[Report of the Medical Officer of Health for Acton].

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Urban District of Acton.

ANNUAL REPORT

OF THE

Medical Officer of Health

TOGETHER WITH

THE REPORT

ON THE

Medical Inspection of Schools

FOR THE YEAR

= = 1910 = =

Urban District of Acton.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

= = 1910 = =

By the Order of the Local Government Board, dated December 13th, 1910, Article 19, section 14, it is prescribed that the Medical Officer of Health shall as soon as practicable after the 31st December in each year make an Annual Report to the Council, up to the end of December, on the Sanitary circumstances, the Sanitary Administration and the vital statistics of the District.

In addition to any other matters upon which he may consider it desirable to report, his Annual Report shall contain the information indicated in the following paragraphs, together with such further information as We may from time to time require :—

(*a*) An account of any influences threatening the health of the District, the prevalence of infectious or epidemic disease therein, and the measures taken for their prevention.

(*b*) An account of all general and special inquiries made during the year.

(*c*) An account of the work performed by the Inspector of Nuisances during the year, including the statement supplied in pursuance of Article 20 (16) of this Order.

(*d*) A statement as to the conditions affecting the wholesomeness of the milk produced or sold in the District.

(*e*) A statement as to the conditions affecting the wholesomenesss of foods for human consumption, other than milk, produced or sold in the District.

(*f*) A statement as to the sufficiency and quality of the water supply of the District and of its several parts, and in areas where the supply is from water works, information as to whether the supply is constant or intermittent.

(*g*) A statement as to the pollution of rivers or streams in the District.

(*h*) A statement as to the character and sufficiency of the arrangements for the drainage, sewerage and sewage disposal in all parts of the District.

(*i*) A statement as to the privy, water-closet, and other closet accommodation in the District, including information as to the approximate number of each type of privy and closet.

(*j*) A statement as to the character and efficiency of the arrangements for the removal of house-refuse, and the cleansing of earthclosets, privies, ashpits, and cesspools in the District.

(*k*) A statement with regard to the housing accommodation of the District as required by Article 5 of the Housing (Inspection of District) Regulations, 1910, and an account of any other action taken by the Council under the Housing, Town Planning, &c. Act, 1909, bearing on the public health.

(*l*) A statement as to the vital statistics of the District, including a tabular statement, in such form as We may from time to time Direct, of the sickness and mortality within the District.

Under Section 132 of the Factory and Workshop Act, 1901, the Medical Officer of Health is also required in his Annual Report to report specifically on the administration of the Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1910.

March 1st, 1911.

To the Chairman and Members
of the Acton District Council.

GENTLEMEN,

I have the honour to submit to the Council a report on the sanitary conditions of the district, together with the vital and other statistics for the year 1910.

The population has been estimated at 57,000 inhabitants. There is again a lower death-rate to record; in fact, last year had the lowest death rate on record.

The infantile mortality is also the lowest on record. Scarlet Fever and Diphtheria were less prevalent, and the deaths from the former dropped from 16 in 1909 to 2 in 1910.

There was an increase in the number of notifications of Enteric Fever and 2 deaths occurred.

Whooping Cough was more or less prevalent throughout the year, but Measles caused but one death.

The Zymotic death rate was ·95 per 1,000 compared with 2·2 in 1909. The death rate from Phthisis and other tubercular diseases was again lower.

The house-to-house inspection in the South-West and South-East Wards has been carried on throughout the year without interruption, and proceedings have been taken under the Housing and Town Planning Act for the closure of some of the houses.

The additional Pavilion at the Isolation Hospital has been commenced, and the work will probably be completed before the summer.

On March 10th, 1910, the new Council Offices were opened and all the departments are now housed under the same roof. A Bacteriological Laboratory has been fitted out, and most of the Bacteriological diagnosis is now made in the building.

The following is a summary of the vital statistics for the year :—

Estimated Population, 57,000 inhabitants.
Birth Rate, 25·8 per 1,000 inhabitants.
Death Rate, 10·9 ,,
Infantile Mortality, 102 per 1,000 births.
Zymotic Death Rate, ·95 per 1,000 inhabitants.
Phthisis Death Rate, ·75 ,,
Death Rate from other forms of Tuberculosis ·16 per 1,000 inhabitants.
Respiratory Death Rate, excluding Phthisis, 2·3 per 1,000 inhabitants.

TOPOGRAPHY.

The district, with an area of 2,304 acres, is about 3 miles in length and 1½ miles wide. It is irregularly quadrangular in shape. It is bounded on the north by Willesden, on the east by Hammersmith, on the South by Chiswick, and on the west by Ealing.

The underlying stratum of the district is London clay, 200 to 300 feet thick, with a slightly southerly dip. This clay forms the exposed surface over the greater part of the district north of the Great Western Railway, but in the central and western portions the clay is covered with a bed of ochreous gravel, which in some parts reaches a thickness of 10 or 12 feet. In the eastern and southern portions the clay is covered with "Loess," a rich loam or brick earth, with patches of gravel and sand.

For Poor Law purposes the parish forms part of the Brentford Union, and for Parliamentary purposes it is within the Ealing Division of Middlesex.

For municipal purposes the district is divided into four wards, North-East, North-West, South-East and South-West.

Prior to 1906 the district was divided into three wards—North, West and East. The North Ward comprised all that portion of the district north of the centre of the High Street.

The West Ward comprised that portion of the district north of the centre of the High Street from Birch Grove to the Railway Bridge, High Street, and west of the North London Railway, from the Railway Bridge, High Street, to Bollo Lane.

The East Ward consisted of that part of the district south of the centre of Uxbridge Road from the Railway Bridge to Wilton Road and east of the North London Railway from the Railway Bridge, High Street, to Bollo Lane.

In 1905, the district had developed to such an extent, and in such a manner, that a re-distribution of the parish into four wards was deemed necessary.

The North-East was bounded by a line commencing at the northern boundary of the district in Willesden Lane, and continuing along the centre of Willesden Lane, Horn Lane, Acacia Road. Cumberland Road, Grove Road, Acton Lane (past the Priory Schools), Petersfield Road to the North and South-Western Junction Railway to the boundary of the parish at the south-east corner of the Sewage Works, and thence along the boundary of the district in a northerly, easterly, northerly and westerly direction to the point in Willesden Lane first named.

The North-West Ward was bounded on the east by the western boundary of the North-East Ward from Willesden Lane to Avenue Road. The boundary line between it and the South-West Ward ran along the centre of Avenue Road and Gunnersbury Lane to Bollo Bridge.

The boundary line between the South-East and South-West Wards ran along the centre of the North and South-Western Junction Railway near the Council's depot in Petersfield Road to the bridge over Acton Lane, thence along the centre of Acton Lane to the boundary of the district at the south-east corner of Chiswick Road.

In the Annual Reports for 1906—1909, this distribution was followed in the preparation of the statistics, but in 1909, another alteration was made in the boundaries. The last alteration affected only the South-East and South-West Wards. The North-East and North-West Wards remained unchanged. The boundary line between the South-East and South-West Wards now runs along the centre of Acton Lane to Antrobus Road, thence along the centre of Antrobus Road to Bollo Lane, and thence along the boundary of the parish to Thorney Hedge Road. The following streets were transferred from the South-West to the South-East Ward:—Acton Lane from the Roman Catholic Schools to the boundary of the district by Chiswick Road, Montgomery Road, Fairlawn Grove, and Fairlawn Avenue, Chiswick Road, Chiswick High Road, Silver Crescent, Thorney Hedge Road, south side of Antrobus Road, Seymour Road, Wolesley Road, Cunnington Street, Ravenscroft Road, Bollo Lane from Railway Hotel to Acton Green Club.

The population of the transferred portion is estimated at 3,000 inhabitants.

In any study of No. 2 of the Local Government Board's Tables, the above alteration should be taken into consideration.

POPULATION.

Shortly after this report will have been published, the result of the Census will be made known. Unfortunately, it is not practicable to postpone this report until the result of the Census is known, and one must again make an estimate of the population. As this estimate is primarily based upon the results of the last Census, it will be readily understood that at best it can only be an approximate one. Nearly ten years have now elapsed since

the last official census was made, and the further we are removed in time from that census until the next, the more incorrect our estimates become.

Of the various methods of estimating the population of a district in any particular year, the most reliable in the case of Acton is based upon the number of new houses erected during the year. Between July 1st, 1909, and June 30th, 1910, 147 dwelling houses, 7 factories, 4 public buildings, and 20 other buildings were completed and occupied. An average of 6·2 persons per dwelling house would represent 901 inhabitants. 6.2 represents the average number of persons in each house at the Census of 1901. But the average number rose from 5·9 at the Census of 1891 to 6·2 at the Census of 1901 To what extent, if any, the average number per house has increased since the last Census it is difficult to estimate, but it is possible that the next Census will reveal a still higher average number of persons to each house.

The estimated population for 1909 was 56,000, and the estimate for 1910 has been placed at 57,000 inhabitants.

BIRTHS.

Number	1477
Rate per 1,000	25·8 per 1,000
Rate per 1,000 in England and Wales	24·8 „ 1,000
Rate per 1,000 in 77 large towns ...	25 „ 1,000
Rate per 1,000 in 136 smaller towns	23·7 „ 1,000

1,477 births were registered in the district This number corresponds to a birth-rate of 25·8 per 1,000 inhabitants.

On Table I the birth-rates for the last 10 years are given, and it will be seen, on reference to the Table, not only is the birth-rate for 1910 the lowest on record, but that the number of births registered is lower than that in any year since 1904.

In last year's report it was shown that although the crude birth rate of Acton is still higher than that of England and Wales, yet based upon the number of women living at procreative ages it is considerably lower. If the age-incidence of the population has not altered since the Census, the birth-rate per 1,000 females between the ages of 15 and 45 years was much lower in Acton last year than in England and Wales.

Of the births registered 767 were males and 710 of females.

In 1909 the proportion of male births to 1,000 births of females was the same as in England and Wales, viz, 1039. Last year the proportion of males to 1,000 females was 1080. In 1908 the female births exceeded the male births.

The highest number of births registered in one week was 42, and the lowest 15.

The births were distributed amongst the Wards as follows:—

North-East.	North-West.	South-East.	South-West.
318	219	381	559

The rates per 1,000 inhabitants were as follows:—

North-East.	North-West.	South-East.	South-West.
21·2	16·8	25·4	39·2

The birth-rates of the North-East and North-West Wards were lower than in 1909, but in the South-East and South-West Wards they were higher. The infants registered as having been born out of wedlock number 36, which figure corresponds to a rate of 24 per 1,000 births. This is higher than the illigetimate rate of 1909, but lower than that of 1908 and also considerably lower than that of England and Wales.

DEATHS.

Number	623
Death-rate per 1,000	10·9
Death-rate per 1,000 in England and Wales ...	13·4
Death-rate per 1,000 in 77 large towns	13·4
Death-rate per 1,000 in 136 smaller towns	12·4

It was stated in last year's report that although certain directions are issued as to the deaths that should be credited to a district, there is no uniformity of practice. In the notes attached to the Local Government Board Tables, it is stated that all deaths of residents occurring in public institutions, whether within or without the district, are to be included among the deaths of the district, and in the columns for the several age-groups, and in their respective Wards according to the previous addresses of the deceased as given by the Registrars.

Deaths of non-residents occurring in public institutions in the district are in like manner to be excluded. By the term "non-resident" is meant persons brought into the district on account of sickness or infirmity and dying in public institutions there; and by the term "residents" is meant persons who have been taken out of the district on account of sickness or infirmity and have died in public institutions elsewhere.

The "public institutions" to be taken into account for the purposes of the Tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums.

In future the Returns of the Registrar General will refer to Sanitary districts and it will be possible to compare the death-rates as given by the Registrar General with those in the reports of Medical Officers of Health. Unless some uniformity of practice can be established, it will be found that the two sets of figures will differ, sometimes to a considerable extent.

It will be observed that the Local Government Board Regulations refer to persons brought into a district on account of sickness and infirmity and dying in a public institution there. If the above definition be accepted, fatal accidents should be included amongst the deaths of the district wherein the accident occurred, whether the persons fatally injured are residents or non-residents. Yet among the returns forwarded to me by the Registrar General were the deaths of three Actonians, one of

whom met a fatal accident in Hammersmith, the other was found drowned in the Canal at Willesden and the third was found drowned in the Thames at Kew. The fatal accidents to non-residents on the railways, &c. in the district usually balance the accidental deaths of residents beyond the district, but it is obvious that both sets should not be included in our returns.

Again, the returns of five deaths which occurred in private houses outside the district were forwarded here. It is unnecessary to detail the circumstances attending all these deaths, but one example may be given. A husband and wife living in Acton were appointed care-takers of a house in Kensington. The man died after he had acted five weeks as care-taker, and the widow returned to Acton, and the return of the death was forwarded here. If such a proceeding be correct, we should have to inquire into every death that occurred. It is advisable that definite rules should be adopted as to the deaths that are to be included in the returns. Of the outside deaths sent by the Registrar General, 17 were rejected. Three belonged to Hammersmith and one to Brentford.

These persons died in public institutions from streets partly situated in this district, but the address given was not in Acton.

Five died in private houses outside the district. Three deaths were given as belonging to Acton, but the previous address of one of the persons was given as Bollo Lane. One side of Bollo Lane is in Brentford. The other two were simply stated to have lived in Acton, but no address was given.

In two instances wrong addresses must have been given. One of the addresses given was Middle Road, Acton. There is no such street. In the other case, a person died in the Gordon Road Workhouse, Peckham, and was stated to have lived in Acton Lane. No such person had lived at the address given within the last two years.

The other three deaths referred to, were the two found drowned, and the person fatally injured on the railway.

509 deaths were registered in the district. Two "non-residents" died in the Cottage Hospital.

116 deaths of "residents" occurred outside the district. The total number of deaths belonging to the district is 623, which corresponds to a death rate of 10·9 per 1,000 inhaitants.

This is probably the lowest death rate on record for the district. Prior to 1905, the deaths of "residents" occurring outside the district were not included in the returns, so that an exact comparison with the earlier years cannot be made.

The death rates since 1904 have been as follows:—

1905	...	...	...	12·5	per 1,000
1906	...	...	...	13·2	,,
1907	...	...	...	13·9	,,
1908	...	...	...	13·1	,,
1909	...	...	...	12·6	,,
1910	...	...	...	10·9	,,

The lowest death rate before 1910, of which any record can be obtained, was in 1903. In that year's report, the "outside" deaths were not included, and the death rate was 9 8 per 1,000. On the same basis, the death rate last year would be 8·9 per 1,000. One can safely assert, that last year had the lowest death rate on record for the district.

It has been explained in previous reports that in order to compare the death rate of one district with that of another it is necessary to make an allowance for the difference in age and sex constitution of the different districts, Females live longer than males, and a district containing a preponderance of women would show a lower death rate, other things being equal. But the most important factor is the age constitution of a population. The tendency to death is greatest among persons living at the extremes of life—among infants and old people.

The Registrar-General has published a Table of "factors" for all the large towns &c., by applying which to the crude death

rate, it becomes corrected for age and sex distribution; so that the "corrected death rate" gives the death rate of any place calculated on the basis that the age and sex distribution in that place is the same as that for the whole country. Thus all "corrected" death rates, being reduced to a common basis, may be fairly compared.

The "factor for correction" for Acton is 1·04240. If the "crude death rate" 10·9 be multiplied by this figure, the corrected death rate is 11·4.

The "corrected death rate" for the 77 great towns for 1910 was 14·3, and for the 136 smaller towns 12·9 per 1,000 inhabitants.

The death rate is 1·7 per 1,000 lower than that of 1909, 2·2 per I,000 lower than that of 1908, and 3 per 1,000 lower than that of 1907. Possibly, if the figures are stated in another manner, they may appear in a more vivid light. Last year, there were actually 114 less deaths in the district than in 1909. If the death rate of 1907 had prevailed last year, 171 more deaths would have occurred.

If one were allowed to review these figures merely from an economical point of view, it would be interesting to speculate on the financial value of sanitary efforts. It is true that all the saving is not due to sanitary efforts, nor is the greatest saving among the productive elements of the population, but even in the age period 15—65, there has been a considerable reduction in the death rate.

The ages at death last year were as follows:—

Under 1 year.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	over 65.
151	55	18	20	203	176

Compared with 1909, there was a decrease in the number of deaths at all age periods, except in persons over 65 years of age.

The greatest reduction was noticed in the age period 1—5 years when only 55 deaths occurred as compared with 102 in 1909. It is true that this age period is not a productive one, but it is not sufficiently recognised how important this age-period is. The diseases which kill infants affect a still larger number of the survivors, leaving behind sequelae which so affect the tissues as to create a favourable ground or nidus for subsequent disease.

Among infants under one year of age, there was a decrease of seven. The deaths of infants under 12 months are dealt with in a subsequent paragraph.

Ward Distribution.—

North-East.	North-West.	South-East.	South-West.
132	125	149	217

Based upon the estimated population of each Ward, the death rate for 1,000 was:—

North-East.	North-West.	South-East.	South-West.
8·8	8·9	9·9	15·5

Compared with 1909, the death rate is slightly higher in the North-East Ward, and slightly lower in the North-West Ward. It is in the South-East and South-West Wards that the reduced death rate is most noticeable. When comparing the death rate in these wards with that of previous years, it should be remembered that the boundaries of these wards were re-arranged, and a portion of the South-West Ward was transferred to the South-East Ward. The death rate in the South-East Ward is 1·6 per 1,000 lower than it was in 1909, and in the South-West Ward it is 3·6 per 1,000 lower.

For some time particular attention has been paid to the South-West Ward, and during the past two years, a considerable amount of house-to-house inspection has been made in the Ward. It is only fair to infer that the improvement is mostly due to the improved sanitary conditions which obtain as a result of the

house-to-house inspection. It is admitted that social conditions exert a potent influence upon the death rate, but these cannot have materially altered within the last few years. Although the death rate has been reduced, there is still room for much improvement.

The age constitution of the Ward is different to that of the other wards, and for this and other reasons, it is probable that the death rate of this ward cannot be brought down to the level of the other wards, but an excess of nearly 40 per cent. in the number of deaths, as compared with the rest of the district, cannot be regarded as satisfactory.

On Table IV. will be found the causes of death from most of the Zymotic diseases. From Measles there was one death compared with 40 in 1909; from Scarlet Fever two, compared with 16; and from Diphtheria nine, compared with 22. Whooping Cough claimed more victims, 20 compared with 13, and there were two deaths from Enteric Fever compared with one in 1909.

There were fewer deaths also from Diarrhœal Diseases, and Tubercular Diseases.

From the other diseases there was no very marked difference in the number of deaths as compared with 1909.

The highest number of deaths occurred in April with 60, and the lowest number occurred in August with 36 deaths.

Although the number of deaths occurring in Public Institutions is lower than that of 1908 and 1909, the proportion to the total number of deaths remains the same. Over one-fifth of the total deaths occurs in Public Institutions. The institutions outside the district in which residents died, together with the number of deaths were as follows:—

Isleworth Infirmary	73
West London Hospital	10
Middlesex Hospital	5

Middlesex County Asylum	4
Cancer Hospital, Chelsea	3
St. Mary's Hospital	2
London Fever Hospital	2
St. Luke's Home	2
Charing Cross Hospital	2
Ear Hospital, Soho	1
St. Peter's Hospital	1
Guy's Hospital...	1
St. Thomas's Hospital	1
London Hospital	1
Belgrave Hospital	1
Infants' Hospital	1
St. George's Hospital...	1
King's College Hospital	1
Heart Hospital, Soho...	1
Hostel of God	1
St. Marylebone Infirmary	1
St. George's Infirmary	1

MEASLES.

Only one death occurred from Measles during the year and that was in December. There was a limited outbreak of the disease in the early summer, and towards the end of the year several cases were reported from some of the schools.

