

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

Contributors

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Garrow, R. P.

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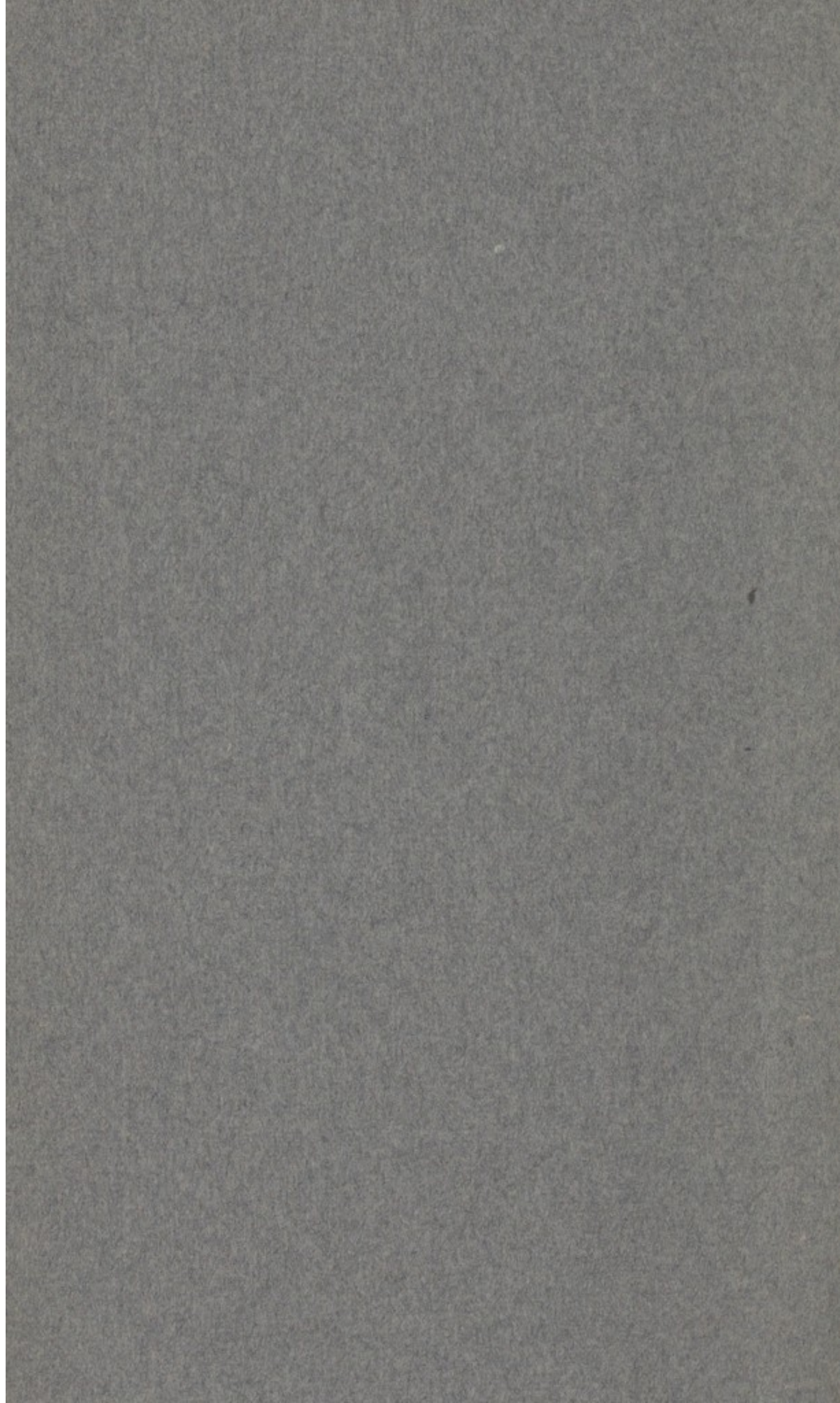
65-434(1) HORNSEY

BOROUGH OF HORNSEY.



ANNUAL REPORT
OF THE
Medical Officer of Health
AND
School Medical Officer
FOR
1938

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



Borough of Hornsey

ANNUAL REPORT

FOR

1938

OF THE

Medical Officer of Health.

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

LADIES AND GENTLEMEN,

I have the honour to present my annual report on the Health Services of the Borough for the year ending 31st December, 1938.

The outstanding event of the year was the crisis of September, when Europe was on the brink of war. For a year before the crisis Air Raid Precautions had occupied much of the time and attention of the Health Department in training personnel for the Casualty Services. For the remainder of the year A.R.P. continued to make increasing demands on the staff and this state of affairs has continued unabated during 1939.

At a time when everybody's thoughts are concentrated on war and the urgent preparation for war, it is, I hope, a relief to remember that peace hath her victories no less than war. I have attempted to illustrate some of these in this report.

The vital statistics for the year are excellent. The death rate has been stationary between 11 and 12 per 1,000 of the population for the last ten years. The birth rate has shown a decided trend upwards from its lowest figure of 10·85 per 1,000 in 1933 to 12·38 in 1938. The infant mortality rate of 32·58 per 1,000 births is the lowest ever recorded in the Borough. There were no deaths from puerperal sepsis and only three from other causes connected with childbirth.

Preventive medicine is a field of effort in which there is generally a long time between sowing the seed and reaping the harvest. The statistics of one year's effort are of relatively little value. We need to take longer views to determine the direction and rate of progress. I have therefore prepared special reports on some features of the work covering periods as far back as reliable statistics are available, e.g.:—

HOUSING. (See chart.)

This report shows the results of the Council's determination to clear the Borough of unfit houses. Parallel with this effort there has been continuous work in the abatement of overcrowding.

INFANT MORTALITY. (See chart.)

This analysis of infant mortality shows how the abolition of epidemic enteritis of infants has changed the seasonal incidence of infant deaths.

MILK SCHEMES. (See chart.)

Special attention is called to the chart showing the success of the Maternity and Child Welfare and Education Committee's efforts to secure an increased consumption of milk by expectant mothers and pre-school and school children. This is an important contribution to the sound nutrition, which is the foundation of good health.

In my Annual Report as School Medical Officer, special reports covering a number of years are furnished in regard to departments of the work in which striking progress has been made. It is earnestly to be hoped that the gains made in time of peace may not be entirely lost in the calamity of war.

I desire to express my warm appreciation of the loyalty and devotion to duty of the staff of my department during a year of exceptional stress and strain of work.

I am grateful to all members of the Council for their constant interest in the public health.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

R. P. GARROW.

Medical Officer of Health.

HEALTH COMMITTEE

AS AT 31st DECEMBER, 1938.

Councillor L. J. VALETTE (*Chairman*), 59, Allison Road, N.8.

THE MAYOR, Alderman H. G. J. WILLIAMS, J.P.,
105, The Chine, N.21.

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

„ R. STEEDS, 19, Coolhurst Road, N.8.

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

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

„ ELLIOTT E. BROOKS, 122, Crouch Hill, N.8.

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

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

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

„ W. J. GRIMSHAW, 25, Sheldon Avenue, N.6.

„ G. K. M. HUTCHINSON, 8, Grosvenor Gardens, N.10.

„ G. F. N. NORMAN, 12, Woodberry Crescent, N.10.

„ F. L. PASCOE, 110, Highgate Hill, N.6.

„ T. TAYLOR, 15, Creighton Avenue, N.2.

„ T. TIVENDALE, 12, Colney Hatch Lane, N.10.

„ W. V. WALL, 10, Winchester Place, N.6.

„ J. L. R. WEBB, 11, Wilmer Way, N.14.

„ F. WILDERS, 14, Summerland Mansions, N.10.

STAFF OF PUBLIC HEALTH DEPARTMENT.

†*Medical Officer of Health and School Medical Officer ...	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	JEAN SUTHERLAND, M.B., CH.B., D.P.H., D.C.O.G.
†Assistant Part-time Medical Officer for Maternity and Child Welfare	MURIEL RADFORD, M.B., B.SC., D.P.H.
†Consultants (Puerperal Fever and Pyrexia Regulations) ...	Dr. A. W. BOURNE, 12, Wimpole Street, W.1. Dr. W. MCK. H. McCULLAGH, 149, Harley Street, W.1. Dr. L. H. W. WILLIAMS, 89, Harley Street, W.1.
†Dentist (M. & C.W. Dental Scheme)	H. A. CREEKE, L.D.S.
†*Senior Sanitary Inspector, Petroleum Inspector, Shops Acts Inspector. Young Persons Act Inspector	HENRY EASTWOOD, M.R.San.I. M.S.I.A. Cert. R.San.I. Cert. Insp. of Meat and Foods.
†*Sanitary Inspectors and Shops Acts Inspectors Young Persons Act Inspectors	J. H. JESSE, M.S.I.A. Cert. R.San.I. Cert. Insp. of Meat and Foods. J. D. CHANCE, M.S.I.A. Cert. R.San.I. Cert. Insp. of Meat and Foods. W. J. WILSON, M.S.I.A. Cert. R.San.I. Cert. Insp. of Meat and Foods. H. FOSTER, M.S.I.A. Cert. R.San.I. Cert. Insp. of Meat and Foods. Cert. San. Science. Cert. Smoke Inspector. F. NUTTER, Cert. R.San.I. Cert. Insp. of Meat and Foods. (Temporary March—June.)

Sanitary Inspectors and Shops Acts Inspectors (continued)			E. HUNDY, M.S.I.A. Cert. R.San.I. Cert. Insp. of Meat and Foods. (Appointed Aug. 1938.)
†Chief Clerk			W. GILROY.
†Assistant Clerks			E. CHEESMAN. N. SMITH. Miss P. AYLWARD, W. A. SIMONS.
†Health Visitors			Miss J. I. MACPHERSON, Dip. N.H.S., H.V. Cert., C.M.B. (Retired May, 1938.) Mrs. E. DURNFORD, H.V. Cert., C.M.B. Miss A. GODDEN, H.V. Cert., S.R.N., C.M.B. Miss E. HART, H.V. Cert., S.R.N., C.M.B. Miss E. K. CUMMING, H.V. Cert., S.R.N., C.M.B. (Appointed 1st Sept. 1938.) Mrs. L. HATTON, H.V. Cert., S.R.N., C.M.B. (Part time. Appointed 1st July, 1938.) Mrs. C. MARTIN, S.R.N., C.M.B. (Part time. Temporary. Appointed School Nurse 1st January, 1939.) Mrs. A. KEAR, H.V. Cert., S.R.N., C.M.B. (Temporary. Resigned 1st July, 1938.)
†Midwives			Miss M. ANDREWS, C.M.B. Mrs. M. JAMISON, C.M.B. Miss L. HUGHES, C.M.B.
†Mortuary Keeper			C. F. CATLIN.
†Disinfectors			W. H. LEWIS. P. HALL.
†Medical Services Motor Driver			P. MARTIN.
†Veterinary Inspector under Diseases of Animals Acts ...			F. G. BUXTON, M.R.C.V.S. 15, Jackson's Lane, N.6.

NOTE:—† Whole-time Officers.

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

† Part-time Officers.

STATISTICS FOR 1938.

(SECTION A).

SOCIAL AND ECONOMIC STATISTICS.

Area (acres)	...	...	...	...	...	2,872
,, (square miles)	...	...	...	...	...	4.49
Population (Census 1931)	...	...	...	...	...	95,524
Do., Registrar-General's estimate (mid 1938)...	...	...	...	...	...	96,680
Number of inhabited houses (end of 1938), according to Rate Books	...	...	...	...	...	22,423
Rateable value (General Rate) at 31st December	...	...	...	...	...	£1,090,189
Product of a penny rate	...	...	...	...	...	£4,300

LIVE BIRTHS—

Legitimate Males	...	...	561
,, Females	...	...	587
Illegitimate Males	...	...	27
,, Females	...	...	22
Total	...	...	1,197

BIRTH-RATE ... 12.38 per 1,000 population
(Registrar-General's estimate).

STILL-BIRTHS—

Legitimate Males	...	...	27
,, Females	...	...	15
Illegitimate Males	...	...	1
,, Females	...	...	2
Total	...	...	45

RATE per 1,000 total (live and still) births, 37.6,

DEATHS—

Males	...	...	463
Females	...	...	626
Total	...	...	1,089

DEATH-RATE ... 11.26 per 1,000 population
(Registrar-General's estimate).

DEATHS FROM PUERPERAL CAUSES.

	Deaths.	Rate per 1,000 total (live and still) births.	England and Wales.
Puerperal sepsis	0	0·00	0·86
Other puerperal causes	3	2·41	2·11
	—	—	—
Total	3	2·41	2·97
	—	—	—

DEATHS OF INFANTS UNDER 1 YEAR OF AGE.

Legitimate	Males 16, Females 18 =	34
Illegitimate	3, ,, 2 =	5
	—	—
Total ... ..	...	39
	—	—

DEATH RATE OF INFANTS UNDER 1 YEAR OF AGE.

All infants per 1,000 live births	32·58
Legitimate infants per 1,000 legitimate live births ...	29·6
Illegitimate infants per 1,000 illegitimate live births ...	102
Deaths from Cancer (all ages)	159
Deaths from Measles (all ages)	6
Deaths from Whooping Cough (all ages)	4
Deaths from Diarrhoea (under 2 years of age)	4

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

(SECTION B).

Under this heading the Minister of Health asks for an account of any *developments or changes during the year* in—

- | | | |
|---|---|---------------------------------------|
| 1.—(a) LABORATORY FACILITIES. | } | NO MATERIAL
CHANGES
DURING 1938 |
| (b) AMBULANCE FACILITIES. | | |
| (c) NURSING IN THE HOME. | | |
| (d) TREATMENT CENTRES AND CLINICS. | | |
| (e) HOSPITALS: PUBLIC AND VOLUNTARY. | | |
| 3.—(i) MIDWIFERY & MATERNITY, &C., SERVICES. | } | SPECIAL
SECTION |
| (ii) INSTITUTIONAL PROVISION FOR MOTHERS
AND CHILDREN. | | |
| (iii) HEALTH VISITORS. | | |
| (iv) CHILD LIFE PROTECTION. | | |
| (v) DENTAL, ORTHOPÆDIC, ETC., TREATMENT. | | |

LABORATORY FACILITIES.

The specimens examined in the laboratory at the Isolation Hospital during 1938 were as follows:—

	Negative.	Positive.	Total.
Diphtheria specimens ...	1,125	100	1,225
Sputum (T.B.) ,, ...	197	18	215
Swabs for Streptococci ...	24	9	33
Hairs for Ringworm ...	1	7	8
Blood for Widal test ...	6	1	7
Other	9	1	10
<hr/>			
Total	1,362	136	1,498
<hr/>			

AMBULANCE FACILITIES.

The ambulance arrangements with the London County Council for the transport of infectious cases, and the Council's ambulance for street accidents and general ambulance services are unaltered and continue to be satisfactory and adequate.

The " Morris Viceroy " motor conveyance for the transport of mentally and physically defective children, purchased in October, 1931, continues in active service. It travelled 11,882 miles and 22,241 passengers were carried.

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

Calls—

Accidents and illness in street	...	460
Private cases	... ..	835
		— 1,295
Persons conveyed	... ..	1,273
Mileage	... ..	8,722
Hours ambulance was engaged	... ..	1,088

NURSING FACILITIES.

BOROUGH OF HORNSEY NURSING ASSOCIATION.

OFFICERS :

President: His Worship the Mayor of Hornsey.

Vice-Presidents:

Mr. James Anderson	Prof. Sir W. W. Jameson, M.D.
Mr. J. Gray Buchanan, J.P.	Mr. Ald. W. J. Rowlands, J.P.
Mr. Coun. Wm. J. Grimshaw	Mrs. Sedorski
Mr. Ald. W. G. Barrenger, J.P.	Mr. Ald. C. Winkley, J.P.
Mr. Ald. G. A. Double	

Hon. Treasurer: Mr. A. E. Stevens

Hon. Secretary: Mr. R. H. Crookall

GENERAL COMMITTEE.

Chairman: Mr. Ald. G. A. Double

Chairman, Executive Committee: Mr. Ald. C. Winkley, J.P.

Vice-Chairman, Executive Committee: Mrs. Dixon

Mr. Coun. S. H. Baker	Mrs. Maley
Mr. Walter Brown	Miss Myerson
Mr. F. C. Carter	Mr. Owen Offer
Mrs. Assheton Clegg	Mrs. Priesack
Rev. E. S. Duval, M.A.	Miss Quare
Dr. R. P. Garrow, M.O.H.	Rev. Dr. C. E. Simpson
Dr. E. C. Girling	Rt. Rev. Abbot Smith, C.R.L.
Mr. W. Owen-Griffiths	Capt. H. Tilley, M.B.E.
Miss I. Harvey	Mr. Coun. L. J. Valette
Mr. Ald. H. E. Hill	Miss D. Winkley

The following is a statement of the infectious diseases nursed during the year by the Queen's District Nurses:—

NAME OF DISEASE.	No. of New Cases.	No. of Visits.	No. Convalescent.	No. sent to Hospital.	No. Died at Home.
Pneumonia	23	339	17	2	4
Tuberculosis	4	157	1	1	2
Puerperal Fever	1	18	1	—	—
Influenza	14	100	12	1	—
Measles	19	173	19	—	—
Measles and Pneumonia ...	5	101	3	—	2
Pemphigus Neonatorum ...	1	1	—	1	—
Whooping Cough	1	15	1	—	—
Other diseases in children under 5	68	290	66	1	—
Elementary School Children ...	57	152	57	—	—

HOME NURSING CLASSES.—These classes, which have been carried on for several winter sessions at the Hornsey High School under the Higher Education Committee, were conducted by Miss E. Hart, the Health Visitor for Haringgay Centre.

These classes have not been taken advantage of to the same extent as in previous years. This may be accounted for by the fact that it has been catered for to a large extent by facilities of first-aid training in connection with Air Raid Precautions.

NURSING HOMES.—There are 21 Nursing Homes in the Borough registered with the Middlesex County Council under the Nursing Homes Registration Act, 1927.

Eleven of these, with a total of 76 beds, are registered for the reception of maternity cases.

NORTH MIDDLESEX HOSPITAL.—The number of beds at North Middlesex Hospital is 1,430, an increase of 280 since the last Annual Report.

The number of cases from Hornsey treated there in 1938 was:—Maternity 167 (1937 206), other cases 1,665 (1,450 in 1937), a total of 1,832.

HORNSEY CENTRAL HOSPITAL.—The Hospital has now 61 beds. The Children's Ward is now completed and was formally opened by H.R.H. the Duchess of Kent on the 24th May, 1938.

The Hospital is provided with up-to-date X-Ray and Ultra-Violet Ray Departments.

There were 966 cases treated during the year, of which 736 belonged to the Borough. In addition, 2,530 out-patients were treated. The Council subscribe an annual sum of £200 to the Hospital funds.

HORNSEY DEANERY ASSOCIATION.—An annual sum of £50 is subscribed by the Council to this Home for Unmarried Mothers in Eastern Road.

OPEN-AIR SWIMMING POOL.

No material alterations have been made during the year to the very complete Open-air Swimming Pool opened in 1929.

The number of persons using the Pool was 71,742 as compared with 100,708 in 1937. The season-ticket holders numbered 438, a decrease of 274 on the figures for 1937.

The satisfactory condition of the water is maintained by a system of filtration, aeration and chlorination, and regular inspections are made by the Medical Officer of Health.

SANITARY CIRCUMSTANCES OF THE AREA.

(SECTION C.)

SANITARY INSPECTION.

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

VISITS.							
Complaints	...	...	...	...	...	...	961
House-to-house inspections	...	...	...	...	...	...	55
Special inspections	...	...	...	...	...	...	1,249
Re-inspections	...	...	...	...	...	...	7,837
Families re-housed	...	...	...	...	...	...	66
Notifiable infectious diseases	...	...	...	...	...	...	258
Deaths	...	...	...	...	...	...	1
Scabies	...	...	...	...	...	...	5
Verminous houses	...	...	...	...	...	...	106
Shops Acts	...	...	...	...	...	...	1,619
Factories and outworkers	...	...	...	...	...	...	478
Cinemas, etc.	...	...	...	...	...	...	8
Petroleum stores	...	...	...	...	...	...	169
Rag Flock Act	...	...	...	...	...	...	17
Dairies and milkshops	...	...	...	...	...	...	38
Bakehouses	...	...	...	...	...	...	32
Slaughter-houses	...	...	...	...	...	...	27
Butchers' shops	...	...	...	...	...	...	37
Restaurant kitchens	...	...	...	...	...	...	28
Other food shops	...	...	...	...	...	...	135
Offensive trades (fish frying)	...	...	...	...	...	...	15
Annual licences (Music and Dancing)	...	...	...	...	...	...	48
Stables	...	...	...	...	...	...	7
Overcrowding surveys	...	...	...	...	...	...	302
Piggeries	...	...	...	...	...	...	4
Conveniences	...	...	...	...	...	...	6
Smoke observations	...	...	...	...	...	...	70
Sidings	...	...	...	...	...	...	4
Refuse tips	...	...	...	...	...	...	6

Passages	12
Rent Act	2
Offices (workplaces)	248
Other workplaces	31
Drainage	269
Drainage Fee tests	3
Water tests applied (new drains)	99
Smoke and chemical tests applied (old drains)	87
Drains examined under Secs. 48 & 287, Public Health Act, 1936	39
	<hr/>
	14,378
	<hr/>

NOTICES.

The Notices given during the year are as follows:—

Under the—	Verbal	Preliminary	Statutory
Public Health and Housing Acts	669	733	133
Housing Bye-Laws	—	43	18
Shops Act, 1934	43	11	—
Factory Acts	—	14	1
	<hr/>	<hr/>	<hr/>
	712	801	152
	<hr/>	<hr/>	<hr/>

SUMMARY OF SANITARY IMPROVEMENTS CARRIED OUT.

DRAINAGE.

Number of houses and premises redrained	43
Repairs or amendments to existing drains	234
Drains or gullies unstopped or cleansed	52
Manholes provided	73
do. repaired	49
Intercepting traps fixed	11
New gully traps fixed	140
New soil pipes and ventilating shafts fixed	62
Soil pipes and ventilating shafts repaired	41
Fresh-air inlets provided or repaired	62

WATER-CLOSETS AND SANITARY FITTINGS.

New water-closet buildings	...	...	...	...	...	19
New water-closet basins fixed	...	...	...	...	...	240
Water-closets unstopped, cleansed or repaired	...	...	...	...	...	55
New check cisterns fitted to water-closets; existing check cisterns repaired	...	...	...	...	...	82
New sinks provided	...	...	...	...	...	246
New lavatory basins provided	...	...	...	...	...	125
New waste-pipes fixed	...	...	...	...	...	245
Waste-pipes trapped, repaired or unstopped	...	...	...	...	...	343
Waste-pipes diverted into proper drain	...	...	...	...	...	17
Baths provided or made usable	...	...	...	...	...	80
Urinals cleansed	...	...	...	...	...	2

MISCELLANEOUS.

Roofs repaired	...	...	...	...	...	216
Eaves, guttering renewed, cleansed or repaired	...	...	...	...	...	81
Rain-water pipes provided, repaired	...	...	...	...	...	80
Damp walls remedied	...	...	...	...	...	89
Damp-proof courses inserted	...	...	...	...	...	62
Paving of yards repaired	...	...	...	...	...	93
Premises structurally repaired	...	...	...	...	...	1,019
Rooms cleansed, distempered or papered	...	...	...	...	...	727
Premises disinfested of vermin	...	...	...	...	...	140
Drinking-water cisterns repaired, cleansed and covered	...	...	...	...	...	44
Water supply (additional) provided	...	...	...	...	...	5
Windows and skylights provided or made usable	...	...	...	...	...	99
Sub-floor ventilation	...	...	...	...	...	147
Floors repaired	...	...	...	...	...	115
Windowsills repaired	...	...	...	...	...	45
Sash cords and fittings repaired	...	...	...	...	...	131
Sanitary dustbins provided	...	...	...	...	...	191
Accumulations of manure and refuse removed	...	...	...	...	...	54
Stoves, ranges and coppers repaired or renewed	...	...	...	...	...	131
Sundry items	...	...	...	...	...	396
Food stores provided	...	...	...	...	...	14

6,100

FACTORIES AND WORKSHOPS. DEFECTS REMEDIED.

Sanitary accommodation—Insufficient	...	...	...	0
Unsuitable or defective	...	...	...	3
Not separate for sexes	...	...	...	1
Workrooms cleansed or repaired	...	...	...	11
				15

PREMISES INSPECTED PERIODICALLY.

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

	No. in District.
Dairies and milkshops	27
Milk purveyors in connection with other businesses	75
Bakehouses	20
Catering trades	66
Slaughter-houses	6
Butchers' shops	56
Fish shops	23
Factories	171
Outworkers' premises	134
Workplaces	279
Cinemas	6
Shoots (refuse)	1
Offensive trades (fish frying)	10
Licensed petroleum stores	83
	823

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.

The amended Byelaws made necessary by the new standards laid down in the Housing Act, 1936, were confirmed on the fifth day of May, 1937, and came into operation on the first day of June, 1937.

The number of lodging-houses on the register at the end of the year was 573.

Sixty-five houses have been dealt with under these Bye-laws during the year and the following works carried out:—

Byelaw.

4 (a)	Closet accommodation	2
4 (b)	Water supplies	3
4 (c)	Washing accommodation	17
4 (d)	Food stores	119
5 (b)	Means of carrying off waste water	4
5 (f)	Ventilation to the bedroom and room with cooking apparatus	9
		<hr/> 154 <hr/>

SHOPS ACTS, 1912-1936.

Generally and briefly, the provisions of these Acts are as follows:—

SHOPS ACT, 1912.

Provides for closing of shops on weekly half-holiday, meal times, hours of employment of young persons, sanitary conveniences where both sexes are employed.

SHOPS ACT, 1913.

An adoptive Act, which makes provision for holidays and meal times of persons, including kitchen staff, employed in connection with the sale of refreshments.

SHOPS (HOURS OF CLOSING) ACT, 1928.

Makes compulsory the closing of shops in the evening.

SHOPS ACT, 1934.

Regulates further the hours of employment of young persons. Provides for ventilation and a reasonable temperature in shops, suitable facilities for taking meals, washing facilities, etc.

SHOPS ACT, 1936.

Applies the Shops Acts, 1912 and 1934 to premises and places where the business of lending books or periodicals is carried on for the purpose of gain.

RETAIL MEAT DEALERS SHOPS (SUNDAY CLOSING) ACT, 1936.

Makes compulsory the closing of butchers' shops.

SHOPS (SUNDAY TRADING RESTRICTIONS) ACT, 1936.

An Act to restrict the opening of shops and trading on Sundays and for other purposes in connection therewith.

