

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

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Borough of Felling.



ORDINARY REPORT

OF THE

Medical Officer of Health

AND

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1921.

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

Of the Middle Temple, Barrister-at-Law.

Medical Officer of Health.

School Medical Officer and

Medical Superintendent of the

Infectious and Sanatorium Hospitals.

FELLING:

FRANCIS A. EVANS & SONS, LTD.,

OF THE

Medical Officer of Health, 1921.

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I am, Mr. Mayor and Gentlemen,

Your obedient servant,

THOMAS OKE

Medical Officer of Health.

Public Health Committee.

Councillor E. J. MORGAN (*Chairman*).

Councillor H. ARMRIDING (*Vice-Chairman*).

Aldermen G. C. FARR and H. W. PEAL, J.P.,

Councillors A. W. BRADFORD, J. C. FULLER,

W. F. PIPER and W. T. WHITE.

Maternity and Child Welfare Committee.

Councillor W. T. WHITE (*Chairman*).

Councillor H. ARMRIDING (*Vice-Chairman*).

Aldermen G. C. FARR and H. W. PEAL, J.P.,

Councillors A. W. BRADFORD, J. C. FULLER,

E. J. MORGAN and W. F. PIPER,

Mesdames CHAPMAN, SHARP, TRAVERS HUMPHREYS
and WILSON.

TOWN HALL,

EALING, W.5.

May 4th, 1922.

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

MR. MAYOR AND GENTLEMEN,

I beg to submit the Annual Report on the health of the Borough for the year 1921.

The form of the report has been altered and the scope reduced in accordance with Circular 269 of the Ministry of Health. By this Circular an Annual Report of a full and detailed character, called a Survey Report, is required at intervals of five years and an Annual Report of a more simple character for the other years.

The Annual Reports for 1919, 1920 and 1921 are to be treated as Ordinary Reports, so that the next Survey Report will be due for the year 1923.

This change no doubt will be welcomed by the Council on account of the saving in the expenditure of money, but it is also especially welcomed by your Medical Officer of Health on account of the saving in the expenditure of time. In the past the time devoted to the Annual Report, entailing as it did much extra time after the usual day's toil, has appeared to be out of all proportion to the small results achieved by its publication. The new requirements of the Ministry will not reduce in the slightest the value of the Annual Reports.

I am, Mr. Mayor and Gentlemen,

Your obedient Servant,

THOMAS ORR,
Medical Officer of Health.

**COMPARISON OF VITAL STATISTICS OF EALING
WITH THOSE OF ENGLAND AND WALES, ETC.
1921.**

	EALING	England and Wales.	96 Great Towns.	London.
Birth-rate	16.9	22.4	23.3	22.3
Death-rate	10.6	12.1	12.3	12.4
Infant Mortality ...	63	83	87	80
Death-rate from				
Measles	0.01	0.06	0.08	0.05
Whooping Cough	0.10	0.12	0.13	0.12
Diarrhoea (under 2 years)	10.5	15.5	19.3	21.3
Diphtheria	0.35	0.12	0.15	0.25
Scarlet Fever ...	0.06	0.03	0.04	0.06
Influenza	0.25	0.23	0.23	0.23

1. GENERAL STATISTICS.

Area of District (Acres) ... ..	...	...	...	2,946
Population (1921) Census ... ..	...	...	...	67,800
Number of Inhabited Houses (1921) ...	...	...	...	15,285
Number of Families or Separate Occu- piers (1911) ... ..	...	...	...	13,776
Rateable Value ... ..	...	...	...	£548,000
Sum represented by a Penny Rate ...	...	...	...	£2,150

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

THOMAS ORR

Medical Officer of Health.

2. EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Male.	Female.	Total.	
Births	Legitimate ...	555	537	1092	1144
	Illegitimate ...	25	27	52	
Birth Rate (R.G.) ...		...	...	...	16.9
Deaths ...		...	...	...	721
Death-rate (R.G.) ...		...	...	...	10.6
Number of Women dying in, or in consequence of, childbirth from		Sepsis ...		...	3
		Other Causes ...		...	3
Deaths of Infants under one year of age per 1,000 births	Legitimate			58.6	
	Illegitimate			154	
	Total			...	62.9
Deaths from			Total.	Rate per 1000 of population.	
Measles (All Ages) ...		...	1	0.01	
Whooping Cough (All Ages)			7	0.10	
Diarrhoea (Under 2 years of age)			12	10.5	
Diphtheria ...		...	24	0.35	
Scarlet Fever ...		...	4	0.06	
Influenza ...		...	17	0.25	
Tuberculosis of the Lungs			34	0.50	
Other Forms of Tuberculosis			11	0.16	
All forms of Tuberculosis			45	0.66	

3a. NOTIFIABLE DISEASES DURING THE YEAR.

Disease.				Total Cases Notified.	Cases ad- mitted to Hospital.	Total Deaths.
Diphtheria	...	...	...	186	133	24
Scarlet Fever	...	...	...	665	379	4
Enteric Fever	...	...	...	8	2	4
(including Paratyphoid)						
Puerperal Fever	...	...	...	9	4	3
Pneumonia	{ Primary	...	...	21	—	56
	{ Influenzal	...	...	17	—	12
Acute Poliomyelitis	...	...	...	1	—	—
Cerebro-Spinal Fever	...	...	...	1	—	2
Malaria	...	...	...	3	—	—
Dysentery	...	...	...	1	—	—
Erysipelas	...	...	...	27	—	—
Encephalitis Lethargica	...	...	...	1	—	1
Tuberculosis						
(a) Pulmonary	{ Male	...	...	39	—	21
	{ Female	...	...	41	—	13
	{ Total	...	...	80	—	34
(b) Non-Pulmonary	{ Male	...	...	9	—	6
	{ Female	...	...	14	—	5
	{ Total	...	...	23	—	11

Ophthalmia Neonatorum.	Cases.			Vision unim- paired.	Vision im- paired.	Total Blind- ness.	Deaths
	Noti- fied.	Treated.					
		At Home.	In Hos- pital.				
	13	12	1	12	1	—	—

3b. AGES OF CASES NOTIFIED.

Disease.	Under One Year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up- wards.	Totals.
Diphtheria	4	6	6	6	10	102	32	6	8	5	1	—	186
Scarlet Fever... ..	3	11	18	18	34	302	166	54	43	12	4	—	665
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	1	3	2	2	—	—	8
Puerperal Fever	—	—	—	—	—	—	—	—	7	2	—	—	9
Pneumonia { Primary... ..	1	1	—	—	—	4	2	2	3	2	4	2	21
{ Influenzal	—	—	—	—	—	1	1	—	4	2	8	1	17
Acute Poliomyelitis	—	—	—	—	—	1	—	—	—	—	—	—	1
Cerebro-Spinal Fever	1	—	—	—	—	—	—	—	—	—	—	—	1
Malaria	—	—	—	—	—	—	1	—	1	—	1	—	3
Dysentery	—	—	—	—	—	—	—	—	1	—	—	—	1
Erysipelas	—	—	—	—	—	1	—	1	6	2	13	4	27
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	1	—	1
Tuberculosis :													
(a) Pulmonary { Male	—	—	—	—	—	—	2	4	16	7	9	1	39
{ Female	—	—	—	—	—	—	—	5	21	8	6	1	41
{ Total	—	—	—	—	—	—	2	9	37	15	15	2	80
(b) Non-Pulmonary { Male	—	—	—	—	—	2	2	—	3	1	—	1	9
{ Female	—	1	—	—	—	3	4	3	2	1	—	—	14
{ Total	—	1	—	—	—	5	6	3	5	2	—	1	23

3c. AGES AT DEATH FROM INFECTIOUS DISEASE.

12

Disease.	Under One Year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up- wards.	Total.
Diphtheria	—	1	2	1	3	12	4	—	—	1	—	—	24
Scarlet Fever... ..	—	—	1	—	1	—	1	—	1	—	—	—	4
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	1	2	—	—	1	—	4
Puerperal Fever	—	—	—	—	—	—	—	—	1	2	—	—	3
Pneumonia { Primary... ..	9	7	2	—	—	—	1	—	4	3	14	16	56
{ Influenzal	—	—	—	—	1	—	—	—	1	2	3	5	12
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	1	—	—	—	—	—	—	—	—	—	—	1	2
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	1	—	—	1
Tuberculosis :													
(a) Pulmonary { Male	—	—	—	—	—	—	—	1	5	5	9	1	21
{ Female	—	—	—	—	—	—	—	3	5	2	3	—	13
{ Total	—	—	—	—	—	—	—	4	10	7	12	1	34
(b) Non-Pulmonary { Male	—	—	1	—	—	—	—	1	1	2	1	—	6
{ Female	—	1	—	—	—	—	—	—	3	—	1	—	5
{ Total	—	1	1	—	—	—	—	1	4	2	2	—	11

Of the 45 Deaths due to tuberculosis 29 were of cases previously notified. Twelve of the 16 deaths in persons not previously notified died outside the district. Whenever a death occurs of a tuberculous person not previously notified the medical attendant is communicated with and informed of his responsibility as regards notification.

4. CAUSES OF SICKNESS.

Scarlet Fever and Diphtheria were very prevalent during the second half of the year. An idea of their prevalence may be obtained from the number of cases occurring in each month of the year.

	Jan.	Feb.	March	April	May	June
Scarlet Fever ...	25	10	14	14	11	34
Diphtheria ...	10	9	10	12	5	27

	July	Aug.	Sept.	Oct.	Nov.	Dec.
Scarlet Fever ...	34	41	78	141	158	105
Diphtheria ...	5	12	15	10	32	39

The numbers of those affected in the various age groups were as follows :

	Under one year:	1 to 2	2 to 4	3 to 5	4 to 10	5 to 15	10 to 20	15 to 20	20 to 35	35 to 45	45 to 65	65 and upwards.	Total.
Scarlet Fever	3	11	18	18	34	302	166	54	43	12	4	—	665
Diphtheria	4	6	6	6	10	102	32	6	8	5	1	—	186

Both diseases, apparently, although particularly Scarlet Fever, were spread by the occurrence of the disease in a very mild form. In many instances mild cases passed unrecognised, and were thus allowed to mix with impunity amongst others while still in an infective condition.

