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

Contributors

Hornsey (Middlesex, England). Municipal Borough. Garrow, R. P.

Publication/Creation

[1932?]

Persistent URL

https://wellcomecollection.org/works/u7694jzm

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



BOROUGH OF HORNSEY.

UZGLI) HORNSEY



ANNUAL REPORT

OF THE

Medical Officer of Health

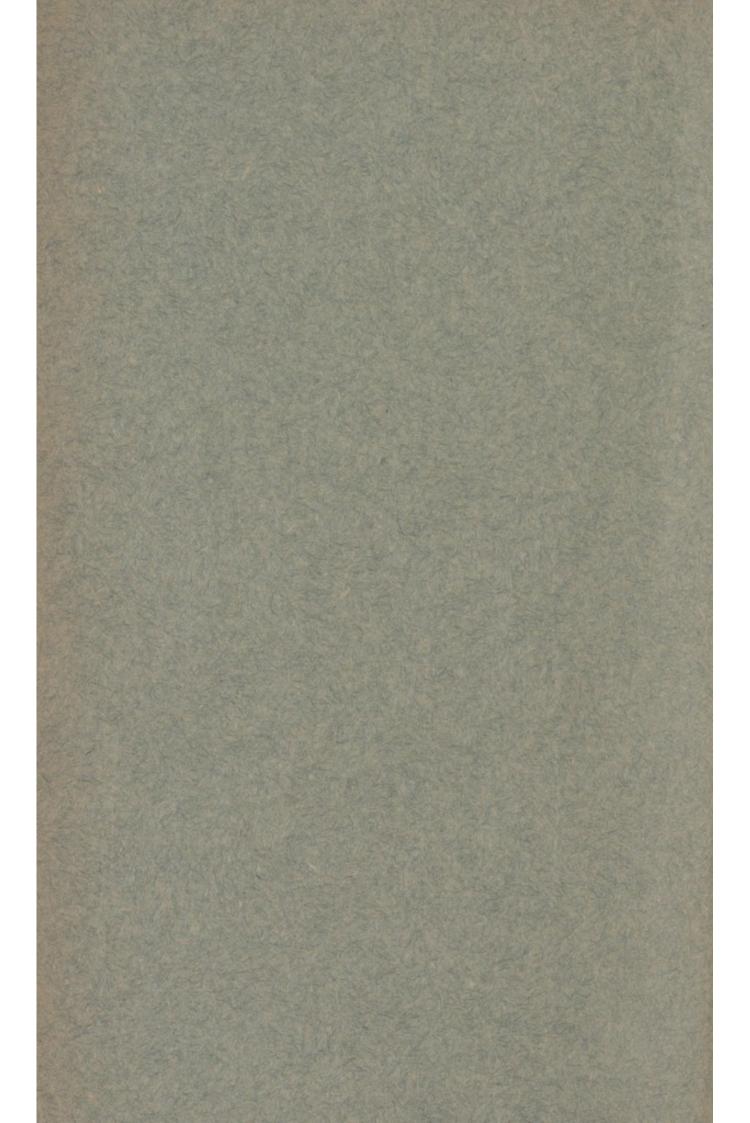
AND

School Medical Officer

FOR

1931.

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



Borough of Bornsey.

ANNUAL REPORT

FOR

1931

OF THE

Medical Officer of Health.

[&]quot;The Hornsey Journal," Ltd. 161, Tottenham Lane, Hornsey, N.8.



INDEX.

Butchers, 24. Bye-laws in force, 13, 25.

Dairies, 24, 28.

Deaths and rates, 5, 9, 43, 47.

"Causes of, 44, 45.

Dental scheme and treatment, 41.

Laboratory work, 13.

Legal proceedings, 34.

Lodging-houses, 25, 26. Diphtheria, 13, 47, 48, 49.

Legal proceedings, 34.

Lodging-houses, 25, 26.

Financial crisis, 6. Five-year programme, 19. Midwife, 13, 40, 52. Milk grants, 11, 40. Food inspection, 28, 29. " surrendered, 29.

samples, 30.

Acts in force, 13.

Admissions to Hospital, 48.

Ambulances, 14.

Ante-natal Clinics, 38, 39, 40, 52.

Area of Borough, 9.

Attack rate, infectious disease, 49.

Bacteriological examinations, 13.

Bakehouses, 24.

Baths and Wash-houses, 26.

Births and rates, 9, 13, 16, 43, 47.

Borough Nursing Association, 12.

Butchers, 24.

Home Nursing, 12.

Hornsey Deanery Association, 14.

Hornsey Nursing Association, 12.

Housels 18, 27.

Bye-laws, 25, 26.

Families rehoused, 27.

House-to-house inspections, 25.

Returns of work, 19.

Statistics, 19.

Hydro-carbon, 33.

Humane slaughtering, 29.

Illegitimate births, 9. Cancer deaths, 47.
Carbide, 33.
Cellulose spirit, 33.
Census, 5, 9.
Cerebro-spinal meningitis, 49.
Charity expenditure, 11.
Children Act, 1908, 16, 52.
Cinemas, 24.
Cleansing station, 36.
Clinics, 15, 38, 39, 40, 52.
Committees, 1, 2, 38, 39.

Dairies, 24, 28.
Deaths and rates, 5, 9, 43, 47.

Infant deaths & rates, 9, 10, 43, 46, 47.

"causes, 46.
Infantile paralysis, 48, 49.
Infectious disease—
Prevalence, 34.
Diphtheria, 47, 48, 49.
Notifications, 48, 49.
Scarlet fever, 47, 48, 49.
Inhabited houses, 9.
Inquests, 37.
Inspections made, 22, 24.
Isolation Hospital, cases admitted to, 48.

Diarrhea, 10, 41.

Diphtheria, 13, 47, 48, 49.

Diseases of Animals Acts, 37.

Disinfection, 36.

Drain tests, 22, 23.

Drainage, 18, 23.

Dysentery, 49.

"Economy" Circular, 7.

Encephalitis lethargica, 48, 49.

Engine sidings, Hornsey, 18.
Enteric fever, 13, 47, 48, 49.

Erysipelas, 48, 49.

Erysipelas, 48, 49.

Diseases of Animals Acts, 37.

Malaria, 48, 49.

Maternity and Child Welfare Committee, 2.

Maternity and child welfare—

Analysis of attendances, 52.

Ante-natal, 12, 38, 39, 40, 52.

Births notified, 15.

Centres, 38, 39.

Clinics, 38, 39, 40, 52.

Dental treatment, 41. Factories and workshops, 24, 53.

Dental treatment, 41.

Health visiting, 15.

Maternal deaths, 9, 15. Sessions, 38, 39, 40, 52. Staff, 38, 39. Foster mothers and children, 16, 52.

Hairdressers (Sunday Closing) Act, 33.

Health Committee, 1.

Year's work, 52.

Toddlers, medical inspection, 16.

Time-table, 38, 39, 40.

Voluntary Committees, 38, 39.

X-ray treatment, 40.

Year's work, 52. Health Committee, 1.

"Visiting, 15.

"Visitors, 38, 39, 40.

Year's work, 52.

Measles, 10, 47, 49.

Meat inspection, 28.

Medical inspection of children, 16.
Midwife's fees, 40.
Midwives, 13, 40, 52.
Milk grants, 11, 40.
,, licences, 28.
,, samples, 28.

Mortuary, 37.

North Hill flats, 19.

Notification of Births Act, 16.

Nursing Association, 12.

Nutrition, 30.

Ophthalmia neonatorum, 12, 35, 48, 49.

Outworkers, 24, 53, 54.

Overcrowding, 24, 26.

Smoke, 16.

Social services, Statutory notices, Statuto

Para-typhoid, 48, 49.
Pemphigus neonatorum, 48.
Petroleum Acts, 24, 33, 34.
Pneumonia, 12, 48, 49.
Poisons Act, licences, 33.
Poliomyelitis, 48, 49.
Polio Encephalitis, 49.
Population, 9, 43, 47.
Preface, 5.
Pueperal fever and pyrexia, 3, 12, 15, 48, 49.

Rag Flock Act, 22.
Rateable value and produce of 1d.
rate, 9.
Registrar-General on Census, 5.
Refuse disposal, 18.
Refuse shoots, 18, 24.
Regulations in force, 13.
Rent and Mortgage Interest (Restrictions) Act, 22.
Restaurants, 22, 24.
Royal Northern Hospital, 14.

Sale of Food and Drugs Act, 30. Sanitary notices served, 20. Sanitary work, 22, 23.
Scarlet fever, 47, 48, 49.
Shoots, refuse, 18, 24.
Shops Acts, 31, 34.

"Summonses, 34.

"number of, 31, 32.
Slaughter-houses, 28, 29.
Small-pox, 23, 34, 49.
Smoke, 18.
Social services, 7, 11, 12.
Statutory notices, 20.
Staff, 3, 4, 38, 39.
Still births, 9.
Summersby flats, 19.
Summonses, 34.

Tables, List of, 42.
Tonsils and adenoids, Nursing, 13.
Tuberculosis, Cases of, 36, 48, 49, 50, 51
Santoria and beds, 35.
Deaths and rates, 47, 51
Sputums, 13.
Typhoid fever, 47, 48, 49.

Unmarried Mothers' Home, 14.

Vaccination, 35.
Verminous houses, 10.
Veterinary Inspector's report, 37.
Visits by Inspectors, 22.
Visiting of Children, 15.
Vital statistics, 5, 9, 43.

"
England, &c., 43.
Voluntary Committees, 38, 39.

Ward's Cottages, 19.
Water supply, 17.
Whooping-cough, 10, 12, 47.
Workshops, 53.

X-ray treatment, 40.

HEALTH COMMITTEE

AS AT 31st DECEMBER, 1931.

Alderman P. Everington (Chairman), 81, Mount View Rd., N.4.
The Mayor, Alderman J. W. Rowlands, J.P., 25, Cholmeley
Park, N.6.

Alderman W. W. Kelland, M.A., 14, Hillside Mansions, N.6. Councillor Mrs. J. H. Barrenger, 20, Southwood Hall, N.6.

- ,, A. J. Blake, 25, Danvers Road, N.S.
- F. A. P. BOUSTRED, 26, Lanchester 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.
- ,, Mrs. M. N. Hill, 16, Bishopswood Road, N.6.
- ,, 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.
- ", C. WINKLEY, 72, Woodside Avenue, N.10.

MATERNITY & CHILD WELFARE COMMITTEE

AS AT 31st DECEMBER, 1931.

Councillor Mrs. C. M. CAVE (Chairman), 10, Wood Vale, N.10. The Mayor, Alderman J. W. Rowlands, J.P., 25, Cholmeley Park, N.6.

Alderman P. Everington, 81, Mount View Road, N.4.

, W. W. Kelland, M.A., 14, Hillside Mansions, N.6.

Councillor Mrs. J. H. Barrenger, 20, Southwood Hall, N.6.

- ,, A. J. Blake, 25, Danvers Road, N.8.
- ,, E. BROOKS, 122, Crouch Hill, N.8.
- " J. Edwards, 102, Turnpike Lane, N.S.
- ,, 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.S.
- ,, L. J. VALETTE, 59, Allison Road, N.S.
- ,, W. V. Wall, 168, Stroud Green Road, N.4.

Selected 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.

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

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

Miss F. E. Wood, 38, Church Crescent, N.

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.
Consultants (Puerperal Fever
and Pyrexia Regulations) Dr. J. B. Banister,
Dr. A. W. Bourne,
Dr. L. H. W. WILLIAMS,
Dentists (M. & C.W. Dental 70, Harley Street, W.1.
Scheme) Dr. B. HAMILTON, L.D.S.,
L.R.C.S., L.R.C.P.
L. Rowlands, L.D.S.
†*Senior Sanitary Inspector HENRY EASTWOOD, M.R.S.I., Cert. R.San.I.,
*Sanitary Inspect
doblian,
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.,
··· 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:- t 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 Annual Report on the health of the Borough for the year 1931.

The vital and mortal statistics are satisfactory, in that there was no special epidemic or cause of disease or death during the year under review. Health statistics require to be carefully interpreted with a knowledge of changes taking place in the population over fairly long periods of years. For example, it is of little interest to know that the death-rate in Hornsey was 11.2 per thousand of its population in the year 1931. It is of great interest to know that Hornsey's death-rate has risen steadily from about 8 per thousand at the beginning of this century to about 12 per thousand average in the last five years, while during the same period the death-rate per thousand of the population of England and Wales has fallen from about 18 to about 12. This falling death-rate is constantly quoted by authority as an index of the improved sanitation and health of the country generally, and the question may well be asked-Is the rising death-rate in Hornsey a sign of deterioration in municipal hygiene and public health? The answer to this question is in the negative. The relatively low birth-rate and infant-mortality rate in the Borough for many years, together with immigration of retired people into the area, has resulted in a gradual increase in the proportion of older persons in the population. It is the increasing number of deaths in persons of advanced years that tends to raise the general death-rate. Last year, of the total 1,058 deaths, 574 (over 54 per cent.) were in persons of 65 years or over.

THE CENSUS, 1931.

The Census of England and Wales, taken on April 26th, 1931, revealed a population of 95,524 in Hornsey—an increase of 9 per cent. on the census population of 1921, which was only 3.6 per cent. above the population of 1911. The Registrar-General in his Preliminary Report on the Census draws special attention to

the remarkable increases in population in the districts composing the outer ring of London, and makes some interesting comments on the significance of this development in relation to the population of the County of London and of the country as a whole. He says:—

"It is too early yet to discuss whether the new orientation of population marks a definite change in the industrial structure and organisation of the country. Such national prosperity as has surmounted the current widespread depression appears to have resulted largely from enterprises located in the vicinity of the metropolis, and this has naturally attracted surplus labour from the less fortunate areas. But the movement has been somewhat precipitate: from current indexes of migration, like electoral records, etc., it appears to have been concentrated mainly in the latter half of the decennium, and further time is required to prove whether it is more than a transient phase, to be succeeded by an equally marked reaction if and when the older industries regain any of their former established positions."

This movement of population is one which the new developing districts of the Home Counties can view with equanimity for decades to come, but for a fully-developed and populated district like Hornsey it is a phenomenon which gives cause for some anxiety. Any increase of population of this Borough beyond 100,000 within its present boundaries is bound to cause overcrowding on a scale which may endanger the public health.

In future the census is to be taken at quinquennial intervals instead of decennially, as in the past. It will be interesting to learn from the census of 1936 whether the increasing pressure of population in the past shows any sign of abating.

THE FINANCIAL CRISIS, 1931.

The outstanding feature in the public life of England in 1931 was the "financial crisis." It is not the duty of a Medical Officer of Health to discuss economic and political upheavals, except in so far as they may affect the public health. There are certain aspects of the crisis of 1931 which bear very directly on the public health, and therefore deserve the careful attention of health authorities. The first is that famine played no part in

causing or precipitating the crisis. It was not, therefore, in any sense a "food crisis," due to failure of the world's harvests in any region or in regard to any of the staple foods of man. On the contrary, we have heard a great deal during the year of surplus milk at home, surplus wheat abroad-abundance of everything, together with adequate means of transport by sea and land. In these circumstances, there would appear to be no excuse for such economy in diet as would lead to a lowering of the natural defences of the body against disease. I am glad to be able to report that, in spite of straightened circumstances in many families in this Borough, I have no evidence of increased malnutrition in the population. Indeed, the general nutrition of the child population is on the up-grade, thanks to the education going on in centres and schools in favour of plain wholesome diet, and the fact that there is abundance of every kind of fresh food available at prices within the means of the great bulk of the population.

The second aspect of the crisis which demands attention is the question of economy in the social services—a subject upon which much has been said and written during the year. Of particular interest to Medical Officers of Health were the representative views on Circular 1,222 (the "Economy Circular" of the Ministry of Health) obtained by The Lancet and published as anonymous contributions in that journal on September 19th and 26th and October 3rd, 1931. These were written by the "administrative heads of large medical departments," with the exception of one, which was written by a contributor, who says:-" I have never been an officer of a local government authority, but I have been for many years a member of such an authority with special interest in the departments of public health (including mental deficiency and maternity and infant welfare) and education." He expresses apprehension at the possible consequences of retrenchment without discrimination, and goes on to say: -" There is much unwise expenditure now going on under the head both of education and of public health, though, speaking generally, I think that investigation would show that the unwisdom of particular items is more prevalent in the case of those authorities who have a low expenditure per head of population than in those who have a high one."