THE YOUNG PERSONS (EMPLOYMENT) ACT, 1938.

This Act comes into operation on 1st January, 1939. It consists of two parts, part (1) containing provisions for regulating the hours of young persons employed in certain occupations which have hitherto been unregulated and applies to van boys and outside messengers, page boys at residential hotels and clubs, messengers in newspaper offices, attendants at theatres, cinemas and other places of public entertainment, assistants to cinema operators, lift boys (except those in private houses) and young persons employed in laundry or dyers and cleaners' receiving offices. Part (2) contains certain amendments of the Shops Acts.

This Act, like the Shops Acts, will be administered by the Sanitary Inspectors.

GENERAL ADMINISTRATION.

The administration of the Shops Acts and Closing Orders has been carried out with the object of preventing rather than detecting offences, and it is pleasing to report that it has not been necessary to take proceedings against any trader during the year under review.

The number of shops in the Borough is upwards of 1,400 and the number of visits paid 1,619, of which 800 were made during evenings and Sundays.

Although, generally speaking, the provisions of the Shops Acts have been well observed, 39 verbal and 18 written notices have been given, which have mostly related to minor infringements and to infringements by new shopkeepers who have been unaware of the provisions of the Shops Acts, but have all given undertakings that the Acts will be strictly observed in future.

The following are the particulars of action taken during the year under the provisions of the Shops Act, 1934, relating to ventilation and temperature of shops and to sanitary conveniences:—

	Notices.	Complied with
Temperature	2	2
Sanitary accommodation	1	1
Washing facilities	1	1
Meal facilities	1	1

There are 1,424 shops in the Borough engaged in the following trades:—

SHOPS.							
Antiques ... ..	...	...	...	...	...	...	4
Bakers ... ..	...	...	...	...	...	...	20
Butchers ... ..	...	...	...	...	...	...	56
Builders and Builders' Merchants ... ..	...	...	...	...	...	...	20
Carpets and Lino. ... ..	...	...	...	...	...	...	4
Catering ... ..	...	...	...	...	...	...	82
Chemists ... ..	...	...	...	...	...	...	31
China and Glass ... ..	...	...	...	...	...	...	5
Cleaners and Dyers ... ..	...	...	...	...	...	...	6
Coal Merchants ... ..	...	...	...	...	...	...	32
Confectioners ... ..	...	...	...	...	...	...	107
Cooked Meats ... ..	...	...	...	...	...	...	6
Corn Chandlers ... ..	...	...	...	...	...	...	6
Drapers, Ladies' Outfitters, Milliners, etc. ... ..	...	...	...	...	...	...	137
Electrical, Radio and Gas Fittings ... ..	...	...	...	...	...	...	42
Fishmongers ... ..	...	...	...	...	...	...	25
Florists ... ..	...	...	...	...	...	...	19
Footwear ... ..	...	...	...	...	...	...	68
Furniture ... ..	...	...	...	...	...	...	42
Greengrocery ... ..	...	...	...	...	...	...	71
Grocers ... ..	...	...	...	...	...	...	122
Hairdressers ... ..	...	...	...	...	...	...	80
Herbalists and Health Food Stores ... ..	...	...	...	...	...	...	4
Household and Domestic Stores, Oil and Colour Shops, and Bazaars ... ..	...	...	...	...	...	...	30
Ironmongers ... ..	...	...	...	...	...	...	10
Watches, Jewellery and Pawnbroker ... ..	...	...	...	...	...	...	17
Leather Goods and Saddlers ... ..	...	...	...	...	...	...	10
Milkshops ... ..	...	...	...	...	...	...	27
Music, etc. ... ..	...	...	...	...	...	...	7
Newsagents, Stationers, Bookshops and Libraries ... ..	...	...	...	...	...	...	70
Motors, Motor-cycles and Cycles ... ..	...	...	...	...	...	...	32
Off-licences ... ..	...	...	...	...	...	...	43
Opticians ... ..	...	...	...	...	...	...	7
Photographers ... ..	...	...	...	...	...	...	8
Pictures and Picture-framing ... ..	...	...	...	...	...	...	3

Public-houses	...	...	...	...	...	...	37
Tailors, Gentlemen's Outfitters and Hosiers	...	...	...	...	...	...	43
Tobacconists	...	...	...	...	...	...	56
Timber Merchants	...	...	...	...	...	...	8
Wardrobe Dealers	...	...	...	...	...	...	8
Sewing Machines	...	...	...	...	...	...	2
Sports Goods, Toys and Games	...	...	...	...	...	...	6
Umbrellas	...	...	...	...	...	...	4
Miscellaneous	...	...	...	...	...	...	7
							<hr/> 1,424 <hr/>

OFFICES.

Under the Public Health Act, 1936, section 343, the term "workplace" is defined thus:—

"Workplace does not include a factory or workshop, but save as aforesaid includes any place in which persons are employed otherwise than in domestic service."

In Circular 1,600 issued from the Ministry of Health and dated 1st May, 1937, it is stated that the new definition of workplace in section 343 of the Public Health Act embraces all places of clerical employment and removes the doubt which previously existed as to the extent to which local authorities had control over conditions in offices and that under sections 43—46 and section 92, sub-section (1) (a) (e) statutory powers with regard to sanitary conveniences, insufficient ventilation or uncleanness or obnoxious effluvia or overcrowding in offices are now available.

It was, therefore, necessary to locate and inspect these offices.

The number inspected and recorded at the end of 1938 was 201.

Generally speaking, the class of office in this Borough is excellent and it is pleasing to report that in only 7 instances was the water-closet accommodation found to be insufficient and in 3 instances the washing and cloak room accommodation unsatisfactory. These matters are receiving attention.

SMOKE ABATEMENT.

Seventy smoke observations have been kept and seven written intimation notices have been served.

In June of this year, the following Byelaw was adopted with regard to smoke abatement:—

The Mayor, Aldermen and Burgesses of the Borough of Hornsey, acting by the Council do by this byelaw regulate the emission of black smoke by prescribing that, for the purposes of section (4) of section 103 of the Public Health Act, 1936, the emission of such smoke from a chimney of any building other than a private house, for more than two minutes in any period of thirty minutes, shall, until the contrary is proved, be deemed to be a statutory nuisance and a smoke nuisance.

This byelaw operated from the 1st October, 1938.

CLEANSING AND DISINFECTING STATION.

CLEANSING STATION.

Twenty-four children and 17 adults have been treated at the Station for scabies and 5 adults for verminous heads.

One hundred and thirty-eight school children were treated for verminous heads under arrangements made by the Local Education Authority and 8 were treated for ringworm.

Work done by disinfectors:—

DISINFECTION.

No. of rooms disinfected after notifiable infectious disease	336
„ „ „ „ „ non-notifiable disease	85
„ „ „ „ „ T.B.	44
„ „ „ „ „ death	36
„ „ articles disinfected	5,284
„ „ „ destroyed	221

Collecting and disinfecting library books:—

	Received.	Returned.	Destroyed.
Public Libraries	126	126	—
School Libraries	18	17	1
Private Libraries	79	53	26

DISINFESTATION.

Premises infested with bugs	...	...	...	106
" " " cockroaches	...	...	...	8
" " " ants	...	...	...	4
" " " silver fish	...	...	...	2
" " " flies	...	...	...	16
" " " *furniture mites	...	...	...	4
*Found in undyed Algerian fibre and present in furniture containing Esparto grass.				

MISCELLANEOUS.

Conveyance of drain-testing apparatus	...	...	...	75
Milk samples taken to laboratory for analysis	...	...	...	24
Visits to Welfare Centres	...	...	...	97
Conveyance of A.R.P. apparatus	...	...	...	426

ERADICATION OF BED BUGS.

The number of Council houses disinfested was only 11 out of 1,093, or 1 per cent.

The number of other houses disinfested was only 95 out of 22,423, or 0.41 per cent.

The methods employed consist of easing the architraves, skirtings, stripping of walls, etc., including in bad cases the opening up of the floors of infested rooms and spraying with a suitable insecticidal fluid such as Pyagra (Jeyes' preparation) and Zaldecide (Newton Chambers' preparation).

The beds and bedding are examined and dealt with. If badly infested, the bedsteads are destroyed. Bedding is treated at the Council's steam disinfectors.

The belongings of tenants to be moved into Council houses or Hornsey Housing Trust dwellings are examined and, where considered necessary, treated as previously described.

The work of disinfestation is carried out by the Local Authority.

Supervision is exercised by the district sanitary inspectors in all cases and disinfestation carried out by the Council's disinfecting staff. The sanitary inspectors advise whenever necessary and several visits are made in every case.

DOG NUISANCE.

Normally there are upwards of 200 metal plates affixed to lamp columns in various parts of the Borough, but in the process of substituting electric columns for gas columns, which is at present going on, it is difficult to give the exact figure with certainty.

During the year 15 more have been fixed.

HOUSING STATISTICS.

(SECTION D).

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

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

- | | |
|---|-------|
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... | 1,901 |
| (b) Number of inspections made for the purpose | 5,900 |
| (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 | 55 |
| (b) Number of inspections made for the purpose | 180 |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... | — |
| (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... | 1,436 |

2. *Remedy of Defects during the Year without service of formal Notices:—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1,446
--	-------

3. *Action under Statutory Powers during the Year:—*

A.—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930:

- | | |
|---|---|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs | — |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices:— | |
| (a) By owners | — |
| (b) By local authority in default of owners | — |

B.—Proceedings under Public Health Acts:

- | | |
|---|-----|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | 133 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices:— | |
| (a) By owners | 115 |
| (b) By local authority in default of owners | — |

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 underground rooms in respect of which Closing Orders were made | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | — |

4. *Housing Act, 1936. Overcrowding:*

- | | |
|---|----|
| (a) (i) Number of dwellings overcrowded at the end of the year | 55 |
|---|----|

(ii) Number of families dwelling therein	...	56
(iii) Number of persons dwelling therein	...	366
(b) Number of new cases of overcrowding reported during the year	...	5
(c) (i) Number of cases of overcrowding relieved during the year	...	80
(ii) Number of persons concerned in such cases		416

HOUSE-TO-HOUSE INSPECTIONS.

The number of house-to-house inspections has had to be restricted owing to special activities in connection with:—

The Shops Act, 1936.
 The Housing Act, 1936.
 The Public Health Act, 1936.
 The Factories Act, 1937.

Ward.	Road.	No.
Highgate ...	Holmesdale Road ...	7
Crouch End ...	Alexandra Gardens ...	5
Central Hornsey...	Myddelton Road ...	8
North Haringey ...	Haringey Grove ...	26
Stroud Green ...	Montague Road ...	9
		55

HORNSEY HOUSING TRUST.

The Hornsey Housing Trust, founded in 1933 under the chairmanship of Councillor Mrs. Hill, has made steady progress along its own particular line of purchasing suitable houses and dividing these into flats and single rooms for occupation by families and old persons at rents which they can afford to pay.

The continued expansion of this valuable work is indicated by the following figures furnished in the Chairman's report:—

To December.	No. of Properties occupied.	Rent of Year.	Shares and Loan Stock.	Total Expenditure.
1933	3	£154	£2,210	£5,089
1934	15	£1,115	£4,185	£14,034
1935	28	£2,375	£5,830	£26,170
1936	34	£3,340	£6,860	£32,302
1937	39	£4,119	£8,098	£38,138
1938	43	£4,844	£9,176	£44,936

HOUSING.

During the year 1938 the Council re-housed 66 families, representing 308 persons from various roads as under:—

				Families	Persons
Archway Road	...	...	...	1	7
Northwood Road	...	...	...	2	8
Orchard Road	...	...	...	1	4
North Hill	...	...	...	1	7
North Road	...	...	...	1	6
Gaskell Road	...	...	...	2	9
Yeatman Road	...	...	...	4	13
Southwood Lane	...	...	...	2	7
Constitution Hill	...	...	...	1	3
Page's Lane	...	...	...	1	4
Coldfall Avenue	...	...	...	1	4
Greenham Road	...	...	...	1	4
Barrenger Road	...	...	...	1	6
Steeds Road	...	...	...	1	6
Stroud Green Road	...	...	...	2	10
Woodstock Road	...	...	...	5	24
Oakfield Road	...	...	...	1	4
Inderwick Road	...	...	...	1	4
Rathcoole Avenue	...	...	...	1	7
Rathcoole Gardens	...	...	...	3	14
Harvey Road	...	...	...	1	7
Lorne Road	...	...	...	1	4
Nelson Road	...	...	...	2	12
Hillfield Avenue	...	...	...	1	5
Birkbeck Road	...	...	...	1	4
Middle Lane	...	...	...	1	5
Rectory Road	...	...	...	1	4
St. Mary's Road	...	...	...	1	4
Ferrestone Road	...	...	...	1	7
Campsbourne Road	...	...	...	1	6
Myddelton Road	...	...	...	2	8
Newlands Road	...	...	...	3	15
Boyton Road	...	...	...	1	7
Eastfield Road	...	...	...	1	5
Nightingale Lane	...	...	...	2	12

				Families	Persons
Hawthorn Road	...	...	...	2	6
Beechwood Road	...	...	...	1	2
South View Road	...	...	...	1	5
North View Road	...	...	...	3	11
Priory Avenue	...	...	...	1	5
Denmark Road	...	...	...	1	5
Malvern Road	...	...	...	1	4
Haringey Grove	...	...	...	1	4
Courcy Road ...	...	...	...	1	5
Waldegrave Road	...	...	...	1	5

CLOSURE AND DEMOLITION OF UNFIT HOUSES

This chart demonstrates the progress that has been made in recent years in the closure and demolition of houses in the borough which were unfit for human habitation.

1920.

The first large group dealt with in 1920 consisted of seventeen houses in High Street, Hornsey, and Prestons Court and Allens Court. In 1932 the Council's Baths and Washhouses were built on this site.

1926.

Four houses in Church Yard Bottom were closed (and demolished in 1930).

1927.

Numbers 103, 105, 107, North Hill, were demolished and converted into garages.

1930.

Five houses in Summersby Road were closed and demolished.

1932.

The group of 16 old unfit houses known as "Wards Cottages" in North Hill, Highgate, were replaced by the block of 21 flats re-named "Rowlands Close."

1933.

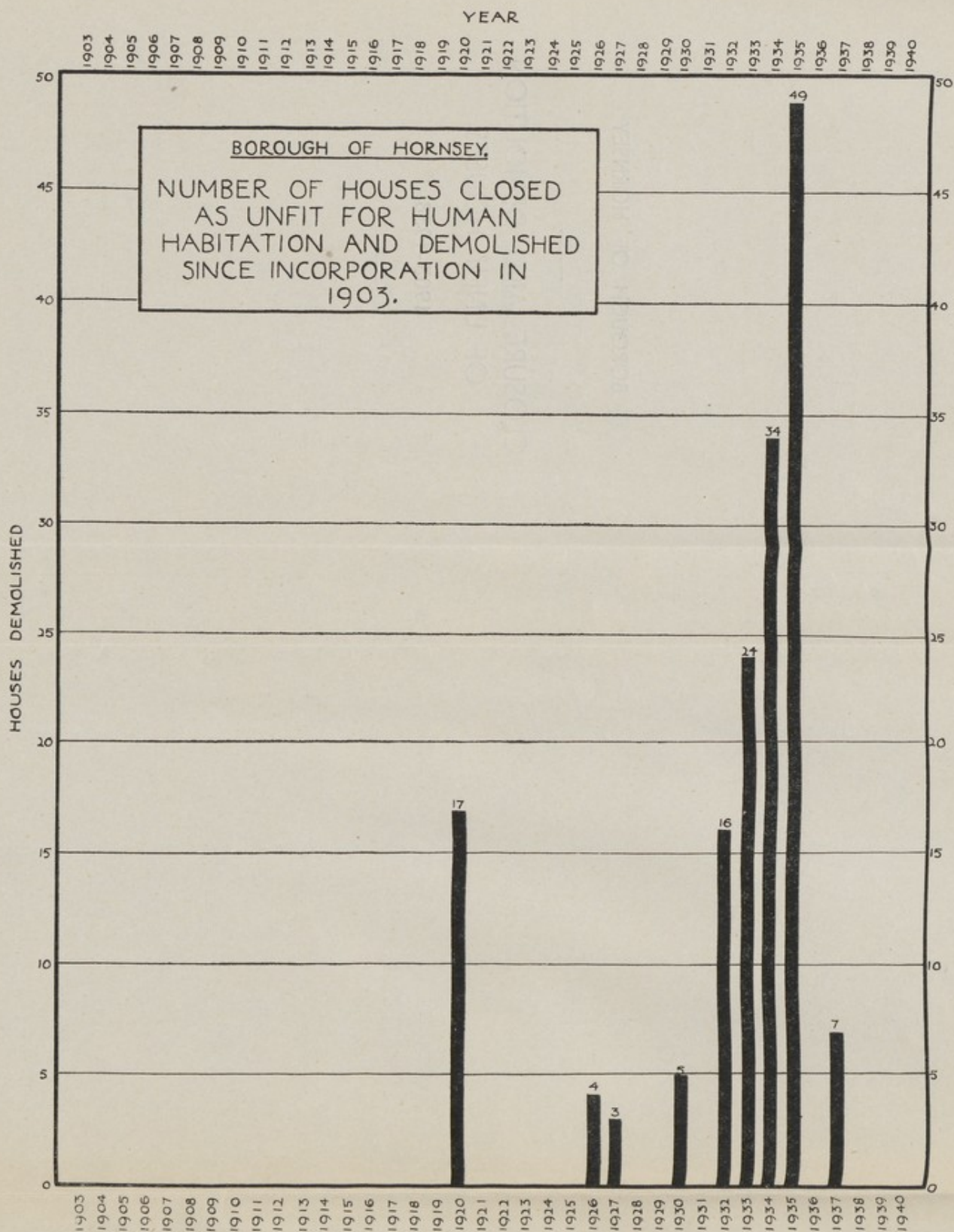
"North Road Cottages," Highgate, numbering 21 were replaced by 24 flats re-named "Grimshaw Close" and Numbers 15, 17, 17a, North Hill, were replaced by private bachelor flats to the number of 14.

1890

1891

1892

1893



BOROUGH OF HORNSEY

CLOSURE AND DEMOLITION
OF UNFIT HOUSES

1903-1938.

1934.

The 34 unfit houses dealt with in this year included:—

Pickering Cottages (2), North Hill.

Rose Cottages (2), Fortis Green.

St. James's Lane Cottages to the number of 26 were replaced by blocks of 27 flats re-named "Valette Court."

In Turnpike Lane, 4 houses were cleared from a site on which 33 flats were built and named "Goulding Court"

1935.

In this year the scheme reached its height and 49 unfit houses were demolished, including houses in:—

Colney Hatch Lane	-	-	-	-	-	-	-	4
Tottenham Lane	-	-	-	-	-	-	-	15
"Bartholomew Terrace," North Hill	-	-	-	-	-	-	-	4
Townsend's Yard, Highgate Village	-	-	-	-	-	-	-	6
Kents Cottages, Highgate Village	-	-	-	-	-	-	-	6
"Aldbury," "Maismore," "Laurelhurst" and "The Lodge," St. James's Lane	-	-	-	-	-	-	-	4
Summersby Road	-	-	-	-	-	-	-	7
								—
								49
								—

1937.

In this year three houses in North Hill and four in Southwood Lane were closed and demolished (36, 110 and 112, North Hill, and 76-84, Southwood Lane).

In the course of this work there was not a single appeal against the closing and demolition orders—a testimony to the fairness of the Council's requirements, the tact of the officers of the Health Department and the public spirit of owners who receive only site value for property dealt with in this way.

INSPECTION AND SUPERVISION OF FOOD.

(SECTION E.)

The inspection of food and supervision of places where food is prepared or sold was carried out by the Sanitary Inspectors throughout the year. No outbreak of food poisoning occurred during the year, and, indeed, the food supply is now generally so wholesome and free from contamination, and the methods of handling so good, that disease or infection resulting from the ingestion of food is a rare occurrence.

DAIRIES AND MILKSHOPS.

Every dairyman or purveyor of milk must be registered with the Sanitary Authority of the district in which his dairy premises are situated; if he retails milk in the district of another Sanitary Authority he must also be registered with that Authority.

At the end of the year the register showed 55 classed as dairies and 75 classed as milkshops, the principal trade of which is not dairy produce.

Of the dairies, 28 are situated outside and operate also inside the Borough.

The dairies and milkshops have been inspected periodically and a high standard of cleanliness continues to exist.

These inspections have been amplified by the taking of 24 informal samples for bacteriological examination during the year.

There are no cowsheds in the Borough.

MILK (SPECIAL DESIGNATIONS) ORDER, 1936.**CIRCULAR 1,535.**

This Order, which came into force on 1st June, 1936, revokes the Orders of 1923 and 1924 and prescribes the following amended special designations for milk:—

PASTEURISED Milk has been heated at 145° Fahr.
for 30 minutes to destroy any disease germs.

TUBERCULIN TESTED Milk comes from cows
that have passed the tuberculin test for freedom
from tuberculosis.

Tuberculin Tested Milk (Pasteurised) is Tuberculin
Tested Milk which is also Pasteurised.

Tuberculin Tested Milk (Certified) is Tuberculin Tested Milk which is bottled on the farm.

ACCREDITED Milk comes from cows that have passed a veterinary inspection, but not a test for tuberculosis.

SPECIAL DESIGNATED MILK LICENCES.

Producers of, and dealers in, special designated milk are required to obtain licences annually.

During the year licences were in force as follows:—

Sale of Pasteurised Milk	17
„ „ „ „ (Supplementary)	4
„ „ T.T.	7
„ „ „ (Supplementary)	4

MEAT AND OTHER FOODS.

Under the Public Health (Meat) Regulations, 1924, notice of intention to slaughter animals has to be sent by the butchers to the Medical Officer of Health. In this way the Inspectors are enabled to examine the carcass and organs of every animal killed for human consumption.

During the year the carcasses and meat offal of 204 animals have been inspected under the Regulations. Meat offal weighing 52 lbs. was condemned, surrendered and destroyed.

STATISTICS OF SLAUGHTERING, 1926-1938.

Year.	Beasts.	Sheep.	Swine.	Calves.	Total.
1926 ...	195	2,843	27	0	3,065
1927 ...	144	2,374	21	16	2,555
1928 ...	58	1,526	0	1	1,585
1929 ...	21	1,303	0	1	1,325
1930 ...	4	1,024	0	0	1,028
1931 ...	4	741	34	0	779
1932 ...	73	1,930	0	30	2,033
1933 ...	3	842	0	0	845
1934 ...	2	624	0	0	626
1935 ...	0	321	0	0	321
1936 ...	0	285	0	0	285
1937 ...	0	301	0	0	301
1938 ...	0	204	0	0	204

There are six licensed slaughter-houses in the Borough.

There is one salmon-curing factory in the district from which salmon is exported. Every consignment of salmon for shipment abroad is notified and inspected before a certificate of fitness is issued.

Articles of food brought from London markets and found to be unsound on arrival at their destination are submitted for examination, condemned, surrendered and destroyed, and a "condemnmment" note is given, which enables the dealer to obtain credit from the wholesaler. This arrangement is quite good and results in prompt notification.

The following were condemned and destroyed:—

	lbs.	ozs.
Rabbits	12	8
Fish (kippers)	84	0

All diseased meat and fish is destroyed at the Council's incinerator.

FOOD ADULTERATION.

Mr. S. J. Pugh, Acting Chief Officer of the Public Control Department of the Middlesex County Council, has kindly supplied me with the following information regarding samples of food taken during the year in the Borough:—

Articles.	Samples.	Adulterated.
Milk	196	—
„ Sterilised	10	1
Butter	2	—
Minced Beef	3	—
Sausages	5	—
Meat	1	—
Lemon Sole	1	—
Sheep's Liver	2	—
Gin	2	1
Whisky	3	1
White Precipitate Ointment	4	2
Zinc Ointment	2	1
Aspirin	2	—
Camphorated Oil	1	—
Eucalyptus Oil	1	—
	<hr/> 235	<hr/> 6

INFECTIOUS DISEASES.

(SECTION F.)

The incidence of nineteen of the common and uncommon infectious diseases in the Borough for a period of 28 years is set out in table G.

DIPHTHERIA IMMUNISATION.

The Saturday morning monthly clinic for immunisation of children against diphtheria, started in 1936, is held at each of the four Welfare Centres in rotation.

At the end of 1937 1,806 children had been injected and there were 445 completed cases, *i.e.*, each receiving the requisite three injections.

The following table shows the figures for 1938:—

	Total injections.	Completed Cases.
Town Hall Centre	1,094	337
Wightman Road Centre	982	287
Highgate Centre	209	84
Coldfall Sub-Centre	773	109
	<hr/> 3,058	<hr/> 817

VACCINATION.

The Public Vaccinators inform me that they have performed vaccination of persons in the Borough during 1938 as follows:—

Dr. E. Buckler	...	...	122
Dr. R. Anderson	...	...	199 children, 24 adults

PREVENTION OF BLINDNESS.

(PUBLIC HEALTH ACT, 1925, SECTION 66.)

Four cases of ophthalmia neonatorum were notified. Three were treated in hospital and one was nursed at home.

Of the three cases removed to hospital, one was removed to St. Margaret's Hospital (Kentish Town), one was an in-patient of North Middlesex County Hospital, and one was an in-patient of City of London Maternity Hospital.

There was no case of blindness resulting from this infection.

Cases			Vision unimpaired.	Vision impaired.	Total blindness.	Deaths.
Notified.	Treated					
	At home.	In hospital or nursing home.				
4	1	3	4	0	0	0

TUBERCULOSIS.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS.

No occasion has arisen in the course of the year to put these powers into action.

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

There are 606 beds available solely for Middlesex under the Middlesex County Council scheme for the treatment of Tuberculosis in sanatoria, namely:—

Harefield Sanatorium, Uxbridge	...	378 beds	} For pulmonary cases
Clare Hall Sanatorium, South Mimms	...	198 „	
Royal Chest Hospital	...	24 „	
Victoria Home, Margate	...	6 „	For non- pulmonary cases

Pulmonary cases in excess of these numbers and non-pulmonary cases are maintained by the County Council in sanatoria and hospitals in various parts of the country.

The total number of cases on the Tuberculosis Register at the end of 1938 was 846, viz., pulmonary 642, non-pulmonary 204, an increase of 41 on the total for last year.

A table showing the history of Tuberculosis cases during the year will be found on Table H.

MORTUARY.

Seventy-one bodies were received at the mortuary and inquests held on 22 of them.

DISEASES OF ANIMALS ACT.

