

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

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Borough of Reading.



# REPORT

OF THE  
MEDICAL OFFICER OF HEALTH

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1919

THOMAS ROBERTS, M.D., F.R.C.S.

OF THE MEDICAL OFFICE OF HEALTH

AND SCHOOL MEDICAL OFFICER

OF THE BOROUGH OF READING.

PRINTED

BY THE BOROUGH OF READING

1919

REPORT  
OF THE  
Medical Officer of Health,  
1919.



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# PUBLIC HEALTH DEPARTMENT.

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## STAFF.

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*Medical Officer of Health and Superintendent of  
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THOMAS ORR, M.D., D.Sc.

Of the Middle Temple, Barrister-at-Law.

*Assistant Medical Officer of Health—*

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

(Appointed November, 1919).

*Consultant, Maternity and Child Welfare Centre (Ante-  
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*Medical Officer, Maternity and Child Welfare Centre  
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*Chief Sanitary Inspector—*

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

*Sanitary Inspectors—*

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Other Foods.

JAMES STUBBS, Cert. R.S.I., Cert. Insp. of Meat and  
Other Foods.

*Health Visitors—*

MISS ELEANOR EVANS.      MISS GERTRUDE DOWSETT.

MRS. K. CHRISTAIN.

*Chief Clerk—*

HARRY BIRRELL.

*Junior Clerks—*

ERNEST W. HILL.

ALBERT C. GROOM.

ADELA DICKENS (School Medical Service also).

*Matron, Isolation Hospital—*

MISS E. WHITTLE.

*Matron, Day Nursery—*

MISS MILDRED A. BENSON.

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**Maternity and Child Welfare Centre—**

13, Mattock Lane, Ealing.



PUBLIC HEALTH DEPARTMENT,

TOWN HALL,

EALING, W.5.

19th July, 1920.

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

MR. MAYOR AND GENTLEMEN,

I have the honour to present to you the Annual Report on the health of the Borough and on the work of the Public Health Department for the year 1919.

The most interesting feature of the report is the account of the great progress made by the Council in the scheme of Maternity and Child Welfare, the progress being greatly facilitated by the opening of the combined Maternity and Child Welfare Centre and School Clinic at the beginning of the year.

Throughout the year I have obtained the whole-hearted assistance of my staff for whose consistent good work I desire to express my deep gratitude.

I am, Mr. Mayor and Gentlemen,

Your obedient Servant,

THOMAS ORR,

*Medical Officer of Health.*

## SUMMARY OF STATISTICS FOR 1919.

Population, 1919	{ For Birth-rate	...	...	76,265
	{ For Death-rate	...	...	73,212

(Estimated by Registrar-General).

Population (Census 1911)	...	...	61,222
Area of Borough in acres	...	...	2,947
Inhabited Houses (Census, 1911)	...	...	13,776
Births	...	...	1,018
Birth-rate per 1,000 of population	...	...	13.3
Deaths	...	...	802
Death-rate per 1,000 of population (Estimated 1919)	...	...	10.8
Infant Mortality per 1,000 births	...	...	65.8
Phthisis death-rate per 1,000 of population			.75
Death-rate from the other forms of Tuberculosis per 1,000 of population	...	...	.26
Death-rate from all forms of Tuberculosis	...		1.01
Rateable Value of Borough	...		£543,370
Assessable Value of Borough	...		£522,514
Nett proceeds of a Penny Rate	...		£2,120



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

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### **Physical Features and General Character of the District.**

The Borough of Ealing extends to 2,947 acres and forms roughly a rectangular area one mile and a half east to west and two miles north to south. It is bounded on the north by the sparsely populated district of Greenford, from which it is separated by the River Brent, and on the south adjoins Brentford. On its east and west boundaries it has Acton and Hanwell respectively. The district is divided into two almost equal areas by the Uxbridge Road, which also divides the district roughly into two parts geologically, the northern composed of London clay and the southern of alluvial gravel. From the southern boundary the surface slopes gradually upwards from 50 feet above sea level, to the highest point at Hanger Hill two miles due north, 200 feet above sea level, from which point it slopes downwards towards the River Brent, the lowest point at which houses are built in this region being 75 feet above sea level.

The Great Western Railway main line to Reading passes through the centre of the district running near to, and almost parallel with Uxbridge Road. The District Railway (Underground) also traverses the district, there being no fewer than five stations within the boundaries. The Great Western Railway, Bicester line, just passes within the northern boundary.



The Borough is divided into six wards, three north of Uxbridge Road and three south of it, all the former touching the northern boundary and all the latter touching the southern boundary.

The district is almost entirely residential, factories being very small and unimportant from the occupational aspect. The factories consist of an optical instrument manufactory, a foundry, a surgical instrument factory, proprietary drugs' factory and seven steam laundries.

The lay-out of the town is well designed to give plenty of space between houses and to preserve the residential character of the district, most of the roads being planted with trees, which add greatly to the appearance, and temper the air in the hot summer months.

The public parks are a feature of the district, there being four large parks, consisting of 155 acres in extent, and five open spaces or playing grounds of 34 acres, so that altogether the Council provide an extent of 189 acres as public open spaces. A hundred and seventy four acres of land are used as allotments, of which 63 acres are permanent.

The King Edward Memorial Hospital, consisting of 50 beds, 19 for men, 19 for women, and 12 for children, supplies to a certain extent the needs of the district although many patients find their way to the London hospitals, and some to the Isleworth Infirmary, which is under the Brentford Board of Guardians, the local authority for Poor Law purposes in this area.

There is also a Dispensary in connection with the King Edward Memorial Hospital at which women and children of working-class people can obtain medical treatment in return for a small monthly contribution.



A dozen private nursing homes supply not only the needs of Ealing but help to meet the demand of other districts.

There are no real slums in the district, although there are three small islets of houses of a low standard some of which have been reduced by the occupiers to slum-like conditions by overcrowding or mal-treatment.

The amount of Poor Law relief distributed in the area during the year, according to the Clerk to the Board of Guardians, was £899 19s. 2d.

The Central Aid Society and the Ealing Philanthropic Institution do good work in the district by rendering assistance in many needy cases.

One great need of the district is a well organized nursing service by which nursing aid could be provided to the poorer inhabitants. Such a nursing service would not only be the means of relieving a great amount of suffering, but would reduce to a large extent the pressure on the general hospitals.

## **VITAL STATISTICS.**

### **Population.**

The population of the Borough for the middle of 1919, as estimated by the Registrar General, was 76,265 for calculating the birth-rate, and 73,212 for calculating the death-rate.

It is difficult to give even an approximate estimate of the population, so many factors having to be considered in making a correct estimate. The population has not been increasing to the same extent as it was before the war, houses have not been built to house

the increase of the population, whatever the increase may be, and the average number of persons per house is certainly higher on account of the dearth of houses and consequent overcrowding. The census of 1921 will enable us to correct our views regarding the increase in the number of inhabitants of the district.

The population at the Census of 1911 was 61,222, and was distributed in the wards as follows :

Ward.	Families or separate occupiers	Population.		
		Males	Females	Total
No. 1 or Drayton	1755	3475	4146	7621
No. 2 or Castlebar	2130	3324	6192	9516
No. 3 or Mount Park	1572	2549	5164	7713
No. 4 or Lammass	3315	6965	7663	14628
No. 5 or Manor ...	2882	5334	7106	12440
No. 6 or Grange ...	2122	3791	5513	9304
TOTAL ...	13776	25438	35784	61222

During the year the natural increase in the population, which is the difference between the number of births and deaths, was 216.

The following census figures indicate the increase in the population of Ealing during successive decades :

Census, 1881	...	...	15,764
Census, 1891	...	...	23,965
Census, 1901	...	...	33,040
Census, 1911	...	...	61,222
Estimated population, 1919			76,265

As the area of the Borough extends to 2,947 acres the density of population, or persons per acre, is 25.9.



The following table indicates the density of population in each of the six wards —

	Population at Census, 1911.	Estimated Population 1919.	Acreage.	Persons per acre.
Drayton ...	7,621	9,494	340	27.9
Castlebar ...	9,516	11,854	542	21.9
Mount Park ...	7,713	9,608	833	11.5
Lammas ...	14,628	18,222	311	58.6
Manor ...	12,440	15,497	360	43.0
Grange ...	9,304	11,590	561	20.6
	61,222	76,265	2947	25.9

### **Births.**

The number of births registered as belonging to the district during the year was 1,018, consisting of 525 males and 493 females. From this number the birth-rate is calculated as 13.3 per 1,000 of population, the population on which this calculation is made being that supplied by the Registrar General of 76,265.

The birth-rate for Ealing is very low compared with that for England and Wales, as is indicated in the following table, where the rate is compared with that for England and Wales, and with those for the 96 Great Towns and for London.

#### **BIRTH-RATE.**

Ealing ...	13.3	per 1,000 of population.
England and Wales	18.5	„ „
96 Great Towns ...	19.0	„ „
London ...	18.3	„ „

*Illegitimate Births.*—The illegitimate births were 74 in number, giving an illegitimate birth-rate of .97 per 1,000 of population and a percentage of 7.3 of the total births.

The following table represents the illegitimate birth-rate for the last five years.

#### ILLEGITIMATE BIRTH-RATE.

1915	...	...	.54	per 1 000 of population.
1916	...	...	.40	„ „
1917	...	...	.80	„ „
1918	...	...	.91	„ „
1919	...	...	.97	„ „

#### Deaths.

During the year there were 802 deaths assignable to the district. These give, calculated on the Registrar General's population of 73,212, a death-rate of 10.8 per 1,000 of population.

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

#### DEATH-RATE.

Ealing	...	...	10.8	per 1,000 of population
England and Wales	13.8	„	„	„
96 Great Towns	13.8	„	„	„
London	...	...	13.4	„ „

This table indicates the very favourable position which Ealing holds as regards death-rate, for the rate is no less than 3 per 1,000 less than the rate for England and Wales, and 2.6 less than that for London.



The following table indicates the birth-rate and death-rate for each of the last ten years :

Year		Birth-rate	Death-rate
1910	...	23.4	9.8
1911	...	20.2	11.5
1912	...	20.6	9.7
1913	...	18.2	8.9
1914	...	17.5	9.4
1915	...	16.6	10.2
1916	...	17.0	11.1
1917	...	14.8	10.5
1918	...	13.0	13.6
1919	...	13.3	10.8

An analysis of the causes of death is to be found in Table III at the end of the Report.

*Inquests.*—Inquests were held in 45 cases. Seven were of children under one year, six of children between one and 15 years, and 32 of persons over 15 years of age.

### **Infant Deaths.**

There were 67 deaths of infants under one year which give an infant death-rate of 65.8 per 1,000 births.

The following table gives the infant death-rate for Ealing with those for England and Wales, etc. :

#### INFANT DEATH-RATE.

Ealing ...	...	65.8	per 1,000 births
England and Wales	89.0	„	„
96 Great Towns	93.0	„	„
London ...	...	85.0	„ „

It will be seen that Ealing has a rate which is 23.2 less than the rate for England and Wales and 19.2 less than that for London, and even 27.2 less than the average for the 96 great Towns with which it is comparable. Ealing thus occupies an enviable position.

The following table gives the infant death-rates of Ealing for the last 19 years compared with those for England and Wales :

		Ealing		England & Wales	
1901	...	114	114	151	138
1902	...	112		133	
1903	...	136		132	
1904	...	105		145	
1905	...	101		128	
1906	...	129	87	132	117
1907	...	91		118	
1908	...	80		120	
1909	...	70		109	
1910	...	65		106	
1911	...	121	76	130	110
1912	...	67		95	
1913	...	72		109	
1914	...	59		105	
1915	...	63		110	
1916	...	58		91	
1917	...	63		97	
1918	...	76		97	
1919	...	65		89	

On comparing the averages for the five-year periods a good idea is obtained of the great reduction in the infant death-rate which has occurred in recent years.



The following table gives the principal causes of death amongst infants under one year of age, during the year 1919 and compared with those during the previous five years :

	1914	1915	1916	1917	1918	1919
Diarrhoeal Diseases ...	10	8	7	10	14	3
Premature Birth ...	14	11	20	7	12	13
Congenital Defects ...	5	4	3	5	—	6
Want of Breast Milk, ...	—	—	—	—	—	—
(Starvation)						
Atrophy, Debility, Marasmus	9	1	11	6	11	14
Tuberculous Disease ...	1	1	2	2	—	3
Syphilis ...	3	1	—	1	—	—
Rickets ...	1	—	—	—	—	—
Meningitis (not Tuberculous)	—	1	5	1	—	2
Convulsions ...	—	3	4	4	4	1
Bronchitis ...	4	2	2	5	5	3
Pneumonia (all forms) ...	4	7	4	17	6	4
Gastritis ...	6	5	1	—	—	—
Common Infectious Diseases	2	9	5	2	7	1
Other Causes ...	15	22	6	7	13	17
	74	75	70	67	72	67

In this table two groups of causes of death give 27 of the total of 67 deaths, in the year 1919, these two groups indicating a certain amount of feebleness at birth to which the children ultimately succumb. To these groups, which apparently indicate some ante-natal factors, we must devote our attention in the future by paying heed to the health of the mother during the period of child-bearing, the measures to be taken being indicated later under the heading "Maternity and Child Welfare."