I venture to suggest that the most urgent need of the social services of this country is ruthless exposure of humbug of the kind contained in the passage quoted. The suggestion that there is a special direct relationship between low expenditure and unwise spending, and that economy can be effected by raising the total expenditure per head of population, is simple nonsense.

The other anonymous contributions to *The Lancet's* symposium on economy are obviously from practical administrators, who have helpful suggestions as to the ways and means of effecting economy now and in the future.

It would be a great pity if, as a result of the crisis and Circular 1,222, economy were to become a "stunt," instead of being, as it ought to be, a matter for constant attention in every department of public life and social service.

I desire to acknowledge the continued good work of the staff of the department during the year, the great help rendered by voluntary workers, and the keen desire of members of the Council to maintain the high standard of health administration in the Borough.

I am,
Mr. Mayor, Ladies and Gentlemen,
Your obedient servant,
R. P. GARROW,
Medical Officer of Health.

STATISTICS FOR 1931.

Social and Economic Statistics.	- 1
Area (acres) 2,8'	
Population (Census 1931) 95,55	
Do., Registrar-General's estimate (mid 1931) 95,59	90
Number of inhabited houses (end of 1931), according to	
Rate Books 21,15	
Rateable value (General Rate) £990,4	
Product of a penny rate £4,1	27
Live births—	
Legitimate Males 550	
,, Females 539	
Illegitimate Males 30	
,, Females 20	
Total 1,1	39
Birth-Rate 11.9 per 1,000 population.	
Still-births— Legitimate Males 25	
,,	
Illegitimate Males 3	
,, Females 2	
	44
RATE per 1,000 total (live and still births) births, 37.2.	
Deaths—	
Male 462	
Female 596	
Total 1,0	58
Death-Rate 11.2 per 1,000 population.	
Number of women dying in, or in consequence of, child-birth:	_
From Sepsis 2	
,, other causes 3	
DEATHS OF INFANTS UNDER 1 YEAR OF AGE.	
Legitimate Males 28, Females 23 = 51	
Illegitimate , 4, ,, 5 = 9	
,, 4, ,, 0 = 0	
Total 60	

Infant Death-Rate per 1,000 live births.

All infants per 1,000 live births Legitimate infants per 1,000 legitimate live births Illegitimate infants per 1,000 illegitimate live births	 52·6 44·7 80·0
Deaths from Measles (all ages)	- 0
Deaths from Whooping-Cough (all ages)	 2
Deaths from Diarrhæa (under 2 years of age)	 2

SOCIAL AND ECONOMIC CONDITIONS IN THE AREA.

I am indebted to Mr. Parry, Relieving Officer, for the following summary of cases and cost of relief and assistance (public and voluntary), so far as he knows it, during the year 1931:—

and volun	ntary), so far as he knows it, during the year 1931:—	
Number of		
Cases. 1,177	Out-relief Public Assistance 17,590 8 11	
267	Old Age Pensions 6,942 0 0)
21	Widows' Pensions 966 15 6	;
20	Disability Pensions and Reserve Pay 145 4 6	,
86	National Health Insurance benefit 170 3 6	;
30	Wives of Unemployed (earnings) 140 2 8	
43	Hornsey Central Distress Committee 32 0 6	,
15	Fund administered by Mrs. Lovell-	
	Harrison 16 15 6	,
53	Boot Fund administered by the	
	Director of Education, Hornsey 21 15 8	3
503	Hornsey British Legion 1,274 5 6)
106	United Services Fund, Hornsey 541 12	1
57	Muswell Hill British Legion 105 9 10)
17	United Services Fund, Muswell Hill 43 12)
40	Hornsey Parochial Charity 805 14)
505	Hornsey Coal Charity 117 0)
245	Hornsey Y.M.C.A.—Coals and Parcels 31 7)
	Education Authority—Milk for neces-	
3,185	sitous children 320 0 ()
_	Hornsey Borough Council — Milk for	
	mothers and children 280 0)
	Care Committee, Hornsey Schools—	
	Spectacles, etc , 67 12	5
	Mayor's Fund — Milk for necessitous	
	children 130 7 5	2
	Unemployment benefit to cases in	
	receipt of Out-relief 3,248 6	3
	Incorporated Soldiers' and Sailors'	
	Help Society and grants from Regi-	
	mental Associations (per Mrs.	
	French) 83 10	1
	000.074	-
The second	Cost £33,074 3	2

NURSING IN THE HOME.

(i.e., DISTRICT NURSING).

Nursing in the home of medical and surgical cases under the care of medical practitioners, as well as the public health nursing of certain infectious diseases and other special conditions, is efficiently carried out for the entire area by the Borough of Hornsey Nursing Association—a voluntary institution affiliated to the Queen's Institute of District Nursing.

The following are some particulars of this Association:—

President—The Mayor of Hornsey.

Honorary Secretary—Mr. R. H. Crookall,

9, Birchington Road, N.8. Honorary Treasurer—Mr. S. M. Mason, 50, North Hill, N.6. Superintendent—Miss Ivett, 2, Ravenstone Road, N.8.

Tel. Mountview 6971.

There is a staff of four trained nurses in addition to the Superintendent.

The income is derived from: -

- (1) Voluntary subscriptions and donations.
- (2) Provident contributions of members.
- (3) Patients' payments.
- (4) Public authorities (for services rendered).

The following is a statement of the infectious diseases nursed during the year:—

NAME OF DISEASE.	No. of New Cases.	No. of Visits.	No. Convalescent.	No. Sent to Hospital.	No. Died.	Privat Nurse
WHOOPING COUGH Pneumonia complication	2	69	2	_	_	-
Mastoid complication	1	95		for further operation	_	-
Bronchitis and Chickenpox complication	1	16	1	_		-
PUERPERAL FEVER	2	6	_	2	-	-
PNEUMONIA	18	256	8	2	6	2
OPHTHALMIA NEONATORUM	1	5		_	_	-

For the Education Committee the Nursing Association attended 4 children suffering from threadworms, 7 after tonsils and adenoids operation, and 1 child suffering from otorrhea and 1 from rheumatism.

For the Public Assistance Committee of Middlesex County Council the Association paid 595 visits to 8 old and 11 new cases during the year.

MIDWIVES.

There are 16 midwives in private practice and one Municipal Midwife. The latter attended 145 births, and she also attends all the ante-natal clinics held at the four centres—Brook Road, Wightman Road, Church Road, Highgate, and Coldfall. One of the conditions upon which the Council's midwife accepts a case is that the expectant mother should attend an ante-natal clinic.

LABORATORY FACILITIES.

The arrangements for the examination or analysis of materials are as previously described and meet all requirements.

The specimens examined in the laboratory during 1931 were as follows:—

Diphtheria spec	cimens	***	Negative. 973		Positive. 62
Sputum (T.B.)	,,		196		22
Enteric	**		1		0
Other	11		17		3
			1,187		87
Total				1,274	CAO NE

LEGISLATION IN FORCE.

No new Local Acts, Special Orders, general adoptive Acts or Byelaws relating to the public health came into force in Hornsey in 1931.

HOSPITALS.

The Hospital services, public and voluntary, within and without the area, available for the inhabitants were detailed in my report for 1930.

A noteworthy addition to these is the magnificent new St. David's wing of the Royal Northern Hospital, Holloway, in the Borough of Islington. This is a block of wards and rooms for paying patients—a much-needed institution in North London. The terms of admission and of medical and surgical attention may be obtained on application to the Secretary of the Hospital.

Generally speaking, the hospital provision for the area is adequate. At all events, no case has come to my notice of a person requiring admission to hospital for whom no hospital bed could be found.

MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

The County Council of Middlesex, in the exercise of their duties taken over from the late Guardians of the Poor, provide institutional care for these cases.

The Hornsey Deanery Association for Preventive and Rescue Work at Beacon Lodge, Eastern Road, Fortis Green, is carrying on good work in this field.

AMBULANCE FACILITIES.

Adequate ambulance facilities for all types of case—infectious, non-infectious, maternity, accidents, etc.—exist in the area, and no change has taken place in these arrangements in 1931. The special Guy ambulance, used mainly for the transport of physically and mentally defective children for the Education Committee—was replaced by a larger and more suitable Morris Viceroy motor ambulance coach in October, 1931.

This vehicle travels about 12,000 miles a year and carries over 20,000 passengers.

The following is a statement of the work done by the "Borough Ambulance" under the Fire Brigade:—

Street accidents in Borough	Calls. 203	Persons. 208
Sudden accidents and illness in street	151	140
Maternity cases	28	28
Private cases	696	697
	1,078	1,073

There were 27 cases of accident or illness in streets within the Borough attended by other ambulances, owing to the Borough Ambulance being otherwise engaged,

CLINICS AND TREATMENT CENTRES.

These have been set out in tabular form in previous reports and no additions or alterations have been made during the year.

MATERNAL MORTALITY.

The Medical Officer of Health is directed by Circular 1,206 to "describe any special arrangements made for the investigation of maternal deaths and cases of puerperal fever or puerperal pyrexia."

While the arrangements for rendering help to medical practitioners in cases of puerperal fever or puerperal pyrexia are complete and satisfactory, there are no special arrangements for the investigation of cases beyond the report form which a medical practitioner may, at his own option and discretion, complete and return to the Medical Officer of Health for forwarding to the Ministry of Health.

I am also asked to give particulars of action taken by the Local Authority in the light of Circular 1,167 and Memorandum 156/M.C.W. These have received careful consideration, and I am glad to be able to report that the full scheme outlined in the Memorandum is in operation in the Borough.

HEALTH VISITING.

(a) Health Visiting of Infants up to 1 Year.

Infants are visited once a month for the first three months, and then every second month till they reach the age of 1 year. Special difficulties in feeding and management may require more frequent visits in certain cases.

0

(b) Health Visiting of Children between 1 and 5 Years.

Circular 1,206 asks specifically for comment on the adequacy of the arrangements for the visiting of children between the ages of 1 and 5 years. This request is no doubt prompted by the desire of the Ministry to direct the attention of health authorities to the need for more active measures to safeguard the health of the pre-school child. This important aspect of preventive medicine is receiving more attention in Hornsey, with a view to reducing the number of defects found at medical inspection of school entrants.

Routine visiting averages twice yearly during this period and mothers are urged to bring the children for examination at the Centres. The invitations to parents to attend medical inspection of their children in school also offers medical inspection of the pre-school children. It is essential to see the toddler stripped in order to make any estimate of his progress, or to offer useful advice in individual cases. The home visiting of these children by health visitors provides an occasion to emphasise the supreme importance of good fresh food, adequate rest, fresh air, exercise and suitable clothing for the growing child.

CHILDREN ACT, 1908.

The supervision of foster-children under Part I. of this Act was transferred from the late Guardians to the Borough Council in 1930, and is carried out by the health visitors in the course of their routine visiting. These children are visited once a month, or oftener where necessary.

Foster-mothers are encouraged to bring the children to the centres for periodical medical examination.

A register of foster-mothers and foster-children is kept by the Medical Officer of Health and at each Centre, and the following is a summary of the register:—

		No. 1.	Centre No. 2.	No. 3. & Sub.	Total.
No. of foster-mothers on the	regis	ster—			
At the beginning of 1931		17	8	9	34
,, ,, end ,, ,,		29	11	10	50
No. of foster-children on the	regis	ter—			
At the beginning of 1931		15	6	5	26
,, ,, end / ,, ,,		23	10	17	50
Died during the year		1	-	_	1
On whom inquests were he	eld				
during the year		-	-	-	-

No proceedings were taken during the year.

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.

	17			
The number of births ras:—	notified			Acts during 1
Live births	Male. 666	Fema 632		Total. 1,301
Still births	25	15		40
	691	650	and the same	1,341
The births were notified	:-	and the contract of	10 01	to the Designation of the last
By parents				68
By doctors				236
By Borough Midwif	е			128
By other midwives		dere bl		440
By Hospitals				140
By others	NE	UTINE		271
Unnotified (from Registra	ar's retu	rn):—	edia.	1,283
Live births	1000		56	
Still births	***		2	
		7	Pare	58
			mi al	1,341
Of this number there wer	e:—		9 11	- Sourie se
Occurring in the Boro	ugh and	Liv trans-	e birt	hs. Still births
Occurring in Hospitals	istricts s, etc., o	 outside	19	5 3
the district belong	er a sale			

The 1,143 net number of notified births belonging to Hornsey were divided among the districts of the Centres as follows:—

Brook Road	TOUS OF U	ne cei	itres as	follows
				539
Wightman Road Highgate	Mano	· · · ·		281
Coldfall Sub-Centre				290
Sub-Centre				33

SANITARY CIRCUMSTANCES OF THE AREA.

The "sanitary circumstances" of an area include considerations of supreme importance to the public health, e.g., a pure water supply. So perfect is the service of the Metropolitan Water Board that water has long ago ceased to be asso-

ciated with disease and epidemics in the minds of those who live within its area of supply.

Again, drainage and sewerage throughout this district are so complete and effective that sewage disposal has ceased to be a factor in the genesis of disease.

Smoke abatement is a problem which is practically confined to a small area in the north-eastern corner of the Borough to the leeward of the engine-sheds at Hornsey Station on the London and North Eastern Railway. There the coaling and firing of engines produces smoke, to the serious discomfort of residents in Wightman Road and the roads passing east from it.

The collection of house refuse has been improved by the replacement of the older dust-carts by improved modern vehicles.

REFUSE SHOOTS.

There are two refuse shoots within the Borough—one, belonging to the Council, situated at the extreme north-western corner of the area, in close proximity to the Council's Coldfall housing estate; the other, at the open space which is being levelled to form a playing-field to the south of Coolhurst Avenue, near the centre of the borough.

During 1931 complaints have been received from residents in these districts in regard to nuisances arising in connection with the shoots. In common with many other similar deposits in the London area, these became infested with crickets, which invaded the neighbouring houses. Another cause of complaint was rat-infestation of the dumps.

Every effort has been made and is being made to control these pests, and to so improve the nature of the material being deposited as to prevent recurrence of trouble from the same causes. Efforts are also being made to accelerate the levelling up and finishing off of the Coolhurst shoot.

HOUSING.

The favourable position of Hornsey in regard to the housing of its population has frequently been commented upon in annual reports of the Medical Officer of Health. In last year's report I indicated the need for dealing with a few small groups of old houses in an advanced state of senile decay—numbering in all less than a hundred dwellings.

I am glad to be able to report that a good start has been made in the effort to clear out all these old unfit habitations in the first five-yearly programme under the Housing Act, 1930.

Two blocks of flats in all have been erected in Summersby Road, adjoining Queen's Wood, and the tenants of Ward's Cottages and two other unfit houses in North Hill have been rehoused in the new flats. The total number of families rehoused in this operation is 18.

Plans have been passed for a block of 21 flats to be erected on the site on North Hill which will be rendered available when the empty houses are demolished. These new flats will be occupied in their turn by families now in condemned houses in other parts of the Borough; and so the process of demolition and building should proceed till the Borough can claim to have no house within its area that is not in all respects fit for human habitation.

In addition to this process of rehousing, there has been continuous effort all the year to effect repair of houses in need of it; to deal with houses let in lodgings; and to prevent overcrowding.