Mr. F. G. Buxton, the Veterinary Inspector, has kindly supplied me with details of his work in the Borough under the Diseases of Animals Acts and Orders during 1938 as follows:—

Inspections made under the Diseases of				
Animals Acts	...	...	...	30
Animals inspected	...	...	436 pigs, 10 sheep, 5 horses	
Removal Licences issued	...	...	...	50
Inspection of contact horses under the				
Parasitic Mange Order	...	...	...	2
Inspection sheep's carcase (melanosis)	...			1

No action was necessary under the Tuberculosis Order, 1925.

PETROLEUM INSPECTOR'S REPORT.

The following is a Report of the Petroleum Inspector for the year 1938:—

PETROLEUM (REGULATIONS) ACTS, 1928 & 1938, AND REGULATIONS AND ORDERS RELATING THERETO.

Petroleum is defined as "Petroleum, which when tested in a prescribed manner gives off an inflammable vapour at a temperature of less than 73 deg. Fahrenheit."

The quantity of petroleum stored under licence is 104,073 gallons, 100,850 gallons of which are stored in underground steel tanks and 3,223 gallons kept in properly sealed two-gallon cans. The total number of licences issued is 83.

The Superintendent of the Fire Brigade was appointed an additional Petroleum Inspector in October, 1937.

All plans relating to new petrol installations are 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.

The change-over from hand-operated to electrically-operated pumps continues. The Borough Electrical Engineer is notified in every case so that the wiring can be inspected.

HYDRO-CARBON.

There is one licence issued for the storage of 100 gallons of hydro-carbon.

NAPHTHA.

There is one licence issued for the storage of 2,000 gallons of naphtha.

CELLULOSE SPIRIT.

Two premises are licensed for the storage of cellulose spirit and the total quantity kept on these premises is 90 gallons.

CARBIDE OF CALCIUM.

There is one premises licensed for the storage of Carbide of Calcium and the quantity stored under licence is 10 cwts.

H. EASTWOOD,

Chief Sanitary Inspector and Petroleum Inspector.

ACTS OF PARLIAMENT, LOCAL GOVERNMENT ORDERS, MEMORANDA,
AND CIRCULAR LETTERS ISSUED BY GOVERNMENT DEPARTMENTS
WITH REGARD TO THE
PUBLIC HEALTH, MATERNITY AND CHILD WELFARE AND SCHOOL
MEDICAL SERVICES DURING THE YEAR 1938.

STATUTES.

Blind Persons Act, 1938 (30th March, 1938).

Increase of Rent and Mortgage Interest (Restrictions) Act, 1938
(26th May, 1938).

Housing (Rural Workers) Amendment Act, 1938 (23rd June,
1938).

Children and Young Persons Act, 1938 (13th July, 1938).

Mental Deficiency Act, 1938 (13th July, 1938).

Food and Drugs Act, 1938 (29th July, 1938).

Young Persons (Employment) Act, 1938 (29th July, 1938).

MINISTRY OF HEALTH CIRCULARS.

No. 1674.—Registration of Nursing Homes (4th February, 1938).

No. 1678.—Midwives Act, 1936 (9th March, 1938).

No. 1681.—Blind Persons Bill and Blindness due to Cataract
(14th March, 1938).

No. 1685.—Agriculture Act, 1937, Part IV. Milk and Dairies
Acts and Orders; Tuberculosis Order, 1938 (22nd
March, 1938).

No. 1693.—Midwifery Training (12th April, 1938).

No. 1694.—Health Visitors Training (12th April, 1938).

No. 1705.—Maternal Mortality. Medical Practitioners called in
by Midwives (14th June, 1938).

No. 1709.—Increase of Rent and Mortgage Interest (Restrictions)
Act, 1938 (27th May, 1938).

No. 1714.—Midwives Act, 1936 (29th July, 1938).

No. 1716.—Housing (Rural Workers) Amendment Act, 1938 (1st July, 1938).

No. 1740.—Report on the Management of Municipal Housing Estates (31st October, 1938).

No. 1755.—Food and Drugs Act, 1938 (15th December, 1938).

ORDERS.

PUBLIC HEALTH.

No. 217.—Milk and Dairies Amendment Order, 15th March, 1938.

No. 218.—Milk (Special Designations) Amendment Order, 15th March, 1938.

No. 299.—Public Health (Aircraft) Regulations, 7th April, 1938.

No. 316.—Importation of Raw Cherries Order, 11th April, 1938.

No. 569.—Registration of Births, Still-births and Deaths Regulations, 2nd June, 1938.

No. 827.—Rent Restrictions Regulations, 4th August, 1938.

MATERNITY AND CHILD WELFARE.

No. 32.—Public Health (Nursing Home Registration Form) Regulations, 21st January, 1938.

No. 147.—The Midwives (Certifying Hospitals and Institutions) Order, 25th February, 1938.

No. 689.—Midwives (Certifying Hospitals and Institutions) Order (No. 2), 20th July, 1938.

YOUNG PERSONS.

No. 614/L.13.—Juvenile Courts (Metropolitan Police Court Area) Order in Council, 23rd June, 1938.

No. 904/L.20.—Juvenile Courts (Metropolitan Police Court Area) (Amendment) Order in Council, 25th August, 1938.

No. 1201/L.21.—Summary Jurisdiction (Children and Young Persons) Rules, 22nd September, 1938.

No. 1501.—Young Persons (Employment) Order, 12th December, 1938.

No. 1502.—Young Persons (Employment) Adaptation Order, 12th December, 1938.

HOUSING.

No. 216.—Housing Act, 1936 (Operation of Overcrowding Provisions) Order, 16th March, 1938.

MEMORANDA.

No. 197.—Food Memorandum. Sale of Milk under Special Designations Addendum. The Milk (Special Designations) Amendment Order, 1938, and Part IV. of the Agriculture Act, 1937. April, 1938.

211/M.C.W.—Conditions upon which Grants will be made in aid of Midwifery Training. April, 1938.

215/Med.—Smallpox. September, 1938..

LIST OF TABLES.

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TABLE B.—Causes of, and ages at, death in 1938.

TABLE C.—Summary of causes of death, 1931-1937.

TABLE D.—Infant Mortality in 1938. Causes of, and ages at, death.

TABLE E.—Births, Deaths, Infant Deaths, and Deaths from certain diseases, 1901-1938.

TABLE F.—Cases of Infectious Disease notified in 1938.

TABLE G.—Cases of Infectious Disease notified 1911-1938.

TABLE H.—(1) Notification of, and details from, Tuberculosis, 1938.

„ (2) Tuberculosis Register, 1938.

TABLE I.—Inspection of Factories, Outworkers, etc., 1938.

TABLE A.
BOROUGH OF HORNSEY VITAL STATISTICS, 1911-1938.

YEAR.	Estimated Mid-Year Population.	Birth Rate per 1,000 Population.	Death Rate per 1,000 Population.	Infant Mortality per 1,000 live Births.
1911	84,592 (Census).	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 (Census).	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.-Gen.'s Estimate.			
	88,450	13.8	12.7	54.05
1930	88,450	13.7	11.8	41.35
1931	95,524 Census.	11.9	11.2	52.6
	Regr.-Gen.'s Estimate			
1932	96,990	11.37	11.45	46.2
1933	96,070	10.85	12.2	43.2
1934	95,306	11.07	11.68	37.91
1935	95,330	11.83	10.84	48.7
1936	96,160	12.0	11.98	40.0
1937	96,520	12.07	11.95	45.49
1938	96,680	12.38	11.26	32.58
ENGLAND and WALES ... (Rates in 1938)		15.1	11.6	53
126 County Boroughs and Great Towns, includ- ing London ... (Rates in 1938)		15.0	11.7	57
148 Smaller Towns ... Populations 25,000 to 50,000 (Rates in 1938)		15.4	11.0	51
London ... (Rates in 1938)		13.4	11.4	57

TABLE 2.
Borough of Haverhill Vital Statistics, 1911-1922

Year	Estimated Population July 1, 1922	Birth Rate per 1,000 Population	Death Rate per 1,000 Population	Infants Dying per 1,000 Live Births
1911	84,507	17.5	9.5	73
1912	84,540	16.5	9.2	73
1913	84,747	16.7	9.7	55
1914	85,455	17.3	9.7	57
1915	85,500	16.5	10.2	60
1916	86,717	16.5	11.4	49
1917	86,455	16.5	10.9	70
1918	86,912	17.7	10.5	57
1919	87,100	18.5	11.4	58
1920	87,410	19.3	10.5	54
1921	87,501	16.7	11.0	49
1922	88,007	16.4	11.7	54
1923	88,515	16.4	10.5	51
1924	88,581	15.4	10.4	47
1925	89,041	15.5	10.5	47.5
1926	89,510	15.4	10.5	47.7
1927	90,000	15.3	11.5	48.5
1928	90,720	17.1	12.1	51.5
1929	90,940			
1930	91,450	16.8	12.7	54.5
1931	92,450	16.7	11.8	47.5
1932	92,570	16.5	11.5	46.7
1933	92,070	16.5	11.7	45.7
1934	92,505	16.07	11.55	47.01
1935	92,570	16.55	10.55	45.7
1936	92,750	16.5	11.55	46.5
1937	92,570	15.07	11.55	45.55
1938	92,680	15.55	11.55	35.55
ENGLAND and WALES (1920-1922)				
1920	32,450	16.1	11.6	63
1921 County of London and Greater London (1920-1922)				
1921	32,450	16.0	11.7	67
1922 County of London and Greater London (1920-1922)				
1922	32,450	16.4	11.9	67
London (1920-1922)				
1922	32,450	16.4	11.9	67

[illegible]

TABLE C.—CAUSES OF, AND AGES AT, DEATH, 1931-1937.

	All Ages 1931		All Ages 1932		All Ages 1933		All Ages 1934		All Ages 1935		All Ages 1936		All Ages 1937	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Typhoid and paratyphoid fever ...	...	...	...	...	...	...	...	...	1	...	...	2	...	...
2. Measles ...	...	...	3	3	...	...	4	1	1	...	2	1	...	1
3. Scarlet Fever ...	...	1	...	...	...	...	1	1	...	...	1	...	...	1
4. Whooping cough ...	...	2	1	2	2	1	1	1	...	...	1	1	2	1
5. Diphtheria ...	2	3	...	4	1	1	2	2	...	1	...	1	...	1
6. Influenza ...	7	16	11	20	20	25	5	3	7	8	6	7	17	23
7. Encephalitis lethargica ...	...	1	...	...	1	2	1	...	1	...	2	2	...	...
8. Cerebro-spinal fever ...	...	...	...	1	...	...	1	...	...	...	1	...	...	...
9. Tuberculosis of respiratory system ...	21	31	23	...	25	19	27	32	27	27	36	22	27	16
10. Other tuberculous diseases ...	3	2	3	31	11	9	7	...	6	8	4	1	9	2
11. Syphilis ...	1	3	...	6	...	1	...	1	3	...	1	...	3	...
12. General paralysis of the insane, tabes dorsalis ...	3	...	4	3	4	...	6	...	4	...	3	1	5	1
13. Cancer, malignant disease ...	72	107	66	94	75	96	64	112	78	92	83	98	82	97
14. Diabetes ...	4	12	3	10	8	14	6	7	5	11	6	13	6	10
15. Cerebral hæmorrhage, etc. ...	17	52	25	40	23	28	23	35	12	24	18	34	17	33
16. Heart disease ...	110	150	109	181	117	163	111	174	103	168	137	195	153	154
17. Aneurysm ...	2	...	4	1	2	3	...	3	4	1	7	3	5	2
18. Other circulatory diseases ...	25	29	24	22	22	31	31	43	24	21	23	42	24	35
19. Bronchitis ...	15	15	21	8	13	18	14	16	13	14	16	17	11	18
20. Pneumonia (all forms) ...	28	40	32	34	34	46	34	39	29	37	31	27	43	37
21. Other respiratory diseases ...	5	6	9	8	3	3	6	2	6	2	1	7	8	6
22. Peptic ulcer ...	7	4	8	3	8	2	11	2	11	4	8	2	11	8
23. Diarrhœa, etc. ...	2	3	4	4	4	6	4	1	13	3	4	6	8	4
24. Appendicitis ...	3	4	2	5	6	2	2	6	2	5	7	4	7	2
25. Cirrhosis of liver ...	2	1	5	2	1	...	5	1	0	3	3	1	1	1
26. Other diseases of liver, etc. ...	3	1	3	1	1	2	3	4	1	3	4	6	1	2
27. Other digestive diseases ...	10	10	7	14	10	17	15	13	11	12	15	16	5	10
28. Acute and chronic nephritis ...	19	15	12	14	13	14	18	9	16	16	13	22	17	21
29. Puerperal sepsis ...	...	2	...	4	...	1	...	2	...	2	...	1	...	1
30. Other puerperal causes ...	...	3	...	2	...	3	...	1	...	1	...	2	...	2
31. Congenital debility, premature birth, malformations, etc. ...	24	16	15	17	17	10	14	14	18	13	13	12	25	16
32. Senility ...	8	11	10	24	5	17	8	16	5	16	10	14	5	10
33. Suicide ...	9	2	9	2	12	4	14	6	4	7	5	4	13	8
34. Other violence ...	16	13	25	18	22	17	24	18	15	22	17	25	17	11
35. Other defined diseases ...	44	41	48	47	41	45	53	34	45	46	44	41	48	48
36. Causes ill-defined or unknown ...	...	...	...	...	...	1	...	...	1	1	...	...	...	1
Totals	462	596	486	625	501	601	515	599	466	568	522	630	570	583
	1.058		1.111		1.102		1.114		1.034		1.152		1.153	

A Table of causes, etc., of death under previous classification for 1921-30 appeared in Report for 1932.

TABLE D.
INFANT MORTALITY, 1938.

CAUSES OF DEATH.	Deaths from stated causes at various Ages under One Year of Age.																				Total Deaths under One Year.	
	Under 1 Day		Under 1 Week.		1-2 Weeks.		2-3 Weeks.		3-4 Weeks		Total under 4 Weeks.		1-3 Months.		3-6 Months.		6-9 Months.		9-12 Months.			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Premature Birth	1	4	3	4	...	...	1	1	...	...	5	9	...	...	...	...	...	...	...	...	5	9
Congenital Malformation ... ..	...	...	...	...	1	...	1	1	...	1	2	2	...	1	...	...	...	...	1	...	3	3
Pneumonia ... ..	...	...	1	...	...	...	...	...	...	2	1	2	...	1	...	1	1	...	...	...	2	4
Diarrhoea & Enteritis ... ..	...	...	...	...	...	...	...	...	...	...	0	0	...	...	...	...	2	...	2	...	4	0
Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...	0	0	...	...	...	...	...	1	...	1	0	2
Atelectasis	1	...	1	...	...	...	...	...	...	...	2	0	...	...	...	...	...	...	...	...	2	0
Tuberculosis (non-pulmonary) ... ..	...	...	...	...	...	...	...	...	...	...	0	0	...	...	...	...	...	...	1	...	0	1
Icterus Neonatorum	1	1	0	1	0
Other Causes	1	1	1	2	1	2	1
Total	3	5	7	4	1	0	2	2	0	3	13	14	0	2	0	1	3	1	3	2	19	20

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Dept	...	1910												Total
		1	2	3	4	5	6	7	8	9	10	11	12	
Office (Jan 1)														
General Management														
Engineering (Jan 1)														
Engineering														
Production (Jan 1)														
Production														
Transportation (Jan 1)														
Transportation														
Construction (Jan 1)														
Construction														
Administration (Jan 1)														
Administration														
Other (Jan 1)														
Other														
TOTAL														

TABLE E.
BIRTHS, DEATHS, INFANT DEATHS, AND DEATHS FROM CERTAIN DISEASES, 1901-1938.

YEAR.	Population Census.	Total Live Births	Total Still Births	Total Deaths	Total Infant Deaths (under one year)	Deaths from Measles	Deaths from Whooping Cough	Deaths from Diarrhea (under two yrs.)	Deaths from Scarlet Fever	Deaths from Diphtheria	Deaths from Typhoid Fever	Deaths from Cancer	Deaths from Tuberculosis (Pulmonary)	Deaths from Tuberculosis (Non- Pulmonary)	
1901	72,056	1,511	...	597	127	8	14	6	1	8	3	47	45	18	
1902		1,565	...	620	129	7	9	1	0	9	6	51	45	22	
1903		1,561	...	589	130	15	19	1	1	8	1	62	46	20	
1904		1,659	...	690	145	18	17	1	1	7	2	49	54	23	
1905		1,567	...	696	106	9	10	6	3	8	2	65	58	16	
1906		1,603	...	769	136	18	4	22	6	13	5	65	47	13	
1907		1,524	...	766	116	5	19	3	4	9	4	76	50	19	
1908		1,485	...	752	95	12	11	3	3	9	2	84	53	16	
1909		1,508	...	787	87	12	12	0	3	10	0	75	57	26	
1910		1,393	...	737	84	1	10	0	4	8	3	88	41	18	
1911	84,592	1,479	...	812	116	20	15	35	1	6	1	103	55	23	
1912		1,385	...	840	105	5	2	13	3	2	2	114	43	17	
1913		1,425	...	824	81	12	8	12	0	4	3	96	55	14	
1914		1,529	...	791	88	1	4	21	1	7	1	82	44	10	
1915		1,394	...	1,007	112	37	7	23	3	11	2	99	58	19	
1916		1,404	...	928	64	0	5	8	0	11	1	106	84	20	
1917		1,038	...	906	73	14	6	3	0	6	0	113	58	25	
1918		1,037	...	1,094	64	6	13	7	2	8	0	130	76	13	
1919		1,188	...	992	76	0	0	6	2	3	1	119	66	11	
1920		1,707	...	903	93	4	7	7	3	20	2	119	61	12	
1921	87,691	1,468	...	968	72	1	2	15	3	13	0	136	74	12	
1922		1,372	...	992	72	3	7	3	3	7	0	143	60	13	
1923		1,217	...	928	64	4	1	5	1	4	1	136	47	11	
1924		1,189	...	928	48	2	2	1	1	2	0	146	55	7	
1925		1,214	...	946	53	1	8	3	0	1	0	143	48	7	
1926		1,206	...	928	57	8	3	2	0	1	1	147	59	8	
1927		1,201	...	1,012	46	0	0	4	1	6	1	131	58	6	
1928		1,191	...	995	73	6	1	3	2	6	1	132	59	10	
1929		1,221	...	1,128	67	0	13	2	0	7	0	143	58	15	
1930		1,209	45	1,047	50	4	0	10	2	4	0	156	57	7	
1931	95,524 R. Gen.'s Estimate	1,139	44	1,058	60	0	2	5	1	5	0	179	52	5	
1932		96,990	1,103	38	1,111	51	6	3	8	0	4	0	160	54	9
1933		96,070	1,041	41	1,102	45	0	3	6	0	2	0	171	44	20
1934		95,306	1,055	35	1,114	40	5	2	2	2	4	0	176	59	7
1935		95,330	1,128	36	1,034	55	1	0	15	0	1	1	170	54	14
1936		96,160	1,155	31	1,152	47	3	2	8	1	1	2	181	58	5
1937		96,520	1,165	34	1,153	53	1	3	6	1	1	0	179	43	11
1938		96,680	1,197	45	1,089	39	6	4	4	0	4	1	159	37	14

DISEASE	WARDS								AGES							Total	Admitted to Joint Hospital.	Admitted to other Hospitals.	In Nursing Home.	Nursed at Home.	Registered Deaths
	Highgate	Muswell Hill.	Crouch End	Central Hornsey	North Haringey	South Haringey	Stroud Green	Finbury Park.	0—1	1—5	5—15	15—25	25—45	45—65	65 and over						
Scarlet Fever	15	20	6	40	13	11	20	17	0	28	80	23	10	1	0	142	120	2	0	20	0
Diphtheria ...	12	33	17	16	8	8	14	8	0	30	62	13	10	1	0	116	110	5	0	1	4
Typhoid Fever	1	0	0	0	0	0	1	0	0	0	0	0	1	1	0	2	1	1	0	0	1
Para Typhoid	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0
Pneumonia	5	8	2	13	8	3	8	3	2	7	5	11	8	10	7	50	3	16	1	30	63
Erysipelas ...	7	6	4	6	7	3	10	5	1	0	0	4	11	21	11	48	12	6	0	30	0
Puerperal Pyrexia	2	7	2	4	3	0	6	2	0	0	0	10	15	1	0	26	0	21	2	3	3
Ophthalmia Neonatorum	1	1	0	0	0	0	1	1	4	0	0	0	0	0	0	4	0	3	0	1	0
Pemphigus Neonatorum	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	1	0	0	0
Cerebro-Spinal Meningitis	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0
Dysentery	1	1	0	1	0	0	1	0	0	0	0	0	0	0	2	4	2	1	0	1	0
Malaria ...	1	0	0	1	0	0	0	0	0	0	0	1	1	0	0	2	0	0	0	2	0
Tuberculosis: Pulmonary	45	77	31	82	39	25	61	37	8	65	148	63	57	36	20	397	249	57	3	88	
Non-Pulmonary	18	23	5	26	17	10	17	11	0	1	3	38	61	20	4	127					37
TOTAL ...	66	105	37	118	59	35	84	50	9	71	157	107	122	61	27	554					14
Admitted to Joint Isol. Hospital	26	50	24	53	19	15	37	25													
Other Hpts.	9	7	4	8	9	3	9	8													
Nursing Homes	0	2	1	0	0	0	0	0													
Nursed at Home	10	18	2	21	11	7	15	4													

The following 79 cases were treated in the Isolation Hospital in addition to the above:—4 Whooping Cough and Pneumonia, 2 Whooping Cough, 1 Measles and Whooping Cough, 20 Measles, 2 Measles and Pneumonia, 1 Measles and Mastoid, 2 German Measles, 1 Measles and Middle Ear Trouble, 1 Measles and Gastro-enteritis, 1 ? Dysentery, 1 ? Intestinal Colic, 2 Bilious attack, 1 Colitis, 11 Tonsillitis, 1 Bronchitis and Laryngeal Spasm, 1 Faucial Ulceration, 1 Septic Arm, 1 Hordeola of Eyelids, 3 Toxic rash, 1 Furunculosis of right upper lid, 1 Impetigo Contagiosa, 1 Septic Toe, 2 Chicken Pox, 1 Chicken Pox and Otitis Media, 10 Influenza, 1 Pyelitis, 1 Observation, 1 Eruption of third lower molar teeth, 1 Teno-synovitis, 1 Menorrhagia, 1 Gastric Ulcer.

TABLE G.—NOTIFICATIONS OF INFECTIOUS DISEASES, 1911-1938.

Year.	Population. Estimated	Scarlet Fever.	Diphtheria or Croup.	Typhoid Fever.	Para Typhoid.	§ Puerperal Fever.	Puerperal Pyrexia.	Erysipelas.	Cerebro Spinal Meningitis.	Polio Myelitis.	Ophthalmia Neonatorum.	Pemphigus Neonatorum.	Malaria.	Dysentery.	Encephalitis Lethargica.	Polio Encephalitis.	Pneumonia.	Small-pox.	Measles.	German Measles.	Total	Attack rate per 1,000 population.
1911	84,592 (Census)	179	133	6	...	2	...	40	...	...	...	...	...	...	...	...	...	1	...	...	361	4.2
1912	84,840	138	88	9	...	3	...	39	1	1	...	...	...	...	...	...	...	...	...	...	279	3.2
1913	85,122	206	115	10	...	2	...	26	...	...	...	...	...	...	...	...	...	...	...	...	359	4.2
1914	85,456	346	101	9	...	1	...	24	...	...	11	...	...	...	...	...	...	...	...	...	492	5.7
1915	85,800	182	105	18	...	5	...	35	9	3	1	...	...	...	...	...	...	...	...	...	358	4.1
1916	86,147	103	77	8	...	1	...	32	2	6	9	...	...	...	...	...	...	...	207	281	726	2.7 *
1917	86,450	132	66	4	...	1	...	28	4	...	1	...	...	...	...	...	...	...	1,227	881	2,344	2.7 *
1918	86,942	89	67	8	...	2	...	23	1	3	2	...	...	...	...	...	...	...	796	119	1,110	2.3 *
1919	87,100	203	87	6	...	4	...	42	4	1	5	...	21	2	5	...	112	...	224	285	1,001	5.7 *
1920	87,410	245	149	6	...	2	...	27	1	3	8	...	10	2	4	...	98	...	not now notifiable		555	6.3
1921	87,691 (Census)	591	189	2	...	2	...	36	...	2	6	...	1	1	6	...	42	...	...	...	878	10.1
1922	88,007	286	123	1	...	2	...	24	...	...	10	...	1	...	1	...	104	...	...	...	552	6.2
1923	88,325	126	133	1	...	...	...	24	2	...	6	...	4	...	2	...	75	...	...	...	373	4.2
1924	88,661	215	40	3	...	1	...	26	...	1	1	...	...	...	11	...	61	...	...	...	359	4.0
1925	89,064	126	53	10	...	1	...	26	2	2	4	...	1	1	7	...	60	...	...	...	293	3.3
1926	89,850	140	116	4	...	4	6	22	...	2	8	...	...	...	6	...	56	...	...	...	364	4.0
1927	90,000	179	92	6	1	1	14	34	2	3	5	...	1	...	...	...	89	...	...	...	427	4.7
1928	90,250	328	104	4	...	3	22	24	4	1	6	...	1	...	2	...	94	...	...	...	593	6.5
1929	90,500	249	129	3	2	3	8	30	3	1	5	...	2	...	...	1	163	...	...	...	599	6.6
1930	88,450 (R.-Gen.'s Estimate)	346	115	5	4	4	15	36	1	1	1	...	...	...	...	...	61	3	...	...	592	6.6
1931	95,524 (Census)	247	116	...	1	7	9	32	...	1	3	...	1	...	2	...	86	...	...	...	505	5.3
1932	96,990 (R.-Gen.'s Estimate)	123	70	2	3	4	14	28	2	2	2	...	...	...	1	...	52	5	...	...	308	3.2
1933	96,070	241	44	1	2	4	10	46	...	2	7	...	...	...	2	...	57	...	...	...	416	4.3
1934	95,306	283	63	1	...	4	14	36	...	3	10	...	1	...	...	...	41	...	...	...	456	4.7
1935	95,330	245	83	1	...	2	9	25	1	1	6	...	...	2	...	...	44	...	...	...	420	4.4
1936	96,160	158	58	4	2	4	8	39	1	...	6	...	...	2	...	1	58	...	...	...	341	3.5
1937	96,520	137	105	1	1	§3	10	44	1	...	5	1	...	10	...	...	80	...	...	...	398	4.1
1938	96,680	142	116	2	1	...	26	48	1	...	4	1	2	4	...	...	50	...	...	...	397	4.1

* Excluding Measles and German Measles.

§ Puerperal Fever became notifiable under the heading "Puerperal Pyrexia" from 1st Oct., 1937.