In the first outbreak, no deaths occurred from the disease although 68 cases were reported amongst children of School age. This number, of course, does not represent anything like the total number of cases that occurred. But not a single death occurred. This was probably due to two causes. It was partly due to the limited character of the outbreak. It is almost the general experience that as an epidemic progresses the cases become more severe in character. The increase of severity seems to be due to the concentration of the poison.

Of more importance, though, is the season in which an outbreak occurs. In industrial districts, Measles is more fatal in cold than warm weather.

Apart from the lessened severity of the initial symptoms the liability to lung complications is much greater in the winter than in the summer. A Measles epidemic is in many ways a less formidable occurrence in the summer than in the winter and one is justified in taking every step, no matter how drastic, to prevent an epidemic during the winter months, though our efforts may result only in the postponement of an outbreak for a few months.

It is possible that the disease was introduced into the district on several occasions. Some of the earlier cases reported from the schools were not Measles, and the cases reported from South Acton and Rothschild Road Schools in January probably came within this category.

The first undoubted case occurred in the Central Infant's Department. The child was excluded from School on January 31st. The symptoms first appeared on the previous Friday (January 28th), and the child had not mixed with the other children on January 31st. The child attended the class in Room V.

Great care was exercised to prevent the spread of the disease in this class, and a child who had been excluded on February 10th, on account of suspicious symptoms, subsequently developed the disease. No further cases were reported from this class until May 17th, when three cases were notified.

In Room IV, a case occurred in February, one in March, two in April, one in May before the Whitsuntide holidays, and six in May subsequently to the holidays.

The earlier cases in Class IV all occurred towards the end of the week, and we wish to emphasize this point as a factor in the postponement of the spread of the outbreak.

The first case in this class exhibited symptoms on February 25th (Friday), and the child was last in school on February 24th. She was kept home on the Friday and the rash had appeared before Monday.

The second case exhibited the symptoms on March 14th (Monday), and had not been in school since the previous Friday (March 11th).

The third case exhibited the initial symptoms on April 9th (Saturday), and the child was not in school after April 8th.

As Measles made its appearance in other class-rooms in April, the history of the other cases in Room IV is not important.

During the autumn, Measles again made its appearance. The first case occurred in South Acton Infants' Department. A child attending Class V sickened on October 12th, and was excluded on October 13th. Class V in the Infants Department was a particularly well-protected one, 40 of the children being known to have previously had Measles and only 9 were stated not to have had the disease.

The class was kept under observation, and no further cases resulted in the school.

The second case was entirely independent of the above in its origin. It occurred in the Northern part of the district, and the child attended the mixed department of the Acton Wells School. The onset of the disease was on October 28th, and the child was excluded from school on October 31st.

As the senior classes are all well protected, it was not anticipated that the disease would spread, and no secondary cases occurred in the mixed department. A case did occur though in the Infants Department, but fortunately it was towards the end of the week. A child sickened of the disease on November 12th (Saturday), and by November 14th (Monday) the rash had appeared, and she was not at school after November 11th.

The class was also a fairly well protected one; out of a class of 58, 42 were stated definitely to have had Measles, 5 were uncertain, and 11 had not had the disease.

No secondary cases occurred.

The next case occurred in the Priory School. A child was excluded from Class VII of the Infants Department on November 9th. The child only sickened on that day and the rash did not appear until the following day. The children were kept under observation, and no further cases occurred in that class. A case occurred, though, in Class IV, and though the infection could not be definitely traced to the previous case in the department, it is probable that there was no other source of infection.

The boy attending Class VII infected two other children in his home, and one of the latter died of the disease on December 5th. The death occurred in a child 21 months old—an age peculiarly susceptible to a fatal attack of Measles.

Fortunately, the case in Class IV occurred towards the end of the week, and the child was last at school on a Friday, November 18th. As a result only two further cases resulted—one in Class IV, and one in the boys department. Both cases sickened on December 4th, but attended school on December 5th, before the rash appeared.

The number of contacts with the child in Class IV was increased owing to the fact that four other classes had been using the same class room simultaneously with Class IV. The Infants Department of the Priory School was not at that time a well-protected one. In Class IV, out of a total of 45, 14 had not had Measles; and in Class VII, out of a total of 51, 22 had not had Measles. The other four classes which had been in contact with Class IV were better protected.

In Class I, 35 had had Measles and six had not; in Class II the figures were 35 and 6; in Class III, 29 and 12; and Class V, 23 and 4.

The situation one had to face was difficult. It was felt that if School closure was to be of any avail, it must be done before

the "first crop" fell. If the same conditions had prevailed in the middle of the session, one would hesitate to interfere with the school arrangements to the extent of closing the department, but as it was so near the Christmas holidays, the interference would not be great. On the other hand, every means should be taken to prevent an epidemic of Measles during the winter months. In industrial neighbourhoods Measles is very fatal in cold weather, owing to the frequency in which lung complications occur. Apart from the question of age incidence, it would be of great benefit if an epidemic could be postponed even if it were only for six months.

In the circumstances it was decided to close the Infants Department for the Christmas holidays on December 9th.

A list of the children attending the five classes was obtained, and they were visited during the holidays. It was ascertained that 13 cases had occurred between December 12th and January 9th, the date of re-opening the schools.

It has been stated that Measles tends to spread whenever a class accumulates unprotected members to the extent of between 30 and 40 per cent., and when spread has begun, it continues until the proportion is reduced to between 15 and 20 per cent. unprotected.

This simply means that the opportunities for the introduction of Measles in London and the surrounding suburbs are so numerous, a class with a large number of unprotected children is the most vulnerable. But it does not follow that even in such a class efforts to postpone an outbreak will not be successful.

In Class IV, at the commencement of the outbreak, only eight children out of 53 had previously suffered from Measles, and yet until a case occurred in the middle of the week, and attended school during the infectious period, the disease did not spread in the class. But more marked even was the experience of Turnham Green and Beaumont Park Schools. A child attending Class 3 of the Turnham Green Schools was last at

school on May 6th (Friday); on the same evening the child developed the initial symptoms of Measles, and by Monday the rash had appeared. This was the only case that occurred in the school, though only eight out of a class of 22 were protected by a previous attack of Measles.

Two cases also occurred in Beaumont Park Infants Department, and in both instances the children were last at school on May 13th (Friday). Before the following Monday the initial symptoms of Measles had appeared, and they were kept away from school. No further cases occurred. One of the classes was particularly well protected, and 43 out of 49 children had previously had Measles, but in the other, 21 out of a class of 47 were unprotected.

It is of course a drastic measure to close a whole department on the occurrence of a single case of Measles, but if a case occurs in the middle of a week, and subsequently attends school whilst in an infectious state, the only chance of success lies in the closing of that class. A history of the outbreak of Measles in the latter part of the year will show the efficacy of school closure on the appearance of an early case in a class. The closure was rendered less difficult owing to the proximity of the Christmas Holidays.

A further history of this outbreak will be given in a subsequent report, but it may be mentioned that no further cases had occurred when this report was written (February 24th).

WHOOPING COUGH.

Twenty deaths occurred from Whooping Cough. Three of the deaths occurred in the North-East Ward, one in the North-West, four in the South-East, and twelve in the South-West Wards. Nine of the deaths were in children under twelve months old, and ten were in children between the ages of one and five years. The age of the persons attacked constitute one of the chief difficulties in the control of the disease. We have no means of ascertaining to what extent the disease is prevalent

except from the death returns, and from the notifications received from the schools. The children of school age, though, constitute only a small proportion of those attacked.

Another difficulty lies in the fact that the illness is ushered in with indefinite symptoms. In the catarrhal stage the child has the symptoms of an ordinary cold, and there is nothing to distinguish the cough until it assumes its "Whooping" character. School children suffering from Whooping Cough are notified by the teachers, and the houses are visited by the school nurse, and instructions are given as to the isolation of the patient and general treatment of the illness.

It will be appreciated though, from the age incidence of the disease, that all efforts must be centred in the home. When a case occurs amongst school children, the contracts attending the infants departments are excluded, but when a case occurs amongst a child under school age, unless the parents notify the school authorities that there is a case of Whooping Cough in the house, both the teacher and the sanitary authority are in complete ignorance of the existence of the disease.

SCARLET FEVER,

There was a considerable diminution in number of Scarlet Fever notifications, 109 being received, compared with 468 in 1909 and 484 in 1908.

The majority of the cases were very mild in character, and only two deaths resulted from the disease.

The elementary schools in which most cases occurred were Central twenty-one, Beaumont Park eleven and Priory eleven.

The Ward distribution was as follows:—

North-East.	North-West.	South-East.	South-West.
38	12	23	36

DIPHTHERIA.

One hundred and eighteen cases of Diptheria were notified and nine deaths occurred from the disease.

There is a slight increase in the number of notifications, but a considerable drop in the number of deaths that occurred.

Ninety cases were removed to the Isolation Hospital and four deaths occurred there.

One death occurred in a public institution outside the district.

Twenty-five cases were nursed at home and four of these resulted fatally.

Sixty-six out of the 118 cases were amongst school children, and 60 of these were in the Elementary Schools of the district.

The incidence of the disease was highest in the Central School with six cases, Beaumont Park with 13, and Southfield Road with 25. In all these schools the source of infection could be traced almost certainly to a carrier case.

The cases in the Central School occurred early in the year, and the school was free of the disease from the date on which the "carrier" cases were excluded. An examination of the children in some of the classes was made on January 27th. Swabs were taken from the throats of all children suspected of having had a recent inflamation of the throat. Two children were found harbouring the germs of the disease. Both children were excluded from school and the notifications ceased.

In Beaumont Park some cases were notified on the re-opening of the schools after the Summer Holidays, and one of the children in the school was found to be suffering from a nasal discharge. A cultivation was made and the Klebs-Loeffler bacillus was isolated.

In Southfield Road School, the number of cases was higher, and this was due to two batches of "carrier" cases. On the re-opening of the schools after the Summer Holidays a "carrier" case was detected attending school. His exclusion was the means of cutting short the outbreak.

A recrudence occurred in October, and on November 1st, an examination of the children in the school was made. As a result of the bacteriological examination four were found to be harbouring the germs of Diphtheria.

These latent cases of diphtheria constantly crop up, and their detection and mode of dealing with them give rise to continual misunderstandings and complaints.

Before the specific Bacillus was discovered, it was known that persons who had recovered from recognisable Diphtheria gave rise to the disease in others, though a considerable time had elapsed since all symptoms had disappeared in the original sufferers. It was also recognised clinically that persons who had not themselves suffered from recognisable Diphtheria, but who had recently recovered from a sore throat were liable to give Diphtheria to others. Moreover, it is not only during convalescence from Diphtheria and after slight attacks of sore throat that the bacillus may be present, but also after contact or association with Diphtheria patients, both adults and children are liable to harbour the bacillus in the throat, even when no local constitutional disorder of any kind has been noticed.

These phenomena have become the best known facts of bacteriology, which are of practical every-day interest, and at the same time one of the chief bugbears of general practitioners and Medical Officers of Health.

It is with the second and third aspects of the question that we are now concerned. The number of return cases of Diphtheria is probably now reduced to a very low figure, as a negative result is almost invariably obtained before the patient is pronounced free from infection.

The question may be approached from three stand points, the clinical, the bacteriological, and the administrative. From a public health point of view the administrative is, of course, the most important, but administrative measures should be based upon clinical and bacteriological experience.

If Diphtheria may be defined as any pathological condition, local or general, due to infection by specific Diphtheria organisms, then Diphtheria is "latent" when such pathological conditions are unaccompanied by obvious illness or by symptoms sufficiently characteristic to be recognisable as Diphtheria. We come in contact with three kinds of cases that may be classed in this group:—

1. Persons who are in poor general health associated with some abnormal condition of the throat, nose or ear.

2. Cases of local Diphtheria lesions, but presenting no general symptoms of ill-health.

3. Cases with no local lesions and no departure from normal health.

Bacteriologically, Diphtheria is latent when the specific germs are present unaccompanied by any obvious pathological change. The infective agents are held in check by what we call vital resistance on the part of the tissues, or diminished virulence on the part of the specific microbe.

The nature of the immunity enjoyed by the carriers of virulent bacilli is obscure, and the only method as yet available to meet the requirements of prompt administrative action is not able to differentiate between the comparative virulence of the bacilli.

The power of the unrecognised case and the positive contact to infect has been amply demonstrated, though the accident is much more rare than might be anticipated from the large number of mild cases and infected contacts in the community. The number of possible infectors is also reduced when we consider that it is only likely to be persons harbouring virulent bacilli that are capable of infecting others with disease-producing bacilli.

When the bacillus gains a lodgement in the throat, it appears to remain for a varying length of time, whether it

produces disease or not. The period of the residence of the organisms in the sick and the healthy is probably determined by the same factor, and in both classes of cases the organism has been known to persist for very long periods. In the majority of cases, the germs disappear well within the usual six weeks of isolation.

In a disease of such a short period of incubation and rapid clinical course, the development of administrative measures for its control is always a matter of importance.

The matter that has excited the keenest interest and often controversy is the segregation of infected contacts and other carriers of infection; for, however desirable it may appear in theory, it is attended with much difficulty in practice. Any hard and fast rule is not warranted from our present knowledge of the subject clinically or bacteriologically.

All administrative action depends to some extent upon legal powers, and the first essential is to have clearly before our minds how far we can legally proceed.

Section 126 of the Public Health Act, 1875, gives powers with regard to "any person who, while suffering from any dangerous infectious disease, expose themselves," etc. Section 52, part 4. of the Public Health Acts Amendment Act, 1907, states that "If any person knows that he is suffering from an infectious disease, he shall not engage in any occupation unless he can do so without risk of spreading the infectious disease."

In each of these sections, and in others relating to infectious disease, it is specified that the person must be suffering from the infectious disease, and probably definite illness seems to be implied. In our fever hospitals many cases of Scarlet Fever and Diphtheria are detained, not because there is any clinical manifestation of the disease, but because, in our opinion, they remain in an infectious condition.

If any such patient left hospital against advice, prosecution would probably follow, although he is not suffering from the disease.

When one remembers that the Diphtheria carrier is like the above-mentioned fever patient—in an ineffective state although not suffering from the disease; one considers that the legal powers are equal with regard to the two clauses. One would probably be in a stronger position if "in an ineffective condition" were substituted for "suffering."

As a matter of fact, one takes no action, except peaceful persuasion, with healthy Diphtheria carriers, and no difficulty is experienced in getting most of the known cases to adopt sufficient precautions. Besides, the most dangerous ones are school children, and under the Acton Improvement Act, 1904, power is given to exclude such carriers from school.

Section 27 states that the Medical Officer of Health may at all reasonable times enter any public elementary school within the district, and examine the scholars attending the same, and may exclude from attendance thereat, for such period as he shall consider requisite, any scholar who in his opinion is suffering from an infectious disease, or is likely to spread infection.

Our efforts are directed with the object of the discovery and the sufficient isolation of the carrier case, and the possible spread by the other inmates of the infected household.

Whenever a case of Diphtheria is notified, certain inquiries are made with a view of ascertaining the source of the infection. In the past, consciously or unconsciously, we have probably been attaching far too much attention to dead matter and the passive transmittors of disease—namely, soil, water, air, clothes and foods—and have been bestowing far too little consideration on the living storehouses of bacteria.

The tendency in soil, water and air is towards the destruction of pathological bacteria; it is living matter which is the probable factor which keeps infectious matter alive, and infected living matter are the carriers, which probably serve to bridge over the gulf between one epidemic and the next. For this reason, particular attention is paid to the possibility of another member of the family having suffered from a sore throat.

If a history of a previous sore throat in the family be obtained, the doctor in attendance is communicated with, and either he is asked to take a swab, or permission is obtained to take one. When two or more cases are notified from one class-room in a school, attention is paid to that class and if that class or department is suspected to be the focus of infection, the scholars are examined, and where necessary a swab is taken of the throat or nose.

In some districts the taking of swabs is practised to a far greater extent, and occasionally every member of a household where a case of Diphtheria has occurred is swabbed.

A certain proportion of those who are brought into contact with Diphtheria patients harbour the bacilli in their throats or nasal cavities. The percentage is highest in the immediate contacts, that is, in members of the same family; next, in class-mates at school; it diminishes rapidly as we enlarge the interpretation so as to include such extremely remote contacts as the general inhabitants, and the percentage showing the bacilli is a negligible one.

Theoretically, the swabbing of all contacts seems an ideal system, but it would be impossible under present conditions to carry out such a practice here. Moreover, the practice adopted in this district has been sufficient to prevent the spread of the disease in the different schools.

It has been reported, on several occasions, how the detection of carrier cases has coincided with the subsidence of the notifications from different schools.

When necessary, some of the children are excluded pending the result of the bacteriological examination, but sometimes it is impracticable to take a swab. It is at this stage that mis-understandings occur and difficulties arise. Occasionally it is understood that the child will be seen by a private doctor, when as a matter of fact a doctor is not called in. At other times, the child is taken to see a doctor, who pronounces the case not

to be Diphtheria, without a bacteriological examination. This only occurs in some of the schools, but the incidence of Diphtheria is heaviest on those particular schools.

Having discovered the carrier case, to what extent should isolation be carried out? In this respect, the practice of different sanitary authorities differs considerably. Some authorities observe the same rigid rules as in the case of clinical Diphtheria, and advise the removal to hospital, whilst others refuse to admit the carrier cases to the general wards.

In Cambridge the Sanitary authority has furnished a house for the reception of carrier cases.

In this district, we do not advise the removal to Hospital, except under very exceptional conditions. There seems no risk to the carrier cases themselves in being mixed with ordinary clinical Diphtheria. Although the nature of the immunity is obscure, yet, for the time being, it seems to be absolute, and there is no record of a carrier case exhibiting clinical symptoms in a general Diphtheria Ward. Nevertheless, it is safe to relax and modify somewhat the isolation rules practised in clinical Diphtheria. So long as the carrier case does not come into immediate contact with children, the risk is practically nil. There is no record of indirect infection through clothing, &c., from a carrier case.

The carrier case himself, of course, is excluded from school, and so are all the children of the family. The period of exclusion extends until two negative swabs are obtained.

The other children are allowed to attend school in eight days after a negative result, and the carrier case in three weeks.

The movements of the other inmates of the house are not interfered with, except in very exceptional circumstances. The Public Libary is communicated with, and during quarantine books are not given out to members of the family.

It will be understood from the foregoing remarks, that it is inadvisable to adopt for all cases a hard and fast rule. An endeavour is made to deal with each case upon its merits, but, as a result, misunderstandings very often occur.

I may record a few instances where recently a difficulty occurred :—A child was examined in Southfield Road School, and a swab taken from the throat. The child was sent home and excluded from school pending the result. The result was positive and the Health Visitor was sent to the house to make further inquiries and give instructions. The father of the child called up at the same time at the office and ridiculed the idea of the child being a disease carrier. He was asked to obtain the advice of another doctor, but stated that he could not afford it, nor could he isolate the child. There was no option but to remove the case to the Hospital, which the father reluctantly accepted, but evidently misbelieving the possibility of any risk being attached to the case remaining at home. A few days afterwards another child of the same family exhibited symptoms of clinical Diphtheria. Both parents were then convinced.

A second case was enamined at the same school and the same mode of procedure adopted in the school. The result here also was positive, but before the Health Visitor had called, the mother had taken the child to see another doctor, and the case was pronounced by him not to be Diphtheria, without having a bacteriological examination made.

As a result of this opinion, the other children were sent to school, but a notice had been sent to the school that all children in the family should be excluded until further notice, consequently they were not admitted. The mother came down to see me at the office, and I explained the circumstances to her. If she cared, a second swab could be taken by the doctor who had seen the child and sent to the Lister Institute at the Council's expense, or I would take another swab, as the doctor was not then in attendance. She preferred the second alternative, and the result was again positive. The mother then called in another doctor, but he, having heard the result of the

bacteriological examination advised the mother to isolate the child and treat him as a case of infectious disease.

