

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

### **Contributors**

Acton (London, England). Borough Council.

### **Publication/Creation**

[1934?]

### **Persistent URL**

<https://wellcomecollection.org/works/ffsw8e9>

### **License and attribution**

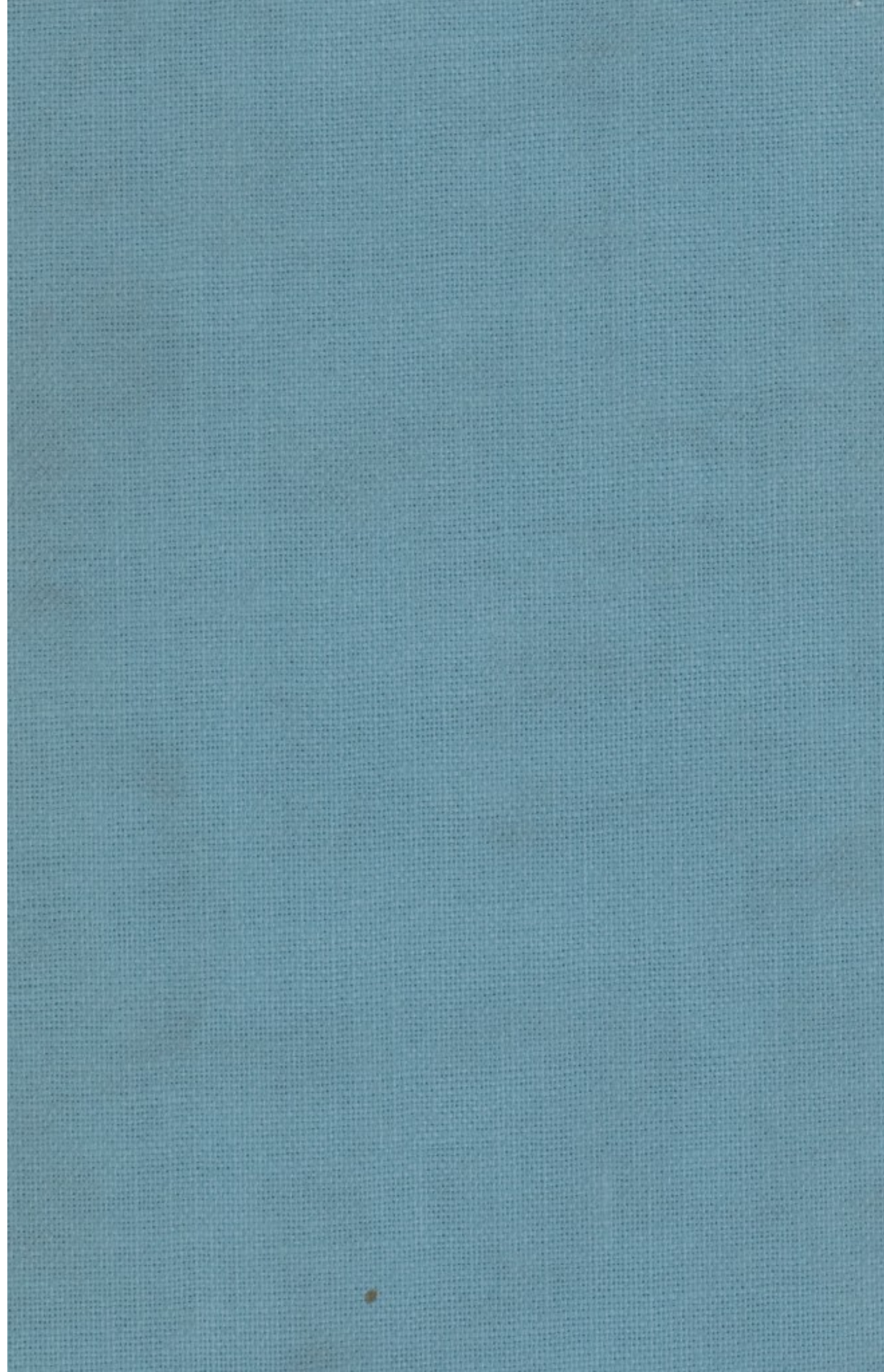
You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

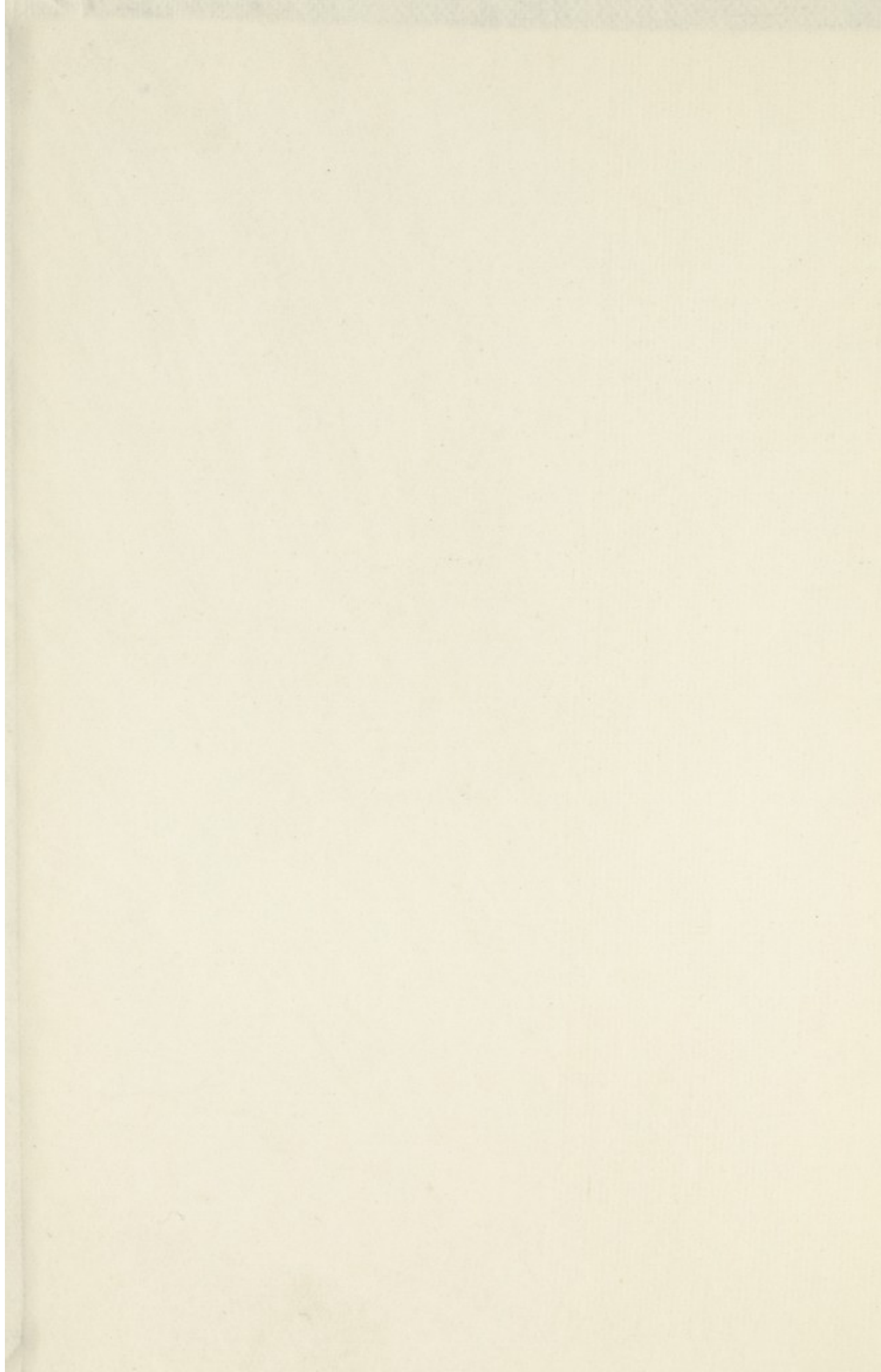
Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

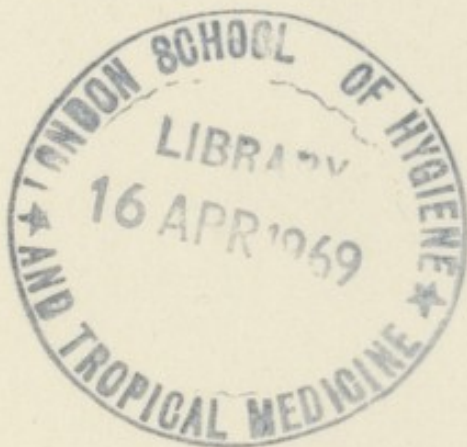
Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>













C.439(1) ACTON

Middlesex 30/1/33

ACT 36

# Borough of Acton.



---

## ANNUAL REPORT

OF THE

Medical Officer of Health

TOGETHER WITH THE

Report on the Medical  
Inspection of Schools

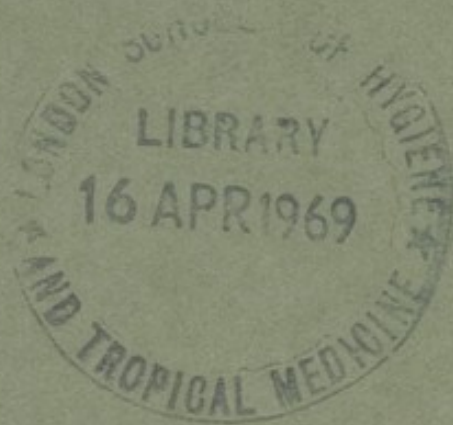
FOR THE YEAR 1933.

---

WOODGATES & SONS LTD.,  
PRINTERS,  
SOUTH ACTON, W.3.



70500



# Borough of Acton.



---

## ANNUAL REPORT

OF THE

Medical Officer of Health

TOGETHER WITH THE

Report on the Medical  
Inspection of Schools

FOR THE YEAR 1933.

---

Borough of Aston

ANNUAL REPORT

Medical Officer of Health

Report on the Medical

Inspection of Schools

FOR THE YEAR 1900

# ANNUAL REPORT

OF THE

## Medical Officer of Health

FOR THE YEAR 1933.

PUBLIC HEALTH DEPARTMENT,

MUNICIPAL OFFICES,

ACTON, W.3.

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

LADIES AND GENTLEMEN,

I herewith submit the Annual Report required by the Ministry of Health, together with the Annual Report on the School Medical Services.

The Annual Report has followed the lines outlined in Circular 1346 of the Ministry of Health issued on the 2nd October, 1933.

**Area.**—There was no change in the boundaries of the Borough during the year, and the area is the same as that of previous years, viz.:—2,305 acres.

**Rateable Value.**—The rateable value of the district on October 1st, 1933, was £730,040, and the sum represented by a penny rate was £2,880 13s. 10d. (year ending 31st March, 1933).

The number of inhabited houses, according to the Rate Books at the 31st March, 1933 was 16,060.

**Extracts from Vital Statistics.**—The following table gives the extracts from the vital statistics required by the Ministry of Health :—

	Total.	M.	F.	
<i>Live Births.</i>				Birth-rate per
Legitimate	846	446	400	1,000 of estimated
Illegitimate	40	23	17	population—12.6
	886	469	417	

*Still Births.*

Legitimate	.....	31	19	12	Rate per 1,000
Illegitimate	.....	2	—	2	births—37.1
		<u>33</u>	<u>19</u>	<u>14</u>	

Deaths ..... 784      Death-rate per 1,000 inhabitants—  
11.1

Deaths from Puerperal causes    5    Rate per 1,000 births—5.6

	Deaths	Rate per 1,000 births
Puerperal Sepsis	..... 3	3.4
Other Puerperal causes	..... 2	2.2

*Death-rate of Infants under 1 year of age.*

All infants per 1,000 births	.....	45
Legitimate infants per 1,000 legitimate births	.....	42
Illegitimate infants per 1,000 illegitimate births	.....	100
<i>Deaths from Measles</i> —all ages	.....	1
<i>Deaths from Whooping Cough</i>	.....	2
<i>Deaths from Diarrhoea</i> —under 2 years of age	.....	7

**POPULATION.**

The Registrar General estimated the population at the end of June, 1933 to be 70,300. This is a decrease of 340 as compared with the estimated population at the end of June, 1932. As this figure is used for other official purposes it has to be adopted for this report, but I may be permitted to express the opinion that the Registrar General has probably made an error. In ordinary circumstances, it would be presumption on my part to differ from him, as he is able to take a wider view of the subject, but as we have a comparatively recent instance in which the Registrar General was wrong and the local estimates more correct, I may give some of the facts on which my opinion is based.

It will be recollected that before the last Census the Registrar General supplied estimates of our population which turned out to be much below the actual figure revealed at the Census. The Registrar General estimated the population in 1929 and 1930 at 65,200. The population at the Census was 70,510.

The first comparison is that of the parliamentary electors. In his memorandum, the Registrar-General warns us that in the general population at the present time, while the number of adults is increasing, the numbers below the age of 21 are declining. Speaking generally, a high rate of electoral increase in a given area usually denotes a much lower rate of population increase; a stationary

or declining electorate almost certainly indicates a fall or much larger fall in total population ; it is not safe to assume that there is a decline in the population whilst there is an increasing electorate.

The number of parliamentary electors in Acton has been as follows :—

1931	.....	47,865
1932	.....	48,126
1933	.....	48,245

These figures do not indicate that there is a fall in population ; possibly the increase at the present time is a very small one.

Similarly an examination of the number of houses erected points to the same conclusion. The following table gives the number of houses erected in the last 3 years :—

1930-31	.....	449
1931-32	.....	257
1932-33	.....	188

It is true that populations cannot be regarded as changing in simple relationship with the changes in the numbers of dwellings available. The decline in the size of families is a feature which has been noted in the Census records of almost every area in the country ; and no estimate of population movement could be regarded as valid which, while taking account of the occupants of new dwellings, ignored the equally important, if less tangible, decline that is taking place in the population of the older houses. In spite of this fact a comparison of the number of houses built in the inter-censal period and since the 1931 Census, justifies the assumption that there is still a slight increase in the population of the district.

The number of inhabited houses at the end of 1933 according to the Rate Books was 16,060.

### **SOCIAL CONDITIONS OF THE DISTRICT.**

It will be more convenient to discuss the social conditions of the district when the complete Census returns have been published. It is doubtful if these returns will disclose the gradual but constant changes which are taking place in the social conditions, but it is obvious that the sub-letting of the larger houses which has been taking place, must result in changes which have already taken place and which will still proceed in the near future.

### **AMBULANCE FACILITIES.**

The ambulance facilities are similar to those described in previous reports.

A new motor ambulance has been provided for the removal of infectious cases to the hospital.

There are two ambulances provided for accident and non-infectious cases. These are housed at the fire station and are available at all hours. Last year the ambulance was called out to 422 street accidents, and on 532 occasions to private cases. Fees amounting to £101 8s. 6d., were paid for the use of the ambulance for private cases.

There has been no development or marked changes in the services provided in the area under the following heads:—

*Laboratory facilities.*

*Ambulance facilities.*

*Nursing in the home.*

*Clinics and Treatment Centres.*

*Hospitals—Public and Voluntary.*

## HOSPITAL PROVISION.

**General.**—The only General Hospital in the district is the Acton Hospital, Gunnersbury Lane, which has an accommodation of 64 beds.

During the year 1,209 in-patients were admitted; this is a decrease of 89 on the previous year. Of these 171 were in for only 1 day and 148 for 2 or 3 days.

The Education Committee has an agreement with the Hospital for payment for the removal of tonsils and adenoids and the patients are kept in the Hospital for at least 1 night.

7,395 out-patients were treated during the year, an increase of 177 and the out-patient attendances were 30,822, a decrease of 620 as compared with 1932.

The Hospital supplies a great need in the District, is greatly appreciated and most of the beds are continuously occupied. Last year the average number of beds in daily occupation was 53.13.

**Fever.**—Acton Council Fever Hospital.

**Small-Pox.**—Acton was one of the constituent bodies which formed the Middlesex Joint Small-Pox Board. Under the Provisional Order Confirmation Act of 1929, the Joint Board was dissolved from the 1st April, 1929, and the duties of the Board transferred to the Middlesex County Council.

**Tuberculosis.**—The Tuberculosis scheme is administered by the Middlesex County Council which has sanatoria at Clare Hall and Harefield.

**Child Welfare Consultation Centres.**

- (a)—47, Avenue Road—Every Monday, Tuesday, Wednesday and Thursday afternoon at 2 p.m.
- (b)—Noel Road—Every Thursday afternoon at 2 p.m.
- (c)—East Acton—Every Monday afternoon at 2 p.m.
- (d)—Steele Road—Every Tuesday afternoon at 2 p.m.

**Ante-Natal Consultation Centre.**—School Clinic every 2nd and 4th Wednesday.

**Day Nursery.**—169, Bollo Bridge Road.

**School Clinic.**—45, Avenue Road.

(The above are provided and maintained by the Borough Council).

**Tuberculosis Dispensary.**—School Clinic on Tuesdays at 5 p.m. and Thursdays at 10.30 p.m.

**Treatment Centres for Venereal Diseases.**—Various Hospitals in London.

(The two latter are provided by the Middlesex County Council).

**SANITARY CIRCUMSTANCES OF THE AREA.**

These have been noted in previous reports. All the inhabited houses are supplied from the mains of the Metropolitan Water Board. A few industrial works and the Public Baths obtain their water supply from deep wells.

By arrangement with the London County Council the sewerage is discharged into the London Sewers. Storm water is filtered and emptied into the Thames. All the inhabited houses are provided with water closets and are drained into the main sewerage system.

The house refuse is collected by the Council and burnt in the Destructor. Last year 19,624 tons of house refuse were collected and burnt.



## PROFESSIONAL NURSING IN THE HOME.

**General.**—There are two district nurses employed by the Acton Hospital, who visit the homes of both the poor and those who are able to pay.

There are also nursing associations which provide nurses for different classes of cases.

**Midwives.**—The Supervising Authority under the Midwives Act is the Middlesex County Council and from the County Council I understand that there are 23 certified midwives practising in the Borough.

## SWIMMING BATHS.

The most important development has been the installation of a filtration plant, and the following description of the plant has kindly been supplied by the Borough Engineer.

The water is drawn from the deep end of each bath through cast iron suction pipes, passes through a grid strainer upon which the larger solids such as buttons, pieces of costumes, etc., are retained and then enters the pre-aeration chamber where it is subjected to an intensive oxidation on the self induction principle before entering the pump suction. Centrifugal pumps in duplicate, each driven by a steam engine of 13 B.H.P. are installed to pump the water to the filters. On its way it passes through a heater which preserves any temperature loss which would otherwise be sustained in circulation.