TABLE H.—(1) NOTIFICATION OF, AND DEATHS FROM TUBERCULOSIS, 1938.

AGE PERIODS.	New Cases.				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 — 1	0	0	0	1	0	0	0	1
1 — 5	0	1	2	3	0	0	2	1
5 — 15	2	1	4	2	1	0	1	1
15 — 25	13	25	4	2	3	1	1	1
25 — 35	10	26	0	2	2	5	0	0
35 — 45	11	14	1	1	7	4	0	0
45 — 55	12	4	2	1	4	3	2	1
55 — 65	3	1	2	0	3	2	0	0
65 and over	4	0	0	3	1	1	1	2
Totals	55	72	15	15	21	16	7	7
WARDS :								
Highgate... ..	7	11	2	1	1	3	1	1
Muswell Hill	12	11	1	4	8	3	0	1
Crouch End	1	4	0	1	2	0	1	1
Central Hornsey	13	13	5	5	1	4	3	1
North Haringey	5	12	3	0	3	1	0	0
South Haringey	6	4	0	0	2	1	0	0
Stroud Green	10	7	3	3	3	3	2	2
Finsbury Park	1	10	1	1	1	1	0	1
Totals	55	72	15	15	21	16	7	7

TABLE H.—(2) TUBERCULOSIS REGISTER, 1938.

	Pulmonary.		Non-Pulmonary.		Total.	
	Male.	Female.	Male.	Female.	Male.	Female.
(a) Number of Cases on Register at commencement of 1938	321	284	99	101	420	385
(b) Number of Cases notified for first time during year under Regulations	36	48	7	7	43	55
(c) Cases restored to Register during 1938	0	3	0	1	0	4
(d) Cases added to Register otherwise than by notifications under Regulations :						
(1) Transferred from other districts	15	17	4	2	19	19
(2) From Death Returns	4	4	4	5	8	9
(e) Number of Cases removed from Register during 1938	48	42	11	15	59	57
(f) Number of Cases remaining on Register at end of 1938	328	314	103	101	431	415

Cases removed from the Register shown under (c) are accounted for as follows :—

Found not to be T.B.		Cured.		Removed to another area.		Died at Home.		Died at Sanatorium or other Institution.		Cases closed by T.B.O.		Totals.	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	0	5	2	22	25	Pulmonary 8 5		10	9	2	1	48	42
0	1	2	3	0	5	Non-Pulmonary 1 1		7	5	1	0	11	15

TABLE I.—FACTORIES AND WORKPLACES.

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

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

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (with mechanical power)	94	9	0
Factories (without mechanical power)	84	6	0
Other premises (including works of building and engineering construction but not including outworkers' premises)	64	0	0
Total	242	15	0

DEFECTS FOUND IN FACTORIES AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Want of cleanliness	11	11	—	—
Overcrowding	—	—	—	—
Unreasonable temperature ...	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective Drainage of floors ..	—	—	—	—
Sanitary conveniences {	insufficient ...	—	—	—
	unsuitable or de- fective ...	3	—	—
	not separate for sexes	1	—	—
Other offences... .. (Not including offences relating to Homework or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Trans- fer of Powers) Order, 1921 and re-enacted in the Third Schedule to the Factories Act, 1937).	—	—	—	—
Total	15	15	—	—

TABLE I.—(contd.).

OUTWORKERS, 1938.									
Nature of Work.					Premises.	Outworkers.	Instances.	Notices served.	Prosecutions.
(1)									
Art Needlework	...	...	...	...	1	1	0	0	0
Artificial Flowers	...	...	...	...	3	3	0	0	0
Bead Stringing	...	...	...	...	1	1	0	0	0
Boots	...	...	...	...	4	5	0	0	0
Boxes	...	...	...	...	1	1	0	0	0
Carnival Hats	...	...	...	...	2	2	0	0	0
Church Needlework	...	...	...	...	1	1	0	0	0
Coat Hangers	...	...	...	...	2	2	0	0	0
Down Quilts	...	...	...	...	1	1	0	0	0
Druggists' Sundries	...	...	...	...	1	1	0	0	0
Embroidery	...	...	...	...	7	7	0	0	0
Handbags	...	...	...	...	1	1	0	0	0
Jewel Cases	...	...	...	...	1	1	0	0	0
Laundry	...	...	...	...	1	1	0	0	0
Machinery	...	...	...	...	1	1	0	0	0
Photography	...	...	...	...	1	3	0	0	0
Silk Tassels	...	...	...	...	4	4	0	0	0
Toys	...	...	...	...	4	4	0	0	0
Upholstery	...	...	...	...	1	1	0	0	0
Wearing Apparel	...	...	...	...	108	138	0	0	0
Total	...	...	...	...	146	179	0	0	0

TABLE 1.—(Contd.)

OUTWORKERS, 1934					Nature of Work		(b)		

Borough of Thornsey

ANNUAL REPORT

ON

Maternity and Child

Welfare Services

1938

MATERNITY & CHILD WELFARE COMMITTEE

AS AT 31st DECEMBER, 1938.

-
- Councillor Mrs. M. N. HILL (*Chairman*),
16, Bishopswood Road, N.6.
- THE MAYOR, Alderman H. G. J. WILLIAMS, J.P.,
105, The Chine, N.21.
- Alderman W. W. KELLAND, M.A., 14, Hillside Mansions, N.6.
- „ J. W. ROWLANDS, J.P., 25, Cholmeley Park, N.6.
- „ R. STEEDS, 19, Coolhurst Road, N.8.
- Councillor Mrs. J. H. BARRENGER, 18, Fordington Road, N.6.
- „ ELLIOTT E. BROOKS, 122, Crouch Hill, N.8.
- „ Mrs. C. M. CAVE, 10, Wood Vale, N.10.
- „ J. EDWARDS, 102, Turnpike Lane, N.8.
- „ S. G. GOULDING, Woodlands, Cranley Gardens, N.10.
- „ H. G. R. GRIFFIN, 33, Fordington Road, N.6.
- „ W. J. GRIMSHAW, 25, Sheldon Avenue, N.6.
- „ G. K. M. HUTCHINSON, 8, Grosvenor Gardens, N.10.
- „ G. F. N. NORMAN, 12, Woodberry Crescent, N.10.
- „ F. L. PASCOE, 110, Highgate Hill, N.6.
- „ T. TAYLOR, 15, Creighton Avenue, N.2.
- „ T. TIVENDALE, 12, Colney Hatch Lane, N.10.
- „ W. V. WALL, 10, Winchester Place, N.6.
- „ J. L. R. WEBB, 11, Wilmer Way, N.14.
-

Selected Members:

- Lady F. O. DIXON, 2, Woodside Avenue, N.6.
- Mrs. H. M. INWARD, 99, Pemberton Road, N.4.
- Mrs. M. KING, 45, Wood Vale, N.10.
- Miss B. I. SMITH, 43, Weston Park, N.8.
- Mrs. B. WALTON, "Greenacre," The Green, Ealing, W.5.
- Miss E. F. WOOD, 38, Church Crescent, N.10.

MATERNITY AND CHILD WELFARE STAFF.

Medical Superintendent: Dr. R. P. Garrow

Medical Officers at Centres:

Dr. J. Sutherland Dr. Muriel Radford

Health Visitors:

Mrs. E. Durnford, Town Hall Centre.

Miss A. Godden, Town Hall Centre.

Miss E. Hart, Harringay Centre.

Miss E. K. Cumming, Highgate Centre.

Miss J. I. Macpherson, Highgate Centre (retired).

Mrs. L. Hatton, Coldfall Sub-Centre (and part-time School Nurse).

Mrs. A. Kear, Highgate Centre (temporary) (resigned).

Mrs. C. M. Martin, Highgate and Coldfall Sub-Centre (temporary and part-time School Nurse).

Borough Midwives:

Miss M. Andrews, Town Hall Centre.

Mrs. M. Jamison, Harringay Centre.

Miss L. Hughes, Highgate Centre.

VOLUNTARY COMMITTEES.

VOLUNTARY COMMITTEE (No. 1 CENTRE), TOWN HALL.

Mrs. B. H. Walton (Chairman and Hon. Treas.), Greenacre,
The Green, High Street, W.5.

Miss B. I. Smith (Hon. Sec.), 43, Weston Park, N.8.

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

Mrs. Boden, 27, Cranmore Way, N.10.

Miss Borroson, 36, Cascade Avenue, N.10.

Mrs. Bradfield, 86, Etheldene Avenue, N.10.

Miss Deane, 113, Hornsey Lane, N.6.

Mrs. Eason, 29, Queen's Avenue, N.10.

Miss Faulkner, 9, Aubrey Road, N.8.

Mrs. Forsyth, 42, Cascade Avenue, N.10.

Mrs. Gregory, "Fairlight," Rhodes Avenue, N.22.

Mrs. Howey, 9, Beech Drive, N.2.

Mrs. Hume, 55, Twyford Avenue, N.2.

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

- Mrs. Powers, 31, Page's Lane, N.10.
 Mrs. Price, 35, Park Way, Friern Lane, N.11.
 Mrs. Purkis, 11, Church Crescent, Whetstone, N.20.
 Miss Shrosbree, 26, Cedar Court, N.10.
 Mrs. Smith, 51, Connaught Gardens, N.10.

VOLUNTARY COMMITTEE (No. 2 CENTRE), WIGHTMAN ROAD.

- Mrs. J. H. Barrenger (Chairman), 18, Fordington Road, N.6.
 Mrs. King (Hon. Sec. and Treas.), 45, Wood Vale, N.10.
 Mrs. Brereton, 68, Ferme Park Road, N.8.
 Mrs. Bridgman, 5, Seymour Road, N.8.
 Mrs. Cutting, 10, Strafford Gate, Potters Bar.
 Mrs. Harris, 45, Barrington Road, N.8.
 Mrs. J. Inward, 99, Pemberton Road, N.4.
 Mrs. Jones, 32, Duckett Road, N.4.
 Mrs. Newman, 2, Endymion Road, N.4.
 Mrs. Roberts, 10, Glasslyn Road, N.8.
 Mrs. Strachan, 26, Florence Road, N.4.
 Miss Winkley, 72, Woodside Avenue, N.10.

VOLUNTARY COMMITTEE (No. 3 CENTRE), CHURCH ROAD.

- Mrs. Hill (Chairman), 16, Bishopswood Road, N.6.
 Lady Dixon (Hon Sec.), 2, Woodside Avenue, N.6.
 Miss Wood (Hon. Treas.), 38, Church Crescent, N.10.
 Miss Benn, 25, Connaught Gardens, N.10.
 Mrs. Bruce Low, 24, Cholmeley Crescent, N.6.
 Miss Grant, "Tregarthen," Cranley Gardens, N.10.
 Miss Hodgson, "Belle Vue," Church Road, N.6.
 Mrs. Roberts, "Rheidol," Great North Road, N.6.
 Mrs. Shannon, 10, Creighton Avenue, N.10.
 Mrs. A. L. Thomson, 2, View Road, N.6.

MATERNITY AND CHILD WELFARE CENTRES TIME TABLE.

Centre.	Conditions of Tenancy.	District Served.	Sessions and Doctor.		Health Visitor.
			Ante-natal.	Children.	
No. 1 Town Hall Centre opened on 1st March, 1937	Council property	Hornsey N. Haringey Crouch End	Thursdays, 2—4 p.m. 2nd and 4th Tuesdays, 2—4 Dr. J. Sutherland	Mondays, 2—4 p.m. (Dr. J. Sutherland) Wednesdays, 10—12 and 2—4 Thursdays, 10—12 Dr. M. Radford	Mrs. E. Durnford Miss A. Godden
No. 2 22, Wightman Road, opened in September, 1918	Held under Lease for 99 years, from 29/9/88 Yearly ground rent £12 Lease purchased by the Council on 24/1/18	Stroud Green Finsbury Park N. & S. Haringey	1st and 3rd Tuesdays, 2—4 Dr. J. Sutherland	Mondays, 2—4 Tuesdays, 10—12 & 2nd, 4th & 5th Tuesdays, 2—4 Dr. M. Radford	Miss E. Hart
No. 3 Mission Hall, Church Road, Highgate, opened in October, 1925	21 years' lease, from 24/6/25 Yearly rent £90	Highgate Muswell Hill	2nd Fridays, 10—12 Dr. J. Sutherland	Fridays, 2—4 (Dr. R. P. Garrow)	Miss E. K. Cumming Miss J. Macpherson (retired) Mrs. Kear (temp'ry) Mrs. Martin (temporary)
No. 3 Sub-Centre Coldfall School, opened in September, 1928	Held at Coldfall School Clinic Premises	Council's Muswell Hill Housing Estate	4th Fridays, 10—12 Dr. J. Sutherland	1st and 3rd Fridays, 10—12 (Dr. J. Sutherland)	Mrs. L. Hatton (part-time) Mrs. Martin (temp'y)

MATERNITY HOSPITAL ACCOMMODATION.

NORTH MIDDLESEX HOSPITAL.—The maternity admissions from Hornsey to the North Middlesex Hospital numbered 167 in 1938, as compared with 206 in 1937.

There is the closest co-operation between the Council's Ante-natal Medical Officer (Dr. Jean Sutherland) and the obstetric surgeon in charge of the Maternity Department of the Hospital.

CITY OF LONDON MATERNITY HOSPITAL.—An arrangement was entered into as from April 1st, 1937, for the payment of one guinea for each Hornsey mother admitted. During 1938 the number was 56.

EMERGENCY MATERNITY UNIT (FLYING SQUAD).

The Maternity Department of North Middlesex Hospital has undertaken to provide in cases of urgent necessity (at the request of the midwife or doctor in attendance) a "flying squad"—that is, an ambulance with nurses and doctors and equipment capable of giving immediate treatment in the patient's own home in cases of emergency. Fortunately no case has arisen for calling the unit since the arrangement was entered into.

MIDWIFERY SERVICES.

There are 19 Midwives, including the 3 Borough Midwives, notified to the Middlesex County Council as practising in the Borough, 11 of whom reside outside the Borough.

The Borough Midwives attended 264 births, in addition to ante-natal clinics held at the Welfare Centres, Town Hall, Wightman Road, Church Road, Highgate, and Coldfall School Clinic. One of the conditions upon which the Council's Midwife accepts a case is that the expectant mother shall attend an ante-natal clinic.

A reduction of the midwives' fee was made in 74 necessitous cases. Two thousand, four hundred and eight births have been attended by the Borough Midwives since the appointment of a Midwife was first made in 1922.

PUBLIC HEALTH ACT, 1936 (SEC. 203).
NOTIFICATION OF BIRTHS.

All live births and still births of seven months and over must be notified to the Medical Officer of Health within 36 hours, in addition to being registered within a period of six weeks after birth.

The number of births notified under the Acts during 1938 was :—

	Male.	Female.	Total.
Live births ...	717	675	1,392
Still births ...	27	18	45
	<hr/> 744	<hr/> 693	<hr/> 1,437

The births were notified :—

By Doctors ...	...	...	...	89
„ Borough Midwives ...	...	...	...	235
„ other Midwives ...	...	...	...	313
„ Hospitals ...	...	...	...	169
„ parents ...	...	...	...	9
„ others ...	...	...	...	587
				<hr/> 1,402

Unnotified (from Registrar's return) :—

Live births ...	...	...	...	28
Still births ...	...	...	...	7
				<hr/> 35
				<hr/> 1,437

Of this number there were :—

	Live births.	Still births.
Occurring in the Borough and transferred to other districts ...	204	4
Belonging to Hornsey and occurring in Hospitals, &c., outside the district ...	668	20

The 1,229 nett number of notified births belonging to Hornsey were divided among the districts of the Centres as follows :—

	Live Births.	Still Births.	Total.
Town Hall Centre ...	576	19	595
Wightman Road Centre	291	9	300
Highgate Centre ...	298	12	310
Coldfall Sub-Centre ...	23	1	24
	1,188	41	1,229

HOME HELPS.

The Hornsey Home Helps Society was started in 1930 by members of the Voluntary Committees of the Centres (Hon. Secretary, Mrs. Inward, 99, Pemberton Road, N.4). In spite of the difficulties of this work, steady progress has been made, as shown by the yearly figures:—

Year.	No. of Helps on Books.	Mothers served.	Income.			Expenditure.		
			£	s.	d.	£	s.	d.
1930	3	4	11	2	0	9	0	0
1931	4	12	38	19	0	37	11	5½
1932	4	5	21	5	0	16	12	0
1933	5	11	37	9	0	36	6	10
1934	5	14	44	9	6	44	8	2
1935	6	35	125	17	0	127	13	0
1936	8	66	186	11	2	187	12	7
1937	10	93	303	1	0	329	9	8
1938	12	136	566	9	0	501	16	11

In January the Council decided to make a grant of £200 towards the expenses of the Society for the year ending 31st March, 1939.

MILK (MOTHERS & CHILDREN) ORDERS.

Two thousand and seventy-nine applications for milk under this Order were dealt with during the year, of which 2,014 were granted and 65 refused:—

1 pint milk daily free	...	...	...	1,004
1½ pints „ „ „	...	...	...	2
2 pints „ „ „	...	...	...	618
3 pints „ „ „	...	...	...	98
4 pints „ „ „	...	...	...	1
1 pint „ „ half-price	...	...	...	72

2 pints milk daily half-price	...	...	51
1lb. dried milk weekly free	...	...	56
1½lbs. „ „ „ „	...	...	87
2lbs. „ „ „ „	...	...	8
3lbs. „ „ „ „	...	...	3
1lb. „ „ „ „ half-price	...	...	3
1½lbs. „ „ „ „	...	...	9
2lbs. „ „ „ „	...	...	2
Not granted	...	...	65
			<hr/>
			2,079
			<hr/>

The number last year was 1,545. The total of the accounts paid to 31st December amounted to £945.

MATERNITY AND CHILD WELFARE DENTAL SCHEME.

The Dental Scheme for mothers and young children, started in 1928, continues to do good work.

The cost of dentures for mothers, in excess of what the mothers are able to pay, was borne by the Voluntary Committees of the Centres until 1936, when it was taken over by the Maternity and Child Welfare Committee.

The following is a record for the year of the Dental Clinic for Mothers and Children.

	Mothers. Children.	
Clinics held	...	116
Old cases	...	606
New cases	...	110
Total attendances	...	716
Finished cases	...	107
Attendances for dentures	...	260
Dentures provided	...	45
Dentures repaired	...	16
Teeth extracted	...	798
Fillings done	...	92
Inspections	...	124
Gas cases	...	58
Local injections	...	150
Other treatments (dressings, scaling, gum treatment, etc.)	41	196

A charge of 7s. 6d. per session is made for the use of the Dental facilities at the School Clinic by the Education Committee, the cost for the service for the year for use of premises, etc., being £43 10s. 0d.

ORTHOPÆDICS.

The Surgeon attends monthly and the Masseuse four times weekly for the treatment of elementary school children and children under five years.

The following are the statistics for the year for children under five:—

	Surgeon.	Masseuse.
Sessions held	12	182
Children treated—New cases	51	—
Old cases	16	—
„ attendances	161	684

The cost, which is divided proportionately between the Education and Maternity and Child Welfare Committees, was £50 7s. 0d. for the treatment of children under five years for the year to 31st March, 1939. Two children under five years were treated as in-patients at the Royal National Orthopædic Hospital at Stanmore.

VOLUNTARY COMMITTEES.

Valuable assistance to mothers and children attending the Centres has been rendered by the Voluntary Committees during the year in special cases requiring surgical boots, convalescent homes and other forms of treatment.

TODDLERS' PLAYROOM AT HIGHGATE.

The Toddlers' Playroom, started in November, 1931, under Miss Benn, has a morning session from 9—12 on five days per week (Monday to Friday).

There are 25 children between the ages of 2 and 5 years on the roll, who made a total of 3,510 attendances during the year.

CHILD LIFE PROTECTION.

PUBLIC HEALTH ACT, 1936 (SECS. 206—220).

The Children Act, 1908, and the Children and Young Persons Acts, 1932 & 1933, have been superseded in the main and incorporated in the Public Health Act, 1936.

The work, however, is still carried out by the Health Visitors in their respective areas.

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

The number of requests for foster-mothers is much in excess of the number available and requests are often received from Societies and Authorities outside the Borough.

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

	Centre—			
	No. 3			
	No. 1.	No. 2.	& Sub.	Total.
No. of foster-mothers on the register:				
At the beginning of 1938	11	19	13	43
„ „ end „ „	20	11	10	41
No. of foster-children on the register:				
At the beginning of 1938	10	25	13	48
„ „ end „ „	24	16	31	71
Died during the year (in hospital)	1	—	—	1
On whom inquests were held during the year	—	—	—	—
Visits to foster-children:				
1st Visits	25	22	18	65
Total Visits	142	126	111	379

No proceedings were taken during the year.

MATERNITY STATISTICS.

ANTE-NATAL, NATAL AND POST-NATAL.
MATERNITY AND CHILD WELFARE WORK, 1938.

Nature of Work.	Centres.						Totals.	
	No. 1.		No. 2.		No. 3 and Sub-Centre.			
Number of sessions held	183		114		115		412	
„ ante-natal sessions held	64		23		24		111	
Number of individual Mothers seen by Doctor:—								
Ante-natal, New cases ...	291		100		81		472	
„ Old cases ...	715		309		167		1,191	
Post-natal, New cases ...	56		18		25		99	
„ Old cases	8		5		4		17	
	1,070		432		277		1,779	
Total attendances of Mothers ...	1,569		439		275		2,283	
Number of babies attending Centres for first time: Under 1 year ...	448		232		184		864	
1-3 years ...	72		42		50		164	
3-5 „ ...	37		27		35		99	
Number of individual babies on Centre registers: Under 1 year	392		193		149		734	
1-5 years ..	830		360		322		1,512	
Babies seen by Doctor	3,451		1 979		909		6,339	
Attendances of babies at medical consultations	4,298		2,490		1,181		7,969	
Total attendances of babies at Centres: Under 1 year ...	6,758		3,681		1,886		12,325	
1-3 years	3,274		1,224		749		5,247	
3-5 „	834		278		227		1,339	
Referred to own private doctors ...	46		16		7		69	
Referred to hospitals	27		15		20		62	
Visits paid by nurses:—	First visits	Total visits	First visits	Total visits	First visits	Total visits	Grand First visits	Grand Total visits
To expectant mothers ...	149	341	109	149	109	210	367	700
To infants under one year ...	574	2,195	296	331	317	991	1,187	3,517
To children aged 1-5 years ...	119	3,721	72	915	60	1,621	251	6,257
Total visits paid by Nurses ...	842	6,257	477	1,395	486	2,822	1,805	10,474
CHILD LIFE PROTECTION—								
Visits paid to Foster Children	25	142	22	126	18	111	65	379

RECORD OF WORK OF MUNICIPAL MIDWIVES, 1938.

	Miss Andrews	Mrs. Jameson	Miss Hughes	Total
Confinements attended ...	135	77	52	264
Ante-natal Clinics attended ...	64	21	11	96
do. visits ...	444	260	246	950
Post-natal visits ...	1,780	1,645	1,096	4,521

*This chart has three curves. The **thick** continuous line gives the cost in pounds sterling per annum of milk distributed to expectant and nursing mothers and children under the age of five years. This service was put into operation in 1921. The cost of milk distributed in the year ending 31st March, 1922, was £252. This fell steadily for seven years until in the year ending 31st March, 1929, it was £41.*

Since that date there has been a continuous increase yearly until in the year ending 31st March, 1939, the money expended was £1,000. The estimated expenditure on the service in the current year is £1,200.

The whole of this milk distribution is carried out strictly in accordance with the Maternity and Child Welfare Committee's instructions under an income scale which is appended.

In the year 1929 the Education Committee adopted the National Milk Publicity Council's scheme for the supply at the cost of one penny of 1/3 of a pint of milk in a bottle with a straw to be taken by the children at morning break at 10.30. The number of school children availing themselves of this school milk is shown in the interrupted line and the cost of the milk to the Education Committee is indicated in the **thin** continuous line.

It will be observed that the cost to the Education Committee in the years 1929, 1930 and 1931, when the numbers partaking were 1,600, 2,000 and 2,275 respectively, was nil. The explanation of this is that during those early experimental years the cost of the milk supplied free to children of parents unable to pay for it was defrayed from a fund raised for the purpose by the Mayor of Hornsey. In 1932 this responsibility was taken over by the Education Committee (the Maternity and Child Welfare Committee's income scale being adopted). The cost to the Education Committee was £348 in 1932, £431 in 1933 and £487 in 1934.

In 1934 the Milk Marketing Board decided to subsidise this distribution of milk to school children to the extent of half its cost, which meant that parents, whatever their income, paid only one halfpenny for the 1/3 of a pint of milk.

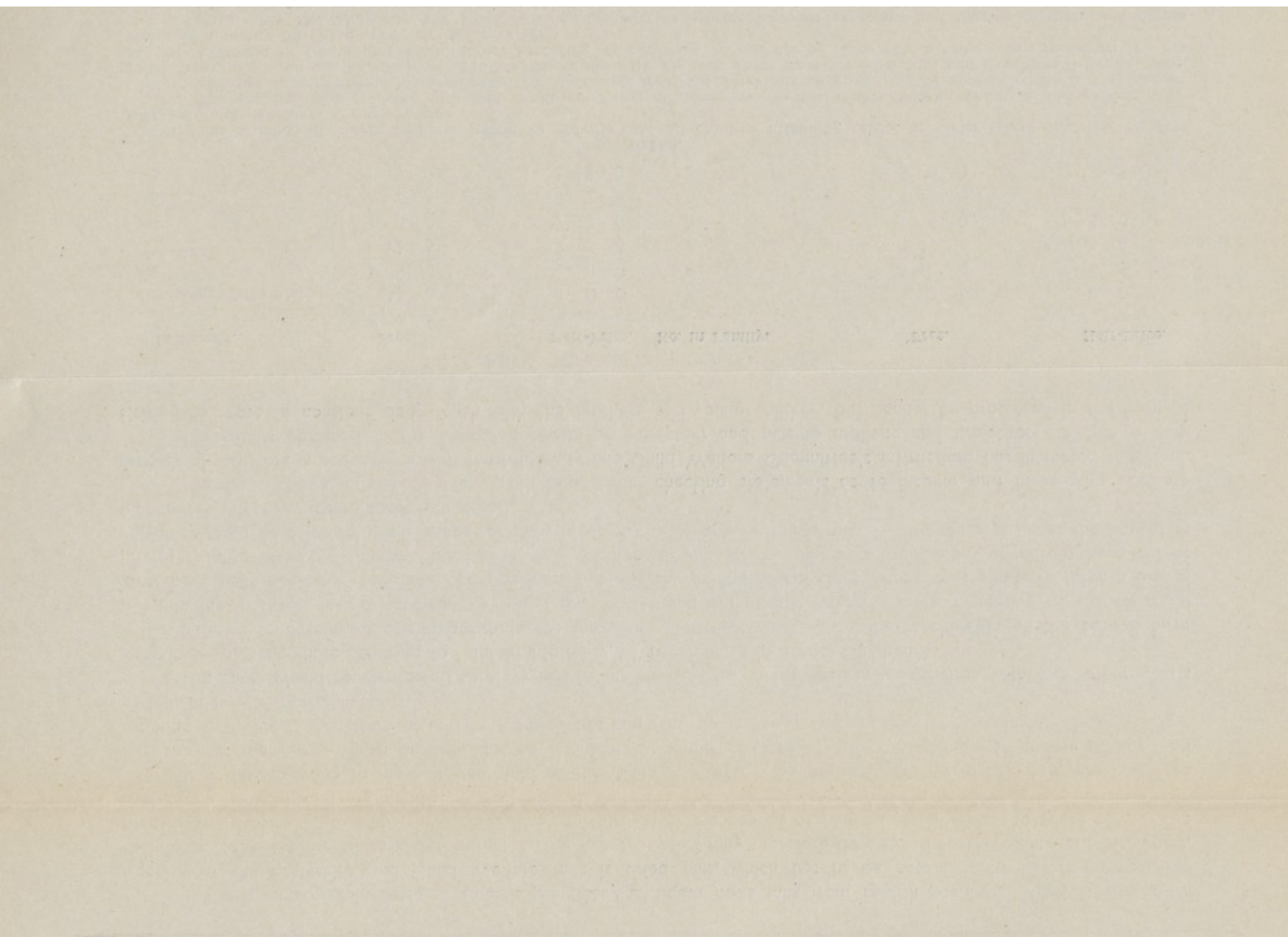
The immediate result of this policy of the Milk Marketing Board was to double the number of school children taking milk in school and to halve the cost to the Education Committee (£236 in 1936).