The third case was also a scholar in Southfield Road Infants Department. The child refused to allow an examination to be made, and it was understood that she had been seen by a doctor. She was excluded and inquiries made on the same day. It was understood that there was an infant in the house suffering from Whooping Cough and being attended by a doctor. The child also had a persistent cough which probably was the commencement of Whooping Cough. Instructions were left as to the manner in which the case should be dealt with pending a definite result. Meanwhile, the child was excluded from school as a Whooping Cough contact. Not hearing anything from the doctor, I called on the third day and found that no doctor was in attendance on the school-girl. Permission being given, a swab was taken and the Diphtheria germs were found. The child could be isolated in the home, but the daughters reported the case to their employers and the former were asked to cease work, unless a certificate could be produced that there was no infection. Such a certificate, of course, could not be given, and the mother requested that the child be removed to Hospital. When it was explained that the employers could be assured that there would practically be no risk of the infection being spread by the daughters following their usual employment, the mother requested the discharge of the child from the Hospital, and the child was isolated at home.

During the year the arrangements for the distributions of Diphtheria Antitoxin have been extended. At the October meeting of the Health Committee the Order and Circular of the Local Government Board was considered. Under Section 133 of the Public Health Act, 1875, any local Authority may, with the sanction of the Local Government Board, themselves provide or contract with any person to provide a temporary supply of medicine and medical assistance for the poorer inhabitants of their district. In the Order the Local Government Board sanctioned, in pursuance of Section 133, of a temporary supply of Diphtheria Antitoxin, and of Medical assistance in connection with the temporary supply of antitixin subject to the following conditions, that is to say,—

The arrangements with respect to the keeping, distribution and use of the Diphtheria Anti-toxin shall be made in accordance with the advice of the Medical Officer of Health.

To prevent misapprehension it should be observed that the free distribution of Diphtheria Anti-toxin, which is authorised by the Order, must not be regarded as a substitute for removal to hospital of a patient suffering from diphtheria, nor as implying that the patient to whom Anti-toxin has been administered may properly be retained for treatment at home, unless means are available for his efficient isolation to the satisfaction of the Medical Officer of Health.

The prompt administration of Anti-toxin before the patient is removed to hospital may, if delay in removal is inevitable, go far towards preventing the attack of diphtheria from being fatal.

It has been decided by the Council to store a supply of Anti-toxin in the Public Health Department at the Council Offices and at the Isolation Hospital. If the patient be subsequently removed to hospital no charge is made, but if the case is nursed at home the Anti-toxin is to be replaced and a charge of one shilling made if the Council's syringe is used. The following letter has been sent to all the doctors practising in the district:—

Dear Sir,

Arrangements have been made by the Council for the storage and distribution of Anti-toxin in cases of Diphtheria. A supply of Anti-toxin is kept at the Council Offices and at the Isolation Hospital for the use of Medical Practitioners in the district.

Where a case of Diphtheria occurs among the poorer inhabitants the Anti-toxin and the use of the Syringe are supplied free of charge.

Where a case of Diphtheria is being nursed at home the Anti-toxin must be replaced, and a charge of one shilling will be made if the Council's Syringe is used.

Yours faithfully,

D. J. THOMAS,
Medical Officer of Health.

TUBERCULAR DISEASE.

There were 43 deaths from Phthisis or Consumption, and nine from other Tubercular Diseases.

33 of the deaths from Tuberculous Diseases were registered in the district, and the remaining deaths occurred in Public Institutions outside the district.

Of the deaths from Pulmonary Tuberculosis 24 were of males and 19 of females. In last year's report it was stated that the decline in mortality from Consumption had occurred at every age-period and in both sexes, but the rate of decrease has varied widely, and has been much greater in the female than in the male sex. At the present time the incidence of Pulmonary Tuberculosis or Consumption is appreciably heavier in males than females. Between the ages of 5 and 25 years females are more liable to die from the disease than males, but at the other age periods the liability is considerably less in females.

The following table gives the number of deaths from Phthisis in Males and Females since 1905 :—

	Under 15 years.		Over 15 years.	
	Males.	Females.	Males.	Females.
1905	... 4	... 6	18	... 15
1906	... —	... 1	24	... 23
1907	... 3	... 5	30	... 28
1908	... 2	... 2	39	... 13
1909	... 4	 4	25	... 16
1910	... 1	... 1	23	... 18

There are more females than males living in the district. At the Census of 1901 there 1,170 females for every 1,000 males living in the district, but the number of deaths from Consumption is actually lower in females than in males.

Prior to their attack of illness the 43 persons over 15 years of age dead of Phthisis last year were employed as follows:—

Males.		Females.	
General Labourer ...	3	Household	17
Laundryman	2	Clerk	1
Carman	1		
Electrical Engineer . .	1		
Mechanical Engineer ...	1		
Clerk	1		
Porter	1		
Warehouseman	1		
Clothier's Assistant ...	1		
Tailor	1		
Commercial Traveller ...	1		
Gold Beater	1		
Cabinet Maker	1		
Dental Operator ...	1		
Solicitor	1		
Organist	1		
Insurance Agent ...	1		
Handyman	1		
Coachman	1		
Flower Seller	1		
Total ...	23	Total ...	18

It has been pointed out in previous reports, that one of the chief obstacles in dealing with Pulmonary Tuberculosis is the difficulty of obtaining information of the early cases.

This difficulty has militated against the success of the Sanatorium treatment. In 1905, the Council entered into agreement whereby it maintained three beds in the Northwood Sanatorium. In 1907 the number of beds was reduced to two. The agreement expired August 1910, but a temporary arrange-

ment was entered into pending the result of the Local Government Board Inquiry as to the suitability of Clare Hall Hospital for the reception of Tubercular patients.

In 1910 six cases were admitted into the Council's beds at the Sanatorium.

In last year's report the history of the cases admitted into the Monnt Vernon Sanatorium from this district was given. In almost all the cases the immediate results were gratifying, and when early and suitable cases can be secured a considerable percentage may be returned to the ranks of active workers and remain in those ranks for several years. The percentage gets smaller as the interval since their discharge increases.

To procure lasting effects earlier cases must be treated, and the patient must be cared for on discharge so that he can gradually return to work. But these are only two phases of one question. If treatment could be carried out in the earliest stages of the disease, after-care would probably be unnecessary.

But apart from this difficulty, sanatorium accommodation is limited and expensive, and even in the partially endowed institutions the length of time necessary for nominal completion of the cure is grudged by the great majority of middle and working class patients. To overcome these difficulties Tuberculosis Dispensaries have been established in some districts. The control and eradication of Tuberculosis mean far more than the treatment of a certain limited number of patients. It means not only the cure of those already affected by the disease, but the safe-guarding of others from infection. Past efforts have been almost entirely concerned with the treatment of those already infected, and very little attention has been given to preventive measures. The whole question will have to be reconsidered when the result of the above-mentioned inquiry has been made known, and further proposals will be laid before the Council.

70 cases were notified to the Council in the year; of these 53 were notified under the Public Health Tuberculosis Regulations of 1908.

ENTERIC FEVER.

16 cases of Enteric Fever were notified, and two deaths occurred.

7 cases occurred in one house. Although these were notified at different times, the history of the cases went to show that all the cases were probably simultaneously infected. They first exhibited symptoms about the middle of September. The mother and six children were attacked, and the husband and the smallest child were the only persons in the family to remain unattacked. None of the accepted modes of origin of Typhoid Fever could be appealed to for explanation, and the only article of food partaken of by these 7 and not by the husband and youngest child was plaice. The outbreak was investigated by Dr. Hamer of the London County Council in the course of his investigations into the prevalence of Typhoid Fever in London and the surrounding districts during last autumn.

In the report issued by Sir Shirley Murphy submitting the report of Dr. Hamer, it is stated that examination of the facts concerning these localised prevalences (33 in all) failed to show in each instance that any ordinarily accepted cause of Typhoid Fever had been operative, but it was found that all sufferers contributing to the excessive prevalences had partaken of fish (usually fried fish), and that in all instances in which information on this head could be obtained, small plaice belonging to the category described by fried fish vendors as "late steamer fish," was in question. The chances against such a combination of circumstances being the result of mere coincidence were of course very great. Dr. Hamer draws attention to the interesting fact, established by the enquiries and reports of Officers of the Board of Trade, that much of the small plaice sold at Billingsgate comes from an area in which are situated certain "nursing grounds," not far from the mouth of the Elbe, and he suggests as a possibility that estuary fish may be in question.

Plaice is practically the only fish used by vendors of fried fish which is not gutted, as a matter of course, at sea. The nature of the food (shell fish, etc.), of the plaice makes it possible to retain the gut without injuring the fish; whereas the character of the intestinal contents of fish consuming "softer" food necessitates removal of the gut forthwith.

It is a suggestive fact that in the instances last summer, in which several members of one family were simultaneously attacked by typhoid fever, there was, generally speaking, a history of the consumption by all the sufferers in each family of small plaice or "dabs." In dealing with small "dabs" which are sold at times, when there are "heavy quantities" available at ½d. a pound, or say 3 or 4 a penny, cleansing is doubtless often left to be carried out by the purchaser, if performed at all.

In one instance the source of infection was undoubtedly a "carrier" in the same family, who some months previously had suffered from an attack of typhoid fever. (It may be explained that a "carrier" of typhoid fever is a person, who, although he may be in good health, carries the infectious material of the fever in his body, from which it may be given off in the stools or in the urine). The case was notified in March, 1910. He had not partaken of any article of food, such as shell fish, usually associated with contamination by the Typhoid bacilli. The milk was above suspicion, and all his meals had been taken in Acton. In July, 1909, the mother of the patient contracted Typhoid Fever, and was in the West London Hospital for ten weeks. During her stay at the Hospital she had an attack of gall stone colic. Four years previously, she also had an attack of gall stone colic. In January or February she suffered from a slight attack of diarrhœa. The circumstances warranted the suspicion that the mother was a typhoid carrier, and specimens of her dejecta were bacteriologically examined. A pure culture of the typhoid bacillus was obtained from the faces and urine, showing, that though she had been discharged from the Hospital for nearly six months, she was still capable of spreading infection.

The case illustrates many interesting points, and is of such practical importance as to warrant a more extended notice.

The typhoid carrier has been the object of a great deal of attention, both in this country and abroad, for several years past, and last autumn Dr. Ledingham presented a report to the Local Government Board upon the subject. In that report he has pointed out the intimate connection between the "carrier" state and the occurrence of gall stones. All the carriers who have been examined either post mortem or at operations have been found to suffer from gall stones.

Routine examination of every case of Typhoid Fever to determine the freedom or otherwise from the bacilli, is at present impossible, but where a history of gall stone colic is obtained, repeated examination of the dejecta should be made. The treatment of the carrier case, so far has been disappointing. Drugs, sour milk, X-rays, and even operations are known to have failed in many cases. It has been shown, though, that thorough washing with soap and water will remove the bacilli from the hands.

One thing certain is, that the worse the sanitary surroundings of the carrier, the greater the danger to others.

Another fact proved in the report is that the campaign for elaborate cleanliness in food preparation, so often urged by the Medical Press, and so often derided by the general public as a medical fad, is justified in every particular. "The fact that on one occasion alone over 200 individuals were infected by typhoid fever, owing to their milk being polluted with the excrement of one milker, shows how perilously easy may be the path of the bacillus from one man's bowel to another man's mouth. Domestic and culinary cleanliness must be cultivated, and possibly the public will take more interest in the disposal of excreta when he learns that his neighbours intestinal floral is dangerous and liable to reappear on his own tea table."

INFANTILE MORTALITY.

One hundred and thirty-nine deaths under one year of age were registered in the district, and 12 infants under one year of age died in public institutions beyond the district, making a total of 151. The latter figures correspond to an infantile mortality of 102 per 1,000 births.

The infantile mortality in England and Wales last year was 106; in the 77 large towns it amounted to 115; and in the 136 smaller towns it was 104.

The deaths were distributed as follows:—

North-East Ward	20
North-West Ward	21
South-East Ward	33
South-West Ward	77

The infantile mortality in each ward would be:—

North-East Ward	...	63 per 1,000 births.
North-West Ward	...	96 „ „
South-East Ward	...	84 „ „
South-West Ward	...	137 „ „

The infantile mortality was 4 per 1,000 lower than in 1909, 18 per 1,000 lower than in 1908, and 28 per 1,000 lower than in 1907.

Compared with 1909 the infantile mortality was higher in the North East and North-West Wards and lower in the South-East and South-West Wards. There was again a diminution in the number of deaths from Diarrhœal Diseases. It would, of course, be pleasant if one were able to claim all the credit for the marked diminution in the number of deaths from Diarrhœal diseases which has occurred in recent years, but the succession of cool, wet summers has had a most marked influence on the prevalence of Diarrhœal diseases

Other influences have been at work, but it is difficult to exactly gauge the relative value of the different factors which have operated in the reduction of infantile mortality, and more especially of diarrhœal diseases.

Health visiting has now been carried on in Acton for over six years, and when a comparison is made between the infantile mortality of the period in which this factor has been operative with the mortality prior to the appointment of a health visitor, the result is certainly gratifying. But, as has been stated, the conditions in the two periods are not identical, and some allowance must be made for climatic conditions.

Of the 25 deaths from Diarrhœal Diseases 17 belonged to the South-West Ward. Most of the diseases which are operative in the causation of infantile mortality show an excessive incidence in the South West Ward, but the incidence of Diarrhœal Diseases has always been exceptionally heavy on this ward. Probably no other disease is a more delicate index to any unfavourable conditions and on a later page will be found some of the results of a house-to-house inspection of the Ward. The following streets showed an excessive mortality last year:—

	Infant Deaths.	Births.
Antrobus Road	4	7
All Saints' Road	4	8
Beaconsfield Road	2	10
Bollo Bridge Road	5	24
Chaucer Road	6	16
Hanbury Road	4	16
St. Margaret's Terrace	3	5
Mill Hill Road	3	10
The Steyne, Steyne Road, &c. ...	4	13
Petersfield Road	5	19
Shaftesbury Road	4	12
Strafford Road	3	12
Temple Road	4	20

The number, of course, is too small to draw any conclusions, but it is significant that 9 out of the 13 streets which had an infantile mortality of 200 per 1,000 births or over are in the South West Ward. A house-to-house inspection has been made of most of the above streets, and the others will receive attention during the coming year.

It has been pointed out in previous reports that some of the factors in the causation of a high infantile mortality are beyond the control of a sanitary authority. For instance male infants have always a higher mortality than females. The vital superiority of women is evidenced from birth onwards, for male infants always suffer from a higher death rate than female infants, and this superiority prevails throughout the rest of life, except at the ages 5 to 15 when boys and girls are equal in their freedom from the causes of death. In this district last year the infantile mortality amongst female children was 97 per 1,000 births and among males 107 per 1,000. 767 male children were born and 82 died, whilst 710 female children were born and 69 died. Some of this difference in vitality between the two may be explicable, by the greater difficulty with which male infants are born. One would naturally expect with the increased proportion of male children an increased mortality from such diseases as Prematurity, Injury at birth and Atrophy.

There is an increase in the number of deaths from Prematurity, but the number of deaths from Congenital Defects remains the same. Premature births, Congenital Defects and Atrophy overlap considerably as causes of death, and it is unsafe to consider them separately, although the death rate from each of them is stated separately on Table V. Prematurity, Congenital Defects and Atrophy together were given as the cause of 56 deaths which was also the exact number from these causes in 1909. It has been stated that a considerable number of infants dying within a few minutes or hours of birth, have in recent years been registered both as births and deaths, and that in former years some of the infants similarly dying were buried as " still-births." In order to ascertain whether the Notification of

Births Act had been instrumental in the transference to the death register of children who would formally have been buried as still-born, I asked the Cemetery Superintendent if he would kindly give me the number of burials of still-births buried in the Acton Cemetery, and the following Tables gives the number of still-births buried since 1903:—

1904	...	...	...	...	38
1905	...	...	...	...	37
1906	...	...	...	...	40
1907	...	...	...	...	52
1908	...	...	...	...	45
1909	...	...	...	...	44
1910	...	...	...	...	37

As usual the mortality amongst illigitimate children was excessive. Out of 36 children born out of wedlock, 13 died before reaching the age of 12 months. These figures represent an infantile mortality of 361 per 1,000 births.

NOTIFICATION OF BIRTHS ACT, 1907.

One thousand four hundred and eighteen births and 36 still births were notified during the year.

Four hundred and forty-seven of these were notified by a doctor, 930 by a midwife and 41 by the fathers of the children.

One hundred and nine births were registered that had not been notified within the statutory period.

Two prosecutions were instituted by the Council for non-compliance with the Act. One of them was against a doctor. The case was dismissed, as the magistrates held that the doctor had reasonable grounds for assuming that the birth had been notified.

The other prosecution was against the father of the child and a fine was enforced.

CANCER.

Fifty-two deaths occurred from Cancer or Malignant Disease. This is exactly the same number as occurred from Cancer in 1909.

The ward distribution of the disease was as follows;—

North-East Ward	14
North-West Ward	12
South-East Ward	15
South-West Ward	11

COUNCIL LABORATORY.

The equipment of the Council Laboratory was completed at the end of October, 1910.

The following table gives a statement of the work done at the Laboratory since it was opened on October 15th, to the end of the year.

Disease	Nature of Specimen	Result Positive	Negative	Total
Diphtheria	Swabs from throat and nose	69	82	151
Tuberculosis	Sputum	1	4	5
Ringworm	Hair of scalp	3	1	4
		73	87	160

INQUESTS.

Thirty-eight inquests were held, the causes of death being:—

Suicides	5	Improper feeding	1
Accidental Burns	3	Inanition	1
Run over by a Motor vehicle	2	Bronchitis	1
Accidental fall downstairs	1	Spasmodic Croup	1
Overlaying	1	Congenital Defects... ...	1
Want of attention at birth	1	Pleurisy	1
Accidental poisoning ...	1	Rupture of Aneurysm ...	1
Ptomaine poisoning ...	1	Diarrhoea	1
Narcotic poisoning... ...	1	Perferation of Bowel ...	1
Pneumonia	4	Acute Laryngitis	1
Heart disease	4	Apoplexy	1
Convulsions	3		

MORTUARY.

Thirty-nine bodies were removed to the Mortuary; on 38 of these, inquests were held. The other body was removed to the Mortuary from the Cottage Hospital.

Twenty-three post-mortem examinations were made.

OFFENSIVE TRADES.

There is only one offensive trade carried on in the district, viz, fat extraction.

SLAUGHTER HOUSES.

There are two licensed and one registered slaughter houses in the district. In the latter, slaughtering is very rarely carried on.

In one of the licensed slaughter houses, only pigs are slaughtered. The number varies from about 15 a day in the summer to about 80 in December.

In the other, sheep form the bulk of the animals slaughtered; occasionally oxen are also slaughtered there.

Both these slaughter houses have been regularly visited during the times of slaughter, and the following were condemned :—

4 Pigs' carcases and offal.
1 Pig's plucks.
2 Pigs' heads.

The Inspector of Nuisances acts as Meat Inspector and possesses a special meat certificate. Both the Assistant Inspectors also possess the necessary qualifications.

UNSOUND FOOD.

In addition to the Meat condemned in the slaughter houses, the following articles were also destroyed as unfit for human consumption :—

Herrings	...	2 boxes.
Winkles	...	2 bushels.
Haddock	...	1 trunk.
Plaice	...	1 box.
Cherries	...	1 box.
Bread	...	2 half quartern loaves.

DAIRIES AND COWSHEDS.

There are one cow-keeper and 80 purveyors of milk in the district.

There were 15 changes of occupation and 5 new premises were registered.

The registration of these persons is made under the Dairies, Cowsheds and Milkshops Order, 1885. Clause 6. Under this clause it is incumbent upon the Council to register the applicant, quite irrespective of the character of the premises, or of any other business carried on along with the sale of milk.