## **SANITARY CIRCUMSTANCES OF THE DISTRICT.**

### **Water Supply.**

Ealing is supplied with water by the Metropolitan Water Board. A supply reservoir for supplying a portion of the town by gravitation during the night is situated at the highest point in the Borough on the top of Hanger Hill.

### **Rivers and Streams.**

The Brent forms the northern boundary of the district and here it receives the effluents from the Wembley Sewage Works and Ealing Northern Sewage Works.

### **Drainage and Sewerage.**

Ealing being a town of comparatively recent development there are only three small areas which can be said not to be completely supplied with modern drainage and these areas previously to the outbreak of war were being quickly redrained in accordance with the requirements of the Byelaws. The sewerage is suitable to the needs of the whole district and consists of two systems, one taking by far the larger portion of the sewage and discharging into the Southern Sewage Works on the Southern boundary and the other discharging into the Northern Sewage Works on the northern boundary. The Sewage Works perform their functions admirably, the process being at both places precipitation by means of sulphate of iron followed by intermittent downward filtration or treatment on contact beds.



20    *Closet Accommodation, Scavenging, Sanitary  
Inspections of the District.*

**Closet Accommodation.**

The whole town is supplied by water closets there being no earth closets and no privies. Practically everywhere there is one closet for each family and where there is less than this provision it means that difficult housing conditions have compelled more than one family to occupy one house.

**Scavenging.**

The Ealing Corporation Act requires the provision of a sanitary dust-bin for each house in the district and this requirement has been consistently enforced so that apart from isolated instances which are dealt with on discovery the town is completely supplied with dust-bins.

Removal of household refuse is carried out regularly and efficiently, a collection once a week being the rule.

A destructor comprising ten cells at South Ealing adjoining the Sewage Works receives the refuse from the whole of the town.

**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	280
Number of Nuisances observed by Inspectors ...	60
Number of Premises Inspected in connection with Infectious Disease ... ..	375
Number of Premises visited by Periodical In- spection (Cow-sheds, Dairies, Slaughter houses, Workshops, etc.) ... ..	332

Number of Houses inspected under House-to-					
House Survey	...	...	...	...	—
Food Inspections	...	...	...	...	2,555
Total number of Re-inspections	...	...	...	...	5,380
					<hr/>
Total number of Inspections and Re-inspections					8,982
					<hr/>
Number of Intimation Notices given	...	...	...	...	302
Number of other letters written	...	...	...	...	385
Number of Statutory Notices served	...	...	...	...	50

## DAIRIES, COWSHEDS AND MILKSHOPS.

Number of Cowsheds on Register	...	...	...	4
Number of Inspections made of Cowsheds	...	...	...	22
Contraventions of Regulations	...	...	...	7
Number of Dairies and Milkshops on Register	...	...	...	43
Number of Inspections of Dairies and Milkshops	...	...	...	131
Contraventions of Regulations	...	...	...	9
Proceedings before Magistrates	...	...	...	—

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

Water Closets repaired or supplied with water or otherwise improved	...	...	...	189
Defects in Drains repaired	...	...	...	176
Drains reconstructed	...	...	...	14
Dust-bins provided	...	...	...	79
Overcrowding	...	...	...	8
Accumulations of Refuse	...	...	...	32
Fowls and other Animals	...	...	...	26



Dampness	...	...	...	...	...	27
Yards paved and repaired	...	...	...	...	...	26
Floors repaired	...	...	...	...	...	45
Roofs, gutters, and rain water pipes repaired	...	...	...	...	...	240
Other Defects or Nuisances remedied	...	...	...	...	...	349

## DISINFECTION.

Rooms disinfected :	Ordinary Infectious Disease	265
	Phthisis	65
Rooms Stripped and Cleansed	...	369
Articles disinfected :	Ordinary Infectious Disease	1101
	Phthisis	148

**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.	Writ'n N'tices	Prosecutions.
Factories (including Factory Laundries)	20	—	—
Workshops (including Workshop Laundries)	37	—	—
Workplaces	—	—	—
Total	57	—	—

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

Particulars	Number of Defects			No. of Prosecutions
	Found	R'm'd	Referred to H.M. Inspect'r	
NUISANCES UNDER THE PUBLIC HEALTH ACTS :—				
Want of Cleanliness ... ..	27	27	nil	nil
Want of Ventilation ... ..	2	2		
Overcrowding ... ..	—	—		
Want of Drainage of Floors ... ..	—	—		
Other Nuisances ... ..	20	20		
Sanitary Accommodation :—				
Insufficient ... ..	1	1		
Unsuitable or Defective ... ..	12	12		
Not separate for sexes ... ..	—	—		
OFFENCES UNDER THE FACTORY AND WORKSHOPS ACTS :—				
Illegal occupation of underground bakehouses (s.101) ... ..	—	—	nil	nil
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 ... ..	62	62	nil	nil

*Bakehouses*—There are 26 bakehouses in the Borough, of which five are underground. Of the total number there are 13 where machinery has been installed. During the past year two of the bakehouses, which were closed during the war, were re-opened.



## 3.—HOME WORK.

## Outworkers Lists, Section 107

Nature of Work	Sending twice in a year.			Sending once in a year.		
	Lists	Contracts	Workmen	Lists	Contracts	Workmen
Wearing Apparel, making, etc. ...	32	16	25	28	28	34
Lace Making ...	4	2	3	—	—	—
Stuffed Toys ...	—	—	—	2	2	5
Artificial Flowers ...	2	1	2	—	—	—
Brush Making ...	2	1	1	—	—	—
Total ...	40	20	31	30	30	39

There were no failures to send lists of outworkers nor were there any infringements of the Acts. The premises were found in all instances to be satisfactory. There were no cases of infectious disease at the premises.

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

Bakehouses ...	26
Laundries ...	10
Dressmakers ...	25
Tailors ...	17
Millinery ...	5
Miscellaneous ...	55
Total ...	138

## 5.—OTHER MATTERS.—Nil

### **Premises and Occupations controlled by Byelaws or Regulations.**

There are no Common Lodging Houses within the Borough, and there are no Byelaws with regard to Houses let-in-Lodgings.

The only Offensive Trade in the district is that of fish-fryer. This trade is carried on at three places. One place was re-opened after being closed for three years, and new frying apparatus was installed. In another a new hood of sufficient breadth was inserted to carry off the fumes arising from frying. The third was in a satisfactory condition.

### **FOOD.**

#### **Milk Supply.**

There are three cowsheds registered in the district. During the year 22 visits of inspection were made and although there were contraventions of the Regulations on seven occasions defects were promptly remedied on notices being served. The general condition of these cowsheds was found to be satisfactory.

These cowsheds supply but a very small proportion of the needs of the community the district being dependent on outside sources for its milk supply. This supply as delivered to the retailers has been far from satisfactory. The amount of deposit, or manurial contamination has shown no improvement during the last few years, in fact one has felt that conditions pertaining at the farms must have been worse than during pre-war times when the Sanitary Inspectors were able to give cowsheds greater supervision. Farmers in general have not so far recognised their duty in the production of



clean milk. Not only so but they fail to recognise that by the adoption of proper methods a greatly improved supply could be obtained with very little increase in labour. There are signs that the Ministry of Agriculture are alive to the importance of educating the farmers by means of skilled instructors. It is to be hoped that the inspection and supervision brought about by the Milk and Dairies Act when it comes into operation, combined with the instruction of the farmers, will result in a considerably improved milk supply, which we have been demanding for many years.

*Milk (Mothers and Children) Order, 1918.*—Under this Order the Council has made provision by which expectant and nursing mothers and children under five years of age who are in necessitous circumstances can obtain a supply of milk. The practice adopted has been not to supply the milk at a reduced cost but to supplement the milk supply of the household by a certain amount of milk free of charge, in accordance with the circumstances of the parents. In carrying out the scheme an order is sent to the dairyman who usually supplies the house with milk specifying the length of time for which it is to be supplied, the practice being to order a certain amount per day for a month at a time the order being repeated at the end of the month according to the financial circumstances of the case. At the end of each month the dairyman renders his account to the Public Health Department.

To begin with the amount of income per head per week coming into the house—less rent, insurances and travelling expenses—which entitled the mother or child to a free supply of milk under the Order was fixed at seven shillings. (Recently in February, 1920, this amount was raised from 7s. to 8s. 6d.). There can be

no doubt that this Order permitting the provision of milk in necessitous cases has been of great benefit to both mothers and children. Care, however, has had to be exercised to prevent abuse for there have been striking instances in which application has been made for a supply of milk and wrong figures of the income of the parents stated on the application form.

### Other Foods.

There are five private slaughterhouses and no Public Abattoir in the district. These, however, have not been much used during the year on account of the large amount of imported meat and on account of the fresh meat being brought from the Smithfield market. Most of the animals killed in the private slaughterhouses have consisted of sheep and pigs. Arrangements are made by which the Chief Sanitary Inspector inspects all the animals slaughtered in the district.

Regular inspections, at least weekly, have been made of all the butchers' shops in the district. In many instances the vendors have notified the Inspector of the need for inspection of meat or food which has come into their possession. The following is a list of the unsound foodstuffs surrendered voluntarily on account of unfitness for human food :

<i>Food</i>			<i>Quantity</i>
Meat	...	...	230 lbs.
Bacon	...	...	695 „
Carcase of Pig, etc.	...	...	136 „
Tripe (frozen)	...	...	73 „
Liver	...	...	8 „
Lard	...	...	147 „
Butter	...	...	641 „



<i>Food</i>	<i>Quantity.</i>
Fish ... ..	624 lbs.
Rabbits ... ..	263 „
Eggs (Foreign) ...	302 in number
Potatoes ... ..	2 tons 1½ cwt.
Fruit (Foreign) ...	324 lbs.

### Sale of Food and Drugs Acts.

The administration of the Sale of Food and Drugs Acts is under the County Council. The following information of the samples taken for analysis and the results of prosecutions in cases of adulteration is given through the kindness of Dr. Young, County Medical Officer.

Nature of Sample.	No. of Samples taken.	No. found Adulterated.
Milk ... ..	275	26
Self-raising Flour ... ..	6	—
Baking Powder ... ..	6	—
Cream ... ..	5	—
Aerating Powder ... ..	3	3
Vinegar ... ..	3	—
Butter ... ..	2	—
Coffee ... ..	1	—
	<hr/>	<hr/>
	301	29
Number of Prosecutions ...	4	
Number of Convictions ...	4	
Amount of Fines and costs imposed ... ..	£43	

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

# **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 & Wales	0.01	0.00	0.10	0.03	0.07	0.13
96 Great Towns	0.01	0.00	0.13	0.04	0.07	0.14
148 Smaller Towns	0.01	0.00	0.10	0.03	0.08	0.12
London ... ..	0.01	0.00	0.08	0.03	0.05	0.18
EALING... ..	0.00	0.00	0.01	0.01	0.03	0.04

## NOTIFIABLE INFECTIOUS DISEASES.

During the year 1919, the cases of infectious disease notified were 545 in number and were distributed during the year as follows :—

	Diphtheria	Scarlet Fever	Erysipelas	Enteric Fever	Poliomyelitis	Puerperal Septicaemia	Cerebro-spinal Fever.
January ...	4	8	3	1	—	—	—
February...	5	8	2	1	—	—	—
March ...	2	6	1	—	—	—	—
April ...	5	10	3	—	—	1	—
May ...	1	6	1	2	—	—	—
June ...	5	26	1	1	—	—	—
July ...	1	13	2	—	—	1	—
August ...	2	18	—	—	—	—	—
September	5	11	—	—	—	—	—
October ...	1	29	3	—	—	—	1
November	8	42	—	—	—	—	2
December	7	24	6	—	—	1	—
Total ...	46	201	22	5	—	3	3



	Ophthalmia Neonatorum	German Measles	Measles	Encephalitis Lethargica	Malaria	Dysentry	Influenzal Pneumonia	Primary Pneumonia
January ...	—	1	12	—	—	—	—	—
February...	—	2	4	1	—	—	—	—
March ...	—	27	5	—	3	—	25	4
April ...	1	13	7	—	2	—	6	—
May ...	—	19	7	—	2	—	1	3
June ...	—	11	7	—	5	—	—	1
July ...	—	6	1	1	6	—	—	1
August ...	—	2	4	—	4	—	—	3
September	2	2	3	—	1	2	—	—
October ...	—	6	1	—	8	—	—	5
November	1	2	1	—	7	1	—	10
December	—	4	3	1	2	2	1	3
Total ...	4	95	55	3	40	5	33	30

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

	Dray- ton	Castle- bar	Mount Park	Lam- mas	Manor	Grange	Total
Diphtheria ... ..	3	6	5	16	8	8	46
Scarlet Fever ... ..	15	41	28	56	41	20	201
Erysipelas ... ..	2	3	2	5	8	2	22
Enteric Fever ... ..	—	1	1	—	2	1	5
Puerperal Fever ... ..	—	1	—	1	1	—	3
Cerebro-Spinal Fever ... ..	—	—	1	2	—	—	3
Ophthalmia Neonatorum	1	—	—	1	1	1	4
German Measles ... ..	2	35	22	4	14	18	95
Measles ... ..	—	13	6	17	17	2	55
Encephalitis Lethargica	1	—	—	—	1	1	3
Malaria ... ..	8	3	3	12	7	7	40
Dysentery ... ..	2	—	1	2	—	—	5
Influenzal Pneumonia ...	1	4	5	8	7	8	33
Primary Pneumonia ...	2	6	7	8	3	4	30
Totals ... ..	37	113	81	132	110	72	545



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

Disease	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919
Smallpox ...	2	—	—	—	—	—	—	—	—	—
Diphtheria ...	55	95	56	57	82	56	37	66	36	46
Scarlet Fever	148	125	187	326	511	458	146	91	61	201
Erysipelas ...	47	31	31	45	39	39	19	33	24	22
Enteric Fever	7	4	4	5	7	11	5	3	6	5
Puerperal Fever	—	3	—	—	2	1	1	—	2	3
Crebro-Spinal Fever	—	—	—	—	1	2	2	1	—	3
Poliomyelitis	—	—	2	3	—	2	—	2	1	—
Ohhthalmia Neonatorum	—	—	—	—	9	5	8	3	3	4
Total ...	259	258	280	611	763	574	218	189	133	284

### Diphtheria.

Diphtheria was slightly more prevalent than during the previous year ; 46 notifications in 1919 compared with 36 in 1918. As will be seen in the Table the cases were distributed over the year the greatest number occurring in the months of November and December, when 8 and 7 cases respectively were notified. Of the cases notified three were found in one house and two in each of other three houses.