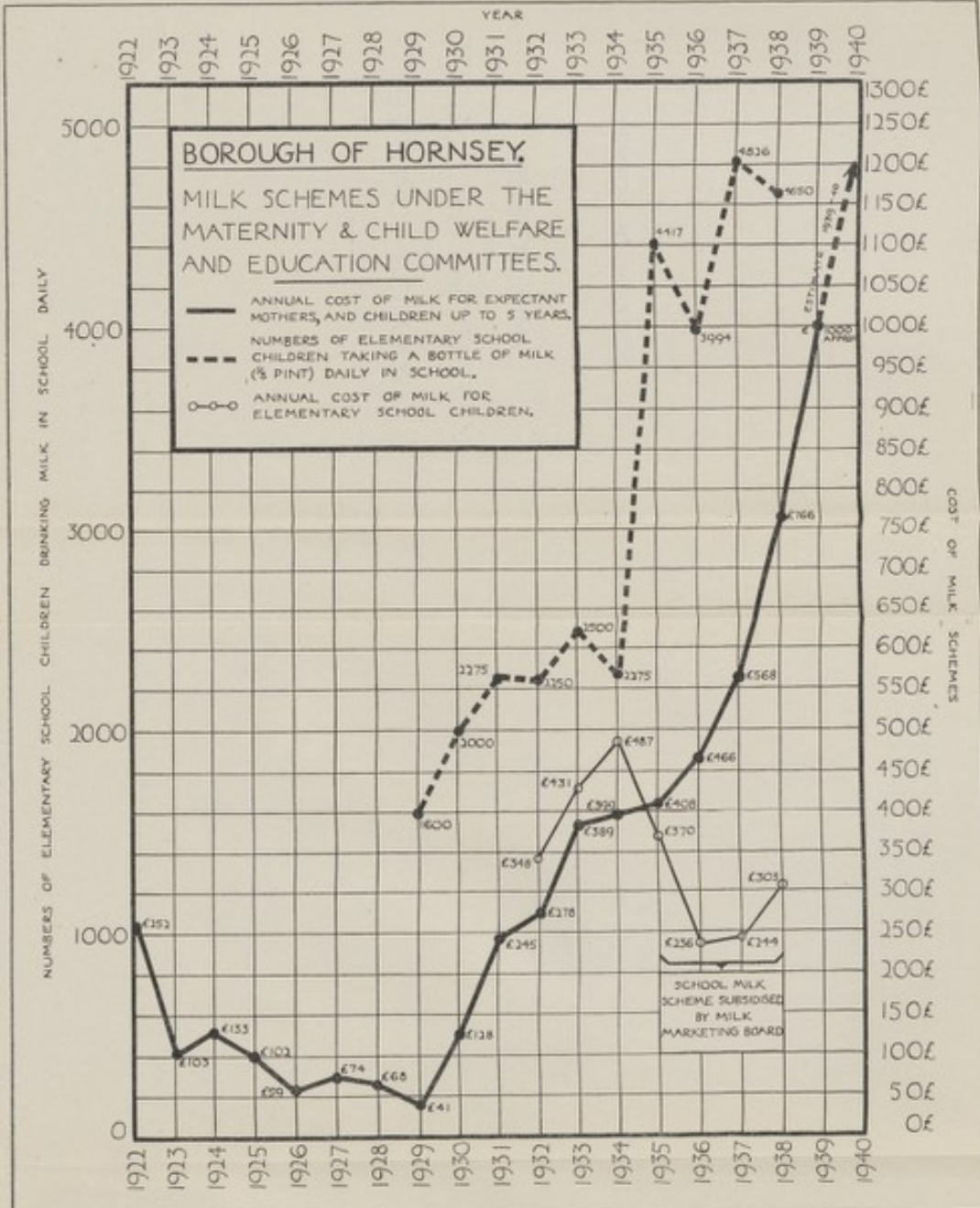
At present approximately 5,000 children are taking milk in school, and this number includes all the children of parents whose incomes come within the Committee's income scale. About a million bottles of milk a year are consumed in the elementary schools.

It is hardly necessary for me to emphasise the fundamental importance to the health and development of the child population of a liberal supply of milk. Sound nutrition is dependent on an adequate supply of good food, and amongst good foods, especially in all the stages of growth and development, pride of place must be given to milk.

We are still far from optimum milk consumption. In a survey undertaken in Hornsey ten years ago it was ascertained that the total milk consumption was less than one-third of a pint per day per head of population. It is doubtful even now, with all the encouragement which the Council's milk schemes have given to the more liberal use of milk, whether the consumption is more than half a pint per head daily.

This amount could with great advantage to the public health be doubled or trebled. I do not mean that the public expenditure on this service should be doubled or trebled, but that the housewife in her daily expenditure on food should make every effort to obtain a pint of milk per day per head of the household, especially if the home has children and young adults.





The milk employed in these schemes is practically all liquid cows milk from English pastures. Only a very small fraction of the Maternity and Child Welfare milk is dried milk, which has to be reconstituted before being given to infants. This picture of milk distribution in the last ten years may therefore be claimed to represent what Mr. Bruce, then Prime Minister in Australia, in a discussion on Nutrition at the League of Nations some years ago spoke of as "The Marriage of Health and Agriculture."

It is desirable also to make it clear that all the liquid milk used is pasteurised. That is to say, it is safe milk, free from any of the germs which produce disease in infants or school children or adults. No case of disease of any kind resulting from the consumption of milk in Hornsey has come to my notice in the ten years I have been Medical Officer of Health for the Borough.

This chart should be considered carefully and its full implications interpreted in conjunction with two other charts produced—namely, those referring to "Infant Mortality," "Tuberculosis in School Children."

I desire to acknowledge with gratitude the immense amount of work which the teachers in all the schools have put into the "Milk in schools scheme." Without their active and enthusiastic support, no such measure of success could ever have been achieved. Grateful acknowledgment is also due to the School Care Committees who have taken a special interest in this effort to improve the health and nutrition of the school children. The Care Committees have out of voluntary funds paid for free milk in special cases in which the children were not eligible for free milk under the Education Committee's income scale (borderline cases).

The clerical work entailed in the Health Department checking statements as to income and in keeping accurate records of this work in accordance with the Maternity and Child Welfare Committee's instructions has increased thirtyfold.

The results obtained in the improved health of expectant and nursing mothers and pre-school children is very striking to those in constant daily touch with the mothers and young children, but cannot be presented in the form of figures.

MILK SCHEME — INCOME SCALE.

No. in Family.	Free.	Half-Price.	No. in Family.	Free.	Half-Price.
	£ s. d.	£ s. d.			
1 (pregnant woman)	17 6	1 0 0	7	3 2 6	4 0 6
2	1 5 0	1 8 0	8	3 10 0	4 8 0
3	1 12 6	2 0 6	9	3 17 6	4 14 6
4	2 0 0	2 12 0	10	4 5 0	5 0 0
5	2 7 6	3 2 6	11	4 12 6	5 4 6
6	2 15 0	3 12 0	12	5 0 0	5 8 0

NOTES.

1. The number in family includes parent or parents and all children attending school or under school age, but excludes older sons and daughters living at home.
2. The contributions of older sons and daughters living at home towards the family income should be disregarded.
3. The net income should be ascertained by deducting from the total income given on the application form the amount paid in rent, but in no case should more than 15s. 6d. be deducted for rent where there are older sons and daughters living at home.
4. A Wound or Disability Pension, if not exceeding £1 per week, should not be taken into account when reckoning the net income of a family for the purpose of the above scale.
5. Until 1929 the Maternity and Child Welfare Committee's scheme included expectant and nursing mothers and infants under one year. It was then extended to include children up to three years and later up to five years.
6. The income scale has been twice revised to include higher incomes.

BOROUGH OF HORNSEY

MILK SCHEMES
under
MATERNITY and CHILD WELFARE
and
EDUCATION COMMITTEES

RECEIVED

DATE

RECEIVED

RECEIVED

RECEIVED

RECEIVED

INFANT MORTALITY

In this chart the continuous line shows the figures of infant mortality in Hornsey for each year from 1888 and the interrupted line indicates the rate of infant mortality during the third quarter of each year (the months of July, August and September).

It is common knowledge amongst people interested in health statistics and social problems that infant mortality in all parts of the country has been greatly reduced during the present century. This reduction in Hornsey is shown in the continuous black line, which reaches its lowest figure of 32.58 in 1938.

It is not so commonly known that there has been during the same period a remarkable reversal in the seasonal incidence of deaths of infants under one year of age. This is brought out very clearly by the interrupted line. In the last six years of last century the infant mortality rates of 166, 158, 151, 203, 195 and 110 during the months of July, August and September were consistently higher than the rates of 128, 102, 103, 117, 106 and 102 for the whole year.

The same phenomenon is observed at a lower level in the years 1904, 1911, 1915 and 1923.

In striking contrast with this relationship, the figures from 1926 onwards—that is, for the last thirteen years—show that, with one exception (the year 1934), the infant mortality in the third quarter has been consistently lower than the infant mortality for the whole year.

What is the cause of this change in the seasonal relationship of infant deaths? This question cannot be answered confidently by any simple explanation. A number of factors have in all probability contributed to the result. The chief cause of high infant mortality in the warm months of the year was undoubtedly **epidemic enteritis**—the diarrhoea and vomiting of infancy—an extremely infectious disease which affected large numbers of children in summer.

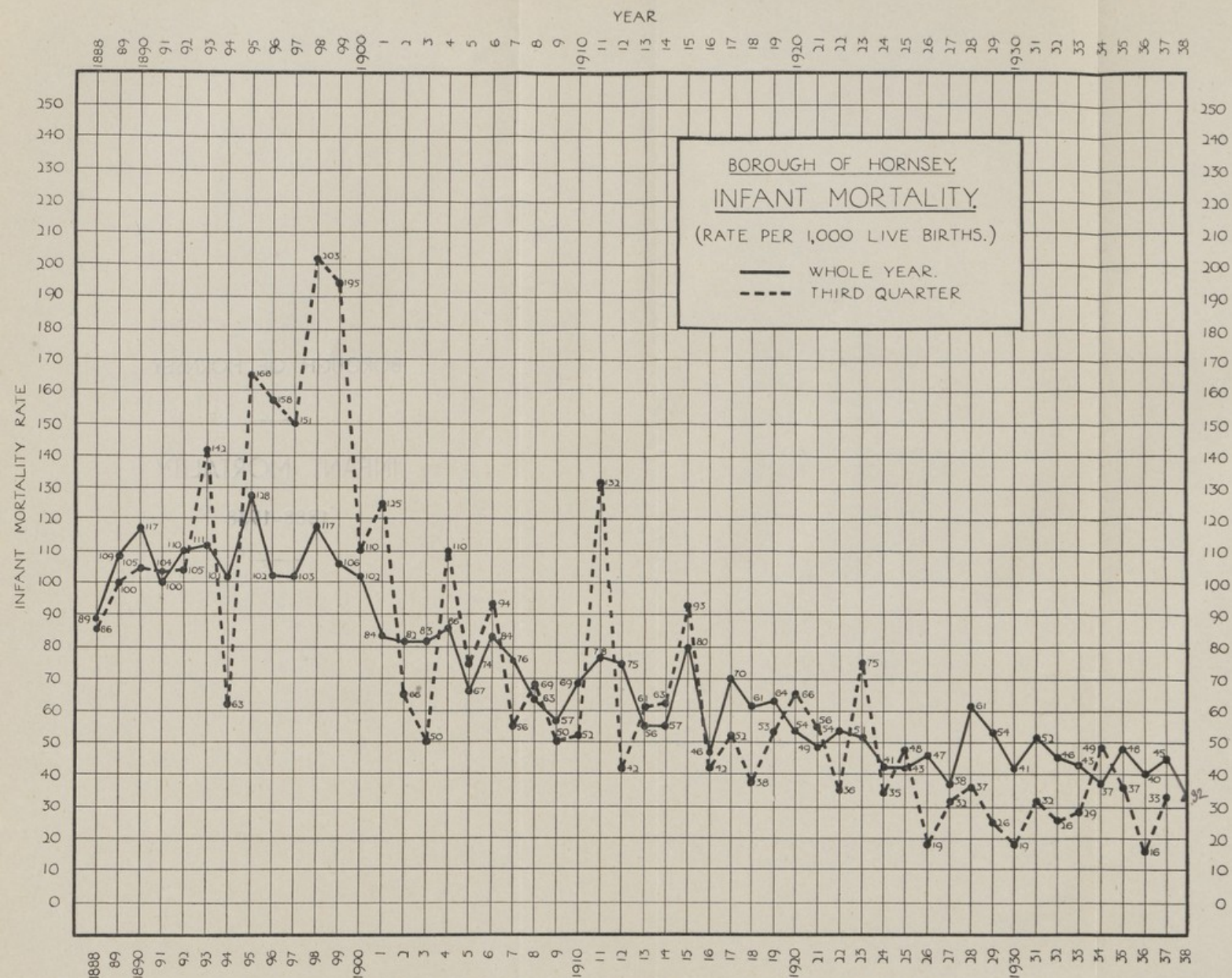
In hot, dry summers the infant mortality from this cause was appalling. The factors which have contributed to the virtual abolition of this infection are:—

- (1) The great strides made in the supply of pure, clean, safe milk. The supply of **pasteurised** milk in sealed bottles is one of the biggest advances ever made in infant hygiene.

BOROUGH OF HORNSEY

INFANT MORTALITY

1888-1938



BOROUGH OF HORNSEY

INFANT MORTALITY

1888-1938

- (2) The discovery of the internal combustion engine leading to the mechanisation of road transport. The disappearance of the horse from town streets has resulted in cleaner street surfaces. It is believed that manure-infected dust blown about the streets was one of the commonest sources of intestinal infection of infants.

Another mode of infection which has been greatly diminished by the passing of the horse was the house-fly, which used the manure heaps of stables and mews as breeding grounds and conveyed infection from these to milk and other foods in the homes.

- (3) Improved methods of road construction and sweeping, which have abolished dust from town streets.
- (4) Improvement in methods of house refuse collection and disposal and in municipal hygiene generally.
- (5) Higher standards of education, especially education in personal hygiene.
- (6) Maternity and Child Welfare work carried out systematically by Health Visitors in the homes and by Doctors, Voluntary Workers and Health Visitors at the Centres.

No attempt is made to arrange these factors in the order of their importance.

BOROUGH OF HORNSEY



INFANT MORTALITY

1888-1938



Borough of Hornsey

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

Year ending December 31st

1938

HORNSEY EDUCATION COMMITTEE.

List of Members, 31st December, 1938

APPOINTED BY HORNSEY.

Members of the Town Council—

ALDERMEN

- Mr. W. G. BARRENGER, J.P., 18, Fordington Road, Highgate, N.6.
 Mr. B. H. JENKINSON, 36, Avenue Road, Highgate, N.6.
 Mr. W. W. KELLAND, M.A., 14, Hillside Mansions, Jackson's Lane, Highgate, N.6.
 Mr. J. W. ROWLANDS, J.P., 25, Cholmeley Park, Highgate, N.6.

COUNCILLORS

- Mrs. C. M. CAVE, 10, Wood Vale, Muswell Hill, N.10
 (*Chairman*).
 Mr. H. G. R. GRIFFIN, 33, Fordington Road, Highgate, N.6
 (*Vice-Chairman*).
 Mr. S. H. BAKER, 33, Coolhurst Road, Crouch End, N.8.
 Mr. W. J. GRIMSHAW, J.P., 25, Sheldon Avenue, Highgate, N.6.
 Mr. G. K. M. HUTCHINSON, 8, Grosvenor Gardens, N.10.
 Mr. D. V. JOHNSON, 54, Coolhurst Road, Crouch End, N.8.
 Mr. W. E. LARK, 27, Avenue Road, Highgate, N.6.
 Mr. J. W. PALMER, 30, Crescent Road, Crouch End, N.8.
 Mr. L. J. VALETTE, 59, Allison Road, Harringay, N.8.
 Mr. W. V. WALL, 10, Winchester Place, Highgate, N.6.

Co-optative Members—

- The Rev. E. S. DUVAL, M.A., The Rectory, High Street, Hornsey.
 Mr. F. C. ELLERTON, 14, Bancroft Avenue, N.2.
 Mr. J. H. FORD, M.A., 5, Woodland Gardens, Muswell Hill, N.10.
 Mrs. A. HOLMAN, J.P., 8, Hornsey Lane, Highgate, N.6.
 Mrs. G. M. REID, B.A., 60a, Shepherd's Hill, Highgate, N.6.
 Mr. H. TOMPKINS, 7, Danvers Road, Hornsey, N.8.

MEMBERS OF THE CENTRAL CARE SUB-COMMITTEE.

Six members of the Education Committee—

Councillors Mrs. C. M. Cave, G. K. M. Hutchinson, W. E. Lark, L. J. Valette, and Mrs. G. M. Reid, B.A., and Mr. H. Tompkins.

Four Head Teachers of Elementary Schools nominated by the Hornsey Head Teachers' Association—

Miss F. A. Barter, Mr. G. Simmonds, B.A., Miss H. M. Stone, and Mr. H. Turner.

The Chairman or Hon. Secretary of each of the six District Care Committees as may be nominated by the District Care Committee—

Mrs. H. M. Durrant, Mrs. M. L. Easterling, Mrs. J. Faraday, Mrs. J. I. Grimshaw, Mr. G. A. Henderson and Mrs. E. Simmonds.

Four other persons residing in the Borough who possess experience or knowledge of social work among school children or young persons—

Mrs. N. Brixey, Mrs. D. M. Johnson, Mr. W. Percival, M.A., and Mrs. E. M. Tompkins.

LIST OF MEMBERS OF THE DISTRICT CARE COMMITTEES.

N.B.—Mr. Councillor VALETTE, the Chairman of the Central Care Committee, is an ex-officio member of all the District Care Committees.

CAMPSBOURNE.

Members of the Central Care Sub-Committee—

Mrs. D. M. Johnson, Mrs. G. M. Reid, B.A., †Mr. H. Tompkins.

Head Teachers—

Miss L. Regis, Miss D. F. Smith, Mr. H. Turner, Mr. J. W. T. Harris, Miss M. D. Sibley.

Other Members—

Mrs. G. T. Arnold, *Mrs. H. M. Durrant, Mrs. E. Gardiner, Mrs. A. D. Kinsman, Mrs. A. E. Lamble, Mrs. E. Henham.

CROUCH END.

Members of the Central Care Sub-Committee—

*Mr. G. A. Henderson, Mrs. G. M. Reid, B.A., Mrs. H. Tompkins.

Head Teachers—

Miss F. A. Barter, Mr. J. H. Chapman, Miss A. E. Walmsley.

Other Members—

Mrs. E. Barnard, Mr. F. C. Carter, †Mrs. E. H. Hare, Mrs. D. Holt, Miss F. Milborrow, Mrs. J. Stevenson.

HARRINGAY.

Members of the Central Care Sub-Committee—

Mr. W. Percival, M.A., Mrs. N. L. Brixey, *Mrs. C. Easterling, †Mr. L. J. Valette.

Head Teachers—

Miss G. M. Ryde, B.Sc., Mr. L. A. Wilson, Mr. W. B. Cann, Mr. J. H. Spilman, B.Sc., Miss H. M. Stone.

Other Members—

Mrs. J. H. Barrenger, Mrs. H. Betts, Mrs. Hawkins, Mrs. H. M. Hay, Mr. G. Pain, Mrs. L. J. Valette.

HIGHGATE.

Members of the Central Care Sub-Committee—

*Mrs. J. I. Grimshaw.

Head Teachers—

Mr. T. E. Durban, Miss R. Spalding, Mr. E. R. Lewis, Miss E. Towler.

Other Members—

Miss Dow, Mrs. E. Farrell, the Rev. W. G. Howard, Mrs. A. Imber.

MUSWELL HILL.

Members of the Central Care Sub-Committee—

†Councillor Mrs. C. M. Cave, * Mrs. E. Simmonds.

Head Teachers—

Miss E. F. Catley, Mr. I. T. Plant, Miss M. N. Clarke, Mr. G. Simmonds, B.A.

Other Members—

The Rev. E. J. A. Dunn, Mr. F. G. Edwardes, Mrs. M. Heppell, Mrs. A. Holman, J.P., Councillor F. J. Randall.

STROUD GREEN.

Members of the Central Care Sub-Committee—

Mrs. N. L. Brixey, *Mrs. J. Faraday, †Councillor W. V. Wall.

Head Teachers—

Miss E. M. Cockhill, Mr. F. W. Jaggard, Miss R. Jones.

Other Members—

Mrs. J. Ashworth, Mrs. A. Cole, Miss Freeman, Mrs. K. Knowles, Mrs. H. H. Smith, Mrs. Wall.

STAFF OF SCHOOL MEDICAL SERVICE.

School Medical Officer:

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

Assistant School Medical Officer:

JEAN SUTHERLAND, M.B., Ch.B., D.P.H., D.C.O.G.

Dentists:

WINIFRED M. HUNT, L.D.S.

FRANCES CARTER, L.D.S., R.C.S., (Eng.)

Oculist:

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

Aurist:

F. P. M. CLARKE, B.A., B.Sc., L.R.C.P., L.R.F.P.S. (Glas.)

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).

Nurses:

L. HATTON.

W. WHIMSTER.

L. M. OLIVER.

F. E. PARIS.

(Resigned 31/12/38.)

Clerk:

H. M. CROAK.

Assistant Clerks:

E. COOPER.

J. WHILLMORE.

To the Chairman and Members of the

HORNSEY EDUCATION COMMITTEE.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report for the year ending 1938 on the work of the School Medical Service.

Medical inspection in all the elementary schools of the Borough was carried out in accordance with the Board of Education's requirements, and all the services at the School Clinic have been in active operation throughout the year.

On 24th February the St. Mary's Infants' School was closed on account of an outbreak of measles followed by whooping cough. It is very rarely indeed that an elementary school has to be closed now on account of infectious disease. The reason for the closure of St. Mary's Infants' School was that children weakened by an attack of measles should not be unnecessarily exposed to the risk of infection with whooping cough on return to school. The school re-opened again on 14th March and it has maintained its usual good record of health.

The statistical tables required by the Board of Education appear at the end of this report. Figures referring to one year are not in themselves very informative as to the direction in which progress is being made in various departments of this work. For this reason I have prepared special reports which accompany this annual report. These refer to:—

(1) The number of mentally defective children in attendance at Oak Lodge Joint Special School from 1916 to 1938.

(2) The number of blind and partially blind children being treated in special schools from 1913 to 1938.

(3) The number of cases of diagnosed tuberculosis amongst elementary school children from 1913 to 1938.

(4) The work of the School Dental Department from 1929 to 1938.

(5) Operations for the removal of tonsils and adenoids from 1920 to 1938.

These reports together indicate victories in the field of preventive medicine over such conditions as blindness, bovine

tuberculosis and otorrhoea. They also indicate changes in outlook on certain of the problems of school medical work. The period under review is one which the Education Authority can regard with satisfaction.

I desire to acknowledge the wholehearted co-operation of my staff, the Education Department, the School Teachers, Attendance Officers and Care Committees in this important field of work, and I am deeply grateful for the kind interest which the Education Committee has always taken in the health and physical well-being of the school children.

Appended to this Report are reports by Miss F. E. Breeze and Mr. J. B. Marr, the Organisers of physical training, and by Dr. F. P. M. Clarke, the Aural Surgeon to the Education Authority.

I have the honour to be,

Your obedient servant,

R. P. GARROW,
School Medical Officer.

School Medical Service Scheme of Treatment.

Condition treated.	Where treated.	By whom.	When.
(a) Minor ailments including skin disease and external eye disease.	School Clinic.	Clinic Nurse (Miss Paris).	Daily at 9 & 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. J. S. Boden).	Two sessions weekly, Tuesday afternoons, Thursday mornings.
(d) Ear Disease and defective hearing.	School Clinic.	School Aurist (Dr. F. P. M. Clarke).	One session weekly, Saturday morning.
(e) Dental Defects.	School Clinic.	School Dentists Miss W. M. Hunt Miss F. Carter	Full time, Eleven sessions weekly. Five sessions weekly.
(f) Crippling defects.	School Clinic.	Orthopædic Surgeon (Mr. H. J. Seddon). Masseuse (Mrs. Yorke).	One session monthly, 4th Monday morning in each month. Four sessions weekly, Monday, Wednesday, Friday afternoons & Saturday mornings.
(g) Stammering and other speech defects.	School Clinic.	Special Teacher Miss Bennett	Three sessions weekly, Monday, Thursday & Friday afternoons.
(h) Conditions requiring medical consultation.	School Clinics and Infant Welfare Centres.	S.M.O. and A.S.M.O.	Seven sessions or part sessions weekly.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC
ELEMENTARY SCHOOLS (*see note a*).

(a)—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—
(*see note b*).

