

**[Report of the Medical Officer of Health for Ealing].**

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REPORT

THE MEDICAL OFFICER OF HEALTH

SCHOOL MEDICAL OFFICER

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# REPORT

OF THE

Medical Officer of Health,  
1918.



# PUBLIC HEALTH DEPARTMENT.

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## STAFF.

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*Medical Officer of Health and Superintendent of Isolation Hospital:*

THOMAS ORR, M.D., D.Sc.

(Of the Middle Temple, Barrister-at-Law).

*Chief Sanitary Inspector:*

THOMAS HILL, A.R.San.I., M.S.I.A., Cert. Insp.  
of Meat and Other Foods.

*Sanitary Inspectors:*

HARRY SHARPE, C.R. San.I., Cert. Insp. of Meat  
and Other Foods.

JAMES STUBBS, C.R. San. I.

*Health Visitors:*

MISS ELEANOR EVANS, MISS GERTRUDE DOWSETT.  
MISS K. CHRISTAIN.

*Chief Clerk:*

HARRY BIRRELL.

*Junior Clerks:*

ERNEST W. HILL.

ALBERT C. GROOM.

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## ISOLATION HOSPITAL.

*Medical Attendant:*

L. D. BROWN, L.R.C.P.

*Matron:*

MISS A. WHITTLE.

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## DAY NURSERY.

*Matron:*

MISS DOROTHY GAMMON.

PUBLIC HEALTH DEPARTMENT,

TOWN HALL,

EALING, W. 5.

29th September, 1919.

MR. MAYOR, AND GENTLEMEN,

I have the honour to submit to you the Annual Report for the year 1918 on the Vital Statistics of the Borough, and on the work of the Public Health Department.

The Report has still been kept within the reasonable limits demanded by the need for economy, but I have found it desirable to deal more fully, comparatively speaking, with the subjects of Maternity and Child Welfare and Control of Influenza, which have demanded so much attention during the past year. The account of these I commend to your consideration.

In the report I desire to draw your attention to the small number of cases of scarlet fever and of diphtheria compared with previous years, the numbers in both instances being the lowest for at least ten years, and to the low Infant Death-rate compared with that for England and Wales.

I wish to take the opportunity in submitting this Report to express my deep appreciation of the work performed during the year of the whole of my staff.

I am, Mr. Mayor and Gentlemen,

Your obedient Servant,

THOMAS ORR.

TO THE MAYOR, ALDERMEN AND BURGESSES  
OF THE BOROUGH OF EALING.

## SUMMARY OF STATISTICS FOR 1918.

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Population for 1918 (Estimated by Registrar-General)	64,480
Population (Census 1911) ... ..	61,723
Area of Borough in acres ... ..	2,947
Inhabited Houses (Census, 1911) ... ..	13,776
Births ... ..	942
Birth-rate per 1,000 of population ... ..	13.0
Deaths ... ..	880
Death-rate per 1,000 of population (Estimated 1918) ... ..	13.6
Infant Mortality per 1,000 births ... ..	76
Phthisis death-rate per 1,000 of population ... ..	.94
Death-rate from the other forms of Tuberculosis per 1,000 of population ... ..	.12
Death-rate from all forms of Tuberculosis ... ..	1.07
Rateable Value of Borough ... ..	£543,135
Assessable Value of Borough ... ..	£522,494
Nett proceeds of a Penny Rate ... ..	£2,100



## SANITARY CIRCUMSTANCES OF THE DISTRICT.

### Sanitary Inspections of the District.

The following is a summary of the work done by the Inspectors during the year:—

Number of Premises Inspected on Complaint	...	...	257
Number of Premises Inspected in connection with Infectious Disease	...	...	103
Number of Premises visited by Periodical Inspection (Cowsheds, Dairies, Slaughterhouses, Workshops, etc)	...	...	284
Number of Houses inspected under House to House Survey	...	...	—
Food Inspections	...	...	3,169
Total number of Inspections and Re-inspections	...	...	7,361

Number of Intimation Notices given	...	...	248
Number of other letters written	...	...	503
Number of Statutory Notices served	...	...	20

### DAIRIES, COWSHEDS, AND MILKSHOPS.

Number of Cowsheds on Register	...	...	4
Number of Inspections made of Cowsheds	...	...	13
Contraventions of Regulations	...	...	Nil
Number of Dairies and Milkshops on Register	...	...	43
Number of Inspections of Dairies and Milkshops	...	...	90
Contraventions of Regulations	...	...	4
Proceedings before Magistrates	...	...	Nil

PARTICULARS OF THE SANITARY DEFECTS REFERRED TO IN  
NOTICES SERVED AND LETTERS WRITTEN :—

Water Closets Repaired or supplied with water or otherwise improved	...	...	...	...	...	...	176
Defects in Drains	...	...	...	...	...	...	51
Drains reconstructed	...	...	...	...	...	...	8
Dust-bins provided	...	...	...	...	...	...	71
Overcrowding	...	...	...	...	...	...	1
Accumulations of Refuse	...	...	...	...	...	...	25
Fowls and other Animals	...	...	...	...	...	...	12
Dampness	...	...	...	...	...	...	8
Yards paved and repaired	...	...	...	...	...	...	14
Other Defects or Nuisances remedied	...	...	...	...	...	...	446

DISINFECTION.

Rooms disinfected : Ordinary Infectious Disease	...	...	...	...	246
"    "    Phthisis	...	...	...	...	59
Rooms Stripped and Cleansed	...	...	...	...	189
Articles disinfected : Ordinary Infectious Diseases	...	...	...	...	1,712
"    "    Phthisis	...	...	...	...	215

**INSPECTION OF MEAT AND OTHER FOODS.**

The year has been a difficult one in so far as the inspection of meat and other foods have been concerned, due almost entirely to the unusual conditions occasioned by the war. Owing to delays in transport as well as to the insufficiency of cold storage, much meat and fish had to be condemned as unfit for human food. Assistance was given to the Food Control Committee by the Chief Inspector in dealing with meat of bad keeping quality, which during the early days of the year was delivered to the butchers in the town. The Chief Inspector was able to advise when rapid sale was necessary in order to avoid waste.

The following tables gives the quantity of food surrendered for destruction on account of unfitness for human food :—



FOOD.							QUANTITY.
Meat	...	...	...	...	...	...	1,172 lbs.
Fish	...	...	...	...	...	...	2,035 lbs.
Bacon	...	...	...	...	...	...	216 lbs.
Cheese	...	...	...	...	...	...	137 lbs.
Butter	...	...	...	...	...	...	30 lbs.
Rabbits	...	...	...	...	...	...	263 lbs.
Rice	...	...	...	...	...	...	278 lbs.
Dates	...	...	...	...	...	...	40 lbs.
Condensed Milk	...	...	...	...	...	...	50 lbs.

The following table supplied by the Chief Officer, County Food and Drugs Department, indicates the samples of food and drugs purchased in the Borough during the year 1918, together with the results of action taken :—

Article	No. of samples taken.	Adulterated.
Milk	254	68
Miscellaneous	6	—
Total	260	68

Number of Prosecutions	...	...	10
Number of Convictions	...	...	8
Number of Cautions given	...	...	2

The figures given for adulterated samples include some adulterated informal samples in respect of which no proceedings could be taken.

## SANITARY ADMINISTRATION OF THE DISTRICT.

### Hospital for Infectious Diseases.

The following table gives the number of cases treated in the hospital during the year and the number remaining in hospital at the end of the year :—

Disease	Remaining in Hospital Dec. 31st, 1917	Admitted to Hospital during 1918	No. of Deaths
Scarlet Fever	7	52	—
Diphtheria	6	35	4
Enteric Fever	1	5	1
Meningitis	—	1	1
Measles	—	9	—
Puerperal Septicaemia	—	1	—
Abscess of Breast	—	1	—

*Scarlet Fever*.—During the year 52 cases of Scarlet Fever were admitted to the hospital

The ages of the patients were as follows:—

1—5yrs.	5—15yrs.	15—25yrs.	25—35yrs.	35—45yrs.
11	31	7	2	1

The following complications were noted amongst the patients:—

Rhinitis	...	...	...	3 cases
Otitis	...	...	...	2 „
Albuminuria	...	...	...	1 case
Abscess	...	...	...	1 „

The average stay in hospital was 41 days. No deaths occurred. No return cases have to be recorded.

*Diphtheria*.—Of the 35 cases admitted to hospital as diphtheria seven were found to be cases of tonsillitis.

The ages of the patients were as follows:—

1—5yrs.	5—15yrs.	15—25yrs.	25—35yrs.	35—45yrs.
15	16	3	1	—

The complications noted were:—

Albuminuria	...	...	...	3 cases.
Paralysis of palate	...	...	...	2 „
Epistaxis	...	...	...	3 „
Otitis	...	...	...	1 case

Four deaths took place from this disease. No return cases arose from the patients discharged from the hospital. The average stay in hospital was 32 days.

*Enteric Fever*:—Five cases were admitted as enteric fever, but one case was found on blood examination not to be enteric fever. One death occurred.

*Other Diseases*:—One case was admitted as acute poliomyelitis, but proved to be tubercular meningitis. This child died. Nine cases of measles, one of puerperal fever, and one of abscess of the breast in a nursing mother were treated, all with a favourable result.