There were four deaths from Scarlet Fever and 24 from Diphtheria, giving a mortality rate of 0.6 per cent. for the former and 12.9 per cent. for the latter.

As the prevalence of both diseases was at its maximum at the end of the year and as it seems desirable that the epidemic of each disease should be discussed fully as a whole from its commencement to its decline, special reports will be furnished later.

No other disease was the cause of unusual sickness or invalidity during the year.

5. SUMMARY OF NURSING ARRANGEMENTS HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

PROFESSIONAL NURSING IN THE HOME.—(a) *General*—The District Nursing Association, a voluntary body, maintains a nurse for the purpose of attending to cases of non-infectious sickness in the Borough. One nurse cannot adequately deal with all cases and it is to be hoped that sufficient financial support will be forthcoming to enable the Association to employ a second and, if possible, a third nurse.

(b) *For Infectious Diseases*—Two of the three health visitors employed by the Council undertake as a part of their duties the nursing of cases of measles, whooping cough, ophthalmia neonatorum and poliomyelitis, when nursing is found to be necessary or desirable.

MIDWIVES.—There are eleven midwives practising in Ealing. All are trained midwives. No midwife is employed or subsidised by the public health authority.

except in so far as she may be engaged when a necessitous case requires maternity aid, when usually the midwife nearest the patient is chosen and paid the fee by the Council. The supervision of the midwives comes within the duties of the Middlesex County Council.

CLINICS AND TREATMENT CENTRES.—The Maternity and Child Welfare Centre, which is provided by the Council and is situated conveniently in the centre of the town at 13, Mattock Lane, consists of three rooms, one being used as a waiting room, the second as a health visitors' room and the third as a medical officer's room. A fourth room on the same floor can be used as an additional medical officer's room.

In the same building, but on the first and second floors, is the School Clinic, maintained by the Ealing Education Authority, in which are provided on the first floor a waiting room, a treatment room, which is also used as a school nurses' room, an operating room, a recovery room, which is also used as an oculist's room; and on the second floor a second school nurses' room, a clerks' room and a storeroom. In the basement are the caretaker's quarters. A room on the ground floor is used as the School Inspection Clinic and can be used, as already stated, as an additional medical officer's room in connexion with the Maternity and Child Welfare Centre.

The Day Nursery at 27, South Ealing Road was discontinued temporarily on March 31st and permanently at the end of September.

A Tuberculosis Dispensary is maintained by the Middlesex County Council at Green Man Lane, West

Ealing. There is no centre for the treatment of Venereal Diseases in Ealing, the nearest centre supplying the district being at the West London Hospital, Hammersmith.

HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY OR BY THE COUNTY COUNCIL.—(1) *Tuberculosis*—The Middlesex County Council is the Authority dealing with the provision of hospital accommodation for cases of Tuberculosis. No institutions for such cases exist within the district.

(2) *Maternity*—A Joint Committee composed of representatives of Ealing and Chiswick Councils maintains a Maternity Hospital to meet the needs of both Ealing and Chiswick. Each district contributes towards the cost an amount in accordance with its rateable value. The Hospital is situated at South Ealing just within the Borough boundary and provides accommodation for sixteen patients. This accommodation can be readily increased to 24 should an extension be required in the future.

(3) *Children*—At the Ealing King Edward Memorial Hospital there is a ward reserved exclusively for children and the Council has made arrangements by which six of the beds are placed at the disposal of children under 5 years of age referred for indoor treatment from the Maternity and Child Welfare Centre. The charge made to the Council is at the rate of £2 2s. per week for each bed occupied. The King Edward Memorial Hospital is situated in Mattock Lane about three minutes walk from the Welfare Centre.

(4) *Fever*—The Isolation Hospital is under the management of the Joint Committee already referred

to as managing the Maternity Hospital. There are 120 beds available for cases from Ealing and Chiswick and accommodation is provided for Scarlet Fever, Diphtheria, Enteric Fever and any other infectious disease, which in the opinion of the Medical Superintendent it may be possible to deal with. The Hospital is situated within Ealing on the southern boundary and within a few minutes walk of South Ealing Road.

(5) *Small Pox*—The Ealing Council maintains a Small-pox Hospital at Perivale just outside the northern boundary. Accommodation is provided for twelve patients. A Reception House for dealing with persons who have been in contact with cases of small-pox is situated about half a mile from the Small-pox Hospital, on the grounds of the Northern Sewage Works and within the Ealing boundary. This consists of two wards, which can accommodate two families or eight persons.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS AND ILLEGITIMATE INFANTS.—In November, 1921, the Swallows Hostel for Unmarried Mothers, which was maintained by the Council, and in which eleven mothers and their babies were accommodated, was closed on grounds of economy.

AMBULANCE FACILITIES.—(a) For infectious cases the Chiswick and Ealing Hospitals Committee provides two horse ambulances.

(b) For non-infectious and accident cases the Ealing Council maintains two motor ambulances. The one is the property of the Council and the other is lent by the Ambulance Committee of the County of Middlesex Division of the British Red Cross Society.

When the removal is of an Ealing resident to the King Edward Memorial Hospital or to a Private Nursing Home in Ealing there is no charge, but when the removal is to or from a Hospital or Home outside the district a charge of a guinea is made.

6. LABORATORY WORK.

At the laboratory in the public health department are examined bacteriological and pathological material forwarded by the medical practitioners in the town and by the medical attendant at the Isolation Hospital. Outfits are provided and the examinations are made without any charge.

During the year the following specimens were examined at the laboratory :

		Positive.	Negative.	Total.
Diphtheria	<i>Isolation Hospital</i>	213	987	1200
	<i>Private Practitioners</i>	95	651	746
Tuberculosis	... ..	24	95	119
Others	... ..	8	18	26
	Total	340	1751	2091

Diphtheria antitoxin is issued by the public health department to medical practitioners free of charge for use in necessitous cases. During the year 81 phials or 162,000 units were issued.

7. SANITARY ADMINISTRATION.

List of Adoptive Acts, Bye-laws and Local Regulations relating to public health, in force in the district, with date of adoption :

Acts, with date of adoption :

- Public Health Acts (Amendment) Act, 1890,
20th November, 1890.
Infectious Disease (Prevention) Act, 1890,
18th December, 1890.
Public Health Acts (Amendment) Act, 1907,
21st December, 1908.

The Ealing Corporation Act, 1905, confers 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 tuberculous milk, etc.

Bye-laws, with date of making, with respect to :

(1) Prevention of nuisances arising from sewage, filth, etc., keeping of animals, and (2) Cleansing of earth closets, privies, ashpits and cesspools. October 15th, 1880.

Common Lodging Houses, February 4th, 1881.

Slaughter Houses, March 6th, 1884.

New Streets and Buildings, December 3rd, 1885.

New Buildings, May 26th, 1896.

Bye-laws under Section 26 (1) of the Public Health Acts (Amendment) Act, 1890, June 20th, 1907.

Tents, Vans, Sheds, etc., under the Housing of the Working Classes Act, 1885, July 2nd, 1907.

Prevention of Keeping Animals on any premises so as to be injurious to Health, July 15th, 1910.

Regulations :

Regulations under the Dairies, Cowsheds and Milk-Shops Order of 1885, October 6th, 1887.

Communications between Drains and Sewers, Section 21 Public Health Act. 1875, October 8th, 1908.

Summary of the work of the Sanitary Inspectors during the year and action taken under the Public Health Acts or Bye-laws, etc.

GENERAL.

Number of Premises Inspected on Complaint	273
Number of Nuisances observed by Inspectors	39
Number of Premises inspected in connection with Infectious Disease	779
Number of Premises visited by Periodical Inspection (Cowsheds, Dairies, Slaughterhouses, Workshops, etc.)	362
Number of Houses inspected under House-to House Survey	363
Food Inspections	3,898
Total number of Re-inspections	7,216

Total number of Inspections and Re-inspections 12,940

Number of Intimation Notices given ...	549
Number of other Letters written	228
Number of Statutory Notices served... ..	119
Proceedings before Magistrates	Nil

DAIRIES, COWSHEDS AND MILKSHOPS.

Number of Cowsheds on Register	3
Number of Inspections made of Cowsheds	12
Contraventions of Regulations... ..	2
Number of Dairies and Milkshops on Register	37
Number of Inspections of Dairies and Milkshops	133
Contraventions of Regulations	18
Proceedings before Magistrates	Nil

SLAUGHTERHOUSES.

Number of Registered or Licensed Slaughterhouses	5
---	---

Number of Inspections made	...	...	64
Contraventions of Regulations...	...	...	Nil
Proceedings before Magistrates	...	...	Nil

FACTORIES AND WORKSHOPS.

Registered Workshops ...	...	...	...	152
Factories ...	...	...	...	18
Number of Inspections of Factories	71	}		170
and Workshops and Workplaces ...	99			
Number of Defects concerning which Notices were sent ...	...	...	...	40
Proceedings before Magistrates	...	...	...	Nil

OFFENSIVE TRADES.

Fried Fish Shops	...	...	...	9
Other Offensive Trades	...	...	...	Nil
Number of Inspections	...	...	...	169
Contraventions...	...	...	...	Nil

DISINFECTION.

Rooms disinfected by spray :			
(a) Ordinary Infectious Disease	...	...	635
(b) Phthisis	...	...	37
Rooms stripped and cleansed	...	...	221
Articles disinfected by steam at disinfector :			
(a) Ordinary Infectious Disease	...	...	875
(b) Phthisis	...	...	29
Articles voluntarily destroyed	...	...	44

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

Water Closets repaired or supplied with water or otherwise improved	...	...	...	198
Drains cleared and cleansed	...	...	...	67
Defects in Drains repaired	...	...	...	21
Drains reconstructed	...	...	...	7
Dust-bins provided	...	...	...	152

Overcrowding remedied	...	...	...	2
Accumulations of refuse removed	...	...	...	50
Nuisance from fowls and other animals abated	...	...	...	21
Damp-proof courses inserted in walls	...	...	...	34
Ventilation under floors provided	...	...	...	14
Other forms of dampness remedied	...	...	...	64
Yards paved and repaired	...	...	...	115
Floors repaired	...	...	...	122
Roofs, Gutters and Rain-water Pipes repaired	...	...	...	321
New Soil and Ventilating Pipes provided	...	...	...	36
Sinks and Waste-Pipes repaired or renewed	...	...	...	48
Draw Taps fixed to main supply	...	...	...	9
Dirty Walls and Ceilings stripped and cleansed	...	...	...	987
Other Defects or Nuisances remedied	...	...	...	651

The following is a Summary of the Work of the Health Visitors.