Entrants	...	...	...	...	...	908
Second Age Group	...	...	...	...	...	1,237
Third Age Group	...	...	...	...	...	437
Total	...	...	...	...	...	2,582
Number of other Routine Inspections (<i>see note c</i>).	...	...	...	...	...	149
Grand Total	...	...	...	...	...	2,731

(b)—OTHER INSPECTIONS.

Number of Special Inspections (<i>see note d</i>).	...	...	...	...	1,879
Number of Re-Inspections (<i>see note e</i>).	...	...	...	...	3,674
Total	...	...	...	...	5,553

(c)—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

NOTES.—(1) Children found at Routine Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual child should be counted more than once in any column of this Table; for example, a child suffering from defective vision and from adenoids should appear once in Column 2, once in Column 3 and *once only* in Column 4. Similarly, a child suffering from two defects other than defective vision should appear once only in Column 3 and once in Column 4.

Prescribed Groups:					Defective Vision excluding Squint.	All other conditions recorded in Table 2a.	Total.
(1)					(2)	(3)	(4)
Entrants	...	...	...	...	9	21	30
Second Age Group	...	...	...	...	71	35	106
Third Age Group	...	...	...	...	19	10	29
Total (Prescribed Groups)	...	...	...	...	99	66	165
Other Routine Inspections	...	...	...	...	8	1	9
Grand Total	...	...	...	...	107	67	174

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 prescribed 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.

TABLE II.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1938.

NOTE.—All defects noted at routine medical inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the inspection.

DEFECT OR DISEASE.		Routine Inspections.		Special Inspections	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	(1) Ringworm, scalp - - -	...	...	9	...
	(2) " body - - -	...	...	16	...
	(3) Scabies - - -	...	...	227	...
	(4) Impetigo - - -	...	...	23	...
	(5) Other Diseases (Non-tuberculous) - - -	...	...	180	...
TOTAL (Heads 1 to 5)		...	...	260	...
Eye	(6) Blepharitis - - -	1	2	5	...
	(7) Conjunctivitis - - -	2	...	35	...
	(8) Keratitis - - -	...	...	...	...
	(9) Corneal Opacities - - -	1	...	...	...
	(10) Other Conditions (excluding Defective Vision and Squint)	2	2	26	...
TOTAL (Heads 6 to 10)		6	4	66	...
Ear	(11) Defective Vision (excluding Squint) - - -	107	...	126	...
	(12) Squint - - -	32	...	31	...
	(13) Defective Hearing - - -	3	1	3	...
	(14) Otitis Media - - -	...	...	18	...
	(15) Other Ear Diseases - - -	7	4	78	...
Nose and Throat	(16) Chronic Tonsillitis only - - -	8	13	25	...
	(17) Adenoids only - - -	1	1	1	...
	(18) Chronic Tonsillitis and Adenoids - - -	...	...	3	...
	(19) Other conditions - - -	20	36	97	...
	(20) Enlarged Cervical Glands (Non-Tuberculous)	1	8	20	...
Heart and Circulation	(21) Defective Speech - - -	3	3	...	...
	Heart Disease:				
	(22) Organic - - -	...	...	...	...
	(23) Functional - - -	1	4	3	...
	(24) Anæmia - - -	...	5	...	...
Lungs	(25) Brouchitis - - -	...	1	4	...
	(26) Other Non-Tuberculous Diseases	...	...	...	...
Tuberculosis	Pulmonary:				
	(27) Definite - - -	...	...	...	...
	(28) Suspected - - -	...	...	3	...
	Non-Pulmonary:				
	(29) Glands - - -	...	...	...	...
Nervous System	(30) Bones and Joints - - -	...	...	...	...
	(31) Skin - - -	...	...	...	...
	(32) Other Forms - - -	...	...	...	...
	(33) Epilepsy - - -	...	2	1	...
	(34) Chorea - - -	...	...	2	...
Deformities	(35) Other Conditions - - -	1	55	10	...
	(36) Rickets - - -	...	...	...	...
	(37) Spinal Curvature - - -	6	3	...	...
	(38) Other Forms - - -	5	185	2	...
	(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	2	34	618	...
TOTALS -		203	359	1,371	...

TABLE II (continued)

(B) CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

(See Administrative Memorandum No. 124, dated 31st December, 1934.)

AGE GROUPS	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly sub-normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	908	216	24%	629	69%	63	7%	—	—
Second Age-group	1,237	397	32%	775	63%	65	5%	—	—
Third Age-Group	437	205	47%	208	47%	24	6%	—	—
Other Routine Inspections	149	76	51%	70	47%	3	2%	—	—
TOTAL	2,731	894	33%	1,682	62%	155	5%	—	—

TABLE III.

BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PARTIALLY SIGHTED CHILDREN.

Enter in this section only children 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 for the partially sighted.

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.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	1	—	—	—	1

DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	—	—	—	5

PARTIALLY DEAF CHILDREN.

Enter in this Section only children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	Nil.

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect 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 Special Schools for mentally defective children.

The following Table should include all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children should be entered in the return of notified children—Form 307 M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
35	—	—	—	35

MENTALLY DEFECTIVE CHILDREN

A child is defined as being of the age of 18 years or under who is "too feeble to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally or almost totally deaf and can only be approximately taught in a school for deaf children, and others who are partly hearing and can be approximately taught in a school for hearing deaf children. Only the first class should be included in this section.

At School in Elementary School	At School in Elementary School	At School in Elementary School	At School in Elementary School	At School in Elementary School

MENTALLY DEFECTIVE CHILDREN

None of the children who are approximately of hearing age in a school for the partially deaf.

At School in Elementary School	At School in Elementary School	At School in Elementary School	At School in Elementary School	At School in Elementary School

MENTALLY DEFECTIVE CHILDREN

MENTALLY DEFECTIVE CHILDREN

MENTALLY DEFECTIVE CHILDREN are children who, by reason of mental and body defects, are incapable of receiving the normal amount of instruction in the elementary school. These children are not included in the category of "MENTALLY DEFECTIVE CHILDREN" but are included in the category of "MENTALLY DEFECTIVE CHILDREN" by reason of their defects of hearing which prevent them from receiving the normal amount of instruction in the elementary school for hearing deaf children.

The following table shows the number of such children who have been referred to the Local Authority under the Mental Subnormality Act in accordance with Article 2 of the Mental Subnormality Regulations, 1922. Figures are referred to these children should be referred in the column of "MENTALLY DEFECTIVE CHILDREN" and not in the column of "MENTALLY DEFECTIVE CHILDREN".

At School in Elementary School	At School in Elementary School	At School in Elementary School	At School in Elementary School	At School in Elementary School

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

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.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	Nil.

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County, but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children, provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

1.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.
(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
—	—	3	—	3

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.
(This category should include tuberculosis of all sites
other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
2	—	2	—	4

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

B. DELICATE CHILDREN.

This Section should be confined to 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. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
—	—	—	—	Nil.

C. CRIPPLED CHILDREN.

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	35	—	—	44

D. CHILDREN WITH HEART DISEASE.

This section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	1	—	2

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect :—

Blindness (excluding partially sighted children).

Deafness (excluding partially deaf children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

The clinical condition causing the defect need not be specified; it will, for example, be sufficient to enter in Coloum 1,

Blind and Feeble-minded.

Deaf, Crippled and Heart.

Should there be no children suffering from Multiple Defects, please enter "Nil."

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	Nil.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS

Information is being received in regard to children suffering from
any combination of the following types of defects:

- Blindness (including partially sighted children)
- Deafness (including partially deaf children)
- Mental defect (Feeble-minded)
- Severe epilepsy
- Active tuberculosis
- Crippling (as defined in Section 2 above)
- Heart disease

The clinical condition causing the defect need not be specified; it will
be specified by reference to codes in Column 1.
Blind and Feeble-minded
Deaf, Crippled and Heart

Children there be no children suffering from Multiple Defects, please
enter "Nil".

Code of Defect	1 Blind (Sightless)	2 Deaf (Hearing)	3 Mental (Feeble-minded)	4 Severe epilepsy	5 Active tuberculosis	6 Crippling	7 Heart disease
Total							
Nil							

TABLE IV.
YEAR ENDED 31st DECEMBER, 1938.
TREATMENT TABLES.

NOTES.

(a) The Tables 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) The heading, "Under the Authority's Scheme," 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.

(c) The Tables 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 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 heading of Table II. (Form 8 b.M.).

GROUP I.—MINOR AILMENTS

(excluding Uncleanliness, for which see Table VI.).

DISEASE OR DEFECT. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme (see note b). (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp			
(i) X-Ray Treatment. If none, indicate by dash.	9	—	9
(ii) Other Treatment.	—	—	—
Ringworm-Body	16	—	16
Scabies	27	—	27
Impetigo	28	—	28
Other Skin Disease	180	—	180
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II).	66	—	66
<i>Minor Ear Defects</i> (See note c).	89	—	89
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, etc.)	441	—	441
Total	856	—	856

TABLE IV. (continued.)

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

	Number of Defects dealt with		
	Under the Authority's Scheme (see note b)	Otherwise.	Total.
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report).	499	—	499
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	107	—	107
Total	606	—	606
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed ...	435	—	435
(b) Obtained	430	—	430

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

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital (see note b). (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
20		—	—	—	—	—	—	20	—	—	—	135	155

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids,
(iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

Postural defects which received non-residential treatment otherwise than at an *orthopædic* clinic should not be recorded in this Table.

A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

	Under the Authority's Scheme. (<i>See note b.</i>)			Otherwise.			Total number treated. (<i>see note c.</i>)
	(1)			(2)			
	Residential treatment with education. (1)	Residential treatment without education. (2)	Non-residential treatment at an orthopædic clinic. (3)	Residential treatment with education. (1)	Residential treatment without education. (2)	Non-residential treatment at an orthopædic clinic. (3)	
Number of children treated.	11	—	205	—	—	—	216

TABLE V.—DENTAL INSPECTION AND TREATMENT.

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 routine age-group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

Temporary fillings, whether in permanent or temporary teeth, should be recorded as other operations.

(1) Number of children inspected by the Dentist:—

(a) Routine age-groups:

AGE	5	6	7	8	9	10	11	12	13	14	15	TOTAL
Number	87	280	285	508	379	397	310	227	199	144	67	2,883

(b) Specials (*see note above*) ... 1,130

(c) TOTAL (Routine and Specials) ... 4,013

(2) Number found to require treatment ... 3,773

(3) Number actually treated ... 2,712

(4) Attendances made by children for treatment ... 4,843

(5) Half-days devoted to:—

Inspection	...	25
Treatment	...	529
Total	...	554

(7) Extractions:—

Permanent Teeth	...	507
Temporary Teeth	...	2,767
Total	...	3,274

(8) Administration of general anæsthetics for extractions 860

(6) Fillings:—(*See note g*)

Permanent Teeth	...	3,346
Temporary Teeth	...	110
Total	...	3,546

(9) Other operations:

Permanent Teeth	...	185
Temporary Teeth	...	1,724
Total	...	1,909

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS

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.

All cases of uncleanness, however slight, should be recorded.

The Return should relate to individual children and not to instances of uncleanness.

(i.) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	49
(ii.) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	30,661
(iii.) Number of <i>individual</i> children found unclean (<i>see note above</i>)							319
(iv.) Number of <i>individual</i> children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...	...	...	...	...	138
(v.) Number of cases in which legal proceedings were taken:—							
(a) Under the Education Act, 1921	...	...	...	...	...	...	—
(b) Under School Attendance Byelaws	...	...	...	...	...	...	—

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS

A statement as to the arrangements made by the local education authority for cleaning 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.

All cases of uncleanliness, however slight, should be recorded. The return should relate to individual children and not to instances of uncleanliness.

(1) Average number of visits per school made during the year by the School Nurse	49
(2) Total number of examinations of children in the schools by School Nurses	60,621
(3) Number of individual children found verminous (see note above)	519
(4) Number of individual children treated under Section 57 (2) and (3) of the Education Act, 1901	138
(5) Number of cases in which legal proceedings were taken	—
(6) Under the Education Act, 1901	—
(7) Under Section 57 of the Education Act, 1901	—

TABLE VII.
LIST OF SCHOOLS IN THE BOROUGH.

School,	Department.	Authorized accommo- dation.	Average No. on the Rolls for gr. ended 31/12/37.	Head Teacher.
Campsbourne ...	Junr.	420	293	Mr. H. Turner
" ...	Senr. Girls'	320	225·8	Miss L. Regis
" ...	Infants'	440	286·8	Miss D. F. Smith
Coldfall ...	Mixed	520	522·5	Mr. G. Simmonds, B.A.
" ...	Infants'	400	252·1	Miss M. N. Clarke
Crouch End ...	Boys'	360	248·4	Mr. J. Iliffe
" " ...	Junior	400	469·75	Miss F. A. Barter
Rokesly ...	Infants'	480	389·8	Miss A. E. Walmsley
Highgate ...	Mixed	328	316	Mr. T. E. Durban
" ...	Infants'	264	134·7	Miss R. Spalding
Harringay ...	Senr. Boys'	312	226·7	Mr. W. B. Cann
North Harringay	Junr. Mxd.	448	341·6	Mr. J. H. Spilman, B.Sc.
" " ...	Infants'	446	274·8	Miss H. M. Stone
Harringay ...	Senr. Girls'	320	224·25	Miss G. M. Ryde, B.Sc.
South Harringay	Infants' & Junr. Mxd.	340	308·9	Mr. L. A. Wilson
Stroud Green ...	Senr. Mixed	346	342·67	Mr. F. W. Jaggard
" " ...	Junr. Mixed	408	313·8	Miss E. M. Cockhill
" " ...	Infants'	344	260·2	Miss R. Jones
Muswell Hill ...	Junr. Mixed	200	174·6	Miss E. F. Catley
St. Mary's ...	Mixed	580	575·8	Mr. J. W. T. Harris
" ...	Infants'	240	288·8	Miss M. D. Sibley
St. Michael's ...	Mixed	196	114·8	Mr. E. R. Lewis
" ...	Infants'	168	57	Miss E. Towler
St. James' ...	Junr. Mixed	240	235·6	Mr. I. T. Plant
	Totals ...	8,520	6,869·37	

MENTALLY DEFECTIVE CHILDREN

This graph gives the number of Hornsey children in attendance at Oak Lodge Special School, Finchley, on the 31st December each year from 1916 to 1938.

In the early years of this school the numbers increased rapidly from 21 in 1916 to 37 in 1919. In the following years to 1925 the numbers fell continuously to 17. From that year there has been a fluctuating increase to 38 in 1937.

The higher numbers of Hornsey children at the Special School in recent years is not due, to any measurable extent, to increase in the incidence of mental deficiency amongst the school population. The chief cause is the more complete ascertainment of mental defectives. The initiative in this process lies with the teachers. If the Head Teacher of a school has reason to believe that a child is so retarded mentally as to be incapable of receiving proper benefit from the education provided in an ordinary elementary school, it is his or her duty to report the case to the Director of Education on a special form, giving details of the child's scholastic attainments.

At the request of the Director of Education, the School Medical Officer or his deputy (if approved by the Board of Education for the purpose of certifying mental deficiency) examines the child by mental tests to ascertain its "Intelligence Quotient"—a process requiring skill, experience, tact and patience in dealing with children.

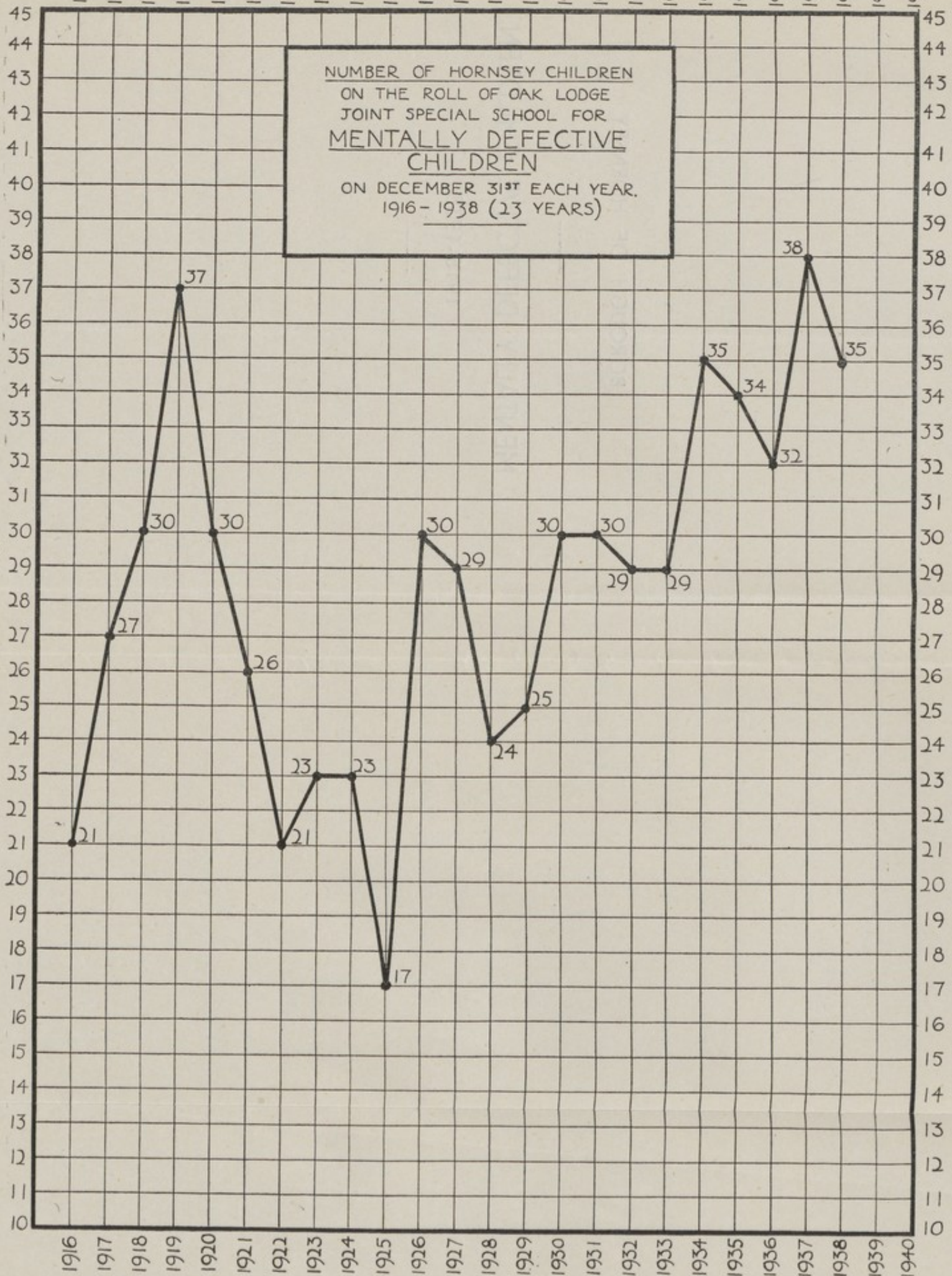
At Oak Lodge the children get a special education suited to their ability, and some make remarkable progress in manual work. They often improve considerably in physique and general health—no doubt as a result of the excellent dinner provided at the school.

YEAR.

NUMBER OF HORNSEY CHILDREN
ON THE ROLL OF OAK LODGE
JOINT SPECIAL SCHOOL FOR
MENTALLY DEFECTIVE
CHILDREN

ON DECEMBER 31ST EACH YEAR.
1916 - 1938 (23 YEARS)

NUMBER OF CHILDREN.



BOROUGH OF HORNSEY

MENTALLY DEFECTIVE CHILDREN

1916-1938.

BLIND AND PARTIALLY BLIND CHILDREN

Totally Blind Children.

The interrupted line gives the number of totally blind children who have been educated at Special Schools for the Blind at the expense of the Borough of Hornsey during the last 26 years, from 1913 to 1938.

For the first nine years of this period the number varied from three to five. For the last eight years the number is one. This one case is a child from another district whose parents have resided in Hornsey since 1931. Apart from imported liability, the Authority has had no totally blind child to educate for 14 years.

This wonderful change is the result of the efficient methods for the prevention and the treatment of **Ophthalmia Neonatorum**, which have been in operation for the last twenty or thirty years. **Ophthalmia Neonatorum**—"inflammation of the eyes of the new born," an extremely infectious and virulent disease—and used to be one of the commonest causes of total blindness. Prophylactic treatment of the eyes of the new born. Compulsory notification by doctors and mid-wives, immediate removal to hospital for continuous hourly or half-hourly treatment day and night, are the methods by which this cause of blindness has been conquered.

Cases occurring in Hornsey are removed immediately to St. Margaret's Hospital, Kentish Town—a hospital of the London County Council, which specialises in the treatment of **Ophthalmia Neonatorum**. Since this arrangement has been in force no case of blindness of even one eye from this cause has been recorded in Hornsey.

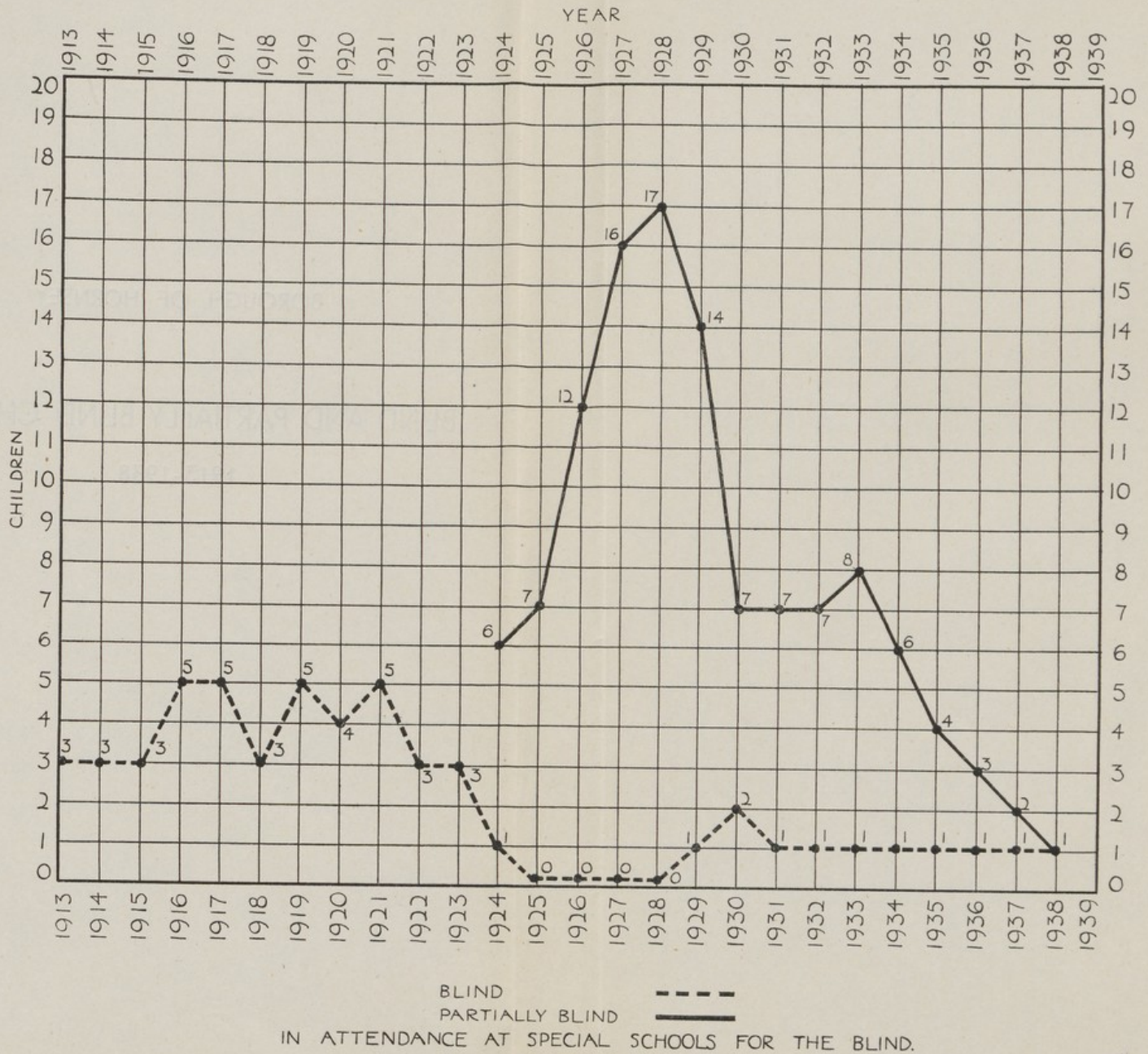
Partially Blind Children.

Partially blind children fall into two categories:—

(a) Children who from "Ophthalmia" at birth or from inflammatory conditions of the eyes at a later age, have their eyesight so damaged that they are unable to read the books used in ordinary elementary schools. They are few in number.

(b) Children suffering from severe errors in the refractive mechanism of the eyes, especially the error known as "Myopia," or **short sightedness**. These form the great majority of the Hornsey children represented in the continuous line in the chart. In the early twenties of this century the experiment was made of sending

BOROUGH OF HORNSEY.
NUMBER OF BLIND
AND PARTIALLY BLIND CHILDREN.



myopic children to myope classes or schools, where they were educated by special methods designed to relieve the eyes as much as possible from strain which was believed to be an important factor in the cause and increase of myopia. Such a special school was formed in Wood Green and children from surrounding boroughs were admitted. The highest number of Hornsey children in attendance at Wood Green Myope school was 17 in 1928. Since that year the number has diminished rapidly until to-day there is only one.

This does not mean a reduction in the incidence of myopia in Hornsey school children, but a change in outlook on the education of the myope.