### Workshops, Workplaces, etc.

The following tables show the extent of the work done with respect to Factories and Workshops :—

#### 1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES, including inspections made by Sanitary Inspectors.

Premises.	No. of Inspections	Written Notices.	Prosecutions.
Factories (including Factory Laundries)	28	—	
Workshops (including Workshop Laundries) ... ..	123	11	nil
Workplaces ... ..	25	3	
Total ... ..	176	14	nil

#### 2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars	Number of Defects			No. of Prosecutions
	Found	Remed'd	Referred to H.M. Inspect'r	
NUISANCES UNDER THE PUBLIC HEALTH ACTS :—				
Want of Cleanliness ... ..	21	21		
Want of Ventilation ... ..	—	—		
Overcrowding ... ..	—	—		
Want of Drainage of Floors ... ..	1	1		
Other Nuisances ... ..	8	8		
Sanitary Accommodation :—				
Insufficient ... ..	—	—		
Unsuitable or Defective ... ..	9	9	nil	nil
Not separate for sexes ... ..	—	—		
OFFENCES UNDER THE FACTORY AND WORKSHOPS ACTS :—				
Illegal occupation of underground bakehouses (s.101) ... ..	—	—		
Breach of Special Sanitary requirements for bakehouses (ss.97 to 100) ... ..	—	—		
Other Offences (excluding offences relating to outwork which are included in part 3 of this report) ... ..	—	—		
Total ... ..	39	39	nil	nil

*Bakehouses.*—All the bakehouses in the Borough, 24 in number, were kept under supervision. Contraventions of the Factory and Workshop Acts were found in 5 instances, remedial measures being promptly carried out.



## 3.—HOME WORK.

## Outworkers Lists, Section 107

Nature of Work	Sending twice in a year.			Sending once in a year.		
	Lists	Con-tracts	Work-men	Lists	Con-tracts	Work-men
Wearing Apparel making, etc ...	16	16	22	21	21	27
Household Linen ...	—	—	—	1	1	1
Stuffed Toys ...	—	—	—	2	2	5
Artificial Flowers ...	—	—	—	1	1	1
Total ...	16	16	22	25	25	34

There were no failures to send lists of outworkers nor were there any infringements of the Acts.

4.—THE REGISTERED WORKSHOPS IN THE DISTRICT are as follows :—

Bakehouses	...	24
Laundries	...	10
Dressmakers	...	25
Tailors	...	17
Millinery	...	5
Miscellaneous	...	55
Total	...	136

5.—OTHER MATTERS, nil.

## PREVALENCE OF AND CONTROL OVER ACUTE INFECTIOUS DISEASES.

The death-rates from the principal infectious diseases are represented in the following table, together with those for England and Wales :—

	Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria
England and Wales ... ..	0.03	0.00	0.28	0.03	0.29	0.14
96 Great Towns ... ..	0.02	0.00	0.36	0.04	0.34	0.15
148 Smaller Towns ... ..	0.03	0.00	0.25	0.02	0.25	0.14
London... ..	0.02	0.00	0.42	0.03	0.43	0.17
EALING ... ..	0.01	0.00	0.17	0.00	0.20	0.06

### NOTIFIABLE INFECTIOUS DISEASES.

During the year 1918, the cases of infectious disease notified were 1324 in number and were distributed during the year as follows :—

	Diphtheria	Scarlet Fever	Erysipelas	Enteric Fever	Poliomyelitis	Puerperal Fever.	Ophthalmia Neonatorum	German Measles	Measles
January ...	3	6	5	—	—	—	—	16	157
February...	3	4	2	—	—	—	1	21	208
March ...	5	9	4	—	1	—	—	36	205
April ...	2	6	1	—	—	—	1	23	204
May ...	1	—	4	1	—	—	—	19	129
June ...	4	2	2	—	—	—	—	6	110
July ...	2	—	2	—	—	—	—	3	29
August ...	4	4	1	2	—	1	—	4	2
September	4	7	1	3	—	—	—	5	3
October ...	4	11	2	—	—	—	1	1	—
November	1	8	—	—	—	1	—	3	—
December	3	4	—	—	—	—	—	6	1
	36	61	24	6	1	2	3	143	1048



The following table indicates the infectious cases in accordance with the wards in which they occurred :—

	Drayton	Castle-bar	Mount Park	Lam-mas	Manor	Grange	Total
Diphtheria ...	6	6	3	8	9	4	36
Scarlet Fever ...	6	9	5	14	18	9	61
Erysipelas ...	4	2	1	7	7	3	24
Enteric Fever ...	1	—	1	—	1	3	6
Puerperal Fever ...	1	1	—	—	—	—	2
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—
Ophthalmia Neonatorum	1	—	—	—	1	1	3
German Measles ...	17	39	28	27	12	20	143
Measles ...	117	191	177	195	218	150	1048
Poliomyelitis ...	—	—	—	1	—	—	1
Totals ...	153	248	215	252	266	190	1324

The following table shows the number of cases of the principal infectious diseases notified in each of the last ten years :

Disease	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918
Smallpox ...	—	2	—	—	—	—	—	—	—	—
Diphtheria ...	48	55	95	56	57	82	56	37	66	36
Scarlet Fever ...	160	148	125	187	326	511	458	146	91	61
Erysipelas ...	35	47	31	31	45	39	39	19	33	24
Enteric Fever ...	6	7	4	4	5	7	11	5	3	6
Puerperal Fever ...	4	—	3	—	—	2	1	1	—	2
Cerebro-Spinal Fever ...	—	—	—	—	—	1	2	2	1	—
Poliomyelitis ...	—	—	—	2	3	—	2	—	2	1
Ophthalmia Neonatorum	—	—	—	—	—	9	5	8	3	3
Total ...	253	259	258	280	611	763	574	218	199	133

In this table it will be seen that the number of cases of diphtheria is lower by one than that for 1916, which was the lowest for the preceding ten years, and that the number of cases of scarlet fever is lower by 30 than that for 1917, which had the lowest number of cases for ten years. The total number of the principal infectious diseases for 1918 is easily the lowest for ten years.

*Encephalitis Lethargica.*—This disease, which was at first believed to be "Botulism," a form of food poisoning, but which was later recognised as a new disease of quite a different nature, was made notifiable by the Public Health (Acute Encephalitis Lethargica and Acute Polio-Encephalitis) Regulations, of the



17th December, 1918. Before this date two cases were voluntarily notified to the Medical Officer of Health. The first case was notified on the 2nd May, the patient being a man 34 years of age, and the symptoms being typical, and the second on the 20th June, the patient being a man 68 years of age. In the latter case the diagnosis was not free from doubt.

Recovery took place in the former case, but an early fatal termination in the latter.

### **Influenza.**

Influenza became epidemic in Ealing in the beginning of July, an idea of the prevalence of the disease being given by the Weekly Returns of children absent from school. During July 959 children were noted as being absent on account of Influenza, though most of the cases occurred during the first half of the month. The disease was of a mild character, the children recovering with remarkable rapidity. Adults also were affected, but enquiries led one to the belief that the outbreak owed its spread to the schools, children being affected more than adults. In the month of June no deaths from Influenza were registered in the Borough, but in July four were registered in the week ending the 15th, and two in the week ending the 31st July. Thus, although the disease was very prevalent during this month among the school children, no deaths occurred amongst them, and only six occurred amongst adults.

Towards the end of July the outbreak subsided and few cases occurred until October. In August only one death, a female, 33 years of age, was recorded, and in September, none. From the 1st June to September 30th seven deaths occurred altogether.

A recrudescence of the epidemic was experienced in the second week of October in the Northfields Area, Northfields School being chiefly affected. From here it quickly spread during the following week to Lammas School and to Little Ealing and Junction Road Schools, taking in the whole of the south-western area of the Borough. In the next week the schools, as a whole, became affected to such an extent that the closure of all was recommended for ten days. At the time of closure the children absent from school numbered 2,777 out of 7,642 on the rolls, or 35 per cent of the elementary school population.

It must not be assumed that all absentees were cases of Influenza, but it may be stated, as a result of particular enquiries, that about 80 per cent of those absent from school were actually victims of the disease.

The general population was affected at the same time as the school children, but as the disease was not notifiable it was difficult to gauge the extent of the prevalence amongst adults. A great number of families, however, were severely affected, whole households being completely incapacitated at the same time. In the absence of statutory notification the returns of absentees from the schools gave a general idea of the prevalence of the disease.

During the week ending the 7th October one death occurred from Influenza, the week ending 14th October none, the week ending the 21st October two, the week ending 28th October 9, but during the week ending the 4th November, 30 deaths, making a total for the month of 42.

During the first week in November the disease reached its maximum, the deaths for the weeks following showing a distinct decrease.

Deaths for week ending 11th November	...	...	...	37
Deaths for week ending 18th November	...	...	...	15
Deaths for week ending 25th November			...	20
Deaths for week ending 2nd December	...	...	...	15
				—
Total for the month	...	...	...	87
				—

The deaths from Influenza during December were as follows :—

Deaths for week ending 9th December	...	...	...	11
Deaths for week ending 16th December	...	...	...	8
Deaths for week ending 23rd December	...	...	...	1
Deaths for week ending 31st December	...	...	...	2
				—
Total deaths for month	...	...	...	22
				—

Thus from the 1st June to the end of the year there were 158 deaths from Influenza.



The age distribution of the deaths were as follows :—

						65 and
0—5	5—15	15—25	25—35	35—45	45—65	upwards
yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.
M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
6 8	3 10	7 23	15 26	13 10	9 10	7 11

Of the 158 deaths, 60 were of males and 98 of females. Between the ages of 5 and 35 the deaths of females greatly exceeded the males, 59 female deaths compared with 25 male deaths.

The total deaths for the year, 161, give the high death rate for Influenza of 2.5 per 1000 population.

#### MEASURES ADOPTED TO DEAL WITH EPIDEMIC.

The measures taken to prevent the spread of the influenza were of little avail, in the first place on account of the great infectivity of the disease, and in the second place on account of the want of assistance on the part of the public, who failed to take the necessary steps to prevent the spread of infection, with a disinterestedness, or even it might be said callousness, which brought disaster to many families.

In the early stages of the outbreak the schools were visited and the teachers instructed regarding the isolation of affected children, the exclusion of children from invaded households and regarding the ventilation of the classrooms. Instructions based on those issued by the L.G.B. were issued by posters and leaflets throughout the town, the latter especially by means of the school.

The aid of the local press was invoked at the same time to assist in the spread of information.

As it seemed that to have the Cinema Halls kept open while the schools were closed, the whole object of closure would be defeated, the managers of these places were approached. One promptly promised to exclude school children so long as the schools were closed, one stated that children under 12 years were always excluded except when accompanied by their parents, one promised to communicate with his Directors, but no reply was received, the fourth approved of the suggestion but his Directors disapproved.