The housing statistics of the year as required by the Ministry of Health are set out below: -

HOUSING STATISTICS.
1. Inspection of Dwelling-houses during the Year:—
spected for housing defects (under
Public Health or Housing Acts) 2,045 (b) Number of inspections made for the
purpose 9,106 (2) (a) Number of dwelling-houses (included
inspected and recorded under the Housing Consolidated Regulations
(b) Number of inspections made for the
(3) Number of dwelling-houses found to be in
a state so dangerous or injurious to health as to be unfit for human habitation

referred to under the pre- ub-head) found not to be in cts reasonably fit for human n 1,046	of those ceding s
ects, including dust-bins. etc. 255 ———————————————————————————————————	Minor def
ring the Year without service	2. Remedy of Defects du of formal Notices:—
of defective dwelling-houses fit in consequence of in- ection by the Local Authority officers 745	rendered
minor defects as above 191 ———————————————————————————————————	Including
Powers during the Year:—	3. Action under Statutor
er sections 17, 18 and 23 of the	
f dwelling-houses in respect of tices were served requiring repairs —	
dwelling-houses which were renafter service of formal notices:—	
owners local authority in default of	(a) By
wners	
er Public Health Acts:	
f dwelling-houses in respect of notices were served requiring be remedied 71	which
dwelling-houses in which defects nedied after service of formal	were re
owners 61	notices (a) By
local authority in default of	and the second second
vners	0

C	-Proceedings under sections 19 and 21 of the
	Housing Act, 1930:
	(1) Number of dwelling-houses in respect of
	which Demolition Orders were made
	(2) Number of dwelling-houses demolished in
	pursuance of Demolition Orders
D	Proceedings under section 20 of the Housing
	Act, 1930:
	(1) Number of separate tenements or under-
	ground rooms in respect of which Closing
	Orders were made
	(2) Number of separate tenements or under-
	ground rooms in respect of which Closing
	Orders were determined, the tenement or
	room having been rendered fit
E	-Proceedings under section 3 of the Housing
	Act, 1925:
	(1) Number of dwelling-houses in respect of
	which notices were served requiring repairs —
	(2) Number of dwelling-houses which were ren-
	dered fit after service of formal notices:—
	(a) By owners
	(b) By local authority in default of
	Owners
	(3) Number of dwelling-houses in respect of
	which Closing Orders became operative in
	pursuance of declarations by owners of intention to close
F_	
	Proceedings under sections 11, 14 and 15 of the Housing Act, 1925:
	(1) Number of dwelling-houses in respect of which Closing Orders were made
	(2) Number of dwelling-houses in respect of
	which Closing Orders were determined,
	the dwelling-houses having been rendered
	fit
	(3) Number of dwelling-houses in respect of
	which Demolition Orders were made —
	(4) Number of dwelling-houses demolished in
	pursuance of Demolition Orders

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

VISITS. House-to-house inspections 382 1,220 Special inspections 9,454 Re-inspections ... Transfer to Council houses 5 Notifiable infectious diseases 366 Tuberculosis 77 Deaths ... 120 ... Verminous houses 10 1 Scabies 725 Shops Act Factories, workshops and outworkers 600 Rent Restriction Act Cinemas, etc. 22 Overcrowding 140 Petroleum stores 298 ... 4 Rag Flock Act 86 Dairies and milkshops 57 Bakehouses 186 Slaughter-houses ... 95 Butchers' shops . . . Restaurant kitchens 32 204 Other food shops 32 Annual licences (Music and Dancing) ... 46 Stables 12 Urinals ... 8 Smoke observations ... 142 Refuse tips 20 Passages 5 Allotments 43 Drainage ...

Fee tests

200

9

Water tests applied (new drains) Smoke and chemical tests applied (old drains) Drains examined under Sec. 41, Public Health A Small-pox Contacts—Visits	ct, 18	75	49
		1	4,530
SUMMARY OF SANITARY IMPROV	VEME	NTS	
Drainage.			
Number of houses and premises redrained			24
Repairs or amendments to existing drains			120
Drains or gullies unstopped or cleansed			61
Manholes provided			50
do. repaired			40
Intercepting traps fixed			24
New gully traps fixed			134
New soil pipes and ventilating shafts fixed			49
Soil pipes and ventilating shafts repaired			35
Fresh-air inlets provided or repaired			50
WATER-CLOSETS AND SANITARY FITTI	NGS		
New water-closet basins fixed	indb.		113
Water-closets unstopped, cleansed or repaired			92
New check cisterns fitted to water-closets; exist	ing ch	eck	02
cisterns repaired			95
New sinks provided		and the	161
New waste-pipes fixed			98
Waste-pipes trapped, repaired or unstopped			187
MISCELLANEOUS.			
Roofs repaired			000
Eaves guttering renewed, cleansed or repaired	***		282
Rain-water pipes provided, repaired or unstopped	***	No.	206
do. disconnected from drains	***	***	158
Damp walls remedied			179
Damp-proof courses inserted	11.40	***	173 65
***			()()

Paving of yards repaired	***			 191
Structural repairs of premises				 813
Rooms cleansed, distempered or	papered			 827
Work-rooms cleansed or repaired				 22
Drinking-water cisterns repaired,	cleansed	and	covered	 74
Water supply reinstated				 3
do. (additional) provided				 7
Baths provided or made usable				 19
Windows and skylights provided			e	 135
Floors repaired				 151
Windowsills repaired				 50
Stagnant water abated				 2
Sanitary dustbins provided				 255
Accumulations of manure and re				 38
Stoves, ranges and coppers repai				 204
Sundry items			Destinger	 350
Overcrowding abated			BELLEY 316	17
Overcrowding abated			A want	
				5,372
1				0,0

PREMISES INSPECTED PERIODICALLY.

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

Dairies and milkshops	where to	1 100111		No. in District.
Milk purveyors in connection				43
Bakehouses			 	30
Restaurant kitchens			 	33
Slaughter-houses				6
Butchers' shops				55
Fish shops			 	26
Factories, workshops and	work-p	laces	 	354
Outworkers' premises			 	165
Cinemas			 	7
Places of public entertain	ment		 	29
Shoots (refuse)			 	2
Overcrowded houses			 	56
Licensed petroleum stores	***		 	79

HOUSE-TO-HOUSE INSPECTIONS.

HIGHGATE.	INSPECTI	ONS.		
Northwood Road	Saupit-guighor			40
Holmesdale Road	lled co.	osiliao	v mid	40
North Hill	bol	losimos	-11	56
Archway Road				5
Muswell Hill.	Intelligence of the last of th			12
Muswell Hill Place				
St Winifus 3'- G				44
St. Winifred's Crescent	martinit been	blatano	1	8
Transaret Cottage				1
	*** ***			3
WEST HORNSEY.				
Campsbourne Road	True le serve	100		100
East Hornsey.	izong maibute			126
Chamara D 7	han almonda			
Fivepupy Dans				36
Ennis Road				
Oshowns C.	soliqque.vers			33
diove	msson gaides	W	01	18
			IO EL	
				382
	nitelphia (n		d) at	

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 has been found that the byelaws have materially assisted in the campaign for better housing conditions amongst families living in divided houses.

A register is in process of compilation showing the number of "lodging-houses" to which the byelaws can be wholly or partly applied.

The number on the register at present are classified as follows:—

Decontrolled lodgi	ng-house	es		him.		90
Partly controlled						33
Fully controlled			•		1111.1.	70
	Total					193

One hundred and thirteen houses have been dealt with under these byelaws during the year and the following works carried out:—

Byelaw No.					
11 (b)	Means of carrying off w	aste	water	(in-	
	cluding provision of s	inks)			24
11 (f)	Sash-cords and window	fittin	igs		35
15 (a)	Closet accommodation				2
15 (b)	Water supplies				21
15 (c)	Washing accommodation	1	W. 1		8
15 (d)	Food stores				147
16 (a)	Repairs to staircase				1
16 (b) an	d (c) Lighting of staire	case			2
22	Provision of hand-rail				1
					100
	Total		MO.IT	19119	241
					dos

Note.—In regard to washing accommodation, Byelaw 15 (c), the new baths and wash-houses erected by the Borough Council in High Street, Hornsey, and opened on the 14th of April, 1932, should prove extremely helpful, particularly to the residents in the tenement property situated in the East and West Hornsey Wards and also to the residents in the North Haringey Ward.

OVERCROWDING.

During the year 26 cases of overcrowding have been found and 17 cases abated.

According to our records there were 50 known cases of overcrowding existing in the Borough at the end of the year.

Rehousing.—During the year 1931, 44 families, representing 228 persons, have been rehoused, as follows:—

	110000	a, as re	mows	Families.	Dorsons
Campsbourne Road				2	11
Campsbourne (The)			2	13
Boyton Road				1	6
Myddelton Road				1	6
Brook Road				1 .	3
Grove House Road				1	6
Haringey Road .				1	5
Rathcoole Gardens				1	7
Inderwick Road				2	7
The Grove, Crouch	End		***	1	5
Harvey Road				1	5
Osborne Grove				1	7
Woodstock Road				1	7
Nelson Road	***			1	4
Tottenham Lane			3	1	6
Muswell Hill Place				1	4
Crouch Hill			Maria I	1	3
Crouch Hall Road				1	5
Fortis Green				1	5
Upper Tollington P	ark		all.	1	3
Ridge Road			11.6	1	5
Langdon Park Road	d		1010	1	4
Archway Road (Cole	eridge	Buildi	ngs)	1	5
North Hill				3	13
North Road Cottage	es			1	4
Woodside Cottages				1	3
South View Road			Table Juni	2	13
North View Road		10011172		1	6
Victoria Parade		HILLERIA	General	1	4
Beechwood Road		- Mins 1	1972 10	1	2
Marriott Road		diam		1	11
Hill Road		HygA 1		4	24
Steeds Road	illo es	oddin a	did in	1	5
Yeatman Road		Wind !		1	
Kenwood Road		4	d'al.	1	6
Use of lamine via	20. 70	Minga	The same of	nu toma.	5
			ral star	44 :	228

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

DAIRIES AND MILKSHOPS.

At the end of the year there were 32 dairies within the Borough and 43 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 Certified Milk ... Grade "A" (T.T.) Milk 3 Grade "A" Milk ... Grade "A" (Pasteurised)

Nineteen samples of milk were taken from roundsmen's

barrows and sent for bacteriological examination.

In sixteen instances the results varied from 1,900 to 59,233 organisms per cubic centimetre, as compared with the limit of 100,000 organisms allowed for pasteurised milk.

In two samples taken from one dairyman whose premises are situated outside the Borough the bacterial counts were 566,500 and 639,500, and in another sample taken from a dairyman whose premises are in the Borough the bacterial count was 369,500.

The local authority in whose district the outside dairy was situated, the dairyman and the farmers supplying the milk were communicated with, after which fresh samples were taken and found to come well within the limit allowed.

(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 slaughterhouse 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 carcases of 741 sheep, 4 bullocks and 34 pigs have been inspected under the Regulations, and offal amounting to 42 lbs. 2 ozs. 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:—

Licensed ... 7 5 5 6

SLAUGHTERING OF ANIMALS DURING THE LAST SIX YEARS.

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

1926	 Beasts. 195	Sheep. 2,843	Swine. 27	Calves.
1927	 144	2,374	21	16
1928	 58	1,526	0	1
1929	 21	1,303	0	1
1930	 4	1,024	0	0
1931	 4	741	34	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, or heifer.

One infringement of this Byelaw was reported and the offender cautioned.

Unsound Food. — Unsound food was surrendered and destroyed as follows:—

Lungs		***	in stab	· · · · ·			ozs.
Liver Fish.—		***	· · · · ·	Fren B		28	12
Witches		D 040	Lind			49	0
Smoked				***		28	0
Chat had	ddocks		ob I	· realization		112	0
					1		_

231 2

ADULTERATION, &c.—List of samples taken in Hornsey and examined during the year by the Middlesex County Council:—

Article.				Adulterated.
Milk		 	 190	1
Milk, s	terilised	 	 2	_
Bread		 	 1	_
Flour		 	 1	_
Meat		 ***	 41	1
Minced	beef	 	 17	_
Sausage	S	 	 29	_
Seasonii	ng	 	 2	I SOUTH BUAN
Whisky		 	 1	and The land
Rum		 	 1	_
Gin		 	 3	1
			40.0	CHEST HAS AN
			288	3
			N.1173(61.97	to gallanda a

NUTRITION.

DISSEMINATION OF KNOWLEDGE.

Under the above heading information is sought by the Ministry as to the means adopted for securing the education of the public in the knowledge of food and dietetics.

It is clear that, however perfect may be the inspection and supervision of the food supply of a community, unless the individual members of families thereof take a diet sufficient in quantity, quality and variety, the private health and therefore the public health must suffer. Indeed, I have no hesitation in asserting that in this Borough the bulk of the defects and disabilities found in infancy and childhood up to school-leaving age are, directly or indirectly, nutritional in origin. I have no doubt that the digestive disorders of middle life are also largely dependent on errors of diet.

Much has been said and written about disease conveyed by milk, meat and other foods, but I can quite honestly say that I never see them. So sound and wholesome is the food supply in this area that food has practically ceased to be a cause of disease in the positive sense. I do, however, see ample evidence of disease, defective development, and poor physique, due to want of sufficient milk, meat and other natural foods in the diet.

The measures adopted for improving this state of affairs is the constant preaching of the gospel of good food by every officer in the health services of the Council who comes into personal contact with the mothers and children — medical and dental officers, health visitors and school nurses.

SHOPS ACTS.

The Shops Acts, 1912-13, and the Shops (Hours of Closing) Act, 1928, may be cited together as the Shops Acts, 1912 to 1928.

Seven hundred and twenty-five 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 thirteen instances where contraventions have occurred after verbal notices, and undertakings obtained that recurrences will not take place.

There are 1,213 shops in the Borough engaged in the following trades:—

Grocers				110
Confectioners	***			110
Boots	***	***	***	95
Boots				73
Drapers and Costumiers				
Greengrocers		mid-wild		67
Butchers				55
Restaurant Kitchens		***		51
Stationers and Newsagen	ts			50
Hairdressers and Barbers				
Tobacconists				
Tailors and Outfitters				
Furniture and Upholsterer	'c			
Public-houses				
Off-licences		(44.1)		35
Off-licences				35
Dairies and Milkshops		*** 77		32
Coal Merchants				30
onemists	1333			28
Dakers				
Fishmongers				24
		1814		- 1

Oil and Colour Shops	s, General a	nd
Domestic Stores		23
Gas, Electrical and Wa	reless fittings	23
Milliners	***	19
Ironmongers and Hardw	are	17
Watches and Jewellery	*** ***	16
Florists		12
Builders and Decorators	SHOPE	11
Cycles and Motor Repa	irs	11
Hosiers		10
Cooked Meats		10
Pianos and Music		
Photographers		
Saddlers and Leather		
Corn Chandlers	***	6
Books		C.
Wardrobe Dealers and		es 5
Picture Frames		5
Carpets and Lino		5
Clothes Pressing (Clean	ning and Rep	airing) 4
Bazaars		· 4
Timber Merchants		4
Art Needlework and W	ool	8
Umbrellas		8
Toys		8
Sewing Machines		8
Opticians		8
Blinds		2
Antique Shops		2
Furriers		2
Pawnbrokers		2
Baby Carriages		1
Corsets		1
Cotton Goods (Cottons		1
Herbalist		1
Basket Ware		1
Cutler]
Cork Goods		1
		are granted

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.

One infringement of the Act has been reported and the responsible person cautioned.

PETROLEUM ACTS,

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° Fahrenheit.

The total number of licences for storing petroleum spirit is 79, and the quantity of petroleum which may be kept on licensed premises is 84,896 gallons, 5,226 gallons being kept in two-gallon cans and 79,670 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 two premises licensed for the storage of Carbide of Calcium and the quantity stored under licence is 1 ton 10 cwts.

HYDRO-CARBON.

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

CELLULOSE SPIRIT.

One licence solely for the storage of 50 gallons of cellulose spirit has been issued.

HORTICULTURAL POISONS.

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

THE PETROLEUM SPIRIT (MOTOR VEHICLES, &c.) REGULATIONS and the

Petroleum (Carbide of Calcium) Order, 1929, came into force in December, 1929.

LEGAL PROCEEDINGS.

Legal proceedings have been taken on three occasions.

(1) Under the Public Health Act of 1875 for the abatement of a nuisance. The defendant was ordered to carry out the work within 28 days and to pay £1 9s. 0d. costs.

(2) Under the Shops (Hours of Closing) Act, 1928, for not being closed for the serving of customers at the prescribed time. Two cases. The defendants were fined £2 and £1 respectively.

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

The incidence of the acute infectious diseases (notifiable) is set out in Table F, page 48. The numbers are well under the average for recent years.

SMALL-Pox. — No case of small-pox occurred in Hornsey during 1931, in spite of the prevalence of this disease in many parts of London and the Home Counties.

Early in 1932, however, three cases of Variola minor occurred.

The story of how this mild infection was introduced into the Borough is interesting. The first case was a girl of 14 years, who, about Christmas, paid a visit to friends in an adjoining Metropolitan borough. On January 7th she had headache and feverishness, and on the 14th her illness was diagnosed as smallpox. The suspected source of infection was telephoned to the Medical Officer of Health of the Metropolitan Borough, and he found, on visiting the address, that a son of the family was recovering from a missed case of mild small-pox! - and that the father was coming out in a small-pox eruption, and just ready to send to the small-pox hospital!! Fortunately the Hornsey contacts accepted the advice to get protected by vaccination, and only two further cases occurred. These were in relatives of the first case living in another house, containing four families, totalling 16 persons. But for the good sense of these people in regard to vaccination the community might have been put to the unnecessary trouble and expense of an outbreak of this mild small-pox.