The death-rate from diphtheria in Ealing was low compared with that for England and Wales :

MORTALITY FROM DIPHTHERIA.

Ealing ... ..	0.04	per 1,000 of population
England and Wales	0.13	„ „ „ „
96 Great Towns ...	0.14	„ „ „ „

Anti-toxin is supplied free by the Council for administration in necessitous cases. To avoid delay in the administration of anti-toxin medical practitioners can obtain a supply of anti-toxin at the Public Health Department whenever it is required, the cost being refunded when the patients are in a position to afford it.

Medical practitioners can also have specimens examined bacteriologically free of charge, no matter what may be the circumstances of the patient. Further, suspicious cases of the disease are taken into the Isolation Hospital if the medical attendant considers such procedure desirable. Thus every facility is afforded to secure the early confirmation of the diagnosis and the prompt administration of anti-toxin. During the year anti-toxin was supplied free to the extent of 26,000 units.

When cases of diphtheria are treated in the Isolation Hospital they are not discharged until two successive negative swabs have shown the absence of infection ; likewise, when cases are nursed at home disinfection is not carried out until negative swabs have been obtained.



**Scarlet Fever.**

The number of cases of Scarlet Fever, 201, is the largest since the year 1915, when there occurred in the Borough 458 cases. Ealing in 1919 shared in the general prevalence of scarlet fever in the Metropolitan area, suffering to a lesser extent apparently than most of the other districts.

The disease had two waves of prevalence during the year, the one wave in June being due to cases in North Ealing and the other in November being due to cases all over the Borough.

**SCARLET FEVER, 1919.**

Jan.	Feb.	March	April	May	June
8	8	6	10	6	26
July	August	Sept.	Oct.	Nov.	Dec.
13	18	11	29	42	24

The occurrence of cases of scarlet fever in North Ealing midsummer brought about an investigation which gave interesting results. A report on the subject was submitted to the Public Health Committee on the 21st July on the occurrence of 37 cases of scarlet fever between the 2nd June and the 21st July. This report may be quoted.

"The number of cases of Scarlet Fever calls for some comment. Twenty-five cases occurred in North Ealing, 18 attending North Ealing School, one attending Drayton School, one a private school and four being under school age. Evidence points to the infection being spread through children attending North Ealing School.

"Scarlet Fever began to occur in North Ealing in May, two cases being notified in that month, one on



the 6th and the other on the 9th, the former attending St. Stephen's School and the latter North Ealing School. During June cases were notified on the 2nd, 11th and 12th when I considered active steps were necessary to determine the actual source of infection.

" On the 18th June I examined the hands of all the children in the three classes in which cases of Scarlet Fever had occurred, but no child was found to be desquamating or to give evidence of nasal or ear discharge which might be considered the result of Scarlet Fever. Absentees were followed up, resulting in the discovery of one child whose hands were definitely desquamating and whose mother gave a history of the child having had a rash on the 30th May.

" This boy was in the same class as the two children notified respectively on the 2nd and 12th June. Another case of Scarlet Fever was notified in a child attending North Ealing School on the 20th June. On the 21st June I visited all the cases in the North Ealing area who had been notified during May and June as suffering from Measles or German Measles. The result of my examination of these patients was that one child 8 years of age attending North Ealing School, who had been notified as a case of German Measles on the 10th June was found to be desquamating on the hands in a manner typical of Scarlet Fever.

" As I thought there might be still more cases of children recovering from Scarlet Fever attending this School I set out on the 23rd and 24th June to examine every child in attendance, particular attention being paid to children who had been absent any time during the previous two months, or who had complained of sore throat during that time. The result was that two children present in a class not already examined



were found to have desquamation of the chest, one in another class not already examined to have desquamation of the hands, one in a class already examined to have desquamation of the chest who was passed over before because his hands only were examined.

" All these children were sent home and visited later, when it was discovered from the mothers in each case that the children had had a rash some two or three weeks before, indicating definitely that all the children had had Scarlet Fever.

" Among the absentees, all of whom were visited at their homes, two other cases of missed Scarlet Fever were found, the children having had a rash previously and the hands desquamating when they were seen. In the meantime two other cases of Scarlet Fever were notified on the 24th June, one being a pupil at North Ealing School and the other the sister of a school child was found by me to be desquamating from Scarlet Fever the day before.

" As the result of this examination of the children there were thus found no fewer than eight cases of Scarlet Fever which had been missed, one of these being a case which was previously notified as German Measles. All these cases were isolated, one at home and the other seven in Hospital.

" When one considers the potentialities of each of these cases one greatly wonders that a sharp epidemic did not occur. One can only surmise that the mildness of the weather did not predispose to nasal catarrh, the discharge from which is an active source of infection in Scarlet Fever, and so prevented a great increase in the number of children infected.

" After the thorough examination of all children and absentees a constant daily supervision was kept



over all the subsequent absentees who were visited at their homes and whose parents were warned in any cases of suspicious illness. The result of this suspicion was that three new cases were discovered at an earlier stage than they would otherwise have been.

" Since the 25th June, in addition to those three cases last mentioned, eight cases or eleven altogether have been notified up to the present date. Three were of children under school age, one of these being the second case in the house and presumably infected from the older child attending school, and three were of children attending other schools but living in that part of North Ealing where cases had occurred leaving five new cases, two being in one house, attending North Ealing School.

" A further examination of the children in the classes which these cases attended at school was made on the 14th July but no suspicious cases were found.

" The remarkable feature of this outbreak of Scarlet Fever has been the large number of missed cases, which might be carriers of infection, compared with the number of notified cases. The disease has been spread in a slow and insidious way which makes its control all the more difficult.

" This outbreak of Scarlet Fever reminds one forcibly of the outbreak of Diphtheria in the same area and connected with the same School exactly two years ago. It has nothing to do with the school itself, the sanitary condition of which is excellent and the management of which is commendable, but I am convinced that the parents themselves are in a large measure to blame for such outbreaks which have not been experienced elsewhere in the town. I have been remarkably struck on my visits to some of the houses of the children



found to be recovering from Scarlet Fever to find the mothers so full of knowledge as to what the children have suffered from, a knowledge which was pitted against mine in discussing the nature of the condition and which was gleaned ostensibly from some "Family Physician," a volume which was handed to me on two occasions to see on what authority they relied. Here we have a notable example of a "little knowledge being a dangerous thing." It would be better not only for the children, but for the general community if they presumed less knowledge and trusted to the physician in the flesh rather than in the volume. The fact must never be lost sight of that even with a mild attack of Scarlet Fever dangerous heart, kidney and ear disease might result."

Of the 201 cases four cases occurred in one house, three in one house and two in each of nine houses. During the last quarter of the year, excepting subsequent cases in the same house, little relationship could be found between the cases. Four or five cases attending the Lammas Infants' School and a similar number attending the Drayton Infants' School appeared to have a common origin, but the actual source of infection could not be discovered.

The number treated in the Isolation Hospital was 153 or 76 per cent. The general rule with regard to the discharge of patients from the hospital is that no case is permitted to leave until nasal or ear discharge has ceased and until all sores have healed and the enlargement of the glands has subsided. In spite of every care return cases occurred. These can be expected when there is no bacteriological test available to determine, as in diphtheria, freedom from infection. Sometimes a patient discharged apparently perfectly well may



develop a nasal or ear discharge after reaching home and be the means of infecting others. To lessen infection by this means all cases convalescent from Scarlet-Fever discharged from hospital are visited by the Health Visitors several times during the 14 days after discharge and should a child develop a running from the nose or ear instructions are given for the child not to go to school and isolation at home for a further period is advised, the child being kept under the supervision of the Health Visitors until it is considered that there is no danger of infection.

In connection with the supervision of such children, the Health Visitors made 113 first visits, 86 second visits, and 31 third visits, or a total of 230 visits.

Five return cases have to be recorded.

Eric and M.W. developed Scarlet Fever on the 10th April, the sister Eliza W. having been discharged on the 5th April.

C.R. developed Scarlet Fever on the 16th April, as a result of contact with the infecting child Eliza W. just mentioned who lived in the same house. (Eliza W. was sent back to Hospital after C.R. was attacked)

H.P. developed Scarlet Fever on the 1st September, the brother having been discharged on the 19th August.

Mrs. S. developed Scarlet Fever on the 5th October, her son having been discharged from Hospital on the 1st October. (The boy was sent back to the Hospital with the mother).

No nasal or ear condition was found in any of the infecting children, but the boy last mentioned developed a septic toe after his return home, the toe being dressed by his mother.

The mortality from Scarlet Fever in Ealing was low compared with that for England and Wales as indicated below :

MORTALITY FOR SCARLET FEVER.

Ealing ... ..	0.01	per 1,000 of population
England and Wales ...	0.03	„ „ „
96 Great Towns ...	0.04	„ „ „

**Measles and German Measles.**

Measles occurred in a sporadic manner throughout the year as will be seen in the Table, the highest number in any month being 12 in January and the next highest being 7 in each of the months of April, May and June. In the whole year only 55 cases were notified. The death-rate from measles was consequently low, and was very low compared with that for England and Wales.

DEATH-RATE FOR MEASLES, 1919.

Ealing ... ..	0.01	per 1,000 of population
England and Wales ...	0.10	„ „ „
96 Great Towns ...	0.13	„ „ „

No particular steps were required with regard to measles during the year.

As to German measles 95 cases were notified, the maximum prevalence occurring in March in which month 27 cases were notified. The mortality from German measles may be considered negligible. The disease incapacitates the person attacked for a few days and recovery is rapid. It is only on account of the temporary incapacity and so disturbance of educational establishments that it need be considered.



**Encephalitis Lethargica.**

Three cases of encephalitis lethargica were notified. One proved not to be a case of the disease, in fact there were little grounds for suspecting it to be a case. Of the other two one was notified on February 3rd and the other on December 21st.

The first case, a child 14 months old, developed on the 26th December, 1918, with coryza and running of the eyes and with a slight rise in temperature. For some days his condition remained unchanged, but on the 3rd January, 1919, he was fretful and his temperature was 104° F. The reflexes were then normal, there was no Kernig's sign. On the 9th January he became unconscious and continued in this condition until the 15th January when he began to recover slowly, ultimately recovering completely.

The second case, a man 37 years of age, developed on the 12th December, 1919, and was notified on the 21st December. At first he had pain in the abdomen followed by drowsiness. Three days after the onset he had pain in the back, shaking and pain and loss of power in the left arm. By the 17th December he was sleeping most of the time with periods of wakefulness. His temperature reached 103° F. There were no eye symptoms and no facial paralysis. His speech was slower but not otherwise changed. The patient returned to his work on the 1st February, 1920, partial paralysis of the left arm remaining.

Neither of these cases showed typical symptoms of the disease and the diagnosis of encephalitis appears to have been made because of the difficulty of finding another to fit the case.



**Malaria, Dysentery and Pneumonia.**

The number of cases of these diseases notified under the Public Health (Pneumonia, Malaria, Dysentery, etc.) Regs., 1918, were 40 of malaria, 5 of dysentery, 33 of influenzal pneumonia and 30 of primary pneumonia. All the cases notified were investigated by the staff of the Public Health Department. All the cases of malaria and dysentery were found to be men who had developed the disease while on military service abroad.