The Dairies, Cowsheds and Milkshops Order of 1885 was issued by the Privy Council by virtue and in exercise of the powers in them vested under the Contagious Diseases Act, 1878. Under Section 9 of the Contagious Diseases Act, 1886, the powers vested in the Privy Council of making General and Special Orders under Section 34 of the principal Act are transferred to the Local Government Board, and the Order of 1885 made by the Privy Council is deemed to have been made by the Local Government Board. Article 13 of the Order enables a local authority to make regulations for the following purposes:—

1.—For the inspection of cattle in the dairies.

2.—For prescribing and regulating the lighting, ventilation, cleansing, drainage and water supply of dairies and cowsheds in the occupation of persons following the trade of cowkeeper or dairyman.

3.—For securing the cleanliness of milk-stores, milk shops and of milk-vessels used for containing milk for sale by such persons.

4.—For prescribing precautions to be taken by purveyors of milk and persons selling milk by retail against infection or contamination.

Regulations under the Order were made by the Local Board for the District of Acton, acting as the Urban Sanitary Authority for such District on November 4th, 1890, but before dealing with the Regulations, there are certain matters in the Order which bear directly on the control of the milk supply.

Article VI. (Sub-section 1) of the Order states that it shall not be lawful for any person to carry on in the district of any Local Authority the trade of cowkeeper, dairyman or purveyor of milk unless he is registered as such therein in accordance with this article.

In Sub-section 3 of Article 6, it states that the Local Authority shall register every such person, but the fact of such registration shall not be deemed to authorise such person to occupy as a dairy or cowshed any particular building or in any way preclude any proceedings being taken against such person for non-compliance with infringement of any of the provisions of the Order or any Regulations made thereunder.

It will be observed that the Local Authority cannot refuse to register any person applying for that purpose. It is true that such registration does not afford any protection in respect of the keeping of the premises in such a way as to contravene the provisions of the Order in other respects or of any regulation made under it.

In 31 instances the milk is sold in general shops and in 25 of these, paraffin, wood, &c. are sold in the same shop as the milk. In two instances the milk is sold in grocery shops, and in one instance the owner of the premises has an off-license.

Regulations 9 and 10 prescribe the precautions to be taken by purveyors of milk and persons selling milk by retail against infection or contamination.

Under Regulation 9, a purveyor of milk, or a person selling milk by retail, shall not cause any milk to be stored on his premises in any cellar or room in which there is any untrapped

opening to a drain, or either in the manner of storage or of distribution, do any act or thing likely to expose any milk to infection or contamination, or omit to do any act or thing necessary for the due protection of any milk from such infection or contamination.

By the London County Council (General Powers) Act, 1908, the Metropolitan Borough Councils are empowered to remove from the register kept by them from time to time persons carrying on in their district the trade of cowkeepers, dairymen or purveyors of milk; or to refuse to enter upon the register the name of any person carrying on or proposing to carry on the trade of dairyman, or purveyor of milk upon premises which are, in the opinion of the Sanitary Authority for any reason unsuitable for the sale of milk therein.

It is hoped that similar powers will be granted to Authorities outside London. In these small shops the number and variety of articles stocked is often very large and the premises are generally overcrowded with stock and difficult to keep clean.

The amount of milk sold in these premises is often very small.

The proprietors admit that they sell very little milk; in 24 instances, not more than four quarts are sold daily. The only hardship that might arise from their discontinuance of milk selling would result from a loss of custom in the other articles that are stocked in these shops. But the importance of a clean milk supply, and the liability of milk to become contaminated render it imperative in the interest of the consumer that all possible precautions should be taken.

These shops are visited and the owners advised as to the measures they should take. The proprietors are instructed to have the receptacles covered, but in 13 instances the milk was kept in the delivery can. It is true that the milk can be kept as free from dust in the delivery can as in a covered porcelain dish, but it is more liable to become sour in the former.

Under the Acton Improvement Act, 1904, the Council has power to inspect cows and to take samples of milk if it be suspected that any cow is suffering from tuberculosis, but the conditions have changed so materially in recent years that in only a very small percentage of cases, can the clauses of the Act become operative. There are only two cowkeepers in the district, and most of the milk is produced outside. The small purveyors of milk obtain their supply from large wholesale distributors, and it would be almost impossible to trace the farm from which the milk originally came.

SEWAGE DISPOSAL.

A description of the Sewage Works has been given in previous reports. By the Sewage Act of 1905, all the sewage is taken out of the district immediately.

Under Section 33, the London County Council received into its sewers all the sewage up to an average of 50 gallons per head of the population per day.

Under Section 21 of the Act, the Acton Council is empowered to send flood water after proper treatment into the River Thames. The storm-water is treated at Acton in the filter beds provided for the purpose. No storm water is to be passed untreated to the Thames except when the total flow from the district into the London sewers and to the sewage disposal works of the Council is at a rate exceeding one hundred and seventy-five gallons per head per day of the approximate population for the time being of the district.

The storm overflows came into action 17 times during the year 1910.

REFUSE COLLECTION AND DISPOSAL.

The whole of the refuse of the district is collected by direct labour once in each week, including trade refuse up to half-a-load from each building. The refuse has to be stored by the

householder in a sanitary dust bin in an easily accessible position and is collected during the day. The quantity of refuse collected varies considerably, the minimum being in the summer, when on some days (excluding Saturdays) only 22 tons have been collected, whilst in the winter as many as 65 tons have been collected in one day.

From 1st of January to 31st December, 1910, 11,120 tons of refuse have been collected.

The nature of the refuse also varies considerably. In the summer its calorific value is very poor, as it consists chiefly of garden refuse, but in the winter this is somewhat improved, owing to the refuse containing a large percentage of ashes. When a test was carried out to ascertain the calorific value of the refuse, it was found that 1-lb. of refuse evaporated 1·25-lbs. of water.

The whole of the refuse is carted to the Council's Destructor where it is tipped into large covered storage bins prior to its being destroyed by burning. The temperature of the gases in the combustion chamber has been found to be 2090° Fah. After burniug there is a residue of clinker amounting to about 25 % of the original bulk, this clinker is either crushed in a crushing machine for concrete or slab making purposes, or it is used uncrushed for hardcore.

At present the steam generated is used for driving the engines, pumps and clinker crushing plant; it is also used for heating the Isolation Hospital, being conveyed there by means of a 3-in. main 900 feet long.

HOUSE-TO-HOUSE INSPECTION.

Under Section 17 of the Housing and Town Planning Act of 1909, it shall be the duty of every local authority within the meaning of Part II of the Housing of the Working Classes Act, 1890, to cause to be made from time to time inspection of their district, with a view to ascertain whether any dwelling house

therein is in such a state so dangerous or injurious to health as to be unfit for human habitation, and that for that purpose it shall be the duty of the local authority, and of every officer of the local authority, to comply with such regulations and to keep such records as may be prescribed by the Local Government Board.

The Housing (Inspection of District) Regulations were issued in September, 1910, and a copy was sent to each member of the Council,

Under Article I of the regulations, the local authority shall as early as practicable, take into consideration the provision of Section 17 of the Act of 1909, and shall determine the proceedings to be adopted under the regulations to give effect to the requirements of that sub-section in regard to the inspection of their district from time to time,

Prior to the issue of these Regulations the question of the enhanced death rate in the South-West Ward had been before the Council on various occasions. The chief features in the high mortality have been discussed in successive Aunual Reports. Until the latter part of I909 circumstances have militated against any systematic inspection of the Ward. In 1908 Mr. Thomas was appointed as Temporary Inspector to carry out house-to-house inspection of the Ward. Directly Mr. Thomas was appointed, Mr. Fearns was incapacitated by ill-health from carrying out his duties and Mr. Thomas was appointed to the post held by Mr. Fearns. In the autumn of 1909, owing to a re-arrangement in the staff of the Surveyor's department, Mr. Brooks was appointed to carry out house-to-house inspection. The two district inspectors also systematically inspect when their other work permits. The number of houses inspected each month is laid before the Health Committee, together with the principal defects found.

Under Article 3 of the Regulations, the Local Authority shall cause to be prepared from time to time by the Medical Officer of Health, or by an officer designated by them but

acting under his direction and supervision, a list or lists of dwelling houses the early inspection of which is, in the opinion of the Medical Officer of Health, desirable.

It is purposed early every year to draw up a list of houses which have shown an excessive mortality and a high infantile mortality in the previous year. To this list would be added, from time to time, other streets; for example, those which show an excessive incidence of infectious disease. Last year a report was made to the July Health Committee giving the streets in which the mortality was excessive. A table is prepared showing the streets which had a persistently high death rate, and the average death rate in each street during the four years 1906, 1907, 1908 and 1909. The death rate in these streets in 1910 is also given.

This period was taken for two reasons. Prior to 1905, the deaths of residents which occurred in Public Institutions outside the district were not included in the death returns. The "outside" deaths profoundly affect the death rate of some localities. For instance, out of the 33 deaths which belonged to Shaftesbury Road, only 20 occurred in the district. The remaining 13 occurred in Public Institutions outside the district.

In 1906, the district was subdivided into four wards, and the boundaries of the wards remained unaltered until the end of 1909. The death rates of the several wards in the four years can thus be compared. A table is inserted showing the death-rate in the whole district and in each ward for the four years 1906, 1907, 1908 and 1909.

Although the figures have not previously been worked out as rates per 1000 inhabitants, it is interesting to note that, with few exceptions, all the premises included in the table have received particular attention, and these streets had already been singled out, and a house-to-house inspection made in them. In those which had recently been inspected, the death-rate is based

upon the actual number of occupiers as ascertained at the inspection. In others. where the actual number of occupants had not been ascertained, or where an interval having elapsed, the figures had become unreliable, an average of 7 occupants per house has been allowed. This is higher than the average for the district, which at the Census of 1901 was 6·2; but in most of the premises now under consideration, the houses are let out into tenements. Enfield Road and the Steyne are probably expections, and the average number of occupiers to each house in Enfield Road was four. In Petersfield Road, on the other hand, the average was 8·4, and in Junction Road 11·5. The percentage of overcrowded houses in these two latter streets was abnormal.

Leythe Road and Somerset Road may be taken as being near the normal; in the former the average was 6·8, and in the latter 7.

The streets included in the Table have been those which had an average annual death-rate for the four years of 20 per 1000 or over,

18 of the streets are situated in the South-West Ward, 5 in the South-East, 2 in the North West and 1 in the North East.

Gloucester Road is in the North East Ward, Berrymead Gardens and the Steyne are in the North West, and Priory Road, Saville Road, Beaconsfield Road, Berrymede Road and Somerset Road are in the South East Ward.

All the streets present features somewhat similar to each other, and they approximate more in their character to the conditions which obtain in the South West Ward, than to those of the other wards. The age distribution of the population, for instance, is probably different to that of the North East, North West and South East Wards, and it would be fairer to compare

the mortality in these streets with that of the South West ward than with that of the other wards. It may be possible after the Census to obtain a comparative mortality table for each ward.

Of the conditions found on inspection, it seems probable that overcrowding is the one that affects most materially the mortality. In most of the premises inspected some sanitary defect was found. Leythe Road and Enfield Road contained the highest percentage of houses in which no sanitary defect was found.

Leythe Road consists of 45 houses with a population at the time of inspection of 185 adults and 123 children. In three of the houses there were no sanitary defects and in a large number of the others, the defects were not of a serious nature,

Enfield Road consists of 31 houses and the number of occupiers was ascertained to be 129—87 adults and 42 children. In 16 of the houses there were numerous defects and in 12 others there were slight ones.

In neither of these streets was there a case of overcrowding. In Enfield Road the average number of occupants per house was a little over four; and in Leythe Road although most of the houses are devided into tenements, the average was under seven persons per house.

Junction Road, on the other hand, had an average of 11·5 per house. This street consists of 12 houses, 11 of which were occupied at the time of inspection. The occupiers numbered 126—95 adults and 31 children, In three of the houses there was overcrowding.

It should be explained that overcrowding is a term having many definitions and standards, but it is customary to accept a standard of cubic space in regard to it. In practice the

standard laid down in the Bye-laws for houses let in lodgings is usually accepted, namely 400 cubic feet per adult in rooms used for both living and sleeping, and 300 cubic feet for rooms used for sleeping only, with half these amounts for every child under 12 years of age.

Petersfield Road consists of 53 houses, but almost every house is sublet into two tenements. At the first inspection of this street, 16 houses were overcrowded; on re-inspection, the number was reduced to four. The population of the street consisted of 279 adults and 169 children, or an average of 8·4 per house.

St. Margaret's Terrace consists of 17 houses, three of which were overcrowded.

All Saints' Road consists of 17 dwelling houses and three laundries. Five of the dwelling houses were overcrowded. The number of occupants was ascertained to be 75 adults and 52 children.

All these streets are in the South West Ward, but the conditions are somewhat similar in those streets inspected and situated in the other wards.

Somerset Road, for instance, consists of 74 houses, with a population of 300 aduts and 210 children.

Almost every house is sublet into two tenements, and three cases of overcrowding were detected.

Shaftesbury Road contains a number of Common Lodging Houses, and of the 33 deaths belonging to this street, 13 occurred in public institutions outside the district. Most of these were persons who had been removed to the Infirmary from a Common Lodging House.

Table giving total number of deaths and the average death rate per 1,000 inhabitants for the years 1906—1909:—

Streets.	Number of Deaths.	Death Rate.
Gloucester Road ...	16	20
Mills Row	10	20
Priory Road	24	20
Bollo Lane	40	21
Steele Road	10	21
Leythe Road	23	22
Colville Road	71	22
Saville Road	17	23
Enfield Road	16	23
Beaconsfield Road ...	30	23
Berrymead Gardens ...	45	23
The Steyne	56	23
St. Margaret's Terrace	20	23
All Saints' Road ...	18	26
Stanley Road	36	27
Osborne Road	81	27
Somerset Road... ...	57	28
Palmerston Road ...	35	28
Hanbury Road	39	28
Petersfield Road ...	51	28
Stirling Road	60	29
Seymour Road	33	30
Berrymede Road ...	35	30
Holland Terrace ...	22	30
Shaftesbury Road ...	33	37
Junction Road	20	40

Death rates per 1,000 inhabitants in the whole district, and in each Ward for the years 1906, 1907, 1908 and 1909.

	1906	1907	1908	1909
Acton	13·2	13·9	13·1	12·6
North-East Ward...	10·5	11·3	10·3	8·5
North-West Ward...	12·3	9·1	10·3	9·7
South-East Ward...	11·	10·9	10·3	11·4
South-West Ward...	17.2	20·4	18·3	19·1

Although it would be misleading to compare the death rate for 1910 in each street with the average death rate for the four years 1906—1909, it may be of interest if the number of deaths in these streets in 1910 were given.

The deaths for 1910 were as follows :—

Gloucester Road	5
Mills Row	0
Priory Road	6
Bollo Lane	9
Steele Road...	3
Leythe Road	5
Colville Road	13
Saville Road	5
Enfield Road	1
Beaconsfield Road...	5
Berrymead Gardens	11
The Steyne	16
St. Margaret's Terrace	3
All Saints' Road	7
Stanley Road	4
Osborne Road	15
Somerset Road	6
Palmerston Road	9
Hanbury Road	8
Petersfield Road	11
Stirling Road	15
Seymour Road	5
Berrymede Road	9
Holland Terrace	4
Shaftesbury Road	10
Junction Road	4

It is as yet too early to guage the effect of inspection on these streets, but there is less liability to error if we compare the aggregate death-rate for the four years 1906-1909, with that for 1910.

The estimated population of these streets is 9,184. The average death rate for the period 1906-1909 was 23·8, whilst the death rate in 1910 was 19·4.

During the year the following houses were represented as unfit for human habitation :—

Nos. 1—20 Mills Row.

Mills Row is a cul-de-sac, leading out of, and running at right angles to Mills Cottages.

The water supply of the houses was derived from four taps. Nos. 1, 2, 3 and 4 have two rooms each, together with a lean-to structure at the rear of the house.

In some of the houses, this structure was used as a sleeping apartment.

The height of the living room is 7 feet 6 inches, and of the bedroom 6 feet 6 inches.

The houses were generally in a bad state of repair, the floors, stairs, windows and rain water pipes being more or less dilapidated. The walls were damp, and the brickwork of the rear walls was specially defective.

Nos. 5—20 were larger houses and each consisted of a living room and scullery downstairs and two rooms upstairs.

The living room and scullery, and the front bedrooms are the same height as, and correspond almost exactly to, the rooms of Nos. 1, 2, 3 and 4.

In Nos. 5—20, the walls of the scullery had been raised about three feet and thus a small room had been formed over the scullery. This room was occupied in all the houses as a bedroom, but its maximum height was 6ft. 6ins., and it sloped down to a height of 3ft. 4in.

All the woodwork was decayed, consequently the windows, floors, doors and staircases were in a bad state of repair. In some instances the windows would not open. The floors and walls of the scullery were damp, owing partly to the fact that the scullery floor was lower than the ground at the rear. In some of the houses the floor of the living room was lower than the level of the ground in front of the houses.

Notices were served upon the owners and extensive work was carried out which almost completely altered the character of the premises.

Nos. 1, 2, 3, 4 and 5, Mill Hill Cottages, Mill Hill Grove.

These were closed by the owners and demolished.

Nos. 18, 20, 22 and 24, Steyne Road.

These were also closed and demolished by the owners.

Elm Cottages.

This property consists of a row of four cottages leading out of East Acton Lane. The houses were formerly part of the out-buildings of the farm, but have been converted into dwelling houses.

The houses were closed by the owners.

Nos. 29, 30 and 31, Holland Terrace.

These houses were in a dangerous condition, and the walls of No. 31 were held up by raking shores.

They were closed by the owner.

Nos. 3, 4, 5 and 6, Narrow Street.

These houses consisted of two rooms each. They had no through ventilation and generally in a bad state of repair.

Extensive structural work was carried out, and the ventilation was improved by the conversion of four houses into three, and putting windows in the back walls of Nos. 5 and 6.

The following table gives the streets inspected in 1910, together with the chief sanitary defects found as a result of the inspections. It will be observed that some of the streets have been comparatively recently erected, and yet the percentage of sanitary defects in these houses is almost as high as in the older property. Some of the streets would bear very frequent inspection, and an infringement of sanitary requirements would be found on each occasion.

Junction Road was inspected early in the year, and notices were served for the abatement of the nuisances found. Within a few months a case of infectious disease occurred in one of the houses, when the house was found to be overcrowded.

HOUSE-TO-HOUSE INSPECTION, 1910.

Nature of Sanitary Defect.	Enfield Road	Hanbury Road	Shaftesbury Road	Mills Row and Cottages	Fletcher Road	Stanley Road	Junction Road	Packington Road	Bollo Bridge Road (portion)	Priory Road	Saville Road	Railway Cottages (portion)	Stirling Road	Colville Road	Roslin Road	Grove Road	Seymour Road	Bollo Lane	Myrtle Road	Carlton Road	Florence Road	Palmerston Road	Berrymede Road	Steele Road	Park Rd. North (east side)	All Saints' Road	
Houses Inspected	28	37	26	25	53	50	13	42	99	46	26	66	62	79	6	43	33	77	48	30	29	40	45	18	36	23	1080
Number Overcrowded	—	—	—	7	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	1	—	1	—	—	5	17
Defects of Drainage System	11	27	15	—	13	36	10	20	37	9	8	11	43	35	4	29	26	60	29	14	12	25	16	4	18	12	529
Defective or want of Yard Paving ...	7	13	10	3	12	17	6	9	16	12	4	—	21	35	2	15	13	36	22	13	5	4	11	6	12	5	309
Defective w.c.'s (including appliances) ...	3	8	2	9	2	15	—	10	14	11	4	8	16	31	—	24	26	23	13	9	9	5	8	2	13	14	279
Untrapped R.W. Pipes	—	14	2	3	2	4	—	3	15	5	5	80	16	32	8	12	14	10	16	2	—	6	8	6	5	6	274
Dampness	2	1	2	16	3	3	—	2	9	4	—	48	5	11	—	3	10	16	2	3	1	3	2	4	7	—	157
Dirty Walls and Ceilings of Rooms ...	1	6	3	96	—	—	—	1	40	33	6	151	88	101	6	11	42	88	11	21	6	10	11	3	31	46	846
Defects of Drinking Water Storage ...	7	23	2	—	6	11	—	—	11	6	4	—	42	47	4	4	5	27	3	—	—	3	6	1	8	14	233
Defective Sinks and Waste Pipes ...	12	8	13	—	—	14	1	9	26	18	3	1	34	15	—	27	23	78	34	2	—	7	16	6	11	5	365

COMMON LODGING HOUSES.