This incident is liable to be repeated at any time so long as mild small-pox is out of control in London. The history of small-pox in England in the last ten years is one of the most interesting chapters in the annals of epidemic diseases, and has led to a revision of official medical views on the relationship of Variola major and Variola minor. The subject is, however, too long and difficult to discuss here.

No vaccinations were performed by the Medical Officer of Health, all contacts being referred to the public vaccinator.

OPHTHALMIA NEONATORUM.—Three cases of ophthalmia neonatorum were notified. Two were treated in St. Margaret's (L.C.C.) Hospital, Kentish Town, and one was treated at home.

	Cases					
Notified.	Tre	ated	Vision unimpaired.	Vision impaired.	Total blindness.	Deaths.
	At home.	In hospital	th net has	of to lad	METERIAL SOF SERVICE	
3	1	2	3	0	0	0

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

There are 555 beds available solely for Middlesex under the Middlesex County Council scheme for the treatment of tuberculosis in sanatoria, allotted as follows:—

	Acc	ommoda	tion.	
me 8	Adı	ults	Child'n	TYPE OF CASE.
	M.	F.	O.Hu U	THE STATE OF THE S
County Sanatorium, Harefield	129	129	56 8	Pulmonary—Sanatorium observation
County Sanatorium, Clare Hall, South Mimms	120	66		,, late sanatorium
County Council Hos- pital — Dispensary Hounslow	9	7	Lan I	and hospital
Heatherwood Hospital,	9			,, observation
Victoria Home, Margate		_	25	Non-pulmonary

Middlesex patients were also treated in 48 other institutions during 1931.

The total number of cases on the Tuberculosis Register at the end of 1931 was 625, an increase of 22 during the year.

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

New Tubercular cases		,			72
New non-Tubercular case	es				130
Undiagnosed cases					1
Total					203
Transfers in (Tubercular), not	includ	ed in		_
above				12	
Cases supervised at or fro	om the	disper	nsary		
during 1931 (āll Tub	ercular			311	
Tubercular cases still on t	the Reg	gister o	n 1st	Jan.,	
1932					222
Undiagnosed					1

DISINFECTION.

Number of rooms fumigated after notifiable infectious

						dis	sease	472
,,	,,	,,	,,	non	"		,,	179
,,	,,	,,	,,	T.B.				77
,,	articles	disinfected						8,208
,,	,,	destroyed						173
,,	vermino	ous rooms d	isin	fected			***	110

CLEANSING STATION.

Seven adults and 67 children have been treated at the cleansing station for various reasons. There were also 3 adults and 5 children belonging to Wood Green treated. These were paid for by Wood Green at an agreed charge per treatment.

MORTUARY.

Seventy-five bodies were received at the mortuary and an inquest held on 26 of them.

DISEASES OF ANIMALS ACT.

Mr. F. G. Buxton, the Veterinary Inspector, reports that during the year he inspected 406 pigs and 27 sheep and issued 7 removal licences. No action was necessary under the Tuberculosis Order, 1925.

MATERNITY AND CHILD WELFARE.

Personnel.—There were no changes in the official personnel at the Welfare Centres during the year.

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 Treasurer), 19, Etheldene Avenue, N.10.

Miss Bligh, 25, Summerland Mansions, N.10.

Mrs. Borrowson, 36, Cascade Avenue, N.10.

Miss Creswell, 35, Birchwood Avenue, N.10.

Mrs. Danks, 97, Wood Vale, N.10.

Mrs. Eason, 13, Woodberry Crescent, N.10.

Miss Faulkner, 9, Aubrey Road, N.S.

Mrs. A. M. L. Harvey, 1, Etheldene Avenue, N.10.

Mrs. Howey, 4, Firs Avenue, N.10.

Mrs. Hume, 5, Prince's Avenue, N.10.

Mrs. Lower, 1, Cranmore Way, N.10.

Mrs. Merry, 20, Etheldene Avenue, N.10.

Mrs. Moore, 18, Buckingham Avenue, Whetstone, N.20.

Mrs. Price, 35, Park Way, Friern Lane, N.11.

Mrs. Bertram Smith, 31, Connaught Gardens, N.10.

Miss Ida Smith, 43, Weston Park, N.S.

Mrs. Sparkes, 3, Crouch Hall Road, N.S.

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), 20, Southwood Hall, N.6.

Miss A. M. Inward (Hon. Sec. and Treasurer), 29, Endymion Road, N.4.

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

Mrs. Bridgman, 5, Seymour Road, N.S.

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, 3rd and 5th Mondays, 2-4 p.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. Dixon (Hon. Secretary), 56, Talbot Road, N.6.

Miss Reavely (Hon. Treasurer), 79, Gower Street, W.C.1.

Miss Benn, 25, Connaught Gardens, N.10.

Mrs. Compton, 73, Addison Road, Kensington, W.14.

Miss Grant, "Tregarthen," Cranley Gardens, N.10.

Miss Groser, 36, Wood Lane, N.6.

Mrs. Hill, 16, Bishopswood Road, N.6.

Miss Hodgson, "Belle Vue," Church Road, N.6.

Miss Jenkin, 16, Claremont Road, N.6.

Miss McAllan, 28, Glasslyn Road, N.S.

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 Coldfall 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 I. on page 52 gives a statistical record of the work done at the Centres and by the Borough Midwife.

MIDWIFERY.

The Municipal Midwife attended 145 births. A reduction of her fee was made in 32 necessitous cases. Eleven hundred and twenty-five births have been attended by the Midwife since the appointment was first made in 1922.

X-RAY TREATMENT.

Three expectant mothers were sent to University College Hospital from the Ante-natal Clinic for examination.

MILK-MOTHERS AND CHILDREN ORDER.

Six hundred and eighty-one applications for milk under this Order were dealt with during the year, of which 664 were granted and 17 were refused.

DENTAL CLINIC.

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

Individual cases treated		•••	1931
Total attendances made			417
Teeth extracted			241
Gas cases			92
Inspections			65
Local injections			26
Fillings		***	174
Dentures provided			10
Attender :			1
Attendances for dentures			74
Other treatments, scaling,	gum tr	eat-	
ment, etc		***	67
Cases finished			86

LIST OF TABLES.

TABLE A.—Vital Statistics, 1909-1931.

TABLE B.—Causes of, and ages at, death in 1931.

TABLE C.—Summary of causes of death, 1921-1930.

TABLE D.—Infant Mortality in 1931. Causes of and ages at death.

TABLE E.—Births, Deaths, Infant Deaths, and Deaths from certain diseases, 1901-1931.

TABLE F.—Cases of Infectious Disease notified in 1931.

TABLE G.—Cases of Infectious Disease notified 1909-1931.

TABLE H.—(1) Notification of, and deaths from, Tuberculosis, 1931.

(2) Tuberculosis Register, 1931.

TABLE I.—Work done at the Maternity and Child Welfare Centres and by Municipal Midwife, 1931.

TABLE J.—Inspection of Factories, Outworkers, etc., 1931.

LIST OF TABLES.

Dellaria antistate bull-A - Little

tend or duese on about how to easted . H. M. Miller

Marin Marin of causes of death, 1921-1930

TARRES D.—Initial Maracity in 1931. Department and make its dealer.

National Secretary Design Property Secretary and Opening from

THE ST. Printed of Interstant Section 1 and 1 an

TRULENCE of Intertaces Townson Presents and American Street, D. H. C. C.

Associatementally county address have the constrainment (2)—12 347247

ther retigned mississendell (E)

consent bins) has relevated out to anoth state—A Malanda

Alifall I .- disapposion of Photones, Odynorium, etc., 1981

TABLE A.

BOROUGH OF HORNSEY VITAL STATISTICS, 1909-1931.

	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
1931			Census. 95,524	11.9	11.2	52.6
	AND : WI Rates in 1	ALE	s	15.8	12:3	66
in	ounty Freat Tog Lond	wns,	gh and includ-	16.0	12:3	71
159 Sr	naller '	Γοwn 1931)	ıs	15.6	11.3	62
Londo	n Rates in	1021		15.0	12.4	65

A SLIDENIE

IROL-SDAY SOTTERTATE DATE TERMINOR TO MINITORIOS

01. 2				
	10.11			
		213.10		
	10.01			
	101			
		100.00.		

				774	LALIER DE	State of	DAG	SHEET	OF.	ANI	o Ac					COO'A-	40	45-	55	55-	-65	65	-75	75 86	over	
		LAII	Ages.	11 0			-9		-5		-15	15-	-25	9.5	-	35-		-	-	-	F	M	F	M	F	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F		F	м	F	M	-		-	-	-	-
		-	-	-	-															***	***	***	***	***	***	
1.			***	***	***	***											***	***		***	***		***	***	***	1
2,			1								1				***			***	141	***	***		***	***	***	1
3.	Scarlet Fever	**	2		1		1				***		***	***	***	***	***	***	***	***		***	***		***	Ш
4.	Whooping cough	2	3				1			2	2				14.								0	3	8	П
6.	Diphtheria Influenza	7	16	***						1	1			***	1	***			1	3	3	***	2	0		1
7.	Encephalitis lethargica		1							***							1	***		***	***	***	***	***		11
8.																			***	***	***	***	***	***	***	1
9.	Tuberculosis of respiratory system	21	31						***			2	4	4	8	4	3	8	11	2	3	1	1	***	1	1
200	Other tuberculous diseases	3	2	***					1			2						1	1		***	***	***	***	***	1
0.	0 1111	1	3	ï			***								1				1		1				***	1
		1	0	1	***	***	***				***								-	1						1
2.	General paralysis of the insane,	3					Lucia de	-		0.020	0.000		0.00							2		1			***	1
	tabes dorsalis		107	***	***	***		1	***	***			1		4	2	9	6	14	24	25	28	21	11	33	1
3.	Cancer, malignant disease		107	***	***	***	***	200	***	***	***	***	-				1	7.7	1	3	2	1	5		3	1
4.	Diabetes	4	12	***	***	***	***	***	***			***			***	***		2	3	3	9	3	10	9	30	1
5.		17	52	***	***	****				***	***		***	1	5	2	3	8	11	22	13	37	37	38	80	1
6.		110	150	***	***		***	***		1	1	1	***	10.00	0			0				1		***		1
7.		2	***	***	***	***	***	***	***	***		***	***	1	***	***	***	,	2	8	5	8	4	8	18	1
3.	Other circulatory diseases	25	29	***	***		***		***	***	***	***	***	***	***		***	1	1000	3	1	2	5	10	9	1
9.	Bronchitis	15	15	***	***	***	***	***	***		***	***		***	***		***			3	3	7	6	4	16	4
).	Pneumonia (all forms	28	40	1	6	1	2	2	1	***	1				1	4	***	6	4	372	2	1	3	100		1
1.	Other respiratory diseases	5	6	***	***		1	***			***	***	***	1	***	1	***	1	***	1		2	0	2	3	1
2.	Peptic ulcer	7	4									***		***		***	1	2		1	***	2				1
3.		2	3	1	1				***						2	***	***	***	***	1		***		***	***	1
4	Appendicitis	3	4					1						***	1	***		1	2	***	1	1		***	***	1
5.		2	1	***												1			***	***	***	1	1	***		4
6.	Other diseases of liver, etc	3	1	***												1			1	1		1	***	***	***	1
7.	Otto Par Par Parant	10	10	1						1		1		1				1	1	2	1	1	5	2	3	1
8.		19	15		2000		***							2				4	3	5	3	5	4	3	5	1
	0 1 1		2	***		***	***	***	***				***		1		1			***	***			***	***	1
9.		***	3	***	***	***	***	***	***	1	***				3							***		***		1
0.	Other puerperal causes	***	0	***	***	***		**	***	***	***	***		***	-											1
1.		24	16	24	16																				***	1
_	birth, malformations, etc	73/25			-15.755	***	***	***	***	***				***										8	11	1
2.	Senility	8	11	***	***	**		***	***	***	***		7	1	***	4		2		1	1	1	1			1
3.	Suicide	9	2		***	***	***	***		***			***		1	2	***	1	3	2	1	1	4	3	4	1
1.	Other violence	16	13	2	***	***	***	***	***	***		4		1 3	4	2	7	5	3	5	7	13	4	12	7	1
5.	Other defined diseases	44	41	2	4	***		1	***	1	2	***	3	100						- 63						1
6.	Causes ill-defined or unknown				***		***	***	***	***	***	***	***	***	***	***	***	***	***	***			-	-	231	1
	Totals	462	596	32	28	1	5	5	2	6	8	10	8	15	32	23	26	49	62	92	81	116	115	110	201	-
ne	cial causes included in 35 above	_	_			-	-	_				_														1
he	C			-			17																			1
	D-U																									
	Dell'anniambellible													1												1
	Polioencephalitis																							1	1	1



CAUSES OF, AND AGES AT	, DEA	TH D	URIN	G TH	E TE	N YE	ARS,	1921-	1930.		
					All A	ges.					
	-		Re	gistraı	r.Gene	val'e v	eturn	œ			
CAUSES OF DEATH			1	Program	I	1	1		1	1	
	0	03	90	12	55	10	**	60	03	-	
All and a Contident	1930	1929	1928	1927	1926	1925	1924	1923	1922	1931	
All causes—Certified Uncertified											
1 Enteric Fever		1	1	1	1 1	1		1 1		1	1
2 Small-pox											2
3 Measles	4		7		8	1	2	4	3	1	3
4 Scarlet Fever 5 Whooping Cough	1	14	2	1	3		1]	3	3	4
6 Diphthania	4	8	6	6	1	8	2 2	1 6	7 6	13	5 6
7 Influenza	10	65	16	54	17	20	22	14	47	24	7
8 Encephalitis Lethargica	1	2	3	1	2	3	2	1		3	8
9 Meningococcal Meningitis			2	1							9
10 Tuberculcsis of Respiratory System	53	57	60	57	59	48	55	47	60	74	10
11 Other Tuberculous Diseases	13	16	12	7	8	7	7	11	13	12	11
12 Cancer, Malignant Disease 13 Rheumatic Fever	159	147	134	138	147	143	146	136	143	136	12
14 Dishetes	11	13	9	19	7	3 13	3 9	10	14	5 8	13 14
15 Cerebral Hæmorrhage, etc	82	57	49	43	60	68	53	60	54	68	15
16 Heart Disease	231	263	188	200	160	163	141	126	116	122	16
17 Arterio-sclerosis	43	63	73	55	41	60	46	44	44	40	17
18 Bronchitis	41	45	48	58	47	61	71	55	65	72	18
19 Pneumonia (all forms)	54	64	58	60	55	64	67	68	67	46	19
20 Other Respiratory Diseases 21 Ulcer of Stomach or Duodenum	14	18	10	12	10	16	16	9	20	23	20
22 Diarrhœa (under 2 years)	7	13	13	12	9 2	7 3	6	8 5	8	15	21 22
23 Appendicitis	16	5	9	13	6	6	9	7	11	7	23
24 Cirrhosis of Liver	4	3	4	8	4	6	4	6	6	11	24
25 Acute and Chronic Nephritis	36	34	31	31	31	25	35	32	36	24	25
26 Puerperal Sepsis	2	0	2	1	2		1	1	2		26
27 Other accidents and diseases of											
Pregnancy and Parturition 28 Congenital Debility and Malforma-	3	5	1	3	2	3	2	5	3	4	27
tion Doometon Dieth	19	36	42	27	31	26	29	38	36	34	28
29 Suicide	15	13	10	6	33	4	10	12	12	11	28
30 Other Deaths from Violence	29	25	30	23	6	27	20	22	22	21	30
31 Other Defined Diseases	188	161	173	167	171	170	175	196	190	185	31
32 Causes Ill-defined or Unknown					1		1				32
Total	1050	1130	1000	1009	926	956	938	928	995	968	

AT A SAN THE PROPERTY OF THE PARTY OF THE PA

TABLE D.—INFANT MORTALITY, 1931.