Immediately before being distributed over the filters, the water is dosed with alumina which coagulates the impurities in solution and Soda Ash as necessary to preserve the required degree of alkalinity. The filters are four in number, vertical pressure type, constructed of  $\frac{1}{2}$ -inch and  $\frac{7}{16}$ -ins. mild steel plate, 8-ft. 9-ins. diameter and filled to a dept of 3-ft. 6-ins. with Leighton Buzzard sand on a 6-in. bed of large pebbles. The water passes downward through the sand leaving the impurities behind in the form of a gelatinous film. Before re-entering the pools at the shallow end the water is finally aerated, then sterilised by the injection of chlorine gas in solution in such proportion that about .4 and .1 parts per million can be determined by the orthotolidin test at the shallow and deep ends respectively. The total capacity of the pools is approximately 166,000 gallons, the whole passing through the complete process of filtration once every four hours, giving a rate of filtration equal to 173 gallons per square foot of filtering media per hour.

The filters are cleaned out by reversing the flow of water, agitating the media and discharging the foul water to the sewer. The frequency of the cleansing operation is dependent upon the number of bathers using the baths.

### LEGISLATION IN FORCE.

The following local acts, special local orders, general adoptive acts and byelaws relating to Public Health are in force in the district.

	<i>Adopted</i>
Infectious Diseases (Notification) Act, 1889 .....	1889
Public Health (Amendment) Act, 1890 .....	1890
Infectious Diseases Prevention Act, 1890 .....	1899
Notification of Births Act, 1907 .....	1907
Public Health Act, 1907 (Clause 50) .....	1921
Public Health Act, 1925 (Parts 2, 3, 4 and 5) .....	1926
The Acton Improvement Act, 1904 .....	—
New Streets and Buildings .....	1925
Removal of House Refuse .....	1899
Common Lodging Houses .....	1898
Slaughter Houses .....	1924
Nuisances, &c. ....	1924
Offensive Trades .....	1903
Tents, Vans and Sheds .....	1906
Removal of Offensive or Noxious Matters .....	1908
Houses Let in Lodgings .....	1925
Cleansing of Cisterns .....	1912
Employment of Children .....	1920
Fouling of Footpaths by Dogs .....	1929
Smoke Abatement .....	1930

### HOUSING.

I have in almost every Annual Report commented upon the Housing question, but certain events which have occurred during the year make it necessary to review the position.

The partial repeal of the Rent Restrictions Acts and the issue of Circular 1331 have marked a change of policy on the part of the Central Authorities, and the present time is an opportune one to review the Housing efforts since the war, as they effect this district.

In every district after the war, there was a great shortage of houses. Building during the war had ceased, and private enterprise was unable to meet the shortage. The main responsibility

for grappling with the scheme fell to the lot of Dr. Addison, and under the Addison Scheme of 1919, subsidies were paid to local authorities. Under Dr. Addison's scheme, throughout the kingdom, 176,000 houses were built, and the Exchequer bore all the losses in excess of the product of a penny rate. Under all subsequent schemes the exchequer's share of subsidy has been a fixed contribution, so that the local authority has had full incentive to see that no losses were incurred. Under the Chamberlain Act of 1923, a subsidy was given amounting to £6 annually for 20 years for each house built. This Act was very successful in getting houses for sale built by private enterprise. Over 400,000 houses were erected from its inception to its repeal in 1929. The 1923 Act was the charter of private enterprise and out of the 438,047 houses built under it, only 75,000 were by local authorities. The remainder were built by public utility societies and trusts and private enterprise, more especially private enterprise which built 351,000.

Under the Wheatley Act of 1924, an endeavour was again made to build houses to let, and not for sale. Subsidies were given to local authorities, and it was hoped to build houses to let at about 9s. weekly. Few authorities found it successful to build for this price, and the average rent has been 13s. to 15s. weekly. Nearly half a million houses were built under this Act up to its repeal in 1932.

Under the Greenwood Act of 1930, the main efforts and effects have been towards improving the methods by which the clearance of slum areas could be brought about. This Act gives powers to local authorities to clear areas, to improve areas, to demolish separate insanitary houses and to close parts of buildings. The present government, having cancelled the Wheatley subsidy, is leaving the provision of additional working class houses to private enterprise, with the aid of the Public Utility Trusts and Building Societies.

Acton became busy with the preparation of housing schemes soon after the end of the war.

In 1920 the Council acquired the East Acton Estate (74½ acres) and the North Acton Estate (18 acres) for the purpose of erecting houses for the working classes. It was intended to erect 600 houses on the East Acton Estate and 175 houses on the North Acton Estate. As is suggested in a previous paragraph the housing policy of the Government changed in 1921. Lord Melchett, then Sir Alfred Mond, succeeded Dr. Addison and in July 1921 the guillotine fell on the subsidies. Notice was received

by the Council from the Ministry of Health that the subsidy would be limited to the houses already built, then building or for which tenders had been approved.

The whole of the land in North Acton was either sold or let on lease to public companies or private builders for the erection of houses.

On the East Acton Estate under the Addison scheme, there were erected 176 Parlour-type houses and 144 non-parlour-type houses. Of this total 268 were erected under contract by the Westminster Building Company, 30 demonstration houses by different contractors and 22 houses by direct labour.

Of the 320 houses 12 are centrally heated.

The accommodation is as follows :—

177 Parlour, Living Room, Scullery, 3 bedrooms.

1 Living Room, Scullery, 4 bedrooms.

141 " " " 3 "

1 " " " 2 "

---

320

---

Subsequently 28 flats were erected on the East Acton Estate under the Wheatley Act. The accommodation in these flats is Living room, Scullery and 3 Bedrooms. The remainder of the land in East Acton was sold and developed by private builders. Until 1933 the other housing schemes of the Council were the re-conditioning of 3 flats in Bollo Bridge Road, and the erection of 8 flats in Enfield Road and 8 flats in Brouncker Road. The flats in Enfield Road have each a Living room, 2 Bedrooms, Scullery and a Bathroom. The flats in Brouncker Road have each a Living room, 3 Bedrooms, Scullery and Bathroom.

The Council have built houses and flats on the land which formed part of the Friars Estate, and although this scheme was not finished in 1933 I have included it in this report as the houses and flats are now completed and occupied. They consist of 6 houses and 64 flats. The houses and 48 of the flats have each a Living room, 3 Bedrooms, Scullery and Bathroom. 16 of the flats have each a Living room, 2 Bedrooms, Scullery and Bathroom.

At the present time the rents of the different houses and flats are as follows :—

	Gross Rent.
	s. d.
Living Room, Scullery and 2 Bedrooms :	
Bollo Bridge Road (flats) .....	8 7
East Acton .....	23 3
Enfield Road (flats) .....	11 6
Wales Farm Road (flats) .....	11 10 &
	11 6
Living Room, Scullery, 3 bedrooms :	
East Acton from .....	17 1 &
to ( & incl. Cent. heat) .....	26 10
Brouncker Road (flats) .....	12 3
East Acton (flats) .....	11 10
Wales Farm Road .....	13 11 &
Wales Farm Road (flats) .....	13 8
Living Room, Scullery, 4 bedrooms :	
East Acton ( & incl. Cent. heat) .....	29 9
Parlour, Living Room, Scullery :	
3 Bedrooms :	
East Acton from .....	20 2 &
to ( & incl. Cent. heat) .....	31 2
Flats in Bollo Bridge Road 6 roomed .....	14 6
5 ,, .....	12 4
3 ,, .....	8 7

With a few exceptions, such as those erected on the Great Western Railway Estate, on the Wesley Estate, on the Hanger Hill Estate and those erected by the International Nickel Company in Canada Road and the Goldsmiths Company in Acton Vale, the houses erected by the Town Council are the only ones built for letting purposes. The other houses have been built for sale on completion.

The houses built by the Hanger Hill Estate Company and by the Goldsmiths Company were not intended for the working classes, and the other houses built for letting purposes were erected with a definite object in view. These houses were erected for the accommodation of certain men who are engaged in a particular occupation. It may therefore be said that for the working classes in general, the only houses built since the war have been erected by the Council. When the Council ceased building on the East Acton Estate in 1923 there was no slackening in the rate of building ; in fact the erection of houses proceeded at a greater pace, but the houses which were erected were for sale and were beyond the reach of those who were in most need of accommodation.

The following table is given to show the number of houses which have been erected in the district since the war.

*Houses erected since the War :*

1918	Nil	1927/28	322
1919	Nil	1928/29	233
1920/21	140	1929/30	605
1921/22	167	1930/31	449
1922/23	119	1931/32	257
1923/24	109	1932/33	188
1924/25	248		
1925/26	285		
1926/27	*—		

\*Exact figures not available. In this period 476 new houses were brought into rating as well as 22 flats and 9 houses with shops.

It has been commented upon that the Council has not scheduled any area as a Clearance Area or an Improvement Area. The explanation is not far to seek, and is found in the manner in which the slums have grown up. The nineteenth century was a period during which industry expanded at an unprecedented rate. No similar example can be found in history. England was the first country to become industrialised, and the lack of experience and knowledge was responsible for mistakes of fundamental importance. Everybody was unprepared. In the industrial areas houses were built without any regulation or supervision. In most places there were no bye-laws of any kind in force. Transport facilities were poor and families were herded together so as to be within easy distance of their work. In many industrial centres, the march and progress of an industry can be read in its housing conditions, especially in its courts and alleys. I know of towns where the history of an industry explains the origin of these courts. A number of houses would be built in what developed into a road. These houses would have gardens in their rear and very rarely in their front. A period of prosperity in the neighbouring works would occur, and a great demand would arise for houses in proximity to the works. Lean-to structures would be put at the back of the existing houses, these would persist as back-to-back houses. This was only one method by which these unsatisfactory housing conditions arose.

I am mentioning these facts to show how Acton escaped the many deleterious conditions which have left slums as their legacies.

Although Acton, has developed recently on industrial lines, it escaped almost entirely the direct results of the nineteenth century revolution in industry, as the following figures will show :—

Year	Inhabited houses	Population
1861	610	3,151
1871	1,568	8,306
1881	2,844	17,110
1891	4,084	24,207
1901	6,114	37,744

It may be said that Acton's development has taken place after the introduction of bye-laws regulating new streets and buildings. At the present time there remain very few houses which were erected before the adoption of building bye-laws. Although it is not claimed that our problem is entirely an economic and social one, gross sanitary defects are not our most prominent difficulty. Even where our sanitary difficulties are greatest, the streets are wide ones, with fairly large spaces at the rear of the houses.

Our chief difficulty is the scarcity of houses at a rent which is within the reach of the poorer inhabitants. Although transport facilities have been revolutionised in recent years, we still find that the people desire to live near their place of employment. The development of the northern part of the district along factory lines has created a demand for housing accommodation far in excess of the supply. This state of affairs has enabled those unscrupulous landlords—and I am sorry to say they form a very large proportion—to exploit this want to their own profit. I know that there are exceptions, but in the majority of instances it is a case of getting the highest rent possible. Usually when a landlord manages his own property, his conduct to his tenants is more human. There are certain house agents whose conduct is revolting. The conception of stewardship is entirely lacking. Their sole idea is that land and houses belong to the owner and that the property is a possession and not a responsibility. Unless the owner is forced by a sanitary notice he will carry out no repairs, and the repairs executed will be strictly limited by his legal requirements. The tenants frequently are afraid to complain to the health department because they are afraid of the consequences. We know of a recent instance where the agent served a notice to quit because the tenant had been down to the health department to make a complaint.

In our sanitary notices we frequently ask for the execution of certain work which possibly cannot be strictly and legally enforced, because we think that certain amenities should be enjoyed by all, though not specifically prescribed in the Public Health Acts. There are certain agents who invariably refuse to carry out the extra-legal work. They execute the minimum amount of work and think

it smart to defy the sanitary inspector to sue them for the rest of the work. There is a class of owners who never think that one day the property will have worn out and must be renewed. A man does not buy a motor car or build a ship as a possession for ever. He owns it and knows that there will come a time when the car or ship is good for nothing or will be broken up, and that this time will come soon unless he looks after it and spends some money on repair or renovation. The owner of a house acts otherwise. He builds, settles this rent and expects ever after to receive not less but more. If an industry is started in the neighbourhood and the demand for accommodation increases, the rent is sure to be increased. The establishment of new industries in the district has provided these landlords with the opportunity to raise inordinately the rent.

I am aware of the danger of arguing from the particular to the general, but the instances of extortionate rents are so numerous that I am justified in saying that shameful overcharging is general and these rents cannot possibly be paid except at the cost of the nutrition of the tenants' families. It was stated during the discussions on the repeal of the Rent Restrictions Act that a marked increase of rent was not likely to follow decontrol. In this district an increase has followed decontrol in almost every instance. The increased rents are general through the district. If I gave instances, it might be objected that they are exceptions, but they are not. A small house in Mill Hill Terrace which was rented under 10s. a week before the war is now rented at 30s. The tenant is a lorry driver, and had to sub-let two of the rooms in order to pay the rent. We have known of instances where a controlled house rented at 8s. a week was sub-let to produce over £3 a week. I submitted a list to the Health Committee of all the rents paid in a certain street. One of the houses was controlled and the tenant paid 15s. a week rent. The other houses were sub-let and produced rents varying from 32s. 6d. to over £3 per week. The average rent per room was 7s. to 8s., per week. These rooms were supposed to be furnished, but we are all familiar with the travesty which is called furnished apartments. A few sticks are put in a room and the owner or tenant who sub-lets is enabled to wax fat on letting it as furnished apartments.

An inquiry into a house and laundry in Stanley Road was made as a result of a complaint that their was overcrowding. There was no legal overcrowding, but the house was occupied as follows :

		Occupants.	Rent.	
			s.	d.
Ground floor		2 adults, 2 children under 10	18	0
First	„ (a)	8 adults, 4 children under 10	16	0



First	„ (b)	2 adults	.....	.....	8	6
First	„ (c)	2 adults, 2 children under 10	.....	.....	12	6
Second	„ (a)	2 adults, 2 children under 10	.....	.....	10	0
Second	„ (b)	1 adult	.....	—	7	0
2 rooms vacant.						
					Total	72 0
					<hr/> <hr/>	

These instances could be multiplied almost indefinitely. It is not always the owner of the property who nets the gross profit from rooms in houses let in lodgings. Sometimes the tenant puts in a few "sticks" and calls it furnished apartments. We are all familiar with the usual excuses given for sub-letting. These people state that they are forced to house more people than could be decently housed, because there is no accommodation elsewhere, and any roof is better than no roof at all.

The argument is false, because it omits to say that half-a-dozen families in one house are forced to pay more than one family. The reason why these houses are sub-let is not philanthropy, but it is compounded of greed, possession and selfishness. More money can be made out of the houses in that way, and little regard is paid even to the health of the occupiers, much less to their comfort.

The high rents which are prevalent in the poorer areas is one of the most serious problems of public health to-day. It will at once be appreciated that a very large number of people in our district have to lower the standard of nutrition in order to pay rent. Our chief concern is the reduction of the wages available for necessities after an exorbitant rent has been paid. There are many workers earning good wage which would be sufficient to support them and their families, but who are actually forced below the poverty line as regards nutrition because of the excessive rents. Sir Francis Freemantle uses the term "three 'R.'s," and states it is generally recognised that the cost of Rent, Rates and Rail. (or 'bus) for travelling to and from work should not exceed one-fifth of the family income. But in spite of the large increase in house building, there was still a large section of the poorer population whose needs were not yet met. There were many who could not afford more than 12s. a week for these purposes, and this figure was considerably beyond the means of workers with large families or with uncertain employment.

If the standard mentioned by Sir Francis Freemantle were observed, the minimum wages in Acton would vary from 75s. to £5 a week. To anyone acquainted with the conditions, it is known that such wages are not available to the great majority of artisans

here, and that the unskilled workmen does not earn anything like these figures. One-fourth and frequently one-third of his wages has to be spent upon rent, and the nutrition of his family has to suffer.

We have extensive records from which conclusions can be drawn and it may be stated that there are very few privately owned non-controlled flats of 3 rooms which are let under 15s. a week. This figure can be taken as a minimum one; many have to pay more than this sum.

As in most other places, our housing problem is essentially one of housing the poor, that is, those who cannot be expected to pay more than 12s. a week in rent, having regard to the other calls on the family income. These people have not been sufficiently catered for in the post-war housing campaign. Houses built by private enterprise are mostly built for owner-occupiers and as the figures on a previous page show, until the flats on the Friars Estate were built, the houses erected by the Council were beyond the reach of those in most urgent need of accommodation.

The question of high rent is our most urgent one at the present time, and the question of closing individual houses is not so important nor does it loom so large. Scattered throughout the district there are certain houses which will in time have to be closed. Some of these have passed the state when they can be rendered fit for human habitation at a reasonable expenditure. Many factors are bringing about the deterioration of these houses. In some of them the owners have not taken sufficient care of the property. Maintenance of houses in a proper state of repair and general fitness is now, in many towns the most difficult part of the sanitary inspectors many duties. The landlord should, but rarely does, regard house property as a wasting asset, and set aside annually a sufficient sum to buy himself out and rebuild when the property reaches the condition of old age. Quite recently when a demolition order was contemplated upon some houses which were admitted to be about 200 years old, possibly more, it was suggested that an attempt should be made to recondition these houses. In the Report of the Departmental Committee on Housing, it is stated unequivocally that they were opposed to the policy of reconditioning as a cheap alternative to the demolition of houses which can and should be demolished as the law stands. These old houses are gradually being demolished and all those for which demolition orders were made would come into the category of worn-out houses.

There is another type of house which is unsatisfactory and difficult to deal with. These are the large and increasing number

of houses which were originally designed for occupation by a single family, but which are now occupied, without structural alteration by two or more families. The conditions in these houses are far worse than in old houses. It is in these houses that the worst overcrowding is to be found. As a rule these houses are deficient in the proper conveniences for washing, cooking and sanitary purposes which are necessary for the accommodation of the increased population which occupy them.

In Acton, these houses are structurally sound and would provide satisfactory accommodation if reconditioned and freed from overcrowding. It is not the house which is at fault, but the use to which the house is put. It is hoped that the new bye-laws will enable us to prevent some, at any rate, of the flagrant abuses associated with this class of house.

### HOUSING.

Number of Houses erected during the year :—

(a) Total (including number given separately under (b) .....	232
(b) With State assistance under the Housing Acts :—	
(i) By the Local Authority .....	42
(ii) By other bodies or persons .....	28

1. *Inspection of Dwelling-houses during the Year 1933* :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .....	1591
(b) Number of inspections made for the purpose .....	3982
(2) (a) Number of dwelling-houses (included under sub-head(1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925 .....	1236
(b) Number of inspections made for the purpose .....	3078
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	Nil.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .....	1476

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

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 1332

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

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

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ..... 138

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners ..... 138

(b) By local authority in default of owners ..... Nil.

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ..... 6

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners ..... 6

(b) By local authority in default of owners ..... Nil.