There is only one common lodging house in the district. Two common lodging houses were discontinued during the year.

CERTIFICATE FOR EXEMPTION FROM INHABITED HOUSE DUTY.

Section 22 (subsection 2) of the Customs and Inland Revenue Act, 1890, reads: The assessment to inhabitated house duty originally built or adapted by additions or alterations and used for the sole purpose of providing separate dwellings for persons not exceeding for each dwelling the rate of seven shillings and sixpence a week, and occupied only by persons paying such rents, shall be discharged by the said Commissioners provided that a certificate of a Medical Officer of Health for the district in which the house is situate, shall be produced to them to the effect that the house is so constructed as to afford suitable accommodation for each of the families or persons inhabiting it, and that due provision is made for their sanitary requirements. The Medical Officer of Health of a district on request by the person who would be liable to pay the house duty on any house in the district, shall examine the house for the purpose of ascertaining whether such a certificate can properly be given, and if the house be constructed so as to afford such accommodation and due provision be made as aforesaid shall certify the same accordingly.

Applications were received under the above section in respect of 92 houses. Certificates of exemption were signed for 69 houses and refused for 23.

ISOLATION HOSPITAL.

During the year 172 patients were admitted. On January 1st, 1910, there were 48 patients under treatment, and on January 1st, 1911, 21.

During the year 194 patients were discharged and there were 5 deaths.

Diphtheria.

77 cases of Diphtheria were admitted and there were 4 deaths.

Scarlet Fever.

90 cases of Scarlet Fever were admitted and there was one death.

There was one "return" case. A child, R.M., was removed to the Hospital on July 23rd and discharged on September 14th. On October 5th, his sister was notified as suffering from Scarlet Fever.

Typhoid Fever.

Five cases of Typhoid Fever were admitted and there was no death.

One of the nurses at the Hospital also contracted Typhoid Fever.

A tender for the erection of an additional pavilion has been accepted and building operations were commenced early in 1911.

FACTORIES AND WORKSHOPS.

The number of workshops on the register at the end of 1910 was 417.

The inspection of Factories comes mainly within the province of H.M. Inspector of Factories. The enforcement of Section 22 of the Public Health Amendment Act, 1890, is entrusted to the local sanitary authority. Where any sanitary defect is discovered by H.M. Inspector in a Factory, which is remediable under the law relating to public health, and not under the Factory and Workshops Acts, he informs the Council of the defect, and it is the duty of the Council to arrange for the remedy of the defect. Fifteen such references from H.M. Inspector were received during the year.

Four hundred and forty three inspections were made during the year, and two hundred and forty two written notices were served upon the owners or occupiers of Factories and Workshops.

It will be observed from Table 2, that the amount of work done in respect of Workshops has increased considerably during the year. This is due to two causes. All the Workshops were visited. In addition, in the case of Workshops situated in streets where a house-to-house inspection was being made, a thorough inspection was also made of the Workshop. From Table 2, it will be seen that 511 defects were found and remedied.

The number of dressmaking workshops on the register is reduced from 54 to 34. When the inspection was made, some of the occupiers had removed, the new address had not yet been traced, and the workshop registered at the old address was removed from the register.

221 inspections were made of outworkers' premises. In ten instances the work was carried on in unwholesome premises, and in seven instances in infected premises.

In conclusion, I have to thank the Staff of the Health Department for their co-operation during the year, and for their assistance in the compilation of the different tables.

As in former years, the County Council Tables have been compiled entirely by Mr. Kinch. The accuracy of the County Council and Home Offices Tables depends upon the excellent system upon which the records are being kept in the Sanitary Inspector's Office.

I remain,

Your obedient Servant,

D. J. THOMAS.

TABLE 1.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1910 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.				Total Deaths in Public Institutions in the District.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District	Nett Deaths at all Ages belonging to the District.	
				Under 1 Year of Age.		At all Ages.						
		No.	Rate.*	No.	Rate per 1,000 Births registered.	No.	Rate.*				No.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	36,508	1,080	29.5	182	168	528	14.4	15	...	...	...	...
1901	38,373	1,211	31.5	206	170	519	13.5	6	...	...	...	...
1902	41,000	1,242	30.3	186	150	593	14.4	12	...	...	...	...
1903	43,802	1,422	32.4	150	105	430	9.8	8	...	...	...	...
1904	46,780	1,450	30	207	143	576	12.3	9	...	...	...	...
1905	50,000	1,527	30.5	162	106	537	10.7	27	1	92	628	12.5
1906	52,000	1,533	29.4	193	125	597	11.5	29	7	97	687	13.2
1907	53,000	1,535	29	183	119	605	11.4	25	8	140	737	13.9
1908	55,000	1,568	28.5	174	111	592	10.7	31	1	133	724	13.1
1909	56,000	1,480	26.4	146	98	575	10.3	43	1	137	708	12.6
Averages for yrs.1900-1909	47,246.3	14,048	29.7	1789	127	5,552	11.75	205	...	...	...	...
1910	57,000	1,475	25.9	139	94	503	8.8	28	2	116	623	10.9

* Rates in Columns 4 and 8 should be calculated per 1,000 of the estimated gross population.

Total population at all ages, 37.744.

Number of inhabited houses, 6,114.

Average number of persons per house, 6.2.

Area of District in Acres (exclusive of area covered by water), 2,304.

TABLE 2.

VITAL STATISTICS OF SEPARATE LOCALITIES IN 1910 AND PREVIOUS YEARS.

ACTON.

	1906.	1907.	1908.	1909.	1910.
Population estimated to middle of each year	52,000	53,000	55,000	56,000	57,000
Births registered	1,533	1,535	1,568	1,480	1,475
Deaths at all Ages	687	737	724	708	623
Deaths under 1 year...	201	200	188	158	151

NORTH-EAST WARD.

Population estimated to middle of each year	13,000	13,500	14,000	14,500	15,000
Births registered	325	331	363	331	318
Deaths at all Ages	137	153	145	124	132
Deaths under 1 year...	32	31	30	19	20

NORTH-WEST WARD.

Population estimated to middle of each year	11,000	11,500	12,000	12,500	13,000
Births registered	229	213	215	220	219
Deaths at all Ages	135	105	124	122	125
Deaths under 1 year	34	23	26	11	21

SOUTH-EAST WARD.

Population estimated to middle of each year	11,000	11,000	12,000	12,000	15,000
Births registered	255	320	328	294	381
Deaths at all Ages	122	120	124	137	149
Deaths under 1 year	28	32	29	37	33

SOUTH-WEST WARD.

Population estimated to middle of each year	17,000	17,000	17,000	17,000	14,000
Births registered	724	671	662	635	559
Deaths at all ages	293	347	331	325	217
Deaths under 1 year	107	114	103	91	77

TABLE 3.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1910.

Notifiable Disease	Cases notified in whole District.							Total cases notified in each ward.				Number of cases removed to Hospital from each Ward.				
	At all Ages	At Ages—Years.						North-East.	North-West	South-East	South-West	North-East	North-West	South-East	South-West	Total cases removed to Hospital.
		Under 1.	1 to 5.	5 to 15	15 to 25	25 to 65	65 & upwards									
Small-pox ...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Cholera ..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Diphtheria (including Membranous croup	118	...	36	72	7	3	...	34	20	30	34	21	9	19	38	90
Erysipelas ...	30	...	2	3	4	17	4	9	3	8	10	..	...	...	...	...
Scarlet Fever ...	109	1	20	73	8	7	..	38	12	23	36	26	8	12	31	77
Typhus Fever ...	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	16	.	2	5	4	5	...	3	...	3	10	2	...	2	8	12
Relapsing Fever	...	...	..	...	...	...	...	...	..	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
Puerperal Fever		...	...	..	...	...	...	...		...	...	...	...	...	...	...
Plague ...	...	...	...	..	..	...	...	...	...	...	...	...	...	...	..	...
Tuberculosis ...	70	1	...	4	8	56	1	13	7	20	30	..	...	...		...
Totals ...	343	2	60	157	31	88	5	97	42	84	120	52	17	33	77	179

ISOLATION HOSPITAL { Name and Situation } FRIAR'S PLACE.

Total available beds, 38.
Number of Diseases that can be concurrently treated, 3.

TABLE 4.

CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1910.

Causes of Deaths	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Deaths at all ages of "Residents" belonging to Localities, whether occurring in or beyond the District				Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District.
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15	15 and under 25	25 and under 65.	65 and upwards.	North-East Ward.	N'th-West Ward.	South-East Ward.	S'th-West Ward.	
Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	1	—	1	—	—	—	—	—	1	—	—	—
Scarlet fever ...	2	—	1	1	—	—	—	1	—	1	—	1
Whooping-cough ...	20	9	10	1	—	—	—	3	1	4	12	—
Diphtheria (including Membranous croup) ...	9	—	5	4	—	—	—	2	2	4	1	5
Croup ...	—	—	—	—	—	—	—	—	—	—	—	—
Fever—Typhus ..	—	—	—	—	—	—	—	—	—	—	—	—
Enteric ...	2	—	—	—	1	1	—	—	—	—	2	—
Other continued	—	—	—	—	—	—	—	—	—	—	—	—
Epidemic influenza	6	—	—	1	—	4	1	1	1	3	1	—
Cholera ...	—	—	—	—	—	—	—	—	—	—	—	—
Plague ...	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhœa ...	20	18	2	—	—	—	—	2	3	4	11	—
Enteritis ...	7	6	1	—	—	—	—	—	1	2	4	3
Gastritis ..	2	1	—	—	—	—	1	1	—	—	1	—
Puerperal Fever ..	1	—	—	—	—	1	—	1	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—
Phthisis (Pulmonary Tuberculosis)	43	—	1	1	7	32	2	8	7	10	18	17
Other Tuberculous diseases ...	9	5	3	1	—	—	—	3	—	3	3	3
Cancer, maglignant disease ...	52	—	—	—	—	28	24	14	12	15	11	17
Bronchitis ...	61	15	6	—	—	17	23	16	8	16	21	7
Pneumonia ...	52	16	15	3	1	8	9	8	9	11	24	10
Pleurisy ..	2	—	—	—	—	2	—	1	1	—	—	1
Other diseases of Respiratory Organs ...	16	5	3	—	—	4	4	2	4	5	5	2
Alcoholism—Cirrhosis of Liver	10	—	—	—	—	9	1	2	2	5	1	3
Venereal Diseases..	1	1	—	—	—	—	—	1	—	—	—	—
Premature birth ...	31	31	—	—	—	—	—	3	8	8	12	—
Diseases and accidents of parturition	3	—	—	—	3	—	—	—	1	1	1	—
Heart diseases ...	50	1	—	4	4	24	17	13	12	10	15	7
Accidents ..	11	1	3	—	—	6	1	3	1	1	6	8
Suicides ...	5	—	—	—	1	4	—	—	—	2	3	2
All other causes ..	207	42	4	2	3	63	93	47	51	44	65	58
All causes ...	623	151	55	18	20	203	176	132	125	149	217	144

TABLE 5.

INFANTILE MORTALITY

Deaths from stated causes in Weeks

Cause of Death.		Under 1 week	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-2 months.
Common Infectious Diseases	Small-pox	...	...	...	...	...	...
	Chicken-pox	...	...	...	...	...	...
	Measles	...	...	...	...	...	...
	Scarlet Fever	...	...	...	..	...	...
	Diphtheria (including Membranous Croup)	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	1
Diarrhœal Diseases	Diarrhœa, all forms	...	...	...	1	1	2
	Enteritis-Muco-enteritis, Gastro-enteritis	...	...	...	...	...	...
	Gastritis, Gastro-intestinal Catarrh	...	...	1	...	1	...
Wasting Diseases	Premature Birth	18	2	4	1	25	1
	Congenital Defects	5	1	...	...	6	...
	Injury at Birth	3	...	...	...	3	...
	Want of Breast-milk, Starvation	...	1	...	...	1	3
	Atrophy, Debility, Marasmus	4	2	2	...	8	1
Tuberculous Diseases	Tuberculous Meningitis	....	..	...	...	...	...
	Tuberculous Peritonitis: Tabes Mesenterica	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	.	...	...	...
Other causes	Erysipelas	...	...	...	...	...	...
	Syphilis	...	..	...	...	...	...
	Rickets	...	...	...	...	...	...
	Meningitis (*not Tuberculosis*)	1	...	...	...	1	...
	Convulsions	2	...	.	...	2	...
	Bronchitis	2	..	2	...	4	...
	Laryngitis	...	...	...	1	1	...
	Pneumonia	...	1	1	..	2	1
	Suffocation, overlying	...	..	..	...	...	...
	Other causes	2	...	1	...	3	...
		37	7	11	3	58	9

Population estimated to middle of 1910, 57,000.

Births in the year { legitimate, 1441 / illegitimate, 36

DURING THE YEAR, 1910.

and Months under One Year of age.

2-3 months.	3-4 months.	4-5 months.	5-6 months.	6-7 months.	7-8 months.	8-9 months.	9-10 months.	10-11 months.	11-12 months.	Total Deaths under One Year.
...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...
...	...	...	..	...	...	...	...	...	...	...
...	...	...	...	...	...	...	..	...	...	...
1	1	1	...	...	4	...	1	...	...	9
...	5	...	1	3	...	3	1	...	2	18
1	...	1	...	2	...	1	...	...	...	5
1	...	1	..	...	...	...	...	...	...	2
4	...	...	...	1	...	...	...	...	...	31
...	...	1	...	...	...	...	...	...	..	7
...	..	...	...	...	...	...	...	...	...	3
...	1	1	...	...	...	...	...	...	...	6
1	...	2	1	2	...	1	...	1	1	18
...	...	.	1	...	...	...	...	1	...	2
...	...	..	..	...	...	..	...	1	...	1
...	...	...	...	...	...	2	...	..	...	2
....	...	...	...	...	...	...	...	...	...	...
...	...	...	...	1	...	...	...	...	...	1
..	..	...	..	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	1	...	2
2	1	...	..	...	...	...	1	...	...	6
1	...	5	1	1	...	...	...	...	3	15
...	...	...	...	...	..	...	...	1	...	2
3	1	1	1	1	3	1	...	1	1	16
1	..	...	...	..	...	...	...	..	...	1
...	...	...	...	...	...	...	..	...	1	4
14	9	13	5	11	7	8	3	6	8	151

Deaths in the year of { legitimate infants, 138. / illegitimate infants, 13.

Deaths from all Causes at all Ages, 623.

TABLE 6.

INFANTILE MORTALITY. WARD DISTRIBUTION.

	North East	North West	South East	South West	Total
Whooping Cough	3	...	2	4	9
Diarrhœa	1	3	3	11	18
Enteritis	...	...	...	5	5
Gastritis	...	...	1	1	2
Prematurity	2	7	10	12	31
Congenital Defects	1	...	4	2	7
Injury at Birth	...	...	1	1	2
Want of Breast-Milk, Starvation	...	2	..	4	6
Atrophy, Debility, Marasmus	3	...	1	13	17
Tuberculous Meningitis	1	...	...	1	2
Tuberculous Peritonitis, Tabes Mesenterica	1	..	...	1	2
Other Tuberculous Diseases	...	...	...	2	2
Syphilis	1	...	...	...	1
Meningitis (not Tuberculous)	...	...	1	1	2
Convulsions	...	2	2	2	6
Bronchitis	5	2	1	7	15
Laryngitis	1	...	...	1	2
Pneumonia	1	4	4	7	16
Suffocation (overlaying)	...	...	1	1	2
Other Causes	..	1	2	1	4
Totals	20	21	33	77	151

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Inspections.	Written Notices
Factories (including Factory Laundries)...	161	52
Workshops (including Workshop Laundries)	264	186
Workplaces (Other than outworkers premises included in Part 3 of this Report)	18	4
(Prosecutions—Nil). Total	443	242

2.—DEFECTS FOUND.

	Found.	Remedied.	Referred to H.M. Inspector.
Nuisances under the Public Health Acts :—			
Want of cleanliness	46	46	—
Want of ventilation	25	25	—
Overcrowding	1	1	—
Want of drainage of floors	12	12	—
Other nuisances	308	308	—
Sanitary accommodations { insufficient	18	18	1
Sanitary accommodations { unsuitable or defective...	99	99	1
Sanitary accommodations { not separate for sexes ...	2	2	—
(Prosecutions—Nil). Total	511	511	2

3.—Home Work.

Outworkers' Lists, Sections 107, 108, 109 & 110.

Nature of Work.	Section 107.									Inspections of Outworkers' premises	Sec. 108		Secs. 109, 110
	Twice Yearly			Once Yearly			Outworkers received from other Councils	Outw'k'rs forwarded to other Councils	Notices served on occupiers as to keeping or sending lists		Unwholesome Premises, instances	Unwholesome Premises, Notices served	Infected Premises Instances
	Lists	Outworkers, Contractors	Outworkers, Workmen	Lists	Outworkers, Contractors	Outworkers' Workmen							
Wearing Apparel—													
(1) making, &c. ...	...	...	...	..	...	...	39	...	...	39	1	1	...
(2) cleaning and washing ...	24	12	30	25	21	27	..	...	34	57	5	5	7
Lace, lace curtains and nets ...	...	...	...	..	..	...	3	...	...	3	..	...	...
Brush making ...	2	...	10	..	...	...	...	3	..	10	...	...	...
Stuffed toys ...	2	...	128	...	...	...	...	16	...	112	4	4	2
Total	28	12	168	25	21	27	42	19	34	221	10	10	9

4.—Registered Workshops.

Workshops on the Register (s. 131) at the end of the year—

Laundries	291
Dressmaking	34
Millinery	3
Tailoring	7
Bakehouses	29
Others	53
Total number of workshcps on Register	417

5.—Other Matters.

Matters notified to H.M. Inspector of Factories—

Failure to affix Abstract of the Factory and Workshop Act (s. 133) ...		16
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	Notified by H.M. Inspector ...	15
	Reports (of action taken) sent to H.M. Inspector... ...	15
Underground Bakehouses (s. 101)— In use at the end of the year		8

Your obedient servant,

D. J. THOMAS.

SANITARY NOTICES.