		Deaths f	rom state	l causes a	t various	Ages unde	r One Yea	r of Age.		Total Deaths
CAUSES OF DEATH.	Under 1 Week.	Veeks.	2-3 Weeks.	3-4 Weeks.	Total under Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	under One Year.
Premature Birth	15	1	1	_	17	_	_	_	-	17
Injury at Birth	1	_	_	_	1	_		_		1
Inattention at Birth	1	_	_	-	1	_	_	_	_	1
Congenital Heart	2	_	1	_	3	1	_	_	_	4
Spina Bifida		_	1	_	1		_	_	_	î
Atrophy, Debility and Marasmus		2	_	_	2	1	1	_		4
Atelectasis	2	_	_	_	2		_	_	_	2
Inanition	2	_	-	_	2	_	-	_	_	2
Imperforate Anus	1	-	_	_	1	_	_	_	_	1
Abdominal Distention		_	-	-	-	1	_	-	_	1
Intestinal Obstruction	1	-	_	_	1	_	-	_	_	1
Streptococcal Meningitis	-	-	_		_	1		_	-	1
Pyæmia	-	_	_	1	1	1	_	-	-	2
Lues	_	-	_	-	-	-	1	-	_	1
Pneumonia	_	1	_	-	1	3	2	2	. 1	9
Whooping Cough	_		_	_	-	_	_	_	1	1
Diarrhœa	-	-	-	_	_	1	1	-	-	2
Convulsions	-	1	_	_	1	1	_	_	-	2
Hæmorrhage	1	1	_	-	2	1	_	-		3
Tetanus Neonatorum	-	-	1	_	1	-	-	-	-	1
Erysipelas	-	-	_	-	-	-	-	-	1	1
Burns	-	-	-	-	-	-	1	-	-	1
Operation	-	-	-	-	-	-		-	1	1
Total	26	6	4	1	37	11	6	2	4	60

.

BI	RTHS, D	EATHS,	INFANT	DEATH	O, 11111				CERTA				_
YEAR.	Population Census.	Total Births	Total Deaths	Total Infant Deaths (under one year)	Deaths from Measles	Deaths from Whooping Cough	Deathsfrom Diarrhoga (under two years)	Deaths from Scarlet Fever	Deaths from Diphtheria	Deaths from Typhoid Fever.	Deaths from Cancer.	Deaths from Tuber- culosis (Pulmonary)	Deaths from Tuberculosis (Non-Pulmonary
1901 1902 1903 1904 1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915 1916 1917 1918	72,056 84,592	1,511 1,565 1,561 1,567 1,567 1,603 1,524 1,485 1,508 1,393 1,479 1,385 1,425 1,529 1,394 1,038 1,038 1,038	597 620 589 690 696 769 766 752 787 737 812 840 824 791 1,007 928 906 1,094	127 129 130 143 106 136 116 95 87 97 116 105 81 88 112 64 73 64 76	8 7 15 18 9 18 5 12 12 1 20 5 12 1 1 37 0 14 6 0	14 9 19 17 10 4 19 11 12 10 15 2 8 4 7 5 6 13 0	6 1 1 21 6 22 3 3 0 0 0 35 13 12 21 23 8 3 7 6	1 0 1 1 3 6 4 3 3 4 1 3 0 0 1 2 2 2	8 9 8 7 8 13 9 9 10 8 6 2 4 7 11 11 6 8 3	3 6 1 2 2 5 4 2 0 3 1 2 3 1 2 1 0 0 0 1	47 51 62 49 65 65 76 84 75 88 103 114 96 82 99 106 113 130 119	45 45 46 54 58 47 50 53 57 41 55 43 55 44 58 84 56 66	18 22 20 23 16 13 19 16 26 18 23 17 14 10 19 20 25 13 11
1920 1921 1922 1923	87,659	1.707 1.468 1.372 1,277	657 968 992 928	93 72 72 64	1 3 4	7 2 7 1	7 15 3 5	3 3 3	20 13 6 6	0 0 1	119 136 143 136	61 74 60 47	12 12 13 11
1924 1925 1926 1927		1,189 1,214 1,206 1,201	928 946 928 1,012	48 49 57 46	2 1 8 0	2 8 3 0	1 3 2 4	1 0 0 1	2 1 1 6	0 0 1 1 1	146 143 147 131	55 48 59 58	7 7 8 6
1928 1929 1930 1931	95,524	1,191 1,221 1,209 1,139	995 1,128 1,047 1,058	73 67 50 60	6 0 4 0	1 13 0 2	3 2 10 5	2 0 2	6 7 4 5	0 0	132 143 156 179	59 58 57 52	10 15 7 5

TABLE F.—INFECTIOUS DISEASES NOTIFIED, 1931.

				,	V A R D S	5 .							AGES					int tal.	ed to	36. St	ered
DISEASE	Highgate	Muswell Hill.	Crouch End	West Hornsey	East Hornsey	North Haringey	South Haringey	Stroud Green	Finsbury Park.	0	1 5	5— 15	15— 25	25— 45	45— 65	65 and over	Total	Admitted to Joint Hospital.	Admitted to other Hospitals.	Nursed at Home.	Registered Deaths
Scarlet Fever	43	53	26	42	39	11	7	15	11	0	37	139	43	27	1	0	247	198	4	45	1
Diphtheria	10	26	14	34	16	5	1	4	6	1	15	78	14	7	1	0	116	106	7	3	5
Para Typhoid	0	0	0	. 0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	1	0
Erysipelas	4	4	2	2	6	1	2	7	4	3	2	1	3	8	- 11	4	32	16	3	13	0
Ophth. Neon.	0	0	0	1	0	1	1	0	0	3	0	0	0	0	0	0	3	0	2	1	0
Pneumonia	6	14	8	13	7	14	9	5	10	5	4	5	11	23	23	15	86	2	26	58	88
Puerperal																			-	00	-
Fever	3	0	0	0	1	1	1	1	0	0	0	0	3	4	0	0	7	0	6	1	5
Puerperal																					
Pyrexia	2	5	0	1	1	0	0	0 -	0	0	0	0	3	6	0	0	9	0	5	4	0
Poliomyelitis	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	1	0
Encephalitis											-	20					*		0	1	
Lethargica	0	0	0	1	0	0	0	1	0	0	0	0	1	0	1	0	2	1	1	0	1
Malaria	0	0	1	0	0	0	0	0	0	0	0	0	0	0	î	0	1	0	1	0	0
emphigus			1						0	0	0	- 0	0	0		0	1	"	1	0	U
Neonatorum	0	0	1	0	0	0.	0	0	0	3	0	0	0	0	0	0	1	0		0	0
rveonatorum_							-	-	0	1	0			U	U	0			1	0	0
FIRST	68	102	53	94	70	33	21	34	31	13	58	224	78	76	38	19	506				
Tuberculosis:									01	10	00		,,,	,0	00	10	500				
Pulmonary	11	16	3	11	21	19	10	10	10	0	0	0	26	57	23	5	111				53
Non-	**			**				10	10		0		20	0,	20	0	111				00
Pulmonary	3	1	2	2	0	3	2	4	1	0	2	3	3	5	4	1	18				5
Turmonaty	0	-	-			- 0		7			4	- 0	- 0	_ 0	- 4		10		_		3
TOTAL	82	119	58	107	91	55	33	48	42	13	60	227	107	138	65	25	635	323	56	127	
Admitted to Joint Isol. Hospital Other Hptls (except T.B.)	40 11	71 7	32 7	73 7	50 5	14 6	6 4	21 4	16 5												

Note.—The following 41 cases were also admitted to the Isolation Hospital in addition to the above, making a total of 547:—6 tonsillitis, 6 sepsis, 3 measles, 2 influenzs, 2 mumps, 2 rheumatism, 2 gastritis, 2 conjunctivitis, 1 chicken pox, 1 whooping cough, 1 mastoids 1 glandular fever, 1 quinsies, 1 appendicitis, 1 cellulitis, 1 colitis, 1 impetigo, 1 lymphangitis, 1 paratitis, 1 post pharyngeal abscess, 1 synovitis, 1 found not to be para-typhoid fever, 1 found not to be diphtheria and 1 for observation. Of these 41 cases 27 were members of the hospital staff.

				2-2-02	APRIL.

						TAB	LE G	LON—	FIFICA	TIONS	OF I	NFECT	1005	DIDEIN	323,	9-1931.		1	1	1	
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 1910 1911 1912 1913 1914 1915 1916 1917 1918 1919	82,378 83,401 84,592 84,840 85,122 85,456 85,800 86,147 86,450 86,942 87,100	221 173 179 138 206 346 182 103 132 89 203	151 105 133 88 115 101 105 77 66 67 87	4 10 6 9 10 9 18 8 4 8 6	1111111111	1 1 2 3 2 1 5 1 1 2 4	1111111111	37 30 40 39 26 24 35 32 28 23 42	- - 1 9 2 4 1 4	- - 1 - 3 6 - 3 1	- - - 11 1 9 1 2 5		- - - - - - - - - - - - - - - - - - -		шишиши	- - - - - - - 112	- 1	207 1,227 796 224	281 881 119 285 otifiable	414 319 361 279 359 492 358 726 2,344 1,110 1,001	5 0 3·8 4·2 3·2 4·2 5·7 4·1 2·7 * 2·3 * 5·7 *
1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930	87,410 87,691 88,007 88,325 88,661 89,064 89,850 90,000 90,250 89,450 89,450 (RGen.'s Estimate)	245 591 286 126 215 126 140 179 328 249 346	149 189 123 133 40 53 116 92 104 129 115	6 2 1 1 3 10 4 6 4 3 5	- - - - 1 - 2 4	2 2 2 - 1 1 4 1 3 3 4	- - - 6 14 22 8 15	27 36 24 24 26 26 22 34 24 30 36	1 - 2 - 2 - 2 - 2 4 3 1	3 2 - 1 2 2 3 1 1 1	8 6 10 6 1 4 8 5 6 5 1	10 1 1 4 - 1 - 1 1 2 -	1 - - - - - - - - - - - - - -	4 6 1 2 11 7 6 - 2 -		98 42 104 75 61 60 56 89 94 163 61	- - - - - - 3			555 878 552 373 359 293 364 427 593 599 592	6·3 10·1 6·2 4·2 4·0 3·3 4.7 6·5 6·6 6·6

^{*} Excluding Measles and German Measles.

	THE PERSON NAMED IN COLUMN TO PE	
	-grazarage: Elliniii	
	BREEKSERE DESERBEESE	

OG

		New	Cases.			Dea	iths	
AGE PERIODS.	Pulm	ionary	Non-Pu	lmonary	Pulm	onary	Non-Pul	monary
	М	F	M	F	M	P	M	F
0 - 1	-	_	_	_	_	_	_	_
1 - 5	-	-	-	2	-	-	-	1
5 15 15 25	12	14	1 2	2	2	4	2	-
25 - 35	14	23	1	2	4	8	_	_
35 — 45	12	8	î	1	4	3	_	_
45 - 55	7	11	1	ī	8	11	1	1
5 5 - 65	4	1	_	2	2	3	-	_
65 and over	2	3	1	-	1	2	-	-
Totals	51	60	7	11	21	31	3	2
Wards;—								
Highgate	4	7	1	2	2	8	_	_
Muswell Hill	7	9	1	_	2	4	_	-
Crouch End	2	1	1	1	-	1	1	1
West Hornsey	5	6	1	1	5	6		-
East Hornsey	12	9	-	_	3	4	-	-
North Haringey	7	12	-	3	2	2	-	1
South Haringey	4	6	_	2	5	_	1	-
Stroud Green Finsbury Park	5	5 5	3	1 1	1 1	5	1	
Totals	51	60	7	11	21	31	3	2

ererrien		Handle .	
34 12 12 12 14 1			

TABLE H. (2).—TUBERCULOSIS REGISTER, 1931.

	comme	of cases at encement of 1931.	added	of cases to register ing 1931. (2)	moved	f cases re- from regis- aring 1931.	registe	f cases on r at end of 1931.
	Pul.	NonPul.	Pul.	NonPul,	Pul.	NonPul.	Pul.	NonPul.
Males	237	69	50	7	47	7	240	69
Females	236	61	61	11	49	4	248	68
Totals	473	130	111	18	96	11	488	137
	6	03	1	29	1	07	6	25

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

Cu	red.	Remo	er area.	Died at Home.		Or (anatorium other ution.	Totals	
M	F	M	F	М	F	М	F	M	F
1	10	18	10	Pulm 10	onary 15	18	14	47	49
0	0	4	4	Non-Pu 0	lmonary 0	3	0	7	4
1	10	22	14	10	15	21	14	54	53

180 MITSTORY AMOUNDSHIP N X 2 MAR

			-001 83

Deltamorphism of a manufacture of present and manufacture of

TABLE I.
MATERNITY AND CHILD WELFARE WORK, 1931.

No. 1.			Centres.						
Number of individual Mothers seen by Doctor:— Ante-natal, New cases 186 92 76	Totals.	То			. 2.	No	. 1.	No	Nature of Work.
Number of individual Mothers seen by Doctor:— Ante-natal, New cases 186 92 76 ,, Old cases 438 223 115 Post-natal, New cases 84 30 5 ,, Old cases 37 7 1 745 352 197 1, 745 352 197 1, 745 352 197 1, Number of babies attending Centres for first time: Under 1 year 1,125 447 198 1, Number of individual babies on Centre registers 873 490 510 1, Attendances of babies at medical consultations 3,532 2,169 1,291 6, Babies seen by Doctor 2,457 1,551 1,064 5, Total attendances of babies at Centres: Under 1 year 4,964 2,838 1,846 9, 1 5 years 3,132 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses - 31 15 Visits paid by nurses:— To expectant mothers First Total visits visit	399	3	83		17	1	99	1	umber of sessions held
by Doctor:— Ante-natal, New cases 186 92 76 ,, Old cases 438 223 115 Post-natal, New cases 84 30 5 ,, Old cases 37 7 1 745 352 197 1, Total attendances of Methers 1,125 447 198 1, Number of babies attending Centres for first time: Under 1 year 1-5 years 63 41 61 Number of individual babies on Centre registers 873 490 510 1, Attendances of babies at medical consultations 3,532 2,169 1,291 6, Babies seen by Doctor 2,457 1,551 1,064 5, Total attendances of babies at Centres: Under 1 year 1 5 years 3,182 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses 5 107 53 95 200 1,506 308 1,140 1,111 Visits paid by nurses:— To expectant mothers 521 2,685 290 1,506 308 1,140 1,111 Total attendance one vear 521 2,685 290 1,506 308 1,140 1,111 Visits paid by nurses 521 2,685 290 1,506 308 1,140 1,111 Total attendances one vear 521 2,685 290 1,506 308 1,140 1,111 To infants under one vear 521 2,685 290 1,506 308 1,140 1,111 Total attendances one vear 521 2,685 290 1,506 308 1,140 1,111 Total attendances of babies at medical consultations 521 2,685 290 1,506 308 1,140 1,111 Total attendances of babies at medical consultations 521 2,685 290 1,506 308 1,140 1,111 Total attendances of babies at medical consultations 4,964 2,838 1,846 9,	100	1	23		26		51		" ante-natal sessions held
Ante-natal, New cases 186 92 76 76 76 76 76 76 76 7									
Post-natal, New cases 84 30 5	354	3	76		92		86	1	
Number of babies attending Centres for first time: Under 1 year 300 203 168 41 61	776	7	15	1	23	2	38	4	,, Old cases
745 352 197 1,	119	1	5		30		84		Post-natal, New cases
Total attendances of Methers 1,125 447 198 1,	45		1		7		37		,, Old cases
Number of babies attending Centres for first time: Under 1 year 1 - 5 years 63 41 61 Number of individual babies on Centre registers 873 490 510 1, Attendances of babies at medical consultations 3,532 2,169 1,291 6, Babies seen by Doctor 2,457 1,551 1,064 5, Total attendances of babies at Centres: Under 1 year 4,964 2,838 1,846 9, 1 5 years 3,132 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses 31 15 Visits paid by nurses: - First visits	1,294	1,2	97	1	52	3	45	7	
for first time: Under 1 year 1—5 years 63 41 61 Number of individual babies on Centre registers 873 490 510 1, Attendances of babies at medical consultations 3,532 2,169 1,291 6, Babies seen by Doctor 2,457 1,551 1,064 5, Total attendances of babies at Centres: Under 1 year 4,964 2,838 1,846 9, 1 5 years 3,132 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses 31 15 Visits paid by nurses: — First visits	1,770	1,7	98	1	47	4	25	1,1	otal attendances of Methers
for first time: Under 1 year 1—5 years 63 41 61 Number of individual babies on Centre registers 873 490 510 1, Attendances of babies at medical consultations 3,532 2,169 1,291 6, Babies seen by Doctor 2,457 1,551 1,064 5, Total attendances of babies at Centres: Under 1 year 4,964 2,838 1,846 9, 1 5 years 3,132 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses 51 First visits			-		History				umber of babies attending Centres
Number of individual babies on Centre registers 873 490 510 1, Attendances of babies at medical consultations 3,532 2,169 1,291 6, Babies seen by Doctor 2,457 1,551 1,064 5, Total attendances of babies at Centres: Under 1 year 4,964 2,838 1,846 9, 1 5 years 3,132 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses — 31 15 Visits paid by nurses:—	671	6	68	1	03	2			
Centre registers 873 490 510 1, Attendances of babies at consultations 3,532 2,169 1,291 6, Babies seen by Doctor 2,457 1,551 1,064 5, Total attendances of babies at Centres: Under 1 year 4,964 2,838 1,846 9, 1 5 years 3,132 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses — 31 15 Visits paid by nurses:— To expectant mothers 94 185 55 107 53 95 20 To infants under one year 521 2,685 290 1,506 308 1140 111	165	1	61		41		63		1-5 years
Attendances of babies at medical consultations					-				
Babies seen by Doctor 3,532 2,169 1,291 6,	1,873	1,8	10	5	90	4	73	8	Centre registers
Babies seen by Doctor 3,532 2,169 1,291 6,					- 1				ttendances of babies at medical
Total attendances of babies at Centres: Under 1 year 4,964 2,838 1,846 9, 1 5 years 3,132 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses — 31 15 Visits paid by nurses:— First Total visits	6,992	6,9	91	1,2	69	2,1	32	3,5	consultations
Centres: Under 1 year 4,964 2,838 1,846 9, 1 5 years 3,132 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses — 31 15 Visits paid by nurses:— First visits	5,072	5,0	64	1,0	51	1,5	57	2,4	abies seen by Doctor
Centres : Under 1 year 4,964 2,838 1,846 9,									otal attendances of babies at
1 5 years 3,182 1,677 1,005 5, Referred to own private doctors 24 24 10 Referred to hospitals 109 43 10 Health talks given by nurses — 31 15 Visits paid by nurses:— First visits	9,648	9.6	46	1.8	38	2,8	64	4,9	Centres: Under 1 year
Referred to hospitals 109 43 10 Health talks given by nurses — 31 15 Visits paid by nurses:— First Total visits vi	5,814	0.000			4000		32	3,1	1 5 years
Health talks given by nurses — 31 15 Visits paid by nurses:— To expectant mothers 94 185 55 107 53 95 200 To infants under one year 521 2.685 290 1.506 308 1 140 1 110	58		10		24		24		eferred to own private doctors
Health talks given by nurses — 31 15 Visits paid by nurses:— To expectant mothers 94 185 55 107 53 95 200 To infants under one year 521 2.685 290 1.506 308 1 140 1 110	162	1	10		43		09	1	eferred to hospitals
Visits paid by nurses: To expectant mothers To infants under one year To expectant mothers To infants under one year To infants under one year To infants under one year First Total First Visits	46						_		ealth talks given by nurses
To expectant mothers 94 185 55 107 53 95 200 1506 308 1 140 1 110	and Tota	Grand						-	
To expectant mothers 94 185 55 107 53 95 200 To infants under one year 521 2.685 290 1.506 308 1 140 1 110	rst Tota	First							isits paid by nurses:-
To infants under one year 521 2.685 290 1.506 308 1 140 1 110		202		11.710000000			185	94	To expectant mothers
	19 5,3	1,119							To children and in the year
	85 6,86	185	1,435	70	1,835	42	3,599	73	
Total visits paid by Nurses 688 6,469 387 3,448 431 2,670 1,500	506 12,5	1,506	2,670	431	3,448	387	6,469	688	otal visits paid by Nurses
CHILDREN ACT, 1908—					-				HILDREN ACT, 1908-
Visite word to Waster City is	38 23	38	70	11	86	9	81	18	Visits paid to Foster Children