As so little could be done to lessen the prevalence of the scourge efforts were directed towards reducing the mortality by providing nursing and hospital accommodation. The Health Visitors did excellent work in visiting affected households, giving advice whenever necessary, and in nursing serious cases, but the help they were able to render was small compared with what was required, and many of the stricken families had to depend almost entirely on neighbourly assistance, which the Health Visitors were often successful in securing.

The question of isolating serious cases in the Isolation Hospital was considered, but the insufficient staff and the impossibility of securing further nursing assistance caused the project to be abandoned. The Board of Guardians, through their Secretary, came to our assistance and many of the more serious cases were removed to the Infirmary for care and treatment.

There can be no doubt that the absence of efficient nursing and medical attention, due to the demands made by the War Office on the medical and nursing profession for our forces engaged in the war, was responsible for a large number of deaths. Again, the severe mental and physical strain resulting from four anxious years of war accompanied by restrictions in diet probably rendered the community more susceptible to infection and more liable to the complications when attacked.



## EPIDEMIC INFLUENZA, 1918.

Table of deaths week by week, showing deaths due to (1) Influenza, (2) Broncho-Pneumonia, (3) all other forms of Pneumonia.

			Influenza.	Broncho-Pn.	Pneumonia
Jan. 1st to July 1st...			3	11	18
July 8 (week ended)			—	—	2
„ 15	...	...	4	—	—
„ 22	...	...	—	—	—
„ 29	...	...	2	—	—
Aug. 5	...	...	1	—	2
„ 12	...	...	—	—	1
„ 19	...	...	—	—	—
„ 26	...	...	—	—	—
Sept. 2	...	...	—	—	—
„ 9	...	...	—	—	—
„ 16	...	...	—	—	—
„ 23	...	...	—	—	—
„ 30	...	...	—	—	—
Oct. 7	...	...	1	1	1
„ 14	...	...	—	1	2
„ 21	...	...	2	1	2
„ 28	...	...	9	—	1
Nov. 4	...	...	30	—	6
„ 11	...	...	37	—	—
„ 18	...	...	15	—	4
„ 25	...	...	20	—	1
Dec. 2	...	...	15	1	2
„ 9	...	...	11	—	—
„ 16	...	...	8	—	—
„ 23	...	...	1	—	2
„ 31	...	...	2	2	—
Total for year			161	17	44



# Epidemic Influenza, 1918.

Table of Deaths in age periods.

	Under 1 Year		1 to 5 Years		5 to 15 Years		15 to 25 Years		25 to 35 Years		35 to 45 Years		45 to 65 Years		Over 65 Years		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Influenza ... ..	2	2	4	6	3	10	7	23	15	27	13	10	10	10	8	11	62	99
																	161	
Broncho-Pneumonia	3	2	2	—	—	—	—	1	—	1	—	—	3	2	—	3	8	9
																	17	
Pneumonia, all other forms	2	—	1	1	3	—	1	7	4	5	5	—	6	2	4	3	26	18
																	44	

### Prevalence of and Control over Tuberculosis.

Under the Public Health (Tuberculosis) Regulations, 1912, the following notifications were received :—

	1-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65 and upwards	Total
Pulmonary Tuberculosis ... ..	1	9	31	50	18	1	110
Other forms of Tuberculosis ... ..	4	11	2	4	1	—	22
Totals	5	20	33	54	19	1	132

The following information supplied by Dr. Young, the County Medical Officer, gives a record of the treatment of cases of tuberculosis in the Borough during the year :—

Number of persons resident in Ealing examined for the first time in 1918 by the Tuberculosis Officer ... ..	137
Number of persons kept under treatment at the County Council Dispensary ...	84
Number sent to Sanatoria ... ..	24
Number sent to Hospital ... ..	18

*Sanatorium Cases.*—Eight were discharged during the year after an average stay in the Sanatorium of 15 weeks 3 days, and then kept under observation at the Dispensary. Sixteen remained in institutions at the end of 1918.

*Hospital Cases.*—Five were discharged during the year after an average stay in Hospital of 12 weeks and 1 day. Five died in Hospital after periods of residence varying from 17 days to 40 weeks and 5 days. Eight remained in institutions at the end of 1918.

## MEANS FOR PREVENTING MORTALITY IN CHILDBIRTH AND IN INFANCY.

There were 72 deaths of infants under one year, which give an infant death-rate of 76 per 1,000 births.

The following table gives the infant death-rate for Ealing with that for England and Wales :—

Ealing ...	...	...	76 per 1,000 births
England and Wales	97	"	"
96 Great Towns	...106	"	"
London	...	...107	"

The following table gives the infant death-rates for Ealing for the last 18 years compared with those for England and Wales :—

	Ealing.	England and Wales.
1901	114	151
1902	112	133
1903	136	132
1904	105	145
1905	101	128
1906	129	132
1907	91	118
1908	80	120
1909	70	109
1910	65	106
1911	121	130
1912	67	95
1913	72	109
1914	59	105
1915	63	110
1916	58	91
1917	63	97
1918	76	97

Notifications of Births Act, 1907.—There were 39 failures to notify under the Act, compared with 54 for the previous year. In all cases of failure the parent, doctor, and nurse were communicated with and their responsibilities under the Act pointed out.



*Health Visitors' Work.*—The following tables indicate the scope and extent of the work of the Health Visitors:—

VISITS TO INFANTS :—

Number of first visits	...	...	...	910
Number of second visits	...	...	...	1019
Number of third visits	...	...	...	588
Number of fourth visits	...	...	...	306
Number of fifth visits	...	...	...	258
Number of sixth visits	...	...	...	172
Number of seventh visits	...	...	...	120
Number of eighth-fourteenth visits	...	...	...	232
Number of fifteenth to twenty-eighth visits	...	...	...	14
				<hr/>
Total number of visits to Infants	...	...	...	3619
				<hr/>

VISITS TO EXPECTANT MOTHERS :—

Number of first visits	...	...	...	...	53
Number of second visits	...	...	...	...	26
Number of third visits	...	...	...	...	12
					<hr/>
Total visits to Expectant Mothers	...	...	...	...	91
					<hr/>

VISITS TO CASES OF TUBERCULOSIS :—

Number of first visits	...	...	...	...	121
Number of second visits	...	...	...	...	42
					<hr/>
Total visits to cases	...	...	...	...	163
					<hr/>

VISITS TO CASES OF MEASLES & GERMAN MEASLES :—

Number of first visits	...	...	...	...	992
Number of second visits	...	...	...	...	74
					<hr/>
Total visits	...	...	...	...	1066
					<hr/>

VISITS TO CASES OF SCARLET FEVER DISCHARGED FROM ISOLATION  
HOSPITAL :—

Number of first visits	...	...	...	...	...	...	32
Number of second visits	...	...	...	...	...	...	20
Number of third visits	...	...	...	...	...	...	15
							—
Total visits	...	...	...	...	...	...	67
							—

The total visits by the Health Visitors may be summarized as follows :—

Visits to Infants	...	...	...	...	...	...	3619
Visits to Expectant Mothers	...	...	...	...	...	...	91
Visits to cases of Tuberculosis	...	...	...	...	...	...	163
Visits to cases of Measles and German Measles	...	...	...	...	...	...	1066
Visits to discharged cases of Scarlet Fever	...	...	...	...	...	...	67
Visits to investigate still-births and infant deaths	...	...	...	...	...	...	80
Visits to cases of ophthalmia neonatorum	...	...	...	...	...	...	9
Other visits	...	...	...	...	...	...	345
							—
Grand total visits	...	...	...	...	...	...	5440
							—

**Maternity and Child Welfare Centre.**

In the table which follows are figures giving the extent of the work carried on at the Centre.

**CHILD WELFARE.**

Number of Children on Register	...	...	...	...	...	...	330
Number of Children visiting for the first time	...	...	...	...	...	...	263
Number of Children on Register from previous year	...	...	...	...	...	...	67
Number of Mothers visiting for the first time	...	...	...	...	...	...	257
Total attendances of Children for the year	...	...	...	...	...	...	1699
Total attendances of Mothers for the year	...	...	...	...	...	...	1498



## Average attendances at Centre per afternoon—

Children	...	...	...	...	...	...	17
Mothers	...	...	...	...	...	...	15
							<hr/>
Total							32
							<hr/>

Number of Children seen by Doctor at Centre	...	472
Average number seen by Doctor each day	...	9

## MATERNITY WELFARE—

Number of maternity cases attending ante-natal clinic. (May 29th to December 31st, 1918)	...	...	...	...	...	...	10
Number of visits paid by cases	...	...	...	...	...	...	32
Medical aid called in by midwife	...	...	...	...	...	...	2
Consultant called in by doctors in complicated maternity cases	...	...	...	...	...	...	4

*Provision of Food and Drugs.*—Under the Milk (Mothers and Children) Order, milk was provided free by the Council in 30 cases. Dried milk at wholesale price was sold to the extent of 2473 lbs. in the year. Cod liver oil, emulsion, liquid paraffin, olive oil, Chymol, and powders, as advised by the Medical Officer, were also supplied at wholesale prices at the Centre.

At the first meeting of the Maternity and Child Welfare Committee, formed under the Maternity and Child Welfare Act, 1918, held on the 28th November, 1918, a Report was submitted on the Circular of the Local Government Board of the 9th August, 1918.

The suggestions contained in this Report, which is printed below, were adopted by the Committee and later approved by the Council on the 8th December.

Towards the end of the year steps were taken to acquire a house at 13, Mattock Lane for a combined Maternity and Child Welfare Centre and School Clinic. The combination with the School Clinic should enable the treatment of minor ailments and defects of the eyes, throat, nose and ears in young children to be carried out without delay and with a minimum of trouble, while the dental treatment of nursing and expectant mothers should be facilitated.

REPORT TO THE MATERNITY AND CHILD WELFARE  
COMMITTEE.

TOWN HALL, EALING.