No. of Visits paid to Infected Houses	470
,, Infected cases removed to Isolation Hospital	168
,, Library Books dealt with after Infectious Disease	63
,, Closets disinfected after Enteric	9
,, Rooms disinfected after Infectious Disease	302
,, ,, ,, ,, Phthisis	34
,, ,, stripped and Cleansed after Infectious Disease	147
,, Articles disinfected or destroyed after Infectious Disease and Phthisis, probably between	30 & 40 tons
,, Preliminary Notices served	568
,, Statutory Notices served	7402
,, Letters received	1552
,, ,, written	1988
,, Notices received from H.M. Inspector of Factories	15
,, Notifications of Waste of Water sent to Metropolitan Water Board	24
,, Summonses served	4
,, Convictions obtained...	3
,, Complaints received	1201
,, Inspection of Premises on Complaint	2436
,, Re-inspection of Premises	10849
,, Interviews with Owners or Agents	1811
,, House to House Inspections	1080
,, Premises under Periodical Inspection	236
,, Nuisances reported	4437
,, ,, abated	3964
,, Inspections of Common Lodging Houses (1 Registered) ...	165
,, ,, ,, Van dwellings	41
,, Nuisances from Movable Dwellings, Caravans, &c.	11
,, Overcrowding Nuisances abated	49
,, Rooms &c., cleansed, repaired, &c.	1670
,, Dwelling Houses closed as unfit for Habitation as a result of action under H.W.C. Acts	19
,, Dwelling Houses re opened after repairs, alterations, &c. ...	11
,, ,, ,, demolished	8
,, Articles of unsound food seized	1
,, ,, ,, .. ,, condemned by Magistrates	1
,, ,, ,, ,, ,, surrendered	13

No. of Samples taken by the Local Authority		6
,, ,, found adulterated		—
,, Inspections of Butchers' Shops		267
,, ,, Fishmongers' Shops		179
,, ,, Greengrocers' Shops		174
,, ,, Premises where food is manufactured or prepared		64
,, ,, Dairies	(80 Registered)	51
,, ,, Milk Purveyors' Premises	(80 Registered)	64
,, ,, Cowsheds (2 Registered) (73 Cows in all)		9
,, ,, Bakehouse (29 Registered)		326
,, ,, Laundries		161
,, ,, Other Workshops		77
,, ,, Slaughter Houses (3 Licensed)		159
,, ,, Piggeries		6
,, ,, Offensive Trades (2 Registered)		26
,, ,, Mews and Stables		377
,, ,, Public House Urinals, &c.		49
,, ,, Schools		3
,, ,, Show Grounds		25
,, New Wells sunk		2
Percentage of Houses supplied from Public Water service		100%
No. of Cisterns cleansed, repaired, covered. &c.,		376
,, Draw taps placed on Mains		123
Percentage of Houses supplied with Water on constant system		100%
No. of Samples of Water obtained for Analysis		1
,, Drainage examinations under Section 41		6
,, Drains submitted to Chemical test		150
,, ,, ,, ,, Smoke test		140
,, ,, ,, ,, Water test		482
,, Re-drainage plans deposited		165
,, New systems of drainage provided		165
,, W.C's. repaired, supplied with water or otherwise improved		870
Percentage of Houses provided with W.C's		100%
No. of Drains examined, tested, exposed, &c.		798
,, ,, unstopped, repaired, trapped, &c.		1213
,, Waste pipes, rain water pipes disconnected, repaired, &c.		1485
,, New soil pipes or ventilating shafts fixed		259
,, Existing soil pipes or ventilating shafts repaired		83
,, Disconnecting traps or Chambers inserted		250

Percentage of Houses draining into Sewers	100%
No. of New Dust Bins provided	301
Dust removed from each house	Weekly
No. of Complaints of non-removal of dust received	1
Method of Disposal of Dust	Destructor
No. of Smoke Observations taken	179
,, Smoke Nuisances abated	6
,, Accumulations of refuse removed	84
,, Nuisances abated from foul ditches, ponds, &c., and Stagnant Water	7
,, Nuisances abated from foul pigs and other animals	28
,, ,, ,, ,, Dampness	306
,, Yards repaved or repaired	558
,, Other Nuisances abated	223

Report

ON THE

Medical Inspection of Schools

FOR THE YEAR 1910.

The Urban District Council of Acton.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

In accordance with Paragraph 13 of Circular 576 issued by the Board of Education in November, 1907, we beg to submit the following report on the schools and school children under the control of the Local Education Authority. The report deals with the period ending December 31st, 1910. This period has been adopted so as to secure in future reports an effective basis for comparison of the work done in different parts of the country and to correspond with the annual period fixed for the closely related annual report of the Medical Officer of Health.

The scope of the report is defined in Circular 596 of the Board of Education, and this report will follow as closely as possible the lines laid down in that circular. As the report is for the information of the Board of Education as well as of the Local Education Authority, statements of local circumstances and conditions are included which may seem superfluous to the latter.

As regards the scope of the report, the Board consider it desirable that it should cover as much as possible of the ground indicated under the following heads:—

(*a*) Hygienic condition of schools.

(*b*) Description of arrangements for co-ordinating School Medical Service and Public Health Service including (1) Use of Board's schedule. (2) Assistance given by Teachers, Nurses,

Attendance Officers, etc. (3) Co-operation of parents. (4) Disturbance of school arrangements.

(*c*) Extent and scope of Medical Inspection during the year.

(*d*) Review of results of Medical Inspection.

(*e*) Relations of home and industrial conditions to health and physical conditions of children.

(*f*) Methods employed or available for the treatment of defects, including work of School Nurses.

(*g*) Review of action taken to detect and prevent the spread of infectious diseases, including closure sf schools or exclusion of children from schools.

(*h*) Review of methods adopted for dealing with blind, deaf, mentally or physically defective and epileptic children.

(*i*) Review of methods of instruction in personal hygiene and temperance in Public Elementary Schools, including physical or breathing exercises and arrangements for open-air or camp schools.

The Urban District Council of Acton has an area of 2,304 acres, and estimated population at the end of June, 1910, of 57,000 inhabitants.

The average number of children on the books was 8,997, and the average number of children in attendance throughout the year was 8,122.

There are in the district 11 schools and 23 departments.

In former reports, a description has been given of all the Council's schools, during 1910 the following improvements have been carried out.

Priory Schools. The old Committee Room at the Priory Offices has been converted into an extra class-room for the Boys department and recognised by the Board of Education as part of the permanent accommodation of the school on the understanding that improved heating and ventilating will be required if it should be found necessary hereafter.

During the visit of H.M. Inspector to the Priory Girls' School the observation was made that Room 7 was not well ventilated. This may be accounted for by the fact that the day of the visit was a very wet one with a driving rain so that the windows were not opened. There are six windows in the room, the sashes of which open both at the top and bottom and there is a revolving ventilator in the roof which is in working order.

South Acton Schools. In the Infants' department the babies' gallery has been removed, and the room converted into a class-room for Standard 1.

Beaumont Park Schools. While inspecting the school buildings and offices at the above schools it was noticed that there was no ventilating shafts to the drains.

During the holidays 6 ventilating shafts and a fresh air inlet have been erected.

In the Infants' department the urinal accommodation was too limited, extending only 10 feet. This has been increased by asphalting the walls enclosing the whole of the offices.

Central Schools. On examining the offices at the above schools it was found that there was a deposit of soil underneath the seats of the 36 closets. The seats were fixed and could not be cleaned and when flushing took place the water and soil came in contact with the under part of the seats. These have now been altered and re-hung so as to be moveable.

In the Infants' department complaints are made of the draughts produced when the lower part of the windows are opened. It is recommended that draught screens of glazed glass be fixed to the bottom sashes of the windows similar to those provided in the new rooms of the other departments.

Rothschild Road Schools. The seats of the 11 closets of this school are of similar pattern as those at the Central School, and are therefore liable to the same risk of fouling.

Arrangements have been made to replace the fixed seats by moveable ones.

Acton (St. Mary's) Schools. In the Boy's department the S.E. door has been made to open outwards.

Turnham Green R. C. School. A scheme is in progress having for its object certain alterations and additions to the above school. There is some difficulty with regard to insufficient playground space in the case of girls and infants in view of the increased number of scholars.

TABLE 1.

PUBLIC ELEMENTARY SCHOOLS WITHIN THE DISTRICT, TOGETHER WITH ACCOMMODATION.

	Name of School.		Accomodation.
1.	Acton	Boys	164
		Girls	129
		Infants	142
2.	Beaumont Park	Boys	635
		Girls	590
		Infants	499
3.	Central	Senior	497
		Junior	497
		Infants	410
4.	East Acton...	Mixed	144
5.	Priory	Boys	610
		Girls	542
		Infants	477
6.	Rothschild Road	Infants	295
7.	South Acton	Boys	720
		Girls	574
		Infants	618
8.	Southfield Road	Senior	419
		Junior	381
		Infants	400
9.	Turnham Green (R.C.) ...	Mixed	275
10.	Acton Wells	Mixed	1124
		Total	10142

TABLE 2.

Showing the number of children examined classified according to age and sex.

	No. examined.	years 12-13	years 13-14	years 14-15	years 15-16	years 16-17
SENIOR BOYS, 374.						
Acton Boys	17	...	13	3	1	...
Beaumont Park ...	106	2	49	55	...	...
Central	93	...	18	65	10	...
Priory	40	...	37	2	1	...
South Acton	59	...	51	7	1	...
Southfield Road ...	38	...	31	7	...	...
Turnham Green (R. C.) ...	11	...	7	3	1	...
Acton Wells	10	...	5	5	...	...
	374	2	211	147	14	...
SENIOR GIRLS, 201.						
Acton	6	...	6	...	...	...
Beaumont Park ...	19	...	18	1	...	...
Central	70	...	15	39	15	1
Priory	37	...	29	8	...	...
South Acton	37	2	32	3	...	...
Southfield Road ...	21	...	19	2	...	...
Turnham Green (R. C.) ...	11	...	7	4	...	...
Acton Wells	...	..	...	...	...	...
	201	2	126	57	15	1

	No. examined	Years of age. 3	4	5	6	7	8	9	10
INFANTS (MALE) 681									
Acton	42	...	18	20	3	1			...
Beaumont Park ..	145	3	51	60	22	9	...	...	...
Central	72	12	15	24	13	7	1	..	...
East Acton	25	1	10	5	1	6	...	.	...
Priory	112	20	33	33	20	6	...	2	...
Rothschild Road ...	37	...	4	20	5	8	...	..	...
South Acton	83	13	41	25	4	...	..	...	...
Southfield Road ...	97	1	5	46	34	9	2	...	...
Turnham Green (R. C.) ...	23	2	4	8	7	2	...	...	...
Acton Wells	45	12	12	15	3	3	...	...	...
	681	64	193	256	112	51	3	2	...
INFANTS (FEMALE) 723									
Acton	35	...	10	16	9	...	...	1	...
Beaumont Park ...	105	1	34	54	15	...	..	...	...
Central	99	12	18	32	21	13	3	...	.
East Acton	16	3	5	4	2	1	...	...	...
Priory	115	12	39	40	19	5	...	...	...
Rothschild Road ...	57	...	5	32	7	10	3	...	...
South Acton	148	16	54	36	24	13	5	...	...
Southfield Road ...	89	...	2	46	29	12	...	...	...
Turnham Green (R. C.) ...	14	...	3	8	2	1	...	...	...
Acton Wells	45	8	16	10	10	1	...	...	...
	723	52	186	278	138	56	11	1	1

TABLE 3.

Giving the number of children examined in each school, together with the conditions found on examination.

SENIOR BOYS	No. Examined	Nutrition			Clothing		Cleanliness			Verminous		Carious Teeth	Perfect Teeth	Enlarged Tonsils	Adenoids	Enlarged Glands	
		A	B	C	Average	Below Average	A	B	C	Head	Body					Sub-maxillary	Cervical
Acton	17	16	1	...	15	2	...	...	..	...	..	4	6	2	1	1	2
Beaumont Park	106	84	20	2	81	25	99	7	...	...	...	20	25	21	3	...	10
Central	93	80	13	...	88	5	93	...	...	...	...	13	13	13	1	4	...
Priory	40	33	6	1	34	6	38	2	...	...	...	7	10	5	..	..	4
South Acton	59	47	10	2	41	18	49	8	2	...	...	3	9	12	4	8	...
Southfield Road	38	36	2	...	38	...	38	...	.	...	...	5	6	4	...	...	4
Turnham Green R.C. ..	11	8	3	...	5	6	10	1	...	...	...	2	—	...	...	...	...
Acton Wells	10	10	..	...	8	2	10	...	...	...	...	2	2	2	...	...	1
Totals	374	314	55	5	310	64	337	18	2	...	..	56	71	59	9	13	21
SENIOR GIRLS.																	
Acton	6	5	1	...	..	...	5	1	...	1	...	...	...	2	...	...	...
Beaumont Park	19	13	6	...	17	2	11	5	3	8	2	3	...	6	...	3	2
Central	70	68	2	...	69	1	67	1	2	5	...	6		8	1		1
Priory	37	26	9	2	31	6	28	8	1	4	1	3	...	10	1	4	2
South Acton	37	23	11	3	31	6	31	3	3	9	3	5	..	8	4	2	1
Southfield Road	21	20	1	...	20	1	17	4	...	2	..	1	...	2	1	...	1
Turnham Green R.C. ..	11	4	6	1	11	...	4	5	1	3	1	1	..	3	1	2	3
Acton Wells	...	..	..	...	...	...	..	...	..	...	...	...	...	...	...	...	...
Totals ...	201	159	36	6	179	16	163	27	11	32	7	19		39	8	11	10

TABLE 3—*continued.*

SENIOR BOYS (*continued*).	External Eye Disease	Defective Vision	Defective Hearing	Ear Disease	Defective Speech	Heart Disease	Lung Disease	Tuberculosis	Rickets	Skin Disease	Anaemia	Polypus of Nose	Deformities, Spinal Disease, etc.	Other Diseases, defects.
Acton	...	3	...	...	...	1	1	...	2	..	...	...	1	1
Beaumont Park	2	18	12	5	3	1	10	3	2	...	...	...	2	4
Central	...	12	5	...	1	4	5	1	1	1	...	...	3	2
Priory	2	5	...	2	...	2	4	1	3	...	...	...	...	...
South Acton	1	7	5	...	1	...	6	2	6	...	...	...	...	3
Southfield Road	.	3	3	...	2	2	5	1	1	...	...	3	...	1
Turnham Green R.C. .	...	3	...	2	...	...	1	...	1	...	...	...	...	...
Acton Wells	...	...	1	...	...	1	1	...	...	...	...	...	...	2
Totals	5	51	26	9	7	11	33	8	16	1	..	3	6	13
SENIOR GIRLS (*continued*).														
Acton	...	1	1	...	...	...	...	...	...	...	...	...	...	1
Beaumont Park	3	4	1	1	...	1	...	...	...	...	..	...	1	1
Central	5	7	3	2	...	1	1	...	...	1	4	...	1	...
Priory	..	6	1	1	...	1	...	..	1	...	2	...	1	1
South Acton	1	5	4	2	...	1	1	...	...	...	1	...	1	1
Southfield Road	...	3	2	...	...	1	...	...	...	...	1	...	...	...
Turnham Green R.C. ...	...	3	1	...	...	2	1	...	...	...	...	...	...	1
Acton Wells	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	9	29	13	6	...	7	3	...	1	1	8	...	4	5

TABLE 3—*continued.*

INFANTS.	No. examined	Mal-Nutrition			Clothing		Cleanliness			Verminous		Carious Teeth	Enlarged Tonsils	Adenoids	Enlarged Glands.	
		A	B	C	Average	Below Average	A	B	C	Head	Body				Sub-maxillary	Cervical
Acton (Boys)...	42	37	5	...	39	3	39	3	...	1	2	5	5	5	3	2
,, (Girls)	35	27	7	1	35	...	...	...	...	5	1	2	5	3	...	1
Beaumont Park (Boys) ..	145	105	33	7	128	17	133	10	2	2	7	23	21	12	3	6
,, (Girls) ..	105	83	21	1	95	10	94	5	6	15	4	9	13	1	6	2
Central (Boys) ..	72	68	2	2	72	...	17	1	...	1	...	11	12	3	1	3
,, (Girls) ..	99	89	10	...	99	...	89	8	2	10	1	10	19	2	2	1
East Acton (Boys ..	25	14	6	5	18	7	21	4	...		...	2	5	2	4	...
,, (Girls) ..	16	8	6	2	15	1	11	5	...	3	2	...	...	1	1	...
Priory (Boys) ..	112	75	29	8	104	8	105	...	7	5	9	9	14	1	...	10
,, (Girls) ..	115	68	42	5	99	16	74	26	15	25	9	7	9	3	5	5
Rothschild Road (Boys) ..	37	28	5	4	31	6	33	1	3	1	2	3	3	2	2	5
,, (Girls)	57	49	7	1	55	2	42	11	4	9	5	7	3	2	2	2
South Acton (Boys) ..	83	41	37	5	67	16	56	27	...	7	14	6	12	3	7	4
,, (Girls) ..	148	103	42	3	136	12	104	31	13	33	9	5	9	2	9	...
Southfield Road (Boys) ..	97	84	10	3	95	2	90	6	1	1	2	13	18	12	5	3
,, (Girls) ..	89	79	8	2	89	...	82	4	3	6	2	13	12	6	2	4
Turnham Green R C (Boys)	23	9	13	1	16	7	9	8	6	1	1	4	3	...	...	2
,, (Girls)	14	5	9	...	11	3	8	4	2	4	1	.	1	...	...	2
Acton Wells (Boys) ..	45	34	6	5	7	...	36	4	5	...	3	4	10	5	2	...
,, (Girls) ..	45	37	7	1	42	3	42	1	2	4	2	5	9	4	1	...
Totals	1404	1043	305	56	1253	113	1139	159	71	133	76	138	183	69	55	52

TABLE 3—*continued.*

INFANTS *(continued).*	External Eye Disease	Defective Vision	Ear Disease	Defective Hearing	Defective Speech	Mental Condition	Heart Disease	Lung Disease	Tuberculosis	Rickets	Anaemia.	Skin Disease.	Deformities, Spinal Disease, &c.	Infectious or Contagious Disease	Other Diseases and Defects
Acton (Boys)	3	...	...	...	...	...	2	6	1	...	3	...	1	...	3
,, (Girls)... ...	1	...	..	1	...	...	1	3	...	1	1	1	1	...	1
Beaumont Park (Boys) ...	7	1	1	1	...	...	...	11	...	11	1	2	...	1	6
,, (Girls) ...	4	7	2	..	...	...	1	5	...	6	1	...	2	1	1
Central (Boys) ...	2	2	1	...	...	1	3	3	1	1	1	1	1	...	—
,, (Girls) ...	2	...	...	...	...	...	...	1	1	...	3	3	1	...	3
East Acton (Boys) ...	...	1	2	...	...	...	...	1	...	...	...	1	..	...	...
,, (Girls) ...	...	...	2	...	...	..	1	2	...	1	...	...	...	...	...
Priory (Boys)... ...	13	.	1	1	...	1	2	12	3	13	4	4	1	1	7
,, (Girls)... ...	3	...	3	...	...	...	...	5	...	1	...	...	2	3	7
Rothschild Road (Boys) ...	...	...	1	1	...	...	...	2	1	2	1	2	...	1	1
,, (Girls) ...	...	...	1	2	...	...	1	4	2	1	4	4	1	1	2
South Acton (Boys) ...	8	...	5	4	...	2	2	11	1	8	3	3	4	...	3
,, (Girls) ...	5	1	1	1	...	...	1	8	...	3	1	7	...	1	2
Southfield Road (Boys) ...	2	1	...	1	2	...	2	1	2	4	2	2	...	1	4
,, (Girls) ...	3	...	1	1	...	...	2	5	...	...	2	1	...	1	2
Turnham Green R.C. (Boys)	1	2	...	...	...	...	1	3	...	...	1	1	...	...	1
,, (Girls)	2	...	...	...	...	...	...	...	...	1	1	2	...	...	...
Acton Wells (Boys) ...	1	...	...	1	...	1	...	5	..	2	4	...	1	1	...
,, (Girls) ...	3	...	...	...	...	1	1	...	...	1	...	...	1	1	1
Totals	60	15	21	14	2	6	20	90	12	56	33	34	16	13	44

Special Examination.

In addition to the foregoing numbers, 599 children have been examined who were kept apart by the Teachers; and four were specially examined for the Truant School.

Eye Disease and Vision.

Selected cases of external eye disease such as blepharitis and conjunctivitis are treated by the School Nurse under the supervision of the S.M.O. The immediate improvement which results is striking, but unfortunately the children sometimes lapse into their former neglected condition shortly after treatment is discontinued. This is largely due to apathy on the part of the parents who will not take the personal trouble to keep the children's eyelids clean, or cannot be aroused to interest in a complaint which has existed for several years.