Visits to children under 12 months old	...	...	...	3,011
Visits to children 1 to 5 years of age	...	...	...	2,037
Visits to expectant mothers	...	...	...	335
Visits to children or mothers attending the Welfare Centre	...	...	...	1,357
Visits to investigate infant deaths and still-births	...	...	...	68
Special visits or investigations	...	...	...	252
Visits to cases of Ophthalmia Neonatorum	...	...	...	57
Visits to cases of Puerperal Fever	...	...	...	12
Visits to cases of Measles and Whooping Cough	...	...	...	163
Visits to cases of Tuberculosis	...	...	...	379
Visits to cases of Scarlet Fever on discharge from the Isolation Hospital	...	...	...	244
Other Visits	...	...	...	46
Total Visits	...	...	...	7,961
Interviews, etc.	...	...	...	575

The following is a Summary of the Work of the Welfare Centre during the year.

Number of children on register at the end of year	1,135
Mothers visiting Centre for the first time ...	732
Children visiting Centre for the first time ...	732
Total attendances made by mothers ...	4,367
Total attendances made by children ...	4,915
Average attendances of mothers each afternoon	29
Average attendance of children each afternoon	33
Number of Consultations by Medical Officer ...	1,825
Average number of children seen by Medical Officer each afternoon ...	14
Children referred to School Clinic for treatment :	
Nose and Throat ...	14
Eyes ...	7
Teeth ...	18
Mothers referred for Dental treatment to School Clinic ...	11
Mothers supplied with artificial dentures ...	9
Children referred to King Edward Hospital for minor operations ...	40
Children admitted to King Edward Hospital as indoor patients ...	19
Children referred to special London Hospitals	12
Mothers attending Ante-Natal Clinic :	
First visits ...	127
Re-visits ...	143
Number of Consultations by Consultant at Centre ...	137
Aid provided for mothers at confinement :	
Consultant aid-cases ...	8
Medical aid-cases ...	13
Midwives-cases ...	27
Home Helps-cases ...	32

Number of Maternity cases treated at the Chiswick and Ealing Maternity Hospital	39
Expectant or Nursing Mothers receiving a supply of milk free of charge	405
Children under 5 years of age receiving a supply of milk free of charge	97
Number of applications for milk refused ...	11

8. PUBLIC HEALTH STAFF.

THOMAS ORR, M.D., D.Sc., Barrister-at-Law. Medical Officer of Health and School Medical Officer; Medical Superintendent, Chiswick and Ealing Isolation Hospital (Joint Committee). Whole-time. (Contributions are made towards salary by the County Council and the Board of Education).

SAMUEL R. RICHARDSON, M.D., D.P.H. Assistant Medical Officer of Health and School Medical Officer; Medical Attendant, Chiswick and Ealing Isolation Hospital. Whole-time. (Contribution is made towards salary by the Board of Education).

JOHN W. BELL, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M. Consultant, Ante-Natal Clinic, Maternity and Child Welfare Centre. Part-time. (Contribution towards salary is made by the Ministry of Health).

S. GRACE BANHAM, B.Sc., M.B. Medical Officer, Infant Consultations, Maternity and Child Welfare Centre. Part-time. (Contribution towards salary is made by the Ministry of Health).

THOMAS HILL, Sanitary Inspector's Certificate of Royal Sanitary Institute. Certificate as Inspector of Meat and other Foods of the Royal Sanitary Institute. Chief Sanitary Inspector. Whole-time.

JAMES STUBBS, Sanitary Inspector's Certificate of Royal Sanitary Institute, Certificate as Inspector of Meat and other Foods of the Liverpool University. District Sanitary Inspector. Whole-time.

GEO. W. STEVENS, Sanitary Inspector's Certificate of Royal Sanitary Institute, Certificate as Inspector of Meat and other Foods of the Royal Sanitary Institute. District Sanitary Inspector. Whole-time.

(Contribution is made towards the salaries of the three Inspectors by the County Council).

ELEANOR EVANS, Sanitary Inspector's Certificate of Royal Sanitary Institute, Certificate of Central Midwives Board. Senior Health Visitor. Whole-time.

GERTRUDE DOWSETT, Trained Nurse, Health Visitor's Certificate of the Royal Sanitary Institute, Certificate of Central Midwives Board. Health Visitor. Whole-time.

MARGUERITE FARROW, Trained Nurse, Health Visitor's Certificate of the Royal Sanitary Institute. Health Visitor. Whole-time.

(Contribution is made towards the salaries of the three Health Visitors by the Ministry of Health).

HARRY BIRRELL. Chief Clerk, Committee Clerk (Maternity and Child Welfare), Assistant Clerk to the Chiswick and Ealing Hospitals Committee. (Contribution is made towards salary, Maternity and Child Welfare, by the Ministry of Health).

ERNEST W. HILL. Assistant Clerk and Laboratory Assistant.

ALBERT C. GROOM. Clerk.

GRACE SUCH. Clerk (Maternity and Child Welfare).

(Contribution is made towards salary by the Ministry of Health).

9. HOUSING.

Number of new houses erected during the year :

(a) Total 150

(b) As part of a municipal housing scheme 93

1.—*Unfit Dwelling Houses.*

Inspection.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ... 1,415

(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 363

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation None

(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation 818

2.—*Remedy of Defects without Service of Formal Notices.*

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers ... 699

3.—*Action under Statutory Powers.*

(a) Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919 : None

(1) Number of dwelling houses in respect of which notices were served requiring repairs None

- (2) Number of dwelling houses which were rendered fit :
- | | |
|--|------|
| (a) By owners | None |
| (b) By Local Authority in default of owners | None |
- (3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close
- | | |
|--|------|
| | None |
|--|------|
- (b) Proceedings under Public Health Acts :
- (1) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied
- | | |
|--|-----|
| | 119 |
|--|-----|
- (2) Number of dwelling houses in which defects were remedied :
- | | |
|--|------|
| (a) By owners or occupiers ... | 118 |
| (b) By Local Authority in default of owners | None |
- (c) Proceedings under Section 17 and 18 of the Housing, Town Planning, etc., Act. 1909 :
- (1) Number of representations made with a view to the making of Closing Orders
- | | |
|--|------|
| | None |
|--|------|
- (2) Number of dwelling houses in respect of which Closing Orders were made ...
- | | |
|--|------|
| | None |
|--|------|
- (3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit
- | | |
|--|------|
| | None |
|--|------|
- (4) Number of dwelling houses in respect of which Demolition Orders were made ...
- | | |
|--|------|
| | None |
|--|------|
- (5) Number of dwelling houses demolished in pursuance of Demolition Orders ...
- | | |
|--|------|
| | None |
|--|------|

Borough of Ealing.



EDUCATION COMMITTEE.

REPORT

OF THE

School Medical Officer,

For the Year ended 31st December, 1921.

STAFF.

School Medical Officer—

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

Assistant School Medical Officer and School Oculist—

S. R. RICHARDSON, M.D., D.P.H.

School Nurses—

HILDA BAILEY (Senior)	MERCIE RICHARDSON
ALICE GOUGH	FRANCES FULLER.

Clerk—

ADELA DICKENS.

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, W.

EDUCATION GENERAL PURPOSES SUB- COMMITTEE, 1920-21.

(Which deals with the School Medical Service).

Chairman—

Councillor J. C. FULLER.

Vice-Chairman—

Councillor J. S. KING.

Alderman G. C. FARR, J.P., C.C.

Councillor H. ARMRIDING,

Councillor A. W. BRADFORD,

Councillor W. J. S. COX,

Councillor G. H. GABB,

Councillor D. HOWELL JONES,

Councillor W. F. PIPER,

Councillor G. R. WEEKS,

Councillor W. T. WHITE,

Miss A. D. HAWKIN,

Dr. STANLEY L. BOX,

Mr. M. C. HULBERT, J.P.

CO-ORDINATION.

The complete co-ordination existing between the School Medical Service and the Child Welfare Department was mentioned in last year's report. The School Clinic, which accommodates the school nurses and at which all the records are kept, is in the same building as the Maternity and Child Welfare Centre. Not only are children readily transferred on reaching school age from the Welfare Department to the School Medical Department, but the two Departments work in co-operation in the passing of information or reports to one another.

Minor ailments in children under school age are treated at the School Clinic.

Debilitated and crippled children under school age are treated at the King Edward Memorial Hospital under the Maternity and Child Welfare Scheme, every effort being made to deal with these children as early as possible in their lives and before they proceed to school. The treatment or supervision of such children is automatically transferred to the School Medical Department when the children pass into an elementary school.

**THE SCHOOL MEDICAL SERVICE IN RELATION
TO PUBLIC HEALTH.****School Hygiene.**

There are now eleven public elementary schools under the control of the Ealing Local Education Authority. The Wesleyan School was closed in the middle of the year. St. Stephen's Boys' School, a Non-Provided School, became during the year a Provided School with the name of North Ealing Boys' School. The change in the management of this school

produced very necessary sanitary improvements, the need for which was reported upon in the previous year. The trough closets have been abolished and pedestal closets substituted, the urinal has been improved, lavatory basins installed and a new entrance with cloakroom accommodation has been provided.

Of the other ten schools six are of comparatively recent construction, having been built since 1905, and the general hygienic conditions are satisfactory. Four of the others are old and fall short of modern requirements, and one is a temporary school.

Medical Inspection.