RECORD OF WORK OF MUNICIPAL MIDWIFE, 1931.

Confinements		***		 	145
Ante-natal C	linics atten	ded		 	77
do.	visits		***	 	446
Post-natal vi	sits			 	1,963

THE REAL PROPERTY OF THE PARTY AND THE PARTY

014		
	1	

. 100.1			

TABLE J .- 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.

	Number of					
Premises.	Inspections.	Written Notices. (3)	Prosecutions.			
Factories	164	6	0			
(Including Factory Laundries) Workshops (Including Workshop Laundries)	271	3	0			
Workplaces (Other than Outworkers' premises)	50	0	0			
Total	485	9	0			

DEFECTS FOUND IN FACTORIES, WORKSHOPS & WORKPLACES.

	Nu	mber of Defe	cts.	Number	
Particulars. (1)	Found.	Remedied.	Referred to H.M. Inspector. (4)	of Prosecu- tions.	
Nuisances under the Public Health Acts:-* Want of cleanliness Want of ventilation	22	22	=	_	
Overcrowding	_	_	-	_	
Want of Drainage of floors		_		_	
Other nuisances insufficient	=	F		=	
commodation fective not separate for	4	4	-	- 3	
sexes	1	1	_	-	
Offences under the Factory and Workshop Acts:— 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 Work- shops Transfer of Powers) Order, 1921).					
Total	27	27	_	_	

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

TARRE I STATE A STATE OF THE ST

		Contract Visited States
		amasailmov to told
		And the state of t
		And the second s

TABLE J.—(contd.)

		OUTWO	RKEI	RS, 19	31.			
	Nature of	Work,			Outworkers.	Instances.	Notices served.	Prosecutions,
	Wearing Appare	el			13	0	0	0
00.00	Gloves				1	0	0	0
rii.					2	0	0	0
Wearing Apparel					1	0	0	0
≥ A	Scarves				1	0	0	0
	Underclothing				5	0	0	0
	Deanous							
			***		1	0	0	0
	Ontfittore	/	•••		29	0	0	0
	Roote		***	•••	1	0	0	0
	Neeleman		•••		6	0	0	0
	Planes	••			9	0	0	0
	Comma				8 3	0	0	0
	Dressing Gowns				1	0	0	0
					1		0	
00			***		25	0	0	0
Dresses	Costumiers .			***	2	0	0	0
les .	Jumpers and Co	stumes			2	0	0	0
Ã	Skirt making .		***		1	0	0	0
	Dress Designing		***	***	1	0	0	0
	Infants' Milliner					0		
	Millimour		**	***	1	0	0	0
			***		14	0	0	0
	(Children's Blous	ses			1	0	0	0
er s	Girls' Tunics .				1	0	0	0
Child-ren's Wear	Children's Frock	s			9	0	0	0
OHN	Children's Outfit	tting			2	0	0	0
	,, Rainc	coats	***	***	1	0	0.	0
	Boxes							
	Furs		***		2	0	0	0
	Imbrelles		***	***	7	0	0	0
	Knitted Goods		***	***	0	0	0	0
	Rahu Linen		***	***	2 2	0	0	0
	Fanor Carda		***	**	2	0	0	0
	Artificial Flower	S			3	0	0	0
	Embroidery		***	***	4	0	0	0
	Needlework			•••	2	0	0	0
	Brushes				1	0	0-	0
	Chemists' Sundr	ies			i	0	0	0
	Picture Frames				1	0	0	0
	Total				169	0	0	0

	*			
		-		

Borough of Kornsen.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE

Year ending December 31st,

1931.

HORNSEY EDUCATION COMMITTEE.

List of Members, December 31st, 1931.

Members of the Town Council-

HIS WORSHIP THE MAYOR, ALDERMAN J. W. ROWLANDS, J.P.

ALDERMEN.

Mr. W. G. Barrenger, 18, Fordington Road, Highgate, N.8.

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.

COUNCILLORS.

Mr. D. V. Johnson (Vice-Chairman), 54, Coolhurst Road, N.8.

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 (Chairman), "Oaklea," 25, Sheldon Avenue, N.6.

Mr. J. W. Shipp, 12, Berkeley Road, Crouch End, N.S.

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

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

Mrs. M. N. Hill, 16, Bishopswood Road, N.6.

Co-optative Members-

The Rev. H. C. Montgomery-Campbell, M.A., The Rectory, Hornsey, N.8.

Mr. H. Tompkins, 7, Danvers Road, Hornsey, N.S.

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.

Mr. J. W. Ford, M.A., 5, Woodlands Gardens, 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. J. H. Ford, M.A., 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. M. Cole, Mr. C. Knight, Mr. G. Simmonds, B.A., and Mrs. W. Turner.

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

Councillor W. V. Wall, Mr. E. H. Bennett, Mrs. N. Brixey, Mrs. E. Chapman, Mr. J. A. Newrick, Mrs. D. M. Johnson, Mr. G. Pain, Mrs. H. Tompkins.

MEMBERS OF THE DISTRICT CARE COMMITTEES.

Campsbourne.—Councillor L. J. Valette (ex-officio), Mrs. P. Bayne, Mrs. F. C. Carter, *Mrs. E. Chapman, Mrs. W. C. Hardwick, †Mr. C. Knight, Mrs. A. E. Lamble, Miss G. S. Litchfield, Mrs. E. J. Luckett, Miss M. D. Sibley, Mrs. G. C. Spencer, Miss H. M. Stone, Mr. H. Turner, Mrs. L. Whittle, Mrs. Durrant and Mrs. Gardiner.

CROUCH END.—Councillor L. J. Valette (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, Miss A. E. Walmsley, Mrs. J. Whitehead, *Mrs. E. M. Freeborough, Miss F. E. Gee and Miss B. Curtis.

^{*} Secretary.

HIGHGATE.—Councillor L. J. Valette (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 and the Rev. C. Wood.

Muswell Hill.—Councillor L. J. Valette (ex-officio), †Councillor C. M. Cave, Mr. A. H. Bex, Miss E. F. Catley, Miss M. N. Clarke, Mr. F. G. Edwardes, 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. W. B. Williams.

North Harringay.—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., Mrs J. T. Searle, Miss E. M. Stoker, †Councillor Valette, Mrs. Easterling and Mrs. Valette.

1_ STAFF OF SCHOOL MEDICAL SERVICE.

School Medical Officer: R. P. Garrow, M.D., D.P.H.

Assistant School Medical Officer:
Edith I. L. Abbott, M.B., B.S., D.P.H.

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:
H. J. Seddon, F.R.C.S. (Eng.)
(Resident Medical Superintendent, Royal National Orthopædic Hospital, Country Branch, Stanmore.)

Masseuse:
Mrs. Yorke
(Royal National Orthopædic Hospital).

Dentist:
Betty C. Hamilton, L.D.S., L.R.C.S., L.R.C.P. (Edin.).

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. Councillor GRIMSHAW, LADIES AND GENTLEMEN,

I have the honour to submit the following Annual Report on the work of the School Medical Department for the year ending December 31st, 1931.

Although addressed to the Education Committee of the Borough, this Annual Report is also for the information of the Board of Education. The form of the Report and the tables attached thereto are more or less prescribed by the Board of Education in a Schedule entitled "Suggestions for the arrangements of Annual Reports of School Medical Officers." This Schedule indicates, by means of twenty-four main headings and a certain number of sub-headings and explanatory notes, the information desired by the Board. This plan has obvious advantages from the administrative and statistical points of view, but it has also certain disadvantages.

The chief disadvantage is the monotonous repetition entailed in describing year after year the arrangements made and methods adopted in carrying out medical inspection and treatment; in securing the co-operation of parents, teachers, school attendance officers and voluntary bodies; in following up children suffering from defects; in ascertaining and dealing with children who are defective within the meaning of Part V. of the Education Act, 1921; in reviewing the findings of medical inspection; and so on. Arrangements and methods do not change so rapidly as to necessitate a yearly description.

In this Annual Report I have therefore omitted many of the details given annually for many years and confined myself to a brief account of the scheme of medical inspection and treatment and the ascertainment of mentally and physically defective children.

THE SCHEME OF MEDICAL INSPECTION.

Medical inspection of the elementary school children was carried out in all the schools in accordance with the Board of Education schedule of medical inspection. The boys' departments are inspected by the School Medical Officer and the girls' and infants' departments by the Assistant School Medical Officer. A notice is sent to the parents of each child with an invitation to

attend at the time of inspection, and to bring any child under school age for medical examination if desired. A majority of the mothers accept this invitation and take a keen interest in the physical condition of their children. Children under school age to the number of 63 were inspected at the request of parents.

The usual three age groups were examined, "entrants," age 5; "intermediates," age 8; and "leavers," age 12. Having regard to the age of entry into Secondary Schools—age 11 +—medical inspection would serve the general educational scheme better if four age groups were inspected, namely ages 5, 8, 11 and 14.* This could be done in Hornsey without additional staff or expense.

I wish to express my appreciation of the interest taken by the Head Teachers in the health and physical development of the children. Their presence at medical inspection along with the child's parent ensures co-operation of school and home in measures taken to remedy defects. Defects of growth, nutrition, posture and development are often things of insidious onset and demand medical measures applied conscientiously for prolonged periods—indeed, during the whole developing period of school life and after.

Without the closest co-operation of the Head Teachers and their staffs and the intelligent interest of the parents, medical inspection would be a futile affair. It is a pleasure to record that in this Borough it is an increasingly effective agency in promoting the public health, thanks largely to the teachers.

SCHEME OF MEDICAL TREATMENT OF SCHOOL CHILDREN.

The ultimate goal of the School Medical Branch of Preventive Medicine is the diagnosis of health and the maintenance of health which implies full growth and physical development of all children. We are still, alas, far from realising these ideals. Routine medical inspection reveals numerous failures in prevention in the form of disease, deformity, defective development and stunted growth. Many of the defects found have their origin in errors of hygiene, and particularly in dietetic errors in infancy and early childhood.

^{*} The suggested inspection of four age groups has been adopted and it is now in operation for 1932 and subsequent years.

Medical and surgical treatment in various forms is provided by private family doctors, hospitals and other institutions, and by the Education Authority at the School Clinic.

The Authority's scheme of treatment is set out in tabular form on page 12.

(a) MINOR AILMENTS.

It is not possible to define a minor ailment or draw any clear distinction between an ailment which is minor and one which is major. A condition which appears trifling to-day may by to-morrow show signs of becoming a serious illness. But, generally speaking, the minor ailments treated by the Clinic Nurse include sores, cuts, skin diseases, inflamed eyelids, etc. The prompt and efficient treatment of these conditions is not only essential in the interest of the children treated, but also in the interest of the general hygiene of the Schools.

(b) THROAT OPERATIONS.

These operations were transferred from the School Clinic to the Hornsey Central Hospital in 1929, and the new arrangements are working satisfactorily.

(c) DEFECTIVE VISION.

It is unnecessary to stress the great importance of routine testing of the vision of school children, followed by complete examination at the Clinic of those found to have defective vision, and the prescription of glasses to correct the defects. This work is done by the School Oculist, working two sessions per week.

(d) EAR DISEASE AND DEFECTIVE HEARING.

An important and effective branch of treatment is that carried out by the School Aurist, Dr. Friel, each Saturday morning.

The purpose of this work is the cure of ear discharge and the relief of deafness of varying degree. Conservative methods are employed with such success that the more radical surgical procedures in the nose and throat are becoming less necessary.

The following is Dr. Friel's Report of his work:—
TABLE SHOWING RESULTS OF TREATMENT OF
DISCHARGING EARS.

Cause of suppuration.	Total.	Cured.	Lost sight of.	Still under treatment.	
I Acute inflammation of the Middle Ear	25	18	1	3	3
II. Chronic inflammation of the Middle Ear due to—					
(a) Tympanic sepsis	14	13	1	-	-
(b) T.S. + Granulations	4	4	-	-	-
(c) T.S. + Rhinitis	2	2	-	-	0.77
(d) T.S. + External Otitis	1	-	1	10 <u>1</u> 05	on=18
(e) Attic disease	4	1	_	3	_
(f) Mastoid disease	5	1	-	2	2
III. Inflammation of the external canal	5	4		1	
Totals	60	43	3	9	5

"The table shows the number of suppurating ears treated at the Clinic and gives information as to the nature of the disease found to be responsible, and also gives a summary of the results of treatment.

"The last column, marked 'hospital,' shows the number of ears which need operation or which have already been operated upon. A number of children in whom an operation on the ear was desirable have attended the Clinic but have not been sent to hospital. The reason is that operation does not always hold out a reasonable prospect of the discharge being cured and the deafness not being increased. After the operation has been performed and the child allowed to return home a long attendance as an out-patient is necessary. Parents in poor circumstances and with a large or a young family cannot keep

up this prolonged attendance. From the child's point of view it is, therefore, often better to allow him to remain as he is for the present. A longer stay in hospital with the more efficient after-treatment which he would receive would lead to quicker healing than subsequent irregular attendance at an out-patient department. It is very desirable that certain wards in a hospital should be set aside for the treatment of school children suffering from mastoid disease to which patients from several adjacent areas could be sent. The wards should be under the care of an aurist responsible to the Local Authorities for the treatment. It would be a beneficial and economical arrangement, enabling children to be sent out to their work in the world without the disability of a chronic discharge from the ear.