C.—Proceedings under sections 19 and 21 of the Housing Act, 1930 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made ..... 14

(2) Number of dwelling-houses demolished in 1933, in pursuance of Demolition Orders ..... 3

D.—Proceedings under section 20 of the Housing Act, 1930 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..... Nil.

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

## TABULAR STATEMENT OF INSPECTIONS AND DETAIL OF WORK CARRIED OUT BY THE SANITARY INSPECTORS.

### Number of Inspections and Action Taken.

Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .....	1591
(1) Dealt with by service of Informal Notice .....	1332
(2) Dealt with by service of Statutory Notice under Section 17, Housing Act, 1930 .....	138
(3) Dealt with by service of Statutory Notice under Public Health Acts .....	6
Premises (other than defective dwelling houses) inspected for nuisances and miscellaneous defects.....	714
(1) Dealt with by service of Informal Notice .....	597
(2) Dealt with by service of Statutory Notice under Public Health Act, &c. ....	26
Reinspections subsequent to service of Notice .....	6804
Inspection after notification of Infectious Disease .....	604

### Number of Premises under Periodical Inspection.

Workshops and Workplaces .....	132
Bakehouses .....	29
Slaughterhouses .....	2
Public Health Urinals .....	37
Common Lodging Houses .....	1
Houses-let-in-lodgings .....	57
Butchers' Shops .....	45
Fish Shops .....	29
Premises where food is manufactured or prepared .....	34
Milk Purveyors .....	116
Cowsheds .....	Nil.
Piggeries .....	Nil.
Rag and Bone Dealers .....	7
Mews .....	4
Schools .....	13
Caravan Grounds .....	2

## Rent Restriction Act.

Number of Certificates granted ..... 5

### Detail of Work carried out.

Sanitary Dustbins provided .....	475
Yards paved or yard paving repaired .....	176
Insanitary forecourts remedied .....	49
Defective drains repaired or reconstructed .....	74
Defective soil pipes and ventilating shafts repaired or renewed .....	77
Defective fresh air inlets repaired or renewed .....	68
Defective gullies removed and replaced by new .....	54
Rain water downpipes disconnected from drain .....	19
Dishing and curb to gullies repaired and new grating fixed .....	287
Defective W.C. pan and traps removed and replaced by new .....	58
Defective W.C. flushing apparatus repaired or new fixed .....	413
Defective W.C. seats repaired or new fixed .....	184
Defective flush pipe connections repaired .....	63
Insanitary sinks removed or new fixed .....	35
Sink waste pipes repaired or trapped .....	162
Insanitary wall surface over sinks remedied .....	123
Ventilated food cupboards provided .....	6
Drinking water cisterns cleaned .....	386
Defective covers to drinking water cisterns repaired or new fixed .....	128
Insanitary sites beneath floors concreted .....	15
Spaces beneath floors ventilated.....	127
Dampness in walls from defective damp-proof course remedied .....	138
Dampness from defective roof, rain water gutterings, &c., remedied .....	733
Defective plastering repaired (number of rooms) .....	345
Rooms where dirty walls and ceilings have been cleansed and redecorated .....	2221
Defective floors repaired .....	127
Defective or dangerous stairs repaired .....	26
Defective doors and windows repaired .....	343
Defective kitchen ranges and fire grates repaired .....	139
Defective washing coppers repaired .....	102
Coal cupboards provided or repaired .....	17
New W.C. apartments provided .....	3
Accumulations of offensive matter removed .....	23
Drains unstopped and cleansed .....	214
Overcrowding nuisances abated .....	5
Drains tested, exposed for examination, &c. ....	58

Smoke observations taken	.....	.....	.....	.....	148
Smoke nuisance abated on service of notice	.....	.....	.....	.....	5
Nuisances from animals abated	.....	.....	.....	.....	9
Notifications of waste of water sent to Metropolitan Water Board	.....	.....	.....	.....	242

### UN SOUND FOOD SURRENDERED DURING 1933.

TABLE 1. **Diseased Meat.**

*Tuberculosis.*

PIGS.

52 Carcases with Heads.  
4 Forequarters.  
2 Legs.  
1 Side.  
348 Heads.  
2 Heads & Collars.  
314 Plucks.  
2735 lbs. Chitterlings.  
2 Ribs.

CATTLE.

5 Stirks' Carcases with Offal.  
11 Calves' Carcases with Offal.  
1 Hindquarter of Veal.  
1 Forequarter of Veal.  
2 Stirks' Heads & Tongues.  
3 Calves' Heads & Tongues.  
1 set Ox Lungs with Heart.  
1 set Stirk's Lungs with Heart.  
2 sets Calves' Lungs with Hearts.  
1 Stirk's Pluck.  
1 Calf's Offal.  
21 Calves' Plucks.

*Tuberculosis and Emaciation.*

1 Stirk's Carcase with Offal.

*Parasites.*

1 Ox Liver.  
1 set Ox Lungs with Heart.  
2 sets Stirk's Lungs with Hearts  
1 set Calf's Lungs with Heart.

SHEEP.

38 Sheeps' Plucks.  
54 sets Sheeps' Lungs.  
11 Sheeps' Livers.  
1 Sheep's Head.  
2 sets Sheeps' Lungs with Hearts.

*Pleurisy.*

PIGS.

6 Forequarters.

CATTLE.

4 Calves' Carcases with Offal.  
1 Forequarter of Veal.  
11 Breasts of Veal.  
9 Ribs of Veal.  
14 Calves' Plucks.  
29 sets Calves' Lungs with Hearts.

SHEEP.

2 Breasts of Mutton.  
9 Sheeps' Plucks.  
2 sets Sheeps' Lungs with Hearts.  
10 Ribs of Mutton.

*Pleurisy and Dropsy.*

1 Sheep's Carcase.

*Suppurating Pleurisy.*

PIGS.

1 Carcase with Head.

CATTLE.

1 Forequarter of Veal.  
1 Calf's Pluck.

*Abscesses.*

## PIGS.

1 Hindquarter.

## CATTLE.

9 Calves' Heads.

5 Calves' Plucks.

6 Calves' Livers.

1 piece Loin of Veal.

*Pneumonia.*

4 Calves' Carcasses with Offal.

1 Calf's Pluck.

*Actinomycosis.*

1 Cow's Head with Tongue.

*Jaundice.*

2 Calves' Carcasses with Offal.

*Dropsy.*

4 Calves' Carcasses with Offal.

*Dropsy and Emaciation.*

1 Cow's Carcass with Offal.

1 Heifer's Carcass with Offal.

## SHEEP.

4 Sheeps' Carcasses with Offal.

*Adenitis.*

## CATTLE.

11 Calves' Plucks.

4 Calves' Livers.

*Arthritis.*

1 Knuckle of Veal.

2 Hindquarters of Veal.

## SHEEP.

1 set Sheep Shanks.

 $\frac{1}{2}$  Leg of Mutton.

## PIGS.

*Urticaria.*

1 Skin.

*Pyæmia.*

1 Carcass with Head.

## CATTLE.

2 Calves' Carcasses with Offal.

*Leukaemia.*

1 Calf's Carcass with Offal.

*Moribund.*

## PIGS.

1 Carcass with Offal.

## CATTLE.

10 Calves' Carcasses with Offal.

1 Heifer's Carcass with Offal.

*Dead.*

1 Calf's Carcass with Offal.

*Cirrhosis.*

1 Ox Liver.

2 Stirks' Livers.

*Fevered.*

1 Calf's Carcass with Offal.

*Nephritis.*

2 Calves' Kidneys.

*Septicaemia.*

1 Calf's Carcass with Offal.

*Congestion.*

4 Calves' Plucks.

*Lymphadenitis.*

## PIGS.

2 Hindquarters.

*Bruised, Fractured, etc.*

1 Carcass with Head.

3 Hindquarters.

1 Leg.

1 Forequarter.

## CATTLE.

3 lbs. Loin of Veal.

2 Legs of Veal.

2 Ribs of Veal.

3 Breasts of Veal.



*Unsound.*

## PIGS.

- 2 Carcases.  
144 lbs. of Pork.

## CATTLE.

- 1 Ox Liver.  
1 Calf's Carcase with Offal.  
145 lbs. Hindquarter of Beef.

## OTHER FOODS.

*Bruised.*

- 35 lbs. of Turkeys.

*Unsound.*

- 7 boxes Cod Fillets.  
14 lbs. Skate Wings.  
1 Tin of Prawns.

- 7 Chickens.  
1 Duck.  
1 Turkey.  
2 tins Ox Tongue.  
3 (6 lb.) tins Corned Beef.  
3 (7 lb.) tins Corned Beef.

**TABLE II.**

NUMBER OF PIGS' CARCASES INSPECTED FROM 1ST JANUARY TO 31ST DECEMBER, 1933 WITH ANALYSIS OF SURRENDERS ON ACCOUNT OF DISEASE.

1933	No. of Carcases Inspected.	No. of Heads Diseased.	No. of Carcases Diseased.	No. of sides Diseased.	No. of Fore Quarters Diseased.	No. of Hind Quarters Diseased.	No. of Legs Diseased.	No. of Shoulders Diseased.	Plucks (Lungs, Livers and Hearts).	Mesenteries, Stomachs and Intestines	Pieces of Pork.
January .....	2226	31	5	—	1	—	—	—	47	388 lbs.	— lbs.
February .....	1581	34	5	—	—	—	1	—	34	288 „	— „
March .....	1629	27	3	—	—	—	1	—	23	216 „	— „
April .....	1170	39	2	—	—	2	—	—	31	280 „	— „
May .....	1330	44	11	—	—	—	—	—	19	152 „	— „
June .....	1059	13	1	—	2	—	1	—	19	136 „	— „
July .....	1058	25	6	—	—	2	—	—	22	208 „	— „
August .....	1036	23	5	—	1	1	—	—	21	178 „	18 „
September .....	1653	41	6	—	2	1	1	—	26	208 „	— „
October .....	2179	55	7	—	3	1	—	—	30	248 „	188 „
November .....	1763	50	7	—	1	1	—	—	34	288 „	— „
December .....	1897	39	3	—	1	—	1	—	27	200 „	— „
<b>TOTAL</b> .....	<b>18581</b>	<b>421</b>	<b>61</b>	<b>—</b>	<b>11</b>	<b>8</b>	<b>5</b>	<b>—</b>	<b>333</b>	<b>2790 „</b>	<b>206 „</b>

## SANITARY CONDITION OF SCHOOLS.

A complete survey of the Sanitary arrangements and water supply of the schools was made by Mr. Kinch early in 1934. The following table gives a summary of the conditions which obtained in each school.

School.	Drainage.	Drinking water from cisterns.	Number and position of taps on main.	Cistern covered.
Acton Wells School	Modern— Satisfactory.	Partly.	3 fountains in playground.	No.
John Perryn School.	do.	No	All drinking water taps on the main.	Yes.
Central School.	do.	Partly	2 fountains in playground.	Yes.
Derwentwater School.	do.	Partly	Tap in Infants Cloak-room & use of the 2 fountains in playgrounds of Central School.	Yes.
Priory School.	do.	No.	Taps in 4 cloak rooms and 3 fountains in playgrounds.	No.
Southfield Road School.	do.	Partly.	2 fountains in playgrounds.	Yes.
Beaumont Park School.	do.	Partly.	Taps in 2 class- and 2 Head-Mistresses' rooms.	No.
Turnham Green R.C. School.	do.	No.	All supplies direct from main.	No cistern.

Rothschild School.	do.	No.	All drinking water direct from main	Yes.
Berrymede School (Junr. Girls & Infants)	do.	Yes.	None	Yes.
Berrymede School (Junr. Boys)	do.	Yes.	None	Yes.

There were two unsatisfactory conditions, one of which already has been remedied and the other will be remedied in the summer of 1934.

There had been carelessness in the cleaning of the cisterns. This matter had been discussed by the Education Committee before our survey was made and arrangements had been made to clean them out before the report was brought to their notice. All the cisterns have now been cleaned. A further step will be taken during the summer holidays and all the taps from which drinking water is taken will be on the main. The work has been included in the years estimate and it will be carried out in the summer holidays.

## INSPECTION AND SUPERVISION OF FOOD.

### MILK SUPPLY.

There are no cowsheds in the Borough, all the milk being produced outside.

There are 91 persons or firms retailing milk in the district under the following categories :—

Dairymen.			Purveyors of Milk.
No. with rounds <i>not</i> occupying premises in the Borough.	No. with rounds occupying premises in the Borough.	No. of General shops from which milk is sold from covered pans only	No. of shops from which milk is sold in closed and unopened receptacles only.
8	18	25	67

### SPECIAL DESIGNATED MILK.

The number of persons or firms licenced to sell Special Designated Milk are as follows :—

- 4 ' Certified '
- 7 ' Grade A (Tuberculin Tested) '
- ' Grade A '
- 11 ' Pasteurised '
- 1 ' Grade A Pasteurised '

### BAKEHOUSES.

Of the 29 bakehouses in the Borough 5 are underground these were licensed under the Factory Acts of 1901.

### SMOKE INSPECTIONS.

Several complaints were received with regard to smoke nuisances from three factory chimneys. In two cases the nuisances were abated by the occupiers using a better quality coal but in the third, the nuisance was still very bad at times and the owners were threatened with Police Court Proceedings unless an improvement was effected. They then installed a smoke consuming apparatus, but notwithstanding, the smoke emitted is occasionally unsatisfactory, which in my opinion is due entirely to the poor quality of the coal burnt. Observations of the chimney are continually being made and all steps will be taken to make the occupiers comply with the requirements of the Public Health (Smoke Abatement) Act and the Council's Bye-law made thereunder.

### MEAT INSPECTION.

There are two slaughter-houses in the Borough, in one pigs only are slaughtered and in the other cattle and sheep only. Every carcass is thoroughly examined by a certificated Meat and Foods Inspector at the time of slaughter, and it will be seen from a preceding table, that a considerable number of carcasses are affected with disease.

At the slaughter-house where pigs only are slaughtered, the Occupiers in April last, installed an Electro-Lethaler for anaesthetising the pigs before sticking. The instrument is in the form

of a large pair of tongs which are gripped on to the neck of the animal immediately behind the ears. The action of gripping switches on an electric current which renders the pig unconscious for about two minutes. It is then 'stuck' and bled to death before recovering consciousness. This method is so quick, easy and effective that it causes no squealing. It requires no great skill to manipulate the appliance and it entails no danger to the operator.

From the large number of pigs I have seen dealt with in this manner, I am satisfied that it is the most humane method of slaughtering yet devised.

It has not been necessary to institute Police Court proceedings for any offence against persons dealing in food.

### BIRTHS.

Table 7 gives particulars of the births registered and notified in the district, and the births belonging to the district which have occurred and been registered outside the district.

It has been explained in previous reports how these figures are obtained. The total number of registered births is obtained from the Registrar General, and the notified births are obtained through the notification of births in the district, or from the Medical Officers of Health of districts in which the outside births have occurred.

The total number of births registered was 886—being 469 males and 417 females, —and the figure is equal to a birth-rate of 12.6 per 1,000 inhabitants. In addition 33 still births were returned as belonging to the district. This is not only the lowest birth-rate for the district, but it is also the lowest number of births which has been registered in the district for nearly 40 years. Not since 1895 has there been actually less births registered than the number registered last year. 'The population of the district, of course, was much less in the closing years of last century' and to reach this figure the birth-rate has steadily declined for nearly half-a-century.

This phenomenon is not peculiar to Acton, and the factors which have brought this result are operative throughout all the cultured races of the world. When the figures for the kingdom will be published there will probably be again an outcry about race suicide and other prophecies about dire results of birth control. Whatever views may be held about birth control, the practice has

come to stay. In the course of the last two years there has been observable on all sides a tendency for discussions on birth control to centre upon practical rather than upon moral issues. It is estimated that the number of couples who practice abstinence as a contraceptive method is so small as to be negligible. The use of contraceptive methods is practised amongst most classes of the population.

Although the birth-rate in the South-West Ward is still higher than that in the rest of the district the fall in the rate has been as marked in that ward as was the fall observed in the other wards. The notified births were distributed as follows:—

<i>North-East.</i>	<i>North-West.</i>	<i>South-East.</i>	<i>South-West.</i>
274	213	127	261
The birth-rate in each ward was:—			
12.2	12.7	7.7	17.6

## DEATHS.

492 deaths were registered in the district; of these 31 did not belong to Acton, and were transferred to other districts.

329 deaths of Acton residents occurred outside the area and have been included in our returns.

The total number of deaths belonging to the district is therefore 788, which corresponds to a death-rate of 11.2 per 1,000 inhabitants.

There is a slight discrepancy between this number and that of the Registrar General because his numbers are those registered during the calendar year. His number is 783 and mine is 788. My number is correct as far as information has been received of the total number of deaths which occurred in 1933.

### Causes of Death.

Considerable attention has recently been drawn to the great increase in the number of deaths from certain diseases. In one sense, there is a paradox in the present situation regarding some diseases, such as Heart Disease, Cancer, Diabetes, etc. There has been an unquestionable improvement in the treatment of these diseases. Nevertheless, there has occurred an increase in the num-

ber of deaths. The natural conclusion would be that many more cases are occurring than did in the past. We do not have exact data on this matter, such as notification in the case of persons suffering from Tuberculosis gives us ; if we did we should not be in the dark as to the increase and its extent.

The increase in the incidence of some diseases is compounded of many factors, and part of it only may be called a real increase.

The number of cases which are recognised has grown rapidly through the expansion of medical facilities, improvements in the technique of diagnosis and the increased use of these techniques. Not only are sick people more thoroughly examined, but early cases are picked out in greater numbers through an examination of supposedly healthy persons. In this an increase in the examination for life assurance has played a prominent part.

All the improvements in medical facilities and in early discovery through more thorough and frequent examination of persons both in health and sickness had not really added a single case to the number of persons suffering from these diseases. It has merely enabled us to identify more cases than before, and when death occurred these deaths have been registered as due to these diseases, whereas in the past many of these cases were not diagnosed and the deaths were registered as due to other causes.

In the case of heart disease, it is generally recognised that within recent years there has been a great advance in our knowledge of cardiac disorders, and an entirely different conception now exists as to the fundamental causes of heart failure. Formerly, it was considered that the important causation of death from heart disease was always an affection of the valves of the heart, and unless a murmur was heard the death was attributed to some cause other than heart disease. It is now recognised that the essential cause of cardiac failure lies in the heart muscle and is due to changes in the heart muscle which render it unable to maintain an efficient circulation. This change of view has resulted in an enormous addition to the number of deaths attributed to heart disease, but the increase is most noticeable in the deaths of old people. Of the 148 deaths which occurred last year, 106 of them were in persons over 65 years of age. I have taken at random the deaths in one month last year and in each case the death certificate stated that death was due to—(a) Myocarditis and (b) Senility. The ages of these persons were 90 years, 86 years, 85 years and 78 years respectively. Because the doctors happened to have stated that the immediate



cause of death was myocarditis these deaths are included under Heart Disease. There were only 19 deaths from old age, and all these were certified by about 5 doctors. In one institution, two only of the doctors ever give a certificate that the death is due to old age the others state that the immediate cause of death is either Myocarditis, or Bronchitis or some illness which particularly affect old people. Similarly only about 3 doctors in the district sign a certificate that the death was due to old age.