(a) The children medically inspected were those in the three groups required by the Code of the Board of Education. They included (1) all the children admitted to school during the year, (2) all children between 12 and 13 years of age, together with children over 13 years who had not already been examined, and (3) all children between 8 and 9 years of age.

In addition there were examined, in the course of routine school medical inspection, children outside these groups who were submitted by the head-teachers on account of some defect or suspected defect, these being called non-routine cases, and also re-inspection cases submitted for re-examination on account of their having been found on a previous inspection to have some defective condition requiring supervision.

In the twelve public elementary schools under the Local Education Authority at the beginning of the year, there were 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. In the middle of the year a mixed school for boys and girls was closed.

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

NUMBER OF CHILDREN INSPECTED.

School.	Entrants.		Total.
	Boys	Girls	
Provided.			
Drayton	44	44	88
Joseph Lancaster	30	16	46
Lammas	67	56	123
Little Ealing	64	70	134
North Ealing	34	31	65
Northfields	57	55	112
Good Shepherd Hall (temp.) ...	21	22	43
Non-Provided.			
Christ Church	22	19	41
St. John's	16	25	41
St. Mary's	23	19	42
Wesleyan	—	—	—
Total	378	357	735

NUMBER OF CHILDREN INSPECTED.

School.	Age 8 Group			Age 12 Group		
	Boys	Girls	Total	Boys	Girls	Total
Provided.						
Drayton	43	38	81	52	37	89
Joseph Lancaster...	21	15	36	19	17	36
Lammas	—	—	—	124	124	248
Little Ealing	94	78	172	83	85	168
North Ealing	27	35	62	11	23	34
Northfields	159	147	306	—	1	1
Good Shepherd Hall (temp)	—	—	—	—	—	—
Non-Provided.						
Christ Church	18	19	37	31	23	54
St. John's	38	38	76	43	44	87
St. Mary's	24	21	45	27	30	57
Wesleyan	7	7	14	20	19	39
Total	431	398	829	410	403	813

There were medically inspected in school, 735 entrants 829 in the age 8 group and 813 in the age 12 group on "leavers," making a total of 2,377 children in the three groups. In addition to the routine inspections, 1,913 children were re-examined in school and 2,347 special cases were examined at the Inspection Clinic. The total number of individual children examined during the year, whether by routine or other examination, was 4,734.

The total number of children on the school registers was 7,289, and the average attendance 6,337, thus

making an average attendance 86.9 per cent. As 4,734 children were medically examined out of a total average attendance of 6,337, it means that 74.7 per cent. of the children in attendance were medically examined in the year.

(b) The Board's Schedule of Medical Inspection has been adhered to in every respect.

(c) To secure the early ascertainment of children suffering from crippling defects particular steps are taken each year. In the first place, all crippled children under the supervision of the Child Welfare Centre are transferred as they reach school age to the School Medical Department, their record-cards being passed on in a routine manner; in the second place, it is the duty of the School Attendance Officers to give immediate information to the School Medical Officer of all crippled children coming to their knowledge; thirdly, the head-teachers have to notify to the School Medical Officer any additions to the official list of crippled children attending each school; and lastly, a particular medical survey of all crippled children, whether attending or not attending school, is made each year to ascertain their progress and to determine the need for treatment, the official list of cripple children being then checked and each school being supplied with its corrected list.

Special record cards of all crippled children are kept in a separate file, a note being made of each medical examination and of the result.

(d) In the course of medical inspection the school arrangements are hardly disturbed. In most of the schools the inspection can be carried out either in a

special room reserved for medical inspection or in a teachers' room. In seven school departments medical inspection is conducted in a classroom which can be easily set free for the purpose, either by joining two classes together or by giving the children, who ordinarily use the room, their school work in the playground.

Findings of Medical Inspection. Review of the Facts Disclosed.

In Table II. (which is appended) a list is given of all the defects discovered during school medical inspection, whether routine or non-routine.

Of the 4,734 children examined, 2,396 were found to have one or more defects requiring treatment or supervision. The total defects found were 1,103 amongst children examined in a routine manner and 1,548 amongst those specially examined, or a total of 2,651. Of the defects in the former group 502 were referred for treatment and 601 for observation, and of those in the latter group 1,254 for treatment and 294 for observation.

Verbal notices to the number of 334 and written notices to the number of 364, or a total of 698, were given to the parents.

In order to satisfy the interest of a number of teachers and to arouse that of the others, the practice was adopted during the year of notifying each head-teacher of all the children found defective on school medical inspection. By this means the educational progress of the children can be watched *pari passu* with their physical condition as indicated by the medical reports.

(A) *Uncleanliness*.—In the course of routine medical inspection 33 children were excluded on account of

verminous condition. The head was involved in 18 cases and the body in 15 cases.

This small number of exclusions for dirty condition of the head fails to give an accurate idea of the actual state of things, for previous to routine inspection the parents receive notice and ample time is thus given to the parents to cleanse the children before the day of the inspection.

It cannot be said that any one of our elementary schools is quite free from verminous children, and although a few of the schools come very near to complete cleanliness most are a constant source of anxiety and require careful and constant supervision. The conditions at present are much better than they were several years since, but there is still great room for improvement. Year by year we find the same children or the same families affected. The parents receive repeated warnings, and fines are imposed by the Justices, but still we get the same conditions, perhaps a little improved, but never wholly remedied.

Three methods of procedure are available when the usual warnings to the parents fail to secure cleanliness of the heads and bodies of the children:—

- (1) Action under the Attendance Bye-laws.
- (2) Action under Section 12 of the Children Act, 1908
- (3) Action under Section 122 of the Children Act, 1908.

In the first method the child is excluded from school and the parents or guardians are prosecuted for not sending the child to school; in the second, proceedings are taken under section 12 of the Act, either by the Local Education Authority or by the Society for the

Prevention of Cruelty to Children, against the parents for wilfully neglecting the child ; and in the third, the Local Education Authority, provided they have the means of cleansing in the way of suitable premises and appliances, may forcibly remove and cleanse the child, and if the parents allow the child to get into such a condition that it is again necessary to cleanse, they may be prosecuted.

The first method is that usually favoured, but its greatest drawback is that the child must be excluded from school and the length of the exclusion before legal action can be taken seriously affects the school attendance, especially where there is a large number of dirty children to be dealt with. Action under Section 12 of the Children Act is disliked by the Justices because it is difficult for them to construe "verminous condition" as coming within this section which brings in its wake serious penalties. In Scotland Local Education Authorities do not meet with this difficulty, for by the Education (Scotland) Act, 1908, neglect to exercise due care of a child in this respect is deemed wilful neglect likely to cause the child unnecessary suffering within the meaning of the Children Act. If this provision applied to England the procedure would be easier and action more effective.

Section 122 is difficult to operate by most Education Authorities because of the necessity of making special provision for cleansing. Even after the Local Authority has expended money on cleansing, the small penalty for further neglect, ten shillings being the maximum which can be imposed by the Justices, does not act as a sufficient deterrent to the parents.

During the year, as has been the practice for some years, inspections were made of the heads of the girls and infants in the school on three particular occasions, after the Christmas holidays, after the Easter holidays, and after the Summer holidays. On the first and third occasions all the girls' and infants' departments were inspected, but on the second occasion, five departments, which are usually found to give very little trouble, were omitted.

At these inspections 9,087 children were examined, 914 (or 10.0 per cent.) were found to be verminous. Of those found to be verminous 460 were excluded.

The School Attendance Officer issued summonses with respect to 33 cases which were not cleansed in 14 days. A fine of 10s. was imposed by the Justices in two cases, and 5s. in twenty cases. Seven cases were dismissed and four cautioned. The number of cases dismissed is an unusual feature of this part of school medical work in the course of the year. Dismissal of the cases arose through a misunderstanding with the Justices to whom representation was made by the Education Committee as result of a report from the School Medical Officer. The Justices have since shown by their treatment of the summonses in verminous cases that they are in sympathy with our attempts to deal with this very difficult branch of the school medical work.

(B) *Minor Ailments.*—By the term “ minor ailment ” may be defined such conditions as blepharitis, conjunctivitis, otorrhoea, ringworm, scabies, impetigo, septic sores, cuts, etc., which can be, and usually are, treated at the School Clinic. It is the practice of the

teachers to refer such cases as they occur to the Inspection Clinic, whence they are referred for suitable treatment. The number of these cases dealt with in the year is indicated in Table IV.A.

(c) *Enlarged Tonsils and Adenoids*.—On routine inspection there were found 127 cases of enlarged tonsils, 30 cases of enlarged tonsils and adenoids, and 24 cases of adenoids. Thus there were altogether 181, or 7.6 per cent. with enlarged tonsils or adenoids requiring operation. In addition to these cases found on routine inspection 17 other cases of enlarged tonsils requiring operation were found at the inspection Clinic.

Operation is not recommended in all cases of enlarged tonsils. Some cases of enlargement are accompanied by redness, and are due to some acute inflammation which subsides rapidly and does not require operative treatment. Chronically enlarged tonsils are recommended for operation when the enlargement is such as to interfere with breathing, when it is accompanied by deafness, when it causes thickness or nasal intonation of the voice, or when the child suffers from repeated attacks of sore throat. Operation is advised in all cases of adenoids.

(D) *Tuberculosis*.—Two suspected cases and no definite cases of tuberculosis were found on routine medical inspection. In the two suspected cases the lungs were concerned. At the Inspection Clinic one definite and one suspected case of tuberculosis of the lungs and four cases of tuberculosis of the glands were discovered.

(E) *Skin Diseases*.—One case of ringworm of the body, 10 cases of scabies, 9 cases of impetigo and 10 other

cases of skin disease were found on routine inspection. At the Inspection Clinic there were found 72 cases of ringworm of the head, 12 of ringworm of the body, 46 scabies, 272 of impetigo, and 7 other cases of skin disease.

The number of cases of ringworm of the head was unusually large and was due to an outbreak of the disease in Northfields and Little Ealing Schools, which supplied 44 cases during the year.