A. R. F."

(e) THE DENTAL SCHEME.

The most important change in the School Medical Service in 1931 affected the dental department. The part-time system of dental service employing three dentists doing a total of 10 sessions of work weekly was abandoned, and a whole-time dentist doing 11 sessions of work weekly was appointed. Dr. Betty C. Hamilton commenced the duties of this post in April. Her scheme is to do a dental inspection of all the scholars in a school and then to provide the necessary treatment at the School Clinic of the children who require it and whose parents consent. All the elementary schools are dealt with in similar fashion, and, when the tour of schools is completed, it is repeated in the same order. One whole-time dentist is not able to complete the dental inspection and treatment of all the elementary schools in a year. The tour of the schools will occupy about 15-16 months.

(f) THE ORTHOPÆDIC SCHEME.

The scheme of treatment for crippling defects and deformities started in 1929 is a joint arrangement between the Maternity and Child Welfare and Education Committees. This service is provided very effectively by arrangement with the Royal National Orthopædic Hospital. It comprises:—

(a) A monthly session at the School Clinic by the Orthopædic Surgeon.

- (b) Two weekly sessions at the School Clinic by the Orthopædic Masseuse.
- (c) Hospital treatment at the country branch of the R.N.O.H. at Stanmore.
- (d) Provision of surgical appliances, splints, etc.

The Orthopædic Surgeon and Masseuse are on the staff of the R.N.O.H. and therefore are in touch with both ends of the work—at the School Clinic and at the Hospital—thus securing continuity of treatment and supervision. The scheme is working smoothly and is a very valuable and economical extension of the work of the School Medical and Child Welfare Services. The accommodation at the Clinic is cramped and unsuitable, with the result that there are cases on the waiting list. The new School Clinic will enable more work to be undertaken without extra cost

(g) STAMMERING.

Miss Bains conducts a class twice weekly for the cure of stammering and other defects of speech. In 1931 16 children were under treatment at the beginning of the year; 4 children were admitted to the class, and 10 children were discharged, leaving under treatment 10 children at the end of the year.

It is of the utmost importance that children with defects of speech should have the advantage of this specialist treatment as soon as the defect is recognised. Valuable results are obtained in relieving children of defects of speech which, if they become fixed and permanent, are distressing to the person affected and to his or her friends, colleagues and associates.

(h) RINGWORM.

The treatment by X-rays of ringworm of the scalp is provided by arrangement with a private practitioner who specialises in this work. The number of cases requiring this treatment has diminished steadily and is now nearly *nil* per annum.

(i) MEDICAL CONSULTATIVE CLINIC.

Ample opportunity is provided at the School Clinic and the Infant Welfare Centres for medical examination and advice (but no medicine or medical treatment) to be given to any elementary school child who presents any condition which appears to the teacher or parent to prevent the child from obtaining full benefit from the education provided.

School Medical Service Scheme of Treatment.

Condition treated.	Where treated.	By whom.	When.
(a) Minor ailments in- cluding skin disease and external eye disease.	School Clinic.	Clinic Nurse (Miss Paris).	Daily at 4 p.m.
THROAT OPERATIONS: (b) Tonsils and Adenoids	Hornsey Central Hospital.	Surgical Staff of the Hospital.	As required.
(c) Defective Vision.	School Clinic.	School Oculist (Dr. Boden).	Two sessions weekly, Tuesday afternoons, Thursday mornings.
(d) Ear Disease and defective hearing.	School Clinic.	School Assistant (Dr. Friel).	One session weekly, Saturday morning.
(e) Dental Defects.	School Clinic.	School Dentist (Dr. Betty C. Hamilton).	Full time, Eleven sessions weekly.
(f) Crippling defects.	School Clinic.	Orthopædic Surgeon (Mr. Seddon).	One session monthly, 1st Friday afternoon in each month.
		Masseuse (Mrs. Yorke).	Two sessions weekly, Monday and Friday afternoons.
(g) Stammering.	School Clinic.	Special Teacher (Miss Bains).	Two sessions weekly, Monday and Wednes- day afternoons.
(h) Ringworm.	Address: Haddon Court, Southwood Lawn Rd., N.6.	Private doctor by arrangement with Education Authority (Dr. J. Morison)	Each case as required.
(i) Conditions requiring medical consultation.	School Clinics and Infant Welfare Centres.	S.M.O. and A.S.M.O.	Seven sessions or part sessions weekly.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

In my Annual Report for 1930 attention was called to the very important questions of the ascertainment of, and special provision made for, children who are defective within the meaning of Part V. of the Education Act, 1921. These are known officially as "exceptional children," and the Board of Education requires a return of these as on the 31st of December each year under the headings set out in Table III. at the end of this Report. The form of this table has recently been revised by the Board with a view to securing greater uniformity of returns.

The revised table gives a better and fuller classification of tubercular children and omits the objectionable and meaningless term "pre-tuberculosis." The separation of children with severe heart disease from crippled children is also an advantage.

On the other hand, there appear to be two respects in which the revised form of Table III. presents difficulties to the Medical Officer desirous of making an accurate and clear-cut return, viz.,

- (1) The table is essentially a statement of the number of children in the area between the ages of 5 and 16 years who are so defective as to be unsuitable for a place in an ordinary elementary school. That is to say, it is a statistical statement of the needs of the Authority for special schools for defectives of one kind or another. But the foot notes to the table make it clear that exception to this rule is made in four groups:

 (a) children suffering from minor epilepsy, (b) certain classes of tubercular children, (c) certain cripples, (d) some delicate children (rheumatics).
- (2) The second difficulty is the new definition of delicate children, viz.: "All children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-air School."

This definition is not confined to diagnosis—but has farreaching implications in treatment and policy. It commits the School Medical Officer to the view that an Open-air School is the correct or the best method of dealing with delicate children. The Medical Officer who returns any considerable number of children attending Public Elementary Schools as delicate in Table III. is, in effect, asking his Authority to provide an Open-air School for delicate children. If he believes, as I do, that there are other methods, more effective and less expensive, of tackling this problem his duty is to make a nil return of delicates. This is the course I have adopted.

ASCERTAINMENT OF DEFECTIVES.

Efforts to secure complete ascertainment of all exceptional children have been made throughout the year. In this work I have to acknowledge the help of the Head Teachers, Attendance Officers, School Nurses, Tuberculosis Officer and voluntary Social Workers.

SUMMARY OF THE POSITION IN REGARD TO EXCEPTIONAL CHILDREN.

BLIND.—There is only one totally blind child —a girl age 7 years—who is being educated at the Royal Normal College for the Blind at Upper Norwood.

Partially Blind.—Seven children (4 boys and 3 girls) are attending the Myopic Centre at Wood Green. All of them are suffering from defects of vision of such a degree as to render them unfit for the ordinary elementary school methods of education.

DEAF AND PARTIALLY DEAF.—There are 10 children (6 boys and 4 girls) attending the Day School for Deaf Children at Tottenham.

MENTALLY DEFECTIVE.

Twenty-nine Hornsey children (18 boys and 11 girls) attend the Joint Special Day School for Mentally Defective Children at Oak Lane, Finchley (Oak Lodge School). Ascertainment of these children is part of the routine work during every year. When a child in school presents special educational difficulties the question of mental deficiency is raised by the Head Teacher, who reports on a special form to the Secretary for Education. This report is passed to the School Medical Officer, who examines the child at school with the Head Teacher. The result of a careful consideration of all the evidence available may be that the child (a) remains at the elementary school, or (b) is certified as an educable feeble-minded child and is transferred to the Special School, or (c) is certified as an uneducable mentally

defective child and is notified to the Local Mental Deficiency Authority (Middlesex County Council). Four children (1 boy and 3 girls) were so notified as imbecile during the year. All the feeble-minded children attending the Special School at Oak Lane are examined twice a year (June and December) by the School Medical Officer.

Mentally defective children of poor physical condition and unsatisfactory health who are transferred to Oak Lodge School often make remarkable progress physically within a few months. The Head Teacher (Miss Wyldes) attributes this to the good food provided at the mid-day meal in school—an opinion with which I am in complete agreement. No corresponding improvement is observed in the mental development of these children. They respond to the special educational methods employed by improving in attainment, but they remain mentally defective.

Two girls have been ascertained to be suffering from major epilepsy—one is at a residential institution and one is at home. Seven children (3 boys and 4 girls) attending schools have attacks

of minor epilepsy.

TUBERCULAR CHILDREN.

The ascertainment of the tubercular groups of physically defective children has been carried out in co-operation with Dr. Dobson, Tuberculosis Officer of the Middlesex County Council, and I am indebted to him for the trouble he has taken in the matter.

The virtual disappearance of tuberculosis as a cause of physical defect and crippling among school children is largely due to the pasteurization of the milk supply.

DELICATE CHILDREN.

I have already discussed the official definition of delicate children and explained my nil return of "delicates" in PUBLIC ELEMENTARY SCHOOLS.

Six children (3 boys and 3 girls) are entered on Table III. as attending certified residential open-air schools. Six places are reserved at the Russell-Cotes Open-air School of Recovery at Parkstone, Dorset, for Hornsey children, and batches of 3 boys and 3 girls are sent there for six weeks at a time. In the course of a year

48 children (selected by the School Medical Officer in consultation with the Head Teachers) spend a pleasant six weeks at Parkstone, and resume their places in the elementary schools on their return. The batch of six who happen to be at Parkstone on the last day of the calendar year are entered in Table III. not because they are more or less delicate than the batches who precede and succeed them, but because they were, on the 31st of December, at a certified residential open-air school.

CRIPPLES.

Table III. includes 11 cripples—a boy and 2 girls at Residential Cripple Schools, 3 boys at Day Cripple Schools and 5 girls at home. All of these are under appropriate orthopædic treatment. In addition, there are children with various crippling defects of minor degree who are quite able to attend elementary schools and receive orthopædic treatment at the School Clinic or elsewhere.

HEART DISEASE.

Only two children are known to be suffering from heart disease of such severity as to render them unsuitable for an elementary school—a girl at a special Heart Hospital, and a boy at home. In this connection it should be noted (Table II.) that routine medical inspection of 2,285 school children during the year revealed only 2 cases of organic heart disease. Compared with certain other districts in which rheumatism is such a menace to the child population as to warrant a special anti-rheumatic campaign, Hornsey is singularly fortunate in this low incidence of heart disease which is the gravest sequel of rheumatism.

SPECIAL PROVISION FOR DEFECTIVES.

The general position in regard to "exceptional children" is satisfactory, in that they are adequately provided for in accordance with their special needs.

A PERMANENT SCHOOL CLINIC.

The most urgent need of the School Medical Service is a permanent School Clinic built and equipped with proper facilities for carrying out the work of the Medical, Dental, Nursing and Specialist Staffs.

Fortunately this can be secured without adding to the cost of the service. An ideal site has been obtained in a quiet, central position at Crouch End, with approaches from the Broadway, from Weston Park, and from Haringey Park. Plans prepared by the Borough Engineer and Architect are now under consideration, and it is hoped that building operations will commence in time to enable the new Clinic to be occupied in the autumn of 1932.*

GENERAL SUMMARY AND REVIEW_THE NEED FOR A NUTRITION CAMPAIGN.

The impression left on one's mind by the year's work in the schools is that a majority of the children are well cared for and of sound physique. The standard of cleanliness is very high. There remains, however, a minority of the children whose general physique leaves much to be desired. They show diseases and defects of one kind or another due in the main to errors of nutrition and poor mothercraft generally. These children strip badly—they are thin, pale, soft, badly shaped, and frequently show structural defects of the bones—evidence of rickets in infancy and early childhood. They are frequently the victims of "nerves" and are educationally as unsatisfactory as they are physically.

It cannot be too strongly emphasised that, in the main, the problem presented to the Education Committee and to the Maternity and Child Welfare Committee by this class of child is a nutrition problem. An adequate diet of plain, wholesome foods for the expectant mother, the infant, the pre-school child and the school child is the first consideration.

Everything possible is being done in this direction by both Committees by way of education and, in necessitous cases, by the supply of food. An average of 2,500 children took one-third of a pint of milk daily in the schools throughout the year. About 90% of these paid for their milk. For the remaining 10% the cost was defrayed by the Authority. Just as half a loaf

^{*}Building commenced April, 1932, and the new Clinic will be ready for occupation September, 1932.

is better than no bread, so is a third of a pint better than no milk—and the improvement noted in some of the children after partaking of their morning bottle of milk in school is very striking. But it would be idle to pretend that one-third of a pint of milk is an adequate daily supply for growing boys or girls. They require at least one pint of milk daily—twice as much at home as they get at school.

Other fresh natural foods equally necessary for full growth and development and resistance to disease are eggs, butter, bread, meats of various kinds, including liver, and abundance of fruit

and vegetables.

After diet, rest comes next in order of importance for growing children. An extra hour in bed at night is equal to 15 days' complete rest in the year. The young school child who goes to bed at 9 to 10 p.m. instead of at 6 p.m. is losing six to eight week's rest per annum. No wonder that some of these little ones look tired and old!

After diet and rest, I would place physical exercises next in order of value in promoting growth and establishing sound physique—especially exercises designed to improve shape, posture and breathing capacity. For the class of children I have in mind I suggest that a portion of the school time now being devoted to shaping their minds would be profitably devoted to shaping their bodies.

I desire to acknowledge with thanks the good work of the staff of the School Medical Service throughout the year, the hearty co-operation of the Education Office and the teaching staffs, the devoted service of the Care Committees, and the constant interest of the Education Committee in all that promotes the physical welfare of the elementary school children. I wish particularly to thank the Education Committee for the favourable consideration given to the provision of a new School Clinic where more work of better quality can be carried out at (I hope) less cost to the community.

I am,

Mr. Chairman, Ladies and Gentlemen, Your obedient servant,

R. P. GARROW.

LIST OF TABLES.

TABLE I.—Number of children inspected.

- ,, II. (A).—Defects found by medical inspection.
- ,, II. (B).—Number of individual children found to require treatment (including uncleanliness and dental diseases).
- ,, III.—Return of exceptional children in area.
- ,, IV.—Return of defects treated.
 - Group I.—Minor ailments (excluding uncleanliness).
 - Group II.—Defective vision and squint (excluding minor eye defects treated as minor ailments).
 - 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.

TABLE I.

RETURN OF MEDICAL INSPECTIONS (see note a).

(a)—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections— (see note b).

Total	•••	 	2,285
Leavers		 	349
Intermediates		 	973
Entrants		 	963

Number of other routine inspections 178 (see note c).

(b)—OTHER INSPECTIONS.

(see note d).	•••	1,289
Number of re-inspections (see note e).		2,362

Total 3,651

×

NOTES ON TABLE I.

- (a) The return refers to a complete calendar year.
- (b) This heading relates solely to the routine medical inspection of the three ordinary age groups, i.e., to medical inspection carried out:—
 - (i) In compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19;
 - (ii) on the school premises (or at a place specially sanctioned by the Board);
 - (iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.
- (c) Under this heading may be recorded routine inspections, if any, of children who do not fall under the three code age-groups, e.g., routine inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.
- (d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, i.e., not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A of Table I. and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.
- (e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

I HUNGAY PRO MATRON

Compression and a complete relation will be

is sellenged ledicin entreet out at your estates gritised sixt of the following sellen sent

(1) In compliance with natural V of the Consolidated Regulations (1)

Deliminate effectives coming or to not menturing incides extract (11)

off the Mildle from the Supplied Supplied to employed and not (18)

to the state of the second of the state of t

billion of the control and the constitution of the control of the

to administration to the second secon

to have did which the business of the appears and one of the business of the b

TABLE II.