*November 28/h, 1918.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is quite appropriate that I should furnish the Maternity and Child Welfare Committee at its first meeting with a report on the Circular of the Local Government Board on Maternity and Child Welfare, which was issued on the 9th August, after the passing of the Maternity and Child Welfare Act. The circular is so important that I shall deal with it in detail so far as it applies to Ealing, a statement being made at the same time as to what has already been done in the Borough with respect to the matters under consideration.

First of all it is pointed out that the Act widens out the powers of Local Authorities in the matter of maternity and child welfare. The Act enables Local Authorities to make such arrangements as may be sanctioned by the Local Government Board for attending to the health of expectant and nursing mothers, and of children who have not attained the age of five years and are not being educated in schools recognised by the Board of Education. The Act gives very wide powers to Local Authorities. By it the payment of a grant to the Crèche and even the establishing of a Crèche by the Council is placed on a legal basis.

The Circular points out that the additional services for which the grant of 50 per cent is now available, subject to the Board approving the arrangements, are chiefly:—

- (a) Hospital treatment for children up to five years of age.
- (b) Lying-in Homes.
- (c) Home helps.
- (d) The provision of food for expectant and nursing mothers and for children under five years of age.
- (e) Crèches and day nurseries.
- (f) Convalescent Homes.
- (g) Homes for the children of widowed and deserted mothers and for illegitimate children.
- (h) Experimental work for the health of expectant and nursing mothers and of infants and children under five years of age.



## INSPECTION OF MIDWIVES.

The inspection of the midwives in the Borough is the duty of the Middlesex County Council. Although the County Council has possessed powers under the Midwives Act, 1902, to delegate its duties in this respect to the Local Authorities within its area, it has jealously kept this inspectorial duty in its own hands not trusting these local authorities, however efficient in administration they may have shown themselves. The Midwives Bill before Parliament contains a clause which has for its object the abolition of the power of the County Council to delegate its duties under the previous Midwives Act. As this clause is likely to become law it now remains for us to accept the inevitable and to try and deal with the disadvantages in the best way possible. It seems however, an extra-ordinary thing that the Ealing Council should take measures for dealing with maternity and child welfare, yet the control of midwives, who might in any scheme become potent factors for good, is within the jurisdiction of another body, to wit the County Council, who have no intimate knowledge of the conditions in or the needs of the district. The Board in their circular state that it is important that the supervising authority should in all cases secure co-operation between the midwives and the local organisation for maternity and child welfare work.

What I would suggest to bring about this co-operation is that lectures should be given by the Maternity and Child Welfare staff to the midwives in the Borough, the County Council being asked to assist the Borough Council in bringing them to the notice of the midwives, and in advising their attendance and co-operation. The lectures I suggest should include ante-natal hygiene, post-natal hygiene, and the feeding and care of infants.

## PROVISION OF MIDWIFERY.

In a previous report I have shown that the great majority of maternity cases are attended by doctors. The midwives in the Borough, most of whom are trained, appear to be sufficient in number to meet the needs of the district.

The Council has already made provision by which a midwife can be provided in cases where the people are unable through impoverished circumstances to engage one.



## DOCTORS' FEES.

The Council has also arranged to pay the fees of doctors when called in by midwives during the period of confinement. The cost is remitted by the Council in the case of persons in necessitous circumstances, those able to afford it being expected to repay the outlay.

## HEALTH VISITORS.

The function of a Health Visitor the circular states, should comprise the visiting and supervision of all children under school age in the district needing this attention ; the visiting of expectant mothers who have attended at an Ante-natal Centre, or for whom visits are desirable ; inquiry into still-births and the deaths of young children ; and attendance at the Centre to which women and children, including those whom she has visited in their homes, come for medical and hygienic advice. Where these duties are fully performed it appears to the Board that a district with about 400 births a year will be as much as one Health Visitor can undertake, unless the district is very compact, or is of such a class that many infants do not need visiting.

In Ealing there are two visitors and their duties include, not only those mentioned in the Circular, but the visiting of cases of tuberculosis, the visiting of cases of infectious disease after leaving the hospital, and the visiting of cases of measles, Ophthalmia Neonatorum and Epidemic Diarrhoea. To these duties has to be added the management of the Maternity and Child Welfare Centre. All this work together means more than two Health Visitors can properly cope with.

## QUALIFICATIONS OF HEALTH VISITORS.

The circular discusses the qualifications necessary where Health Visitors are employed by Local Authorities. It also states that the salary of a whole time officer acting as Health Visitor should as a rule not be less than £120 a year.

Unfortunately our two Health Visitors are not paid on this scale. They are both efficient officers and I must point out that unless the salary paid is on this scale recommended by the Local Government Board, we cannot hope to retain their services. In

maternity and child welfare work continuity is essential. The mothers get accustomed to the same person, and if a change is made it acts detrimentally on the progress of the work. It is with a view to preventing changes and with a view to preserving continuity that I recommend that the salaries of these two officers should now be considered by the Committee.

#### APPOINTMENT OF HEALTH VISITORS AS INFANT PROTECTION VISITORS UNDER THE CHILDREN ACT, 1908.

The Local Authority under the Children Act, 1908 is the Board of Guardians. The circular states that it appears desirable that, where practicable, the Health Visitor and the Infant Protection Visitor should be the same person, and it is suggested that the Local Authority appointing Health Visitors should consult the Local Authority appointing the Infant Protection Visitors in their areas with a view of securing this.

In my view this expression of opinion by the Local Government Board is a very proper one. It is essential to reduce as far as possible the number of visitors or inspectors, especially in these days when there are inspectors for many purposes. Besides, it is desirable that the supervision of children and their health should be centred in one person.

I suggest that the Board of Guardians be asked to consider the appointment of the Senior Health Visitor as Infant Protection Visitor.

#### NURSING.

The home nursing services in respect of which the grant is now available are nursing needed for expectant mothers, maternity nursing, the nursing of puerperal fever and the nursing of measles, whooping cough and epidemic diarrhoea in young children, and of ophthalmia neonatorum.

The Council has already made provision by which in necessary cases midwives may be employed at the cost of the Council. Any midwife may be selected for this purpose, it being left to the Medical Officer of Health to engage the midwife for each case.

With regard to the nursing of measles I was authorised by the Council to engage a nurse when necessary. The engaging



of a temporary nurse for measles is always a difficult matter and in the end is likely to be extravagant on account of the special remuneration to be paid for temporary service.

As the Board recommend the home nursing of puerperal fever, the nursing of whooping cough and epidemic diarrhoea, and the nursing of expectant mothers, I would recommend that a whole-time nurse be appointed. Most of her time would be devoted to nursing these diseases, but, except during an epidemic, she would be able to give assistance to the other two Health Visitors, especially at the Maternity and Child Welfare Centre.

#### CENTRES.

As the result of a representation by me to the Council, a house has been taken at 13, Mattock Lane, where the work of the Maternity and Child Welfare Centre and School Clinic will be conducted.

The Centre is to provide medical and hygienic advice to the mothers bringing their children to be weighed by the Health Visitors and to be examined by the Medical Officer.

For three years I have myself carried out the examination of the children attending our Centre, but the time has now come when, on account of the pressure of other duties, I must give up this work. The work does not fall within my duties as Medical Officer of Health, in fact, the Circular states that the Medical Officer (of the Centre) if an Officer of the Local Authority should be paid a separate salary for this work.

I suggest that a part-time Medical Officer, preferably a lady, be appointed to examine the children at the Centre under my general supervision, the remuneration to be paid to this officer being at the rate of £1 for an afternoon session of 2 hours, together with a war bonus of 5s., making 25s. per session. The Centre is open on two afternoons each week so that the cost to the Council would be £125 per annum.

The Board state that it is an advantage for the Centre to be combined with the School Clinic so that Ophthalmic and dental cases may be treated through the agency of the School Clinic. They state that the Dental Clinic should, whenever practicable,



be available for expectant and nursing mothers and their children under five years. When the new School Clinic is completed it will be possible to arrange for cases from the Maternity and Child Welfare Centre being treated there. The Board's grant is available for this treatment, and it is stated that a charge should ordinarily be made for new dentures for women and for spectacles for children, but the Board are willing that the charge should be reduced below the cost price or remitted entirely where the circumstances of the woman or of the child's parents are such as to justify this course.

I would suggest that arrangements be made later for treatment as suggested by the Board.

#### INSTRUCTION IN HYGIENE.

The Board state that the extension of the grant to this purpose has been made in order to make it available in aid of reasonable expenditure on literature, exhibitions, and on collective instruction to expectant and nursing mothers, and also to voluntary and salaried workers where the Medical Officer considers that the instruction is likely to improve their competency to undertake the Maternity and Child Welfare work assigned to them. The expenses of salaried workers engaged in such work may be included in the application for grant under this heading.

#### PROVISION FOR CONFINEMENTS.

The Council has already made provision for the care of abnormal confinements in an institution, Dr. Bell's Home at Old Court, Hanger Hill. There is also need to provide for normal cases which cannot, through unusual circumstances, be dealt with at their own homes. During the last six months, although the necessity did not arise for the admission to hospital of any abnormal or complicated confinements, the necessity did arise with regard to three normal cases, one of which was ultimately admitted to a hospital in London, the other two to the Infirmary at Isleworth. A normal case may require institutional care for three main reasons, firstly, where there is insufficient accommodation at home; secondly, where the condition of the home is likely to endanger the health



of the mother ; and thirdly, where there is a large family and it is desirable for the sake of the mother to remove her from domestic worries during the period of her confinement and convalescence.

For such cases it is desirable that provision should be made, and I would suggest that the Committee of the King Edward Memorial Hospital be approached with a view to their considering whether they could make provision in the near future, not only for normal cases of confinements, but also abnormal cases. Failing this I would advise that separate provision be made for them by the Council. It seems to me, however, that it would be unwise for the Council to establish an independent institution when there is within its area a hospital which could be adapted, with the support of the Council, to the many needs of the community.

Until permanent provision is made I would advise that arrangements be made with Dr. Bell to admit into his Home normal, as well as abnormal cases.