During 1910, 269 children have been examined with a view to their obtaining spectacles.

Directions as to treatment have been given, and cases are noted for re-examination where necessary. Of these 75 have obtained glasses, others are being seen by their private doctor or are attending hospital.

Full results are shown in the following table:—

No. of cases examined	269
Directions given	121
Obtained glasses	75
Went to hospital	37
Seeing private doctor	10
No further treatment necessary	8
Left school	8
Failed	6
Improved	2
Went to optician	2
	269

In dealing with cases of defective eyesight it was found that many parents pleaded poverty as the cause of not obtaining glasses, and to meet this difficulty the Council made a grant of £50 to defray the expense of spectacles in necessitous cases. The parents are encouraged to contribute by small instalments, and out of 14 cases thus arranged only five have been unable to pay anything.

A further objection is often raised, that parents cannot afford train fares to enable them to use hospital letters provided, or that too much time is lost from work in taking children to the hospital.

In September, 1910, it was decided that an oculist should be appointed to attend once a week to treat those children who were too poor to obtain any advice from their own medical attendant or from hospital, and Mrs. Marshall Banham, M,B., Senior Clinical Ophthalmic Assistant at Moorfields Hospital was appointed.

The examination is carried out in one of the rooms at the Priory Offices, which has been specially fitted with an ophthalmic lamp and dark blinds. There is accommodation for the children and parents in one of the waiting rooms, and this arrangement enables the work to be carried out in a most satisfactory manner.

The following scheme of examination of eyesight is adopted. Children who are found suffering from defective vision are given the following notice to take to their parents :—

Card 3. (White)

Dear Sir or Madam,

I beg to inform you that your child..... has been examined at.....School and he (she) is suffering from.....

You are recommended to procure medical advice and treatment without delay.

After a short interval, enquiries are made as to the result produced by these cards.

In those cases where poverty is alleged as the cause of not obtaining treatment, the following card is sent to the parents:—

Card 4. (Green Card).

Dear Sir or Madam,

"Arrangements have been made for the examination of the eyesight of your child.....by the school oculist. Before the vision can be properly tested, it will be necessary to put drops or ointment in the eyes. The drops or ointment will appear to affect their vision, but the effect soon wears away, and no harm can result.

If you object to the examination, and wish to make other arrangements, please let me know immediately."

This notice is necessary as accommodation must be paralysed before errors of refraction can be satisfactorily treated, and where no outward signs of eye defect are apparent, it is most difficult to convince relatives that treatment is essential and that the effect of eyedrops is only temporary.

Inquiries are made by the Attendance Officers into the circumstances of the parents with reference to their ability to pay for spectacles.

In spite of the simplicity of this scheme, parents often raise many difficulties and repeated visits are paid by the School Nurse, or by the S.M.O. (in obstinate cases) to convince parents that a squint is not a hereditary necessity and that spectacles are essential. One curious feature is that the objection to spectacles is most marked in the poorer parts of the district, where defective eyesight is certain to lead to unemployment in a class where the individual must earn his daily bread.

In those cases where parents fail to avail themselves of the services of the school oculist, and refuse after repeated warnings to obtain any other method of treatment, the Children's Act, 1908, will be enforced and a summons issued against the offenders.

It is hoped these objections will become fewer as the parents grow more accustomed to medical inspection and its results.

Again, the individual character of spectacles is in no way considered. One mother was indignant that her child's spectacles were not considered suitable as she had "bought them from a neighbour whose child was exactly the same age," and many other ingenious excuses come before us in the course of a year's work.

Teeth.

The problem of treatment of children with carious teeth still remains a difficulty.

In the light of recent discussions on the advantages of whole meal bread or the use of oatmeal as a food in preserving the teeth, it would be interesting to learn to what extent this is provided in the homes. Probably very little oatmeal is used in the district. English children are not fond of brown bread and oatmeal requires more careful and lengthy preparation than can be given in those houses where the mothers go out to work.

The British Dental Association points out that neglect of carious teeth represents a great amount of unnecessary suffering, inattention to work and loss of school time on the part of the children. Dental caries is the precursor of more serious conditions such as malnutrition, enlarged glands in the neck which may pave the way for tuberculosis, and the general health is impaired by the constant swallowing of septic material and the germs of disease which abound in unhealthy mouths.

It has been shown that the serious complications of scarlet fever are much more common and severe in the case of children with diseased teeth and unhealthy mouths.

A detailed examination of the children in a large school proved that those with unhealthy mouths were as a rule unhealthy in appearance, under the average in weight and below the average for their age in school work.

The later consequences of neglect are rejection for the public services and increase of unemployment on account of physical unfitness in all vocations of life.

It is suggested that the prevalence of dental disease might be diminished by teaching dental hygiene to the children and enforcing the daily cleansing of the teeth.

Certain firms are now undertaking the production of school dental outfits consisting of a small case containing tooth brush and powder, at a cost of about 3d. per head.

However, the utmost that may be done in the way of prevention is not likely to do more than ameliorate the evil, and the question of actual treatment remains for consideration.

In Birmingham, during the past year, the children from four schools have received free dental treatment at one of the hospitals, but this has been effected through a private donation.

Ear Discharge.

As might be expected the majority of these cases occur in the South-West Ward where the mothers go out to work and consider the presence of ear discharge as a necessary accompaniment of teething.

Many of the babies sent to the Crêche are found to be suffering from ear discharge, and by the time these children are of school age the condition has become chronic. The services of the school nurse are most valuable in rendering some of these children less offensive to the teachers and other scholars, but treatment is tedious and the mothers never carry out the advice given for a sufficient length of time.

It may be noted that the percentage of children suffering from deafness in South Acton is higher than that in the other schools and this is largely due to parental neglect before the children become of school age.

Cleanliness.

The method used for securing cleanliness from pediculosis capitis has been similar to that stated in last year's report. Warning cards of different colours according to the severity of the case are sent to the parents, and prosecutions follow repeated neglect of advice.

It has not often been found necessary to resort to legal proceedings; during the year five convictions were obtained at the police court.

We have mentioned in former reports that in some of the schools a marked difference is observed in the cleanliness of the body on different days in the week. The following notice is sent to parents who appear to consider that the cleanliness of the children on Thursday or Friday is of less importance than when they are inspected at the beginning of the week.

"To the Parents or Guardians of This child has been examined on and the condition of personal cleanliness found was not up to the standard required in the Council's Schools.

You are requested to attend to this matter, without delay but the child need not be kept away from school."

This notice has proved useful where children are in no way verminous but show no signs of a recent and vigorous use of soap and water.

Ringworm. During the past year there has been a considerable increase in the amount of ringworm existing in the district. This is in accordance with the known etiology of this

disease, i.e. that it is a complaint of slight practical infectiveness making its way among children with considerable slowness and difficulty, but at occasional intervals it may become epidemic.

Ringworm in school children occurs in two forms.

Tinea Circinata or Ringworm of the body.

Tinea Tonsurans or Ringworm of the scalp.

In each case the Ringworm is due to a specific fungus which spreads rapidly in families and schools. Fair-haired children are more susceptible and are more difficult to cure.

The disease is rare in children over 14 but common under 10.

The *Ringworm of the body* is a different variety from that of the scalp and more easy to cure. This kind is always treated by drugs and a cure can easily be effected within seven days if the parents will take the required pains and carry out instructions.

In *Ringworm of the Scalp* great perseverance is required as the fungus grows down into the roots of the hair and cases are easily missed which act as entries for the spread of infection to other scholars.

The conditions of spread of ringworm are various. It may be transmitted by direct contagion from one human being to another, or sometimes from an animal to a human being.

It may also be conveyed by indirect contagion by infected brushes or caps. Probably this is a potent source of infection among the school children where small children take the wrong cap by mistake. The present fashion in hats adds to difficulty in treatment—the round wool "aviation" cap is exceedingly popular—any infected broken hairs cling to the surface of the wool and as the cap has no special position in wearing, a fresh portion of the scalp may be daily infected by a small patch of ringworm.

During the year it has been our custom to microscopically examine the hairs, etc. found on these caps and worn by children suffering from ringworm, and we have frequently discovered the spores of the ringworm fungus in these situations.

Although it is customary among parents to consider cases of ringworm as due to school infection it is by no means uncommon to find the real source of infection in cases occurring in younger members of the family who have not reached school age. In two families where the elder scholars had been carefully treated and watched, their relapse was due to the common use of towels with a child of three or four years of age who was suffering from diffuse ringworm of scalp in an active condition.

Parents are most unwilling to admit that these younger children have ringworm—we are told it is "only scurf" and of course treatment for these cases can only be recommended and not enforced.

A small amount of ringworm is due to "missed cases" occurring in the schools. Much care is taken by the teachers, but in the poorer schools it is difficult to detect ringworm owing to the untidy lengths to which the hair of both boys and girls is allowed to grow.

Different authorities hold diverse views as to the best treatment of ringworm.

In a scattered or rural district exclusion from school until the ringworm is entirely healed is the most suitable custom, but in urban districts the children mix so closely with each other out of school hours that close supervision is necessary to prevent the spread of the disease and this can be more easily obtained by not excluding every infected child from school, but judging each case on its individual merits.

In ringworm of the scalp where patches in the chronic stage are discovered, practically no treatment by drugs is of much service unless the hair is shaved or cut very close. There is no legal power by which this can be enforced on the parents.

An alternative method of treating chronic cases is by the application of X-Rays. This method is used at Croydon, Bradford, and many other large centres.

X-Rays prove of great value in chronic cases of diffuse ringworm of scalp. In one instance during 1910 a boy, R.C., aged 12, was seen weekly for 10 months by the S.M.O., in order to ensure as far as possible that the ointment provided by a hospital was being applied regularly. This was a tedious case both for doctor and patient, and it is probable that a more speedy cure might have been procured if X-Rays had then been available in our district. X-Rays are also valuable where parents are too busy or too neglectful to carry out drug treatment efficiently, or as a rapid cure for older children whose time is valuable.

In some cases parents object to X-Rays—all sorts of specious and often amusing arguments being raised against their use; then drug treatment must be resorted to, and also in the case of little children who cannot sit still long enough for the application of the X-Rays.

The success of the drug treatment largely depends on the energy with which the treatment is pursued. The patients must be seen frequently and the parents require constant attention lest they disregard medical instructions to follow the advice of a neighbour or borrow some ointment intended for an entirely different complaint.

Dr. Priestley, of Staffordshire, has recently stated his opinion that when ringworm is under treatment its infectiveness is almost negligible, and the sufferers may mix freely with others with certain simple precautions.

The rules of treatment should be:—

1. The hair to be cut short all over the head, or at least over a large part.

2. The case must receive daily some application ordered or approved by a medical practitioner.

3. The child must wear a linen skull cap which should be changed daily.

In Acton the plan adopted has been similar to Dr. Priestley's method with certain modifications such as the use of newspaper changed daily in the caps instead of linen scull caps.

Severe cases of ringworm and diffuse ringworm of the scalp are excluded from the schools, but the slighter cases or those where the body is involved are treated according to the special needs of each case.

All cases are seen by the S.M.O., and are kept under observation. Bacteriological examination for spores is carried out in all necessary cases. Owing to the local conditions of the district, where the mothers go out to work it is difficult or impossible to get treatment regularly applied, and the older girls are much too useful at home to make the parents anxious to obtain a speedy cure.

When treated by the School Nurse, cases of ringworm on the face are usually cured in one to two weeks, when excluded the children may be absent for months.

As regards the spread of infection in the schools to healthy children, on careful enquiry no case has occurred where this method of infection could be proved.

In November, 1910, a grant of £10 was sanctioned by the Council towards obtaining X-Ray treatment for selected cases of ringworm. Arrangements are being made with a local practitioner who has had considerable experience as radiographer to one of the London Hospitals to treat selected cases of ringworm, and it is hoped that this will prove of great advantage to the district.

The parents of the children treated by X-Rays will be required to sign a form giving consent to the treatment, and it is suggested that payment shall be recovered in those cases where parents can afford to contribute a share of the expense.

Tuberculosis.

Throughout the year cases which appear of a tuberculous nature are kept under observation and re-examined at intervals.

Cases of tuberculous peritonitis are excluded and recommended to their own doctor. One instance came under our observation where it was difficult to induce the parents to consult a doctor as they had preferred trying a patent cure for kidney disease in adults. In the case of a child suffering from tuberculous disease of the hip, arrangements were made for its reception into Isleworth Infirmary.

In general malnutrition of a tuberculous origin the records of the monthly weights of the children are kept and the children are periodically examined by the S.M.O. Special enquiries are made into the home circumstances of these children and free dinners are provided in necessitous cases. The S.M.O. frequently visits the dinner centres and ill-nourished children are subsequently medically examined. One boy who was inspected in this way was found to be suffering from early phthisis. With considerable difficulty (as his application was somewhat late) this boy was sent for a summer holiday to a gamekeeper's cottage in the country through the kindness of the Central Aid Society. Unfortunately this boy's complaints of a country life were so numerous that he was sent back by the Society after two weeks, though investigations among other boys at the same house showed there was no just cause for dissatisfaction.

Suitable cases of phthisis discovered during medical inspection are recommended for admission to Northwood Sanatorium where the Council maintain two beds, and it is noteworthy that better results are obtained from these patients as the disease is discovered in the earliest stages before the individual has observed symptoms which would lead to medical advice being obtained.

During the year three cases of tuberculosis occurring among school children have been treated at Northwood Sanatorium. The immediate results in all cases have been emiently satisfactory. These cases are being kept under observation and a further report will be presented.

TABLE 4.

NUMBER OF CHILDREN REFERRED FOR FURTHER EXAMINATION—531.

These were from the following schools:—

	Infants.	Girls.	Boys.
Acton	20	2	2
Acton Wells	28	—	2
Beaumont Park	62	16	46
Central	24	29	27
East Acton...	11	—	—
Priory	38	13	18
Rothschild Road	24	—	—
South Acton	39	16	13
Southfield Road	51	14	21
Turnham Green (R.C.)	6	7	2
	303	97	131

TABLE 5.

AVERAGE HEIGHT, WITHOUT SHOES AND AVERAGE WEIGHT WITH CLOTHES.

(ANTHROPOMETRIC COMMITTEE, 1883).

MALES.			FEMALES.	
Age last Birthday.	Height in inches.	Weight in lbs.	Height in inches.	Weight in lbs.
3	35	31·2	35	30
4	38	35	38	34
5	41	41·2	40.5	39·2
6	44	44·4	42·8	41·7
7	46	49·7	45·5	47·5
8	47	54·9	46·6	52·1
9	49·7	60·4	48·7	55·4
10	51·8	67·5	51	62
11	53·5	72	53·1	68
12	55	76·7	55·6	76·4
13	57	82·6	57·7	87·2
14	59·3	92	59·8	96·7
15	62·2	102·7	60·9	106

TABLE 6.

GIVING HEIGHTS & WEIGHTS AT DIFFERENT AGES.

	No. examined	12-13		13-14		14-15		15-16		16-17	
		Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight
SENIOR BOYS.											
Acton	17	...	...	56·9	80·7	57·1	85·2	63·	93·5	...	...
Acton Wells ...	10	...	...	58·1	87·8	60·2	90·5	...	...	...	..
Beaumont Park ...	106	54·1	66 2	56·2	75·7	56·5	78·7	...	...	...	...
Central	93	...	...	58·5	86·2	58·5	89·4	60·9	100·8	...	...
Priory	40	...	...	57·3	81·	56·5	76·	61·	102·5	...	...
Southfield Road ...	38	...	...	58·7	83·4	60·2	91·8	...	...	...	...
South Acton ...	59	...	...	55·9	78·1	57·8	83·7	63·5	108·	...	...
Turnham Green R.C.	11	...	...	56·3	79·9	57·3	89·	56·	85·	...	...
Total	374										
SENIOR GIRLS.											
Acton	6	...	...	60·3	95·2	...	...	..	...	...	...
Acton Wells ...	..	...	...	..	...	...	...	...	...	...	...
Beaumont Park ...	19	...	...	59·2	89·4	58·5	77·5	...	...	...	...
Central	70	...	...	59·6	91·8	61·2	98·3	60·6	103·3	63·5	89
Priory	37	63·2	104·2	59·5	83·6	60·7	87·4	...	...	...	...
Southfield Road ...	21	...	...	59·6	86·5	59·0	73·5	...	...	...	...
South Acton ...	37	...	...	58·1	81·3	57·3	85	...	...	...	...
Turnham Green R.C.	11	...	...	56·3	75·4	60·2	90·7	...	...	...	...
Total	201										

TABLE 6—*continued.*

	No. of Scholars exam'd	Years of Age.											
		3-4		4-5		5-6		6-7		7-8		8-9	
		Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight	Height	Weight
INFANTS (MALE).													
Acton	42	...	...	39·8	37·5	42·	39·1	45·5	46·5	42·5	39·	...	...
Acton Wells	45	38·6	31·9	41·9	35·8	44·	40·2	48·8	48·5	47·5	48·5	...	...
Beaumont Park	145	39·2	36·3	39·9	37·6	42·	40·7	44·1	44·7	44·7	44·2	...	...
Central	72	37·6	34·6	40·7	38·3	43·1	42·9	45·6	45·2	47·4	48·5	47·	47·
East Acton	25	36·	35·5	39·2	37·1	40·9	39·0	43·	38·	43·9	44·2	48·2	53·2
Priory	112	36·6	31·8	39·9	36·1	41·6	38·8	43·4	42·7	45·7	46·5	...	...
Rothschild Road	37	...	...	41·2	38·7	41·8	39·4	45·3	43·1	46·7	46·4	...	...
South Acton	83	37·3	33·4	39·1	36·2	41·5	38·8	42·5	38·9	...	...	...	...
Southfield Road	97	40·	34·	41·5	40·2	43·6	40·9	44·7	43·5	47·0	48·7	48·2	48·
Turnham Green R.C.	23	34·5	29·	39·2	38·0	41·6	40·2	42·7	43·9	46·2	47·5	...	...
Total	681												
INFANTS (FEMALE).													
Acton	35	...	...	39·0	34·4	41·2	39·3	43·5	41·3	...	...	...	...
Acton Wells	45	39·4	33·7	42·	36·9	44·2	38·5	46·6	44·8	47·	45·	...	...
Beaumont Park	105	36.5	33·	33·1	39·1	41·5	39·4	44·2	44·2	...	...	43·5	40·
Central	99	37·7	31·5	40·5	37·9	42·5	40·7	45·4	45·8	46.5	47·3	48·2	54·7
East Acton	16	34·8	29·8	37·5	33·4	41·6	38·2	41·5	38·0	43·5	43·5	53·	59·
Priory	115	36·8	31·9	39·0	34·8	42·5	39·8	43·9	43·8	43·2	46·3	...	...
Rothschild Road	57		...	41·8	38·9	42·	38·2	43·3	40·8	46·2	45·1	47·8	48·5
South Acton	148	36·4	33·1	38·5	35·3	40·7	37·5	43·3	42·4	43·8	41·5	...	...
Southfield Road	89	...	...	39·7	34·5	42·6	37·2	44·2	42·1	45·7	44·3	46·8	48·8
Turnham Green R.C.	14	...	...	38·7	35·7	38·2	34·6	43·2	42·7	42·	35·	...	...
Total	723												

Nutrition.

The Provision of Meals Act, 1906, is put in force in this district to provide free meals for those children where poverty appears to be the cause of their mal-nutrition thus rendering them unable to obtain full benefit from their education at school.

The method most practicable in this district is to enter into arrangement with two restaurants—one in Acton Lane and the other in Osborne Road—where dinners are supplied at a cost of 2d. or 2½d. per head.

The advantage of this method is that initial outlay is avoided and there is no disturbance of the work of the schools.

