness.	Deaths.
Notified.	Treated.					
	At home.	In hospital.				
1	0	1	1	0	0	0

TUBERCULOSIS.—Sanatorium provision for all forms of tuberculosis in Hornsey is made by the Middlesex County Council.

There are 857 beds available under the Middlesex County Council scheme for the treatment of tuberculosis in sanatoria, allotted as follows:—

	Observation.	Pulmonary tuberculosis.		Non-pulmonary tuberculosis.		Total.
		" Sanatorium " Beds.	" Hospital " Beds.	Disease of Bones & Joints.	Other conditions.	
Adult Males ...	9	248	62	39	9	367
Adult Females ...	7	183	39	26	20	275
Children under 15	8	56	1	115	35	215
TOTAL ...	24	487	102	180	64	857

The total number of cases on the Tuberculosis Register at the end of 1930 was, 603, an increase of 40 during the year.

Dr. Dobson, the Middlesex Tuberculosis Officer for Hornsey, has kindly supplied the following particulars of Hornsey cases of tuberculosis:—

New Tubercular cases	...	...	...	...	91
New non-Tubercular cases	...	...	...	...	118
Undiagnosed cases	...	...	...	...	4
Total	...	...	...	...	213

Transfers in (Tubercular), not included in above	14
Cases supervised at or from the dispensary during 1930 (all Tubercular)	308

Tubercular cases still on the Register on 1st Jan., 1931	224
Undiagnosed	4
Total	228

MATERNITY AND CHILD WELFARE.

PERSONNEL.

During the year changes have been made in the medical personnel in connection with the Maternity and Child Welfare Centres. On 1st April Dr. E. Abbott took up her duties as Assistant Medical Officer of Health, Assistant School Medical Officer and Assistant Medical Officer for Maternity and Child Welfare Work, and a rearrangement of the work was therefore necessary. Dr. Jessie Muir gave up her appointment as whole-time Medical Officer at the Centres and reverted to her position as part-time officer.

Miss A. Godden was appointed in January as Health Visitor at Brook Road Centre to succeed Miss Lewis, who resigned in December.

CENTRES.

No. 1 CENTRE.—ST. MARY'S MISSION HALL, BROOK ROAD, serving East and West Hornsey, Crouch End and North Haringey areas.

Voluntary Committee:

Mrs. E. Piggott (Chairman) ...	13, Rookfield Avenue, N.10.
Mrs. B. H. Walton (Hon. Sec. and Treas.)	19, Etheldene Avenue, N.10.
Mrs. Bishop	71, Sunnyside Road, N.19.
Miss Bligh	25, Summerland Mans., N.10.
Miss Creswell	35, Bishopswood Avenue, N.10.
Mrs. Danks	4a, Coolhurst Road, N.8.
Mrs. Eason	13, Woodberry Crescent, N.10.

Miss Faulkner	...	...	9, Aubrey Road, N.8.
Miss Goodman	...	...	19, Cranmore Way, N.10.
Mrs. A. M. L. Harvey	...	...	41, The Chine, N.10.
Mrs. Hume	...	...	5, Prince's Avenue, N.10.
Mrs. Merry	...	...	20, Etheldene Avenue, N.10.
Mrs. Moore	...	...	58, Rosebery-road, N.10.
Mrs. Price	...	...	79, Park Avenue South, N.8.
Miss Read	...	...	84, Cranley Gardens, N.10.
Miss Ida Smith	...	...	43, Weston Park, N.8.
Mrs. Sparkes	...	...	3, Crouch Hall Road, N.8.
Mrs. Strohmenger	...	...	"Harwell House," Western Road, N.2.
Mrs. Williamson	...	...	84, Cecile Park, N.8.

Health Visitors: Mrs. E. Durnford and Miss A. Godden.

CLINICS:—

2nd and 4th Mondays	2-4 p.m. (Dr. Abbott).
Wednesdays ...	10-12 a.m. and 2-4 p.m. (Dr. Muir).
Thursdays ...	10-12 a.m. and (Ante-Natal) 2-4 p.m. (Dr. Muir).

No. 2 CENTRE.—No. 22, WIGHTMAN ROAD,
serving Stroud Green, Finsbury Park and South Haringey areas.

Voluntary Committee:

Mrs. J. H. Barrenger	
(Chairman)	18, Fordington Road, N.6.
Miss A. M. Inward (Hon. Sec.	
and Treas.) ...	29, Endymion Road, N.4.
Mrs. L. J. Bond	125, Mount View Road, N.4.
Mrs. Bridgman	5, Seymour Road, N.8.
Mrs. Cutting ...	10, Strafford Gate, Potter's Bar.
Mrs. Harris	45, Barrington Road, N.8.
Mrs. J. Inward	99, Pemberton Road, N.4.
Miss King	45, Wood Vale, N.10.
Mrs. May	16, Fordington Road, N.6.
Mrs. Newman	2, Endymion Road, N.4.
Mrs. Spredbury	9, Wood Vale, N.10.
Mrs. L. C. Swinstead	15, Avenue Road, N.6.

Health Visitor: Miss A. Glover.

CLINICS :—

1st and 3rd Fridays ...	10-12 a.m. (Dr. Abbott).
Tuesdays	10-12 a.m. and 2-4 p.m. (Dr. Muir).
1st and 3rd Tuesdays	2-4 p.m. (Ante-Natal). (Dr. Muir).

No. 3 CENTRE.—ALL SAINTS' HALL, CHURCH ROAD,
serving Highgate and Muswell Hill areas.

Voluntary Committee :

Mrs. Dixey (Chairman)	...	" Crossways,"	27, Stormont Road, N.6.
Mrs. Hill (Hon. Sec.)	...	16, Bishopswood Road,	N.6.
Miss B. Knox (Hon. Sec.)	...	3, North Hill,	N.6.
Miss Reavely (Hon. Treas.)	...	79, Gower Street,	W.C.1.
Mrs. Compton	...	73, Addison Road,	Kensington, W.14.
Mrs. Dixon	...	56, Talbot Road,	N.6.
Miss Grant	...	" Tregarthen,"	Cranley Gar- dens, N.10.
Miss Groser	...	36, Wood Lane,	N.6.
Miss Hodgson	...	" Belle Vue,"	Church Rd., N.6.
Miss Jenkin	...	16, Claremont Road,	N.6.
Miss McAllan	...	28, Glasslyn Road,	N.8.
Mrs. A. L. Thomson	...	2, View Road,	N.6.
Miss Wood	...	38, Church Crescent,	N.10.

Health Visitor: Miss J. Macpherson.

CLINICS :—

Fridays	2-4 p.m. (Dr. Abbott).
2nd Fridays	(Ante-Natal) 10-12 a.m. (Dr. Abbott).

SUB-CENTRE AT COLD FALL SCHOOL,
serving the Council's Coppetts Road Estate.

Health Visitor (part time): Miss F. Ross.

CLINICS :—

1st and 3rd Fridays ...	10.12 a.m. (Dr. Abbott).
4th Friday	(Ante-Natal) 10-12 a.m. (Dr. Abbott).

Table H. on page 56 gives a statistical record of the work done at the Centres and by the Borough Midwife.

There were four deaths due to child-birth, the maternal mortality rate being 3.3 per 1,000 births.

There were 4 cases of puerperal fever, all of which went to hospital, and 15 cases of puerperal pyrexia, 13 being treated in hospital.

MIDWIFERY.

The Municipal Midwife attended 144 births. A reduction of her fee was made in 30 necessitous cases. Nine hundred and eighty births have been attended by the Midwife since the appointment was first made in 1922.

Summonses were taken out against defaulters of payment of the Midwife's fee and the magistrate made an order in each case.

X-RAY TREATMENT.

One expectant mother was sent to University College Hospital from the Ante-Natal Clinic for examination.

MILK—MOTHERS AND CHILDREN ORDER.

Five hundred and twenty-two applications for milk under this Order were granted during the year.

In March the age of children eligible for milk under the Order was increased from 3 to 5 years.

DENTAL CLINIC.

The following is a record for the year of the Dental Clinic for Mothers and Children which was started in 1928:—

				1930.
Individual cases treated	...	...	...	111
Total attendances made	...	...	...	519
Teeth extracted	...	...	...	388
Gas cases	...	...	...	102
Inspections	...	...	...	59
Local injections	...	...	...	29
Fillings	...	...	...	156
Dentures provided	...	...	...	33
Awaiting dentures	...	...	...	21
Attendances for dentures	...	...	...	152
Other treatments, scaling, gum treatment, etc.	...	...	...	120
Cases finished	...	...	...	58

ORTHOPÆDIC SCHEME.

In conjunction with the Education Committee an orthopædic scheme has been established. A Clinic is held monthly at the School Clinic, conducted by a Surgeon from the Royal National Orthopædic Hospital, who examines and prescribes treatment for cases referred to him by the Medical Officers of the Centres.

Massage, electricity and remedial exercises are carried out by a nurse from the Hospital. Cases requiring operative treatment are sent to the country branch of the Hospital at Stanmore. The cost is divided between the Education and Maternity Committees in proportion to the number of cases sent by each.

JOINT VOLUNTARY COMMITTEE.

The Voluntary Committees of the three centres meet quarterly as a Joint Voluntary Committee to discuss matters of common interest and to make recommendations to the Maternity and Child Welfare Committee.

HOME HELPS.

A register of home helps has been compiled by the Voluntary Committees and has proved useful in many cases of mothers requiring help during the confinement period.

CONFERENCES.

The Committee has been represented at the following Conferences during the year:—Birth Control at the Central Hall, Westminster, in April; Physical and Psychological Defects in Children at Drapers' Hall in November.

FOSTER CHILDREN—CHILDREN ACT, 1908.

Under the Local Government Act, 1908, the duties carried out by the Edmonton Guardians were transferred to the Council as from 1st April, 1931.

This work is undertaken by the Health Visitors, and during the year visits have been paid to foster children.

A register of Foster Mothers and Foster Children is kept by the Medical Officer of Health at each Centre, and the following is a summary of the Register:—

Number transferred at 1st April ...	20
Number added during year ...	27
Number taken off register during year ...	24
Number on register at end of year ...	23

NOTIFICATION OF BIRTHS ACTS, 1907 & 1915.

All live births and still births of seven months and over must be notified to the Medical Officer of Health within 36 hours.

The number of births notified under the Acts during 1930 was:—

		Male.	Female.	Total.
Live births	...	627	601	1,228
Still births	...	18	20	38
		<hr/>	<hr/>	<hr/>
		645	621	1,266
		<hr/>	<hr/>	<hr/>

The births were notified:—

By parents	...	...	...	82
By doctors	...	...	...	248
By Borough Midwife	...	...	...	140
By other midwives	...	...	...	417
By Hospitals	...	...	...	169
By others	...	...	...	210
				<hr/>
				1,266

Unnotified (from Registrar's Return):—

Live births	...	...	...	77
Still births	...	...	...	5
				<hr/>
				82
				<hr/>
				1,348
				<hr/>

Of this number there were:—

	Live births.	Still births.
Occurring in the Borough and transferred to other districts	...	...
	192	4
Occurring in Hospitals, etc., outside the district belonging to Hornsey	355	13

The 1,152 net number of births belonging to Hornsey were divided among the districts of the Centres as follows:—

Brook Road	...	...	...	549
Wightman Road	...	...	...	278
Highgate	...	...	...	280
Coldfall Sub-Centre	...	...	...	45

LIST OF TABLES.

TABLE A.—Vital Statistics, 1909-1930.

TABLE B.—Causes of, and ages at, death in 1930 and Summary
1921-1929.

TABLE C.—Infant Mortality in 1930. Causes of and ages at
death.

TABLE D.—Births, Deaths, Infant Deaths, and Deaths from
certain diseases, 1901-1930.

TABLE E.—Cases of Infectious Disease notified in 1930.

TABLE F.—Cases of Infectious Disease notified 1909-1930.

TABLE G.—(1) Notification of, and deaths from, Tuberculosis,
1930.

„ (2) Tuberculosis Register, 1930.

TABLE H.—Work done at the Maternity and Child Welfare
Centres and by Municipal Midwife, 1930.

TABLE I.—Inspection of Factories, Outworkers, etc., 1930.

TABLE A.

BOROUGH OF HORNSEY VITAL STATISTICS, 1909-1930.