For this institutional care a charge would have to be made according to the financial condition of the people, the charge being remitted in cases of impoverished circumstances.

The Council has also made arrangements by which Dr. Bell can be called in as a consultant by medical men in cases of complicated confinement. Should operative interference be necessary and should removal to a hospital be desirable the patient can, as already indicated, be removed to Dr. Bell's Home.

#### HOME HELPS AND OTHER ASSISTANCE.

The circular states that in many cases a woman is unwilling to leave her home even if its conditions are unsuitable for her confinement, and that if the difficulty arises from the number of children, arrangements may sometimes be made for the children to be boarded out during the mother's lying-in period ; but if it is due to the need for a person to look after the house during this period, whether the confinement takes place at home or elsewhere a home help may be supplied for the purpose. The grant is available for assistance of this character where the Board's general consent has been previously obtained to the local arrangements.



Home helps must, of course, be persons of suitable character. Where the confinement takes place at home they should undertake the necessary duties under the direction of the nurse or midwife in attendance.

The duties of a Home help would be the ordinary domestic duties usually undertaken by the mother, including cleaning, cooking, washing, care of children, mending and marketing. She should not undertake any work which properly belongs to the sphere of the trained nurse or midwife, nor assist at a confinement unless a doctor or midwife is in attendance.

If the Board's suggestion of Home helps were adopted a great need would be met. Recently I have come across several cases where the home has been managed with great difficulty during the confinement of the mother who has been exposed to great mental anxiety on account of her household affairs. In on case the results were serious for the mother and the child. These home helps, if properly chosen and trained at the Maternity and Child Welfare Centre, would not only be of assistance to the mother, but would be a means of educating the mothers under their care in the general principles of hygiene and child welfare.

Usually the scale of fees paid home helps is 12s. 6d. to 15s. per week. For people in necessitous circumstances the charge would be remitted by the Council, but when there is ability to pay a charge in accordance with their circumstances would be made.

#### HOSPITALS FOR INFANTS.

Now that hostilities have ceased there is a reasonable prospect that in the near future the children's ward at the King Edward Memorial Hospital will revert to its original use. The time, therefore, seems opportune for the adoption of the suggestion put forward in my report of the 2nd April last, that negotiations be opened with the Hospital Committee for securing a certain number of beds for children under 5 years of age.

It appears desirable that six beds should be allotted for this purpose, three beds for purely medical cases, which would be under the care of the Hospital staff, and three beds for cases which are not thriving in the normal way and which should be kept under



the care of the Medical Officer of the Welfare Centre. These last cases are placed in hospital so as to keep close observation on the progress of the child from day to day the feeding being charged in accordance with the progress or otherwise, a proceeding which cannot be carried out at the home of the child for the very obvious reasons that the mother cannot give the necessary attention to the child and that the Medical Officer cannot be in attendance there.

#### FOOD.

Under the Milk (Mother and Children) Order, 1918, milk or food is provided by the Council to nursing or expectant mothers and to children under 5 years of age where the financial circumstances warrant it. Usually milk is provided, this being supplied to the mother or parent through her usual dairyman on an order issued by the Public Health Department. Sometimes food is provided through the National Kitchens, but usually milk is easier to provide and more acceptable.

An application form is filled in by each applicant, who has to state the total income and family circumstances. If the amount of income does not exceed 7s. per head per week the milk or food is given free. If the income is between 7s. and 10s. per head, dried milk is supplied from the Welfare Centre at wholesale price. I find this scale works well. It seem to meet the cases equitably.

#### CRÈCHES, ETC.

The Board's grant is available in respect of expenditure by Local Authorities on providing or aiding crèches and day nurseries, and on placing children in the care of foster-mothers who are under supervision by the Medical Officer of Health. The grant is also available for aiding homes where children can remain through the night as well as the day, and is especially intended for the children of mothers who go out to work. A scale of charges should be fixed for these services, but a charge may be remitted or reduced in individual cases where the circumstances justify the adoption of this course.

The South Ealing Crèche or Day Nursery, which has been managed by the Crèche Society has met a decided need in the



Borough. So long as the Council could not legally establish and maintain a Crèche, the Society continued its beneficent work. However, now that the Council can legally carry on this work, the Society anticipates that subscriptions will not be forthcoming for its support, and it feels that it is the duty of the Council to carry on the work which has been so far conducted by voluntary effort. There can be no doubt about the necessity of a Crèche in the South Ealing district. The question for the Council to consider is the advisability of taking it over. I should advise that this be done.

The next question to be considered is whether there is need for another Crèche in Ealing. This can be answered in the affirmative. I have evidence of the need of one at West Ealing, in a list of at least 28 mothers who go out to work, and whose children would be better cared for in a Crèche. These are all mothers who must work for their living, being widows, unmarried mothers or mothers who have difficulty in sustaining the household on account of the small wages of the father. A Crèche should not be the means of encouraging mothers to work and leave their children to the care of others unless they are compelled to do so. The best place for the mother is at home looking after her children, giving them proper home nurture and preserving the family life as it should be. It is a question whether it would not be more profitable for the State to pay these mothers to stay at home and look after their children in the proper way, rather than that the children should be cared for by a neighbour or in an institution. The best person to take care of a child is its own mother, and the best life for the child is that which it enjoys in its own family under constant care and discipline.

#### CONVALESCENT HOMES.

It is stated in the Board's circular that a stay in a Convalescent Home is especially important for recovery after certain cases of confinement and for some conditions in young children, especially after measles and whooping cough, and that it is desirable, therefore, that Local Authorities should either themselves or through a voluntary agency arrange for beds in convalescent homes to be available as part of their schemes.



At the present time the provision of such convalescent homes is a difficult matter. It is not possible even to guess at the amount of accommodation to be provided, and until the Maternity and Child Welfare scheme has been working for some time it is improbable that an estimate of the needs of the district can be given. A home of the character suggested would have to be situated in open country. Further, it might be more convenient and more economical to join with other Local Authorities in establishing and maintaining such institutions.

#### HOMES FOR CHILDREN.

The Board in their Circular refer under this heading only to Homes for illegitimate children. At present there is in Ealing one such home where not only the children, but also the mothers, who go out to work during the day, are cared for. This Home is situated in Sutherland Road, and has accommodation for twelve mothers with their infants. The mothers are usually servants, clerks, or shop assistants, night workers not being catered for.

Another Home in Madeley Road, which admitted 16 mothers, who were engaged in munition work, and their children, has recently been closed.

It is impossible to say at present what are the needs of the district, and to what extent they are met by the Home in Sutherland Road, for it is difficult to get exact information.

#### SUMMARY OF SUGGESTIONS.

1. Lectures should be arranged for midwives and the assistance of the County Council should be asked in encouraging the attendance of the midwives at the Lectures.
2. The salaries of the Health Visitors should be considered.
3. Representations should be made to the Board of Guardians with a view to the Senior Health Visitor being appointed Infant Protection Visitor for the Ealing District.

4. A whole-time Health Visitor with nursing training should be appointed to nurse cases of measles, whooping cough, epidemic diarrhoea, ophthalmia neonatorum, etc., and at the same time to assist at the Maternity and Child Welfare Centre.
5. A part-time Medical Officer should be appointed for the Maternity and Child Welfare Centre.
6. The Committee of the King Edward Memorial Hospital should be approached with a view to certain cases of normal and abnormal confinements being provided for.
7. Home helps should be provided in cases of confinements, in which assistance is deemed by the Medical Officer of Health to be necessary.
8. The Committee of the King Edward Memorial Hospital should be approached with a view to their allotting six beds for children under 5 years of age.
9. The South Ealing Crèche should be taken over and managed by the Council. A second Crèche should be considered at West Ealing.

I am, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR.



## VITAL STATISTICS.

### Births.

The birth-rate for 1918 was 13.0. This rate is calculated on a population estimated by the Registrar-General, and is based on the assumption that the ratio between total and civilian population is the same in the district as in England and Wales as a whole. With a view to approximation to the population amongst which the births have occurred the total population of England and Wales has for this purpose been calculated by adding to the published estimate for 1914 the natural increase up to the middle of the year 1917. The population estimated is 72,247.

The births registered numbered 942, consisting of 499 males and 443 females.

*Illegitimate Births.*—The illegitimate births numbered 66 which give an illegitimate birth-rate of .91 per 1,000 of population and a percentage of 7.0 of the total births.

### Deaths.

The population in the middle of 1918 estimated by the Registrar General was 64,480. This population is less by 304 than that estimated by the Food Executive Officer of the Borough from the number of Ration-books issued in July, 1918. On the population estimated by the Registrar General the death-rate was 13.6.

The following table gives the population, number of deaths, and death-rate for each of the last twelve years:—

Year	Population	No. of deaths	Death-rate.
1906	48,316	622	12.8
1907	49,588	596	12.0
1908	51,000	573	11.2
1909	52,550	632	12.0
1910	54,259	533	9.8
1911	61,723	714	11.5
1912	64,500	630	9.7
1913	68,500	616	8.9
1914	71,300	672	9.4
1915	66,181	676	10.2
1916	65,566	728	11.1
1917	64,128	679	10.5
1918	64,480	880	13.6

In the following table the death-rate for Ealing is compared with that for England and Wales and that for the 96 Great Towns :—

Ealing	...	...	...	13.6	per 1,000 population.
England and Wales...			...	17.6	„ „
96 Great Towns	...	...	...	18.2	„ „
London	...	...	...	18.9	„ „

*Inquests.*—The Coroner held 23 inquests on deaths occurring in the Borough. Two were of children under one year, and 21 were of persons over 15 years of age.



**TABLE I.**  
**Vital Statistics of Whole District during 1918 and Previous Years.**  
**BOROUGH OF EALING.**

Year.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 yr. of age		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1913	68500	1214	1249	18.2	506	7.3	14	110	90	72.0	616	8.9
1914	71300	1234	1253	17.5	566	7.9	17	123	74	59.0	672	9.4
1915	66181	1160	1184	16.6	550	8.3	16	142	75	63.0	676	10.2
1916	65566	1189	1213	17.0	595	9.0	19	152	70	58.0	728	11.1
1917	64128	1001	1064	14.8	549	8.5	18	148	67	63.0	679	10.5
1918	64480	981	942	13.0	709	11.0	32	203	72	76.0	880	13.6

Area of District in acres (land and inland water)—2947.  
Total population at all ages ..... 61723  
Number of inhabited houses ..... 13515  
Average number of persons per house ..... 4.5

At Census of 1911.