(F) *External Eye Diseases.*—At the routine inspection 11 children were found to be suffering from blepharitis, 25 from squint, 1 from conjunctivitis, 2 from corneal opacity, and 11 from other diseased conditions of the eye. At the Inspection Clinic there were found 5 cases of blepharitis, 3 of squint, 29 of conjunctivitis, 3 of keratitis, 2 of corneal ulcer, 1 of corneal opacity, and 2 of other diseased conditions of the eye, or a total of 45 cases.

(G) *Vision.*—Defective vision is one of the most common defects found in school children. During routine inspection no fewer than 153 or 6.4 per cent. of the children were found to have defective vision of such a degree as to require the particular examination by an oculist. In addition to this number 11 other cases were found at the Inspection Clinic and referred for examination and treatment.

(H) *Ear Disease and Hearing.*—At routine inspection 19 cases of defective hearing, 11 of otitis media and 12 of other diseases of the ear were found, while at the Inspection Clinic there were found 19 cases of defective hearing and 25 of otitis media. The large number of cases of defective hearing and of otitis media seen at

the Inspection Clinic compared with routine inspection is explained by the fact that both these conditions are readily detected by the teachers who immediately refer the children to the Clinic for examination.

(1) *Dental Defects*.—The following table indicates the results of the inspection of the teeth of the children at the routine medical inspection at the schools :—

DENTAL INSPECTION, 1921.

		Age 8			
		Entrants	Group	Leavers	Total
All Teeth sound—					
No. of children	...	429	531	622	1582
Percentage	... ..	58.4	64.0	76.5	66.6
More than 4 teeth decayed					
No. of children	...	109	72	71	252
Percentage	... ..	14.8	8.7	8.7	10.6
Less than 4 teeth decayed —					
No. of children	...	197	226	120	543
Percentage	... ..	26.8	27.3	14.8	22.8

This Table indicates that not less than 58.4 per cent. of the entrants and 76.5 of the leavers had sound teeth, a condition of things which compares very favourably with that of six years ago (1915) when the percentage of entrants with completely sound teeth was 23.0, and of leavers 35.7.

It is interesting to compare the findings for the year under review with those of previous years :—

DENTAL INSPECTION, 1915 TO 1921.

	Entrants.	Intermed- iate Group.	Leavers.	Total.
Year.	Percentage with sound Teeth.	Percentage with sound Teeth.	Percentage with sound Teeth.	Percentage with sound Teeth.
1915	23.0	26.2	35.7	27.0
1916	15.6	30.2	37.2	25.3
1917	21.7	25.9	41.1	28.8
1918	28.8	25.8	44.1	32.8
1919	36.9	32.2	60.6	42.7
1920	48.6	46.4	64.2	53.1
1921	58.4	64.0	76.5	66.6

It is remarkable that since 1919 there has been a great improvement in the condition of the teeth of all three groups of children. One would have expected the improvement in the third group (leavers) owing to dental inspection and treatment in the previous years, but not the great improvement in the first group (entrants).

Can it be that the straitened conditions in many homes since the end of the war has led to the consumption of fewer sweetmeats and the use of plainer fare? It cannot be alleged that the results are due to any intensive propaganda regarding the most appropriate diet, for there has been none. There has been nothing done in the nature of instruction beyond the slow plodding

work carried out by the school dentists, school nurses, and health visitors, who have for years been trying to inculcate in to the minds of the parents recent views on the prevention of caries.

One factor may have been at work in bringing about the marked improvement in the second group in 1921, and that is the inspection and treatment of the children on admission to school instead of when they reach the age of 6 to 8 years.

One need not reiterate the damage that it is generally recognised may be done to health by defective teeth. The improvement recorded must mean a great gain in health to the children.

(J) *Crippling Defects*.—In the report for 1920 a Special Report was given of all the crippled children coming within the knowledge of the School Medical Department, the nature of the crippling being specified and a note being made of the provision for their care, treatment and education. This report in the main still holds good excepting in the actual number of the crippled children (Table III.), who vary in number from year to year, and in the provision of treatment at the King Edward Hospital, which scheme was sanctioned by the Board in February, 1921.

In Table III. are indicated 10 cases of crippling due to tuberculosis, five of whom are at school, and 53 cases of crippling due to other causes, all being at school.

Infectious Disease.

The head-teachers send to the School Medical Officer on Friday in each week a Return on which are indicated

all the absentees due to infectious disease. In this way valuable information is given of the occurrence of non-notifiable infectious diseases, the extent of prevalence thereby being estimated fairly accurately. As the names and addresses of the absentees are indicated they can be visited at their homes either by the School Nurses or Health Visitors.

During the year there were notified from the schools 12 absences owing to measles, 279 to whooping cough, 252 to chicken pox, and 355 to mumps, all of which were investigated by the School Nurses or Health Visitors. Cases of these diseases occurred with varying frequency during the first six months of the year, but chiefly in March and April when several schools were affected. Mumps was so prevalent in St. Mary's Infants' School that closure of the school for four weeks was recommended on the 3rd June.

Attendance at the schools suffered greatly from September to the end of the year owing to a very severe epidemic of scarlet fever. In connection with this epidemic, the teachers made returns of cases of sore throat, of rash, of peeling of the hands, and of suspected scarlet fever. The cases notified in this way, numbering 540, were investigated by the School Nurses, resulting in the discovery of many actual and many missed cases of scarlet fever. One school, Christ Church Girls', was so severely affected with scarlet fever that its closure was recommended from the 26th November until the onset of the Christmas holidays.

Under Article 53, 407 children were excluded during the year. The conditions necessitating exclusion were as follows :—

Impetigo	243
Ringworm of the head	69
Ringworm of the body	13
Scabies	46
Other skin diseases	36
<hr/>	
Total	407
<hr/>	

When children have been excluded they are not re-admitted until they have been submitted to the School Medical Officer for examination and found free from infection. This rule is strictly adhered to by the teachers.

No action was taken during the year under Article 57 of the Code.

Following Up.

After medical inspection in a school has been completed, forms are made out giving a list of all children found to have adenoids or enlarged tonsils, defective eyesight or defective teeth, each group being entered on a form of a distinguishing colour. These forms are handed to the Clinic Nurses, who visit the homes and advise treatment, which is subsequently arranged for at the School Clinic if the parents desire it. Repeated visits may have to be made before the parents consent to the treatment.

Other children, who suffer from defects requiring hygienic care, or who require medical attention which cannot be given at the Clinic, are placed in a separate group which is kept under the supervision of the nurse who regularly assists at the medical inspection in the schools. She visits the homes and advises parents

as to the care of the children, recommending medical attention where she considers it necessary or desirable.

Children in this group are those suffering from malnutrition, anaemia, heart disease, bronchitis or suspected tuberculosis. Special record-cards are made out for all those children, notes of the nurses' visits, of the advice given and of the subsequent progress, including medical re-inspections, being duly recorded. In this way the School Nurses are able to keep all defective children under supervision and to see that they are submitted for re-inspection at suitable intervals.

In connection with the general scheme of following up and treatment 1,604 visits were paid by the School Nurses to the homes of the children or to the schools.

Medical Treatment.

Review of the methods employed or available for the treatment of defects and a statement of the ascertained results of treatment.

(a) MINOR AILMENTS.—In Table IVA. is given the total number of minor ailments treated at the School Clinic and those treated privately or at hospitals. The former group comprised 524 and the latter 37 children. Impetigo supplied the largest number of cases and ringworm of the head the next. Both these conditions are the cause of serious loss of attendance from school and are at the same time conditions which are most suitably treated at the School Clinic.

During the year the total attendances at the School Clinic for the treatment of minor ailments totalled 5,315.

Daily Treatment, 1921.

Ear cases	...	...	...	711
Eye cases	...	...	...	1,275
Dressings	...	...	...	504
Ringworm	...	...	...	168
Impetigo	...	...	...	2,357
Scabies	...	...	...	190
Others	...	...	...	110
				—
Total	...	...	...	5,315
				—

(b) ENLARGED TONSILS AND ADENOIDS.—In Table Vc. it is indicated that 192 throat and nose cases were referred for treatment, of which 129 were successfully operated on at the School Clinic and 11 at Hospitals or by private practitioners. The cases receiving other than operative treatment at the Clinic were 22 in number and consisted entirely of abnormal nasal conditions.

(c) TUBERCULOSIS.—Two suspected cases of tuberculosis of the lungs found on routine inspection, and one suspected and one definite case found at the Inspection Clinic were referred to the Tuberculosis Officer for treatment or supervision. Four cases of Tuberculosis of the glands found at the Inspection Clinic received treatment from their private medical attendants.

(d) SKIN DISEASES.—The number of cases of skin diseases treated is indicated in Table IVA., in which it is shown that altogether 500 cases of skin disease were referred for treatment, 463 being treated at the School Clinic and 37 otherwise. Of the 69 cases of ringworm of the head, 66 were treated by Dr. Arthur with X-rays, the treatment in all cases being successful

after one exposure, and three were treated by drugs by the private medical attendant. Ringworm of the body, which is easy to cure, supplied 13 cases, all of which were treated at the Clinic. Cases of scabies were treated at the Clinic to the number of 43 out of a total of 46 referred for treatment. Usually the treatment provided at the Clinic consists in the supply of ointment accompanied by printed instructions regarding the mode of application and general treatment, but 28 cases were treated by means of baths at the Clinic. The baths are given when there are no facilities for bathing at home, or where the parents cannot be relied upon to carry out the treatment. For these 28 cases, 70 baths were necessary. Of the 271 cases of impetigo as many as 243 were treated at the School Clinic.

Minor injuries to the number of 65 and other skin diseases to the number of 36 were referred for treatment all of the former and 33 of the latter being treated at the Clinic.

(e) EXTERNAL EYE DISEASES.—Children referred for treatment suffering from external eye diseases numbered 36, of whom 34 were treated at the Clinic. The diseased conditions were 2 cases of iritis, 3 of keratitis, 5 of blepharitis and 26 of conjunctivitis.

Under the arrangement by which the King Edward Memorial Hospital deals with serious ophthalmic cases at a charge to the Committee of £2 2s. 0d. per week, two cases of squint requiring operation and one case of iritis were treated.