YEAR.	Estimated Mid-Year Population.	Birth Rate per 1,000 Population.	Death Rate per 1,000 Population.	Infant Mortality per 1,000 Births.
1909	82,378	18.3	9.5	57
1910	83,401	16.7	8.8	69
1911	84,592	17.5	9.6	78
1912	84,840	16.3	9.9	75
1913	85,122	16.7	9.7	56
1914	85,456	17.8	9.2	57
1915	85,800	15.5	12.2	80
1916	86,147	16.0	11.5	46
1917	86,450	11.3	10.9	70
1918	86,942	11.7	13.8	61
1919	87,100	13.6	11.4	64
1920	87,410	19.3	10.3	54
1921	87,691	16.7	11.0	49
1922	88,007	15.4	11.2	54
1923	88,325	14.4	10.5	51
1924	88,661	13.4	10.4	41
1925	89,064	13.6	10.6	43.6
1926	89,850	13.4	10.3	47.2
1927	90,000	13.3	11.2	38.3
1928	90,250	12.1	12.1	61.3
1929	90,500			
Regr.-General	88,450	13.8	12.7	54.05
1930 ..	88,450	13.7	11.8	41.35
107 County Borough and Great Towns, includ- ing London (Rates in 1930)		16.6	11.5	64
159 Smaller Towns ... (Rates in 1930)		16.2	10.5	55
London (Rates in 1930)		15.7	11.4	59
ENGLAND and WALES (Rates in 1930)		16.3	11.4	60

TABLE B.—CAUSES OF, AND AGES AT, DEATH DURING THE TEN YEARS 1921-1930.

CAUSES OF DEATH	M.O.H. Returns, 1930.									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 years and over.	All ages 1930.	Registrar-General's returns.								
										1929	1928	1927	1926	1925	1924	1923	1922	1921
All causes—Certified
Uncertified
1 Enteric Fever	0	...	1	1	1	...	...	1	...	1
2 Small-pox	0	...	...	...	...	...	...	...	...	2
3 Measles	2	2	...	...	...	...	...	4	...	7	...	8	1	2	4	3	3
4 Scarlet Fever	1	1	...	...	2	...	2	1	...	...	1	1	3	4
5 Whooping Cough	0	14	1	...	3	8	2	1	7	5
6 Diphtheria	1	...	3	...	...	...	...	4	8	6	6	1	1	2	6	6	6
7 Influenza	2	...	1	3	65	16	54	17	20	22	14	47	7
8 Encephalitis Lethargica	0	2	3	1	2	3	2	1	...	8
9 Meningococcal Meningitis	0	...	2	1	...	...	...	...	...	9
10 Tuberculosis of Respiratory System	1	...	10	21	19	5	56	57	60	57	59	48	55	47	60	10
11 Other Tuberculous Diseases	1	1	1	1	2	1	...	7	16	12	7	8	7	7	11	13	11
12 Cancer, Malignant Disease...	1	12	70	73	156	147	134	138	147	143	146	136	143	12
13 Rheumatic Fever	0	1	4	2	2	3	3	2	4	13
14 Diabetes	3	1	6	10	13	9	19	7	13	9	10	14	14
15 Cerebral Hæmorrhage, etc...	2	22	81	105	57	49	43	60	68	53	60	54	15
16 Heart Disease...	3	5	46	88	142	263	188	200	160	163	141	126	116	16
17 Arterio-sclerosis	4	33	37	63	73	55	41	60	46	44	44	17
18 Bronchitis	2	14	53	71	45	48	58	47	61	71	55	65	18
19 Pneumonia (all forms)	4	2	...	1	2	6	26	36	64	58	60	55	64	67	68	67	19
20 Other Respiratory Diseases	1	2	2	5	18	10	12	10	16	16	9	20	20
21 Ulcer of Stomach or Duodenum...	1	6	6	13	13	13	12	9	7	6	8	8	21
22 Diarrhœa (under 2 years)	7	3	...	...	...	...	...	...	10	2	2	3	2	3	1	5	3	22
23 Appendicitis	1	...	...	...	1	4	7	3	16	5	9	13	6	6	9	7	11	23
24 Cirrhosis of Liver	2	2	1	5	3	4	8	4	6	4	6	6	24
25 Acute and Chronic Nephritis	2	1	15	24	42	34	31	31	31	25	35	32	36	25
26 Puerperal Sepsis	1	...	...	1	0	2	1	2	...	1	1	2	26
27 Other accidents and diseases of Pregnancy and Parturition	3	...	...	3	5	1	3	2	3	2	5	3	27
28 Congenital Debility and Malforma- tion, Premature Birth	26	...	...	...	...	...	...	...	26	36	42	27	31	26	29	38	36	28
29 Suicide	3	8	3	14	13	10	6	33	4	10	12	12	29
30 Other Deaths from Violence	1	...	...	...	3	6	5	11	26	25	30	23	6	27	20	22	22	30
31 Other Defined Diseases	10	2	2	2	4	13	42	137	211	161	173	167	171	170	175	196	190	31
32 Causes Ill-defined or Unknown	1	...	1	...	...	32
Total	50	11	6	8	28	91	290	563	1047	1130	1000	1009	926	956	938	928	995	968

TABLE C.—INFANT MORTALITY, 1930.

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.	
Meningitis	—	—	—	—	0	—	1	—	—	1
Convulsions	—	—	—	1	1	—	—	1	—	2
Bronchitis	—	—	—	—	—	—	1	—	—	1
Pneumonia	—	1	—	—	1	—	1	1	1	4
Peritonitis	1	—	—	—	1	—	—	—	—	1
Diarrhœa	—	—	—	—	—	2	2	—	3	7
Hæmorrhage	1	—	—	—	1	—	—	—	—	1
Status Lymphaticus	—	—	—	1	1	—	—	—	—	1
Jaundice	1	—	1	—	2	—	—	—	—	2
Injury at Birth	2	—	—	—	2	—	—	—	—	2
Inattention at Birth	2	—	—	—	2	—	—	—	—	2
Premature Birth	9	2	—	1	12	2	—	—	1	15
Atelectasis	2	—	—	—	2	—	—	—	—	2
Atrophy, Debility and Marasmus	1	—	1	—	2	1	—	—	—	3
Congenital Heart Disease ...	1	—	1	—	2	—	—	—	1	3
Appendicitis	—	—	—	—	—	—	—	1	—	1
Otitis Media	—	—	—	—	—	—	—	1	—	1
Burns	—	—	—	—	—	—	—	—	1	1
Total {	20	3	3	3	29	5	5	4	7	50
	—	—	—	—	—	—	—	—	—	—

TABLE D.
BIRTHS, DEATHS, INFANT DEATHS, AND DEATHS FROM CERTAIN DISEASES, 1901-1930.

YEAR.	Population Census.	Total Births	Total Deaths	Total Infant Deaths (under one year)	Deaths from Measles	Deaths from Whooping Cough	Deaths from Diarrhoea (under two years)	Deaths from Scarlet Fever	Deaths from Diphtheria	Deaths from Typhoid Fever.	Deaths from Cancer.	Deaths from Tuberculosis (Pulmonary)	Deaths from Tuberculosis (Non-Pulmonary)
1901	72,056	1,511	597	127	8	14	6	1	8	3	47	45	18
1902		1,565	620	129	7	9	1	0	9	6	51	45	22
1903		1,561	589	130	15	19	1	1	8	1	62	46	20
1904		1,659	690	143	18	17	21	1	7	2	49	54	23
1905		1,567	696	106	9	10	6	3	8	2	65	58	16
1906		1,603	769	136	18	4	22	6	13	5	65	47	13
1907		1,524	766	116	5	19	3	4	9	4	76	50	19
1908		1,485	752	95	12	11	3	3	9	2	84	53	16
1909		1,508	787	87	12	12	0	3	10	0	75	57	26
1910		1,893	737	97	1	10	0	4	8	3	88	41	18
1911	84,592	1,479	812	116	20	15	35	1	6	1	103	55	23
1912		1,385	840	105	5	2	13	3	2	2	114	43	17
1913		1,425	824	81	12	8	12	0	4	3	96	55	14
1914		1,529	791	88	1	4	21	1	7	1	82	44	10
1915		1,394	1,007	112	37	7	23	3	11	2	99	58	19
1916		1,404	928	64	0	5	8	0	11	1	106	84	20
1917		1,038	906	73	14	6	3	0	6	0	113	58	25
1918		1,037	1,094	64	6	13	7	2	8	0	130	76	13
1919		1,188	992	76	0	0	6	2	3	1	119	66	11
1920		1,707	657	93	4	7	7	3	20	2	119	61	12
1921	87,659	1,468	968	72	1	2	15	3	13	0	136	74	12
1922		1,372	992	72	3	7	3	3	6	0	143	60	13
1923		1,277	928	64	4	1	5	1	6	1	136	47	11
1924		1,189	928	48	2	2	1	1	2	0	146	55	7
1925		1,214	946	49	1	8	3	0	1	0	143	48	7
1926		1,206	928	57	8	3	2	0	1	1	147	59	8
1927		1,201	1,012	46	0	0	4	1	6	1	131	58	6
1928		1,191	995	73	6	1	3	2	6	1	132	59	10
1929		1,221	1,128	67	0	13	2	0	7	0	143	58	15
1930		1,209	1,047	50	4	0	10	2	4	0	156	57	7

TABLE E.—INFECTIOUS DISEASES NOTIFIED 1930.

DISEASE	W A R D S .									A G E S								Total	Admitted to Joint Hospital.	Admitted to other Hospitals.	Registered Deaths
	Highgate	Muswell Hill.	Crouch End	West Hornsey	East Hornsey	North Haringey	South Haringey	Stroud Green	Finsbury Park.	0—	1—	5—	15—	25—	45—	65—					
										1	5	15	25	45	65	and over					
Small Pox ...	—	—	—	—	—	—	2	—	1	—	—	1	1	1	—	—	3	—	3	0	
Scarlet Fever	37	72	24	69	46	35	33	12	18	2	59	215	42	22	6	—	346	275	4	2	
Diphtheria ...	4	22	10	27	21	4	7	11	9	2	23	72	10	6	2	0	115	105	3	4	
Enteric Fever	1	0	0	1	2	1	0	0	0	0	0	2	1	1	1	0	5	5	—	0	
Para Typhoid	1	0	1	0	0	1	0	1	0	0	0	1	1	1	1	0	4	4	—	0	
Erysipelas	6	5	6	3	4	4	0	6	2	2	2	0	2	9	16	5	36	13	3	0	
Ophth. Neon.	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	
Pneumonia ...	8	11	1	11	11	8	0	6	5	1	7	6	7	16	14	10	61	5	8	77	
Puerperal Fever	1	0	0	0	0	1	1	1	0	0	0	0	0	4	0	0	4	0	4	1	
Puerperal Pyrexia	4	1	1	2	3	1	0	0	3	0	0	0	4	11	0	0	15	0	13	0	
Poliomyelitis	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	
Cerebro spinal Meningitis	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	1	—	0	
	63	112	43	113	88	55	43	37	38	8	91	299	68	71	40	15	592	408	39		
Tuberculosis : Pulmonary	16	21	7	23	14	10	11	18	13	—	—	1	30	66	30	6	133			56	
Non-Pulmonary	2	2	0	4	4	3	1	0	4	—	3	7	3	5	2	—	20			7	
TOTAL ...	80	135	50	140	106	68	55	55	55	8	94	307	101	142	72	21	745				
Admitted to Joint Isol. Hospital	37	76	28	87	68	35	31	22	24												
Other Hptls. (except T.B.)	10	6	1	5	3	1	3	4	6												

NOTE.—The following 51 cases were also admitted to the Isolation Hospital in addition to the above, making a total of 459:—4 found not to be diphtheria, 6 measles, 1 measles and mastoid, 4 whooping cough, 1 chicken pox, 1 influenza, 2 after tonsillectomy, 11 tonsillitis, 3 cellulitis, 1 gastro-enteritis, 1 gastritis, 1 colic, 1 stomatitis, 1 pyrexia, 6 sepsis, 3 injuries, 4 for observation.

TABLE F.—NOTIFICATIONS OF INFECTIOUS DISEASE, 1909-1930.