**TABLE II.**  
**Cases of Infectious Disease Notified during the Year 1918.**  
**BOROUGH OF EALING.**

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH WARD.						Total cases re-moved to Hos-pital.
	At all ages.	At Ages—Years.							Drayton Ward.	Castlebar Ward.	Mount Park Ward.	Lanmas Ward.	Manor Ward.	Grange Ward.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards							
Diphtheria (including Membranous croup)	36	1	12	16	3	4	—	—	6	6	3	8	9	4	28
Erysipelas ...	24	—	—	—	11	8	5	—	4	2	1	7	7	3	—
Scarlet Fever ...	61	—	11	41	6	3	—	—	6	9	5	14	18	9	43
Enteric Fever ...	6	—	—	3	1	1	1	—	1	—	1	—	1	3	2
Puerperal Fever ...	2	—	—	—	1	1	—	—	1	1	—	—	—	—	1
Cerebro-Spinal Meningitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis ...	1	—	—	1	—	—	—	—	—	—	—	1	—	—	1
Ophthalmia Neonatorum ...	3	3	—	—	—	—	—	—	1	—	—	—	1	1	—
Pulmonary Tuberculosis ...	110	—	1	9	31	50	18	1	15	10	4	32	34	15	—
Other form of Tuberculosis ...	22	—	4	11	2	4	1	—	1	6	1	9	3	2	—
Measles ...	1048	16	389	566	51	24	1	1	117	191	177	195	218	150	9
German Measles ...	143	4	25	79	23	9	3	—	17	39	28	27	12	20	—
Totals ...	1456	24	442	726	129	104	29	2	169	264	220	293	303	207	84

Ealing Isolation Hospital, South Ealing.



TABLE III.

Deaths registered during the Calendar Year 1918 classified by age and cause.  
BOROUGH OF EALING.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS," WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									Total Deaths whether of Residents or "Non-Resi- dents" in Institutions in the District.
	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 up- wards.	
Enteric fever ... ..	1	—	—	—	1	—	—	—	—	1
Measles ... ..	11	2	3	6	—	—	—	—	—	—
Scarlet fever ... ..	—	—	—	—	—	—	—	—	—	—
Whooping cough ... ..	13	5	4	2	2	—	—	—	—	—
Diphtheria and croup ... ..	4	—	—	1	3	—	—	—	—	5
Influenza ... ..	161	4	4	6	13	30	65	21	9	16
Erysipelas ... ..	—	—	—	—	—	—	—	—	—	—
Phthisis (Pul. Tuberculosis) ... ..	61	—	—	2	1	15	25	18	—	2
Tuberculous Meningitis ... ..	4	—	—	1	—	—	1	—	—	2
Other tuberculous diseases ... ..	4	—	—	—	—	—	—	2	—	2
Cancer, malignant disease ... ..	83	—	—	—	—	1	11	24	47	6
Rheumatic fever ... ..	2	—	—	—	—	—	—	1	1	—
Meningitis ... ..	3	—	1	—	2	—	—	—	—	—
Organic Heart Disease ... ..	72	—	—	—	1	1	9	18	43	—
Bronchitis ... ..	49	5	1	2	—	—	2	11	28	—
Pneumonia (all forms) ... ..	66	6	3	4	3	12	14	12	12	15
Other Diseases of the Respiratory Organs ... ..	17	—	—	—	2	1	5	4	5	3
Diarrhoea and Enteritis ... ..	16	14	2	—	—	—	—	—	—	—
Appendicitis and Typhlitis ... ..	3	—	—	—	—	—	—	2	1	3
Cirrhosis of Liver ... ..	2	—	—	—	—	—	—	1	1	1
Alcoholism ... ..	1	—	—	—	—	—	—	—	—	—
Nephritis and Bright's Disease ... ..	19	—	—	—	2	—	2	7	8	4
Puerperal Fever ... ..	1	—	—	—	—	1	—	—	—	—
Other accidents and diseases of pregnancy and parturition ... ..	4	—	—	—	—	1	3	—	—	—
Congenital debility and Malformation, including Premature Birth ... ..	25	25	—	—	—	—	—	—	—	4
Violent Deaths, excluding Suicide ... ..	15	2	—	1	1	2	6	—	3	7
Suicide ... ..	6	—	—	—	—	—	3	2	1	1
Other defined diseases ... ..	236	9	2	2	8	7	34	40	134	19
Poliomyelitis ... ..	1	—	—	—	1	—	—	—	—	—
Totals ... ..	880	72	20	27	44	71	180	163	303	91

**TABLE IV.**  
**Infant Mortality during the Year 1918.**  
**Nett Deaths from stated causes at various ages under One Year of Age.**  
**BOROUGH OF EALING.**

CAUSES OF DEATH.					Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months	Total Deaths under One Year.
All Causes	Certified	...	...	...	13	4	11	3	31	15	9	9	8	72
	Uncertified	...	...	...	—	—	—	—	—	—	—	—	—	—
Small-pox	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Chicken-pox	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Measles	...	...	...	...	—	—	—	—	—	—	—	1	1	2
Scarlet Fever	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Whooping Cough	...	...	...	...	—	—	1	—	1	—	—	2	1	5
Diphtheria and Croup	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Erysipelas	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Meningitis (not Tuberculous)	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Convulsions	...	...	...	...	—	1	—	—	1	2	1	—	—	4
Laryngitis	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Bronchitis	...	...	...	...	—	—	1	—	1	2	—	—	2	5
Pneumonia (all forms)	...	...	...	...	—	—	1	—	1	—	1	2	2	6
Diarrhoea	...	...	...	...	—	—	1	—	1	—	1	—	—	2
Enteritis	...	...	...	...	—	—	1	2	3	2	4	2	1	12
Gastritis	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Syphilis	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Rickets	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Suffocation, Overlying	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Injury at Birth	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Atelectasis	...	...	...	...	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	...	...	...	...	—	—	—	—	—	1	1	—	—	2
Premature Birth	...	...	...	...	9	1	2	—	12	—	—	—	—	12
Atrophy, Debility, and Marasmus	...	...	...	...	3	2	1	1	7	4	—	—	—	11
Other Causes	...	...	...	...	1	—	3	—	4	3	1	2	1	11
					13	4	11	3	31	15	9	9	8	72

Nett Births in the year { legitimate ... 876.  
 { illegitimate ... 66.

Nett Deaths in the year of { legitimate infants ... 61.  
 { illegitimate infants ... 11.





Borough of Ealing.



EDUCATION COMMITTEE.

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REPORT

OF THE

School Medical Officer,

For the Year ended 31st December, 1918.





## STAFF.

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### *School Medical Officer :*

THOMAS ORR, M.D., D.Sc., Of the Middle Temple, Barrister-at-Law.

### *School Nurses :*

Miss A. GOUGH.

Miss M. RICHARDSON.

Miss A. CLARK.

### *Clerk :*

Miss GRACE MASSIE.

### *Surgeon :*

E. A. CHILL, M.D., C.M. (Edin.)

### *Anaesthetist :*

S. M. BANHAM, M.B. (Lond.), M.R.C.S., L.R.C.P.

### *Oculist :*

MARGARET B. A. DOBSON, M.D. (Lond.)

### *Dentists :*

L. BROWN, L.D.S., R.C.S. (Eng.)

I. COHEN, L.D.S. (Eng.)

### *School Clinic :*

13, Mattock Lane, Ealing.



TOWN HALL,

EALING, W 5.

*September, 1919.*

TO THE

EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you the Annual Report on the work of the School Medical Department for the year 1918.

The scheme of medical inspection and treatment of school children, as the Report will demonstrate, has not suffered in any way during the year. As a matter of fact, the administrative machinery has been improved in many details, making for expedition in the treatment of the children and for the keeping of better records.

Towards the end of the year the acquirement of premises at 13, Mattock Lane, to which the School Clinic and the whole of the School Medical Staff were transferred, was an excellent step forward, placing as it did the whole of the staff in the same building, and enabling complete co-ordination of the work to be effected, and proper supervision to be established.

In presenting this Report, I desire to take the opportunity of expressing my deep gratitude to my staff, who have carried out their work in an admirable manner, and have loyally supported me in my efforts to carry out the work of the department efficiently.

I am, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR.

**General Statement of the Extent and Scope of the Medical  
Inspection carried out during the Year.**

The following tables indicate the number of children in each group inspected in the various schools :—

School	Entrants		Total
	Boys	Girls	
Provided.			
Drayton ... ..	59	59	118
Joseph Lancaster ... ..	27	32	59
Lammas ... ..	94	82	176
Little Ealing ... ..	97	110	207
North Ealing ... ..	30	46	76
Northfields ... ..	58	68	126
Junction Road (temporary)	36	31	67
Non-Provided.			
Christ Church ... ..	17	25	42
St. John's ... ..	53	56	109
St. Mary's ... ..	33	18	51
St. Stephen's ... ..	—	—	—
Wesleyan ... ..	—	—	—
Total ... ..	504	527	1031



## Number of Children Inspected.

School.	Age 9 Group		Total	Leavers		Total	
	Boys	Girls		Boys	Girls		
Provided.							
Drayton ... ..	48	54	102	41	56	97	
Joseph Lancaster ... ..	23	17	40	23	25	48	
Lammas ... ..	83	50	133	79	73	152	
Little Ealing ... ..	74	86	160	68	91	159	
North Ealing ... ..	—	27	27	—	30	30	
Northfields ... ..	78	58	136	81	47	128	
Junction Road (temporary) ... ..	—	—	—	—	—	—	
Non-Provided.							
Christ Church ... ..	28	20	48	29	33	62	
St. John's ... ..	60	50	110	54	66	120	
St. Mary's ... ..	20	15	35	18	15	33	
St. Stephen's ... ..	24	—	24	22	—	22	
Wesleyan ... ..	11	11	22	12	10	22	
Total ... ..	449	388	837	427	446	873	

Grand Total Examined, 2,741.