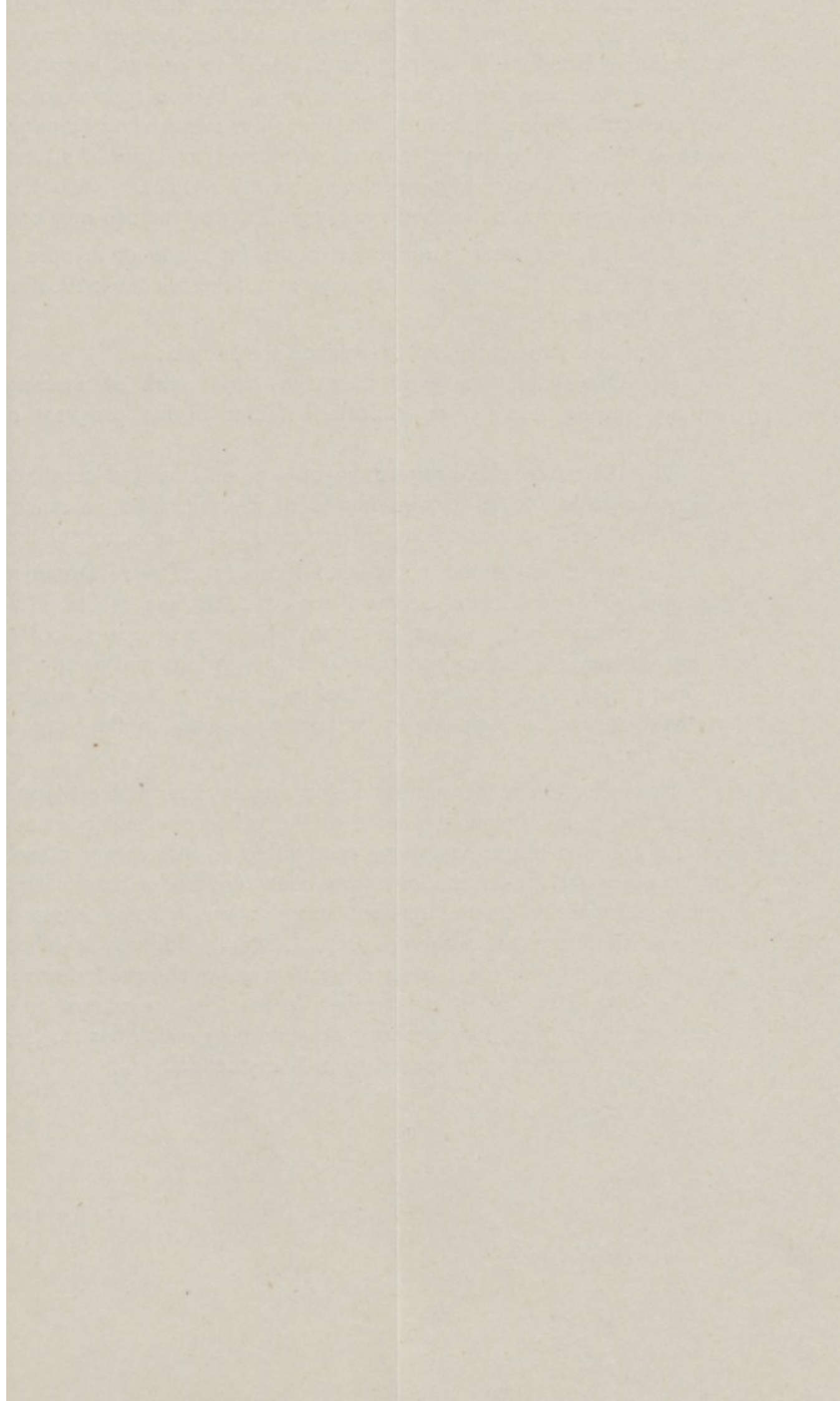
There are two schools of thought on the subject:—

(1) One school believes that the close work of reading, writing, sewing, etc., is an important factor in the progress of myopia.

(2) The other school regards myopia as an inherited condition which progresses to a certain degree of myopia, little influenced by writing, reading, posture or other factors of normal school life.

The reduction in the number of Hornsey children attending the Special Myope School is based upon the teaching of the latter school. Educational progress is not so rapid in a myope school as in an ordinary elementary school, and it is a serious matter for the myope if by attending a special school he is gaining little or nothing in the direction of sight-saving and losing heavily in the way of education.

This reduction in the number of Hornsey myopes at the Myopic School has been effected by some of the children reaching school-leaving age and others have been readmitted to elementary schools in the borough. These children have been kept under careful half-yearly examination (more frequent examination in some cases of this was considered necessary), by Dr. J. Smedly Boden, the school oculist. He informs me that in no case has he observed damage to the eyes from return to normal school life. Teachers have informed me of the rapid progress educationally which has resulted from these transfers from special to ordinary school.



BOROUGH OF HORNSEY

BLIND AND PARTIALLY BLIND CHILDREN

1913-1938.

BLIND AND PARTIALLY BLIND CHILDREN

Totally Blind Children.

The interrupted line gives the number of totally blind children who have been educated at Special Schools for the Blind at the expense of the Borough of Hammersmith during the last 25 years from 1911 to 1936.

For the first nine years of this period the number varied from three to five. For the last eight years the number is one. This one case is a child from another district whose parents have resided in Hammersmith since 1931. Apart from imported liability, the Authority has had no totally blind child to educate for 14 years.

This wonderful change is the result of the efficient methods for the prevention and the treatment of Ophthalmic Neovascularization, which have been in operation for the last twenty or thirty years. Ophthalmic Neovascularization—inflammation of the eye of the cow—on extremely infectious and violent disease—and used to be one of the commonest causes of total blindness. Proprietary treatment of the eye of the new-born. Compulsory notification by doctors and midwives, immediate removal to hospital for continuous hourly or half-hourly treatment day and night, are the methods by which this cause of blindness has been conquered.

Cases occurred in Hammersmith and removed immediately to St. Margaret's Hospital, Kentish Town—a hospital of the London County Council, which specializes in the treatment of Ophthalmic Neovascularization. Since the arrangement has been in force no case of blindness of even one eye from this cause has been recorded in Hammersmith.

Partially Blind Children.

Partially blind children fall into two categories:—

(a) Children who from "Ophthalmia" at birth or from infection during conditions of the eye at a later age have their eyesight so damaged that they are unable to read the books used in ordinary elementary schools. They are few in number.

(b) Children suffering from severe error in the refractive condition of the eye, especially the error known as "Myopia" or short sightedness. These form the great majority of the Hammersmith children represented in the continuous line in the chart. In the early twenties of this century the experiment was made of sending

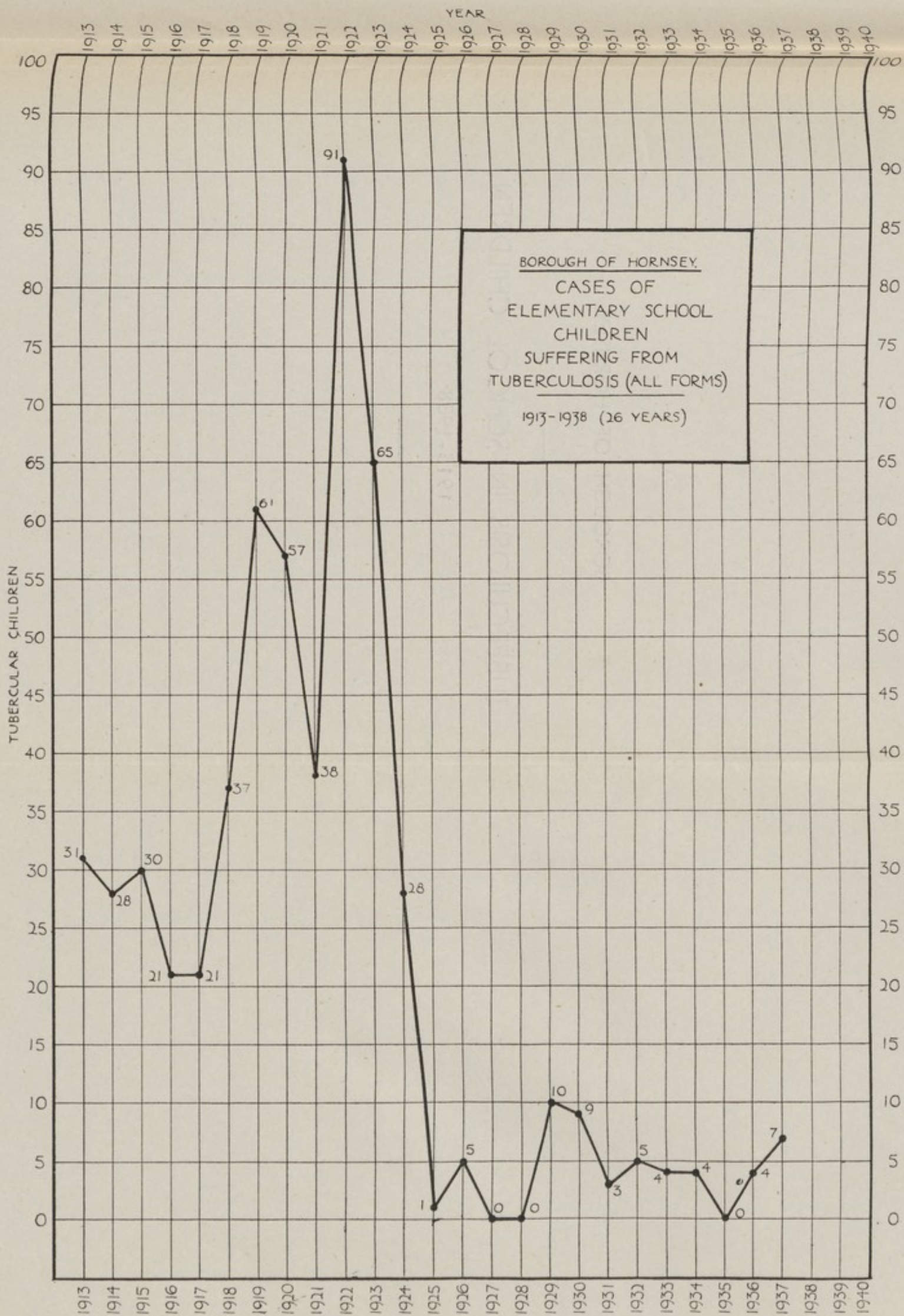
TUBERCULOSIS IN SCHOOL CHILDREN

One of the official returns which every School Medical Officer has to make annually to the Board of Education and to the Local Education Authority is the number of children suffering from the various forms of tuberculosis.

The earliest returns were made in 1913 and the chart shows in graphic form the remarkable change that has been brought about in the incidence of tuberculosis in elementary school children in Hornsey in the last 26 years.

In the early years of this period ascertainment of new cases became more complete, and this, no doubt, accounted for the apparent increase in incidence to 91 cases in 1922.

But the most striking feature of the picture is the virtual disappearance of diagnosed tuberculosis in school children in the three years 1923 to 1925 inclusive. How was this spectacular result achieved? Without doubt, a chief factor was the pasteurisation of milk, which was undertaken on a general scale by the large milk distributors in 1918. Children born in 1918 became school entrants in 1923. Diagnosed tuberculosis in school children affects chiefly the bones, joints and glands, and is bovine tuberculosis transmitted to infants and children by the drinking of infected milk. This form of tuberculosis was one of the commonest causes of crippling in school children.



BOROUGH OF HORNSEY

TUBERCULOSIS IN SCHOOL CHILDREN

1913-1938.

SCHOOL DENTAL WORK

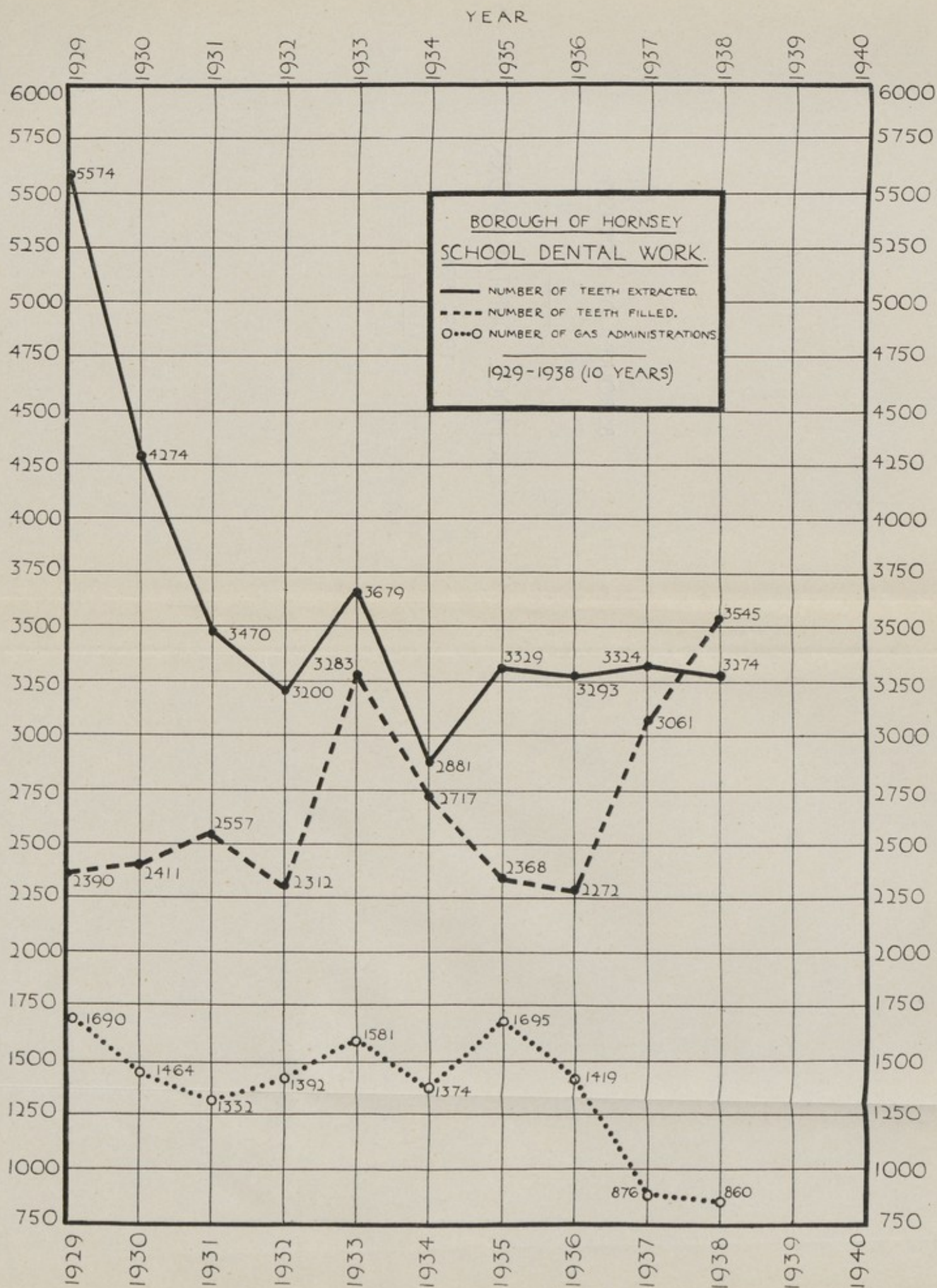
An important factor in the health and education in hygiene of school children is the attention paid to the teeth. Sound teeth are not only essential to first-class health, but are important from the æsthetic point of view.

The accompanying chart indicates that in the last ten years the **character** of the dental work undertaken for the elementary school children has changed considerably. In 1929 three part-time school dentists doing ten sessions per week extracted 5,574 teeth for the most part under general anæsthetics, which were administered to 1,690 children. In the same year they did 2,390 fillings.

There has been a great reduction in the number of general dental anæsthetics to 860 in 1938, the number of teeth extracted being 3,274. For the first time in the history of school dental work in Hornsey the number of fillings (3,545) has exceeded the extractions. This change has been effected by the employment of one whole-time dentist until late in 1938, when an additional half-time dentist was appointed.

It cannot be too strongly emphasised that the function of school dental work is to save teeth before they become so decayed that they must be extracted. The attainment of this ideal would involve greater attention to the temporary teeth in pre-school years, and **annual** dental inspection and treatment in the elementary schools. Other factors contributing to an improved dental state in the schools are sound nutrition and the practice by the children of dental cleanliness.

The general impression which this decennial review of the dental work conveys is that substantial progress on sound lines has been achieved, but that more work must be done yearly to obtain really satisfactory results and send boys and girls out into the world with sound sets of teeth.



BOROUGH OF HORNSEY

SCHOOL DENTAL WORK

1929-1938.

TONSILLECTOMY

This chart presents a picture covering the period of nine years, 1920-1928 inclusive. The continuous line shows the number of operations performed under the Education Committee's scheme for the removal of tonsils and adenoids. The interrupted line shows the number of children found each year at routine medical inspections, special inspections and at the school clinic, to be suffering from otitis media or ear discharge.

The most striking feature of the chart is the great and sudden fall in the number of operations from an average of about 190 per annum in the four years 1925-1928 inclusive to about a dozen operations per annum in 1929 and subsequent years.

The other striking feature of this picture is the steady continuous fall since 1921 in the number of children suffering from otitis media—one of the most tiresome and objectionable ailments of school children in the old days, not only on account of the damage to the child's health, but also the offensive odour of many ear discharges.

It is not claimed that this reduction in otitis media has been achieved by reducing the number of operations. Indeed, it is obvious that the fall in incidence of ear discharge set in many years before the fall of tonsillectomy in 1929. The importance of presenting these two curves together is to demonstrate that the fall in otitis media has not been interfered with by a drastic reduction in tonsil operations.

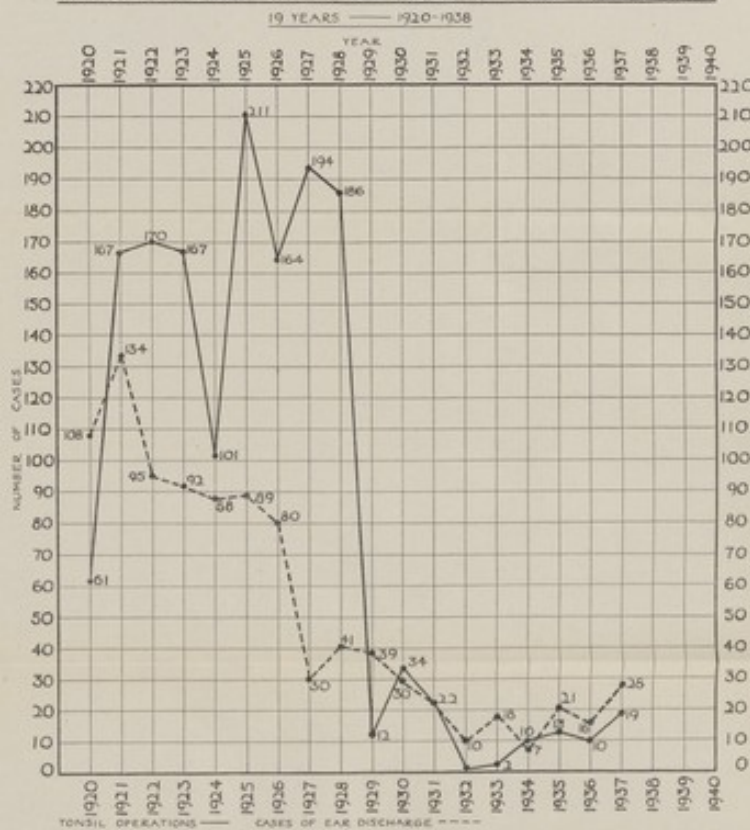
It is commonly believed that otitis media (inflammation of the middle ear) the precursor of otitis media (ear discharge) is caused by enlarged tonsils and that tonsillectomy is an essential part of the treatment of this condition. The evidence accumulated in the last ten years in Hornsey furnishes conclusive proof that the great majority of cases of ear discharge can be cured rapidly and permanently without resort to tonsillectomy. The same is true in regard to other local conditions—such as nasal catarrh, nasal septum, sub-acute inflammation of the glands of the neck—for which tonsillectomy is part of the routine modern treatment.

There is now also abundant evidence to show that equally fallacious are the views that physical growth and mental development are in many cases interfered with by even moderately enlarged tonsils and adenoids, and that tonsillectomy is an essential prerequisite to that healthy growth of body and mind which enables a child to obtain full benefit from its education.

Tonsillectomy is one of the most highly controversial subjects in pediatrics (the special study of children's diseases), and especially in school medicine. At one time the operation was rarely performed and seldom discussed. Then a vogue set in in the early years of this century and it became the commonest operation in surgery. It was (and in some quarters still is) regarded as a panacea for almost every abnormality or ailment, physical, mental and moral, which afflicts school children. In recent years the operation has been performed more and more in pre-school children. Even infants under one year have had their tonsils and adenoids removed.

While I take sole responsibility for the virtual abandonment of tonsillectomy in the scheme of treatment of ear, nose and throat conditions in school children in Hornsey, I desire to express my faith in, and admiration for, the pioneer work of Dr. A. R. Friel (until lately Ear, Nose and Throat physician to the Hornsey Education Authority). He introduced into school medical practice in England the method of Zinc Iodisation for the treatment of otitis media (ear discharge). With his lies the credit of abolishing chronic ear discharge from the elementary schools. His weekly session of work, originally known as the "otitis media clinic," ceased to be an otitis media clinic because the supply of cases of otitis media ran dry. In the meantime Dr. Friel was turning his attention to incipient and minor forms of deafness in school and pre-school children; and to chronic rhinitis (nose discharge) and antrum infection. He practised the method devised by Gaultier, of

BOROUGH OF HORNSEY TONSIL OPERATIONS AND CASES OF EAR DISCHARGE



THE GREAT REDUCTION IN THE NUMBER OF TONSIL OPERATIONS IN 1929 AND SUBSEQUENT YEARS HAS NOT INTERFERED WITH THE DIMINUTION IN INCIDENCE OF EAR DISCHARGE. THERE IS NO EVIDENCE THAT THE FALL IN NUMBER OF OPERATIONS HAS HAD ANY ILLEFFECT ON THE HEALTH OF THE CHILDREN. ON THE CONTRARY THERE IS AMPLE EVIDENCE THAT THE CONSERVATIVE METHODS OF TREATMENT ADOPTED HAVE BEEN BENEFICIAL.

Peters, called Disinfection for the relief of nasal obstruction due to nasal catarrh. It has been found to be a valuable remedy for many nasal conditions.

More recently Dr. Clarke, who succeeded Dr. Friel as Ear, Nose and Throat physician in 1937, has employed Peters' suction method for the treatment of enlarged and so-called "septic" tonsils. It is now possible for Hornsey children to have their tonsils spring cleaned in situ by means of a suction apparatus, which extracts pus and septic material from the crypts of the tonsils. A few treatments of this kind may reduce enlarged tonsils to one-half or one-third their size at the commencement of treatment.

Hornsey's lead in abandoning tonsillectomy in 1929 in favour of rational conservative methods of treatment of the ear, nose and throat ailments of school and pre-school children was quickly followed by a nation-wide movement in the same direction. In an important paper on "The Incidence of Tonsillectomy" read to the Royal Society of Medicine in 1938, Dr. J. Allison Glover, Senior Medical Officer to the Board of Education, furnishes very interesting figures of the numbers of operations performed under Education Authorities—Counties, County Boroughs, Boroughs and Urban Districts in England and Wales, including London.

The Borough of Hornsey has the lowest incidence of tonsillectomy of any authority in 1929 and subsequent years. The rising tide of tonsillectomy reached its height in 1931, when 128,417 operations were performed in England and Wales (including London). In 1932 (i.e., three years after the sudden fall in Hornsey) the number fell to 111,433. In 1933 to 89,000 and in 1934 to 82,974. That is to say, in three years, 1932 to 1934 inclusive, there was a reduction of 45,443 in the annual number of operations performed. Since 1934 there has been a tendency for the number to rise again—no doubt chiefly on account of the emphasis laid in recent years on "Septic tonsils" as a cause of illness. Recent experience in Hornsey is showing that Peters' tonsil suction technique is an effective method of dealing with tonsil sepsis and its supposed complications. Indeed, there is good reason to hope that the radical procedure of removal of the extremely important and valuable lymphoid tissue from the throats of children may ultimately become an obsolete operation.

In the attainment of this ideal certain other measures for the improvement of the health of the child population are necessary, e.g.,

- (1) Sound nutrition from the beginning of life through every stage of infancy, childhood, adolescence to full growth.
- (2) Adequate attention to posture, deep nasal breathing and full development of the respiratory apparatus. The system of physical training in the schools and at home should pay special attention to these points in securing healthy conditions in the nose and throat of growing children.
- (3) Adequate dental treatment of pre-school and school children in order to keep the mouth free from dental decay and sepsis and to promote the full growth and maintain the correct shape of the dental arches, palate and bony structures of the jaw and face.
- (4) The highest skill in the use of conservative physiological methods of dealing with the common ear, nose and throat infections and ailments of children.
- (5) Psychological insight into the focusing of maternal anxiety on the child's tonsils and adenoids. This results from too much tonsil talk and unless understood and counteracted the other measures indicated above will not satisfy the over-anxious mother. Even when it is fully understood and every effort made to correct it, in some cases the anxiety may be so acute that unnecessary tonsillectomy is performed in spite of advice and treatment.

BOROUGH OF HORNSEY

TONSILLECTOMY and EAR DISCHARGE

1920-1938

REPORT ON PHYSICAL TRAINING SUBMITTED BY THE PHYSICAL TRAINING ORGANISERS.

Mr. J. B. MARR and Miss F. E. BREEZE.

The year under review represents the first year's service of the two organisers (man and woman) of Physical Training appointed by the Joint Committee of the Education Authorities of Middlesex, Finchley, Hornsey and Wood Green.

Regular visits have been made to all departments under the Hornsey Education Committee.

ACCOMMODATION.

All departments have the use of a hall for Physical Education. Some of the halls do not afford the best facilities for the work, but the Committee is alive to the need for suitably equipped gymnasia with changing rooms and shower baths attached. New gymnasia have been opened at Highgate, South Harringay and North Harringay Schools during the last year. At present these are equipped with portable apparatus, but not with fixed apparatus, e.g., wall-bars, beams, ropes, etc. In many cases, the work is being done under difficult conditions, but with improved facilities a higher standard should be attained.

The playgrounds are kept in a good state of repair, and are suitably marked for Physical Education.

CLOTHING FOR PHYSICAL TRAINING LESSONS.

In several instances the boys strip to the waist, but more extensive changing of garments is advisable. Nearly all girls remove skirts or tunics, but there is a real need for the removal of other superfluous clothing. In this connection the lack of facilities for changing is a great drawback.

SHOES.

Many children are able to provide their own gymnastic shoes and it is gratifying to note that the Committee gives Head Teachers the authority to supply shoes to necessitous children.

LOCKERS.

Only in the schools where there are gymnasia has storage for shoes and clothing been provided. The lockers are of a modern type ensuring ample ventilation.

SHOWER BATHS.

Shower baths are in use in the same three schools and the advantages resulting from these facilities are being appreciated by an increasing number of children.

TOWELS.

The problem of storing and drying towels is still being dealt with experimentally.

FLOORS.

Where gymnasia are used solely for the purpose of Physical Education, it is comparatively easy to keep the floors in a hygienic condition. Most schools, however, have only a hall which is used for general purposes, and keeping the floors free from grit, dust and germs presents a real difficulty.

PLAYING FIELDS.

The total area of Playing Fields available to the school children of Hornsey is: Elementary, 18 acres; Secondary, 30 acres. This is not sufficient to ensure that all children in Junior and Senior Departments have a period of organised games on grass once per week.

SWIMMING BATHS.