Apart from the changing age-incidence of the population there is no indication that heart disease is becoming more frequent. The increase is due to a change in the prevailing views of the certifying doctors, upon whose certificates the statistical structure rests.

One of the most important factors in the increased number of deaths from such diseases as Heart disease and Cancer has been the altered age incidence of the population, which has been in the direction of increasing the proportions in our population of those groups in which the incidence of these diseases is highest. The average age of the population and of those who die is considerably higher than it was 20 or 30 years ago and consequently the risk of succumbing to these diseases is much greater. Cancer is essentially a disease which occurs in late middle life and old age. Of the 111 deaths from Cancer which occurred in Acton last year, 60 were in people over 65 years of age. Approximately about one-half of the deaths from Cancer are in people over 65 years of age. It will thus be obvious how the age incidence of the population affects the prevalence of Cancer.

These factors, of course, are not sufficient to account for the increased incidence of all diseases. To anyone acquainted with vital statistics, it is known that whilst the incidence of some diseases is apparently stationary that of others varies considerably. Some diseases attack and kill at very nearly the same rates year after year and the slight differences which are discernable can be accounted for satisfactorily; others, and this includes the common endemic infections vary in more or less rhythmical cycles. Last year was a non-epidemic year of Measles, and only 1 death occurred. Diphtheria, on the other hand, continued in epidemic form and accounted for 23 deaths. The question of Diphtheria is dealt with on another page. Broadly, the deaths from the usual infectious diseases, show a steady decline.

Others, in addition to those mentioned, show a steady increase, and one of the diseases which has attracted attention re-

cently has been Diabetes. This disease has increased steadily in incidence and somewhat irregularly in fatality and has shifted its character. The irregularities in the behaviour of Diabetes have been influenced by insulin, but to suggest that insulin is responsible for the increased incidence of diabetes is grotesque. The first obvious results of the general use of insulin were to reduce the recorded mortality of diabetes and to advance its age of fatality. The latter continues; diabetics live longer than they did. The former possibly was temporary and disappeared.

A number of causes have been at work which have in a real sense increased the number of diabetics. During the last generation, until the present world-wide depression occurred, there had been a very appreciable improvement in the economic condition of all classes of the population. Real wages increased, and with this came an increase in the buying power of the people. On all sides, the average man could enjoy, and did enjoy the use of more and more food, and other comforts of life. Concomitant with the rise in the standards of life was an increase in the use of machinery and a greater mechanisation of industrial processes. More and more people took to industrial employment and in such employment were called upon to a lesser degree to use their energy in the production of work. More food materials were taken in and less energy was called upon to burn it up. The result may be over-feeding, and an increase in the number of overweight persons, among whom diabetes takes its greatest toll. On the other hand, in diabetes, again, it is probable that the greater attention paid to diagnosis in general and to examination of the urine in particular, especially for life assurance and superannuation purposes, is responsible for the discovery of a larger number of diabetics than formerly and for increased certification of diabetes as the cause of death.

### **Deaths in Public Institutions.**

386 deaths occurred in Public Institutions; this number does not include the deaths in nursing homes. I have previously commented upon the increasing use which is made of public institutions whenever an illness occurs. At the present time in Acton less than one half of the deaths occur in the home.

### **Inquests and Coroner's Inquiries.**

43 inquests were held and in 14 instances the Coroner issued a certificate without an inquest after he had ordered a post-mortem examination.

## INFECTIOUS DISEASES.

### Diphtheria.

During the year 161 cases of Diphtheria were notified and there were 23 deaths from the disease.

In last year's annual report a detailed account was given of a most virulent outbreak of Diphtheria which broke out in September, 1932, and the epidemic which caused the deaths in the early part of 1933 was a continuation of the 1932 outbreak. Although an arbitrary period has been taken for annual reports, an account of the outbreak in one year would be incomplete. I am therefore giving a table showing the notifications and deaths from September, 1932.

	Date.	Notifications.	Deaths.
1932	September.	17	3
	October	33	4
	November	48	9
	December	17	2
1933	January	29	3
	February	17	7
	March	26	4
	April	15	3
	May	19	2
	June	17	2
	July	13	0
	August	4	0
	September	4	0
	October	7	0
	November	2	0
	December	7	1

In last year's report a table was given showing the incidence of the disease since 1890 and from that table it will be seen that there have been irregular periods of minimum and maximum prevalence. The last period of maximum prevalence was in 1920-1921 and 1922 and followed a period of a comparatively low incidence of only 4 years. The outbreak of 1932 followed a very low period of minimum prevalence of 9 years, and it was reasonable to conclude that the period of maximum prevalence would be a prolonged one. It appears as far as can at present be predicted, that the period of maximum prevalence has been very considerably shortened. The only change in the attack upon the disease has been the introduction of artificial active immunisation of the children, and so far, the re-

sults have been highly gratifying. In the school report, figures are given which show the work which has been done in this direction, and it appears that from the herd immunity point of view, we can claim that the procedure has been a success. Individually also, it has been successful. Among 3725, of whom 2725 had received the full protective three doses and 1,000 were schick negative, there were only 3 children who developed clinical diphtheria, and were admitted to the Fever Hospital. These cases occurred within 3 months of the final inoculation. These cases were comparatively mild, and all recovered without any of the usual complications.

The results of our work have justified the claims which were made when the scheme for immunisation was launched. We are now concentrating upon the pre-school child and the school entrants, and the future success of the scheme will depend upon the extent to which the parents will respond.

### **Tuberculosis.**

78 cases of Pulmonary Tuberculosis and 11 cases of other forms of Tuberculosis were notified during the year.

There were 53 deaths from Pulmonary Tuberculosis and 9 deaths from other forms of Tuberculosis.

The death notification interval of the 53 patients who died of Pulmonary Tuberculosis in 1933 was :—

Information from Death Returns	.....	.....	.....	11
Died within 1 month after notification	.....	.....	.....	7
Died between 1 and 3 months after notification	.....	.....	.....	6
Died between 3 and 6 months after notification	.....	.....	.....	1
Died between 6 and 12 months after notification	.....	.....	.....	10
Died between 1 and 2 years after notification	.....	.....	.....	7
Died between 2 and 3 years after notification	.....	.....	.....	5
Died over 3 years after notification	.....	.....	.....	6

On December 31st the following is a statement of the particulars appearing in the Register of cases of Tuberculosis.

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		TOTAL
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
Number of Cases of T.B. on the Register at the commencement of year	119	158	150	25	368

Number of Cases notified for the first time during the year	37	28	6	6	77
Number of Cases previously removed from the Register which have been restored thereto during the year	1	—	—	—	1
Number of Cases added to the Register other than by notification	4	7	—	—	11
Number of Cases removed from the Register during the year	38	24	4	4	70
Number of Cases remaining on the Register at the end of the year	162	161	37	27	387

In 1931, the Tuberculosis Officer examined 59 new cases of Pulmonary Tuberculosis and 11 new cases of Non-Pulmonary Tuberculosis. 62 patients were admitted to Sanatoria under the county scheme and 14 were admitted to Hospitals.

Age Periods	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory		Respiratory.		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0- .....	—	—	—	—	—	—	—	—
1- .....	—	—	—	—	—	1	1	—
5- .....	—	1	1	2	—	—	1	1
15- .....	10	12	1	1	5	5	1	1
25- .....	11	11	1	1	9	7	1	1
35- .....	8	7	2	—	8	3	1	—
45- .....	7	3	1	2	5	2	—	—
55- .....	6	1	—	—	5	1	—	—
65 and upwards .....	—	—	—	—	1	1	—	—
Totals .....	42	38	6	6	33	20	6	3

## ISOLATION HOSPITAL.

738 cases were admitted during the year compared with 758 cases during 1932.

On January 1st, 1933, there were 107 cases in the hospital and on January 1st, 1934 there were 64.

The following is a list of the cases admitted for the different diseases.

	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Erysipelas.</i>	<i>Chicken-Pox</i>
Acton .....	373	157	—	—
Wembley .....	114	33	4	1
Kingsbury .....	46	10	—	—
TOTAL	738			

The 26 deaths were distributed as follows:—

	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>	<i>Measles.</i>
Acton .....	1	22	1
Wembley .....	2	—	—
Kingsbury .....	—	—	—

## BACTERIOLOGICAL EXAMINATIONS.

(a) For Diphtheria	<i>Positive.</i>	<i>Negative.</i>
Total Examinations 2191 .....	203	1988
Sent by Medical Practitioners .....	81	439
do. (re-examinations) .....	2	81
Sent from Isolation Hospital .....	92	764
do. (re-examinations) .....	—	11
Convalescents (1st Swabs) .....	—	120
Contacts .....	20	485
do. (2nd examinations) .....	—	7
Carrier's Swab. ....	2	3
Precautionary Swabs .....	—	5
School Sore Throats .....	6	73

(b) For Ringworm.	<i>Positive.</i>	<i>Negative.</i>
Total Examinations—19 .....	15	4

(c) For Tubercle.	<i>Positive.</i>	<i>Negative.</i>
Total Examinations—142 .....	29	113

## MATERNITY AND CHILD WELFARE.

### Infantile Mortality.

41 deaths occurred in infants under 1 year, corresponding to an infantile mortality of 46 per 1,000 births. This is the lowest infantile mortality recorded in the district; the next lowest was that of 1930 when it was 50 per 1,000 births. One of the most striking features of the past year has been the comparative absence of diarrhoea in a particularly hot and dry summer. A few years ago such a phenomenon would have been unexpected, and, in the beginning of the century it would have been astounding. In the early years of my tenure of office in Acton, there were certain events which were particularly dreaded, among these were a major epidemic of measles during the winter and a very hot dry summer.

Although the mortality from Measles has been considerably reduced, it still occupies a fairly prominent place in our death returns; but diarrhoeal diseases among infants have almost disappeared as a cause of death. It has been hinted that the causes of immunity from Diarrhoea mortality were associated with climatic conditions, and that it was unfair to compare an infantile mortality with that of former years as we have experienced a series of cold wet summers. But it is perfectly fair to compare the summer of 1933 with those of 1921, 1911 and 1906. As far as climatic conditions are concerned the summer of 1933 was a particularly favourable one for the development of summer Diarrhoea and yet in the third quarter of this year only two deaths of children under two years of age occurred in Acton from Diarrhoea. Altogether 7 deaths occurred from Diarrhoea.

This improvement is not exceptional and limited to a few places, but it has been observed almost throughout the whole country. Some towns have no recorded deaths from the disease, and in only one Metropolitan Borough and in Sunderland, was there a death-



rate of over 30 per 1,000 births from Diarrhoeal diseases in children under two years old. Last year the figures for the worst places would have been considered extraordinary in the best towns at the beginning of this century. It may be interesting to compare our figures with those before and in the early years of the child welfare movement.

In 1906 there were 96 deaths from Diarrhoeal diseases, 80 of them in infants under 12 months ; in 1911 there were 98 deaths of which 68 were in infants under 12 months ; in 1921 there were 29 deaths of which 24 were in infants under 12 months old.

In the later years of the last century and the early years of this one, Diarrhoeal diseases were the most important causes of death in infants as the following figures will show.

<i>Year</i>	<i>No. of deaths from Diarrhocal Diseases.</i>
1897	80
1898	50
1899	56
1900	50
1901	69
1902	23
1903	21
1904	82
1905	40

At that time summer Diarrhoea was considered to be due to a micro-organism which resided in the superficial layers of the earth. The micro-organism was supposed to have the power of leaving the soil being carried in the air gaining access to the food and of being introduced into the human body. The development and multiplication of the micro-organism depended on a high temperature not in the air itself but in the superficial layers of the soil.

Diarrhoea incidence was believed to mark time with the sub-soil temperature and epidemics of that disease were expected, when the thermometer four feet below the surface registered 58 Fahrenheit. This year for weeks on end the sub-soil temperature exceeded 60o Fahrenheit. The whole of the quarter was dry and hot. The weather of July was notably dry and sunny, and over England and Wales as a whole the rainfall was below the average. The two warmest spells occurred during the first week and between the 18th and 27th. Day temperatures of over 90° Fahrenheit were recorded and in one place 94°F. was reached.

The weather of August was again unusually warm and sunny as well as notably dry. With the exception of 1911 it was the warmest August since 1841. Day readings of 90° F. or above were recorded at a large number of stations on several days. Abundant sunshine was one of the noteworthy features of the month.

September was an unusually warm and sunny month. On several occasions in the early part of the month a maxima of 80° F. was recorded and in isolated places readings of 84° F. were recorded.

But in spite of these conditions there was no Diarrhoea. The disease was negligible, and in many parts of the country it was entirely absent. If these climatic conditions had obtained 30 years ago, Diarrhoea would be rampant and many deaths of infants would have resulted. But though Diarrhoea was associated with certain climatic conditions, no one explained what were the changed circumstances which initiated an epidemic enteritis, and in view of this year's experience we have to abandon the view that there is any connection between an epidemic and the rise of the sub-soil temperature.

The early pioneers of sanitation attributed most diseases to filth, and in particular summer diarrhoea was supposed to be due to milk infection. Different epidemics were said to have been primarily caused by the Shiga, Flexner, Morgan, Welch and other bacilli, and the exponents of the filth theory would probably claim that our efforts towards cleanliness have been successful in combating these organisms and resulted in a diminution of summer diarrhoea. The explanation is not such a simple one.

It is true that vast strides have been made to secure cleanliness both inside and outside the home and this probably has exercised a most beneficial influence, but it is not the only cause of the lessened incidence of summer diarrhoea. Concurrently with the lessened incidence of diarrhoeal diseases in the summer there has also been a marked diminution of deaths from respiratory diseases in the winter. The usual and commonest cause of disease in children is probably the abnormal activity of the normal denizens of the bowels and respiratory tract. These latter organisms avail themselves of an exaltation of virulence and are able to pass the usual barriers and to pour their poison into the blood. In the case of diarrhoea infection never came out of a clear sky, and previous digestive disorders paved the way for the invasion. As long as we concentrated our attention on the prevention of outside contamination, our efforts were not successful. The success achieved in the

prevention of summer diarrhoea is due not to any special measures taken during the hot months of the year, but to the general preventive work throughout the year. Continuous propaganda among the mothers has instilled in them a lively interest in the prevention of certain diseases, and one of the most marked results is the absence of Diarrhoeal diseases in a hot and dry summer. We have travelled a great distance since the days when we had to preach against the long rubber tube bottle. If one wished to see such a bottle nowadays, one would have to visit a museum, and yet in the beginning of this century these bottles were in frequent and constant use. It was no unusual sight to see one of these bottles placed on the hob so that the milk could be kept warm whilst the baby fed.

We sometimes hear a claim made that the infantile mortality, especially, from Diarrhoeal diseases, has been reduced by the efforts of the dairymen to obtain a purer milk supply. Everyone admits the improvement which has taken place in the character of the milk supply, but the cause which operated in the banishment of the long-tube bottle also brought about, partly, at any rate, the improvement in the milk supply.

Infant Welfare propaganda created an appreciation of cleanliness in the mothers, and particularly cleanliness in food. A demand for clean milk was one of the results, and the demand of the mothers was more effective than the pleading of the sanitarians. Since the dawn of bacteriology, Sanitarians had pointed out the unsatisfactory condition of milk, but their plea for a clean supply was met with the retort that clean milk would become prohibitive in price. Opportunely, powdered milk was placed on the market, and at once attained great popularity. Some astute members of the milk trade saw the danger, and immediately proceeded to set their house in order. To-day the majority of the milk distributors recognise that a clean milk supply is an asset to them, but it is as well to recognise the forces which have operated towards cleanliness.

A hot summer such as we have experienced in 1933, provides us with an opportunity, to mark the progress which has been made and to review the causes which have led to the great reduction in our infantile mortality. Among the foremost of these, is the intelligent interest which mothers nowadays take in the health of the children. We no longer hear remarks about the abysmal ignorance of young mothers, except in the rarest circumstances. A health visitor gets better results when the young mother has sole charge of her baby, than when she is trammelled by the advice of the grandmother.

## Maternal Mortality.

5 deaths occurred in child bearing women, all of whom died outside the Borough: the circumstances in which the death took place were thus rendered very difficult of investigation. We do know that in 4 of these ante-natal supervision had been exercised. Two of the deaths were in unmarried women, one of whom had not previously to her death been examined by a doctor. One of the cases had arranged for admission to Park Royal Hospital and had attended the prenatal clinic.

Statistics have frequently been published to show that, from the purely obstetric point of view, it seems to matter little where delivery takes place, and provided that labour is normal, there is little doubt that the woman delivered in a slum is running no more risk of dying than if she were delivered in a modern labour ward. Normal labour, though, can never be guaranteed, but efficient prenatal work by a process of weeding out, can do a great deal in this direction. It may be argued that in these circumstances, our efforts should be directed towards a more comprehensive scheme of pre-natal supervision, so that abnormal confinement may be to a large extent foreseen and treated in an institution.

There is a diversity of opinion as to the relative advantages and disadvantages of the home and the maternity home or hospital in a case of normal confinement, and as stated above, statistics can be made to prove either.

But there are factors in which health workers are interested other than the risks of the actual confinement and these factors decide the success or failure of the facilities which an authority may make for an uncomplicated confinement. The Council's scheme for uncomplicated confinements has been described in a previous annual report. Arrangements have been made with the Middlesex Council for the admission of cases to the Central Middlesex Hospital, the Borough Council pays an agreed sum to the County and assesses the fees to be paid by the patient.

The following figures show the number of cases admitted under the Council's scheme since its initiation.

1931	
Cases admitted during :—	
1st Quarter	1
2nd Quarter	7
3rd Quarter	20
4th Quarter	22

## 1932

Cases admitted during:—

1st Quarter	.....	25
2nd Quarter	.....	32
3rd Quarter	.....	32
4th Quarter	.....	33

## 1933

Cases admitted during:—

1st Quarter	.....	26
2nd Quarter	.....	43
3rd Quarter	.....	39
4th Quarter	.....	41

In spite of the lower number of births which occur in the district, the number of confinements which take place in institutions is steadily increasing and there are many reasons to account for this increase. I think the primary reason is the lack of adequate accommodation in the home. The high rents which are being asked in the district preclude a large number of newly married couples from obtaining more than two or three rooms. Most of the expectant mothers applying for admission are living in only a part of the house and the following figures will give some idea of the difficulties which have to be faced. Seven occupied only 1 room, and the weekly rents paid were:—

s.	d.	
4	0	1
7	0	1
7	6	1
10	0	2
12	6	1
15	0	1

Thirty-four occupied 2 rooms and the weekly rents were:—

Under	10 0	2
Between 10s. & 12s. 6d.		6
Between 12s. 6d. & 15s.		15
Between 15s. & 17s. 6d.		6
17s. 6d. and over		6

Fifty-nine occupied 3 rooms and the weekly rents of these were:—

Under 15s.	1
Between 15s. & 20s.	25
Between 20s. & 25s.	16
25s. and over	8

Apart from the fact that the expense of a confinement is a serious item, it is difficult for the mother to obtain the rest which is necessary during the puerperium.