The average attendance at all the Schools for the year was 6,302, and the number on the rolls 7,761, making the percentage attendance 81. Of this average attendance 2,741 children or 43 per cent. were medically inspected during the year.

*Non-Routine Cases and Re-inspections*:—In addition to the children examined in the routine way, there were 16 special cases, not in the inspected groups, submitted by the teachers, and 233 cases submitted for re-inspection on account of their having been found on a previous inspection to have some defective condition requiring supervision.

**Statement of number of Children concerning whom notices were sent to the Parents.**

The following is a classified list of the defects found, concerning which notices were given to the parents advising treatment :—

Defect	Entrants		Age 9		Leavers		Total.
	Boys	Girls	Boys	Girls	Boys	Girls	
Teeth ... ..	225	221	129	97	42	32	746
Tonsils ... ..	110	95	46	37	31	32	351
Adenoids ... ..	6	10	2	1	2	—	21
Mouth Breathers ...	9	15	5	5	5	1	40
Eyesight ... ..	6	5	27	22	15	19	94
External Eye Disease	13	9	14	4	8	5	53
Ear Disease ... ..	3	4	4	1	2	2	16
Deafness ... ..	3	2	3	—	3	8	19
Nasal Discharge ...	14	4	1	5	3	2	29
Heart Disease ... ..	12	8	11	4	11	6	52
Anaemia ... ..	8	21	15	24	13	48	129
Suspected Phthisis ...	1	2	—	—	—	1	4
Bronchitis ... ..	6	6	1	1	1	—	15
Ringworm ... ..	1	—	1	—	—	—	2
Impetigo ... ..	6	1	1	1	5	—	14
Scabies ... ..	5	6	4	3	2	3	23
Verminous Head ...	1	8	—	7	—	4	20
Verminous Body ...	—	1	—	—	—	—	1
Talipes ... ..	—	—	2	—	1	1	4
Spinal Curvature ...	1	1	—	—	—	3	5
Round Shoulders ...	3	8	4	14	25	37	91
Others ... ..	20	10	24	6	25	11	96
Total Defects ...	453	437	294	232	194	215	1825



Total Notices to Parents :	Verbal	416
	Written	559
		<hr/>
		975
Total Notices to Teachers :	Verbal	31
	Written	50
		<hr/>
		81
		<hr/>

These figures represent defects and not defective children. The number of notices given to the parents indicate children. More than one defect may be present in a child, hence the former number is greater than the latter. When notices are given to the parents, treatment by a doctor may not be necessary, for the treatment advised may simply be hygienic or home treatment to be given by the parents.

#### General View of the Facts Disclosed by Medical Inspection.

A summary of the facts disclosed on School Medical Inspection is given in Table II. One condition found amongst the children, and almost entirely amongst the girls, demands some consideration, and that is verminous condition of the head, or pediculosis capitis.

#### Pediculosis.

Systematic inspections of the heads of the children in certain schools were carried out by the School Nurse on three occasions during the year, the first after the Christmas holidays, the second after the Easter holidays, the third after the Summer holidays. The results were as follows :—

Number of children examined.	Number found with pediculosis
1839	106
1913	50
1869	222

All those found with pediculosis were submitted to the School Medical Officer, as a result 55, 39, and 150 children being excluded respectively on those occasions.

In addition to those inspected at school by the School Nurse, 62 other children were sent by the teachers for examination by the School Medical Officer. All of these were excluded as affected with pediculosis.

The total number of exclusions for verminous condition during the year was 306.

Summonses were issued by the Attendance Officers with respect to six of these cases which were not cleansed within a reasonable time, a fine of 5s. being imposed by the Justices in two cases, and a fine of 10s. in four cases.

In dealing with these verminous cases, great assistance has been obtained from Mrs. Byles, the Woman Attendance Officer, who was appointed in February, 1918. Although her appointment was in the nature of an experiment, the results of her work have amply justified the appointment. At the suggestion of the School Medical Officer, the work allotted to Mrs. Byles consisted of the general supervision of the attendance of two schools, and of the supervision of all the cases excluded from all the schools in the Borough on account of verminous conditions of the head or body, impetigo, scabies and ringworm.

After the exclusion of such children, there has always been a great difficulty in getting them submitted for re-examination, resulting in the children remaining out of school for an unreasonable length of time. Since the advent of the Woman Attendance Officer, these children have come up for examination with remarkable regularity, even in cases where the parents have been loud in their expostulations and vehement in their assertions that the children would not be brought for examination, showing that by the exercise of tact and the adoption of a reasoning attitude much can be done to make the mother realise what she has to do. In cases of verminous condition, the Woman Attendance Officer can give instructions how to clean the child and how to keep her clean, instructions which are more acceptable when given by a woman than by a man, while in cases of impetigo, scabies or ringworm, she can see whether treatment is being properly carried out at home, or she can persuade the mother to submit the child for treatment at the School Clinic.



As indicating the value of the work of the Woman Attendance Officer, the following figures may be quoted :—

Total children excluded for verminous condition in 1917, before the appointment of Mrs. Byles ... ..	242
Total summonses for non-attendance owing to verminous condition in 1917... ..	37
Total children excluded for verminous condition in 1918, after Mrs. Byles' appointment ... ..	306
Total summonses for non-attendance owing to verminous condition in 1918 ... ..	6

So that, although the number of excluded cases was larger in 1918 than in 1917, due to a noticeable increased neglect on the part of the mothers, the children were cleansed so quickly after the visits of the Woman Attendance Officer that only six summonses were issued, as against 37 in the previous year.

In dealing with such children, as well as in the ordinary work of school attendance, there is much in favour of the appointment of women. Given some strength of character, a tactful manner and some suasive power, women are sure to succeed in this class of work, where the parent who has usually to be reckoned with is the mother, and not the father.

### Medical Treatment.

The following is a summary of the work of treatment carried out at the School Clinic during the year.

#### THROAT, NOSE, AND EAR DEPARTMENT.

Number of children advised during 1918 to have operation for enlarged tonsils, adenoids and nasal obstruction ...	354
Number of children operated on for enlarged tonsils or adenoids and nasal obstruction ... ..	116
Number of children treated by own doctor or at a general hospital ... ..	32
Number of children whose parents objected or who left the District ... ..	26

These children came within the routine medical inspection groups examined during 1918, but in addition there were also treated at the Clinic 13 non-routine cases.

The total operations performed at the Clinic during 1918 were 125 for excision of the tonsils or adenoids, and 4 for nasal obstruction arising from other causes.

The total number of attendances of children for treatment was 474, which number included cases visiting the Clinic regularly for the treatment of otorrhoea.

After operation the cases were re-inspected by the School Medical Officer in the course of the following twelve months. The number of children re-inspected was 139, the result of the operation being found to be satisfactory in all cases.

#### EYE DEPARTMENT.

Number of children found by the School Medical Officer to				
have defective eyesight or eye disease	...	...	...	154
Number of children treated at the Clinic	...	...	...	148
Number treated by own doctor or at a hospital	...	...	...	6

In addition to the 148 routine cases there were 62 non-routine cases who attended the Clinic for treatment.

The number of children treated for external eye disease was 41.

Through the agency of the School Attendance Aid Committee spectacles were provided during the year in 153 cases. In the majority of cases the parents paid the whole or part of the cost, but in 12, on account of the necessitous circumstances of the parents, spectacles were provided free. The total outlay on spectacles during the year was £27 7s. 3d., and the amount paid back by the parents £24 17s. 0d.

As formerly, cases of defective eyesight previously treated were kept under supervision by re-inspections at periodic intervals by the School Oculist. The total re-inspections during the year numbered 614.



The total attendances of children during the year was 920, which number included children attending for daily treatment of the eyes under the supervision of the Oculist.

#### DAILY TREATMENT.

The Clinic is open on school days for such cases as otorrhoea, external eye disease, impetigo, ringworm, etc., requiring treatment by the Clinic Nurse.

##### EAR CASES :

Number of Children treated	...	...	...	...	34
Number of Attendances	...	...	...	...	564

##### EYE CASES :

Number of Children treated	...	...	...	...	148
Number of Attendances	...	...	...	...	877

##### IMPETIGO, RINGWORM, ETC. :

Number of Children treated	...	...	...	...	175
Number of Attendances	...	...	...	...	1353

The total number of children treated was 357 and the total number of attendances 2,794.

In connection with the general scheme of treatment at the School Clinic 1,301 visits were paid by the School Nurses to the schools or homes of the children.

#### DENTAL DEPARTMENT.

During the year eight school departments (four schools) were visited by one or other of the School Dentists, and the children between the ages of 6 and 8 years were examined. Of the total 959 children examined, 682 or 80 per cent. were found to require dental treatment.

The following indicates the extent of dental treatment administered during the year :—

Number of Children treated for the first time	...	...	389
Number of extractions under general anaesthetic (nitrous-oxide gas)	...	...	930
Number of extractions under local anaesthetic	...	...	3

Number of extractions without anaesthetic	...	...	...	821
Number of Dressings	...	...	...	40
Number of Fillings	...	...	...	1,196
Number in which scaling performed	...	...	...	21
Number of children to whom gas was administered	...	...	...	179
Number of children re-inspected	...	...	...	954

The total number of children dealt with by the dentists at the School Clinic was 1,499, which included 51 non-routine cases requiring immediate treatment.

### Dental Inspection and Treatment.

The Board of Education have been accustomed to recommend that children between 6 and 8 years of age should receive first consideration in any scheme for dental treatment. This age-group appears to have been chosen having regard to the physiological development of the teeth and the period of greatest activity, and not particularly having regard to what are the conditions actually found in the mouths of school children before the age of six years. Between the age of 6 and 8 years would be a suitable time if children at other ages could not be treated and especially if there was not so much advanced caries and sepsis in the children when they enter school at the age of 5 years.