Year.	Population.	Scarlet Fever.	Diphtheria or Croup.	Enteric Fever.	Para Typhoid.	Puerperal Fever.	Puerperal Pyrexia.	Erysipelas.	Cerebral Spinal Meningitis.	Polio-Myelitis.	Ophthalmia Neonatorum.	Malaria.	Dysentery.	Encephalitis Lethargica.	Polio-Encephalitis.	Pneumonia.	Small-pox.	Measles.	German Measles.	Total	Attack rate per 1,000 population.
1909	82,378	221	151	4	—	1	—	37	—	—	—	—	—	—	—	—	—	—	—	414	5.0
1910	83,401	173	105	10	—	1	—	30	—	—	—	—	—	—	—	—	—	—	—	319	3.8
1911	84,592	179	133	6	—	2	—	40	—	—	—	—	—	—	—	—	1	—	—	361	4.2
1912	84,840	138	88	9	—	3	—	39	1	1	—	—	—	—	—	—	—	—	—	279	3.2
1913	85,122	206	115	10	—	2	—	26	—	—	—	—	—	—	—	—	—	—	—	359	4.2
1914	85,456	346	101	9	—	1	—	24	—	—	11	—	—	—	—	—	—	—	—	492	5.7
1915	85,800	182	105	18	—	5	—	35	9	3	1	—	—	—	—	—	—	—	—	358	4.1
1916	86,147	103	77	8	—	1	—	32	2	6	9	—	—	—	—	—	—	—	—	726	2.7 *
1917	86,450	132	66	4	—	1	—	28	4	—	1	—	—	—	—	—	—	207	281	2,344	2.7 *
1918	86,942	89	67	8	—	2	—	23	1	3	2	—	—	—	—	—	—	796	119	1,110	2.3 *
1919	87,100	203	87	6	—	4	—	42	4	1	5	21	2	5	—	112	—	224	285	1,001	5.7 *
1920	87,410	245	149	6	—	2	—	27	1	3	8	10	2	4	—	98	—	not now notifiable		555	6.3
1921	87,691	591	189	2	—	2	—	36	—	2	6	1	1	6	—	42	—	—	—	878	10.1
1922	88,007	286	123	1	—	2	—	24	—	—	10	1	—	1	—	104	—	—	—	552	6.2
1923	88,325	126	133	1	—	—	—	24	2	—	6	4	—	2	—	75	—	—	—	373	4.2
1924	88,661	215	40	3	—	1	—	26	—	1	1	—	—	11	—	61	—	—	—	359	4.0
1925	89,064	126	53	10	—	1	—	26	2	2	4	1	1	7	—	60	—	—	—	293	3.3
1926	89,850	140	116	4	—	4	6	22	—	2	8	—	—	6	—	56	—	—	—	364	4.0
1927	90,000	179	92	6	1	1	14	34	2	3	5	1	—	—	—	89	—	—	—	427	4.7
1928	90,250	328	104	4	—	3	22	24	4	1	6	1	—	2	—	94	—	—	—	593	6.5
1929	89,450	249	129	3	2	3	8	30	3	1	5	2	—	—	1	163	—	—	—	599	6.6
1930	89,450	346	115	5	4	4	15	36	1	1	1	—	—	—	—	61	3	—	—	592	6.6

R.-Gen.'s
Estimate

* Excluding measles and German measles.

TABLE G. (1).—NOTIFICATIONS OF, AND DEATHS FROM, TUBERCULOSIS, 1930.

AGE PERIODS.	New Cases.				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 — 1	—	—	—	—	—	—	—	1
1 — 5	—	—	—	3	—	1	—	1
5 — 15	1	—	5	2	—	—	1	—
15 — 25	9	21	3	—	5	5	1	—
25 — 35	24	16	2	1	5	6	1	—
35 — 45	13	13	2	—	9	1	1	—
45 — 55	10	6	—	1	5	3	—	—
55 — 65	13	1	—	1	10	1	—	1
65 and over	3	3	—	—	2	3	—	—
Totals	73	60	12	8	36	20	4	3
WARDS:—								
Highgate... ..	7	9	1	1	2	2	—	—
Muswell Hill	11	10	—	2	6	—	—	—
Crouch End	4	3	—	—	4	3	2	1
West Hornsey	13	10	4	—	6	3	—	—
East Hornsey	6	8	3	1	3	5	—	—
North Haringey	8	2	1	2	3	4	1	1
South Haringey	8	3	1	—	2	1	1	—
Stroud Green	10	8	—	—	6	2	—	—
Finsbury Park	6	7	2	2	4	—	—	1
Totals	73	60	12	8	36	20	4	3

TABLE G. (2).—TUBERCULOSIS REGISTER, 1930.

	No. of cases at commencement of 1930. (1)		No. of cases added to register during 1930. (2)		No. of cases removed from register during 1930. (3)		No. of cases on register at end of 1930. (4)	
	Pul.	Non.-Pul.	Pul.	Non.-Pul.	Pul.	Non.-Pul.	Pul.	Non.-Pul.
Males	216	68	73	12	52	11	237	69
Females	220	59	60	8	44	6	236	61
Totals	436	127	133	20	96	17	473	130
	563		153		113		603	

Cases removed from the Register shown in Column 3 are accounted for as follows:—

Cured.		Removed to another area.		Died at Home.		Died at Sanatorium or other Institution.		Totals.	
M	F	M	F	M	F	M	F	M	F
3	8	13	13	Pulmonary 12 14		24	9	52	44
2	0	5	2	Non-Pulmonary 1 2		3	2	11	6
5	8	18	15	13	16	27	11	63	50
								113	

TABLE H.
MATERNITY AND CHILD WELFARE WORK, 1930.

Nature of Work.	Centres.						Totals.	
	No. 1.		No. 2.		No. 3 and Sub-Centre.			
Number of sessions held	217		115		75		407	
„ ante-natal sessions held	50		25		20		95	
Number of individual Mothers seen by Doctor:—								
Ante-natal, New cases ...	177		95		54		326	
„ Old cases ...	391		204		113		708	
Post-natal, New cases ...	56		20		3		79	
„ Old cases	9		8		5		22	
	633		327		175		1,135	
Total attendances of Mothers ...	1,108		425		185		1,718	
Number of babies attending Centres for first time	395		243		194		832	
Number of individual babies on Centre registers	855		485		479		1,819	
Attendance of babies at medical consultations	3,775		2,238		1,363		7,376	
Babies seen by doctor	2,664		1,623		1,021		5,308	
Total attendances of babies at Centres	8,155		4,417		2,791		15,363	
Referred to own private doctors ...	34		30		4		68	
Referred to hospitals	102		52		33		187	
Health talks given by nurses ...	7		32		32		71	
Visits paid by nurses:—	First visits	Total visits	First visits	Total visits	First visits	Total visits	Total First visits	Grand Total visits
To expectant mothers ...	87	136	65	114	58	82	210	332
To infants under one year ...	541	2,710	312	1,448	314	1,208	1,167	5,366
To children aged 1-5 years ...	60	3,221	39	1,725	68	1,508	167	6,454
Total visits paid by nurses ...	688	6,067	416	3,287	440	2,798	1,544	12,152
CHILDREN ACT, 1908—								
Visits paid to Foster Children	7	35	15	31	1	39	23	105

RECORD OF WORK OF MUNICIPAL MIDWIFE, 1930.

Confinements attended	144
Ante-natal Clinics attended	75
do. visits	391
Post-natal visits	2,039

TABLE I.—FACTORIES, WORKSHOPS AND WORKPLACES.

The following is a summary of the result of inspections made at Factories, Workshops and Workplaces during the year, with a list of Outworkers' premises, a copy of which has been forwarded to the Home Office, as required.

None of the Outworkers' premises was found to be in an unwholesome condition.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (Including Factory Laundries)	295	7	0
Workshops (Including Workshop Laundries)	513	14	0
Workplaces (Other than Outworkers' premises)	50	0	0
Total	858	21	0

DEFECTS FOUND IN FACTORIES, WORKSHOPS & WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts:—*</i>				
Want of cleanliness	8	8	—	—
Want of ventilation	—	—	—	—
Overcrowding	0	0	—	—
Want of Drainage of floors ..	—	—	—	—
Other nuisances	9	9	—	—
Sanitary accommodation { insufficient	1	1	—	—
{ unsuitable or defective	10	10	—	—
{ not separate for sexes	0	0	—	—
<i>Offences under the Factory and Workshop Acts:—</i>				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Other offences (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).	—	—	—	—
Total	20	20	—	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

TABLE I.—(contd.)

OUTWORKERS, 1930.									
Nature of Work.						Outworkers.	Instances.	Notices served.	Prosecutions.
(1)									
Wearing Apparel	Wearing Apparel					5	0	0	0
	Mackintoshes					1	0	0	0
	Gaiters					2	0	0	0
	Machinist					1	0	0	0
	Scarves					1	0	0	0
Dresses	Underclothing					4	0	0	0
	Tailoring					24	0	0	0
	Outfitters					1	0	0	0
	Boots					5	0	0	0
	Neckwear					8	0	0	0
	Ladies' Neckwear					3	0	0	0
	Blouses					5	0	0	0
	Gowns					2	0	0	0
	Dressing Gowns					1	0	0	0
	Dressmaking					22	0	0	0
	Costumiers					3	0	0	0
	Jumpers and Costumes					2	0	0	0
	Skirt-making					1	0	0	0
	Ladies' Wear					1	0	0	0
	Infants' Millinery					3	0	0	0
	Millinery					11	0	0	0
Child- ren's Wear	Children's Blouses					1	0	0	0
	Girls' Tunics					1	0	0	0
	Children's Frocks					7	0	0	0
	Children's Outfitting					1	0	0	0
	Boxes					2	0	0	0
	Furs					2	0	0	0
	Knitted Goods					2	0	0	0
	Baby Linen					1	0	0	0
	Fancy Goods					2	0	0	0
	Artificial Flowers					2	0	0	0
	Embroidery					5	0	0	0
	Needlework					1	0	0	0
	Suspensory Bandages					1	0	0	0
	Picture Frames					1	0	0	0
	Total					135	0	0	0

Borough of Hornsen.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

Year ending December 31st,

1930

HORNSEY EDUCATION COMMITTEE.

List of Members, December 31st, 1930.

Members of the Town Council—

HIS WORSHIP THE MAYOR, Councillor C. H. SUMMERSBY.

ALDERMEN.

Mr. W. G. BARRENGER (*Chairman*), 18, Fordington Road, Highgate, N.6.

Mr. F. E. GRAYSON, 55, Upper Tollington Park, N.4.

Mr. B. H. JENKINSON, 36, Avenue Road, Highgate, N.6.

Mr. W. W. KELLAND, M.A., 14, Hillside Mansions, Jackson's Lane, Highgate, N.6.

Mr. J. W. ROWLANDS, 25, Cholmeley Park, Highgate, N.6.

COUNCILLORS.

Mrs. J. H. BARRENGER, 18, Fordington Road, Highgate, N.6.

Mr. A. A. BELL, 120, Wightman Road, Harringay, N.4.

Mrs. C. M. CAVE, 10, Wood Vale, Muswell Hill, N.10.

Mr. W. J. GRIMSHAW, A.C.A., *Vice-Chairman*, "Oaklea," 25, Sheldon Avenue, N.6.

Mr. D. V. JOHNSON, 54, Coolhurst Road, Crouch End, N.8.

Mr. J. W. SHIPP, 12, Berkeley Road, Crouch End, N.8.

Mr. L. J. VALETTE, 59, Allison Road, Hornsey, N.8.

Mr. W. V. WALL, 168, Stroud Green Road, N.4.

Mr. R. J. OWEN, 278, Wightman Road, N.8.

Co-optative Members—

The Rev. H. C. MONTGOMERY-CAMPBELL, M.A., The Rectory, Hornsey, N.8.

The Rev. CLIFFORD WOOD, 52, Talbot Road, Highgate, N.6.

Mr. H. TOMPKINS, 7, Danvers Road, Hornsey, N.8.

Mrs. A. HOLMAN, J.P., 8, Hornsey Lane, Highgate, N.6.

Mrs. J. WHITEHEAD, 2, Waverley Road, Crouch End, N.8.

Mrs. W. TURNER, 65, Crouch Hall Road, Crouch End, N.8.

Mr. W. E. PATERSON, M.A., B.Sc., 7, Donovan Avenue, N.10.

Secretary to the Education Committee—

A. W. ALLEN, Esq., M.A.,

Education Office,

79, Crouch End Hill, N.8.

MEMBERS OF THE CENTRAL CARE COMMITTEE.