(f) VISION.—During the year, as noted in Table IVB., 246 children were referred for refraction and 251 were examined at the School Clinic and 10 by a private

practitioner. The excess of the cases examined over those referred was due to arrears from the previous year. Glasses were prescribed in 208 cases and supplied in 295, the latter figure being augmented by 53 cases in which broken glasses were replaced. Forms of treatment other than by glasses were given in 8 cases, and in 45 cases no treatment was considered necessary. In 1921 there was a further extension of the oculist's work, many more cases being dealt with than in the previous year, which itself showed an increase over the year before.

The suggestion of Dr. Richardson's predecessor that there should be a systematic examination by the method of retinoscopy of every child's eyes when it enters school, has been fully considered and found to be impracticable with the present staff. Without a doubt the suggestion would be the ideal procedure, since it would lead to the discovery, and correction of, errors of refraction at the earliest period of the child's school life and so prevent serious permanent disability. It should therefore be kept in mind in any future extension of school medical work when financial conditions are more favourable.

(g) EAR DISEASE AND HEARING.—All the 27 cases of ear disease or deafness referred for treatment were dealt with at the School Clinic. Some of these cases, in which there is chronic otorrhoea, require long and persistent treatment, and account for many attendances at the Clinic.

(h) DENTAL DEFECTS.—In Table IV. D.1 it is shown that no fewer than 4,190 children, out of an average attendance at the elementary schools of 6,337, were

dentally inspected. The ages varied from 5 to 14 years of age, the greatest number inspected being at the ages of 6 and 7 years, although at 5 years 349 came within the purview of the dentists. Of this total number of children inspected 2,257 were referred for treatment. At the School Clinic 645 of these children were treated for the first time and 822 were treated as a result of periodical re-examination after treatment previously given.

In the scheme of dental treatment all children on admission to school are inspected and defective conditions are referred for treatment. If treatment at the School Clinic is accepted, the child is inspected in each subsequent year, any defects being treated as they occur. In this way every child is given the opportunity of obtaining thorough dental supervision and treatment throughout its school career. As a result of this yearly supervision one can look with satisfaction at a large proportion of children who leave school with sound dentures. As already noted, the percentage of children in the age 12 or "leaver" group for 1921 with sound teeth is as high as 76.5 per cent., a high testimony to the scheme, and to the advantage taken of it by the children.

In Table IV. D.2 is given a summary of the actual dental work done at the Clinic. It will be seen that only 255 permanent teeth were extracted as against 1,270 filled, and that 2,758 temporary teeth were extracted as against 130 filled. The large number of administrations under gas—337—is notable.

It has been found that when the children are inspected for the first time, many show a large number of carious and septic temporary teeth which demand

treatment, and practical experience has demonstrated that it is better to clear the mouth of these defective teeth at one sitting "under gas," than to attempt to take them out at several sittings or to fill them as a matter of routine. By this procedure time is saved not only to the child but to the dentist, who finds at subsequent examinations, as a result, clean and healthy mouths and no bad results from the free extractions.

During the year 14 children suffered from dental deformities, such as superior protusion, underhung jaw, general crowding and interlocking of teeth and open bite, were submitted to the Royal Dental Hospital. Under the arrangement made between the Hospital and the Education Committee 20 cases can be submitted for treatment during the year at a cost to the Committee of £10 10s. 0d. as a subscription and 7s. 6d. for each plate required. Most of the cases are still under care, but four in which the treatment has been completed, are reported by the dentist to have been markedly improved.

(i) CRIPPLING DEFECTS AND ORTHOPAEDICS.—In the Special Report on Crippled Children printed in the Annual Report for 1920 it was pointed out that the Committee recognised the need for a special open-air school for crippled children, and that efforts to secure a suitable site had failed. It was also pointed out that arrangements were being entered into with the King Edward Memorial Hospital for indoor and outdoor treatment for such cases. Now that the edict has gone forth that economy has to be exercised, the project of a special school will have to remain in abeyance. Fortunately, however, the scheme of treatment at the King Edward Hospital received the sanction of the Board

in February, 1921, and several children have benefited from it.

During the year three cases, one with hip-disease, one with disease of the knee, and one with infantile paralysis were treated as indoor patients and four as outdoor patients. All have been kept under the supervision of the school medical staff and have been found to have received material benefit.

(j) PAYMENTS OF PARENTS.—The following amounts have been received from parents during the year for treatment at the School Clinic :—

	£	s.	d.
X-ray Treatment of Ringworm of the Head	12	3	0
Dental Treatment	...	53	11 0
Operations	...	32	14 0
Spectacles	...	42	17 9
Treatment at Royal Dental Hospital	...	1	3 0
Total	£142	8	9

In addition, the following amounts were received for treatment at the Clinic :—

	£	s.	d.
Amount paid by the Maternity and Child Welfare Committee for the treatment of Children under 5 years and of nursing and expectant mothers	...	18	15 0
Amount paid by the Home for Motherless Children for Treatment of School Children	...	1	8 0
Amount paid by the St. Marylebone School for Girls	...	2	14 4
Total	£22	17	4

Open Air Education.

In the report for 1920 it was pointed out that the Education Committee had been sympathetic towards the establishment of an open-air school for physically defective, anaemic and badly nourished children, and that they had considered various sites, but the high purchase prices had caused the whole question to be postponed. Financial considerations now militate against the establishment of an open-air school. Just as with other projected improvements, the establishment of an open-air school must always be kept in mind in the development of the School Medical Service.

Wherever possible, the teachers, recognising the great benefit to be derived by the children by their spending as much time as possible in the open-air, arrange for classes in the school playgrounds. Unfortunately, the practice can only be adopted at limited times of the year.

Physical Training.

The only way in which the School Medical Service is associated with the physical training in the schools is when the School Medical Officer makes a recommendation with regard to the nature and extent of the physical exercise which certain physically defective children should have. There is no Organiser of Physical Training for the public elementary schools in Ealing.

Provision of Meals.

In the report for 1920 it was stated that enquiries had been made regarding the necessity for providing meals for school children under the Education (Provision of Meals) Act.

These enquiries resulted in the discovery of but a small number of children for whom meals should be provided, and the Committee, considering the unusual expense of providing these meals in accordance with the suggestions of the Board, decided to take no further action. It cannot be said that the need for providing meals has increased to any great extent during 1921. Naturally there has been more unemployment during the year, but the teachers of the schools have been unable to report any increased demand for meals compared with the previous year.

School Baths.

There are no baths provided in any of the schools. The Education Committee, however, provide a swimming bath, adjoining the Public Baths, which is reserved entirely for school children.

There is a man instructor for the boys and a woman instructor for the girls, and every opportunity is given during school hours for the children to learn to swim before the end of their school life. The opportunity appears to be taken advantage of by the children, and every encouragement is given them by competitions and otherwise to become proficient in the art of swimming and of saving life from drowning.

Co-operation of Parents.

Parents are invited to attend the medical inspection of their children, a special request being made on the notice which is sent to them a few days before the date of inspection. At the inspection of entrants as many as 89.3 per cent. were accompanied by at least one parent, at the inspection of the intermediate group as many as 77.2 per cent., and at the inspection of the

leavers 67.8 per cent. These percentages certainly show the real interest of the parents in the physical welfare of the children and indicate a high appreciation of medical supervision. From year to year there has been an increasing interest of the parents in medical inspection and treatment. Whereas in the early days opposition to medical inspection of schools was fairly frequent, now the inspection is very rarely objected to. In fact, the inspection is now usually welcomed and the parents take it as a necessary corollary that the children shall be treated at the School Clinic, which appears to be held in high estimation by the majority of the parents. There can be no doubt that the parents show a general desire for an early recognition and the early treatment of defective conditions in the children.

Co-operation of Teachers.

The teachers generally maintain a deep interest in school medical inspection, giving their whole-hearted co-operation and interested assistance.

The deep interest of the teachers is exemplified by many of them keeping records of defective children. They are assisted in keeping these records by lists, which are sent to them after medical inspection, of the children found in their school to be defective. These lists can be kept as permanent records by the teachers and can be referred to when necessary in considering the relation of the educational progress to the physical condition of each child. The teachers also assist greatly in securing treatment of defective conditions at the earliest possible moment by making enquiries and reporting to the School Medical Officer at the end of a certain time whether the children have received treat-

ment. Again, in sending cases of impetigo, of scabies, of suspected infectious disease, of defective eyesight, or of any other defective condition for examination at the inspection clinic they greatly assist in the general scheme of school medical inspection and treatment.

Co-operation of School Attendance Officers.

The Attendance Officers have continued to give every assistance by providing information regarding children who are absent from school on account of such conditions as impetigo, ringworm, etc., and are not receiving treatment at home or at the School Clinic, or who are suspected of having infectious disease, or who have been absent continuously without a medical certificate being produced.

The Woman Attendance Officer has maintained the good work remarked upon in last year's report in connection with the supervision of children excluded from school.

Co-operation of Voluntary Bodies.

The whole of the following up is carried out by the School Nurses, who refer cases which cannot be dealt with at the School Clinic to Voluntary Societies. To the Central Aid Society are referred children for convalescent treatment, children requiring treatment in a general hospital, and those in need of surgical appliances; to the National Society of the Prevention of Cruelty to Children are referred children requiring supervision; and to the School Attendance Aid Committee children in need of boots which cannot be provided by the parents on account of necessitous circumstances.

Blind, Deaf, Defective and Epileptic Children.

A particular survey to ascertain what children are defective within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893, and the Elementary Education (Defective and Epileptic Children) Act, 1899 and 1916, is made once in each year, the children being examined and special records kept of the examination. The teachers immediately report newly admitted defective children to the School Medical Officer, who causes an examination to be made as early as possible after admission. In this way the list of physically and mentally defective children is constantly kept up to date.

There are four blind children, all boys, under the care of the Local Education Authority, and all are being maintained at Certified Schools for the Blind. Six boys and one girl suffering from progressive myopia are attending elementary schools under particular supervision. Two other boys suffering from progressive myopia, who are at present not attending school, are awaiting admission to a special school.