The only covered Bath available in the Borough is inadequate for the needs of the Schools, particularly as it is situated a long way from the majority of the schools. In addition, the size of the Bath only permits the attendance of very small classes and thus the load on the Bath is too great to allow all children of eligible age to make regular visits.

TEACHERS' TRAINING COURSES.

During the year the following courses for the further training of teachers and leaders have been held:—

WOMEN. 1.—Recreative Course for Teachers (4th May—14th July).

2.—Recreative Course for Leaders of Voluntary Organisations (9th May—18th July).

MEN. 1.—Recreative Course for Teachers and Leaders (5th May—14th July).

In the three above-mentioned courses the Coard of Education's handbooks, "Recreation and Physical Fitness," 1937, were introduced.

2.—Course for Teachers in Junior Departments. Work on the Board of Education's Syllabus (1933) was revised (3rd May—12th July).

3.—Course for Teachers in Senior Departments (4th October—13th December). A gymnastic scheme for Senior Boys' Schools was introduced.

Further courses are planned for the first quarter of 1939 as under:

WOMEN. 1.—Course for Teachers in Infant Departments.
2.—Course for Teachers in Junior Departments.
3.—Course for Teachers of Swimming.

MEN. 1.—Course for Teachers of Swimming.

EVENING CLASSES.

The number of classes for youths and adults has been increased, but there are still no classes which are filled to capacity.

ALEXANDRA PALACE DEMONSTRATION.

A successful Demonstration was held in July at the Alexandra Palace, the object being to interest the general public in Physical Education and its possibilities for adults and children. Teams were provided by:—

- (1) The Central Council of Recreative Physical Training.
- (2) The London County Council.
- (3) The Hornsey Y.M.C.A.
- (4) Elementary Schools in Odense, Denmark.

Three thousand people attended the Demonstration, which was greatly appreciated by Head Teachers, Staffs of Schools, and children in addition to those concerned with voluntary organisations and adults.

CONCLUSION.

It is hoped that in time there will be adequate facilities for all so inclined to participate in some form of enjoyable physical activity which will contribute to their physical, mental, and social well being, and that the numbers so participating will continue to increase.

F. E. BREESE,

J. B. MARR.

AURAL CLINIC.

REPORT FOR YEAR ENDING DECEMBER, 1938,

BY DR. F. P. M. CLARKE,

EAR, NOSE AND THROAT PHYSICIAN.

The work of the Aural Clinic during 1938 has been continued along similar lines as regards organisation and treatment as those followed by Dr. A. R. Friel, the Committee's aural specialist, who resigned at the end of 1937.

The special methods of treatment, such as zinc ionisation, nasal diastolisation, proetz "displacement," etc., which he introduced in the Aural Clinic over the past 15 years, have been remarkably successful in the cure of otorrhoea and nasal conditions such as rhinitis, nasal catarrh, sinusitis and early incipient deafness.

Hornsey has been one of the first places in which this pioneer work was established and a new departure made from the old traditional routine methods of treatment, with their indifferent results, and full recognition given to the importance and seriousness of aural and nasal disease among school and pre-school children.

The Aural Clinic is now furnished with the most modern, approved, scientific equipment for the treatment of such conditions as otorrhoea, sinusitis, rhinitis, nasal catarrh, deafness and the conservative treatment of tonsils and adenoids, and both school and pre-school children are now afforded every opportunity of obtaining the advantages of this treatment.

The Clinic is held on a Saturday morning, which arrangement does not interrupt or interfere with the regular school hours. This is an advantage to children and teachers. The attendance, generally, has been very good and the parents are, on the whole, appreciative and keenly interested in what is being done and the progress made. Defects are sought out and notified and appointments are immediately made for cases reported from school inspections, minor ailments and Maternity and Child Welfare Clinics. A frequent "follow up" check is kept on each case due for Clinic treatment and any absentees

are sent for and the Health Visitors make special calls to the homes when required. This is most helpful to the general efficiency of the Clinic.

The inclusion of infants and pre-school children, as now arranged in the scheme of treatment for ear and nose defects, is of the greatest importance. A considerable number of infants and pre-school children were treated during the year for acute ear disease and unhealthy nasal conditions and deficient nasal respiration, etc. It is now well known that many of the cases of chronic otorrhoea, defective nasal breathing, deafness, diseased tonsils and adenoids met with among school children and adults, had their origin in pre-school years. Their beginning usually follows as a sequel to the common diseases of young children, such as measles, the fevers, pneumonia, etc. The seriousness of the condition is, too often, not fully appreciated and is either neglected or inadequately treated, while it slowly and steadily progresses to a chronic stage where only a drastic method of treatment is now of any avail and this, even, unfortunately, is not always successful.

The results of the early detection and efficient treatment of ear and nose diseases in young children are most striking. The great majority of those treated were cured and normal conditions restored in a reasonable time. The effect is also noticeable in the lesser number of those conditions being now found in the school population. Relieved of these devitalising defects, the child's general health is improved and his mental capacity for school work, which is undoubtedly affected by ear disease and deafness and nasal respiratory insufficiency, is not impaired.

The new French method of diastolisation for the treatment of nasal conditions, such as rhinitis, nasal catarrh, early deafness, nasal respiratory insufficiency, has been extensively used during the year for both pre-school and school children. We have found it very successful, easy to apply and fully justifies the claims made for it by its inventor, Dr. Gautier, of Paris.

In addition to diastolisation proper, nasal vibratory massage is also employed as complementary to diastolisation. It is operated from an oscillator-vibrator machine, working off the

main A.C. current. It is a valuable agent in the treatment of deafness. In certain nasal conditions such as congestive rhinitis and sinusitis Wells' Iodine Vapour inhalation is regularly used.

For the detection and treatment of infection and pus in the nasal sinuses the Proetz Displacement method has been constantly employed. This is a great advance in the easy, early and certain detection of diseased sinuses. Such conditions are much more frequent in children than was formerly believed and their early detection and treatment are vitally important, firstly, in the relief from these conditions themselves and secondly, their removal as a complication of or contributory factor in, or precursor of disease in neighbouring regions, such as the middle ear, nose or throat or even the brain. During the year many cases were treated by and derived great benefit from displacement.

One of the main objects always in view in the practice of the Aural Clinic is the detection, prevention and treatment of incipient deafness in young children. Any factors likely to cause or be contributory to impaired hearing are sought out and removed. We are confident that it is along these lines the best results are to be obtained in reducing the high percentage of impaired hearing with its resultant disabilities found among the adult population.

A strictly conservative attitude is maintained towards the removal of tonsils. It is now becoming more and more evident that this operation has been performed far too casually and unnecessarily, and with no apparent benefit to the patient. A thorough, detailed examination is made of every case "referred" for operation. The "history" as regards previous throat infections, nasal condition and sinuses are examined, the hearing taken and general health considered. Every case submitted for operation is seen in consultation with the Medical Officer of Health, and before operation is decided on a definite pathological "history" and condition must be present, which is not likely to yield to conservative treatment.

We have found no ill effects from the limitation of operations. On the contrary, there has been a steady decline in the incidence of otitis media and their "after effects" which

often follow tonsillectomy in children. The tonsils have important physiological functions in the maintenance of good health and freedom from infection. They serve to arrest bacterial infection from the nasal sinuses and throat and supply an autogenous immunity to combat general infection in the body itself. The complete removal of organs of such importance, depriving the system of this valuable protective influence, is a very serious matter and should not be carried out without a definite indication for removal. "Enlargement" alone is not an indication for operation.

A new conservative method of treatment for enlarged, unhealthy tonsils, known as Peters' Suction Method, was introduced in the Clinic towards the end of the year and all the necessary equipment acquired. The number of cases treated was too small to give a full account and opinion of this new method, but those treated showed very promising results. The technique, once mastered, is not difficult and very young children of five or six years are quite amenable to the treatment. A number of cases are being treated in the current year and in another report we hope to give a full account of this method and its results.

A special detailed classification Table of Returns of all cases attending the Clinic during the year is appended.

We have thought it desirable to make a comprehensive, classified Return Table which shows not only the numbers and main defects treated and results, but also any complications (one or more, in any one case), the nature of the treatment given (single or combined), the main defect and any complications, any previous operations, such as tonsillectomy, mastoidectomy, etc., and operations performed or advised as part of the Clinic treatment, together with detailed results in the various groups, without any overlapping of cases.

The infants and pre-school children and school children are classified separately.

The classification tables show:—

- (a) Acute ear defects in infants and pre-school and school children, with their treatment and results.

- (b) Chronic ear conditions and their complications, with treatment and results in school and pre-school children.
- (c) Nose and throat defects with any secondary complications, with treatment and results in school and pre-school children.
- (d) Miscellaneous cases.

It may be said for such classification:—

1. The tables are comprehensive in their record of the various types of cases and defects; their treatment and results.
2. They are easy to understand.
3. They form a simple, reliable system of making annual returns, provided a careful systematic method of clinical record of each case is kept at the Clinic.
4. A general adoption of such a system of classification and tabulation by various bodies dealing with large numbers of children with similar ailments would be a great advantage in a study of the relative incidence, treatment and results of these conditions throughout the country.

F. P. M. CLARKE.

EXPLANATORY NOTES ON CLASSIFICATION TABLES.

TABLES A. and B.

"TREATMENT." Column D.

("Antiseptic Treatment"). Drugs used:—
 Carbolised Glycerine with Menthol.
 • Grieswold's Aniline Dye Mixture.
 1% soln. of Acriflavine in spirit.
 Boric-Iodine powder.

Column E.

("T/A. Conservative, Nasal").
 Mandl's Iodine Paint.
 Wells' Iodine-Aether-Glycerine Paint.
 Peter's Tonsil Suction.
 Gautier's Diastolisation.
 Wells' Iodine Vapour Inhalation.

Column F.

("T/A. Operation"). Those cases where operation was advised at Clinic and operation performed during the year; or still awaiting operation on 31/12/38.

"RESULT." Column I. "Still under treatment or observation. This column refers to (a) Children who attended the Clinic towards the end of the year and were not discharged before 31/12/38, and "Observation"—Children who were discharged but who return periodically for observation, as to permanency of result.

Column J. "Left"—Children who left school or district before completion of treatment. "Lapsed"—Children who failed to attend as required.

Column K. ("Refd. to Hospital").
 Operations usually required:—
 Mastoidectomy.
 Sinus operations.

TABLE C.

"SECONDARY CONDITIONS."

These defects are in respect of the same children as those under PRIMARY defect, with the added secondary complication.

Column H. ("Antiseptic Treatment").
 Peter's Nasal Paint.
 Spray or pack nasal cavity with Grieswold's Aniline Dye Mixture or Collosol Argentum.

Column I. ("Proetz Displacement").
 Method employed in Nasal Sinus Suppuration cases—emptying sinus under negative pressure and filling with Ephedrine solution.

TABLE C.

"NASAL OBSTRUCTION."

Chiefly due to Deflected septum; irregular formation; Hypertrophied turbinates.

TABLE "A."

ACUTE OTITIS MEDIA													
(i) Children over 5													
DIAGNOSIS	TOTALS (EARS)	TONSILS & ADENOIDS		TREATMENT				RESULT					
				Zinc Ionisation	Antiseptic Treatment	Tonsils & Adenoids Conservative: Nasal: Diastolisation	Tonsils & Adenoids Operation	Cured	Improved	Still under Treatment or Observation	Left or Treatment Lapsed	Referred to Hospital for Operation	Declined Treatment
	A	B		C	D	E	F	G	H	I	J	K	L
Acute non Suppurative Otitis Media	10 (1)	1	Operation before Clinic	..	1	..	..	1	..	..	..	..	..
		9	No Operation	..	9	..	..	9	..	..	..	..	..
Acute non Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils & Adenoids.	14 (1)	4	Operation before Clinic	..	2	..	2	2	..	..	1	..	1
		10	No Operation	..	10	10	..	5	..	3	2	..	..
Acute Suppurative Otitis Media.	16 (3)	3	Operation before Clinic	2	..	1	..	1	..	..	2	..	..
		13	No Operation	1	12	..	..	12	..	..	..	1	..
Acute Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils & Adenoids.	13	2	Operation before Clinic	..	2	..	..	2	..	..	..	..	..
		11	No Operation	..	10	6	4	2	1	2	2	3	1
Totals	53			3	46	17	6	34	1	5	7	4	2
(ii) Children under 5													
	A	B		C	D	E	F	G	H	I	J	K	L
Acute non Suppurative Otitis Media.	2	1	Operation before Clinic	..	1	..	..	1	..	..	..	..	..
		1	No Operation	..	1	..	..	1	..	..	..	..	..
Acute Suppurative Oti- tis Media.	13 (1)	2	Operation before Clinic	..	2	..	..	2	..	..	..	..	..
		11	No Operation	..	10	..	..	8	..	..	3	..	..
Acute Suppurative Otitis Media with Nasal Conditions: Enlarged Tonsils & Adenoids.	4	2	Operation before Clinic	1	1	1	..	1	..	..	1	..	..
		2	No Operation	..	2	1	1	..	..	1	1	..	..
TOTALS	19			1	17	2	1	13	..	1	5	..	..

*N.B.—The figures in brackets indicate the cases with Bilateral Otorrhoea.

TABLE "B."

CHRONIC SUPPURATIVE OTITIS MEDIA

DIAGNOSIS		TOTALS (Fars)	Chronic Tympanic Sepsis Complicated by:—					TONSILS & ADEN- OIDS	TREATMENT				RESULT											
(Children over 5)	CHRONIC TYMPANIC SEPSIS Complicated by:—		Mastoid Disease		Enlarged Tonsils & Adenoids	Nasal Catarrh: Rhinitis: Sinusitis	External Otitis: Eczema		Primary (Ear)		Col- lateral (Nose & Throat)	Zinc Ionisation	Antiseptic Treatment	Tonsils & Adenoids Conservative: Nasal Diastolisation, etc.	Tonsils & Ade- noids Operation	Cured	Improved	Still under Treatment or Observation	Left or Lapsed Treatment	Referred to Hospital For Operation	Declined Treatment			
			Granulations: Simple Polypii	Old Operation					No Operation	F												G	H	I
A.	Granulations: Simple Polypii.	1		Operation before Clinic					
			1	..	..	..	..	..	No Operation	1	1	..	..	..	..	1	..	..	..		
B.	Mastoid Disease.	4	..	1	1	..	..	..	Operation before Clinic	2	2	..	..	1	..	..	..	1	..
		*(1)	..	..	2	..	..	..	No Operation	2	2	..	..	..	..	..	..	2	..
C.	Enlarged Tonsils & Adenoids.	6	..	..	..	..	..	..	Operation before Clinic	..	..	..	..	..	..	..	..	..	..
		*(1)	..	..	..	6	..	..	No Operation	6	..	5	2	6	..	..	..	..	..
D.	Nasal Catarrh: Rhinitis: Sinusitis.	4	..	..	..	..	1	..	Operation before Clinic	1	..	1	..	1	..	..	..	..	..
			..	..	..	..	3	..	No Operation	2	..	2	..	2	..	1	..	..	..		
E.	External Otitis: Eczema.	6	..	..	..	..	..	..	Operation before Clinic	..	..	..	..	..	..	..	..	..	..
		*(1)	..	..	..	1	..	5	No Operation	6	3	..	..	6	..	..	..	..	..
TOTALS		21	1	1	3	7	4	5		20	8	8	2	16	..	2	..	3	..					
Chronic Suppurative Otitis Media (Tympanic Sepsis solely)		26	Children				11	Operation before Clinic	11	..	..	..	11	..	..	..	..	..	..
		*(4)	over 5 years				15	No Operation	14	1	..	..	13	..	1	1	..	..				
Chronic Suppurative Otitis Media (Tympanic Sepsis solely)		5	Children				..	Operation before Clinic	..	..	..	..	..	..	..	..	..	..	..
		*(2)	under 5 years				5	No Operation	2	3	2	..	5	..	..	..	..	..	
Chronic Suppurative Otitis Media with Nasal Conditions: Tonsils and Adenoids, &c.		4	Children				..	Operation before Clinic	..	..	..	..	..	..	..	..	..	..	..
			under 5 years				4	No Operation	2	3	4	..	3	..	..	1	..	..				
GRAND TOTALS		56								49	15	14	2	48	..	3	2	3	..					

*N.B. The figures in Brackets indicate the Cases with Bilateral Otorrhoea.

TABLE "C."

NOSE AND THROAT CONDITIONS

(i) Children over 5

DIAGNOSIS	TOTAL	TONSILS & ADENOIDS		SECONDARY CONDITIONS			TREATMENT					RESULT					
				Deafness	Nasal Catarrh	Enlarged Tonsils and Adenoids	Diastolisation	Antiseptic Treatment	Proetz Displacement	Tonsils and Adenoids		Cured	Improved	Still under Treatment or Observation	Left or Lapsed Treatment	Referred to Hospital for Operation	Declined Treatment
PRIMARY										Conservative Treatment	Operative Treatment						
A	B	C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sinusitis: Rhinitis.	38	Operation before Clinic	14	..	..	..	12	8	9	..	..	6	2	3	2	..	1
		No Operation	24	..	..	..	21	19	13	6	2	5	2	9	5	2	1
Nasal Obstruction: Rhinitis.	18	Operation before Clinic	5	..	..	..	4	1	1	..	..	3	1	1	..	..	..
		No Operation	13	..	..	..	11	1	6	2	..	2	5	2	4	..	..
Nasal Catarrh:	51	Operation before Clinic	5	3	..	..	4	..	2	1	..	1	..	2	1	..	1
		No Operation	46	5	..	33	36	..	7	15	11	18	6	12	10	..	..
Enlarged Tonsils & Adenoids.	18	Operation before Clinic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		No Operation	18	..	..	..	1	..	..	7	12	10	2	4	2	..	..
TOTALS	125	..	125	8	..	33	79	29	38	31	25	45	18	33	24	2	3

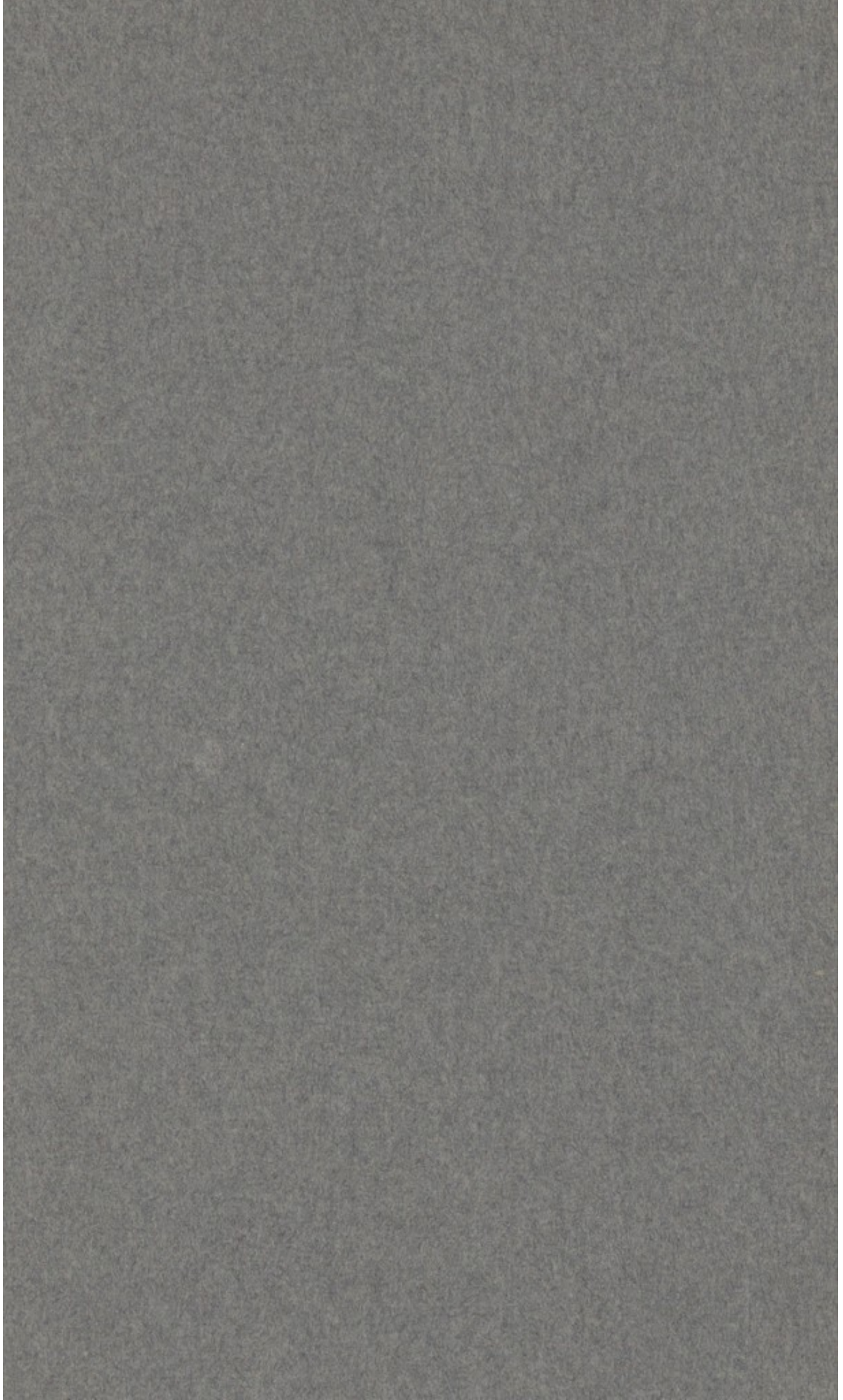
(ii) Children under 5

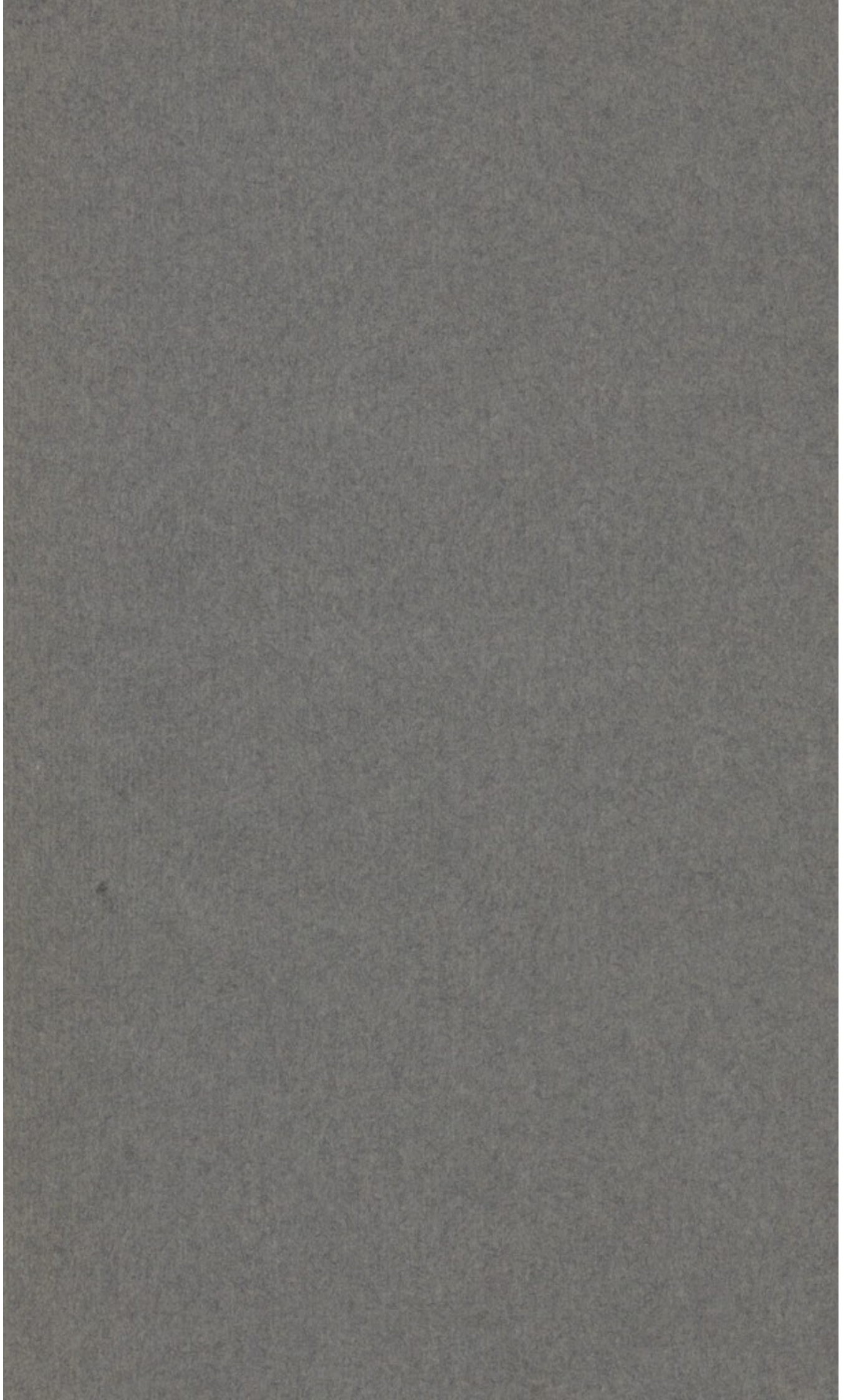
A	B	C		D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Nasal Catarrh.	37	Operation before Clinic	1	..	..	..	1	1	..	..	..	..	1	..	..	..	..
		No Operation	36	..	..	3	22	14	2	13	6	8	8	6	13	..	1
Enlarged Tonsils & Adenoids.	17	Operation before Clinic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		No Operation	17	..	..	..	5	3	..	13	1	4	2	7	3	..	1
TOTALS	54	..	54	..	..	3	28	18	2	26	7	12	11	13	16	..	2

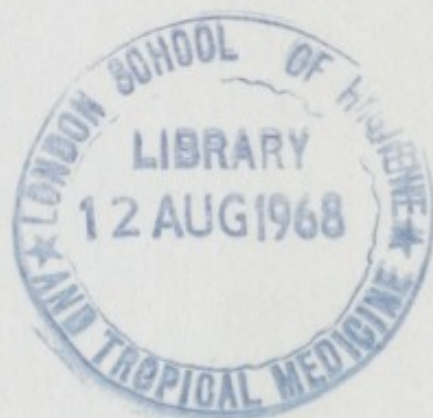
TABLE "D."
MISCELLANEOUS CASES

DIAGNOSIS	TOTAL	RESULT					
		Cured	Improved	Still under Treatment or Observation	Left or Lapsed Treatment	Referred to Hospital for Operation	Declined Treatment
Wax: Foreign Body in Ear, &c. ..	8	7	..	1
Furuncle	2	2
Epistaxis	1	1
Totals	11	10	..	1

TABLE	
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