Six Members of the Education Committee—

Councillors J. H. Barrenger, C. M. Cave and L. J. Valette, Mr. W. E. Paterson, M.A., B.Sc., Mr. H. Tompkins and Mrs. J. Whitehead.

Two Representatives of the Middlesex Education Committee—

Aldermen F. E. Grayson and W. W. Kelland, M.A.

Three Head Teachers from among the Head Teachers of the Public Elementary Schools—

Miss F. A. Barter, Miss E. M. Stoker and Mr. H. Turner.

One Representative of the Hornsey Parochial Charities Trustees—

Mr. J. C. Taylor.

Not more than four other persons residing in the Borough who possess experience or knowledge of social work among school children or young persons—

Miss M. H. Cole, Mr. J. H. Ford, M.A., Mr. C. Knight and Mr. G. Simmonds, B.A.

Eight Representatives of Employers and employees in the area of the Authority—

Councillor W. V. Wall, Mr. E. H. Bennett, Mr. A. H. Page, Mr. G. Pain, Mrs. E. Chapman, †Mrs. E. Cook, Mr. J. A. Newrick and Mrs. H. Tompkins.

MEMBERS OF THE DISTRICT CARE COMMITTEES.

CAMPSBOURNE.—Councillor C. M. Cave (ex-officio), Mrs. D. Bayne, Mrs. F. C. Carter, *Mrs. E. Chapman, †Mrs. E. Cook, Mrs. W. C. Hardwick, †Mr. C. Knight, Mrs. A. E. Lambie, Miss G. S. Litchfield, Mrs. E. J. Lockett, Miss M. D. Sibley, Mrs. G. C. Spencer, Miss H. M. Stone, Mr. H. Turner and Mrs. L. Whittle.

CROUCH END.—Councillor C. M. Cave (ex-officio), Miss F. A. Barter, Mr. J. H. Ford, M.A., †Mrs. A. M. Halford, Mrs. E. H. Hare, Mr. J. Iliffe, Miss E. Pitson, Mrs. J. Stevenson, Mrs. H. Tompkins, Mrs. W. Turner, Miss A. E. Walmsley, the Rev. W. White and *Mrs. Whitehead.

* Secretary.

† Chairman.

‡ Died 4/2/31.

HIGHGATE. — Councillor C. M. Cave (ex-officio), Councillor J. H. Barrenger, the Rev. W. Blackshaw, M.A., Mr. T. E. Durban, Mrs. E. Farrell, †Mrs. P. Farquharson, the Rev. F. Hawkins, M.A., Mrs. A. Imber, Mr. E. R. Lewis, Mr. S. Mason, *Miss M. Owen, Miss D. F. Smith, Miss E. Towler, Mr. H. E. Williams and the Rev. C. Wood.

MUSWELL HILL.—†Councillor C. M. Cave (ex-officio), Mr. A. H. Bex, Miss E. F. Catley, Miss M. N. Clarke, Mr. F. G. Edwards, Mrs. A. Holman, J.P., Mrs. M. Heppell, Mr. W. E. Paterson, M.A., Mrs. W. Paterson, Mr. W. Penn, the Rev. C. A. Roberts, Mr. G. Simmonds, B.A., *Mrs. E. Simmonds and the Rev. J. C. Wilcox.

NORTH HARRINGAY. — Councillor C. M. Cave (ex-officio), Mrs. H. Betts, Mrs. W. Briggs, Mrs. N. L. Brixey, the Rev. C. Easterling, *Mrs. H. M. Hay, Mrs. G. Hodd, Mr. F. W. Jaggard, Miss R. Jones, Mrs. R. Owen, Mr. G. Pain, Miss G. M. Ryde, B.Sc., Miss E. M. Stoker, †Councillor L. J. Valette, and Mrs. L. J. Valette.

* Secretary.

† Chairman.

1—STAFF OF SCHOOL MEDICAL SERVICE.

School Medical Officer:

R. P. GARROW, M.D.

Assistant School Medical Officer:

EDITH I. L. ABBOTT, M.B., B.S., D.P.H.

(Commenced duty 28/4/30.)

Oculist:

J. S. BODEN, M.B., B.S.

Aurist:

A. R. FRIEL, M.A., M.D., F.R.C.S. (I.).

Radiologist:

J. MORISON, M.D.

Orthopædic Surgeon:

Mr. J. BINFORD BARNETT, M.B., F.R.C.S. (Eng.)

(Resident Medical Superintendent, Royal National Orthopædic Hospital, Country Branch, Stanmore.)

(Died—March, 1931.)

Masseuse:

Mrs. YORKE

(Royal National Orthopædic Hospital).

Dentists (Part-time):

W. P. BERESFORD, L.D.S.

C. H. RUBRA, L.D.S.

S. T. TAYLOR, L.D.S.

Nurses:

M. ANSCOMBE.

L. M. OLIVER.

F. E. PARIS.

F. ROSS.

Clerk:

H. M. CROAK.

Assistant Clerk:

V. POWELL.

*To the Chairman and Members of the Hornsey
Education Committee.*

Mr. Alderman BARRENGER, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the work of the School Medical Service for the year 1930.

In April Dr. Edith Abbott took up the combined duties of Assistant Medical Officer for Maternity and Child Welfare and Assistant School Medical Officer, the object of this new appointment being to secure closer co-ordination in the work of preventive medicine as it applies to the school child and the pre-school child.

It has been decided to appoint a whole-time dentist as from April 1st, 1931, to undertake the work now being done by three dentists working part-time.

The arrangement with the Hornsey Central Hospital for the operative treatment of cases of enlarged tonsils and adenoids in school children is working satisfactorily.

The orthopædic scheme sanctioned in 1929 was begun in November, 1930, when the necessary accommodation became available at Topsfield Parade on the removal of the Education Office to 79, Crouch End Hill. Excellent work is being done.

The question of building a permanent School Clinic to take the place of the unsuitable premises now occupied at Topsfield Parade has received careful attention. An ideal site for such a building has been secured at the rear of the "Town Hall site" in the Crouch End Broadway Grounds. Plans will be prepared for consideration in the near future.

A considerable part of this Report is devoted to an attempt to explain Table iii of the statistical returns required by the Board of Education—the return of all "exceptional children" in the area—blind, deaf, mentally defective, epileptic and physically defective children of school age (5—16). I have also gone more or less fully into what I believe to be the most urgent problem which confronts Education Authorities in every part of the country—the problem of the delicate or physically sub-normal child. This is not in any sense a problem confined to "distressed areas." Reports of School Medical Officers indicate that it is present in every area. At the same time, I desire to direct attention to three steps taken during the year towards the solution of this difficult problem in Hornsey.

(1) There was a general extension throughout the schools of the scheme of the National Milk Publicity Council for the supply of $\frac{1}{2}$ of a pint of milk daily in a sealed bottle with a straw. Towards the end of the year upwards of 2,600 school children were partaking of this milk daily at 10.30 a.m.—a most valuable practical lesson in the hygiene of food.

(2) A system of monthly charting of weights and heights of all the children attending Coldfall School has been in operation since March, 1930.

(3) A copy of Dr. R. W. P. Emerson's book "The Diagnosis of Health" (Constable, 1930, 10s. 6d.) has been supplied by the Education Authority to all Elementary Schools in the Borough for the use of the teaching staffs.

This book is the best practical guide I know in the application of modern physiology to the solution of the problem of malnutrition and other unsatisfactory states of health. Preventive medicine in this country has too long concerned itself with the diagnosis of "the beginnings of disease." We have failed to grasp the simple truth that disease which has begun has not been prevented. Every success achieved in diagnosing "the beginnings of disease" should be recorded as a failure in prevention. We must regard the problem more from the point of view of positive health and less from the standpoint of disease. To all who are genuinely interested in this aspect of the maintenance of health I most heartily recommend Emerson's little book.

I wish to express my appreciation of the helpful co-operation of all those concerned in promoting the health and physical well-being of the school children—the members of the Education Committee, staff of the Education Office, the Medical Profession, staff of the School Medical Service, the Head Teachers and their staffs, School Attendance Officers, Care Committees and parents.

I am,

Ladies and Gentlemen,

Your obedient servant,

R. P. GARROW.

The headings under which this Report is written are those suggested by the Medical Branch of the Board of Education for the guidance of School Medical Officers.

2—CO-ORDINATION.

(a) WITH INFANT AND CHILD WELFARE.

An important step in securing closer co-ordination between medical supervision of the infant and pre-school children and the school child was the appointment of a whole-time Assistant Medical Officer. Dr. Edith Abbott took up the duties of this office on April 28th, 1930, and devotes three-tenths of her time to Maternity and Child Welfare, and seven-tenths to school medical work.

(b) WITH NURSERY SCHOOLS.

There are no Nursery Schools in the Borough of Hornsey. The advocates of Nursery Schools believe there is need for a *Nursery Class* in Campsbourne and one at Coldfall.

The Nursery School idea has been very freely discussed during 1930 in the literature of preventive medicine—no doubt as a result of the joint circular on the subject from the Ministry of Health and Board of Education addressed to Maternity and Child Welfare and Education Committees.

(c) WITH MEASURES FOR THE CARE OF DEBILITATED CHILDREN UNDER SCHOOL AGE.

The Chief Medical Officer of the Board of Education in his Annual Report for 1929 on "The Health of the School Child" says:—

"Yet more might be done in the supervision of the 'toddler' without invoking the more expensive and elaborate provisions mentioned above (i.e., Nursery Schools and Classes). There is no reason, for example, provided the Local Education Authority concurs, why, when parents are invited to routine inspection in the schools, they should not be encouraged to bring their younger children with them, and submit them for examination to the School Medical Officer."

This suggestion has been adopted for trial in Hornsey.

The Authority's orthopædic scheme, which came into operation towards the end of the year, is a joint scheme of the Education and Maternity and Child Welfare Committees, and applies therefore to all children from birth to school-leaving age.

3—SCHOOL HYGIENE.

MUSWELL HILL—ST. JAMES' (CHURCH OF ENGLAND).

The hygiene of these school buildings has been greatly improved by work undertaken in 1930 for the better heating, lighting and ventilation of the school. The offices have been reconstructed and a hall has been provided.

CROUCH END AND HOLY INNOCENTS' SCHOOLS.

The premises of the Holy Innocents' School have been condemned by the Board of Education as being quite unsuitable for the purposes of a public elementary school. The Board have also reported that the Crouch End School buildings are unsatisfactory at the present time, but that they are capable of being altered and improved so as to fulfil modern requirements.

The Education Committee's proposed Scheme for the Re-organisation of Schools provided for the discontinuance of the Holy Innocents' School and the reconstruction of the Crouch End School. The consideration of this scheme has been deferred by the Town Council pending the decision of Parliament with regard to the Education Bill for the raising of the school leaving-age.

4—MEDICAL INSPECTION.

The arrangements for the routine medical inspection of the children are briefly as follows:—

- (1) The age groups inspected are "entrants" (age 5), "intermediates" (age 8) and "leavers" (age 12 and over).
- (2) The inspection covers the entire schedule of the Board of Education and includes a record of the date of inspection, standard and regularity of attendance, age, state of clothing and footgear, height, weight, nutrition, cleanliness, teeth, nose and throat, glands of neck, eyes, vision, ears, hearing, speech, mental condition, tuberculosis, rickets, deformities, spinal disease, infectious and contagious disease, heart and circulation, lungs, nervous disease and any other

disease or defect found by a complete and thorough examination of the child.

- (3) Parents are invited to attend this medical examination. A majority of the mothers and an occasional father turn up, and appear keenly interested in hearing the result of the medical survey of the child. The occasion is taken advantage of by the school doctor to offer such general advice on hygiene as the child's condition may suggest is necessary or advisable. The Head Teacher and school nurse are also present.

5—FINDINGS OF MEDICAL INSPECTION.

Table ii is a statement of the defects found at medical inspection. The commonest defect is *dental decay* (779), followed in numerical order by defective vision and diseases of the eyes (413), deformities (199), anæmia (151) and skin diseases (138).

6—INFECTIOUS DISEASE.

During October a group of cases of diphtheria occurred in connection with Crouch End Junior School. These were traced to infection from a child who had a mild illness in which no doctor was called in. Examination of this child's throat showed the presence of diphtheria bacilli. Exclusion and isolation of this carrier of the infection promptly brought the outbreak to a close.

7—FOLLOWING UP.