**Cerebro-Spinal Fever.**

Three cases of Cerebro-spinal Fever were notified, one, a girl 14 years of age, was notified on the 25th October, another, a boy 7 years of age, on the 1st November and the third, a girl 2 years of age, was notified on the same date. The first case was not related in any way to the other two, but there appeared to be some relationship between the second and third cases whose houses were only 100 yards apart.

The first case developed on the 19th October with severe headache and rise in temperature. These symptoms continued together with loss of power in the legs until seen by the Medical Officer of Health on the 24th October. On this date Kernig's sign was marked and movement of the legs caused great pain. She retained her mental acuity throughout her illness, the symptoms being referable to the spinal tract. On discharge from the Hospital she had paralysis of both legs. No bacteriological examination was made of the spinal fluid and naso-pharyngeal swabs proved negative. The case, however, was typical.

Attention was drawn to the second case through information obtained by the investigation of the third.



This boy developed symptoms on the 13th October, later becoming unconscious. The medical man in attendance performed lumbar puncture on the 29th October, but the fluid gave no meningococci or other bacteria, but mononuclear and polymorphonuclear leucocytes were present. As a result of a discussion of the case with the medical attendant the boy was sent to the Isolation Hospital when he was found to be semi-conscious. He had marked retraction of the head, great wasting of the muscles, his knees being drawn up and his whole attitude being typical of a case of cerebro-spinal fever. This boy died suddenly of heart failure without any warning on the 12th November just when he was beginning to regain consciousness.

As this boy's parents kept a shop connected with the house it is just possible that the third case may have been infected from him through the intermediary of the parents. The third case developed on the 24th October and was notified on the 1st November after fluid obtained by lumbar puncture had shown the presence of meningococci. This child never lost consciousness and recovered with only a slight squint of one eye as a permanent mark of the illness.

### **Tuberculosis.**

There were 74 deaths from all forms of Tuberculosis, which give a death-rate of 1.01 per 1,000 of population. Of these deaths 55 were from Phthisis or Pulmonary Tuberculosis, 9 from Tuberculosis Meningitis and 10 from other forms of Tuberculosis. The Phthisis death-rate for the year was .75 per 1,000 of population.

The ages of those dying from Phthisis were as follows :

0-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65 yrs. & upwards
—	4	8	21	20	2

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	—	3	14	43	22	1	83
Other forms of Tuberculosis	5	8	3	8	1	—	25
Totals	5	11	17	51	23	1	108

General Practitioners appear to be alive to the necessity of notifying cases of Tuberculosis and seldom does one come across a case of failure to notify. Such a failure is usually with regard to non-pulmonary Tuberculosis.

The supervision and treatment of cases of Tuberculosis comes within the province of the County Medical Officer. The first visit to all cases notified is made by one of the Borough Health Visitors, who makes a report on each case, a note being recorded of the home conditions and the sanitary surroundings. Information is then sent to the Tuberculosis Officer, acting under the County Medical Officer, regarding the patient and at the same time steps are taken by the Sanitary Inspector to deal with any insanitary conditions in the house or its surroundings.

The following information supplied by Dr. Young, 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 1919 by the Tuberculosis Officer and found to be suffering from Tuberculosis :

Tuberculosis of Lungs	...	...	...	191
Tuberculosis of Bones, Glands, etc.	...	...	...	39
Number of persons kept under Treatment at the				
County Council Dispensary	...	...	...	131
Number sent to Sanatoria	...	...	...	28
Number sent to Hospital	...	...	...	19

The number of visits made by the Health Visitors to cases of Tuberculosis were as follows :

First Visits	...	...	...	...	69
Second Visits	...	...	...	...	32
Third Visits	...	...	...	...	8
					<hr/>
					109

#### NON-NOTIFIABLE INFECTIOUS DISEASE.

##### *Influenza.*

After the severe epidemic in the last quarter of the previous year when the number of deaths recorded was as high as 37 in the week ending the 11th November, the disease lessened gradually in prevalence until the first month of the year under review when there were only 3 deaths. In February, however, the disease again became epidemic reaching its maximum in the last week of that month when 15 deaths occurred.

Fortunately the recrudescence was short-lived and although deaths continued to occur in March and to a less degree in April the disease practically ceased to exist by the end of April.

During the period of recurrence, similar steps were taken to deal with the cases as in the previous year, by general instruction of the public by means of posters and leaflets, by providing nursing assistance at the houses of the patients and by removal in suitable cases to the Workhouse Infirmary.



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

Week Ended	Broncho-		
	Influenza.	Pneumonia.	Pneumonia..
January 4th	...	1	—
January 11th	...	1	—
January 18th	...	—	—
January 25th	...	1	—
February 1st	...	—	1
February 8th	...	2	—
February 15th	...	7	4
February 22nd	...	12	4
March 1st	...	15	3
March 8th	...	4	2
March 15th	...	9	—
March 22nd	...	8	1
March 29th	...	4	—
April 5th	...	—	1
April 12th	...	3	—
April 19th	...	3	1
April 26th	...	2	—
May 3rd	...	—	1
May 10th	...	—	—
May 17th	...	—	1
May 24th	...	—	—
May 31st	...	—	2
June 7th	...	—	1
June 14th	...	—	—
June 21st	...	—	2
June 28th	...	—	—
July 5th to Dec. 31st	3	9	17
Total	...	75	21
			37

# Epidemic Influenza, 1919.

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	—	3	3	1	1	5	2	12	11	6	3	8	6	5	7	42	33
																	75	
Broncho-Pneumonia...	2	2	2	3	—	—	—	—	—	—	2	—	2	3	2	3	10	11
																	21	
Pneumonia, all other forms...	—	1	1	2	—	4	2	—	4	2	1	2	3	4	5	6	16	21
																	37	

Influenza.



**MATERNITY AND CHILD WELFARE.****General Arrangements.**

The general scheme in operation in Ealing for attending to the health of expectant and nursing mothers and children under five years of age may be summarized as follows :

*Arrangements for the care of the mother :*

1. The supervision of midwives.
2. The visiting of expectant mothers by health visitors.
3. Consultations for expectant mothers. (Ante-Natal Clinic—Dr. Bell).
4. Home helps when necessary.
5. Maternity (midwife) aid when necessary.
6. Medical aid when the midwife requires skilled help.
7. Consultant aid (Dr. Bell) when the medical attendant requires assistance in abnormal or complicated confinements.
8. Hospital provision for normal and abnormal or complicated confinements.
9. Nursing at home of cases of puerperal fever.
10. Treatment at the Isolation Hospital of cases of puerperal fever.
11. Dental treatment and the provision of artificial dentures at the School Clinic for nursing and expectant mothers.
12. The provision of milk free of charge for necessitous nursing or expectant mothers .
13. The treatment of diseases of women (after effects of abnormal or complicated confinements) at the King Edward Hospital.

*Arrangements for the care of the child up to five years of age:*

1. The visiting of infants and children under 5 years of age by health visitors.
2. Consultations for children under 5 years of age at the Welfare Centre. (Dr. Grace Banham).
3. Operative treatment for enlarged tonsils and adenoids, dental and ophthalmic treatment and treatment of minor ailments at the School Clinic.
4. The visiting of all cases of measles and whooping cough notified through the schools.
5. The nursing of serious or complicated cases of measles, whooping cough, infant diarrhoea and poliomyelitis.
6. The treatment of cases of measles at the Isolation Hospital.
7. The home nursing of cases of ophthalmia neonatorum.
8. The treatment of serious cases of ophthalmia neonatorum at the Isolation Hospital.
9. The treatment of wasting or ailing children at the King Edward Memorial Hospital. (Six beds reserved).
10. Operative treatment for such conditions as circumcision, etc., at the King Edward Hospital.
11. The provision of milk for the children of parents who are in necessitous circumstances.
12. The supply of dried milk, paraffin for internal use, "Chymol," olive oil and umbilical belts at wholesale prices (and in special cases free of charge) to mothers unable to afford the usual cost of such articles.



13. A Day Nursery for children whose mothers have to go out to work.
14. A Hostel for unmarried mothers and their babies.

The completeness of the scheme is evident from a study of these two lists and is indicative of the deep and sympathetic interest which first the Public Health Committee, and later the Maternity and Child Welfare Committee, and also the Council, have taken in making provision for the care of the mother and her child. Although under some of the heads there is not a great deal to show, because the year 1919 was in many respects a year of beginnings, nevertheless signs are not wanting that greater advantage will be taken in the future of the facilities offered.

Before considering the scheme in detail it is necessary to allude to one of the most important improvements effected during the year. This was the opening in January of a combined Maternity and Child Welfare Centre and School Clinic at 13, Mattock Lane. Towards the end of 1918 a house, standing in its own grounds and overlooking the Walpole Park, an ideal situation, was secured on a ten years lease. The road in which it is situated is practically in the centre of the town readily accessible from all parts of the Borough and is not exposed to a great amount of traffic.

The ground floor rooms are devoted to the work of Maternity and Child Welfare and the first and second floor to School Clinic work, the whole of the Maternity and Child Welfare and the School Medical work being grouped in the one building, an arrangement which favours the complete co-ordination of the work and the intimate co-operation of the health visitors and school nurses. This arrangement has, during the year it has been in operation, proved an unqualified success.



**Arrangements for the care of the mother.**

1. *The supervision of midwives.*—Although the Borough Council has to deal with Maternity and Child Welfare, the supervision of the midwives, whose co-operation and assistance is to be encouraged in any scheme, comes within the province of the County Council. By the Midwives Act of 1902 the County Council could delegate their powers of supervision to the local Council and the local Council were hopeful of obtaining this delegation, but the Midwives Act of 1918 took away those powers and made it impossible to make any delegation. Although it was felt that if the midwives were controlled locally greater co-operation could be secured in making the scheme of Maternity and Child Welfare a success, yet we had to submit to a continuance of the old system and had to devise the means for securing the interest of the midwives in the district. These means consisted in a series of lectures to midwives at the Welfare Centre given by Dr. Bell on ante-natal and neo-natal hygiene and by Dr. Grace Banham on the care of infants and children, both lecturers dealing with the question of how the midwives can assist in any scheme of Maternity and Child Welfare and devoting attention particularly to the scheme in operation in Ealing. Through the assistance of the County Medical Officer the attendance of midwives was encouraged. The result of the lectures was that the Centre was placed in a new light as far as the midwives were concerned, the correct impression being given that the work and especially the ante-natal portion of it would not injure the position of the midwives, but would support it.

In Ealing the great majority of births are attended by a doctor with or without a registered midwife in attendance.



Of 813 births investigated by the health visitors during 1919, 638 were attended by a doctor, a registered midwife being in attendance in 174 of these and an unregistered woman in 444, and 175 were attended by a registered midwife alone. Dr. Young, County Medical Officer, in his annual report for the year 1918, reporting on the operation of the Midwives Act, stated that of the total births in Ealing the total number which midwives attended alone was 125, and with a doctor 110. The result of the great number attended by doctors is that there are few registered midwives practising in Ealing. Of those practising, 7 in number, all have certificates of training.

2. *Visiting of expectant mothers.*—The health visitors made 194 visits during the year to expectant mothers, 34 being second visits and 22 third visits. Owing to the number of cases in which a doctor is engaged for the confinement the need for visits from the health visitors is quite limited.

3. *Consultations for expectant mothers (ante-natal Clinic).*—One pleasing feature of the ante-natal clinic has been that a number of cases have been referred by doctors and nurses to Dr. Bell for examination and advice. The object of the clinic is to assist the doctors and midwives, and not to take patients out of their hands and this is appreciated all the more readily, as Dr. Bell is a consultant who is not engaged in private practice and in whose ability the doctors and nurses can place the greatest confidence. The ante-natal clinic is open on two afternoons each month or roughly 26 afternoons in the year. During 1919, the first year, 57 expectant mothers came for advice. Some of these made subsequent visits, the number of subsequent visits being 41. The total consultations during the year were therefore 98.



4. *Home helps.*—Home helps were provided in twenty-four cases, in only four of which was it necessary for the Council to defray the cost. These home helps have proved of great advantage, and there is no doubt that their services will be utilized more and more as years go on. It has not been possible to give the home helps a definite course of training, but they receive personal instruction from the health visitors who supervise their work, only those women who prove a success being kept on the list of those employed. The rate of remuneration is £1 1s. per week.

5. *Maternity aid.*—A midwife was provided free of charge by the Council in five cases.

6. *Medical aid.*—Although by the Midwives Act, 1915, the duty of paying the medical practitioners' fees when called in by midwives was placed upon the County Council, the Borough Council decided that as they had already arranged to pay the practitioners' fees in such cases they would not alter the arrangements. Thus the Borough Council continues to pay for medical aid called in by midwives.

There were four occasions on which medical men were called in by midwives during the year, and the total expenditure by the Council in fees was £3 14s.

7. *Consultant aid.*—Dr. Bell was called in by doctors on eight occasions to deal with abnormalities which included ante-partum haemorrhage, post-partum haemorrhage, albuminuria, contracted pelvis and septicaemia.