On the other hand it is impossible to secure the same educational effect at a local restaurant (where many children appear at the same moment and the restaurant staff is hard worked) as could be obtained at an organised centre where more attention could be given to training in deportment, by methodical service, by requiring the children to come with washed hands and faces, and enforcing good manners at table.

Owing to local conditions it is impossible to secure a special dinner centre at present, but improvement would result if voluntary helpers would attend regularly to supervise the conduct of the children. Only one helper each day would be required at a centre as the accommodation is limited, but the restaurant keepers are glad of the refining influence on the children.

The selection of the children is made at the suggestion of the teachers or school nurse, or as the result of mal-nutrition found on medical inspection where poverty appears to be the cause of insufficient height and weight.

Careful enquiries are made by the Attendance Officers into the circumstances of the families receiving benefit and records are kept.

During the year 1910, 21,990 dinners have been supplied to 425 children at a total cost of £202 13s. 6½d.

The following shows the weekly menu of dinners supplied to the children :—

Monday.	Soup and bread, currant roll.
Tuesday.	Stewed meat and cabbage and potatoes.
Wednesday.	Soup and bread, plain suet pudding, with syrup.
Thursday.	Irish stew and potatoes, plain pudding.
Friday.	Soup and bread, rice pudding.
Saturday.	Stewed meat and two vegetables.

Infectious Diseases.

The district has been comparatively free of Infectious Diseases during the year.

There was an outbreak of Measles in the northern part of the district in the early part of the summer. The Infants' Department of the Central School was mostly affected, but the outbreak did not necessitate the closure of any department.

A more serious outbreak made its appearance towards the end of the year. An account of these outbreaks is given in the Report of the Medical Officer of Health. Chicken-pox was prevalent in the Spring and Summer. Sporadic cases occurred in the southern part of the district throughout the early part of the year. The first case occurred on January 10th, and this was reported from the Priory Schools. Two other cases were reported on January 12th, one from Beaumont Park Infants and one from Turnham Green R.C. School. It is probable that these three cases were infected from the same source, but the source of the infection was not traced. On February 12th a second case was reported from Beaumont Park, but in the interval two cases had occurred in Rothschild Road School; one of these was reported on January 18th, and the other on January 28th.

On February 4th, two cases were reported from Southfield Road School, one from Class 6 and the other from Class 4. The infection in these cases was probably derived from one of the children who had been reported from the neighbouring

schools. Contrary to the behaviour of the disease in the other schools mentioned above, 10 other cases occurred in Southfield Road Infants' Department between February 16th and February 24th. The ten cases were distributed as follows:— One each in Classes 1, 2, 3, 4 and 7 ; two in Class 5, and three in Class 6. Two other cases occurred on February 28th, but these were probably infected from the second batch of cases, as the incubation period of Chicken Pox is stated to be from 12 to 19 days. At the end of February every class in the Infants' Department had been invaded, and one case had been reported from Standard 1a in the Junior Department.

In March, 11 cases were reported from the Infants' Department, six of these being from Class 7. Cases occurred up to the Easter holidays.

On the re-opening of the schools after the Easter holidays only one case occurred, and the department was free from the disease until Whitsuntide. In the Junior department though four cases occurred in March, five in April, and three in the first fortnight of May ; seven of the 12 cases were in Standard 1a.

Four cases also occurred in the Priory Infants' between the Easter and Whitsun holidays.

On the re-opening of the schools after the Whitsun holidays, several cases were notified from the Infants' Department of the Southfield Road School, and in May 34 cases occurred, of these 17 occurred in Class 5.

As all the classes in the Infants' Department were affected, all the classrooms were scrubbed out and disinfected.

The other cases of Chicken Pox which occurred after the Whitsun holidays were distributed as follows :—

Southfield Road, Junior	6
South Acton, Infants...	4
Beaumont Park, Girls	1
Beaumont Park, Infants	2
Rothschild Road	1
Priory	1
Central, Junior	6
Central, Infants	3
Acton	1

Whooping Cough was more or less prevalent during the year. In the early part of the year, the disease was limited to the southern part of the district, and the only school affected was South Acton. Later in the year the northern portions of the district were invaded.

Although no deaths occurred among school children, in most instances the disease was introduced into the house by school children.

Scarlet Fever has been much less prevalent during the year, but some of the difficulties met with in former years still appeared. These have been due to the mildness of the symptoms, and consequently to the attendance of "missed" cases at school.

Diphtheria is dealt with in the report of the Medical Officer of Health. The greatest difficulty sometimes occurs in dealing with "carrier" cases. During the year "carrier" cases occurred in the Central and Southfield Road schools, and a limited outbreak resulted in each school.

The following tables represent the visits paid by the Nurse together with the schools where children attended and the diseases from which they suffered.

Visits Paid by School Nurse.

	N.-East.	N.-West.	S.-East	S.-West.	Total.
Priory	105	83	30	127	345
Acton	10	21	1	20	52
Beaumont Park ...	1	—	36	49	86
South Acton ...	2	1	1	198	202
Rothschild Road ...	—	—	—	86	86
Acton Wells ...	77	—	—	—	77
Roman Catholic ...	1	—	8	20	29
Southfield Road ...	65	1	220	7	293
East Acton ...	55	2	—	—	57
Central	148	92	4	23	267
Harlesden R.C. ...	1	—	—	—	1
No School	3	1	3	2	9
Totals ...	468	201	303	532	1504

Diseases.	N.-East.	N.-West.	S.-East.	S.-West.	Total.
Diphtheria ...	1	2	3	3	9
Scarlet Fever ...	6	5	3	2	16
Chicken Pox ...	75	11	90	28	204
Measles	43	30	10	21	104
Whooping Cough ...	82	34	27	105	248
Mumps	94	40	49	67	250
Sore throat ...	15	6	9	17	47
Colds	20	9	7	16	52
Ringworm	25	16	25	71	137
Scabies	6	2	8	14	30
Sore eyes	1	1	3	7	12
Dirty heads ...	16	12	21	48	97
Psoriasis	—	—	—	1	1
Eczema	12	5	17	41	75
Blepharitis ...	—	1	3	12	16
Impetigo	19	7	7	35	68
Miscellaneous ...	53	20	21	44	138
Totals ...	468	201	303	532	1504

Following on the consent of the Board of Education the School Nurse carried out the treatment of certain minor ailments in the schools.

During the year 1910, 617 visits were paid and 82 children were treated. The distribution of these cases and the diseases treated were as follows:—

ACTON (Infants).

Children treated	2
Diseases from which children were suffering:—	
Ringworm	2

BEAUMONT PARK (Girls).

Children treated	11
Diseases from which children were suffering:—	
Defective Sight...	9
Burn	1
Impetigo and Ringworm	1

BEAUMONT PARK (Infants).

Children treated	8
Diseases from which children were suffering:—	
Blepharitis	5
Septic Sore	1
Discharging Ears	2

CENTRAL (Junior).

One child treated. Disease—Impetigo.

EAST ACTON.

One child treated. Disease—Ringworm.

PRIORY (Boys).

Children treated	9

Diseases from which children were suffering:—

Ringworm	6
Discharging Ears	2
Deafness	1
Septic Finger	1

PRIORY (Girls).

Children treated	3

Diseases from which children were suffering:—

Ringworm	2
Discharging Ears	1

PRIORY (Infants),

Children treated	19

Diseases from which children were suffering:—

Ringworm	4
Septic Sore	2
Sore Eyes	1
Burn	1
Blepharitis	4
Defective Sight...	1
Discharging Ears	2
Impetigo	4

ROTHSCHILD ROAD.

One child treated. Disease—Ringworm.

SOUTH ACTON (Infants).

Children treated	15

Diseases from which children were suffering:—

Discharging Ears	11
Impetigo	3
Blepharitis	1

SOUTH ACTON (Girls).

One child treated. Disease—Defective Eyesight.

South Acton Junior (Boys).

One child treated. Disease—Ringworm.

Southfield Road (Infants).

One child treated. Disease—Ringworm.

Turnham Green R.C.

Children treated	11

Diseases from which children were suffering:—

Blepharitis	5
Septic Sore	2
Eczema	1
Impetigo	1
Discharging Ears	1
Bruises and cut	1

Infant Care and Management.

It seems that teaching in the schools might, with advantage, be made more practical in certain directions. Boys and girls in large towns are hurried off to work at the earliest possible moment and their energies engrossed in acquiring technical skill and in earning wages.

Little or no interest is taken in domestic matters. The girls know very little but what they have learned at school, hence they are ignorant of how to make a comfortable home for their husbands, or how to rear healthy children. If girls are to be good mothers they must know how to take care of infants.

It would be a great advantage if more extended and systematic courses could be arranged to include cooking, cleaning, washing, sewing, mending and so on; that the elder girls should be able to choose a house, know how to use it to the best advantage and how also what goods to get, their prices and how to combine them; in fact, all the things which make the difference between a well-kept and a badly-kept house.

It may be argued that these are subjects which are best learnt in the home, but very few of the girls have mothers who are in a position to give them efficient training in home mangement.

This is especially the case in Acton where 3,500 women are employed in the laundry industry alone, and of these about 1,500 are married women or widows. About one-third of the married women in the South-West Ward are employed in laundry work, often the mothers do not come home in the middle of the day, or they have no time or energy to prepare a proper meal for themselves or their children.

Under these circumstances a crêche is almost a necessity, for in the South-West Ward alone there are about 200 babies under 12 months of age placed out with neighbours during the day, and the conditions under which they are cared for is extremely unsatisfactory.

Since 1908 a crêche has been established in South Acton. At first only 24 children could be received and within a few weeks of its establishment children had to be refused because all the beds were occupied.

During 1910 newer and more commodious premises have been acquired in a house with a pleasant garden where the children can play out of doors and 37 children can now be accommodated, where they are suitably cared for, bathed, dressed and fed during the day.

Under these circumstances it would be a great advantage if the crêche could be utilised to provide facilities for enabling the elder girls to obtain practice in handling and managing infants under skilled supervision.

It is not desirable to give lessons in infant care to girls under 12 years of age, but some arrangement might be made by which the elder girls received definite practical instruction in domestic hygiene and home management.

In a Memorandum on Teaching of Infant Care and Management the Board of Education points out that there are three principal schemes by which this teaching may be performed.

(1) **As a separate course in School.**

Lessons are given by a visiting teacher, and the teacher endeavours to illustrate her theory by practical demonstration with a large doll.

(2) **Instruction given at a Crêche.**

Girls selected from the upper standards (either nominated by the teacher or sent at the request of the parents) should regularly spend half-a-day at a crêche for a period of about two months. While at the nursery they would receive instruction from the matron in the care of infants and young children and the work done by them would be under her supervision. A small sum (say 10/6) might be paid to the crêche by the Education Committee for each pupil and the scheme would be subject to the approval of the Board of Education.

(3) **Combined Teaching in the School and at a Crêche.**

Here the course consists of theory and practice. The theory is taught at the school and one lesson a week is given on such subjects as the baby's sleep, airing, food, ailments, dress, etc., and the lessons are followed by discussions in class.

Practical demonstrations are given at a crêche which is visited weekly and 4 or 6 girls go together once a week for six weeks. They are shown how to undress, bath, dress and put to bed infants and little children.

They are also taught how to prepare "bottles" and how to feed a baby.

Of these methods the third appears to be the one which would produce the best results.

There should be a course of lessons at the school followed by practical work at the crêche.

Teaching at the crêche should be given by the Matron, but it should be attended by the teacher in charge of the class to obtain uniformity of instruction.

It is important that the girls themselves should carry out the details of the work and not merely remain as spectators. The theoretical teaching is best given by a class teacher who knows the girls and their home circumstances as well as the special needs of the district. Moreover she is often able to exert considerable influence on the mothers. All teaching should be given in the most simple way, avoiding terms not likely to be understood. This is more easily done by a class teacher than by a specialist who is more accustomed to technical terms.

In all this little mention need be made of disease or illness. It is not desired to give each school girl a mixture of semi-medical information on infant diseases (though the dangers of amateur doctoring may well be pointed out) but it is necessary to teach what constitutes a healthy home life for little children.

In this district there appear special facilities for a course of lessons of this kind.

The crêche in Bollo Bridge Road is situated very close to South Acton Senior Girls' School. It would be worth while for the Committee to form a class from this department and if the scheme proves successful (and there is every hope that this may be the case) then classes might be formed from other schools.

A further report will be presented to the Committee during 1911.

Mentally and Physically Defective Children.

In dealing with the problem of educating these children the individual needs of each case are carefully considered and arrangements are made in accordance with the local conditions of the district.

In large towns it is found advisable to have special schools for these children, but in Acton there are not sufficient children with the same type of disease or of ages which admit of suitable grouping.

Arrangements are made by which physically and mentally defective children are sent to the London County Council Schools for the purpose. These children are conducted to and from school by guides specially appointed for the purpose.

As this method of education is a more expensive one than that given in the ordinary school every care is taken to select only those cases in which there seems some prospect of greatly improving the condition of the child and helping it to become to some extent self-supporting. The parents are also expected to contribute a small share to the expense of its education in accordance with their means.

If a special school is not suitable the home conditions of the child are ascertained and the parents are given advice as to the child's education at home.

For instance a girl F.M., aged 12 years, was mentally deficient and also deaf. This child was not likely to make great improvement in its education even if sent to a special school, and the parents were unwilling to contribute anything towards the cost. The mother was a dressmaker and said the girl seemed fond of needlework. Under these circumstances the best result was obtained by keeping the child at home to be taught dress-making by the Mother.

In another case an imbecile child, F.B., aged 10, is dumb and seems very delicate. This child is unable to learn school work but can be occupied about the house in dusting, laying the table or helping in the home.

During the past year five mentally defective children were submitted for admission to the L.C.C. Schools for Mentally defective children. These children had been kept under

observation in the ordinary schools and it was found they were unsuited to remain as they made little or no progress and were distracting the attention of the other scholars.

Four of these children were passed by the L.C.C. Authorities and one was rejected as ineducable. This child has now moved into another district.

The child suffering from tuberculous disease of the knee joint who has a special couch provided at Rothschild Road School is making good progress both physically and mentally. Several children suffering from slight infantile paralysis or some other physical deformity are in attendance at the ordinary schools. Special arrangements are made to minimise risk of any accident and parents are warned that full responsibility cannot be undertaken by the teachers.

Cleft Palate.

During medical inspection three cases have been found where children are suffering from the deformity of cleft palate. This is a serious deformity as deglutition is rendered difficult and the speech is much impaired. Through the kindness of Mr. James Berry, F.R.C.S., Senior Surgeon at the Royal Free Hospital, two of the children have been admitted to the Royal Free Hospital and have undergone successful operations. In the third case of a boy, aged 12, arrangements were made for a consultation with Mr. Berry, but the parents refused to have anything done, alleging that 10 years previously the boy had contracted chicken pox when in Great Ormond Street Children's Hospital and therefore they disliked hospital treatment.

Deaf Children are sent to the Ackmar Road School under the L.C.C. Five children are at present attending this school and are conducted under the care of a guide.

Blind Children.

Two children attend the Blind School in Edinburgh Road, and one is in a residential School for the blind at Southsea.

There are three other cases of progressive myopia in the district where the children will probably need a special school in the near future. Two of the children have been recommended for admission to a special school but there was no vacancy at the time of application. All these children are kept under observation by the School Occulist.

Dumb Children.

One deaf and dumb child is attending the Ackmar Road special school. The attention of the Brentford Education Committee has been directed to the case of another dumb child who lives in Brentford and attends Turnham Green Roman Catholic School.

Epileptic Children.

No children are in attendance at special Schools on account of epilepsy. In two cases where children formerly had fits they are now in attendance at the ordinary schools, special care being taken to avoid any overwork at school.

During medical inspection the parents or teachers often give a history of attacks in children which appear to resemble "petit mal." These cases are noted and the children are kept under medical observation.

Physical Exercises.

It is the wish of the Board of Education that the Tables given in their model syllabus of Physical Exercises should be closely followed in teaching drill in the Council's Schools.

These Tables have been carefully drawn up by medical experts and are arranged on a physiological basis in a definite progression.

In following this course no confusion will result from transference of scholars to other schools and uniformity of teaching will be obtained.

It may be urged that this scheme hampers the individuality of the teacher, but originality may find scope by introducing games and dancing steps into many of the lessons. When these are well taught excellent results are obtained and the physical exercises are thoroughly enjoyed alike by the children and the spectators.

Throughout the year we have seen displays given at various schools and have been impressed by the pains taken by the teachers and the evidence of much care and attention necessary to produce these displays. There is a slight tendency to elaborate the dancing steps at the expense of the routine work in physical exercises.

In the poorer parts of the district where children are hampered by unsuitable clothing and ill fitting shoes it is difficult to execute the drill smartly but these are the special schools where both the physical effort and also the educational effect of increasing the powers of alertness and concentration of mind and body are of most value. The physique of the school children is a matter of national importance and every effort should be made to conduct the physical exercises so as to secure the best results in physical development in their after life.

In one school it has been found possible to arrange the time table so that in taking physical exercises the children are grouped according to age and physical ability and not according to standard. This seems an excellent arrangement as the individual needs of the scholars can be considered.

Gardening.

At some of the schools where the playground accommodation is sufficient a portion of the playground is set apart to provide small plots which are used as individual gardens. The children take great interest in their work, and their attention can be usefully directed to many points in Nature study. At Acton Wells and East Acton where the situation of the schools is specially fortunate as regards fresh air, these gardens may be used with advantage by the more delicate children as providing a kind of open-air school, and promoting their employment in the fresh air. Care is taken in all cases to avoid undue fatigue.

In the playground at Acton Wells School a small greenhouse is being erected, the wooden portion of which is mainly composed of disused school desks, the whole providing an inexpensive but quite ornamental structure.

For the older boys it is suggested that two plots of land inside the gates leading to the dust destructor might be utilised for gardening purposes. There would be space to occupy two classes each consisting of 14 boys, and practical instruction might be given for two hours a week. At the beginning the course would consist of vegetable gardening, but later on other branches of this work might be included.

At Southfield Road Senior School a scheme has just been arranged by which the scholars could obtain various bulbs with a view to holding a school flower show. Lessons were given by the staff on the various ways of growing bulbs, and the bulbs were taken home to be grown by the children. About 120 children have obtained bulbs and a school flower show is to be held in the spring, when prizes will be given for the most successful results.

Examination of Teachers.

Three candidates, who desired to become Bursars, were medically examined during 1910. Of these two were passed and one was rejected on account of defective eyesight.

14 teachers have been examined on appointment to schools in this district, all of whom passed the medical examination.

A record of each physical examination together with the family history of the candidate is entered on a card, and filed for subsequent reference. This method has been found useful, when, for various reasons, it is necessary to make a second examination.

Special Examination of Teachers.

Two teachers have been examined as the Committee required special reports concerning their health.

SWIMMING.

During the season of 1910 34 swimming classes were held weekly during school hours and five out of school hours. Total 39 classes weekly.

During the season 189 scholars—112 boys, 77 girls—have earned the swimming certificate awarded by the Committee for children who have learned to swim this year.

School.	Classes per week.	No. of attendances made.	No. of Scholars in School who can swim.	No. of Scholars who have learnt to swim this season.
Acton Boys	2	938	25	13
Acton Girls	1	243	10	9
Beaumont Park Boys	6	3,551	62	45
Beaumont Park Girls	1	474	16	16
Central Senior	5	2,518	128	48
Central Junior	2	1,032	45	30
Priory Boys	5	2,705	63	42
Priory Girls	2	956	19	13
South Acton Senior Boys ..	5	2,485	53	47
South Acton Girls	1	844	20	20
Southfield Road Senior ...	5	2,378	89	60
Roman Catholic	2	758	26	21
Acton Wells	2	976	38	26
Totals	39	19,858	594	390

In conclusion we beg to thank the staff of the Education Department and the teachers for the assistance we have received not only in compiling this report, but also in the work of medical inspection.

We remain,

Your obedient servants,

D. J. THOMAS,

LILIAN E. WILSON.