Following up of children who are found at routine medical inspection or at the School Clinic to require treatment is done by the school nurses, who made 1,505 visits to the schools and 1,400 visits to the children's homes. Their work is effective, and accomplished with such kindness and consideration that there is no friction.

8—MEDICAL TREATMENT.

The scheme of treatment undertaken by the Authority includes:—

- (a) The treatment of minor ailments, sores, skin diseases, blepharitis, etc., is done by the school nurses each evening at the School Clinic at Crouch End and each morning at the Centres at Brook Road, Highgate, Coldfall and Wightman Road.

- (b) Cases requiring operation for the removal of adenoids and enlarged tonsils are referred by the School Medical Officer to the Hornsey Central Hospital. Every child operated on is kept in Hospital overnight or until the surgeon is of opinion it is safe for the patient to return to its home, where it is visited by a school nurse.
- (c) Cases with signs or symptoms suggestive of tuberculosis are sent to the Tuberculosis Officer of the County Council (Dr. Dobson).
- (d) Skin disease, and
- (e) External eye disease are included under the minor ailments treated daily by the school nurses under the supervision of the School Medical Staff.
- (f) Defects of vision are treated by the School Oculist (Dr. J. S. Boden), who devotes two sessions per week to this work.
- (g) Ear disease (otorrhœa) and defective hearing are treated by the Aural Specialist (Dr. A. R. Friel), who reports on his department of the work as follows:—

“The outstanding event of the Aural Clinic in the present year has been the opportunity of examining the cases of deafness in school children which have been detected by Dr. Crowden, of the London School of Tropical Medicine and Hygiene, in a systematic testing he undertook of all the children in the Elementary Schools. This has been rendered possible by the use of an apparatus called an audiometer. It is a gramophone with a large number of headphones attached to it. Each headphone has only one earpiece, which is placed over the ear to be examined. Twenty-four children can be tested at once. The gramophone speaks 12 series of numbers; each series has three numbers, and each number three units. Thus the first series might be 836, 512, 791. The numbers are spoken with an intensity the same as a man speaking a few feet from the listener. The second series is spoken as if the man were at a greater distance, and so on to the last series. A child with sharp hearing and ordinary intelligence can write down correctly all the numbers of the 12 series. The numbers he cannot hear he cannot write down, and this failure gives a measure of his deafness. The percentage of children who were

discovered to have defective hearing in one or both ears was 6·5. These children were then sent to the Aural Clinic for examination. An endeavour was made to discover what was keeping them deaf, and also to determine whether something could be done for them.

"Some of the patients showed extensive damage to the drum and middle ear by suppuration. This might be still present or have completely ceased. In those cases in which it was present treatment was given to arrest it and put a stop to further damage. Other cases of deafness showed inflammation in the nose and obstruction of the eustachian tube. Where the obstruction was due to congestion or to chronic catarrh of recent or moderate duration the treatment devised by Dr. Gautier, of Paris, and known as diastolisation, was given.

"The introduction of the audiometer—an American instrument—into the schools as a routine method of testing quickly and accurately the hearing of large numbers of children is an important innovation and advance. It makes it possible to detect cases of *slight* deafness which might easily be overlooked. The doctors of the School Medical Service, as well the patients, are indebted to Dr. Crowden for the trouble he took in bringing the instrument forward and testing all the children. To know of the existence of a defect is the first step in remedying it."

TABULAR STATEMENT OF WORK OF AURAL CLINIC.

Nature of Disease.	Total.	Cured.	Lost sight of.	Still under treatment.	Needing or attending hospital.
Acute suppurative otitis media	11	11	—	—	—
Chronic suppurative otitis media due to—					
(a) Tympanic sepsis ...	14	13	—	1	—
(b) Tympanic sepsis + granulations	5	3	—	2	—
(c) Tympanic sepsis + polypus	1	1	—	—	—
(d) Tympanic sepsis + Cholecystectomy in tympanum	1	1	—	—	—
Tympanic conditions + rhinitis ...	3	2	—	1	—
+ inflamed tonsils	1	1	—	—	—
+ external otitis	1	1	—	—	—
Attic disease ...	4	—	—	4	—
Mastoid disease ...	12	1	—	5	6
External otitis ...	13	13	—	—	—
Not diagnosed ...	1	1	—	—	—
	67	48	0	13	6

(h) Dental defects are treated by three part-time dentists, who devote a total of ten sessions per week to this work. A whole-time School Dentist is about to be appointed in their place to commence duty on April 1st, 1931.

(i) Crippling Defects—the orthopædic scheme. The most important development in the treatment of school children during the year was the inauguration of an orthopædic scheme jointly with the Maternity and Child Welfare Committee. Briefly the scheme includes:—

- (1) A local Orthopædic Clinic equipped in the premises at 6, Topsfield Parade, recently vacated as an Education Office and now forming part of the School Clinic.

Here the Orthopædic Surgeon, Mr Barnett, Resident Medical Superintendent of the Royal National Orthopædic Hospital's Country Branch Hospital at Stanmore, conducts a clinic monthly for the examination of cases referred to him by the School Medical Officer. Here, also the Orthopædic Masseuse, Mrs. Yorke, conducts two sessions weekly for the treatment by massage, electricity and remedial exercises of those children for whom Mr. Barnett prescribes such treatment. This Clinic opened on November 7th.

- (2) An Orthopædic Hospital. Cases considered by the Orthopædic Surgeon to require operation or other treatment which can only be satisfactorily carried out in Hospital are admitted under his care to the Orthopædic Hospital at Stanmore.

9—OPEN-AIR EDUCATION.

The arrangements for sending delicate children away to residential schools and homes have been fully set out in a memorandum prepared by the Secretary of the Education Committee for the information of Members of the Care Committees, Head Teachers and others interested. This statement is reproduced here:—

“Memorandum with regard to Holiday Homes and Schools of Recovery.

HOLIDAY HOMES.

The Children's Holiday Fund was established some years ago with the object of providing holidays for children who would not otherwise get them owing to the poverty of their parents. Since the 1st January, 1926, the number of children sent away through this Fund has been as follows:—

1926	...	81
1927	...	92
1928	...	83
1929	...	106
1930	...	102

Children have been sent at different times to all the under-mentioned Holiday Homes, but the greater number of places are reserved at the Middlesex King Edward VII. Memorial Home, which was formerly situated at Herne Bay.

Name.	Address.	Age and Sex of Children.	Charge.
The Middlesex King Edward VII. Memorial Home.	Collington Manor, Bexhill.	For boys and girls between 9 and 14 years of age.	35/- for two weeks, including railway fares.
Arthur's Home (Shaftesbury Society).	Aldwick Road, Bognor.	For girls between 7 and 12 years of age.	10/- per week plus railway fares (4/2 return).
The Princess Christian Holiday Home (Shaftesbury Society).	Englefield Green, near Windsor.	For boys between 7 and 12 years of age.	10/- per week plus railway fares (1/2 return).
The Herne Bay Home for Little Children (Shaftesbury Society).	"Batesholme," Grand Drive, Herne Bay.	For boys and girls between 5 and 7 years of age.	10/- per week plus railway fares (3/11 return).

The usual holiday period is two weeks, and the children are selected by the School Medical Officer from among those recommended by the District Care Committees, Head Teachers or School Nurses. The School Attendance Officers interview the parents and obtain their signature to a form of consent, together with an undertaking to pay some small contribution towards the cost of the holiday. The amount of the contribution is approved by the Chief School Attendance Officer after receiving the visiting officer's report as to the family circumstances.

Before they actually begin the holiday the children are again examined by the School Medical Officer or School Nurse in order to ensure that they are clean in person and clothing and free from infectious disease. On the day of departure the children assemble at the School Clinic and are taken to the London railway terminus by a school guide. During the period of the holiday the School Attendance Officers make personal calls in order to collect the parents' contributions, and the amounts received are paid in to the Holiday Fund.

In a few urgent cases the children are sent to the Holiday Homes during the winter months, but the majority of the children are sent away between April and October. Full advantage is taken of the school holiday periods. In order to ensure that a sufficient number of places will be available for Hornsey children during the summer, it is necessary to book accommodation at the Holiday Homes months ahead.

It is proposed, therefore, that the Children's Holiday Sub-Committee should meet in March each year and allocate among the various schools the approximate number of holiday places available, having regard to the amount of the funds in hand on the 31st March. The Honorary Secretaries of the District Care Committees would then be informed of this allocation and invited to submit from time to time the names of the necessitous children from their respective districts recommended for holidays. This list would be prepared after consultation with the Head Teachers concerned and forwarded to the Secretary for Education. The children thus recommended would be examined in due course by the School Medical Officer, and lists of the children finally selected would be forwarded to the District Care Committees and the Head Teachers, together with particulars as to the place and time of the holiday in each case.

SCHOOLS OF RECOVERY.

The Education Authority have entered into arrangements by which delicate children may be sent to the following Schools of Recovery for lengthy periods with the object of setting them up into a condition of permanent good health:—

The Ogilvie Home and School, Clacton-on-Sea (for boys and girls between 7 and 12 years of age).

The Russell-Cotes Home and School, Parkstone, Dorset (for boys and girls between 6½ and 14 years of age).

The Middlesex King Edward VII. Memorial Home and School, Bexhill (for boys and girls between 9 and 14 years of age). N.B.—This institution is available as a school of recovery during the winter months only.

During their stay at these Schools of Recovery the children are taught by trained certificated teachers, and the schools are recognised by the Board of Education as public elementary

schools. The names of children sent to these schools should therefore be temporarily removed from the registers of the schools previously attended.

The children are selected by the School Medical Officer from among the cases noted by the doctors at the routine medical inspections or referred to him for special examination by the School Nurses or Head Teachers. The minimum period of a child's stay at a School of Recovery is six weeks, but this period is considerably extended if the resident Medical Officer so advises.

The parents are required to contribute towards the expenses incurred by the Local Education Authority in respect of the child's maintenance.

CONVALESCENT HOMES.

A small number of delicate children are also sent away to Convalescent Homes each year by the various District Care Committees at their own expense.

Education Office

12th December, 1930.

79, Crouch End Hill, N.8."

10—PHYSICAL TRAINING.

There is no Area Organiser of Physical Training, but organised games and sports are played at all the schools and at the Playing Fields at Redston Road, Newlands Road and at Rokesly Avenue. The Coldfall Playing Fields will be taken into use during 1931.

Mr. L. W. Gilbert, Hon. Secretary of the Hornsey Schools' Sports Association, has kindly furnished me with the following report:—

"The activities of the Hornsey Schools' Sports Association have been continued, and in some respects extended, during the past year. Netball, tennis, athletics, cricket, football and swimming continue to play their parts, some fourteen separate competitions being organised. It is particularly pleasing to be able to record that the number of individual scholars taking part in the competitions has probably been greater during the past year than during any previous year in which the Association has been organised on its present basis.

Keeness, enthusiasm and good sportsmanship continue to show themselves. Hornsey's boys and girls continue to be trained to be good losers as well as good winners, and the games, played on those days of fresh air in the rain and the sun, are still doing what they can to contribute to the health and happiness of young Hornsey."

11—PROVISION OF MEALS.

There are no arrangements for the provision of meals to school children, but there has been a gratifying extension of the scheme of the National Milk Publicity Council, which provides the school child with one-third of a pint of milk in a bottle with a sterile straw through which to drink the milk. The cost is one penny per bottle. Towards the end of the year upwards of 2,600 children were partaking of this daily ration of milk, all but a very small minority paying for it.

12—SCHOOL BATHS.

The swimming bath at South Harringay School is available for children from all the elementary schools in the Borough between May and September. During these months it is visited by 2,000 per week.

The Council's open-air swimming pool in Park Road is available to school children on special terms.

Hornsey children also make use of the swimming bath of the Islington Borough Council in Hornsey Road.

CAMPSBOURNE.—In my last Annual Report I mentioned the provision of spray baths opened in June 1929 at Campsbourne School. This is proving to be a great boon, and might with advantage be extended to other schools.

13-16—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

The closest co-operation exists of parents, teachers, School Attendance Officers and Care Committees, not only in facilitating the work of medical inspection, following up and treatment, but in everything that promotes the health and physical well-being

of the school children. The mothers come to medical inspection in a high proportion of cases; the Head Teachers are always present at medical inspection; the Chief School Attendance Officer attends the School Medical Officer's special clinic weekly; Head Teachers, the School Medical Officer and Chief School Attendance Officer attend the monthly meetings of the Care Committees.