8. *Hospital provision for normal and abnormal confinements.*—This provision for normal cases has been more in theory than in practice for Dr. Bell's Home has been taxed to its utmost capacity by private patients, and efforts have been made to secure the admission of the women to the Isleworth Infirmary or



other Hospitals before finally throwing the strain on the Home. Fortunately, success has always been achieved although sometimes after experiencing much difficulty. In three cases the mothers were assisted in getting admission to a Private Home. Two abnormal cases were taken into Dr. Bell's Home, one was a case of contracted pelvis, the other a case of severe and persistent sickness. Both of these cases did well.

It has to be understood that the use of Dr. Bell's Home for such cases is only a temporary measure, a Maternity Home being projected by the Maternity and Child Welfare Committee. For nearly a year the question of the amalgamation of the Brentford, Chiswick and Ealing Isolation Hospitals has been under consideration. If this amalgamation were accomplished one of the Hospitals would be set free, for example Chiswick, and this would make an excellent Maternity Hospital supplying either two or the three districts. If this project fails steps will have to be taken by other means to supply the needs of Ealing more effectively. The difficulty of obtaining a suitable house in a convenient position has militated against the setting up of a Maternity Home for Ealing, and has caused attention to be drawn to the facilities which would accrue from the suggested amalgamation of the Isolation Hospitals.

9 and 10. *Nursing and Hospital Treatment of Puerperal Fever.*—Three cases of puerperal fever were notified during the year. All three cases were attended at their confinement by doctors. Two of the cases were removed to the Isolation Hospital where they were under the care of Dr. Bell as consultant, both recovering. The third case was nursed at home, a doctor and the district nurse being in daily attendance, the patient, however, ultimately succumbing. In this last case a

home-help and milk were provided by the Council during her illness.

All the cases were investigated by the health visitors, but nursing on their part was not required.

11. *Dental treatment and provision of Artificial Dentures.*—Ten expectant or nursing mothers received dental treatment at the School Clinic. Two received artificial dentures one mother paying the whole of the cost £2 12s. 6d. by instalments, the other on account of her circumstances paying only 10s. of the total cost of £5 12s. 6d.

12. *Provision of milk for expectant and nursing mothers and for children under 5 years of age.* Under the Milk (Mothers and Children) Order, 1918, milk was supplied in the manner indicated in a previous section of the Report to expectant and nursing mothers in necessitous circumstances. The extent of this provision was as follows :

27	mothers	received	1	pint	of	milk	for	1	month
12	„	„	1½	pints	„	„	„	„	„
6	„	„	2	„	„	„	„	„	„
4	„	„	1	„	„	„	„	„	„
4	„	„	1½	„	„	„	2	months	
1	„	„	1½	„	„	„	3	„	

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Under the same Order the amount of milk supplied to children under 5 years of age was as follows :

25	children	received	1	pint	of	milk	for	1	month
18	„	„	1½	pints	„	„	„	„	
2	„	„	1	„	„	„	2	months	
6	„	„	1½	„	„	„	2	„	

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In addition to this supply of milk through the dairyman dried milk was supplied in five instances, the amount supplied being two pound packets per week over a period of one month in the case of four and over a period of two months in the case of one.

Altogether there were 128 applications for a free supply of milk. In 110 a free supply was granted, but in 18 the application could not be acceded to on account of the income of the parents being above the amount sanctioned by the Council.

13. *Treatment of Diseases of Women.*—Although no definite arrangements have been made between the Council and the King Edward Memorial Hospital with regard to the treatment of women suffering from abnormal conditions resulting from child birth, cases have been received for treatment from the Welfare Centre. During the year four cases were admitted and received operative treatment. This is but one example of the way in which the King Edward Hospital has assisted the Council in meeting the needs of the women and children without in the first place demanding some financial consideration.

### **Arrangements for the care of the child.**

1. *Visiting of Infants and Children under five years of age.*—Under the Notification of Births Act, 1907, there were notified during the year 1165 births, of which 39 were still-births. There were 41 failures to notify, the father, doctor and nurse in each case being informed of the failure to comply with the provisions of the Act.

The persons notifying were as follows :

Doctor	Midwife or Nurse.	Doctor & Midwife.	Parent.	Parent & Doctor.
721	416	1	24	3

The health visitors made the usual visits of instruction in the case of 739 of the 1167 living births notified and visits of investigation in the case of 26 of the 39 still-births. They also visited 873 children under 5 years of age.

The following table gives the total number of visits made to children under one year and to those between one and five years of age :

TOTAL VISITS OF HEALTH VISITORS.

	To Infants under 1 year.	To Children 1-5 years.
Number of first visits ...	739	873
Number of second visits ...	302	472
Number of third visits ...	99	207
Number of fourth visits ...	29	59
Number of fifth visits ...	8	36
Number of sixth visits ...	—	20
Number of seventh visits ...	—	8
Number of eighth visits ...	—	2
Total Visits ...	1277	1677

The health visitors also investigated 57 of the 67 infant deaths registered during the year.

2. *Consultations for Children at the Welfare Centre.*—Since the opening of the new Welfare Centre at 13, Mattock Lane, in January, 1919, the child consultations under Dr. Grace Banham, have proved very successful. The following table indicates the extent to which the consultations have been taken advantage of :



## WELFARE CENTRE. CHILD CONSULTATIONS.

## Number of children on the Register

(a) Visiting for the first time during 1919	653	} 929
(b) Carried over from the previous year	276	
Mothers visiting for the first time ... ..	641	
Re-visits of Children ... ..	4,131	
Re-visits of mothers ... ..	3,344	
Total attendance of children ... ..	5,060	
Total attendances of mothers ... ..	3,985	
Average attendance at each afternoon :		
Children ... ..	42	
Mothers ... ..	34	
<hr/>		
Average total each afternoon ...	76	
<hr/>		
Children seen by the Doctor during the year	2,465	
Average number of Children seen by the Doctor		
each afternoon... ..	20	

At the commencement the child consultations were open on two afternoons a week but this was found to be insufficient and another afternoon was arranged, so that now the Centre is open for children on three afternoons. This number of afternoons may have to be extended in the near future, an average of twenty children is too great a number for a doctor to see in an afternoon of two and a half hours.

In connection with the work of the child consultations the health visitors made 165 special visits either to see that the treatment advised was being carried out or to report on the progress of the children.

3. *Operations and Treatment at the School Clinic.*—In all 31 children under 5 years of age were referred to the School Clinic for treatment, 13 being for diseases

of the eyes, 10 for diseases of the throat, including enlarged tonsils and adenoids for operation, four were for dental caries, three for diseases of the nose and one for disease of the skin. The health visitors also carried out a certain amount of treatment at the homes of the children, including massage for cases of rickets, 20 visits, treatment of diseases of the skin, 18 visits; and the application of fomentations, etc., 8 visits; or 46 visits in all.

4 and 5. *Visiting of cases of Measles, etc.* The health visitors visited not only the 55 notified cases but also 12 suspected cases of Measles, 14 of the cases necessitating second visits to determine their progress. No case required nursing assistance and no case required treatment in the Isolation Hospital.

Cases of whooping cough notified through the schools will in future be visited in the same way as measles, nursing assistance being given when it is necessary or desirable.

No cases of poliomyelitis were notified during the year. Infant diarrhoea was practically absent, no information regarding cases having reached the health visitors.

6. *Ophthalmia Neonatorum.*—Four cases were notified during the year. In three of these cases a doctor had been engaged beforehand and was in attendance at the birth, and in the fourth the midwife called in a doctor on the first appearance of the inflammation of the eyes on the fourth day. All the cases continued under medical supervision with good results, there being no permanent injury. There was no occasion for the health visitors to treat the cases as the nursing was satisfactory. One case occurred in a Nursing Home and was attended by a trained nurse, one was attended



by a District Nurse, one was attended by a trained midwife, and the fourth by a monthly nurse who appeared to carry out the directions of the medical attendant.

7. *Hospital Treatment of wasting or ailing children.*—The King Edward Memorial Hospital arranged in the middle of the year to place six beds at the disposal of the Council should these be required for the treatment of wasting or ailing children, and during the six months the arrangements have been in operation 16 children have been under treatment. These sixteen cases have had an average stay in the hospital of 33 days. The charge made by the Hospital Committee for the cases is £2 2s. a week for each bed occupied.

8. *Operative Treatment for circumcision, etc.*—Arrangements have also been made by which such small operations as circumcisions may be performed at the King Edward Hospital at a fee of 7s. 6d. This fee is paid to the Council by the mother, although the cost is remitted when the parents are in necessitous circumstances. During the year 22 of these operations were performed at the Hospital.

9. *Provision of Milk for children under 5 years of age.*—This has been considered with the provision of milk for expectant and nursing mothers.

10. *Supply of Dried Milk, etc.*—Dried milk was supplied at cost price to many mothers who could not be called necessitous, but who could ill afford the high cost of milk for their children. During the year 6,651 pound packets of dried milk were sold. "Chymol," cod liver oil emulsion, paraffin for internal use, olive oil, and malt were sold at cost price under similar circumstances the extent of the sales amounting to £77 18s. 3d.



11. *Day Nursery*.—At the beginning of the year the voluntary committee under which the Day Nursery had been conducted for a number of years asked the Council to take over its management on account of the difficulty they had in getting subscriptions for its maintenance and on account of the fact that the Council had obtained powers under the Maternity and Child Welfare Act, 1918 to expend money on such an institution.

As a result of a conference, the Council took over the management of the Day Nursery on the 1st April the voluntary committee presenting the house and furniture as it stood, the only proviso being that the Council should pay the outstanding charges amounting to £350.

The following particulars indicate the extent to which the Day Nursery was used during the year :

Number of new admissions from 1st June to				
December 31st	...	...	...	54
Total attendances for the year	...	...	...	6,244
Average daily attendance	...	...	...	24

12. *Hostel for Unmarried mothers and their babies*.—Owing to the great difficulty in obtaining subscriptions the voluntary committee conducting the Swallows Hostel, towards the cost of which the Council contributed £30 during the year, were compelled to stop their activities. This cessation was suddenly precipitated in November by the house which was occupied as the hostel being offered for sale by auction, and by their inability to secure another house at a reasonable rental. Another Committee of women asked the Council to purchase the house and let it to them so that they could run it as a hostel. The Council purchased the



house for the purpose in December, but when the Council expressed their view that the four women members of the Maternity and Child Welfare Committee should be members of the voluntary committee to manage the Hostel the voluntary committee declined to proceed with the matter. Ultimately a voluntary committee with the four women members of the Maternity and Child Welfare Committee as a nucleus was formed to conduct the Hostel, which it is hoped will meet the needs of the district as far as the unmarried mothers and their babies are concerned.

It seems desirable that all the visits of health visitors should be summarized so as to give an idea of the extent of their outdoor work :

Visits to infants and children under 5 years of age	2,954
Visits to expectant mothers ... ..	194
Special visits to children or mothers attending the Welfare Centre... ..	165
Visits to investigate infant deaths and still-births	83
Special visits or investigations ... ..	330
Visits to carry out treatment ... ..	46
Visits to cases of ophthalmia neonatorum ...	10
Visits to cases of puerperal fever ... ..	3
Visits to cases of measles... ..	81
Visits to cases of influenza (nursing) ... ..	21
Visits to cases of tuberculosis ... ..	109
Visits to cases of scarlet fever discharged from the Isolation Hospital ... ..	230
Interviews, etc. ... ..	320
Total ... ..	<hr/> 4,546 <hr/>

**SANITARY ADMINISTRATION OF THE DISTRICT****Staff.**

The inspectorial staff consists of the Chief Sanitary Inspector and two District Inspectors. The Chief Inspector deals particularly with the inspection of meat and other foods, and the inspection of dairies, cowsheds and milkshops, and also supervises the work of the District Inspectors whom he assists or advises and from whom he takes over any work which he or the Medical Officer of Health considers of such importance as to require his own personal attention. All the general sanitary work of the district is divided between the two District Inspectors, the one dealing with the Northern and the other the Southern half of the Borough.

Three health visitors are employed in the public health department, one acting as Senior, who has supervisory and other special duties, the other two acting as District Health Visitors their areas being similar to those of the District Inspectors.

**Hospital for Infectious Diseases.**

The Isolation Hospital for Infectious Diseases is situated on the southern boundary and within a stone's throw of the isolation hospitals for Chiswick and Brentford. During the year a suggestion was put forward that these three hospitals might be combined in order to effect a saving in expenditure. A conference of representatives of the three districts was held, when the whole question was discussed. Although no definite decision was come to at the conference, nevertheless the way was opened for further discussion, which is still being continued.



On the northern boundary is the Small pox Hospital and Reception House. There has been no occasion to use either of these places for some years.