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

	Routine	Inspections.	Special	Inspections.
	No. o	f Defects.	No, o	f Defects.
DEFECT OR DISEASE.	Requiring	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
The second second second second	(2)	(3)	(4)	(5)
Malnutrition	45			
Uncleanliness	201.0			
(See Table IV., Group V.)				
Ringworm, scalp body	1000	***	5	***
Skin Scabies			9	
Impetigo			47	
Other Diseases (Non-tuberculous)		1	72	
Blepharitis	1		5	
Conjunctivitis	***		31	
Keratitis				
Eye Corneal Opacities	1	***	***	
Defective Vision (excluding Squint)	169	31	111	
Squint	0.1	2	35	
Other Conditions			102	
_ (Defective Hearing			9	***
Ear Otitis Media		0	20	
Other Ear Diseases	74		33	
Nose (Enlarged Tonsils only	2	14	11	
and Adenoids only	***		1	
Threat Enlarged Tonsils and Adenoids		4	12	
(Other conditions	7		75	
Enlarged Cervical Glands				
Defective Speech - (Non-Tuberculous)	2	1	8	0
Teeth - Dental Diseases (see note a) (See Table IV., Group IV.)			9	
Heart (Heart Disease:		Married III		
and Organic		2		
Circula- Functional	***		***	***
tion Anæmia	10		78	
Lungs Bronchitis	17		3	0
Other Non-Tuberculous Disease	5			***
Pulmonary;		1		
Definite Suspected		***	***	
Non-Pulmonary:	***		***	
Tuber- Glands				
culosis Spine				
Hip				
Other Bones and Joints	100000			
Skin	***			
Other Forms	***			***
Nervous Epilepsy		2		
System Chorea		1	1	
(D) 1			***	
20101-	5 9		***	***
mities Other Forms	135			
Other Defects and Diseases			694	
and Diseases	4	5	624	***

NATE OF THE PARTY OF THE PARTY

93536		
		The same of the sa
1		

TABLE II. (continued).

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

	Number	of Children.	Percentage of Children found to	
Group (1)	Inspected (see note c). (2)	Found to require Treatment.	require Treatment (see note d). (4)	
CODE GROUPS:-		Carlona,		
Entrants	963	76	8	
Intermediates	973	232	24	
Leavers	349	77	22	
Total (code groups)	2,285	385	17	
Other routine inspections	178	35	20	

NOTES ON TABLE II.

- (a) The figures to be included in this space should refer to the findings of the *Medical Officer* and not those resulting from dental inspection in the schools by the School Dentist. The findings of the School Dentist should be recorded in Table IV., Group IV.
- (b) No individual child should be counted more than once in this part of Table II., i.e., under B., even if it is found to be suffering from more than one defect.
- (c) The figures in this column will of course be the same as those given in Table I. A.
- (d) The figure in this column will be the percentage of the figure in column (3) of that in column (2).

description is noticed

THE CHARGE OF SPHE AND PRINCIPLES AND PRINCIPLES OF HOLDS OF HOLDS OF HOLD OF THE PRINCIPLE OF THE PRINCIPLE

- 11	300	

to Married too softening

againment and or cotor-biometric process such at Conscious and State of Sta

The same of come and states to be a selected to the selected t

secies on origin and no protects for 1000 months and or second and

TABLE III. RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA (see note α).

No child should be entered under more than one heading.

			A UPPER AND THE PROPERTY OF	Boys.	Girls.	Total
i.e., any Total D Active ' category The act	combination eafness (see Tuberculosis, y of the Tabl ual combinat	of To note (Cripp le), or ion of	otal Blindness (see note (b) (1)), (d) (1)), Mental Defect, Epilepsy, ling (as defined in penultimate Heart Disease defects and the type of School.			
Blind (in-	(i) Suitable for training in a School for the totally blind.	2 3 4 5	At Certified Schools for the Blind At Public Elementary Schools (see note c) At other Institutions At no School or Institution		1	1
blind (see note b).	for training in a School for the totally blind. (ii) Suitable for training in a School for the partially blind. (ii) Suitable for training in a School for the partially blind. (ii) Suitable for training in a School for the partially blind. (ii) Suitable for training in a School for the totally deaf or the totally deaf and dumb. (iii) Suitable for training in a School for the totally deaf or the totally deaf and dumb. (iii) Suitable for training in a School for the totally deaf or the totally deaf and dumb. (iii) Suitable for training in a School for the totally deaf or the totally deaf and dumb. (iii) Suitable for training in a School for the totally deaf and dumb. (iv) Suitable for training in a School for the totally deaf or the totally deaf and dumb. (iv) Suitable for training in a School for the totally deaf or the totally deaf and dumb. (iv) Suitable for training in a School for the totally deaf or the totally deaf and dumb. (iv) Suitable for training in a School for the totally deaf or the tot	4	3	7		
Deaf (in- cluding deaf and dumb and and partially deaf (see note d) (i) Suitable for training in a School for training in a School for the parti-	for training in a School for the totally deaf or deaf and	11 12	At Public Elementary Schools (see note c) At other Institutions	6	4	10
	15 16	or Partially Deaf At Public Elementary Schools (see note c) At other Institutions				
	minded.	19 20	Defective Children At Public Elementary Schools (see note c) At other Institutions	18	11	29
Defective	Notified to the Local Mental Deficiency Authority during the year.	22	Details should be given on Form 307 M	1	3	4

THE PLEASE AND

No child should be entered under their one heading.

TABLE III. (continued).

				Boys.	Girls.	Tota
Epileptics.	Suffering from severe epilepsy. (Sec note f).	23 24 25 26 27 28	At Certified Schools for Epileptics At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools (see note c) At other Institutions At no School or Institution		1	1
	Suffering from epilepsy which is not severe. (See note g).	29 30	At Public Elementary Schools At no School or Institution	20	4	7
Physically Defective (see note i).	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	31 32 33 34 35 36	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementay Schools (see note h) At other Institutions At no School or Institution			
	Quiescent or arrested tuberculosis (including pleura and intrathoracic glands).	37 38 39 40 41 42	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution	1		1
	Tuberculosis of the peripheral glands.	43 44 45 46 47 48	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools (see note h) At other Institutions At no School or Institution			
	Abdominal tuberculosis.	49 50 51 52 53 54	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools (see note h) At other Institutions At no School or Institution			

	the Correlated Burnisman Creek Ale	

TABLE III. (continued).

			CASCALLES CONSTRUMENT	Boys.	Girls.	Tota
Physically Defective (continued). (See note i).	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	55 56 57 58	At Sanateria or Hospital Schools approved by the Ministry of Health or the Board	1	1	1
	Tuberculosis of other organs (skin, etc.).	59 60 61 62	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools (see note h) At other Institutions At no School or Institution			
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. (See note 1.)	63 64 65 66 67 68 69	At Certified Residential Cripple Schools At Certified Day Cripple Schools At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution	3	3	6
	Crippled Children (other than those with active tuberculous disease) who are suffer- ing from a degree of crippling sufficiently severe to interfere materially with a child's nor- mal mode of life.	70 71 72 73 74 75 76 77	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools (see note k) At other Institutions (see note k) At no School or Institution (see note k)	1 3	2	3 3

		· · · · · · · · · · · · · · · · · · ·	

TABLE III. (continued).

				Boys.	Girls.	Total
Physically Defective (continued). (See note i).	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provi- sion of educational facilities other than those of the public elementary school.	78 79 80 81 82 83 84 85	At Certified Residential Cripple Schools At Certified Residential Cripple Schools	1	1	1

NOTES ON TABLE III.

(a) This Table should include 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 and certain classes of tuberculous and crippled children) 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. In areas other than Counties or County Boroughs children ascertained by the Tuberculosis Officer of the County should be included.

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.

Characteron III G. 18 A.

THE MARRIE WO BETON

and consider the property of the control of the con

server, coder core norm and add ad alcouding introduction in partial are norm annually blue for insulation term related restant in publication of some partial are not attacked allowed ball manually and annually additional partial are not annually because the control of the co

THE PARTY OF THE P

especial as one data on interest as circulate avious to contitute and account of the continue of the continue

to sent a at respect of the too deat of a brief too

to alder poor in the color of t

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 category should in fact be attending public elementary schools. When the heading is retained, it is merely because at present the insufficiency of Spcial School accommodation makes it impossible to do better for some of these children than to allow them to attend the ordinary school, or because there is some other reason which accounts for the temporary attendance of the children at the ordinary school.
- (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 should exclude all children who have been notified to the Local 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) Children with "open" tuberculosis should of course be promptly excluded from public elementary schools.
- (i) The exact classification of physically defective children 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.
- (j) Delicate children suffering from rheumatism should be included in this category, even though it may be considered undesirable to send them to an Open School.
- (k) The total under this heading should be followed by a figure in brackets indicating the number of these children who should be receiving Special School education.

Epiloptic children are children who, not being idlots or imbecties, are until by reason of severe epilopsy to attend the ordinary public circumary actions.

(b) For the purpose of this return the front require that child the wind are billed and the wind the water and the should be divided that they can enterprise (c. (1) these who are totally blind or along the soully blind children and the sprecipitation of child and the soully blind children and the shoot of the soully blind children and the shoot the shoot of their eventual backs, or cannot read their eventuals the shoot of comment of the shoot of the shoot

and the state of the continue of the continue

Triggets will in deviated and to make the market beddenstand by collect the bedding and collect the bedding and present the market of the bedding and present the market of the bedding at the market of the bedding at the market of the bedding at the collect of the bedding at the collect of the bedding at the bedding the bed

or himselves on a care of the contract of the care of the Anniette of the Anniette of the Court of the Court

described where not needed to some view and the supplementation of t

the are epitopic within the meaning of the Act

are noted committed dants reclaring to one fixaged and consequent indicating of desiring as painting of desiring an appelling to large to exceeding of desiring an appelling to the contract of the contract o

boils a flace to all seconds success of blacker and and the flat and the boils a flace to all seconds success of an anathronic and an anathronic and an anathronic and an anathronic and anathronic anathronic and anathronic anathronic and anathronic and anathronic anathronic anathronic anathronic anathronic anathronic and anathronic anathr

(ii) Onlidean votes "open" processions about of centre be promptly

described a second described of the second states o

tenurant of aloude ambiantonia and industrial condition or and and an about the condition of the condition o

the total anderstag the number of team abadem was should be reserving

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER.

(See note a.)

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

	Number of D treatmen	efects treated or at during the year	under
DISEASE OR DEFECT.	Under the Authority's Scheme (see note b).	Otherwise.	Total.
Skin—			
Ringworm-Scalp	5		5
Ringworm-Body	4		4
Scabies	9		9
Impetigo	100		100
Other Skin Disease	79		79
Minor Eye Defects (External and other, but excluding cases falling in Group II).	8		8
Minor Ear Defects (See note c).	8		8
Miscellaneous	335		335
(e.g., minor injuries, bruises, sores, chilblains, etc.)	Invested to		
Total	548		548

W. SLANGE

CHARLES HARM THE DESIGNATION OF TAXABLE PARTY OF THE PART

(See store as)

BLEAT THEMTAGHT

Personal Assessment Carelanding The Committees, for white see Chang V).

TABLE IV. (continued.)

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	Number of Defects dealt with.						
DEFECT OR DISEASE.	Under the Authority's Scheme (see note b).	Submitted to re- fraction 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).	429	57		486			
Other Defect or Disease of the Eyes (excluding those recorded in Group 1.).	131	diministration of the state of		131			
Total	560	57		617			

Total number of children for whom spectacles were prescribed

- (a) Under the Authority's Scheme 471
- (b) Otherwise

Total number of children who obtained or received spectacles

- (a) Under the Authority's Scheme 465
- (b) Otherwise

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

The same of the same of	Number of D	efects.		
Received				
Under the Authority's Scheme, in Clinic or Hospital (see note b).	By Private Practi- tioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total number treated.
(1)	(2)	(3)	(4)	(5)
22		22	82	104

Charleson VI BIRLAT

Story E.- Denouvey Vilian and Source (encluding March by Delects

	-	

Ladicounty row estimates state where specialize were prescribed (a)

nelwastic (6)

Their constant of children who absenced or received apparatures and children and ch

estrough ()

PROBLE IN THE PROPERTY OF DEPOSITS OF VANCOUS TARGET

GROUP IV .- DENTAL DEFECTS.

(1) Number of ((a) Inspect					(2) Half-days devoted to :— Inspection 25)
	Aged	:			Total 422
	5	213			Treatment 397
	6	441			(3) Attendances made by children for treat-
	7	450			ment 4391
	8	384			(4) Fillings ;—
Routine	9	408			Permanent Teeth 1747)
Age Groups	10	414	Total	3242	Total 2557
	11	405			Temporary Teeth 810
The state of	12	248			(5) Extractions:-
	13	154			Permanent Teeth 403)
	14	86			Fotal 3470
	15	39			Temporary Teeth 3067
Specials (see		d) Total		949	(6) Administration of general anæsthetics for extractions 1332
/LI TI 3			-		(7) Other operations:—
(b) Found t	_		ment	3045	Permanent Teeth 423)
(c) Actually		ed		2114	Total 1117
Retreate	ed		•••	572	Temporary Teeth 694

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS. (See note e.)

- (i.) Average number of visits per school made during the year by the School Nurses—55.
- (ii.) Total number of examinations of children in the Schools by School Nurses—27,950.
- (iii.) Number of individual children found unclean-397.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority—135.
- (v.) Number of cases in which legal proceedings were taken:-
 - (a) Under the Education Act, 1921-Nil.
 - (b) Under School Attendance Byelaws-Nil.

NOTES ON TABLE IV.

- (a) The Table should deal with all defects treated during the year, however they were brought to the Authority's notice, i.e., whether by routine inspection, special inspection, or otherwise, during the year in question or previously.
- (b) This heading should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

133

Charge IV- District Tannell

COMPANY VIOLENAMENTS AND VARIOUS CONSTROOMS

be not be stated to the second trade during the gree by the

Designation of supplications of subdeep in the Schools by Behool

The of telephone to delive and and and the transporter and the Local

to Date the Sausties Ast, there-are tenes:--

WI MARKET AND BRIDGE

with should deal with all defects trivaled Auching the years of which the best of the starther by the starther by the starther by the starther by the starther the starther the start the starther the starthe

toward the state of the state o

- (c) If any treatment is given for more serious diseases of the ear (e.g., operative treatment in hospital) it should not be recorded here but in the body of the School Medical Officer's Annual Report.
- (d) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each age group should be separately shown, as well as the total, but under "Specials" only the total number should be given.
- (e) A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, should be included in the body of the School Medical Officer's Report.
- N.B.—Groups I.—V. above cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect (e.g., for orthopædic treatment) or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II.

of the School Medical Officer's Append School State of the Land Company of Lan

collines off to ecolor that at ment selected the collines of the selected to select the collines of the collin

multipoptic form.) And for minute structure and of the functional of the control of the control

to the control of the action of the total state of the st

TABLE V.
LIST OF SCHOOLS IN THE BOROUGH.

School,	Department.	Authorized	Average No. on	
		accommo- dation.	the Rolls for qr. ended 31/12/31.	Head Teacher.
Muswell Hill	Junr. Mixed	200	139	Miss E. Catley
St. Michael's	Mixed	196	135	Mr. E. R. Lewis
,,	Junr, Mixed	168	100	Miss E. Towler
Highgate	Mixed	328	278	Mr. T. E. Durban
,,	Junr. Mixed	264	154	Miss D. F. Smith
North Harringay	Boys'	380	413	Mr. F. W. Jaggard
11 11	Girls'	380	333	Miss G. M. Ryder, B.Sc.
,, ,,	Junr. Mixed	416	356	Miss E. Stoker
South Harringay	Mixed	440	451	Mr. G. F. Shaw, M.A.
n n	Infants'	240	182	Miss R. Jones
Stroud Green	Boys'	350	338	Mr. H. D. Chrismas, B Sc.
11 11	Girls'	350	343	Miss F. M. Hodgkins
,, ,,	Infants'	352	264	Miss E. Pitson
St. Mary's	Mixed	428	440	Mr. J. W. Harris
	Infants'	232	2 5 5	Miss M. D. Sibley
Crouch End	Boys'	456	331	Mr. J. Iliffe
" "	Girls'	450	304	Miss F. Barter
" "	Junr. Mixed	411	261	Miss A. Walmsley
Holy Innocents'	Infants'	101	85	Miss F. Gee
St. James'	Junr. Mixed	240	265	Mr. W. Penn
Campsbourne	Boys'	388	364	Mr. H. Turner
.,	Girls'	388	308	Miss G. Litchfield
"	Infants'	400	300	Miss H. Stone
Coldfall	Mixed	440	522	Mr. G. Simmonds, B.A.
"	Infants'	400	275	Miss M. Clarke
	Totals	8,398	7,196	

THE PERSONAL PROPERTY OF SCHOOLS IN THE RESERVEN

	111		
	643		