It has been objected to institutional confinements that the mother and child come out of hospital ill-adapted to a normal life, and that the mother in a home confinement can be taught during the puerperium the proper care of her baby, and that breast-feeding is better established under home conditions. This has not been our experience here. A hospital confined mother is, in our experience, more educated in the methods of infant feeding, and more especially, she is less apt to start night feeding. How much trouble does a mother store up for herself when she starts to give her infant a night feed, and how difficult it is to break the habit once it is formed.

We find also that a higher percentage of institution trained mothers endeavour to breast-feed their infants. There is not so much tendency to abandon breast-feeding on account of some imaginary cause which is non-existent. She is not so inclined to wean the baby because she imagines that the milk does not agree with him, or that the breast-milk is not nutritious.

These advantages can of course be attained easily at home, provided an intelligent midwife is in attendance. Strange though it may seem, a large number of women in Acton are still attended by non-qualified and non-registered women, and though a doctor is engaged and may be in attendance, these mothers are not made to realize the importance of regular feeding, the care of their breasts and other duties of motherhood.

There is little doubt also that rest, both to the body and the mind, is essential for the first ten days or a fortnight after delivery. In most cases this is more easily obtainable in a maternity home than it is in their own homes, and this rest is a great boon to the mother. One gynaecologist has stated that he was looking forward to a great decrease in the number of cases of genital prolapse as a result of the general extension of maternity hospitals. Some mothers will worry wherever they may be. They take their troubles with them to the hospital, and wonder what the other children are doing and if the father has shelved some of his responsibility whilst the mother is in hospital, but in the majority of cases, the mother in

an institution for her confinement is relieved of much petty worry and anxiety.

The arrangement with the authorities of the Acton Hospital for the treatment of complicated cases of pregnancy has been renewed, and three patients were admitted into the hospital during the year.

### **Pre-Natal Clinic.**

There has been no change in the arrangements for the examination of expectant mothers. The clinic is held in the School Clinic premises in Avenue Road, and Dr. Bell is in charge. 25 sessions were held with a total of 259 attendances.

Patients who book admission to the Central Middlesex Hospital attend a clinic held at the hospital after one attendance at the Council's clinic.

### **Maternity Home.**

The Council has an agreement with Middlesex County Council for the admission of maternity cases into Park Royal Hospital. The arrangements were reported fully in a previous report. During 1933, 148 cases were admitted under this agreement.

### **Day Nursery.**

The Nursery is situated in Bollo Bridge Road, and is open on five days a week.

The Nursery was open on 235 occasions, and 5,956 whole-day attendances were made.

There has been an improvement in the number of attendances this year.

### **Nurse Children.**

At the end of the year 1932, there were 42 children and at the end of the year 1933, there were 52 children on the register.

FOSTER CHILDREN.

No. as at 31st. Dec. 1932.	Notice of Reception of Children during 1933.	NOTICE OF REMOVAL TO :					Children Adopted	Died.	Children reached age of 9	No. as at 31st. Dec. 1933.
		Parents.	Another area with Foster Parent.	Another Foster Mother	Public Institution or Home.	Other causes.				
42	40	13	2	8	3	2	—	1	1	52

FOSTER MOTHERS.

No. as at 31st Dec., 1932.	Application for Registration during 1933.	Removed to another Area with child.	No longer a Foster Mother.	No. as at 31st. Dec., 1933
30	31	2	19	40



**Child Welfare Centres.**

There has been no change in the arrangements for the Child Welfare Centres since last year. Seven sessions are held weekly—4 in Avenue Road, 1 each in Steele Road Mission, John Perryn School and St. Gabriel's Hall.

**Pre-Natal Clinic.**

There has been no change in the arrangements for the examination of expectant mothers. The clinic is held in the Clinic premises in Avenue Road, and Dr. Bell is in charge. Six sessions were held with a total of 259 attendances.

Patients who had admission to the Central Maternity Hospital attend at the clinic at the hospital after one consultation at the Council's clinic.

**Maternity Home.**

The Council has an agreement with Maternity Home, Council for the admission of maternity cases into the Maternity Hospital. The arrangements were reported fully in last year's report. During 1933 145 cases were admitted under the agreement.

**Day Nursery.**

The Nursery is situated in St. John's Road, and is open on five days a week.

The Nursery was open on 135 occasions, and 5,121 children were cared for.

There has been an improvement in the attendance this year.

**Nurse Children.**

At the end of the year 1932, there were 42 children, and at the end of the year 1933, there were 52 children on the register.

30

1933

5

13

40

42

POLICE OFFICER/ST. JOHN'S

MRS. CHILDEZ

**TABLE I.**

**BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1933.**

The Mortality rates for England and Wales refer to the whole population, but for London and the towns to civilians only.

	Rate per 1,000 Total Population.		ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 LIVE BIRTHS		PERCENTAGE OF TOTAL DEATHS			
	Live Births.	Still-births.	All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under two years).	Total Deaths under one year.	Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M. No Inquest.	Uncertified Causes of Death.	
England and Wales .....	14.4	0.62	12.3	0.01	0.00	0.05	0.02	0.05	0.06	0.57	0.54	7.1	64	90.9	6.3	1.9	0.9	
118 County Boroughs and Great Towns, including London .....	14.4	0.67	12.2	0.00	0.00	0.06	0.02	0.06	0.18	0.55	0.49	9.4	67	91.0	6.0	2.5	0.5	
132 Smaller Towns Estimated Populations, 25,000-50,000) .....	14.5	0.63	11.0	0.00	0.00	0.04	0.02	0.04	0.04	0.53	0.44	4.9	56	91.7	5.8	1.5	1.0	
London .....	13.2	0.45	12.2	0.00	0.00	0.02	0.02	0.08	0.08	0.51	0.58	11.6	69	88.3	6.3	5.4	0.0	
Acton .....	12.6	0.47	11.2	0.00	0.00	0.01	0.04	0.03	0.32	0.39	0.54	9.2	41	92.8	5.4	1.8	0.00	

The maternal mortality rates for England and Wales are as follows :—

	<i>Puerperal Sepsis.</i>	<i>Others.</i>	<i>Total.</i>
per 1,000 Live Births .....	1.79	2.63	4.42
per 1,000 Total Births .....	1.71	2.52	4.23

**TABLE II.**

VITAL STATISTICS FOR THE WHOLE DISTRICT DURING 1933 AND PREVIOUS YEARS.

Year.	Population estimated to Middle of each Year.	Births		Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Nett		Number	Rate	of Non-Residents Registered in the District	of Residents Registered outside Dist.	Under 1 year of Age		At all Ages	
		Number	Rate					Number	Rate per 1,000 Births	Number	Rate per 1,000 inhabitants
1923	62,060	1171	18.57	368	5.84	11	243	77	65	599	9.50
1924	63,945	1158	18.11	448	7.01	8	235	65	56	715	11.18
1925	64,845	1047	16.15	446	6.88	18	241	80	76	669	10.32
1926	65,760	1098	16.70	422	6.42	15	250	60	55	657	9.99
1927	66,700	1026	15.60	445	6.67	21	280	62	60	704	10.55
1928	67,645	1003	14.83	479	7.08	29	244	55	55	694	10.26
1929	68,600	1026	14.96	540	7.87	21	307	85	83	826	12.04
1930	69,565	1105	15.88	440	6.33	31	284	56	50	693	9.96
1931	70,560	1018	14.43	456	6.46	35	321	62	61	742	10.52
1932	70,640	970	13.7	486	6.88	29	302	60	62	786	11.11
1933	70,300	886	12.6	492	6.99	31	329	41	46	788	11.2

TABLE III.

## AGES AT DEATH, AND WARD DISTRIBUTION OF DEATHS IN 1933.

Causes of Deaths.	AGE IN YEARS.										WARD DISTRIBUTION.			
	All ages	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	North East.	North West.	South East.	South West.	
Enteric Fever .....	1	—	—	1	—	—	—	—	—	1	—	—	—	
Measles .....	1	—	—	—	1	—	—	—	—	1	—	—	—	
Scarlet Fever .....	3	—	—	1	2	—	—	—	—	—	1	—	2	
Whooping Cough .....	2	2	—	—	—	—	—	—	—	—	—	—	2	
Diphtheria .....	23	—	—	8	13	1	1	—	—	6	4	3	10	
Influenza .....	27	—	—	—	—	1	3	7	16	7	9	3	8	
Encephalitis Lethargica .....	1	—	—	—	—	—	—	1	—	—	—	—	1	
Cerebro-spinal Fever .....	1	1	—	—	—	—	—	—	—	—	—	1	—	
Phthisis .....	53	—	—	—	—	10	26	15	2	12	6	12	23	
Other forms of Tuberculosis .....	9	—	1	1	2	2	1	1	1	5	2	—	2	
Syphilis .....	2	—	—	—	—	—	—	1	1	—	—	—	2	
G.P.I. & Tabes Dorsalis .....	3	—	—	—	—	—	—	1	1	1	2	—	—	
Cancer .....	111	—	—	—	—	—	7	44	60	47	17	23	24	
Diabetes .....	7	—	—	—	—	—	—	1	2	3	2	1	1	
Cerebral Haemorrhage, &c. ....	40	—	—	—	—	—	1	6	33	9	13	9	9	
Heart Disease.....	148	—	—	—	2	2	11	27	106	43	35	33	37	
Aneurysm .....	4	—	—	—	—	1	—	2	1	1	1	—	2	
Other Circulatory Diseases .....	44	—	—	—	—	—	—	14	30	12	10	10	12	
Bronchitis .....	61	1	1	—	—	—	2	17	40	19	7	10	25	
Pneumonia .....	41	4	2	3	—	1	10	6	15	9	11	9	12	
Other Respiratory Diseases .....	15	—	—	2	1	—	5	4	3	4	3	4	4	
Peptic Ulcer .....	7	—	—	—	—	—	—	4	3	2	3	2	—	
Diarrhoea .....	8	7	1	—	—	—	—	—	—	1	2	3	2	
Appendicitis .....	7	—	—	—	2	2	1	1	1	2	2	1	2	
Cirrhosis of Liver .....	3	—	—	—	—	—	—	1	2	1	—	—	2	
Other diseases of Liver .....	3	—	—	—	—	—	—	2	1	—	1	1	1	
Nephritis .....	24	—	—	—	2	1	1	7	13	9	5	6	4	
Puerperal Sepsis .....	3	—	—	—	—	—	—	3	—	1	—	1	1	
Other diseases, &c. of Parturition .....	2	—	—	—	—	1	1	—	—	—	1	—	1	
Prematurity, &c. ....	21	21	—	—	—	—	—	—	—	5	9	4	3	
Senility .....	19	—	—	—	—	—	—	—	19	3	2	10	4	
Suicide .....	10	—	—	—	—	—	5	4	1	3	3	1	3	
Other deaths from violence .....	28	2	1	1	2	2	6	5	9	13	8	3	4	
Other defined diseases .....	56	3	1	3	4	3	6	19	17	18	16	12	10	
TOTALS .....	788	41	7	20	31	27	92	191	379	238	175	162	213	

TABLE IV.

## INFANTILE MORTALITY, 1933.

Causes of Death.	AGES.									WARDS.			
	Total	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	1-3 months	3-6 months	6-9 months.	9-12 months	North East	North West	South East	South West
Prematurity .....	15	11	2	1	—	1	—	—	—	5	5	4	1
Convulsions .....	2	—	1	—	—	—	—	1	—	—	—	2	—
Whooping Cough .....	2	—	—	—	—	1	1	—	—	—	—	—	2
Cerebro-spinal Meningitis .....	1	—	—	—	—	—	1	—	—	—	—	1	—
Pneumonia .....	4	1	—	—	—	1	—	1	1	—	1	2	1
Bronchitis .....	1	—	—	1	—	—	—	—	—	—	1	—	—
Blue Asphyxia .....	1	1	—	—	—	—	—	—	—	—	—	1	—
Atelectasis .....	1	1	—	—	—	—	—	—	—	1	—	—	—
Diarrhoea .....	7	—	—	—	2	3	1	—	1	1	—	4	1
Spina Bifida .....	1	1	—	—	—	—	—	—	—	—	1	—	—
Congenital Heart Disease .....	1	—	—	—	—	1	—	—	—	—	—	—	1
Pyloric Stenosis .....	1	—	—	—	—	1	—	—	—	—	1	—	—
Congenital Defect of Kidney .....	1	—	—	—	—	1	—	—	—	—	1	—	—
Injury at Birth .....	1	1	—	—	—	—	—	—	—	—	1	—	—
Overlaying .....	1	—	—	—	—	—	—	1	—	1	—	—	—
Accidental Scalds .....	1	—	—	—	—	—	—	—	1	—	—	—	1
TOTALS .....	41	16	3	2	2	9	3	3	3	8	12	14	7

TABLE V.

## CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR, 1933.

Notifiable Disease.	Cases notified in whole District. At Ages—Years.								Ward Distribution.			
	At all Ages	under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	Over 65	North East	North West	South East	South West
Scarlet Fever .....	442	—	100	282	33	25	2	—	116	91	61	174
Diphtheria .....	161	1	47	93	12	7	1	—	39	19	33	70
Enteric Fever .....	1	—	—	—	—	1	—	—	1	—	—	—
Pneumonia .....	54	—	10	10	6	11	12	5	9	14	10	21
Puerperal Pyrexia .....	3	—	—	—	1	2	—	—	1	1	—	1
Cerebro-Spinal Fever .....	1	1	—	—	—	—	—	—	—	1	—	—
Ophthalmia Neonatorum .....	2	2	—	—	—	—	—	—	1	1	—	—
Erysipelas .....	25	—	—	1	2	10	11	1	8	4	4	9
Encephalitis Lethargica .....	1	—	—	—	—	—	—	1	—	1	—	—
Tuberculosis (resp.) .....	78	—	—	2	22	37	17	—	26	18	10	24
Tuberculosis (other) .....	11	—	—	2	2	4	3	—	4	1	4	2
TOTALS .....	779	4	157	390	78	97	46	7	205	151	122	301

OPHTHALMIA NEONATORUM.

Notified.	Cases.		Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
	Treated.					
	At home.	In hospital.				
2	1	1	2	—	—	—

### CASES REMOVED TO HOSPITAL.

		<i>Total Notified.</i>
Scarlet Fever .....	369	442
Diphtheria.....	157	161
Enteric Fever .....	1	1
Pneumonia .....	26	54
Puerperal Pyrexia .....	3	3
Encephalitis Lethargica .....	—	1
Cerebro-Spinal Fever .....	1	1
Ophthalmia Neonatorum .....	1	2
Erysipealas .....	13	25

**TABLE 7.**

### BIRTHS.

	<i>Male</i>	<i>Female.</i>	<i>Total.</i>		
<b>LIVE BIRTHS.</b>					
Total .....	469	417	886		
Legitimate .....	446	400	846		
Illegitimate .....	23	17	40		
<b>STILL BIRTHS.</b>					
Total .....	19	14	33		
Legitimate .....	19	12	31		
Illegitimate .....	—	2	2		
<b>NOTIFIED LIVE BIRTHS.</b>					
<b>Ward Distribution.</b>					
Total Births notified in the district .....	Total. 545	N. East. 165	N. West. 115	S. East. 77	S. West. 188
Notifications received from other districts .....	328	109	97	49	73

#### NOTIFIED STILL BIRTHS.

Inside .....	12.	Outside .....	15	Total 27
--------------	-----	---------------	----	----------

#### NOTIFICATIONS WERE RECEIVED FROM :—

Doctors and Parents .....	.....	.....	645
Midwives .....	.....	.....	255

**Table 8. INFANT WELFARE CENTRES, 1931.**

Number of Centres provided and maintained by the Council	.....	4
Total number of attendances at all centres during the year :—		
(a) by children under 1 year of age .....	8;643	
(b) by children between 1 and 5 years of age .....	7,565	



Average attendance of children per session .....	.....	.....
Number of children who attended for the first time during the year :—		
(a) under 1 year of age.....	.....	630
(b) between 1 and 5 years of age .....	.....	245
Percentage of notified live births represented by number of children who attended a centre for the first time during the year.....	.....	76.5
Children treated at Dental Clinic .....	.....	130
Children treated at Ophthalmic Clinic .....	.....	10
Mothers treated at Ophthamlic Clinic .....	.....	2
Children operated on for Enlarged Tonsils and Adenoids		1
Children operated on with X-Ray for Ringworm		1

**TABLE 9. ANTE-NATAL CLINIC.**

Number of attendances by Dr. Bell .....	.....	25
Number of Expectant Mothers who attended .....	.....	236
Number of attendances made by Expectant Mothers		259
Mothers referred for Dental treatment at the Clinic		41
Mothers supplied with Dentures .....	.....	10
Expectant Mothers to whom Dried Milk was supplied		22
Number of packets of Dried Milk supplied .....	.....	153

**TABLE 10. INQUESTS.**

INQUESTS—43

Suicide .....	.....	10	Run over by Horse Van .....	.....	1
Accidental Fall .....	.....	4	Run over by Motor Car .....	.....	1
Accidental burns .....	.....	4	Run over by a train .....	.....	1
Run over by Motor Bus .....	.....	3	Wall falling on him .....	.....	1
Run over by Motor Lorry .....	.....	3	Fall downstairs .....	.....	1
Accidental Coal Gas .....	.....		Electric burns .....	.....	1
Poisoning .....	.....	2	Septic abortion .....	.....	1
Fractured Femur .....	.....	2	Overlaying .....	.....	1
Fractured Spine whilst .....	.....		Cancer of Stomach .....	.....	1
diving .....	.....	1	Heart Disease .....	.....	1
Fall from Motor Bus .....	.....	1	General Atheroma .....	.....	1
Fall from Motor Van .....	.....	1	Meningitis .....	.....	1

## CORONER'S CERTIFICATE AFTER POST-MORTEM WITHOUT

## INQUEST—14

Heart Disease .....	5	Arterio-Sclerosis .....	1
Nephritis .....	4	Convulsions .....	1
Cerebral Abscess .....	1	Pneumonia .....	1
Enlarged Thymus .....	1		

**FACTORIES, WORKSHOPS AND WORKPLACES.**1.—*Inspection of Factories, Workshops and Workplaces including Inspections made by Sanitary Inspectors.*

Premises.	Inspections	Written Notices
(1)	(2)	(3)
Factories .....	97	12
(Including Factory Laundries)		
Workshops .....	394	9
(Including Workshop Laundries)		
Workplaces .....	13	Nil
(Other than Outworkers' Premises)		
Total .....	504	21

2.—*Defects found in Factories, Workshops and Workplaces.*

## Nuisances under the Public Health Acts :—

Particulars.	Found.	Remedied.
(1)	(2)	(3)
Want of Cleanliness .....	35	35
Want of Ventilation .....	Nil	Nil
Overcrowding .....	Nil	Nil
Want of drainage of Floors .....	2	2
Other Nuisances .....	7	7

## Sanitary Accommodation :—

Insufficient .....	Nil	Nil
Unsuitable or defective .....	32	32
Not separate for sexes .....	Nil	Nil

## Offences under the Factory and Workshop Acts :—

Illegal Occupation of underground		
Bakehouses .....	Nil	Nil
Other offences .....	Nil	Nil
Total .....	76	76

3.—*Outwork in unwholesome premises, Section 108* Nil.