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

Disease.	Remaining in Hospital Dec. 31st, 1918.	Admitted to Hospital during 1919.	Remaining in Hospital Dec. 31st, 1919.	No. of Deaths
Scarlet Fever ...	6	161	28	1
Diphtheria ...	4	40	6	3
Enteric Fever ...	—	3	—	—
Meningitis... ..	—	3	—	2
Paratyphoid Fever	—	2	—	—
Mumps ... ..	—	1	—	—
Whooping Cough...	—	1	—	—
Erysipelas ...	—	2	—	—
Puerperal Fever ...	—	2	—	—
Cerebro-Spinal Fever...	—	3	—	1
Total ...	10	218	34	7

*Scarlet Fever.*—The number of cases of scarlet fever admitted to Hospital was 161. The ages of the patients were as follows :

Age	1-5 yrs.	5-15 yrs.	15-25 yrs.	25-35 yrs.
Number	42	103	10	6

Amongst the patients treated the following complications were recorded :

Rhinitis	...	...	...	8
Otitis	...	...	...	16
Albuminuria	...	...	...	4
Abscess	...	...	...	3
Rheumatism	...	...	...	2
Diphtheria	...	...	...	7
Whooping Cough	...	...	...	2

Two children developed whooping cough in hospital, infection having taken place before admission. Seven cases had to be isolated from the others on account of the presence of diphtheria bacilli in their throats. These cases were found by bacteriological examination after the discovery of a diphtheritic throat in a scarlet fever patient.

Only one death occurred from scarlet fever during the year. The average period of residence in the hospital was 40 days.

*Diphtheria.*—Forty cases were admitted as diphtheria but nine proved to be cases of tonsillitis. The ages of the patients were as follows :

Age	...	1-5 yrs.	5-15 yrs.	15-25 yrs.
Number	...	11	23	6

Six cases suffered from complications, five from albuminuria, and one from paralysis of the palate. Three deaths occurred. The average duration of residence in hospital was 26 days.

The other cases of infectious disease treated in the Isolation Hospital call for little comment. They consisted of three cases of typhoid fever, two of paratyphoid fever, two of erysipelas, two of puerperal fever,



three of cerebro-spinal fever, three of meningitis admitted as cerebro-spinal fever, one of mumps, and one of whooping cough. Amongst these there were three deaths, two of meningitis and one of cerebro-spinal fever.

The total cost of the Hospital for the year April, 1919 to March, 1920, was £4,467, or an average cost for each patient for food, medical and nursing attendance of 9s. per day. As the food itself cost £1,087 in the same time the average cost of food for each patient or each member of the staff was 1s. 7d. per day. This figure indicates very economical management.

#### **Local Acts, Adoptive Acts, etc.**

The Ealing Corporation Act, 1905, confers certain additional powers on the Council with respect to certain sanitary matters, the provision of dustbins, the drainage of houses by combined operation, the control of tuberculosis milk, etc. Other Acts which have been adopted by the Council are :

- Public Health Acts (Amendment Act), 1890.
- Infectious Disease (Prevention) Act, 1890.
- Public Health Acts (Amendment) Act, 1907.

#### **Bacteriological Examinations.**

The Council has for some years arranged for specimens from suspected or actual cases of diphtheria, tuberculosis and typhoid fever being sent by medical practitioners to the Lister Institute for examination. Bacteriological examinations from cases of certain of the infectious diseases are most important in determining when the patients are free from infection, for example in typhoid fever and diphtheria, and every encouragement is given

to practitioners to utilize the services of the Lister Institute in home-nursed cases of these diseases in the same way as they are utilized in cases nursed in the Isolation Hospital.

For the diagnosis of cerebro-spinal fever, specimens may also be forwarded to the Lister Institute.

SUMMARY OF BACTERIOLOGICAL EXAMINATIONS IN THE  
YEAR 1919.

		No.	Positive	Negative
Diphtheria ...	...	79	15	64
Tuberculosis ...	...	15	1	14
Typhoid Fever ...	...	5	—	5
Others ...	...	1	—	1
<hr/>				
Total ...		100	16	84
<hr/>				



**HOUSING.***I.—General housing conditions in the District.*

- |     |   |        |
|-----|---|--------|
| (1) | Total number of houses in the District  | 15,244 |
|     | Number of Working-Class houses ...  | 9,834  |
|     | New houses for the Working-Classes<br>erected in 1919 or in course of<br>erection by  |        |
|     | (a) Private enterprise ...  | 10     |
|     | (b) The Town Council ...  | 239    |
| (2) | Population estimated by Registrar<br>General ... ..   | 76,265 |
| (3) | (a) The estimated shortage of houses is<br>500 and if 29 houses unfit for<br>habitation were dealt with the<br>number would be ... .. | 529    |
|     | (b) A housing scheme by which 239<br>houses will be provided was<br>commenced in July, 1919.  |        |

*II.—Overcrowding.*

- |     |  |     |
|-----|--|-----|
| (1) | Tenants with more than two occupants<br>per room :   |     |
|     | Number of tenants ...  | 49  |
|     | Total number of occupiers  | 474 |
|     | Number of houses intended for one family<br>only, which are now occupied<br>(without having been specially<br>adapted) by two or more families         | 482 |
| (2) | The chief cause of the overcrowding is that no<br>houses have been built during the last five years<br>to meet the natural increase in the population. |     |
| (3) | No measures can be taken to deal with over-<br>crowding until houses are available.  |     |
| (4) | Except in serious cases no action has been<br>taken to deal with overcrowding.   |     |

*III.—Fitness of Houses.*

(1) (a)—The general standard of houses in the district is good ; the number of houses considered unfit and which cannot be rendered fit is 29 ; and the number seriously defective, but which can be made habitable 151.

(b)—With regard to the houses unfit for human habitation the defects include the want of damp-proof courses causing serious dampness, want of ventilation and insufficient lighting and general dilapidation. As regards the other houses the defective condition is usually due to insufficient guttering causing dampness, damp walls due to insufficient damp-proof course, defective walls, defective paving and defective sanitary accommodation and drainage.

(2) Action has been taken in remedying houses under the Public Health Acts. No action has been taken under the Housing Acts.

(3) Great delay has been experienced in getting improvements carried out owing to the difficulty the builders have in getting the necessary manual labour and materials.

(4) Conditions as regards water supply, closet accommodation and refuse disposal are satisfactory.

*IV.—Unhealthy Areas.*

There are no unhealthy areas in the district.

*V.—Bye-Laws relating to houses, to houses-let-in-lodgings and to tents, vans and sheds.*

No difficulty has been experienced with regard to the existing bye-laws.

*VI.—General and Miscellaneous.*

There is nothing of interest to report with regard to any other action taken during the year in dealing with overcrowding, insanitary property and housing.



*VII.—Appendices.*

- (1) Number of dwelling houses in respect of which complaints were made that they were unfit for human habitation (a) by householders. None.
- (2) Action under Section 17 of the Housing Act, 1909. None.
- (3) Action under Section 28 of the Housing Act, 1919. (a), (b) and (c). None.
- (4) Closing Orders. (a) (b) and (c). None.
- (5) Demolition Orders (a) and (b). None.
- (6) Number of houses demolished voluntarily. None.
- (7) Obstructive Buildings (a) (b) and (c). None dealt with.
- (8) The staff engaged in housing work consists of three Sanitary Inspectors, one being the Chief, who supervises the work of the others. The Inspectors have also general sanitary work to perform, the district being divided into two parts, each of which has one District Inspector to deal with all public health matters including housing.

During the year, on account of the great difficulty of getting repair work done, a housing survey, except for the purpose of eliciting information regarding overcrowding, etc., for the "Form of Survey of Housing Needs," was not carried out, but whenever the notice of the inspectors was brought to any insanitary house through the occurrence of infectious disease or through a complaint or by any other means the house was examined thoroughly and complete repairs were effected. This procedure was deemed preferable to the accumulation of information without obtaining the necessary improvements.

TABLE 1.—Vital Statistics of Whole District during 1919 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.			
		Un-corrected Number.	Nett.		No.	Rate.	of Non-Residents registered in the District.	of Residents not registered in the District.	Under 1 year of age.		At all Ages.	
			No.	Rate.					No.	Rate per 1000 Nett. Births.	No.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
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
1919	73212	1111	1018	13.3	666	9.1	37	173	67	65.8	802	10.8

Area of District in acres (land and inland water)—2947.  
 Total population at all ages ..... 61723  
 Number of inhabited houses ..... 13515 } At Census of 1911.  
 Average number of persons per house ..... 4.5

*Infant Mortality.*



TABLE II.—Cases of Infectious Disease Notified during the Year, 1919.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH WARD.						Total cases removed 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)	46	1	16	22	5	1	1	—	3	6	5	16	8	8	37
Erysipelas ... ..	22	1	—	2	1	8	8	2	2	3	2	5	8	2	2
Scarlet Fever ... ..	201	2	28	144	20	7	—	—	15	41	28	56	41	20	153
Enteric Fever ... ..	5	—	—	—	2	2	1	—	—	1	1	—	2	1	4
Puerperal Fever ... ..	3	—	—	—	2	1	—	—	—	1	—	1	1	—	2
Cerebro-Spinal Men- ingitis ... ..	3	—	1	2	—	—	—	—	—	—	1	2	—	—	3
Encephalitis Lethargica	3	—	1	—	—	2	—	—	1	—	—	—	1	1	—
Ophthalmia Neona- torum ... ..	4	4	—	—	—	—	—	—	1	—	—	1	1	1	—
Pulmonary Tubercu- losis ... ..	83	—	—	3	14	43	22	1	6	11	12	24	22	8	—
Other form of Tuber- culosis ... ..	25	1	4	8	3	8	—	—	4	4	2	9	4	2	—
Measles ... ..	55	2	17	15	15	4	2	—	—	13	6	17	17	2	—
German Measles ... ..	95	1	15	38	24	14	3	—	2	35	22	4	14	18	—
Malaria ... ..	40	—	—	—	10	30	—	—	8	3	3	12	7	7	—
Dysentery ... ..	5	—	—	—	4	1	—	—	2	—	1	2	—	—	—
Influenzal-Pneumonia	33	—	3	3	3	15	6	3	1	4	5	8	7	8	—
Primary-Pneumonia	30	—	3	4	4	9	4	6	2	6	7	8	3	4	—
Totals ... ..	653	12	88	241	107	145	48	12	47	128	95	165	136	82	201

Ealing Isolation Hospital, South Ealing.







**TABLE III.**  
Deaths registered during the Calendar Year 1919 classified  
by age and cause.

CAUSES OF DEATH.	NET DEATHS AT DENTS," WHETHER			THE SUBJOINED AGES OF " RESI- DENTS," OCCURRING WITHIN OR WITHOUT THE DISTRICT.							Total Deaths whether of " Residents " or " Non- Residents " 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 upwards.		
1	2	3	4	5	6	7	8	9	10	11	
All causes : { Certified ...	757	60	16	20	25	26	125	183	212	80	
Uncertified ...	45	7	—	1	5	3	8	12	9	15	
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	
Small-Pox ...	—	—	—	—	—	—	—	—	—	—	
Measles ...	1	—	—	—	—	—	—	1	—	—	
Scarlet Fever ...	1	—	—	—	—	1	—	—	—	1	
Whooping Cough ...	2	1	1	—	—	—	—	—	—	—	
Diphtheria and Croup ...	3	—	—	1	2	—	—	—	—	7	
Influenza ...	75	2	3	3	2	7	32	14	12	1	
Erysipelas ...	2	—	—	—	—	—	—	1	1	—	
Phthisis (Pulmonary Tuberculosis) ...	55	—	—	—	4	8	21	20	2	1	
Tuberculous Meningitis ...	9	2	—	3	1	1	2	—	—	2	
Other Tuberculous diseases ...	10	1	—	2	1	—	5	1	—	3	
Cancer, malignant disease...	100	—	—	1	—	—	10	39	50	8	
Rheumatic Fever ...	3	—	—	—	—	—	2	—	1	—	
Meningitis ...	7	2	—	1	2	—	1	1	—	3	
Organic Heart Disease ...	78	1	—	—	1	—	15	24	37	2	
Bronchitis ...	72	3	6	1	—	2	1	13	46	2	
Pneumonia (all forms) ...	58	5	3	5	4	2	11	12	16	12	
Other disease of Respira- tory Organs) ...	12	1	—	—	1	—	3	3	4	—	
Diarrhoea and Enteritis ...	4	3	1	—	—	—	—	—	—	—	
Appendicitis and Typhlitis...	4	—	—	—	1	—	1	2	—	4	
Cirrhosis of Liver ...	2	—	—	—	—	—	—	1	1	—	
Alcoholism ...	—	—	—	—	—	—	—	—	—	—	
Nephritis and Bright's Disease ...	23	—	—	—	—	2	2	8	11	1	
Puerperal Fever ...	1	—	—	—	—	—	1	—	—	—	
Other accidents and diseases of Pregnancy and Par- turbation ...	1	—	—	—	—	—	1	—	—	—	
Congenital Debility and Malformation, including Premature Births ...	28	28	—	—	—	—	—	—	—	10	
Violent Deaths, excluding Suicide ...	18	1	—	—	3	2	4	4	3	11	
Suicide ...	10	—	—	1	—	—	3	6	1	—	
Other Defined Diseases ...	222	17	2	—	8	4	18	44	126	27	
Diseases ill-defined or un- known ...	1	—	—	—	—	—	—	1	—	—	
Totals ...	802	67	16	21	30	29	133	195	311	95	



TABLE IV.