In Ealing, the age-group treated by the dentists is 6 to 8 years, all children treated being afterwards kept under dental supervision during their school days, but so many children between 5 and 6 years of age have shown markedly septic mouths, accompanied by poor nutrition, that they have been treated as non-routine and urgent cases. The treatment of so many non-routine and urgent cases has tended to upset the general arrangements for the routine cases to such an extent that one has been impressed with the importance of dealing with the children at 5 years, in other words, all entrants, in place of the 6 to 8 years group, not only from the necessity to the child, but from the administrative aspect.

Further, as regards the administrative aspect, it has to be noted that in the course of routine school medical inspection the teachers have to supply a list of all the entrants during the year since the last inspection and of dental inspection a list of all the children between the ages of 6 and 8 years of age.



If for dental inspection and treatment the entrants were dealt with instead of the 6 to 8 years group only, one list only would be necessary in the year, thus saving a considerable amount of labour, not only for the teachers, but for the School Medical Staff. Again, it seems only logical that dental treatment should begin as early as possible when the child comes within the scope of school medical inspection, its dental treatment being pursued throughout its school life, the scheme being widened as the work increases amongst the older children and the demand for treatment being met as the need arises.

**TREATMENT OF RINGWORM OF THE HEAD.**—During the year 51 cases of ringworm of the head were treated by X-rays by Dr. Arthur. All of the cases were certified by the School Medical Officer to be cured.

### **Blind, Deaf, Mentally and Physically Defective and Epileptic Children.**

The Local Education Authority maintains one child at the Fitzroy Square Institution for the Oral Instruction of the Deaf, and three children at the Training School for the Blind at Swiss Cottage. Five mentally defective children were reported during the year to the County Council as being non-educable and unsuitable for a Special School.

### **Miscellaneous Work.**

Under this heading are included cases referred to the School Medical Officer for examination at the instance of the Teachers, School Attendance Officers, or Education Committee. Each morning of the week, except Monday, cases may be referred for examination at 10 o'clock. The children are usually those suspected of having verminous heads or bodies, those affected with ringworm, scabies, or impetigo contagiosa, or those whose examination is desirable on account of some defect, such as defective eyesight and eye or ear disease requiring treatment.

The examinations for the year may be tabulated as follows:—

Verminous Children	...	...	1,116
Impetigo	...	...	1,039
Ringworm	...	...	256
Miscellaneous	...	...	729

The total number of children examined was 1,409, and the total number of attendances 3,140.

THOMAS ORR, M.D., D.Sc.



TABLE 1

Number of Children Inspected January 1st to December 31st, 1918.

## A—"Code" Groups.

AGE.	ENTRANTS.					
	3	4	5	6	Other Ages.	TOTAL.
Boys ...		37	273	145	49	504
Girls ...		35	247	151	94	527
Totals ...		72	520	296	143	1031

AGE.	LEAVERS.						Grand Total.
	8	12	13	14	Other Ages.	Total.	
Boys ...	449	418	9			876	
Girls ...	388	437	9			834	
Totals	837	855	18			1710	2741

## B—Groups other than "Code."

(1)	Intermediate Group (other than 8 years)	Special cases.	Re-Examinations (i.e., No. of Children Re-Exmd.)
	(2)	(3)	(4)
Boys ...	—	11	129
Girls ...	—	5	104
Totals ...	—	16	233

**TABLE II.**  
**RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION.**

DEFECT OR DISEASE.	CODE GROUPS.		SPECIALS.	
	No. referred for treatment.	No. to be kept under observation but not referred for treatment.	No. referred for treatment.	No. to be kept under observation but not referred for treatment.
Skin Malnutrition ... ..	3	183	—	—
Uncleanliness				
Head ... ..	20	53	—	—
Body ... ..	1	57	—	—
<b>SKIN.</b>				
Ringworm, Head ... ..	1	—	—	—
Ringworm, Body ... ..	1	—	—	—
Scabies ... ..	23	—	—	—
Impetigo ... ..	14	—	2	—
Other Disease ... ..	—	7	—	—
<b>EYE.</b>				
Defective Vision and Squint ... ..	143	—	2	—
External Eye Disease ... ..	53	—	—	—
<b>EAR.</b>				
Defective Hearing ... ..	19	—	—	—
Ear Disease ... ..	16	—	—	—
<b>TEETH.</b>				
Dental Disease ... ..	746	—	2	—
<b>NOSE AND THROAT.</b>				
Enlarged Tonsils ... ..	351	—	1	—
Adenoids ... ..	21	6	1	—
Enlarged Tonsils and Adenoids ... ..	21	—	—	—
Defective Speech ... ..	—	7	—	2
<b>HEART AND CIRCULATION.</b>				
Heart Disease—Organic ... ..	52	—	—	—
Functional ... ..	—	44	—	—
Anaemia ... ..	—	129	1	—
<b>LUNGS.</b>				
Pulmonary Tuberculosis				
Definite ... ..	—	—	—	—
Suspected ... ..	4	—	2	—
Chronic Bronchitis ... ..	15	—	—	—
Other Disease ... ..	—	—	—	—
<b>NERVOUS SYSTEM.</b>				
Epilepsy ... ..	4	—	—	—
Chorea ... ..	—	—	—	—
Other Disease ... ..	—	—	—	—
<b>NON-PULMONARY TUBERCULOSIS.</b>				
Glands ... ..	1	—	—	—
Bones and Joints ... ..	—	—	—	—
Other Forms ... ..	—	—	—	—
RICKETS ... ..	—	—	—	—
DEFORMITIES ... ..	—	196	—	—
OTHER DEFECTS OR DISEASES ... ..	—	37	3	3



**TABLE III.**  
**NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE**  
**AREA IN 1918.**

			BOYS	GIRLS	T TAL
BLIND. (including partially blind)		Attending Public Elementary Schools ... ..	2	—	2
		Attending Certified Schools for the Blind ... ..	2	1	3
		Not at School ... ..	1	—	1
DEAF AND DUMB. (including partially deaf)		Attending Public Elementary Schools ... ..	—	—	—
		Attending Certified Schools for the Deaf ... ..	1	—	1
		Not at School ... ..	1	—	1
MENTALLY DEFICIENT	Feeble Minded	Attending Public Elementary Schools ... ..	15	15	30
		Attending Certified Schools for Mentally Defective Chil- dren ... ..	—	1	1
		Notified to the Local (Con- trol) Authority during the Year ... ..	4	1	5
		Not at School ... ..	4	5	9
	Imbeciles	At School ... ..	—	—	—
		Not at School ... ..	—	—	—
Idiots		—	—	—	
EPILEPTICS.		Attending Public Elementary Schools ... ..	4	1	5
		Attending Certified Schools for Epileptics ... ..	—	—	—
		Not at School ... ..	—	—	—
PHYSICALLY DEFECTIVE	Pulmonary Tuberculosis	Attending Public Elementary Schools ... ..	—	—	—
		Attending Certified Schools for Physically Defective Children ... ..	—	—	—
		Not at School ... ..	—	—	—
	Other forms of Tuberculo- sis	Attending Public Elementary Schools ... ..	3	—	3
		Attending Certified Schools for Physically Defective Children ... ..	—	—	—
		Not at School ... ..	1	2	3
	Cripples other than Tubercu'ar	Attending Public Elementary Schools ... ..	7	4	11
		Attending Certified Schools for Physically Defective Children ... ..	—	—	—
		Not at School ... ..	3	3	6
	DULL OR BACKWARD	Retarded 2 years ... ..	69	93	162
		Retarded 3 years ... ..	—	—	—

TABLE IV.

TREATMENT OF DEFECTS OF CHILDREN DURING 1918.

CONDITION.	No. of defects found for which treatment was considered necessary.			No. of defects for which no report is available.	No. of defects treated.	RESULTS OF TREATMENT.			No. of defects not treated.	Percentage of defects treated.
	From previous year.	New.	Total.			Remedied.	Improved.	Unchanged		
Clothing ... ..	—	17	17	—	17	17	—	—	—	100
Footgear ... ..	—	6	6	—	6	6	—	—	—	100
Cleanliness of Head ... ..	—	379	379	—	379	379	—	—	—	100
Cleanliness of Body ... ..	—	58	58	—	58	58	—	—	—	100
Nutrition ... ..	—	—	—	—	—	—	—	—	—	—
Nose and Throat ... ..	27	390	417	241	176	176	—	—	—	42
External Eye Disease ... ..	—	40	40	18	22	22	—	—	—	55
Ear Disease ... ..	—	16	16	4	12	—	10	2	—	75
Teeth ... ..	—	747	747	—	—	—	—	—	—	—
Heart and Circulation ... ..	18	52	70	...	70	—	30	40	—	100
Lungs ... ..	8	4	12	—	12	—	7	5	—	100
Nervous System ... ..	—	4	4	—	—	—	—	—	—	—
Skin ... ..	—	46	46	—	46	46	—	—	—	100
Rickets ... ..	—	—	—	—	—	—	—	—	—	—
Deformities ... ..	—	196	196	—	—	—	—	—	—	—
Tuberculosis (Non-Pulmonary) ... ..	—	1	1	—	—	—	—	—	—	—
Speech ... ..	—	7	7	—	—	—	—	—	—	—
Mental Condition ... ..	—	110	110	—	—	—	—	—	—	—
Vision and Squint ... ..	17	188	205	63	142	142	—	—	—	70
Hearing ... ..	—	19	19	5	14	—	12	2	—	74
Miscellaneous ... ..	—	—	—	—	—	—	—	—	—	—
TOTAL	70	2280	2350	331	1054	946	59	49	—	45



TABLE V.

INSPECTION, TREATMENT, ETC., OF CHILDREN, DURING 1918.

(1)—The total number of children medically inspected (whether Code Group, special, or ailing child) ... ..	2741
(2)—The number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear), who require to be kept under observation, but not referred for treatment. ... ..	532
(3)—The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.) ... ..	1227
(4)—The number of children in (3) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.) ... ..	1115