17—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.—TABLE III.

ASCERTAINMENT OF EXCEPTIONAL CHILDREN.—The School Medical Officer has no more difficult or responsible duty than the ascertainment of children who are defective within the meaning of Part V. of the Education Act, 1921.

Table III. at the end of this Report is the annual return of these "exceptional children" in the form prescribed by the Board of Education. In order to assist members of the Education Authority to appreciate fully the importance of this table, I have appended to it certain "Notes on Table III." which the Board furnish to School Medical Officers to guide them in the work of compiling the table. Particular attention is directed to the following considerations:—

- (1) The table represents the number of defective children *on the last day of the calendar year*. (See note a.)
- (2) The definitions of blind, deaf, defective and epileptic children should be very carefully borne in mind. (See note a.) In each category the defect (physical or mental) is of such a degree as to render the child "incapable of receiving proper benefit from the instruction in the ordinary public elementary schools."
- (3) Note (c) makes it quite clear that none of the children in Table III. (except children suffering from epilepsy which is not severe) should, in fact, be attending public elementary schools. They are children who, in the opinion of the School Medical Officer, are so defective as to be "*incapable of receiving proper benefit from the instruction in the public elementary schools,*" and should therefore be admitted to Special Schools. The form of the table, with its headings and sub-headings, together with the

explanatory notes, indicates that the Board's intention is that Table III. should be the basis upon which the Authority considers the need for provision of Special Schools for the different categories of mentally and physically defective children in its area. For this reason alone the table is, in a sense, the most important of the tables compiled annually by School Medical Officers and submitted by them to their Authorities and to the Board.

BLIND.—There is generally no difficulty in determining whether a child is "totally blind or so blind that he can only be appropriately taught in a school or class for totally blind children." There is also no room for doubt that a blind child requires education in a Special School for blind children.

The chief causes of total blindness are (1) congenital defects of the eyes and (2) the condition called "Ophthalmia neonatorum," which if not adequately treated, destroys the newborn infant's eyes in a few days. The more effective prevention, and the more adequate treatment of this condition when it occurs, is causing a steady diminution of the numbers of totally blind children.

The sub-group, "partially blind," includes two classes of visual defects:—

- (a) Children suffering from some disease or defect of the eye, such as scarring of the cornea, which so interferes with vision that the child cannot read ordinary school books. There can be no doubt about the wisdom of sending such children to a special school or class for the partially blind.
- (b) Children whose eyes show the error of refraction, called *myopia*—that is, short-sighted children or *myopes*. Myopia is a defect of the eyes which may appear in early childhood, and tends to increase during school life. In *rare* cases (malignant myopia) it leads to partial or total blindness.

Special schools or classes for partially blind children may include children of class (a) only or class (b) only, or (a) and (b) together.

Classes for myopes are sometimes called "sight-saving classes" on the ground that the special education provided tends to retard the progress of the myopia. That, indeed, is the object

of the myope class. The sight-saving class regime is based on the theory that the eye-strain involved in reading and other close work tends to accelerate the progress of the myopia. This theory is not, however, universally accepted. The other school of thought on myopia regards it as an inherited condition of the eyes which progresses to a degree determined more or less by the hereditary factor, and influenced not so much by the amount of close work done as by the general health of the myope.

A firm believer in, and clear exponent of, this latter view is Mr. T. Harrison Butler, Surgeon to the Birmingham and Midland Eye Hospital and School Oculist, Coventry Education Authority. He writes in the Annual Report of the School Medical Officer, Coventry, 1929 (page 145), as follows:—

“I cannot here go into the vexed question of the cause of myopia. I do not believe that the use of the eyes has anything to do with it. I constantly find a history of myopia in the forebears, and believe that the true cause is a hereditary weakness in the scleral coat of the eye, which is aggravated by malnutrition and toxic influences of all kinds. I find that not only do I frequently obtain actual evidence of hereditary short-sight, but the final degree of short-sight can often be foretold by a study of the myopia of the relations. If, for example, the mother has seven degrees of myopia it is probable that her myopic child will reach approximately this figure.”

He furnishes graphs showing an increase in the incidence of myopia in elementary and secondary school children in Coventry following the industrial troubles of 1926, and says:—

“There can be little doubt that the variation of the curves represents an alteration in general health conditions. *The myopic curve is a nutrition curve.* During the boom period after the war wages were high, and the nutrition of working-class children was good. The year 1926 began the period of increasing unemployment, with the inevitable result, diminishing comfort in the home, insufficient and improper food for many children.” (The italics are Mr. T. Harrison Butler’s.)

The same authority, writing on “Ophthalmic School Clinics” in “Public Health,” 1929 (page 251), says:—

“High degrees of astigmatism and myopia, and, in older children, hypermetropia, result in defective vision. A child who

cannot see well will not develop along exactly the same lines as one with full acuity. He cannot see his friends across the street and does not develop the wish to recognise them. As time goes on he becomes what the Americans call a "bad mixer," introspective and, perhaps, even more selfish than the majority of his fellows. Visual defects and the absence of binocular vision associated with squint do not tend to proficiency in ball games, and here again full social intercourse is hindered. On the other hand, the myope, enjoying a contracted sphere of clear vision, is more likely to cultivate his brain than his muscles, and, unless his education has been stunted in a myope school, may become one of the world's thinkers."

These conflicting views are quoted so that members of the Authority may appreciate the difficulty of deciding whether a child should attend an ordinary elementary school or a special school.

DEAF.—No difficulty arises in determining whether a child is totally deaf or deaf and dumb, and no one doubts the advisability of sending such children to special schools for the deaf.

The question is not so easy in regard to the partially deaf. It must always be a matter of difficulty to settle the degree of deafness which should determine the admission of a child into a special school or class for partially deaf children.

Loss of hearing has been the subject of an extensive investigation in Hornsey elementary school children during 1930 by Dr. Crowden, Lecturer in Physiology at the London School of Hygiene and Tropical Medicine.

MENTALLY DEFECTIVE.—The accurate ascertainment and correct classification of all the mentally defective children in the area is not an easy matter, but this subject has been actively pursued in Hornsey for many years, and I believe the figures presented in Table III. under this heading are correct, in spite of the fact that they do not correspond with the average incidence of mentally defective children in the country as a whole.

The number of uneducable mentally defective children notified to the Middlesex County Council during the year 1930 is four, and the total number of defectives so notified in the last 10 years and still alive is 25.

The educable mentally defective children (i.e., the feeble-minded) are provided with special education at Oak Lodge, the joint special school for Hornsey, Finchley and Wood Green. The uneducable defectives are cared for at the Occupation Centre, Staffordshire Hall, Wood Green.

EPILEPTICS.—The diagnosis of epilepsy depends usually on a history provided by parents or teachers that a child has fits of a particular character. Attacks of major epilepsy, or severe fits ("grand mal") are regarded as ground for exclusion of a child from the ordinary elementary school and admission to a special school for epileptics. Children subject to slight attacks or "petit mal" are regarded as suitable for attendance at the ordinary elementary school.

PHYSICALLY DEFECTIVE CHILDREN.—The last of the notes on Table III. (note h) says:—

"The exact classification of the physically defective is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings, taking care that *no child is entered under more than one sub-heading.*"

Although there are five sub-divisions of the physically defective, they might be considered as falling naturally into three groups, namely:—

- (a) Tubercular children,
- (b) Cripple children,
- (c) Delicate children.

(a) *Tubercular Children.*—The main facts about tuberculosis in children are now well known. Two forms of the disease infect man—the *human* infection and the *bovine*. These may attack any organ or tissue of the body producing pulmonary tuberculosis or consumption, and non-pulmonary tuberculosis or, as it is sometimes called, "surgical tuberculosis" (bones, joints, glands, etc.) The important fact to bear in mind about tuberculosis from the point of view of school medicine is the widespread nature of the infection throughout urban communities. Tests carried out with tuberculin on children at different ages show a progressive increase of positive reactions from infancy onwards, until at school-leaving age

about 90 per cent. of adolescents show evidence of "*tuberculisatio*n," or infection with tubercle bacilli. Only a small proportion of these ever develop *tuberculosis*.

Thus, though the disease, tuberculosis, is steadily diminishing in its incidence on the community, there is no evidence that the infective agent is any less disseminated throughout the populations of towns. The ultimate eradication of this great scourge may, indeed, be through a naturally acquired racial immunity—a state of "*universal tuberculisatio*n with *tuberculosis*."

If this modern conception of tuberculosis is correct, it indicates that further progress will be achieved, not so much by attempts to prevent children being infected as by taking measures to ensure the development of a sound and permanent immunity response to tuberculisatio

n. Of these the most important is sound nutrition. Definite cases of tuberculosis in children of school age are now few and far between. The total of 8 cases entered in Table III. has been arrived at after careful consideration of the records in consultation with Dr. Dobson, Tuberculosis Officer of the Middlesex County Council.

- (b) *Cripple Children*.—Under this heading are included all children with any physical defect of body, or limbs, or heart severe enough to make attendance at an ordinary elementary school a matter of difficulty or danger for the child. The present number of cripples is 14, of whom 3 are at Certified Residential Cripple Schools, 4 at Certified Day Cripple Schools, and 7 at other Institutions.

In addition to these there is a number of children in the elementary schools who are technically crippled, but whose crippling defect does not call for special school provision. Examples of these are—healed tubercular disease of bones or joints, leaving stiffness of a joint, or possibly some shortening of a leg, causing the child to walk with a limp; old infantile paralysis, leaving a weak arm or leg; or accidents causing loss of a limb, and so on. These children are kept under special observation by the School Medical Staff, get such treatment as may be required under the orthopædic scheme, and do perfectly well in the ordinary elementary school.

(c) *Delicate Children*.—Lastly we come to the sub-heading of Table III., "Delicate Children"—which is perhaps the cause of more confusion and misunderstanding than all the other categories together.

What exactly is a "delicate child"? The definition given in the table is "pre or latent tuberculosis, malnutrition, debility, anæmia, etc." What is "pre or latent tuberculosis"? We have learned that a large proportion—up to 90 per cent.—of adolescents undergo the process of tuberculisation or infection with tubercle bacilli. Every such child who is not manifestly suffering from tubercular disease may, in a sense, be regarded as in the state of "pre or latent tuberculosis." But clearly that is not the intention so far as Table III. is concerned, otherwise a majority of the children in the elementary schools would be suitable candidates for special schools. It is now generally considered that "pre or latent tuberculosis" is a meaningless term which should disappear entirely from the literature of medicine as did "struma" and "scrofula," two terms in common use before Koch's discovery of the bacillus of tuberculosis in 1882.

Almost equally vague and indefinable are the terms "malnutrition, debility, anæmia, etc.," although, in practice, it is not difficult to detect the unsatisfactory state of health which these terms are intended to indicate. The important thing to recognise about this considerable group of children is that the causes of their condition are chiefly inadequate rest and insufficient or improper food. If these causes were removed the condition of a majority of the "delicates" would be satisfactory. Therefore, to classify them as "physically defective" is misleading. It is true that the term "physically defective" may be used in the wide sense to include all children the subjects of physical defect or defective physique. But the meaning usually attached to physically defective is the condition of being handicapped or crippled by some obvious physical deformity. It would be less confusing to classify this group in a separate table as *physically sub-normal children*.

I have referred to them as a considerable group of children—they represent from 5 per cent. to 10 per cent. at least of

the elementary school children in all areas, the exact percentage depending on the standard of nutrition and physique taken as normal or satisfactory. The number entered in Table III. is 9, all of whom were at Certified Residential Open-air Schools on December 31st, 1930. The explanation of this apparent contradiction is that, though I am fully aware of the existence of "delicates" in considerable numbers in the elementary schools, I am unable to say that these children are "*so physically defective as to be incapable of receiving proper benefit from the instruction in ordinary elementary schools.*"

Indeed, I do not believe that the provision of special schools is the best method of dealing with the general problem of malnutrition and debility and anæmia in school children. The best way is sound feeding. Just as modern developments in orthopædics and their application in properly organised schemes to school children have rendered the school for cripple children unnecessary, except in the very large cities, so I believe that a *nutrition campaign* would so improve the physique of the children as to render special schools for delicate children unnecessary.

A NUTRITION CAMPAIGN.