## Infant Mortality during the Year 1919.

Nett Deaths from stated causes at various ages under One Year of Age.

Cause of Death.	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total deaths under 1 year.
All Causes { Certified ...	17	5	5	3	30	9	12	5	5	61
Uncertified ...	4	—	—	—	4	1	1	—	—	6
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Chicken-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—
Whooping-Cough ...	—	—	—	—	—	1	—	—	—	1
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ...	—	—	—	—	—	1	1	—	—	2
Abdominal Tuberculosis ...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases ...	—	—	—	—	—	—	1	—	—	1
Meningitis (not Tuberculous) ...	—	—	1	—	1	1	—	—	—	2
Convulsions ...	—	—	—	—	—	—	1	—	—	1

Infant Mortality.

Laryngitis ...	—	—	—	—	—	1	1	1	—	3
Bronchitis ...	—	—	—	—	—	—	2	—	2	4
Pneumonia (all forms) ...	—	—	—	—	—	—	—	—	—	—
Diarrhoea ...	—	—	—	—	—	—	—	—	—	—
Enteritis ...	—	1	—	—	1	—	1	1	—	3
Gastritis ...	—	—	—	—	—	—	—	—	—	—
Syphilis ...	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying ...	—	—	—	—	—	—	—	—	—	—
Injury at Birth ...	—	—	—	—	—	—	—	—	—	—
Atelectasis ...	2	—	1	—	3	—	—	—	—	3
Congenital Malformations ...	5	—	—	—	5	1	—	—	—	6
Premature Birth ...	7	1	2	1	11	1	1	—	—	13
Atrophy, Debility & Marasmus...	2	2	1	1	6	2	3	2	1	14
Other Causes ...	5	1	—	1	7	2	2	1	2	14
Totals ...	21	5	5	3	34	10	13	5	5	67

Infant Mortality.

Nett Birth in the year :—

Legitimate ... 944  
 Illegitimate ... 74

Nett Deaths in the year of :—

Legitimate Infants ... 55  
 Illegitimate Infants ... 12





Borough of Ealing.



EDUCATION COMMITTEE.

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REPORT

OF THE

School Medical Officer,

For the Year ended 31st December, 1919.





## STAFF.

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*School Medical Officer—*

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

Of the Middle Temple, Barrister-at-Law.

*Assistant School Medical Officer and School Oculist—*

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

*School Nurses—*

Miss A. GOUGH.

Miss M. RICHARDSON.

Miss A. BAILEY.

*Clerks—*

ADELIA DICKENS (Maternity and Child Welfare also.)

GRACE SUCH.

*Surgeon—*

E. A. CHILL, M.D., C.M.

*Anaesthetist—*

S. M. BANHAM, M.B., M.R.C.S., L.R.C.P.

*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.

*June 22nd, 1920.*

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you the Annual Report for the year 1919 on the work of the School Medical Department.

A great improvement was effected in the beginning of the year by the opening, at 13, Mattock Lane, of a combined Maternity and Child Welfare Centre and School Clinic. The placing of the whole of the school medical work in one building has greatly facilitated its supervision while its association with the maternity and child welfare work has brought about the proper co-ordination of the two departments.

It seems unnecessary to point out that the most important work which has to be undertaken by the Committee is the establishment of schools for mentally defective children and for physically defective and badly nourished children, for the establishment of these schools has been considered by you with the greatest sympathy and has only been postponed by the difficulty of securing a suitable site or suitable buildings.

I am, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

*School Medical Officer.*



**General Review of the Hygienic Conditions Prevalent in the Schools.**

There are twelve public elementary schools under the control of the Local Education Authority. Of these, six are of modern construction dating from 1905 to 1911, five are old with recent adaptations and one is a temporary school. In the first group the general hygienic conditions are satisfactory and require no comment, in the second group although conditions are not ideal, nevertheless there have been no striking defects to report upon during the year except the sanitary arrangements at St. Stephen's School, which have received the attention of the Education Committee. Before the war new schools to replace some of the old buildings were projected, but with the present financial and industrial conditions, the erection of new schools may not be practicable for some years. It is thus incumbent upon the Local Education Authority to continue and patch up the old buildings in such a way as to enable them to meet the present needs and to keep them in the best sanitary condition for the children who have to spend so many hours in them.

**Co-Relation of School Medical and Public Health Service.**

The School Medical Officer is also Medical Officer of Health. Although the actual medical inspection of children is not carried out by him, this being done by the Assistant School Medical Officer, who is also Assistant Medical Officer of Health, yet he directly supervises the work with which he is in close touch daily.

The School Clinic, where all school medical work is carried on and records kept, and the Maternity and Child Welfare Centre occupy the same building, the result being that there is the most intimate co-operation between the School Nurses and the Health Visitors.



The work of the one staff is complementary to or follows on the other in the most natural fashion with a complete understanding by both of the ultimate aim of the whole work—the supervision of the health of the child from birth to the end of school life.

### **Assistance of the School Nurses, Teachers, and Attendance Officers.**

Three School Nurses are employed in the work of school medical inspection and treatment. The senior arranges for and assists in the actual inspection of the children afterwards sorting out the records of the defective children and sending out notices to the parents. She also makes the periodical inspection of the heads of the children to ensure cleanliness. The second nurse assists at the Inspection Clinic to which each morning children are sent by the teachers, the attendance officers or school nurses. She also has charge of the general records and supervises the work of the clerk. The third or clinic nurse has charge of the treatment of minor ailments, and assists the dentists, surgeon and anaesthetist. These roughly are the special duties of the nurses though all make visits to the homes of the children or to the schools when necessary. As the work of the one nurse is dovetailed into the work of the others it is essential that complete co-operation should exist between them if the work is to meet with the greatest success.

The whole-hearted co-operation of the Attendance Officers is essential to the success of school medical inspection and treatment. The two men attendance officers certainly give that assistance which is necessary by referring many cases, including mentally and physically defective children, for medical examination and



by providing information regarding absentees, and the woman attendance officer, who was appointed in the beginning of 1918 with a special object in view has proved herself a decided acquisition to the scheme. The men have the usual cases of non-attendance to deal with and are useful in reporting cases requiring medical supervision or on which a medical opinion is desired, but the woman deals with only two schools as an ordinary attendance officer, and has also to keep all the cases excluded on account of verminous condition, impetigo, scabies, etc., under her supervision. This arrangement has met with greater success than was anticipated for she has been able, by the exercise of tact with the mothers and by giving a certain amount of instruction and advice, to get the children cared for or treated and consequently sent back to school at a much earlier date than would otherwise be the case. The woman attendance officer has in effect become a part of the school medical scheme even to the extent of using the School Clinic as an office where she is in constant touch with the school nurses. Her success in Ealing indicates the scope for the development of women attendance officers in other parts of the country.

One of the most pleasing developments of medical inspection and treatment of school children is the real and practical interest of the teachers in the scheme. Greater attention has, year by year, been devoted by the teachers to the physical well-being of the children; they have now fully recognised that the mental development of the child is dependent upon his proper physical development and thus have given that constant assistance, not only in aiding inspection, but in securing treatment, without which medical inspection cannot be a complete success.

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

In the twelve public elementary schools under the Local Education Authority there are twenty-six departments, eight for boys, seven for girls, eight for infants, two for boys, girls and infants (mixed), and one for girls and infants.

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

School.	Entrants.		Total
	Boys	Girls	
Provided.			
Drayton ... ..	60	58	118
Joseph Lancaster ... ..	26	14	40
Lammas ... ..	61	41	102
Little Ealing ... ..	47	42	89
North Ealing ... ..	36	28	64
Northfields ... ..	75	63	138
Good Shepherd Hall (temp.)	36	36	72
Non-Provided.			
Christ Church ... ..	20	25	45
St. John's ... ..	26	39	65
St. Mary's ... ..	30	15	45
St. Stephen's ... ..	—	—	—
Wesleyan ... ..	—	—	—
Total ... ..	417	361	778



## Number of Children Inspected.

School.	Age 8 Group		Total	Age 12 Group		Total
	Boys	Girls		Boys	Girls	
Provided.						
Drayton ... ..	64	48	112	53	53	106
Joseph Lancaster ... ..	14	22	36	16	17	33
Lammas ... ..	70	61	131	49	69	118
Little Ealing ... ..	81	83	164	59	55	114
North Ealing ... ..	—	39	39	—	27	27
Northfields ... ..	76	59	135	66	55	121
Good Shepherd Hall (temp.)	—	—	—	—	—	—
Non-Provided						
Christ Church ... ..	11	21	32	19	27	46
St. John's ... ..	32	26	58	25	28	53
St. Mary's ... ..	23	20	43	26	30	56
St. Stephen's ... ..	28	—	28	10	—	10
Wesleyan ... ..	8	8	16	13	19	32
Total ...	407	387	794	336	380	716

Grand Total Examined, 2,288.

The average attendance at all the schools for the year was 6,621, and the number on the rolls 7,635, making the percentage attendance 86. Of this average attendance, 2,288 children or 35 per cent. were medically inspected during the year.

The children examined were those in the three groups required by the Code of Regulations for Public Elementary Schools to be dealt with. The Code requires the

medical inspection of all children admitted to school during the year, of all children between 12 and 13 years of age, together with children over 13 years who have not already been examined after reaching the age of 12 years, and of all children between 8 and 9 years of age. It will be seen that of the total examined 778 belonged to the first group, 794 to the second, and 716 to the third group.

*Non-Routine Cases and Re-inspections*—In addition to the children examined in the routine way, there were 46 special cases (26 boys and 20 girls) not in the inspected groups, submitted by the teachers on account of some actual or suspected defect deemed to require attention, and 290 (152 boys and 138 girls) cases submitted for re-inspection on account of their having been found on a previous inspection to have some defective condition requiring supervision.

Total Notices to Parents : Verbal	339
Written	497
	<hr/>
	836
	<hr/>

Total Notices to Teachers : Verbal	31
Written	50
	<hr/>
	81
	<hr/>



**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 8		Leavers		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
Teeth ... ..	141	121	93	88	11	14	468
Tonsils ... ..	92	85	40	50	20	24	311
Adenoids ... ..	2	1	—	—	1	1	5
Mouth Breathers ...	11	11	5	3	2	1	33
Eyesight ... ..	4	4	26	43	18	27	122
External Eye Disease	2	6	5	6	2	2	23
Ear Disease ... ..	5	3	3	4	2	2	19
Deafness ... ..	2	4	4	1	4	6	21
Nasal Discharge ...	5	—	3	—	2	3	13
Heart Disease ... ..	9	7	19	7	6	17	65
Anaemia ... ..	17	17	10	29	7	31	111
Suspected Phthisis ...	1	—	—	5	—	1	7
Bronchitis ... ..	3	6	4	—	5	4	22
Ringworm ... ..	1	—	—	—	—	—	1
Impetigo ... ..	3	—	5	—	2	2	12
Scabies ... ..	4	2	—	2	—	1	9
Verminous Head ...	2	11	1	7	—	10	31
Verminous Body ...	—	1	—	—	—	1	2
Talipes ... ..	—	—	—	—	—	—	—
Spinal Curvature ...	—	1	1	—	—	—	2
Round Shoulders ...	5	1	9	12	7	14	48
Others ... ..	11	5	23	8	12	7	66
Total Defects ...	320	286	251	265	101	168	1391

The figures in the Table represent defects and not defective children ; the number of notices to the parents represent children. More than one defect may be present in the same child, hence the former number is greater. 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 which can be given by the parents.

### **General View of the Facts disclosed on School Medical Inspection.**

A summary of the facts disclosed on School Medical Inspection is given in Table II. One condition, found almost entirely amongst the girls, demands some consideration :—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 Senior 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 of her inspections were as follows :

Number of children examined.	Number found with pediculosis
1949	187
1865	180
1875	99

All the children found with pediculosis were submitted to the School Medical Officer, 108, 108, and 64 children being excluded respectively on those three occasions.

In addition to those inspected at school by the School Nurse, 33 other children were sent by the teachers



for examination at the Inspection Clinic. All of these were excluded on account of pediculosis.

The total number of exclusions for verminous condition during the year was 313.

Summonses were issued by the School Attendance Officer with respect to six cases which were not cleansed within a reasonable time, a fine of 20s. being imposed by the Justices in one case, a fine of 10s. in two cases, and a fine of 5s. in three cases.

On account of the length of time children were liable to be excluded on account of verminous condition before the next meeting of the School Attendance Sub-Committee, which authorised the issue of summonses, the Education Committee decided during the year to throw the responsibility of authorising the issue of summonses on the School Medical Officer the view being expressed by the Committee that a summons should be issued if an excluded child is not cleansed within fourteen days. This decision of the Education Committee does not apply to parents who are "old offenders" and who may in accordance with a previous resolution of the Committee be summoned immediately after the exclusion of the child. The usual procedure in the ordinary case is for the child to be excluded, accompanying the notice of exclusion being a leaflet giving directions on cleansing. If at the end of a week the child is not cleansed a notice is issued warning the parents that a summons will be issued unless the child is cleansed in seven days. This procedure has proved excellent from two points of view; firstly the School Attendance Committee has been saved a great amount of trouble in seeing the parents and determining whether the parents should be summoned, a difficult matter for them to determine since they are not aware of the home



circumstances of which the School Nurses are fully cognisant, and secondly the early threat of prosecution shortly after the exclusion has impressed the parents and has certainly resulted in the children being cleansed at an earlier date than formerly.