**STAFF.**

- D. J. THOMAS; M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health (Medical Superintendent of the Isolation Hospital and School Medical Officer).
- NANCY G. HOWELL, M.R.C.S., L.R.C.P., D.P.H., Assistant Medical Officer of Health and School Medical Officer.
- P. H. SLATER, L.D.S., School Dentist.
- M. W. KINCH, M.R.San.I., Cert. of Royal Sanitary Institute ; holds Meat and Smoke Certificates ; Chief Sanitary Inspector (Inspector under Diseases of Animals Acts and the Rag Flock Act).
- J. J. JENKINS, Cert. of Royal Sanitary Institute ; holds Meat and Smoke Certificates, Sanitary Inspector (Inspector under Fabrics Misdescription Act).
- E. W. BROOKS. Cert. of Royal Sanitary Institute, Sanitary Inspector.
- J. J. MATTHEWS, Cert. of Royal Sanitary Institute ; holds Meat Certificate, Sanitary Inspector.
- Miss A. COOKSEY, A.R.San.I., Certificate of Royal Sanitary Institute, Health Visitor.
- Miss J. WELSH, Certificate of Royal Sanitary Institute, C.M.B., Health Visitor.
- Miss B. G. SORLIE, S.R.N., Certificate of Royal Sanitary Institute, C.M.B., H.V. Diploma, Health Visitor and School Nurse.
- Miss A. WOOSNAM, S.R.N., C.M.B., Health Visitor and School Nurse.
- Miss B. C. BROUGHTON, S.R.N., C.M.B., H.V. Diploma, Health Visitor and School Nurse.
- W. GOODFELLOW,\* A.R.San.I., Cert. of Royal Sanitary Institute ; holds Meat Certificate, Cert. Bacteriology ; Chief Clerk.

Miss G. OVERALL\* Clerk.  
 Miss V. E. ARNOLD.\* Clerk.  
 Miss D. E. BEACON, Clerk.

---

Miss M. J. GILFILLAN,\* S.R.N., C.M.B., Matron, Isolation Hospital.

---

Miss F. A. CAVENDISH, Matron Day Nursery.

---

G. BAKER,\* Disinfector.

A. C. MEPHAM,\* Asst. Disinfector and Mortuary Keeper.

---

NOTE.—To the salaries of all the above officials excepting those marked with an asterisk, contribution is made under the Local Government Act, 1929.

---

I wish to express my appreciation and thanks to all the members of the Public Health Department for their excellent co-operation during the year,

I am,

Your obedient Servant,

D. J. THOMAS,

*Medical Officer of Health.*

We beg to submit the following report upon the schools and school children of the Education Authority for the year 1933.

As in former years, the subject matter has been arranged as far as possible in tabular form. The Tables at the end of the report are those issued by the Board of Education.



# ANNUAL REPORT

OF THE

## School Medical Officer

FOR THE YEAR 1933.

MUNICIPAL OFFICES,

ACTON, W.3.

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

LADIES AND GENTLEMEN,

We beg to submit the following report upon the schools and school children of the Education Authority for the year 1933.

As in former years, the subject matter has been arranged as far as possible in tabular form. The Tables at the end of the report are those issued by the Board of Education.

PUBLIC ELEMENTARY SCHOOLS WITHIN THE DISTRICT WITH  
ACCOMMODATION.

<i>Name of School.</i>	<i>Dept.</i>	<i>Accommo- dation.</i>	<i>Avg. monthly No. on Register</i>	<i>Average attendance</i>	
Acton Wells	.....	Senior	320	247	225
		Junior	364	387	352
		Infants'	364	354	295
Beaumont Park	.....	Senior Girls'	450	237	212
		Junior Girls'	450	276	243
		Infants'	400	256	200
Berrymede	.....	Junior Boys'	640	506	448
		Junior Girls'	542	501	442
		Infants'	450	339	283
Central	.....		480	396	364
Derwentwater	.....	Junior	441	463	423
		Infants'	350	282	222
John Perryn	.....	Senior	360	267	237
		Junior	288	345	310
		Infants'	336	312	268
Priory	.....	Senior Boys'	500	403	362
		Senior Girls'	499	407	343
		Infants'	400	311	261
Rothschild	.....	Junior Boys'	450	264	242
		Infants'	400	274	223
Southfield	.....	Senior Boys'	415	267	237
		Junior	382	378	346
		Infants'	350	228	193
Turnham Green R.C.		Mixed	327	270	232
Acton Council Special			68	44	37
			10026	8014	7000

AVERAGE HEIGHT WITHOUT SHOES AND AVERAGE WEIGHT WITHOUT  
CLOTHES.

ANTHROPOMETRIC COMMITTEE, 1929.

MALES.

FEMALES.

<i>Age last birthday.</i>	<i>Height in ins.</i>	<i>Weight in lbs.</i>	<i>Height in ins.</i>	<i>Weight in lbs.</i>
3	36.9	32.9	36.6	31.5
4	39.2	35.9	38.4	33.7
5	41.4	38.7	41.1	37.5
6	43.	41.3	42.8	40.1
7	45.4	45.4	45.1	44.1
8	47.8	51.	47.5	49.4
9	49.2	54.8	48.9	52.6
10	51.3	59.6	51.2	59.8
11	52.7	64.6	52.8	63.9
12	55.	71.6	55.6	73.9
13	56.2	76.5	56.9	79.
14	58.	86.1	58.9	88.2
15	61.8	99.3	62.3	106.8

TABLE SHOWING HEIGHTS AND WEIGHTS AT DIFFERENT AGES.

ENTRANTS (BOYS)	No. Examined.	YEARS OF AGE.											
		3—4			4—5			5—6			6—7		
		No.	Height ins.	Weight lbs.	No.	Height ins.	Weight lbs.	No.	Height ins.	Weight lbs.	No.	Height No.	Weight lbs.
Acton Wells Infants'	55	.....	.....	.....	21	41.2	38.5	32	42.6	40.7	2	46.5	50.
Beaumont Park Infants'	59	22	37.6	34.1	9	41.7	41.1	23	42.5	41.1	5	45.	47.1
Berrymede Infants'	85	28	38	34.9	29	40.3	37.7	22	43.5	42.9	7	44.4	46.1
Derwentwater Infants'	64	.....	.....	.....	25	41.4	38.6	25	43.4	41.8	14	46.	47.7
John Perryn Infants'	52	.....	.....	.....	20	41.1	38.1	28	43.9	42.1	4	46.3	48.
Priory Infants'	56	.....	.....	.....	21	40.3	38.	31	42.9	41.6	4	44.4	43.6
Rothschild Infants'	48	10	38.3	36.4	19	40.9	38.9	9	42.4	39.	10	45.5	46.7
Southfield Infants'	57	.....	.....	.....	22	41.5	38.7	24	42.8	40.7	11	46.6	48.5
Roman Catholic	14	.....	.....	.....	5	40.8	38.7	3	45.	46.3	6	44.6	45.8
	491	60			171			197			63		
(GIRLS)													
Acton Wells Infants'	60	.....	.....	.....	26	41	38.2	25	43.	41.4	9	45.4	48
Beaumont Park Infants'	44	21	37	33.4	3	41.3	41.2	17	43.5	42.1	3	42.6	38.7
Berrymede Infants'	75	22	36.8	33.1	26	40.	37.2	20	42.9	40.3	7	44.3	42.4
Derwentwater Infants'	55	.....	.....	.....	18	41.	37.4	32	43.5	42.4	5	46.5	46
John Perryn Infants'	37	.....	.....	.....	14	40.4	35.4	16	42.6	40.7	7	45.7	45.9
Priory Infants'	64	1	37	32	36	40.3	37.4	21	43.4	42.1	6	46.5	47.6
Rothschild Infants'	57	13	38	33.9	16	39.8	36.2	17	43.	41.9	11	44.4	43.7
Southfield Infants'	47	.....	.....	.....	11	41.4	37.4	27	43.3	40.7	9	47.5	48.7
Roman Catholic	11	.....	.....	.....	3	39.4	36.4	3	42.	38.8	5	43.5	42
	450	57			153			178			62		



TABLE SHOWING HEIGHTS AND WEIGHTS AT DIFFERENT AGES

INTERMEDIATES (BOYS)	No. Examined.	YEARS OF AGE.								
		7—8			8—9			9—10		
		No.	Height ins.	Weight lbs.	No.	Height ins.	Weight lbs.	No.	Height ins.	Weight lbs.
Acton Wells Junior	16	8	50.8	58.3	8	49.9	55.9	.....	.....	.....
Acton Wells Infants'	32	20	48.5	51	12	49.4	53.7	.....	.....	.....
Beaumont Park Infts.	6	6	47.3	50.2	.....	.....	.....	.....	.....	.....
Berrymede Jnr. Boys'	97	38	49.3	54.3	59	49.6	55.5	.....	.....	.....
Berrymede Infts.	4	4	46.9	47.2	.....	.....	.....	.....	.....	.....
Derwentwater Jnr. ....	59	26	49.3	53.8	33	50.5	56.8	.....	.....	.....
Derwentwater Infts.'	7	6	48.9	52.5	1	48.8	53.5	.....	.....	.....
John Perryn Jnr. ....	2	.....	.....	.....	1	52	63.5	1	53.3	62
John Perryn Infts.'	45	14	48.6	50.6	31	50.4	58	.....	.....	.....
Priory Infants'	7	7	49.1	52.9	.....	.....	.....	.....	.....	.....
Rothschild Jnr. Boys	54	16	45.8	53.6	38	49.7	56	.....	.....	.....
Rothschild Infants'	1	1	50.8	60	.....	.....	.....	.....	.....	.....
Southfield Junior	41	12	49.5	56.1	29	49.7	58	.....	.....	.....
Southfield Infants'	1	1	48.8	53	.....	.....	.....	.....	.....	.....
Roman Catholic	20	7	48.9	51.3	10	49.4	55.4	3	51.4	59.3
	392	166			222	.....	.....	4	.....	.....

TABLE SHOWING HEIGHTS AND WEIGHTS AT DIFFERENT AGES

LEAVERS (BOYS)	No. Examined.	YEARS OF AGE.								
		12—13			13—14			14—15		
		No.	Height ins.	Weight lbs.	No.	Height ins.	Weight lbs.	No.	Height ins.	Weight lbs.
Acton Wells Senior	61	58	58.1	79.5	3	60.7	90	.....	.....	.....
Central	50	48	59.4	84.3	1	61	83.5	1	60	84.5
John Perryn Senior	35	34	58.3	76	1	63.8	118	.....	.....	.....
Priory Boys'	169	165	57.5	80.2	4	59.7	110.8	.....	.....	.....
Southfield Snr. Boys'	92	88	57.7	82.4	4	59.5	95.3	.....	.....	.....
Roman Catholic	25	22	57.2	78.8	3	58.1	83.5	.....	.....	.....
	432	415			16			1		
(GIRLS)										
Acton Wells Mixed	53	51	59.7	81.9	1	59.3	89	1	61.5	109
Beaum't Pk. Snr.	85	85	57.9	80.9	.....	.....	.....	.....	.....	.....
Central	48	48	59	81.5	.....	.....	.....	.....	.....	.....
John Perryn Snr.	57	53	58.9	81.1	4	60.7	89.4	.....	.....	.....
Priory Girls'	123	120	58.4	82.3	3	60.4	89.3	.....	.....	.....
Roman Catholic	15	12	58	78.1	3	60.1	92.6	.....	.....	.....
	381	369			11			1		

TABLE SHOWING HEIGHTS AND WEIGHTS AT DIFFERENT AGES.

INTERMEDIATES (GIRLS)	No. Examined.	YEARS OF AGE.								
		7—8			8—9			9—10		
		No.	Height ins.	Weight lbs.	No.	Height ins.	Weight lbs.	No.	Height ins.	Weight lbs.
Acton Wells Junior	13	7	49.1	51.6	6	48.3	51.6	.....	.....	.....
Acton Wells Infnts.'	42	21	48.3	53	21	49.3	53	.....	.....	.....
Beaum't P.; Jnr. Girls	44	20	48.8	51.7	23	49.8	55.7	1	51.3	56.5
Beaumont Pk. Infnts.'	3	3	48.1	48.4	.....	.....	.....	.....	.....	.....
Berrymede Jnr. Girls'	87	44	48.5	51.7	41	48.4	52.5	2	51.3	57.8
Berrymede Infants'	6	6	48.1	49.4	.....	.....	.....	.....	.....	.....
Derwentwater Jnr. ....	46	29	49.5	55.3	17	49.	51.2	.....	.....	.....
Derwentwater Infnts.'	9	9	49.2	59.1	.....	.....	.....	.....	.....	.....
John Perryn Junior	2	.....	.....	.....	1	50.	52.8	1	51.5	59
John Perryn Infnts. ....	41	15	47.7	48.8	26	49.5	53.7	.....	.....	.....
Priory Infants'	5	5	47.9	50.3	.....	.....	.....	.....	.....	.....
Rothschild Infants'	7	7	48.3	51.5	.....	.....	.....	.....	.....	.....
Southfield Junior ....	40	13	48.6	56.3	27	48.6	52.7	.....	.....	.....
Southfield Infants' ....	1	1	45.8	46.	.....	.....	.....	.....	.....	.....
Roman Catholic ....	16	9	48.1	51.	6	49.4	53.1	1	57.5	67
	362	189			168			5		

### Tonsils and Adenoids.

During the year 47 children were operated on under the Authority's scheme for removal of tonsils and adenoids or adenoids alone. In 1932, fifty-eight children were operated on, and in 1931, one hundred and sixty one.

Last year we discussed at some length the principles which guided us in our selection of cases for operation and explained our views on the necessity for conserving healthy tonsils and adenoid tissue in children wherever possible.

Parents have been so strongly convinced in the past by the lay press that tonsils and adenoids are the cause of all ailments, that a day rarely passes without at least one child being sent to the Clinic with a request for operation. Very often parents do not bother even to accompany the child.

In 38 cases the tonsils were removed because they were septic and there were frequent complaints of sore throat.

In 3 cases adenoids only were removed because they caused a definite obstruction to nasal breathing. The tonsils in these cases were left because they appeared to be quite healthy.

4 cases were operated on because of middle ear disease associated with infected tonsils and adenoids.

The last 2 cases were operated on because the very large size was interfering with swallowing, an unusual condition. We watched these cases for a time in the hope that the condition would subside, but finally we decided that operation was absolutely necessary.

### **Report on the feeding of necessitous School Children.**

The feeding of children has continued during the year and we submit a general survey of the conditions prevailing.

It will be realised that many of these children form part of a floating population at the Centres because meals have to be discontinued when economic conditions in the homes improve, and parents frequently obtain work away from the district, so that the children have to leave our schools.

Where the figures given do not refer to a period of a year, due explanation will be given.

Feeding of malnourished children was commenced early in 1932, and we explained in last year's report that the scheme also provided for the supervision of malnourished children, whether necessitous or not.

In considering defective nutrition, we used as a basis the relation between the height and weight of the child, and we singled out for a special examination any child who fell below 7% of the standard weight for height. In every case, before a child was recommended for meals, he was examined at the Clinic in the presence of a parent. We insisted on dental treatment, and discussed other matters, such as the time of going to bed, and various health habits.

The children were provided with milk in the morning and a mid-day dinner. In some cases afternoon rest at school was also recommended.

The scheme worked well, and broadly speaking we have continued on the same lines this year.

It became apparent however, after much experience in examining the children that the weight for height standard was not an adequate criterion of satisfactory nutrition in all cases and we came to the conclusion that the only rational way of deciding that a child was malnourished, was on our own clinical findings. We now use the height for weight standard more as a measure of progress than as a deciding factor in providing free meals. Having come to this conclusion we had to follow it to a logical end by not discontinuing meals as soon as a child reached the standard weight, unless the child was in a very good general condition. We also kept each child on milk if the meals were stopped because the child had reached a normal weight, and the child was still weighed at monthly intervals. This has been a great advantage, as the figures will show, and no child who has come up to standard has been allowed to fall back.

In many cases we had to abandon all criteria of nutrition and provide meals irrespective of weight, because the home conditions were bad and we obviously could not allow a child to be hungry.

The meals are prepared by the children at the ordinary cookery classes. This is of course a great saving in labour and cost, and of great advantage to the children who are thus taught to prepare complete meals instead of single items.

Last term, at the Special (M.D.) School, the appearance and condition of a girl of 12 years had so improved, since the last medical inspection, that we commented on it to the mother. It is usual to ask in the course of a mental examination whether the child is useful in the home or not. The mother in this case replied that since the girl had been attending the Cookery Centre she had learned to cook so well, that she insisted on preparing the evening meal. The food which she chose was of course, similar to that provided at the Centre, inexpensive, and of high food value.

The Domestic Science teacher at the school, on being told of this informed us that the girl in question brought all her clothes to wash on laundry lesson days, and that evidently accounted for the remarkable improvement in her condition.

The girl came from a particularly feckless home and until a year ago the home was very constantly visited by the School Nurses.

We have been tremendously impressed by the way in which the work has been carried out at one of the Centres. Each morning

the Domestic Science-Mistress, who is very keen on dietetics, talks to the children about the food which is to be prepared for the day and about food values generally. She then sends some of the girls out to buy the meat or fish and vegetables, so that they get a complete practical training. This Mistress has been a splendid influence on the children, but unfortunately she has now left us.

Since the beginning of the scheme, and up to December 31st, 1933, 360 children have been kept under observation and supplied either with milk and meals, or milk, or meals only. 292 received milk and meals, 64 milk only, and 4 meals only.

On December 31st, 1933, there were 186 children on the list, 127 receiving milk and meals, 2 meals only, and 57 milk only.

It will thus be seen 174 that children have been taken off the list. 55 of these have left school, 31 have removed from the district, and 88 have had meals discontinued, either because parents have obtained work or because the children reached the standard weight.