The principles upon which a nutrition campaign should be conducted are—

- (1) That the most important factors in the maintenance of good health and sound physical development are:—(a) Good food; (b) adequate rest; (c) exercise; (d) fresh air.
- (2) That the most important of these are good food and adequate rest, and if these are secured for the growing child he will naturally take sufficient exercise, and in doing so will get plenty of fresh air.
- (3) That good food means fresh milk, eggs and butter, fresh meats of all sorts (including beef, mutton, veal, liver, fish, fowl), bread and other cereal foods, fresh fruits and vegetables, including such raw vegetables as carrot, turnip, radish, etc.
- (4) That it is unnecessary and indeed undesirable that the diet of healthy persons, and more particularly of children, should include patent or proprietary or tinned foods, or food extracts, or concentrated vitamins.

This campaign should be directed towards the expectant mother, the nursing mother, the infant, the toddler and the school child right on to late adolescence or the end of the growing period. The immense volume of recent work on growth and nutrition in relation to diet and health all points in the same direction. It would be impossible in the course of a short report to summarise or quote from the important researches published in recent years, but there is one volume which deserves to be specially studied by all who are interested in the practical application of the newest knowledge of nutrition to the problems of preventive medicine. It is "The Diagnosis of Health," by W. R. P. Emerson (Constable, 1930). A copy of this book has been furnished to every elementary school in the borough for the use of the teaching staffs. The system described by Emerson for the cure of malnutrition amongst school children is the formation of "Nutrition Classes" in the ordinary schools. The organisation and procedure of the nutrition class is outlined in Chapter XI. of his book.

Remarkable results were obtained by this system; *e.g.*, in Rochester, N.Y., fifteen hundred children in public, private and parochial schools—under weight and in many cases still losing weight—were enabled *in their own homes and while carrying on their regular school work*, to make an average gain of more than three times the amount expected of children of their age.

I do not suggest that the exact methods adopted by Emerson in America are suitable for conditions of school life in England, but I am convinced that equally striking results would follow the adoption of a nutrition programme modified to suit local conditions. I believe that malnutrition in children attending the elementary schools of this Borough could be practically abolished by a concerted effort of the kind indicated. I am equally convinced that without such an effort malnutrition will remain the chief physical defect in the elementary school population.

A successful nutrition campaign would bear fruit in many directions and be a contribution to the solution of many problems in preventive medicine, for example:—

- (1) It would practically eliminate the weak, thin, pale, anæmic, debilitated child.

- (2) It would abolish rickets and the deformities of the chest and limbs resulting from this food-deficiency disease.
- (3) It would help materially in the formation of sound teeth resistant to decay.
- (4) It would be an important factor in the control and eradication of tuberculosis.
- (5) It would increase the resistance of the community to infection of various kinds and reduce complications and sequelæ of infectious diseases.
- (6) External eye diseases—blepharitis—and septic conditions of the skin would be diminished in incidence and more readily cured.
- (7) It would be a big factor in abolishing rheumatic infection, with its serious train of heart complications and sequelæ.
- (8) By assisting in full skeletal development in girls it would tend to reduce difficult labour and by increasing the natural resistance to infection it would prevent puerperal fever. In both of these ways it would reduce maternal mortality and morbidity.
- (9) Recent observations already quoted in this report suggest that myopia is a condition which, in its progress, is sensitive to the state of the nutrition of the myope.
- (10) Recent work on the relation of adenoids and enlarged tonsils to rickets suggests that nutrition is an important factor in enlargement of tonsils and adenoids.
- (11) *Mens sana in corpore sano*—a well-nourished body is essential to mental health.

In these and possibly in other ways a successful nutrition campaign would be in the strictest and best sense “*preventive medicine*,” and would contribute materially to an improvement of the public health.

A splendidly successful beginning has been made by the adoption of the National Milk Publicity Council's scheme for the distribution of one-third of a pint of pasteurised milk daily to each child who pays one penny for it. This is not so much a scheme for the feeding of school children or the provision of school meals as a *lesson in the hygiene of food and dietetics*. The daily bottle of milk consumed by over 2,600 children in the elementary schools teaches—(1) That cows' milk is a good food

for growing children; (2) that cold milk taken slowly does not chill the stomach; (3) that the milk supply of Hornsey as delivered in bottles is a safe food.

I desire to acknowledge the great value of the extra work willingly undertaken by the head teachers and their staffs in supervising the daily milk distribution; the help rendered by the Care Committees in regard to necessitous children; and the invaluable service rendered by His Worship the Mayor in raising a special milk fund to enable the Care Committees to see that no child has to go without his daily milk in school because of inability of his parents to pay for it.

SUMMARY AND CONCLUSIONS REGARDING TABLE III.

I have gone somewhat fully into the return of exceptional children set out in Table III. at the end of this Report. Unless the various categories of defective children who make up the numbers in this return are clearly defined and thoroughly understood, the table may be a very misleading one both to the Education Authority and to the Board of Education.

I have also discussed the ways in which some classes of defectives may be dealt with—more particularly the class of physically defective children described as “delicate.” The special school as a means of dealing with this class has three serious objections:—(1) It is limited in its scope by the number of places provided in the special school; (2) its results are obtained without the efforts or co-operation of the mothers; (3) it involves a relatively heavy expenditure of public money.

On the other hand, a *nutrition campaign* is unlimited in scope and should embrace not only every delicate or subnormal child, but all children. It should aim at securing the intelligent interest and co-operation of the parents, and more particularly of the mother. Its main object is to secure a more effective spending of private money on the family food budget rather than the expenditure of public funds in the extension of social services.

18.—NURSERY SCHOOLS.

There are no nursery schools in the Borough.

19.—SECONDARY SCHOOLS.

Medical inspection of children attending Secondary Schools in the Borough is delegated by the Middlesex County Council to the Hornsey Education Authority. The work is carried out by private practitioners in the boys' departments, and in the girls' departments by the Assistant School Medical Officer, all under the general supervision of the School Medical Officer, who submits the results to the County School Medical Officer. No provision is made for treatment.

20.—CONTINUATION SCHOOLS.

No provision is made for medical inspection or treatment of pupils in attendance at Continuation Schools.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The Juvenile Employment Office is in the Education Offices at 79, Crouch End Hill. The Juvenile Employment Committee meets there on the same evenings as the Central Care Committee. Both of the Committees are attended by the School Medical Officer, whose advice is available on medical matters. The district being almost purely residential, there are no conditions of employment detrimental to the health of children and young persons in the area.

22.—SPECIAL ENQUIRIES.

Dr. Crowden, Lecturer in Physiology in the London School of Hygiene and Tropical Medicine, conducted a very interesting and instructive special enquiry into loss of hearing in the Elementary Schools of the Borough by means of the gramophone audiometer.

23.—MISCELLANEOUS.

Medical examination of new teachers is carried out by the School Medical Officer at the time of their appointment. Occasionally also he furnishes a report at the request of the Committee in the case of prolonged absence of a teacher from duty on account of ill-health. Scholarship candidates are specially examined medically if there is any reason to doubt their physical fitness to undertake secondary education.

LIST OF TABLES.

TABLE I.—Number of children inspected.

„ II. (A).—Defects found on examination.

„ II. (B).—Number of individual children found to require treatment.

„ III.—Return of exceptional children in area.

„ IV.—Return of defects treated.

Group I.—Minor ailments (excluding uncleanness).

Group II.—Defective vision and squint (excluding minor eye defects).

Group III.—Treatment of defects of nose and throat.

Group IV.—Dental defects.

Group V.—Uncleanliness and verminous conditions.

„ V.—List of Schools in the Borough.

„ VI.—Return of children inspected at each school.

ALBANY, NEW YORK, 1902

TABLE I.—Number of children inspected in each school in Albany, New York, 1902.

TABLE II.—Number of individual children found to require special attention in each school in Albany, New York, 1902.

TABLE III.—Number of children in each school in Albany, New York, 1902, who were found to require special attention.

TABLE IV.—Number of children in each school in Albany, New York, 1902, who were found to require special attention.

TABLE V.—Number of children in each school in Albany, New York, 1902, who were found to require special attention.

TABLE I.—RETURN OF MEDICAL INSPECTIONS, 1930.

(a) ROUTINE MEDICAL INSPECTIONS.

Number of Code Group inspections—

Entrants	...	...	...	...	1,016
Intermediates	...	...	...	...	1,304
Leavers	...	...	...	...	454
Total	...	...	...	...	2,774

Number of other routine inspections ... 177

(b) OTHER INSPECTIONS.

Number of special inspections	...	...	1,292
Number of re-inspections	...	...	2,490
Total	...	...	3,782

TABLE 1.—RETURN OF MEDICAL INSPECTIONS, 1939
(a) ROUTINE MEDICAL INSPECTIONS

Number of Code Group Inspections		
1,010	.....	Entrance
1,304	.....	Intermediate
484	.....	Leave
2,798	.....	Total
177	.....	Number of other routine inspections

(b) Other Inspections		
1,381	.....	Number of special inspections
2,460	.....	Number of re-inspections
3,841	.....	Total

TABLE II.

(A)—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1930.

Defect or Disease.		Routine Inspections		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition - - - -	—	38	1	—
	Uncleanliness - - - -	76	—	—	—
	(See Table IV, Group V).				
Skin	Ringworm, scalp - - - -	—	—	1	—
	" body - - - -	—	—	2	—
	Scabies - - - -	—	—	14	—
	Impetigo - - - -	—	—	39	—
	Other Diseases (Non-tuberculous)	1	2	72	—
Eye	Blepharitis - - - -	6	—	8	—
	Conjunctivitis - - - -	—	—	24	—
	Keratitis - - - -	—	—	1	—
	Corneal Opacities - - - -	—	—	—	—
	Defective Vision (excluding Squint) - - - -	155	—	97	—
	Squint - - - -	17	—	35	—
	Other Conditions - - - -	3	—	73	—
Ear	Defective Hearing - - - -	4	—	1	—
	Otitis Media - - - -	10	—	20	—
	Other Ear Diseases - - - -	—	—	23	—
Nose and Throat	Enlarged Tonsils only - - - -	2	33	30	—
	Adenoids only - - - -	—	2	—	—
	Enlarged Tonsils and Adenoids - - - -	1	7	12	—
	Other Conditions - - - -	8	5	54	—
	Enlarged Cervical Glands (Non-tuberculous)	—	4	1	—
	Defective Speech - - - -	1	1	1	—
	Teeth—Dental Diseases - - - -	779	—	3	—
	(See Table IV., Group IV.)				
Heart and Circulation	Heart Disease :				
	Organic - - - -	—	1	—	2
	Functional - - - -	—	16	—	7
	Anæmia - - - -	—	46	105	—
Lungs	Bronchitis - - - -	—	7	3	—
	Other Non-tuberculous Diseases	—	2	4	—
Tuberculosis	Pulmonary :				
	Definite - - - -	—	—	—	—
	Suspected - - - -	—	1	2	—
	Non-Pulmonary :				
	Glands - - - -	—	1	—	—
	Spine - - - -	—	—	—	—
	Hip - - - -	—	—	—	—
	Other Bones and Joints - - - -	—	—	—	—
	Skin - - - -	—	—	—	—
	Other forms - - - -	—	—	—	—
Nervous System	Epilepsy - - - -	—	—	2	—
	Chorea - - - -	—	—	3	—
	Other conditions - - - -	—	1	12	—
Deformities	Rickets - - - -	1	2	2	—
	Spinal Curvature - - - -	1	3	—	—
	Other Forms - - - -	33	147	10	—
	Other Defects and Disease - - - -	2	16	576	—

TABLE II.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA (1964-65)

TABLE II.—(contd.).

(B)—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group (1)	Number of Children.		Percentage of Children found to require treat- ment. (4)
	Inspected. (2)	Found to require treatment. (3)	
CODE GROUPS :—			
Entrants	1,016	33	3·2
Intermediates	1,304	135	10·4
Leavers	454	46	10·1
Total (code groups) ...	2,774	214	7·7
Other routine inspections ...	177	28	15·8

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA. (See Note A.).