One deaf and dumb boy is maintained by the Local Education Authority at a certified school.

There are 45 mentally defective children attending public elementary schools and 5 attending certified schools. Seven other mentally defective children, 3 boys and 4 girls, are not attending any school. During the year 4 boys and one girl were reported to the Local Control Authority on reaching 16 years of age.

Three epileptic children are in attendance at school and one is kept at home.

The provision of suitable educational facilities for mentally defective children is one of the most important matters which will have to be considered by the Education Committee whenever the ban on new expenditure is raised. At present the mentally defective children attending school receive a certain amount of benefit from their instruction and especially from the discipline enforced. Doubtless greater benefit would result from instruction in a special school, but so long as financial conditions remain as they are the best must be done for them in the public elementary schools.

SECONDARY AND CONTINUATION SCHOOLS.

The control of these schools is under the Middlesex County Council, which is represented locally by the Ealing Higher Education Committee. The School Medical Officer for Ealing acts as Medical Officer to the Higher Education Committee and carries out medical inspection at the Secondary School. In this way the continuity of supervision and treatment of the children is preserved from the time they enter the elementary school until they leave the secondary school. As 79 per cent. of the children attending the Secondary School have already been in attendance at elementary schools in Ealing, a desirable continuity of medical supervision of the children is accomplished.

The report on the medical inspection of the scholars in the secondary school is submitted to the Higher Committee and will be embodied in the report Education of the County Medical Officer.

NURSERY SCHOOLS.

There are no Nursery Schools in the Borough.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Conditions of the employment of children and young persons.—Bye-laws, based on the model set of the Home Office, under the Employment of Children Act, 1918, came into force on the 5th January, 1921. These prescribe the conditions under which children (under 14 years of age) can be employed, and under which young persons (between 14 and 16 years of age) can be employed in street trading.

The principal employments in which children are engaged in Ealing are delivering papers, milk and bread, doing domestic work and acting as messenger boys. Those in which young persons engage in street trading are chiefly selling papers and hawking fruit and vegetables.

All employed children are medically examined at least once a year to determine if they are being adversely affected by their occupation. The head-teachers have been requested to inform the School Medical Officer at once of any children who they consider are being adversely affected by their employment out of school hours. During the year 124 boys and 8 girls were medically examined. Five boys were found to be adversely affected, and their employment was discontinued.

No information was received during the year from the head-teachers regarding any children supposed to be adversely affected by employment out of school hours.

All young persons, before being employed in street trading, are medically examined, and their condition re-

ported upon to the Inspector before they are allowed to be employed. In the course of the year 15 young persons were medically examined.

Co-ordination of the work of the School Medical Service with that of the Juvenile Employment Committee and of the Certifying Factory Surgeon.—Every assistance is given to the Juvenile Employment Committee by supplying reports on children or young persons who come within their province. The medical records obtained on school medical inspection are very valuable to the Committee in selecting suitable occupations.

There is no co-ordination of the work of the Certifying Factory Surgeon and of the School Medical Service. No reference has been made by the Surgeon with regard to any person, but this may be due to the fact that no occasion has arisen. There are two factories in the district, and these are small in size and do not employ young persons to any extent.

Findings of the School Medical Service as regards the physical conditions of Employment of Children and Young Persons.—After a year's experience of the operation of the Bye-laws and of the regular examinations of employment of children it cannot be said that they are adversely affected to any extent by the conditions of their employment. It was found necessary to discontinue the employment during the year of only 5 children out of a total of 132 employed.

SPECIAL ENQUIRIES.

Two enquiries were carried out during the year at the request of the Board of Education. The reports, already submitted to the Board, may be suitably reproduced here for future reference.

REPORT ON THE INVESTIGATION INTO THE CAUSES OF
ABSENCE FROM SCHOOL.

To determine the causes of absence from school and the incidence of the various causes, observations were made with respect to four schools. One, Little Ealing, with three departments, was taken as representing a working-class neighbourhood where there are to be found some of the poorest in the town; the second, Lammas, also with three departments, was considered as drawing upon a good working-class population with some belonging to the artisan-class and small shop-keepers; and the third, St. Stephen's, comprising a boys' department, and fourth, North Ealing, comprising girls' and infants', were considered to supply a better-class neighbourhood where the population consists of clerks, artisans and small shop-keepers, with a very few belonging to the working-classes.

The observations were continued for ten complete weeks, from the week ending the 4th February to the week ending the 18th April, with an interval of two weeks from the 18th March due to the intervention of the Easter holidays.

In Table I. are compared for all four schools the percentages of absences due to various causes. It will be seen that in all departments the highest percentage, and it is particularly notable, occurs opposite "Coughs, Colds, Bronchitis," that group-cause being highest for North Ealing Infants' School, where one would expect the parents to exercise most care over their children and to keep them at home when affected in the slightest degree. The next important cause is "Infectious Disease," and from this group-cause

the Infants' Departments, as might be expected, suffer most. With regard to the other causes, there are so great differences between the figures for the departments in the same school and for similar departments in different schools that comparison is difficult.

In the individual departments the percentages of absences due to illness vary greatly, a reduction in the percentage being apparent in nearly all the departments just before or after the Easter holidays, the reduction being more marked in some than others, but especially apparent at St. Stephen's and North Ealing Schools.

Comparing the different departments, Table III., the variations in percentages of absence due to illness are not very great—83.1 in Little Ealing Boys', 83.4 in St. Stephen's Boys', and 91.7 in Lammas Boys' School; 81.3 in North Ealing Girls', 85.3 in Little Ealing Girls' and 86.3 in Lammas Girls' School; and 85.5 in North Ealing Infants', 93.6 in Little Ealing Infants', and 95.8 in Lammas Infants' School. The difference between 85.5 in North Ealing Infants' School and 95.8 in Lammas Infants' is the most striking of all.

Taking all the schools and all the departments, Table III., it is seen that the average percentage of absences due to illness is as high as 89.9 per cent., leaving only 10.1 per cent. due to other causes. The percentage of absences due to illness was on one occasion as high as 95.8 per cent. in Lammas Infants' School and 93.6 in Little Ealing Infants' School, and as low as 81.3 in North Ealing Girls' and 83.1 in Little Ealing Boys' Schools.

(Signed) THOMAS ORR,

School Medical Officer.

BOROUGH OF EALING. EDUCATION COMMITTEE.
Records of Loss of Attendance for Ten Consecutive Weeks.

TABLE I.
Comparison of Schools.

CAUSE OF ABSENCE.	PERCENTAGE OF TOTAL ATTENDANCE LOST.								
	Little Ealing Boys' Dept.	Little Ealing Girls' Dept.	Little Ealing Infants' Dept.	Lammas Boys' Dept.	Lammas Girls' Dept.	Lammas Infants' Dept.	North Ealing Boys' Dept.	North Ealing Girls' Dept.	North Ealing Infants' Dept.
Verminous condition (excluded)	.7	.6	2.5	—	3.0	.1	.6	—	—
Impetigo, sores, etc. (excluded)	14.8	5.3	2.1	2.5	.01	1.2	4.5	—	1.8
Infectious Diseases :									
Whooping cough, measles, chicken-pox, etc., in child	10.8	8.6	38.4	3.0	3.2	33.1	—	5.6	17.1
Ditto in family or house ...	13.6	14.3	3.5	2.5	3.9	3.3	—	4.3	2.5
Discharge from the ear ...	.2	.5	.4	1.8	1.1	2.6	.01	.4	.4
Teeth (toothache), etc. ...	1.2	2.2	.9	4.4	1.5	.9	4.4	1.1	1.1
Rheumatism ...	—	3.0	1.0	1.2	1.7	.5	.2	.2	—
St. Vitus Dance ...	—	—	.6	—	2.5	—	5.7	.7	—
Heart affection ...	—	1.1	.6	.9	3.1	.0	1.2	—	—
Stomach disorders ...	2.8	4.4	.7	3.2	5.4	2.0	5.5	5.0	2.0
Intestinal disorders ...	.3	1.4	.6	.9	.9	.6	5.8	1.1	—
Coughs, colds, bronchitis ...	28.5	25.3	31.3	42.6	35.6	43.8	31.5	35.4	56.3
Phthisis (Consumption) ...	—	.04	.9	—	.4	—	—	—	—
Accidents, injuries ...	4.2	2.2	1.6	6.0	5.2	.8	3.5	1.7	.7
Attending hospitals or dispensaries ...	2.7	1.7	2.8	2.6	3.1	2.3	9.1	4.0	1.3
Mother ill ...	1.6	6.9	.5	5.0	7.5	.5	3.9	3.5	.1
Indifference or neglect of parents ...	.2	.6	.3	.2	1.2	—	1.5	.4	.5
Sore throat ...	2.2	3.2	1.1	4.4	5.7	2.5	1.5	1.6	.5
Debility ...	2.3	5.3	2.8	10.2	5.0	.8	2.0	6.9	1.6
Absence from home ...	2.0	5.1	2.7	6.2	8.2	3.1	13.4	7.7	7.6
Various and undefined ...	11.8	8.3	4.7	2.4	1.7	1.9	5.7	20.5	6.5

BOROUGH OF EALING. EDUCATION COMMITTEE.

Records of Absences for Ten Consecutive Weeks.

TABLE III.

Comparison of Schools and Departments.

School.	Number on Roll.	Total Absences.	Absences due to illness in child.	Absences due to illness in home : Mother, etc.	Total due to illness.	Percentage due to illness.	Absences due to other than illness.	Percentage of Total loss of Attendance.
Little Ealing Boys' ...	409	4071	2764	624	3385	83.1	686	16.9
Little Ealing Girls' ...	422	4360	2801	921	3722	85.3	638	14.6
Little Ealing Infants'	470	9738	8737	380	9117	93.6	621	6.4
Lammas Boys' ...	419	2249	1907	155	2062	91.7	187	8.4
Lammas Girls' ...	367	3556	2673	396	3069	86.3	487	13.7
Lammas Infants' ...	421	8603	7924	315	8239	95.8	364	4.2
St. Stephen's Boys' ...	134	884	703	34	737	83.4	147	16.6
North Ealing Girls' ...	185	1494	1097	117	1214	81.3	280	18.7
North Ealing Infants'	210	2629	2171	77	2248	85.5	381	14.5
TOTALS ...		37584	30777	3019	33793	89.9	3791	10.1

REPORT ON THE EFFECT OF THE SUMMER TIME ACT
ON THE HEALTH OF THE SCHOOL CHILDREN IN THE AREA.