All these 88 children were still weighed at monthly intervals. 85 continued to gain weight, 3 who were taken off meals because the parents obtained work, lost weight in the first 3 months. One lost 1½lbs., another 1lbs. 3 ozs., and the third 3lbs. 2 ozs. These children however, had all suffered an illness, the first had bad tonsillitis, the second Chicken-pox, and the third glands in the neck. We consider the fact that 85 continued to gain weight a most satisfactory state of affairs.

During the year 1933, 54 children received free milk only, 4 received meals only, and 223 received milk and meals.

The total number of meals supplied was 19703, the figures at the various Centres being as follows:—

Acton Wells	.....	559
Beaumont Park	.....	6056
Central	.....	2456
John Perryn	.....	3121
Priory	.....	4969
Southfield	.....	2542
		—
Total		19703
		—

The total number of bottles of milk supplied was 26568, these figures being distributed among the schools as follows:—

Acton Wells Senior	.....	387	Priory Boys	.....	1003
Junior	.....	224	Girls	.....	921
Infants	.....	556	Infants	.....	816
Beaumont Pk. Senr. Girls		791	Rothschild Junr.	.....	1057
Junr. Girls		1669	Infants		1605
Infants	.....	2043	Berrymede Junr. Boys		2866
Central	.....	66	Girls	.....	3246
Derwentwater Junior	.....	489	Infants		2765
Infants	.....	581	Southfield Snr. Boys		764
John Perryn Senior	.....	1270	Junior		183
Junior	.....	1374	Infants		252
Infants	.....	1356	Roman Catholic	.....	284
					26568

As mentioned above 186 children were having meals and milk or milk alone, on December 31st, 1933. 182 of these are gaining steadily each month, and 4 who have been fed for 3 months only, have lost slightly. These 4 are delicate children who are not regular in their attendance at school and therefore frequently miss their meals and milk. The losses are slight, ranging from 3 to 9 ozs. spread over the 3 months. They are, of course, under constant supervision.

The improvement in many of these children has been very evident and for the sake of interest we give below, the amount gained by a few children who were originally very much below weight.

The average child has made a monthly gain of about 1 lb., but the following cases stand out.

School.	Gain in lbs.	Length of time fed.
Priory	14	6 months.
	20	4 "
	9	3 "
	18·3	5 "
	26·5	14 "
	10·8	14 "
	12	12 "
Acton Wells	19	18 "
Southfield Senior	10	5 "
	17	5 "
Berrymede Boys	21	18 "
	20	18 "
Beaumont Pk. Junior	26	18 "

One child, aged 5 years at Berrymede Infants, was found at medical inspection to weigh 22 lbs. 8 ozs., the normal weight for about 1 year. The home was bad, and the child was given most unsuitable food. We started the child on milk only, as we were rather afraid of overtaxing a digestion unused to correct food. Four months later, the child weighed 33 lbs. We then commenced daily dinners as well with the result that at the end of a year she weighed 41 lbs. and was capable of taking her place as a normal healthy school child.

Three of the children were sent to the Convalescent Home at Bexhill and made very good progress. We also had under our care, 12 children who were undernourished but not necessitous. One of these was in such a bad condition that we sent her to the West Middlesex Hospital for a month before we commenced school meals. In this case the parents paid for her dinners and milk. The parents have co-operated with us, physical defects have been remedied, and healthy habits established. All are now gaining steadily each month.

In some schools, the teaching staff has provided certain children with cod liver oil daily, and in other cases the mothers have paid for it. At the Central School Centre, half of the children were given a ration of a "Vitamin B" product daily in their milk or soup. This was sent to us free, so we decided to use it at this Centre. Actually the children who were given this product over a period of 6 months gained an average of 1.9 lbs. more than those who did not receive it, and their vitality was certainly improved. We did not however, recommend these rather expensive additions because they are apt to have a vogue among parents, who strive to pay for them for a short time and then drop them. When a child improves visibly on a sensible balanced diet which the rest of the family can share, and is given adequate rest, the parents are far more likely to maintain these conditions over a long period, when school meals have been discontinued. The choice of food for the growing child is not really the very difficult and obscure matter that some food faddists would have us believe, and in feeding these children, we emphasize the importance of providing a simple balanced diet which contains as far as possible all the essential elements.

### Otorrhoea.

In the Annual Report last year, we discussed our views on the common causes of the chronicity of the majority of cases of middle ear disease, and emphasized the importance of treating these cases at the earliest possible moment.

We explained that on their first visit the children were seen at any morning minor ailment clinic, so that no time was lost in commencing treatment.

Each child over 7 years of age was taught a definite simple routine toilet of the meatus and instructed to do this several times daily at home. General supervision and any other treatment was carried out by the school nurses 3 times a week either at the Clinic or at the school.

Any child who was not making satisfactory progress, and also any child who was not well by the 21st day was examined again at the ear clinic and treatment perhaps changed or augmented.

We have worked on the same lines this year, and have continued to impress the parents with the importance of fresh air, sunlight, exercise, and suitable food, in the treatment of ear disease. The clinic is now working smoothly and in most cases we have had the co-operation of the parents.

68 cases were referred to us for an ear condition.

9 of these were found to be suffering from conditions other than middle ear disease. 3 were cases of furunculosis of the meatus and they cleared up in a week. In 2 cases enlarged post auricular glands were present and the pain simulated mastoid pain. 4 cases were referred for slight deafness but in all cases the symptoms cleared up after the removal of impacted wax from the meatus.

3 children came up complaining of earache. In all cases the drumhead was pink and there was some rise of temperature, but the condition resolved without perforation of the drum.

There were 47 cases of middle ear disease. 19 were seen within a day or so of the commencement of the ear discharge, and 10 of these were well within 10 days. The average duration of the discharge in these 19 cases was 16 days.

The remaining 28 cases all had discharging ears for varying periods before attending the Clinic for advice. 4 of them had a severe degree of external otitis which was probably responsible for keeping up the middle ear infection. On simple routine treatment they were all well within a month. In 2 children the discharge cleared up after removal of tonsils and adenoids, and all the 28 cases were cured within 3 months.

At the end of the school year there were still 5 children attending the clinic for discharging ears. 2 of these were post-measles cases and one of them was referred to hospital where a mastoid operation was performed on both sides. A secondary



paracentesis would probably cure the condition in the other child, but the parents refuse to take the child to hospital. The other 3 are young children from very bad homes and the disease is probably kept up by external otitis, chiefly due to neglect. They are under constant supervision by the school nurses.

These results seem to us very encouraging and it is evident that by intensive treatment, intelligently carried out in the early days of the disease, chronic ear discharge can be practically banished.

Unfortunately 4 cases stand over from last year, but in all instances the children come from particularly feckless homes and all had ear discharge for over a year before they first attended the clinic. We have succeeded in getting one of them into hospital recently for a long period and another, a girl of thirteen has also commenced hospital treatment. The other 2 cases have a large perforation in the drumhead and might respond to ionisation but at present the parents refuse treatment.

We are very grateful to the teaching staff who have given us every support in our efforts to prevent chronic ear disease, with its crippling sequelae of deafness and maybe tragic termination in intra cranial disease, and to the school nurses for their constant hard work in treating and following up these cases.

### RETURN OF EXCEPTIONAL CHILDREN.

Table 3 gives a return of all the exceptional children in the district.

#### Multiple Defects.

One girl who suffers from slight epilepsy and birth palsy attends an elementary school. A second girl who is blind and mentally defective was discharged from the Swiss Cottage Blind School and is now at home. One boy who is mentally deficient and suffers from a deformity of the spine and chest attends the Acton Special School, and the fourth case is a boy who is mentally deficient and is also suffering from multiple tuberculosis of bones. He is resident at the Stanmore Branch of the Royal National Orthopaedic Hospital.

#### Blind Children.

One boy attends Asylum Rd. Blind School. Two boys attend the Kingwood Rd. School for the partially blind, a boy and a girl are at public elementary schools, and the last case, a boy who was withdrawn by his parents from the Kingwood Rd. School, now attends a local private school.

**Deaf Children.**

Two boys and two girls attend the Ackmar Road Special School.

**Epileptic Children.**

A boy and a girl who have both been withdrawn by their parents from institutions are being taught at home, and a third young child is at present excluded from school.

**Pulmonary Tuberculosis.**

Two girls and a boy are at Harefield Sanatorium.

**Non Pulmonary Tuberculosis.**

Three boys and a girl are at the Royal Sea Bathing Home, Margate. Two boys and a girl are at the Treloar Home, Alton, and another girl is at Chase Farm Hospital.

**Crippled Children.**

One girl is at St. Mary's Home, Dover. A boy and a girl are at Faroe Road Special School. A boy and a girl who attend hospitals for a severe degree of crippling are at home. Two boys and three girls attend public elementary schools.

**Heart Disease.**

A boy and girl are at Heart Homes, and one boy attends the Brook Green School for Physically Defective Children. One boy is in the West Middlesex Hospital, another boy who was withdrawn by his mother from a special institution is now attending an elementary school, and three girls who have suffered from Chorea are at home and attend the outpatient departments of certain hospitals.

**REPORT OF SCHOOL OCULIST.**

The work of the School Ophthalmic Clinic was carried on regularly throughout the year 1933.

At the school medical examinations and at the daily Minor Ailment Clinic 438 children were found to be suffering from defects of vision or other troubles connected with the eyes, and these were referred to the Ophthalmic Clinic.

Of this number 29 were found to require no special attention, and 62 refused treatment or left the district.

Private treatment was obtained in 9 cases.

322 Children were examined and glasses prescribed and fitted.

7 Cases of external eye disease received continuous treatment at the Clinic.

From the Infant Welfare Clinic, two mothers were supplied with glasses and seventeen babies were seen frequently, thirteen of these being fitted with spectacles.

G. BANHAM.

### REPORT OF SCHOOL DENTAL SURGEON, 1933.

The chief aspect of the report for 1933 is that a still greatly increasing proportion of conservative work is being done. Unfortunately this means that more of our working time has to be allocated to filling sessions than to anaesthetic sessions and perhaps this has been the reason why we were unable to inspect all the schools this year, one being left until January, 1934.

Our waiting list for fillings is very long with the result that by the time treatment is commenced, many teeth that might otherwise be saved, are found to be unsavable. It is earnestly hoped that the Committee will be able to provide me with some part time assistance.

1960 permanent fillings were done in 1933 compared with 1703 in the previous year, and 76 temporary fillings compared with 59. Permanent extractions were 721 against 770 in 1932 and 3993 temporary extractions compared with 4018. There is an increase of 200 in the number of attendances.

The following are the figures for the Infant Welfare work :—

Number of Mothers examined.....	21
Number of Mothers referred for treatment	21
Number of Mothers treated .....	41
Number of Children examined .....	85
Number of Children referred for treatment	79
Number of Children treated .....	130
Number of temporary fillings .....	44
Number of temporary extractions .....	351
Number of permanent fillings .....	14
Number of permanent extractions .....	277
Number of permanent dressings .....	18

Number of temporary dressings	.....	33
Number of general anaesthetics given	.....	170
Number of dentures supplied	.....	10
Number of attendances made	.....	260

The usual talks to mothers have been given during the holidays.

My sincere thanks are due to the Head Teachers for their co-operation and to the Clinic Staff for their indispensable help.

P. H. SLATER,  
*School Dental Surgeon.*

### UNCLEANLINESS TABLE.

Sch.	Date.	No. exam.	Very few nits A.	Few nits. B.	Many nits. C.	Vermin D.	Total Percentage Unclean.
			%	%	%	%	%
1.	July	95	1.05	1.05	.....	.....	2.1
	September	135	.....	.....	.....	.74	.74
2.	July	98	2.04	3.06	.....	.....	5.1
	September	122	.....	1.6	.....	.....	1.6
3.	July	162	1.2	.61	.....	.....	1.85
	September	177	.56	.....	.....	.56	1.12
4.	July	148	.67	.....	.....	.67	1.35
	September	188	.....	2.65	.....	2.12	4.7
5.	July	324	.61	.61	.....	.3	1.5
	September	271	.36	.74	.....	.74	1.8
6.	July	222	.....	4.5	3.1	.....	7.6
	September	200	2.	8.5	4.	1.5	15.5
7.	July	238	3.7	9.2	2.1	.....	15.1
	September	248	.8	7.6	.4	3.6	12.5
8.	July	232	3.01	2.5	1.7	.....	7.3
	September	208	1.4	8.6	3.3	.48	13.9
9.	July	377	2.6	.53	.....	.53	3.7
	September	320	4.6	.93	.....	.93	6.5
10.	July	456	9.8	1.7	.....	1.5	13.1
	September	430	12.5	2.3	.....	.23	15.1
11.	July	318	6.8	2.2	.....	.94	9.7
	September	283	9.5	1.7	.....	1.4	12.7

Sch.	Date.	No. exam.	Very few nits. A.	Few nits. B.	Many nits. C.	Vermin. D.	Total Percentage Unclean.
12.	July	126	.....	.....	.....	.....	.....
	September	179	.....	.....	.....	.....	.....
13.	July	132	3.	.75	1.5	.75	6.
	September	178	.....	3.9	.56	.....	4.4
14.	July	227	.....	.....	.....	.....	.....
	September	210	.....	1.4	.....	.....	1.4
15.	July	204	.....	3.9	3.9	.....	7.8
	September	193	.....	6.2	1.5	.....	7.7
16.	July	278	.....	4.3	.35	.71	5.3
	September	200	.5	2.	1.	.5	4.
17.	July	103	1.9	.....	.....	.....	1.9
	September	127	.78	.....	.....	.....	.78
18.	July	118	3.3	.8	.....	.....	4.2
	September	153	2.6	.....	.....	.....	2.6
19.	July	173	.58	.....	.....	.....	.58
	September	163	2.4	.....	.....	.....	2.4
20.	July	140	5.7	.7	.....	.....	6.4
	September	150	2.6	.6	.....	.....	3.3
21.	July	290	3.4	.....	.....	.....	3.4
	September	245	4.1	.....	.....	.....	4.1
22.	July	371	2.6	.53	.....	.26	3.5
	September	409	1.7	.....	.....	.....	1.7
23.	July	311	6.1	1.2	.....	1.6	9.
	September	442	6.5	2.2	.....	1.3	10.1
24.	July	277	6.1	1.4	.....	1.08	8.6
	September	229	4.8	2.1	.....	.87	7.4
25.	July	260	2.6	1.5	.....	3.	7.3
	September	226	1.7	.88	.....	1.7	4.5
26.	July	225	3.5	8.8	.....	3.5	16.
	September	186	4.8	8.6	.....	2.6	16.1
27.	July	222	.9	1.3	.....	.45	2.7
	September	190	.....	.52	.....	.52	1.05
28.	July	177	.56	.....	.....	.....	.56
	September	161	.....	1.2	.....	.....	1.2
29.	July	192	.52	.52	.....	1.5	2.6
	September	164	1.8	.6	.....	.....	2.4

Sch.	Date.	No. exam.	Very few nits. A.	Few nits. B.	Many nits. C.	Vermin C.	Total Percentage Unclean.
30.	July .....	186	.....	.53	.....	.....	.53
	September .....	173	1.7	1.1	.....	.57	3.4
31.	July .....	105	.95	.....	.....	.....	.95
	September .....	109	3.6	.....	.....	.....	3.6
32.	July .....	127	.....	6.2	9.4	.78	16.5
	September .....	122	.....	13.9	8.1	1.4	24.5
33.	July .....	44	9.	.....	.....	.....	9.
	September .....	44	11.3	.....	.....	4.5	15.9

## INFECTIOUS DISEASE.

### Diphtheria.

In the report for 1932 it was explained that we were in the middle of an epidemic of a particularly virulent character and the steps taken to combat the disease were discussed.

Briefly, our procedure was as follows:—

All children in the Infants' and Junior Departments were given a short printed letter to take home to the parents. The letter explained that the Health Authorities were concerned about the incidence of diphtheria in the schools, that by a simple test, the Schick test, we could tell whether the child was liable to the infection, and that we were able to prevent the disease, or at least, minimise the severity of infection by three injections, which would be painless. A consent form was attached to the letter. The work was begun at the Southfield Road School on 17th October, 1932, and the response here was most encouraging. In the Junior Department, 68.8% of the children were presented for Schick Testing and in the Infants' Department 61.8%. After our experience at Southfield Road School we decided to immunize all children under 7 years without a preliminary Schick test while the posterior Schick test was done on children of all ages.

We have had no elaborate organisation and this indeed is unnecessary and likely only to hamper the work. Our practice has been to arrive at a school, accompanied by a clerk and a nurse. The clerk, gives a card, bearing the name, to each child for whom a consent form has been returned. The children then file past the nurse, who rubs the arm with spirit, and then past the doctor who

does the inoculation and finally, their cards are collected as they leave the medical inspection room. There is very little commotion and we seldom have any crying even in the Infants' schools with the result that in the early days, we often got as many as 300 children done in 1½ hours, having disturbed the ordinary school routine very little.

We decided at the same time to make a concentrated attack on the child of pre-school age and for this purpose a Clinic was started on Saturday mornings. The Health Visitors distributed circulars to the mothers at the Welfares and also encouraged them to bring older children as well. So successful was this enterprise that it was resolved to establish an immunizing clinic at each of the 7 Welfare Centres in the Borough for the convenience of mothers who could not bring their children along to the Saturday morning clinic. It was very easy to take the materials along with us to the various centres and the fact that the mothers could see us at the work stimulated many who had previously refused immunization, to give their consent.

We adopted the method of injecting 1 cc. of Toxoid Antitoxin Mixture (B. & W. T.A.M.) intramuscularly into the left deltoid, an interval of three weeks being left between the 1st and 2nd injections and 4 weeks between the 2nd and 3rd.

The epidemic of Diphtheria, as we have mentioned above commenced in October, 1932, and continued into 1933. Any report dealing with 1933 only, will fail to show the progress of the epidemic and the effect of our work in its true perspective. We propose therefore, to make this a comprehensive account and to include the period from October 1932 to December 1933.

That the opportunity for establishing immunization was seized at the right moment will be evident from the figures which follow and it seems probable that the epidemic was stayed by our efforts. Starting in October, we gradually worked through the schools and by the end of the Christmas term we were already well on with the work in five schools, namely : Southfield Road School the County School, Derwentwater, John Perryn and Rothschild School. We chose these schools because they were in the districts where the disease was most prevalent. After Christmas, we commenced the work in the following schools: Beaumont Park, Roman Catholic, Berrymede, Priory, and Acton Wells. At the beginning of June, we had visited each school three times and the bulk of the work was finished. We were now ready to commence re-schick testing in the schools where we had started, as six months had now

elapsed and we expected immunity to have developed. Before Christmas, 1933, we had done the round of the schools once more and the work of re-schicking was completed. While the work was proceeding, we were careful to prevent as far as possible the addition of non-immune entrants and thus lowering the herd immunity in the Infants' Departments. At the beginning of each term a list of non-immunized entrants was sent to the Head Teachers who gave great help in obtaining consents. If there are a large number, we find that it saves time to visit the schools, two or three schools being done in one afternoon. If there are only a few, they are done either at a Saturday morning Clinic or at a morning Minor Ailment Clinic. Actually the work has resolved itself into:—

- (1) Immunisation of entrants in the Infants Schools each term.
- (2), A continuation of re-schick testing of children, six months after the final inoculation.
- (3) Circularisation of parents when any child attains the age of six months as seen from the register of notification of births.
- (4) The work at the various Welfare Centres, where we can usually gather a few more cases. The scheme is working smoothly and fits in quite easily with the ordinary school and welfare work, thanks to the excellent methods of the clerical staff attached to the School Medical Service.