			Boys	Girls	Total
Blind (in- cluding partially blind). (See note b)	(i) Suitable for train- ing in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	—	2	2
		Attending Public Elemen- tary Schools (see note c)	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the parti- ally blind.	Attending Certified Schools or Classes for the Blind	4	3	7
		Attending Public Elemen- tary Schools (see note c)	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
Deaf (in- cluding deaf and dumb and parti- ally deaf). (See note d)	(i) Suitable for train- ing in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	3	5	8
		Attending Public Elemen- tary Schools (see note c)	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for train- ing in a School or Class for the parti- ally deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elemen- tary Schools (see note c)	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feeblemind- ed (cases not notifi- able to the Local Con- trol Author- ity.) (See note e)	Attending Certified Schools for Mentally Defective Children	14	16	30
		Attending Public Elemen- tary Schools (see note c)	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	Notified to the Local Control Authority during the year.	Feeble-minded	1	—	1
		Imbeciles	2	1	3
		Idiots	—	—	—
Epileptics	Suffering from severe epilepsy. (See note f)	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elemen- tary Schools (see note c)	—	—	—
		At no School or Institution	1	2	3
	Suffering from epi- lepsy which is not severe (See note g)	Attending Public Elemen- tary Schools (see note c)	3	4	7
		At no School or Institution	—	—	—

TABLE III —(contd.).

			Boys	Girls.	Total
Physically Defective	Infectious pulmonary and glandular tuberculosis. (See note h)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board... ..	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis. (See note h)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board... ..	1	—	1
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools (see note c) ...	3	—	3
		At other Institutions ...	—	1	1
		At no School or Institution	—	—	—
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anæmia, etc.) (See note h)	At Certified Residential Open-air Schools ...	5	4	9
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools (see note c) ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis. (See note h)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	—	1
		At Public Elementary Schools (see note c) ...	—	—	—
		At other Institutions ...	2	—	2
		At no School or Institution	—	—	—
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease. (See note h)	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools ...	2	1	3
		At Certified Day Cripple Schools	4	—	4
		At Public Elementary Schools (see note c) ...	—	—	—
		At other Institutions ...	2	5	7
		At no School or Institution	—	—	—

"NOTES ON TABLE III."

(a) This Table is a return of all children in the area for whom the Local Education Authority are responsible and who (except in the case of children suffering from epilepsy which is not severe) have been ascertained to be blind, deaf, defective or epileptic within the meaning of Part V. of the Education Act, 1921. It is the statutory duty of every Local Education Authority formally to ascertain all defective children in their area irrespective of the actual provision now made for their instruction in Special Schools. It is assumed that every Authority will have a complete list of such children compiled from returns made continuously during the year and kept constantly up to date. In order to secure uniformity, Authorities are requested to make up this Table from their list of defective children as it stands on the last day of each calendar year.

Children who are living in residential schools in the area but who come from other areas should not be included in this Table; but children should be included who are living in residential schools outside the area and who are being maintained there by the Authority.

For the purpose of this Table, no child should be included whose defect has not been ascertained by the School Medical Officer or a medical member of the Authority's staff.

The definitions of defective children as given in the Act are as follows and must be very carefully borne in mind.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Mentally and physically defective children are children who, not being imbecile and not being merely dull and backward, are defective, that is to say, children who by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under Part V. of the Act may be provided for defective children.

Epileptic children are children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary public elementary schools.

(b) For the purpose of this return the Board require that children who are blind within the meaning of the Act should be divided into two categories, i.e., (1) those who are totally blind or so blind that they can only be appropriately taught in a school or class for totally blind children, and (2) those who, though they cannot read ordinary school books, or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school or class for the partially blind.

It should be understood that children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision, should not be included in this Table.

(c) It should be understood that none of the children in this Table (except children suffering from epilepsy which is not severe) should in fact be attending public elementary schools. When the heading is retained, it is merely because at present the insufficiency of Special School accommodation makes it impossible to do better for some defective children than to allow them to attend the ordinary school. No space is left for the entry of children with infectious pulmonary tuberculosis attending public elementary schools, as these children should of course be promptly excluded from such schools.

(d) Children who are deaf within the meaning of the Act should be classified for the purpose of this Table as (1) totally deaf or so deaf that they can only be appropriately taught in a school or class for the totally deaf, and (2) partially deaf, i.e., those who can appropriately be taught in a school or class for the partially deaf.

(e) This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and who are not eligible for notification to the Local Control Authority under the Mental Deficiency Act.

(f) In this part of the Table only those children should be included who are epileptic within the meaning of the Act.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary public elementary schools.

(g) In this part of the Table should be entered the remainder of the epileptic children in the area, i.e., children whose disease is of such a kind as not to unfit them for attendance at an ordinary public elementary school.

(h) The exact classification of physically defective is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings, taking care that *no child is entered under more than one sub-heading.*

TABLE IV.

(A)—RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31st DECEMBER, 1930.

TREATMENT TABLE

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.).

DISEASE OR DEFECT. 1	Number of defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm, Scalp	1	—	1
Ringworm, Body	2	—	2
Scabies	14	—	14
Impetigo	90	—	90
Other Skin Diseases	98	—	98
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II).	23	—	23
<i>Minor Ear Defects</i>	20	—	20
<i>Miscellaneous</i> (e.g., minor injuries, bruises sores, chilblains, etc.)	464	—	464
Total	712	—	712

TABLE IV.—(contd.).

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).	363	56	—	419
Other Defects or Diseases of the eyes (excluding those recorded in Group 1).	114	—	—	114
Total	477	56	—	533

Total number of children for whom spectacles were prescribed

(a) Under the Authority's scheme 407.

(b) Otherwise—0.

Total Number of children who obtained or received spectacles

(a) Under the Authority's scheme 380.

(b) Otherwise—0.

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative treatment.			Received other forms of treatment.	Total number treated
Under the Authority's scheme, in clinic or hospital.	By private practitioner or hospital, apart from the Authority's scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
34	0	34	62	96

TABLE IV--(Contd.)

Group II--Defective Teeth and Spinal (Including Minor Eye Defects) treated as Minor Abnormalities--Group I.

Number of Defects dealt with				
Defect or Disease	(1)	Under the Authority's scheme or otherwise	Submitted to or treated by private practitioners or as outpatients of hospitals	Total
Errors of Refraction (including Spinal) (Operations for defects should be recorded separately in the body of the Report)	323	5	30	418
Other Defects or Diseases of the eye (excluding those recorded in Group I)	111	—	—	111
Total	434	5	30	523

Total number of children for whom spectacles were prescribed

(a) Under the Authority's scheme 407

(b) Otherwise—16

Total Number of children who obtained or received spectacles

(a) Under the Authority's scheme 323

(b) Otherwise—61

Group III--Treatment of Defects of Nose and Throat

Number of Defects				
Number of Operations performed				
Under the Authority's scheme or otherwise	(1)	By private practice (Home or Hospital) apart from the Authority's scheme	Total	Number of children treated
34	0	34	34	34

TABLE IV.—(contd.).

Group IV.—Dental Defects.

(1) Number of Children who were—

(a) Inspected by the Dentist:—

		Aged		
Routine Age Groups	...	5	...	258
		6	...	405
		7	...	408
		8	...	371
		9	...	327
		10	...	451
		11	...	300
		12	...	254
		13	...	313
		14	...	195
		15	...	89
	Total	...	...	3,371
Specials	...	...	...	850
Grand Total		...	...	4,221

(b) Found to require treatment	...	...	...	2,927
(c) Actually treated	...	...	...	1,908
(d) Re-treated during the year as the result of periodical examination	...	...	...	526

(2) Half-days devoted to..	Inspection	...	...	21
	Treatment	...	...	394
	Total	...	...	415
(3) Attendances made by Children for treatment	...	...	...	5,398
(4) Fillings ...	Permanent teeth	...	...	1,469
	Temporary teeth	...	...	942
	Total	...	...	2,411
(5) Extractions ...	Permanent teeth	...	...	470
	Temporary teeth	...	...	3,804
	Total	...	...	4,274
(6) Administration of general anæsthetics for extractions	...	...	...	1,464
(7) Other operations ...	Permanent teeth	...	...	471*
	Temporary teeth	...	...	47
	Total	...	...	518

* This figure chiefly represents attendances for regulation work.

Group V.—Uncleanliness and Verminous conditions.

- (i.) Average number of visits per school made during the year by the School Nurses—60.
- (ii.) Total number of examinations of children in the schools by School Nurses—28,393.
- (iii.) Number of individual children found unclean—477.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority—169.
- (v.) Number of cases in which legal proceedings were taken—
 - (a) Under Education Act, 1921—Nil.
 - (b) Under School Attendance Byelaws—Nil.

TABLE IV—Continued
Group IV—Dental Patients

(1) Number of children who were—
(a) Inspected by the dentist—

Age	Boys	Girls	Total
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500

(b) Found to require treatment
(c) Actually treated
(d) Re-treated during the year as the result of post-treatment examination

(e) Half-days devoted to inspection
(f) Total

(g) Attendance made by children for treatment
(h) Fillings

(i) Extractions
(j) Total

(k) Administration of general anesthesia for extractions
(l) Total

(m) Other operations
(n) Total

(o) The figure chiefly represents attendance for inspection work
(p) Total

(q) Average number of years per child under the year for the
(r) School years—50

(s) Total number of examinations of children in the schools by dental
(t) Nurses—22,200

(u) Number of individual children whose mothers—477
(v) Number of children whose mothers were foreign-born—125

(w) Number of cases in which post-operative work taken—
(x) Under supervision of dental—211
(y) Under medical attendance—211

TABLE V.
LIST OF SCHOOLS IN THE BOROUGH.

School.	Department.	Authorized accommo- dation.	Average No. on the Rolls for yr. ended 31/12/30.
Muswell Hill ...	Junr. Mixed	200	126
St. Michael's ...	Mixed	196	127
" ...	Junr. Mixed	168	128
Highgate ...	Mixed	328	239
" ...	Junr. Mixed	264	162
North Harringay	Boys'	380	376
" " ...	Girls'	380	332
" " ...	Junr. Mixed	416	409
South Harringay	Mixed	440	437
" " ...	Infants'	240	221
Stroud Green ...	Boys'	350	360
" " ...	Girls'	350	336
" " ...	Infants'	352	279
St. Mary's ...	Mixed	428	425
"	Infants'	232	254
Crouch End ...	Boys'	456	299
" " ...	Girls'	450	263
" " ...	Junr. Mixed	411	317
Holy Innocents'...	Infants'	101	103
St. James' ..	Junr. Mixed	240	305
Campsbourne ...	Boys'	388	348
" ...	Girls'	388	319
" ...	Infants'	400	342
Coldfall ...	Mixed	440	432
" ...	Infants'	400	288
	Totals ...	8,398	7,227

TABLE VI.—ROUTINE MEDICAL INSPECTION, 1930.
Number of children inspected at each school.

YEARS OF AGE.	5		6		7		8		9		10		11		12		13		14		15		TOTALS.		
SCHOOL.	B.	G.	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 ..	13	6	11	7	4	7	9	8	5	7	1	2	—	—	—	—	—	—	—	—	—	—	43	37	80
St. Michael's ..	21	7	12	7	5	9	12	13	15	—	8	—	2	3	7	4	4	11	—	1	—	—	86	55	141
Highgate ..	16	18	15	21	10	5	24	18	16	18	4	5	2	3	10	11	9	12	—	—	1	—	107	111	218
North Harringay	47	36	27	34	9	6	44	39	9	27	6	7	1	1	27	28	4	11	28	5	6	10	208	204	412
South Harringay	25	23	13	22	7	6	29	27	16	9	3	7	—	2	11	9	6	9	7	9	3	1	120	124	244
Stroud Green ..	36	25	17	14	9	8	53	36	7	17	5	12	3	6	28	23	2	18	19	15	4	12	183	186	369
St. Mary's ..	33	30	36	24	13	18	42	45	33	34	5	5	1	2	8	19	17	12	—	5	1	5	189	199	388
Crouch End ..	33	32	18	12	9	6	57	45	8	8	3	4	1	2	18	21	5	3	16	7	1	4	169	144	313
Holy Innocents'	16	7	14	6	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33	17	50
St. James' ..	11	9	11	12	7	5	7	15	13	15	3	5	—	1	5	8	3	4	—	—	—	—	60	74	134
Campsbourne ..	51	43	15	7	7	4	67	60	4	6	2	4	1	4	25	26	2	3	4	3	—	1	178	161	339
Coldfall ..	46	34	23	20	5	8	35	34	8	8	—	1	1	—	17	11	2	1	2	3	2	2	141	122	263
TOTAL ..	348	270	212	186	88	86	379	340	134	149	40	52	12	24	156	160	54	84	76	48	18	35	1,517	1,434	2,951
	1,016				1,304								454				177								

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