The steps taken to deal with verminous children are certainly having a permanent good effect, but it must be said that this good effect could not have been accomplished but for the appreciation of the Magistrates of the necessity of dealing with offenders as firmly as the circumstances permit them.

### **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 1919 to have operation for enlarged tonsils, adenoids and nasal obstruction	...	...	...	...	316
Number of children operated on for enlarged tonsils or adenoids and nasal obstruction	...				167
Number of children treated by own doctor or at a general hospital	...	...	...	...	58
Number of children whose parents objected or who left the District	...	...	...		38

These children came within the routine medical inspection groups examined during 1919, but in addition there were also treated at the Clinic 17 non-routine cases.

The total operations performed at the Clinic during 1919 were 172 for excision of the tonsils or adenoids, and 12 for nasal obstruction arising from other causes.

The total number of attendances of children for treatment was 377, 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 290, 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 ... ..	157
Number of children treated at the Clinic ...	177
Number treated by own doctor or at a hospital ...	1

In addition to the 177 routine cases there were 36 non-routine cases who attended the Clinic for treatment.

The number of children treated for external eye disease was 67.

Spectacles were provided during the year in 200 cases. In the majority of cases the parents paid the whole or part of the cost, but in 15, on account of the necessitous circumstances of the parents, spectacles were provided free. The total outlay on spectacles during the year was £44 14s. 5d.; and the amount paid back by the parents £24 7s. 10d.

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 329.

The total attendances of children during the year was 877, 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	...	...	127
Number of Attendances	...	...	1043

## EYE CASES :

Number of Children treated	...	...	280
Number of Attendances	...	...	719

## IMPETIGO, RINGWORM, ETC. :

Number of Children treated	...	...	311
Number of Attendances	...	...	3431

The total number of children treated was 718, and the total number of attendances 5,193.

In connection with the general scheme of treatment at the School Clinic 1,234 visits were paid by the School Nurses to the schools or to the homes of the children

## DENTAL DEPARTMENT.

During the year 22 school departments (twelve 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 968 children examined, 670 or 70 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	...	320
Number of extractions under general anaesthetic (nitrous-oxide gas)	... ..	876
Number of extractions under local anaesthetic	...	4
Number of extractions without anaesthetic	...	554



Number of Dressings	...	...	...	...	56
Number of Fillings	...	...	...	...	1365
Number in which scaling performed	...	...	...	...	43
Number of children to whom gas was administered	...	...	...	...	167
Number of children re-inspected	...	...	...	...	166

The total number of children dealt with by the dentists at the School Clinic was 539, which included 53 non-routine cases requiring immediate treatment.

#### TREATMENT OF RINGWORM OF THE HEAD.

During the year 25 cases of ringworm of the head were treated succsesfully by X-Rays by Dr. Arthur.

#### TREATMENT OF SCABIES.

Thirty-eight cases of scabies were treated by baths at the School Clinic, the baths given numbering 109, or roughly three baths per case.

#### INSPECTION CLINIC.

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	...	...	...	...	1150
Impetigo	...	...	...	...	1136

Ringworm	...	...	...	...	168
Scabies	...	...	...	...	129
Miscellaneous	...	...	...	...	683

The total number of children examined was 1,532, and the total number of attendances 3,266.

### **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. Three mentally defective children were reported during the year to the County Council as being non-educable and unsuitable for a special school.

Special schools are urgently required for mentally and physically defective children. For the former Village Park, a house standing on the land which was purchased for the erection of houses for the working-classes, was decided upon but the Town Council considered the housing difficulties more pressing and decided to convert it into flats. Since that decision was come to efforts have been made to secure a suitable house or site, but so far without success.

The same want of success has attended our efforts to obtain a convenient and suitable site on which to build an open-air school for physically defective children. The great scarcity of houses of all sizes and the consequent great rise in the values of houses and land, render the establishment of special schools extremely difficult. The necessity of these schools, however, must not be lost sight of and it is hoped that the provision of them will not be long delayed.

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



TABLE I.

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Number of Children Inspected, 1st January, 1919 to  
31st December, 1919.

## A " Code " Groups.

Age.	Entrants.					
	3	4	5	6	Other Ages.	Total.
Boys ...	—	37	223	105	52	417
Girls ...	—	33	179	95	54	361
Totals ...	—	70	402	200	106	778

Age.	Intermedi- ate Groups	Leavers.					Grand Total
	8	12	13	14	Oth'r Ages	Total	
Boys ...	407	315	21	—	—	336	1160
Girls ...	387	345	35	—	—	380	1128
Totals	794	660	56	—	—	716	2288

## B.—Groups other than " Code."

	Intermediate Group (other than 8 years)	Special Cases.		Re- Examinations (i.e., No. of Child- ren Re-exmd).	
		At School	At Clinic	At School	At Clinic.
Boys ...	—	26	734	152	651
Girls ...	—	20	798	138	400
Totals	—	46	1532	290	1051

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.
Malnutrition ... ..							4	157	—	—
Uncleanliness :										
Head ... ..							28	27	2	—
Body ... ..							10	—	3	—
SKIN ... ..	{	Ringworm, Head ... ..					—	—	1	—
		" Body ... ..					1	—	—	—
		Scabies ... ..					9	—	2	—
		Impetigo ... ..					12	—	3	—
		Other Disease ... ..					—	8	—	—
EYE ... ..	{	Defective Vision and Squint ... ..					134	—	6	—
		External Eye Disease ... ..					23	—	—	—
EAR ... ..	{	Defective Hearing ... ..					21	—	2	1
		Ear Disease ... ..					19	—	4	—
TEETH ... ..		Dental Disease ... ..					470	—	3	—
NOSE AND THROAT ...	{	Enlarged Tonsils ... ..					288	4	6	—
		Adenoids ... ..					5	—	1	—
		Enlarged Tonsils and Adenoids ... ..					23	—	—	—
DEFECTIVE SPEECH ... ..							—	3	—	—
HEART AND CIRCULATION	{	Heart Disease—Organic ... ..					43	—	—	—
		" Functional ... ..					—	22	—	1
		Anaemia ... ..					111	—	1	—
LUNGS ... ..	{	Pulmonary Tuberculosis								
		Definite ... ..					—	—	—	—
		Suspected ... ..					7	—	—	—
		Chronic Bronchitis ... ..					22	—	—	—
Other Disease ... ..							—	—	—	—
NERVOUS SYSTEM ...	{	Epilepsy ... ..					4	—	—	1
		Chorea ... ..					1	2	—	2
		Other Disease ... ..					—	3	—	—
NON-PULMONARY TUBERCULOSIS	{	Glands ... ..					—	—	—	—
		Bones and Joints ... ..					—	—	—	—
		Other Forms ... ..					—	—	—	—
RICKETS ... ..							—	1	—	—
DEFORMITIES ... ..							—	118	—	—
OTHER DEFECTS OR DISEASES ... ..							—	11	4	1









TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1919.

			Boys	Girls	Total	
BLIND. (including partially blind)			Attending Public Elementary Schools ... ..	2	—	2
			Attending Certified Schols for the Blind ... ..	2	1	3
			Not at School ... ..	1	—	1
DEAF AND DUMB. (including partially deaf)			Attending Public Elementary Schools ... ..	—	—	—
			Attending Certified Schols for the Deaf ... ..	1	—	1
			Not at School ... ..	1	—	1
MENTALLY DEFICIENT	Feeble Minded	Attending Public Elementary Schools ... ..	20	16	36	
		Attending Certified Schols for Mentally Defective Children	—	1	1	
		Notified to the Local (ontrol) Authority during the year	3	3	6	
		Not at School ... ..	6	6	12	
	Imbeciles	At School ... ..	—	—	—	
		Not at School ... ..	—	—	—	
	Idiots		—	—	—	
EPILEPTICS.			Attending Public Elementary Schools ... ..	2	5	7
			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 ... ..	2	5	7	
	Other forms of Tuberculosis	Attending Public Elementary Schools ... ..	5	4	9	
		Attending Certified Schools for Physically Defective Children	—	—	—	
		Not at School ... ..	3	3	6	
	Cripples other than Tubercular	Attending Public Elementary Schools ... ..	15	23	38	
		Attending Certified Schools for Physically Defective Children	—	—	—	
		Not at School ... ..	1	2	3	

**TABLE IV.**  
TREATMENT OF DEFECTS OF CHILDREN DURING 1919.

CONDITION.	No. of Defects for which treatment was considered necessary.			No. of Defects for which no report is available.	No. of Defects treated	RESULT OF TREATMENT.			No. of Defects not treated	Per centage of Defects treated
	From previous years	New	Total			Remedied	Improved	Unchanged		
Clothing ... ..	—	2	2	—	2	2	—	—	—	
Footgear ... ..	—	—	—	—	—	—	—	—	—	
Cleanliness of Head ... ..	—	57	57	—	57	57	—	—	—	
Cleanliness of Body ... ..	—	13	13	—	13	13	—	—	—	
Nutrition ... ..	—	4	4	—	4	—	4	—	—	
Nose and Throat ... ..	—	316	316	139	177	173	—	4	—	
External Eye Disease ... ..	10	23	33	—	33	—	33	—	—	
Ear Disease ... ..	—	19	19	—	19	—	17	2	—	
Teeth ... ..	—	468	468	—	—	—	—	—	—	
Heart and Circulation ... ..	104	65	169	65	104	—	17	87	—	
Lungs ... ..	6	7	13	13	13	—	4	9	—	
Nervous System ... ..	—	10	10	10	—	—	—	—	—	
Skin ... ..	—	12	12	12	—	—	—	—	—	
Rickets ... ..	—	—	—	—	—	—	—	—	—	
Deformities ... ..	—	118	118	118	—	—	—	—	—	
Speech ... ..	—	4	4	4	—	—	—	—	—	
Mental Condition ... ..	—	114	114	114	—	—	—	—	—	
Vision and Squint ... ..	251	140	391	103	206	206	—	—	—	
Hearing ... ..	—	23	23	4	19	—	16	3	—	
Miscellaneous ... ..	—	—	—	—	—	—	—	—	—	
<b>TOTAL</b>	<b>371</b>	<b>1395</b>	<b>1766</b>	<b>582</b>	<b>647</b>	<b>551</b>	<b>91</b>	<b>105</b>	<b>—</b>	<b>88</b>



TABLE V.

INSPECTION, TREATMENT, ETC., OF CHILDREN  
DURING 1919,

(1)—The total number of children medically inspected (whether Code Group, special, or ailing child) ... ..	2624
(2)—The number of children in (1) suffering from defects (other than uncleanliness or defec- tive clothing or footgear), who require to be kept under observation, but not referred for treatment ... ..	335
(3)—The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) ... ..	1250
(4)—The number of children in (3) who received treat- ment for one or more defects (excluding uncleanliness, defective clothing, etc.) ...	1555

# TABLE V

INFORMATION, TREATMENT, ETC., ON CHILDREN  
DURING 1919

- (1) The total number of children under 15 years of age, whether Color, Spanish, or other, who were treated during the year.
- (2) The number of children in (1) who were treated for the following diseases: (a) Measles, (b) Diphtheria, (c) Whooping Cough, (d) Scarlet Fever, (e) Typhoid, (f) Malaria, (g) Tuberculosis, (h) Syphilis, (i) Gonorrhea, (j) Venereal Disease, (k) Skin Diseases, (l) Nervous System, (m) Mental Diseases, (n) Other.
- (3) The number of children in (1) who were treated for the following diseases: (a) Measles, (b) Diphtheria, (c) Whooping Cough, (d) Scarlet Fever, (e) Typhoid, (f) Malaria, (g) Tuberculosis, (h) Syphilis, (i) Gonorrhea, (j) Venereal Disease, (k) Skin Diseases, (l) Nervous System, (m) Mental Diseases, (n) Other.
- (4) The number of children in (1) who were treated for the following diseases: (a) Measles, (b) Diphtheria, (c) Whooping Cough, (d) Scarlet Fever, (e) Typhoid, (f) Malaria, (g) Tuberculosis, (h) Syphilis, (i) Gonorrhea, (j) Venereal Disease, (k) Skin Diseases, (l) Nervous System, (m) Mental Diseases, (n) Other.
- (5) The number of children in (1) who were treated for the following diseases: (a) Measles, (b) Diphtheria, (c) Whooping Cough, (d) Scarlet Fever, (e) Typhoid, (f) Malaria, (g) Tuberculosis, (h) Syphilis, (i) Gonorrhea, (j) Venereal Disease, (k) Skin Diseases, (l) Nervous System, (m) Mental Diseases, (n) Other.