The table given below shows the work done at the various schools and Welfare Centres.

#### Inoculation—October 1932 to December 1933.

School	Schick Tested.	Positive re-actors.	Number of attendances for		
			1st dose.	2nd.	3rd.
Acton Wells .....	3	1	1	1	1
Acton Wells Junior .....	123	71	69	68	62
Acton Wells Infants'	2	2	139	105	95
Beaumont Pk. Snr.Gls.	16	10	11	10	10
Beaumont Pk. Jnr. Gls.	128	55	57	58	55
Beaumont Pk. Infts.	3	1	164	156	153
Berrymede Jnr. Boys	207	93	96	92	91
Berrymede Jnr. Gls'	203	97	93	89	86
Berrymede Infants'	1	1	127	115	116
Central .....	11	8	9	8	8
Derwentwater Jnr. ....	285	156	165	158	155
Derwentwater Infts'	2	—	200	195	189



John Perryn Senior	2	2	3	3	3
John Perryn Junior	171	96	93	91	89
John Perryn Infants'	4	2	208	196	183
Priory Boys'	4	2	2	1	1
Priory Girls'	5	3	4	3	3
Priory Infants'	4	4	168	134	116
Rothschild Junior	151	71	72	65	62
Rothschild Infants'	34	24	105	96	91
Southfield Snr. Boys'	140	64	64	64	61
Southfield Junior	300	234	225	224	214
Southfield Infants'	122	104	144	122	113
Roman Catholic	85	31	79	47	46
Acton County	269	151	138	136	134
Other Schools	30	25	20	18	13
Welfare Children	3	—	407	350	298
Scarlet Fever Patients in Isolation Hospital	—	—	314	302	275
Total	2308	1308	3177	2907	2723

The percentage of children immunized at the various schools during the first course of visits, are set out in the following table:—

Southfield Junior	63.8%
Southfield Infants	51.8%
John Perryn Junior	43.9%
John Perryn Infants	59.2%
Beaumont Pk. Junior	38.4%
Beaumont Pk. Infants	26.4%
Berrymede Infants	33.4%
Berrymede Junior Boys	32.9%
Berrymede Junior Girls	32.5%
Derwentwater Junior	47.8%
Derwentwater Infants	49.6%

In all the schools more children were added to our list at each visit and by the Summer term, the percentage at Derwentwater Infants had risen to 69.5 at the John Perryn Infants, to 66.6 and at Beaumont Park Infants to 64.7.

The number of children re-schicked after inoculation was 1598 and of these 1591 were negative, 7 were still positive and were given another immunizing dose. The distribution of Diphtheria cases in the various schools is given below and comparing it with the previous table it will be seen that the response to immunization was best, in most instances, in those schools with the largest number of cases.

Acton Wells	.....	1	Priory	.....	12
Beaumont Park	.....	29	Rothschild	.....	12
Berrymede	.....	6	Southfield	.....	6
Central	.....	1	Roman Catholic		6
Derwentwater	.....	13			
John Perryn	.....	3			
					—
			Total		89
					—

What the results of our work are in terms of actual protection it is too early to say. The number of protected persons is still relatively small and we cannot expect to find any great drop yet in the incidence of diphtheria as a whole.

### Scarlet Fever.

There were 277 cases of Scarlet Fever in the school population, this figure being distributed as follows:—

Acton Wells	.....	4	Priory	.....	55
Beaumont Park	.....	34	Rothschild	.....	15
Berrymede	.....	47	Southfield	.....	29
Central	.....	12	Roman Catholic		8
Derwentwater	.....	59			
John Perryn	.....	14			
					—
			Total		277
					—

328 Scarlet Fever patients and 665 Contacts were seen at the Office before their return to school, and 80 Diphtheria patients and 230 contacts were also examined.

### EMPLOYMENT OF CHILDREN.

The following Tables give the number of children employed in the various registered occupations. ,,

TABLE SHOWING THE NUMBER OF CHILDREN ATTENDING ACTON SCHOOLS EMPLOYED IN THE VARIOUS REGISTERED OCCUPATIONS ON 31st DECEMBER, 1933.

SCHOOL.	Delivering goods or parcels.		Delivering Newspapers.		Delivering milk.		TOTALS.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Acton Wells.....	2	—	15	—	5	—	22	—
John Perryn .....	1	—	1	—	1	—	3	—
Central .....	5	—	12	—	1	—	18	—
Acton County .....	2	—	4	—	2	—	8	—
Roman Catholic .....	2	—	2	—	1	—	5	—
Southfield .....	16	—	12	—	3	—	31	—
Beaumont Park .....	—	—	—	1	—	—	—	1
Priory .....	47	—	23	—	9	—	79	—
TOTALS .....	75	—	69	1	22	—	166	1

TABLE SHOWING THE NUMBER OF CHILDREN EMPLOYED OUTSIDE SCHOOL HOURS AS ON  
31st DECEMBER, 1933.

SCHOOL.	REGISTERED OCCUPATIONS.				TOTALS. 12—14
	Acton.		In other Districts.		
	Ages.		Ages.		
	12—13	13—14	12—13	13—14	
Acton Wells .....	9	13	—	.....	22
John Perryn .....	.....	.....	.....	.....	3
Central .....	2	6	.....	.....	8
County .....	1	4	.....	.....	5
Turnham Green R.C. ....	4	27	.....	.....	31
Southfield .....	.....	1	.....	.....	1
Beaumont Park .....	20	59	.....	.....	79
Priory .....	.....	.....	.....	.....	.....
TOTALS .....	39	128	.....	.....	167

TABLE SHOWING THE DISTRIBUTION OF ALL CHILDREN EMPLOYED DURING THE PERIOD  
1ST JANUARY, 1933 TO 31ST DECEMBER, 1933.

SCHOOL.	BOYS.								GIRLS.		
	Acton Wells	John Perryn	Central	County	Southfield	Roman Catholic	Priory	Others	Totals	Beaumont Park	Totals
1. REGISTERED OCCUPATIONS :—											
(a) Carrying or Delivering goods or parcels .....	4	3	12	5	29	2	73	5	133	.....	.....
(b) Delivering Newspapers .....	25	3	21	9	30	4	52	6	150	1	1
(c) Delivering Milk .....	9	2	6	6	4	1	20	6	54	.....	.....
2. EMPLOYED IN OTHER AREAS :—											
(a) Carrying or delivering goods or parcels .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(b) Delivering Newspapers .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(c) Delivering Milk .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTALS .....	38	8	39	20	63	7	145	17	337	1	1
CORRESPONDING FIGURES FOR 1932 .....	25	11	51	20	71	6	121	19	324	1	1

## REPORT ON SWIMMING INSTRUCTION IN THE SCHOOLS, SEASON 1933.

The swimming season opened on the 1st May, 1933, and, as in the previous year, provision was made for 52 classes per week, 31 for boys and 21 for girls. Of these, 48 classes were held in school hours, whilst one class for boys and three classes for girls were held in periods immediately before or after normal school periods. All the instruction was given by the teaching staff of the schools concerned.

The incidence of promotion in the schools necessitated some slight re-adjustment of the time-table in the period between the re-opening of the schools at the end of August and the end of the season on the 30th September.

As in previous years, one small class of boys is continuing to attend the Baths during the winter months for instruction and practice in life-saving, and this year a small class of girls has been similarly arranged.

The Acton Education Committee continues to award certificates to boys and girls who can swim 25 yards down the length of the baths without interruption, pause, or rest, and Acton scholars also compete for the certificates of the London Schools Swimming Association and the Royal Life Saving Association, as under:—

### Swimming.

1st Class, 100 yards (condition as for Acton certificates).

2nd Class 50 yards (conditions as for Acton certificates).

### Life-Saving.

Elementary and Advanced.

There are in the schools at the present time 1126 scholars (626 boys and 500 girls) who can swim (as against 962 at the end of last season) and 522 boys and 326 girls in the schools learned to swim during the 1933 season (as against 500 in 1932).

The following is a statistical return relating to the season's work:—

	Year.	Boys	Girls.	Total.
No. of classes per week allocated	1933	31	21	52
	1932	31	21	52

Total No. of attendances made	1933	13682	8631	22313
	1932	11636	6395	18031

*Certificates gained.*

	1933			1932.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Acton Education,,, Committee	349	247	596	174	159	333
L.S.S.A. 1st Class	240	153	393	95	96	191
2nd Class	301	206	507	147	123	270
Life Saving Elem.	33	82	115	5	8	13
Advd.	25	63	88	9	9	18

**VISITS PAID BY SCHOOL NURSES.**

The following Table gives the list of home visits paid by the Nurses during the year. The visits have been divided into school distribution.

Acton Wells	.....	84	Priory	.....	226
Beaumont Park	.....	243	Rothschild	.....	262
Berrymede	.....	278	Southfield	.....	109
Central	.....	7	Roman Catholic		17
Derwentwater	.....	176	Special School		11
John Perryn	.....	58			
			Total		1471

**EXAMINATIONS OF TEACHERS AND OFFICE STAFF.**

5 Candidates were examined during the year. ,

**CONVALESCENT HOMES AND COUNTRY HOLIDAYS.**

Free places granted—a fortnight each	2 girls.
	2 boys.
By subscription—one week	13 boys.,
"    "    a fortnight	6 girls.
	4 boys.

By the kindness of the Rotary Club 2 girls and 2 boys in this total were afforded a fortnight's holiday each.

Thus 27 children in all enjoyed a holiday at the Hostel at Bexhill during the summer season 1933.

In addition, two girls and one boy, all three children in a very poor general condition were sent by the Education Committee to the Bexhill Hostel during the winter, the girls for periods of 6 weeks and the boy for a period of 3 months. All the children put on considerable weight and improved very much in general health.

### MOTHCRAFT CLASSES.

The following table shows the number of classes sent from each school to the Day Nursery. ,,

Acton Wells	.....	6	John Perryn	5
Beaumont Park	.....	3	Priory	6
Central	.....	3	Roman Catholic	2
				—
				25
				—

### RETURN OF MEDICAL INSPECTIONS.

TABLE I.

#### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	.....	.....	.....	.....	941
Second Age Group	.....	.....	.....	.....	754
Third Age Group	.....	.....	.....	.....	813
					—
			TOTAL	.....	2508
					—

Number of other Routine Inspections ..... —

#### B.—OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	.....	.....	2253
Number of Re-Inspections	.....	.....	.....	.....	1378
					—
			TOTAL	.....	3631
					—



TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1933.

DEFECT OR DISEASE.	ROUTINE. INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation, but not requiring Treat- ment.	Requiring Treatment	Requiring to be kept under observation, but not requiring Treat- ment.
(1)	(2)	(3)	(4)	(5)
Malnutrition .....	12	17	169	1
<i>Skin :—</i>				
Ringworm :				
Scalp .....	—	—	12	—
Body .....	—	—	46	—
Scabies .....	—	—	19	—
Impetigo .....	5	—	144	—
Other Diseases (Non-Tuberculous)	11	1	43	—
<i>Eye :</i>				
Blepharitis .....	10	—	119	—
Conjunctivitis .....	2	—	17	—
Keratitis .....	—	—	—	—
Corneal Opacities .....	—	—	3	—
Defective Vision (excluding Squint)	127	—	131	1
Squint .....	7	—	11	—
Other Conditions .....	1	—	38	—
<i>Ear :</i>				
Defective Hearing .....	2	6	—	1
Otitis Media.....	9	—	30	—
Other Ear Diseases .....	1	—	77	—
<i>Nose and Throat :</i>				
Chronic Tonsillitis only .....	2	—	5	—
Adenoids only .....	—	—	1	—
Chronic Tonsillitis and Adenoid	12	4	28	1
Other Conditions .....	1	5	—	210
Enlarged Cervical Glands (Non- Tuberculous) .....	—	27	—	3
Defective Speech .....	—	4	29	42

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
<i>Heart and Circulation :</i>				
Heart Disease :				
Organic .....	—	1	3	—
Functional .....	—	12	—	1
Anaemia .....	—	9	—	—
<i>Lungs :</i>				
Bronchitis .....	—	2	—	—
Other Non-Tuberculous Diseases .....	—	6	—	—
<i>Tuberculosis :</i>				
Pulmonary :				
Definite .....	—	—	1	—
Suspected .....	—	—	—	—
Non-Pulmonary :				
Glands .....	—	—	—	—
Bones and Joints .....	—	—	2	—
Skin .....	—	—	—	—
Other Forms .....	—	—	—	—
<i>Nervous System :</i>				
Epilepsy .....	—	2	—	—
Chorea .....	—	—	—	—
Other Conditions .....	—	—	—	—
<i>Deformities :</i>				
Rickets .....	—	4	—	2
Spinal Curvature .....	—	2	—	—
Other Forms .....	—	8	—	—
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	1	38	1091	4

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

GROUP (1)	NUMBER OF CHILDREN		Percentage of Children found to require Treatment (4)
	Inspected (2)	Found to require Treatment. (3)	
<b>PRESCRIBED GROUPS :—</b>			
Entrants .....	941	39	4.1%
Second Age Group .....	754	55	7.2%
Third Age Group .....	813	81	9.9%
<b>Total (Prescribed Groups) .....</b>	<b>2508</b>	<b>175</b>	<b>6.9%</b>
Other Routine Inspections .....	—	—	—

**TABLE III.**

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

**CHILDREN SUFFERING FROM MULTIPLE DEFECTS**

TOTAL 4.

**BLIND CHILDREN.**

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

**PARTIALLY BLIND CHILDREN.**

At Certified Schools for the Blind.	At Certified Schools for the partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	2	2	1	—	5

### DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	—	—	—	4

### PARTIALLY DEAF CHILDREN.

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

### MENTALLY DEFECTIVE CHILDREN.

#### Feeble-Minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
44	—	—	—	44

### EPILEPTIC CHILDREN.

#### Children suffering from severe Epilepsy.

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

## PHYSICALLY DEFECTIVE CHILDREN.

### A. TUBERCULOUS CHILDREN.

#### 1.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS,

(Including pleura and intra-thoracic glands)

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

#### II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	8	—	8

### B. DELICATE CHILDREN.

(ie) Whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

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

### C. CRIPPLED CHILDREN.

(ie) (Other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	5	1	2	10

### D. CHILDREN WITH HEART DISEASE.

(ie) Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	1	1	3	8

**TABLE IV.**

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1933.

*Treatment Table.*

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

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)
<b>SKIN :</b>			
Ringworm-Scalp .....	9 (9)	3	12
Ringworm-Body .....	46		46
Scabies .....	19		19
Impetigo .....	144		144
Other skin disease .....	43		43
<b>MINOR EYE DEFECTS :</b>			
(External and other, but excluding cases falling in Group II.) .....	128		128
<b>MINOR EAR DEFECTS</b> .....	168	6	174
<b>MISCELLANEOUS</b> .....			
(e.g., minor injuries, bruises, sores, chilblains, &c.)	1091	—	1091
<b>TOTAL</b> .....	1648	9	1657

NOTE—Figure in brackets denotes number treated by X Ray.

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

DEFECT OR DISEASE.	No. of Defects dealt with.			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme	Otherwise	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	422	9	—	431
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) .....	7	—	—	7
Total .....	429	9	—	438

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme .....	322
(b) Otherwise .....	9

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme .....	322
(b) Otherwise .....	9

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

Received Operative Treatment.												Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total					
(1)				(2)				(3)				(4)	(5)
1.	2.	3.	4.	1.	2.	3.	4.	1.	2.	3.	4.		
24	3	20	—			4		24	3	24	—	—	51

(1)—Tonsils only. (2)—Adenoids only. (3)—Tonsils and Adenoids, (4)—Other defects of the Nose and Throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	(1) Under the Authority's Scheme.			(2) Otherwise.			Total No. Treated.
	Residential Treatment with Education. (i)	Residential Treatment without Education. (ii)	Non- Residential Treatment at an Orthopaedic Clinic. (iii)	Residential Treatment with Education. (i)	Residential Treatment without Education. (ii)	Non- Residential Treatment at an Orthopaedic Clinic. (iii)	
No. of Children Treated.	1	1	—	—	—	—	2



## GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :—	(2) Half-days devoted to :—	
(a) Inspected by the Dentist :	Inspection .....	48
	Treatment .....	418
		<hr/>
	Total	466
		<hr/>
Aged :	(3) Attendances made by children for treatment .....	4020
	(4) Fillings :—	
Routine Age Groups	Permanent teeth .....	1960
5— 598	Temporary teeth .....	76
6— 671		<hr/>
7— 650	Total	2036
8— 699	(5) Extractions :—	
9— 724	Permanent teeth .....	721
10— 816	Temporary teeth .....	3993
11— 673		<hr/>
12— 735	Total	4714
13— 754	(6) Administrations of general anaesthetics for extractions .....	2099
14— 100	(7) Other operations :—	
Total	Permanent teeth .....	231
6420	Temporary teeth .....	33
Specials .....		<hr/>
423	Total	264
		<hr/>
Grand Total		
6843		
(b) Found to require treatment		
4804		
(c) Actually treated .....		
2760		

## GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by the School Nurses.....	12
Total number of examinations of children in the Schools by School Nurses .....	29744
Number of individual children found unclean :—	
Vermin and Nits .....	139
Slightly infested .....	618
Number of children cleansed under arrangements made by the Local Education Authority .....	5
Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 .....	—
(b) Under School Attendance Byelaws .....	—

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1933, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified ..... 5

*Analysis of the above Total,*

DIAGNOSIS.				<i>Boys.</i>	<i>Girls.</i>
1.	(i)	Children incapable of receiving benefit or further benefit from instruction in a Special School :			
	(a)	Idiots	.....	—	—
	(b)	Imbeciles	.....	1	2
	(c)	Others	.....	—	—
	(ii)	Children unable to be instructed in a Special School without detriment to the interest of other children :			
	(a)	Moral defectives	.....	—	—
	(b)	Others	.....	1	1
2.		Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	.....	—	—
3.		Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases	.....	—	—
4.		Children who in addition to being mentally defective were blind or deaf	.....	—	—
GRAND TOTAL				2	3

We are,  
Your obedient Servants,  
D. J. THOMAS.  
N. G. HOWELL.

Report on the Medical  
Inspection of Schools

FOR THE YEAR 1934