Great difficulty is experienced in making an enquiry into the effect of the Summer Time Act on the health of the school children, because there are no definite standards by which we can compare conditions under the Summer Time Act with those previous to the passing of the Act. It is the lack of standards of comparison which has led to the very erroneous conclusions being made, especially by those whose minds have been influenced by a certain amount of bias.

Opinions of the Teachers.—All the teachers in the Public Elementary Schools were asked if they had noticed any effect of the Summer Time Act on the alertness and response of the children. Nineteen out of 24 head-teachers stated that they had noticed no difference in the attention displayed by the children to school work since the Summer Time Act came into operation. Two head-teachers of Infants' Schools were emphatically of opinion that the Act had adversely affected the children, one head-teacher of an Infants' School was not quite decided in her mind, but thought the children were more sleepy in the mornings as a result of the earlier hour of rising; one head-teacher of a Girls' School and one of a Boys' School were inclined to believe that the Act had the effect of depriving a number of children of some of their sleep. Of these five teachers, none were able, even the two who were so decided in their opinions, to point out the children who they considered adversely affected. These five teachers all said they had noticed the adverse effect, but they could give no names of children whose home circumstances could be investigated to discover whether the want of alertness and response were due to other

causes than want of sleep, and if due to want of sleep, whether the loss of sleep was the result of bad home circumstances instead of the Summer Time Act.

Such opinions, which are not supported by definite evidence, cannot justifiably be brought forward in condemnation of the Act.

Evidence of Actual Loss of Sleep.—If one could get actual figures relating to the amount of sleep obtained by children before the passing of the Act and since, the real deficiency in sleep could be gauged, but such figures are not obtainable for comparison. As bearing on this question, figures relating to a large Boys' School may be quoted. The headmaster was at first inclined to believe that the Summer Time Act had an adverse effect on the boys under his charge, but when he obtained these figures relating to the actual amount of sleep obtained, he came to the conclusion that his observations had been at fault, and that he had arrived at his opinion without sufficient standards of comparison. The figures were obtained by the teachers from the boys themselves who had to indicate when they went to bed and when they got up in the morning. :—

Dura- tion of Night's Rest.	Classes Ia. Avg. Ages : 14 yrs.	Ib. yrs.	IIa. yrs.	IIb. yrs.	IIIa. yrs.	IIIb. yrs.	IVa. yrs.	IVb. yrs.	Total Num- ber of Sch'l'rs
10 hrs.	22	32	29	30	50	33	27	29	252
9-10hrs	26	16	19	15	6	16	13	16	127
8-9 hrs.	—	—	1	6	2	3	4	4	20
Less than 8 hrs.	—	—	—	—	—	—	—	1	1
No. Present in Class	48	48	49	51	58	52	44	50	400

Thus out of 400 boys from 11 to 14 years, ages at which one would expect the boys to take most advantage of the extended daylight, 252 had usually over 10 hours' sleep, 127 had 9 to 10 hours' sleep, 20 had 8 to 9 hours' sleep, and one, a boy who had been in a reformatory school, and whose parental control is known to be insufficient, had less than 8 hours' sleep. These figures cannot be said to be evidence of the bad effect of the Act.

Evidence of School Medical Inspection.—Medical inspection has produced no evidence of the adverse effect on the health of the children. Before the war many cases of children being adversely affected by want of sleep were discovered by means of school medical inspection. These cases have not increased in number since ; in fact, they have markedly diminished. Further, if the Summer Time Act had an adverse effect on the children, there would be evidence of loss of colour, weight, and generally loss of health, but this evidence is not forthcoming. On the contrary, we find that the physique and general health of the children are on a much higher level than ever they were.

(Signed) THOMAS ORR,

School Medical Officer.

MISCELLANEOUS.

Under this heading are recorded all examinations carried out at the Inspection Clinic. At the Inspection Clinic are examined all children specially referred by the Education Committee, Head-teachers or School Attendance Officers, and also teachers newly appointed by the various Education Sub-Committees or School Managers.

Children may be submitted for examination each school day at 10 o'clock. Those usually submitted are children suspected of having verminous heads or bodies, of having ringworm, scabies, or impetigo, or those whose examination is desirable on account of some defect or suspected defect, such as defective eyesight, disease of the eye, ear, throat and nose, which may require treatment. In fact, any defective child not under medical care may be submitted by the head-teacher for examination. Excluded children are also examined regularly until certified able to return to school.

The examinations carried out during the year may be summarised as follows:—

Verminous children	...	...	1,848
Impetigo	...	...	763
Scabies	...	...	178
Ringworm	...	...	390
Teachers	...	...	8
Scholarship children	...	...	1
Miscellaneous	...	...	1,533
Total			4,721

STATISTICAL TABLES.

The six Statistical Tables required by the Board of Education are appended.

THOMAS ORR,

School Medical Officer.

TABLE I.

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Number of Children Inspected, 1st January, 1921 to
31st December, 1921.

A.—ROUTINE MEDICAL INSPECTION.

Age.	Entrants.					Total.
	3	4	5	6	Other Ages	
Boys ...	—	32	212	82	52	378
Girls ...	—	21	175	110	51	357
Totals ...	—	53	387	192	103	735

Age.	Intermedi- ate Group	Leavers.			Other Ages	Total	Grand Total
	8	12	13	14			
Boys ...	431	385	25	—	—	410	1219
Girls ...	398	372	30	1	—	403	1158
Totals	829	757	55	1	—	813	2377

B.—SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations (i.e., No. of Children Re-examined).
Boys ...	1041	934
Girls ...	1306	979
Totals	2347	1913

C.—Total number of Individual Children Inspected by
the Medical Officer whether as Routine or Special
Cases (no child being counted more than once in
one year).

Number of individual children Inspected. 4734.

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION in 1921.

DEFECT OR DISEASE.					ROUTINE INSPECTIONS.		SPECIALS.	
					No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition :—					1	197	—	—
Uncleanliness :—								
Head					18	—	680	—
Body					15	—	7	—
SKIN	Ringworm :—							
	Head				—	—	72	—
	Body				1	—	12	—
	Scabies				10	—	46	—
	Impetigo				9	—	272	—
	Other Diseases (Non-Tubercular)				10	—	7	—
EYE	Blepharitis				11	—	5	—
	Conjunctivitis				1	—	29	—
	Keratitis				—	—	3	—
	Corneal Ulcer				—	—	2	—
	Corneal Opacities				2	—	1	—
	Defective Vision				153	—	11	—
	Squint				25	—	3	—
	Other Conditions				11	—	2	—
EAR	Defective Hearing				19	—	19	—
	Otitis Media				11	—	25	—
	Other Ear Diseases				12	—	—	—
NOSE AND THROAT	Enlarged Tonsils				127	18	17	—
	Adenoids				24	—	13	—
	Enlarged Tonsils and Adenoids				30	—	4	—
	Other Conditions				10	—	—	—
	Enlarged Cervical Glands (non-Tubercular)				—	14	—	—
	Defective Speech				—	4	—	—
TEETH	Dental Diseases (see later table)				—	—	—	—
HEART AND CIRCULATION	Heart Disease :—							
	Organic				—	30	1	81
	Functional				—	12	—	—
	Anæmia				—	46	5	—
LUNGS	Bronchitis				—	1	—	—
	Other Non-Tubercular Diseases				—	42	4	—
TUBERCULOSIS	Pulmonary :—							
	Definite				—	—	1	—
	Suspected				2	—	1	—
	Non-Pulmonary				—	—	—	—
	Glands				—	—	4	—
	Spine				—	—	—	—
	Hip				—	—	—	—
	Other Bones and Joints				—	—	—	—
	Skin				—	—	—	—
Other forms				—	—	—	—	
NERVOUS SYSTEM	Epilepsy				—	2	1	—
	Chorea				—	1	1	—
	Other Conditions				—	1	—	—
DEFORMITIES	Rickets				—	—	1	—
	Spinal Curvature				—	13	—	—
	Other Forms				—	112	—	—
OTHER DEFECTS AND DISEASES					—	111	5	88

Number of individual children having Defects which required Treatment or to be kept under observation 2396

TABLE IV.

TREATMENT OF DEFECTS OF CHILDREN DURING 1921.

A.—Treatment of Minor Ailments.

DISEASE OR DEFECT.	Number of Children			
	Treated.			Total.
	Referred for Treatment	Under Local Education Authority's Scheme.	Other- wise.	
SKIN.—				
Ringworm—Head	69	66	3	69
Ringworm—Body	13	13	—	13
Scabies	46	43	3	46
Impetigo	271	243	28	271
Minor injuries	65	65	—	65
Other Skin Diseases ...	36	33	3	36
EAR DISEASE	27	27	—	27
EYE DISEASE (external and other)	36	34	—	34
Miscellaneous	—	—	—	—

B.—Treatment of Visual Defect.

NUMBER OF CHILDREN.									
Referred for Refraction	Submitted to Refraction.				For whom Glasses were pre- scribed.	For whom Glasses were pro- vided.	Recom- mended for Treat- ment other than by Glasses.	Received other forms of Treat- ment.	For whom no Treat- ment was considered necessary.
	Under Local Education Authority's Scheme- Clinic or Hospital.	By Private Practi- tioner or Hospital.	Other- wise.	Total.					
246	251	10	—	261	208	295	8	8	45

2.—Particulars of Time given and of Operations undertaken.

Number of Half days devoted to In-spection.	Number of Half days devoted to Treatment.	Total Number of Attendances made by the Children at the Clinic.	Number of Permanent Teeth.		Number of Temporary Teeth.		Total Number of Fillings.	Number of Administrations of General Anæsthetics, included in (4) and (6).	Number of other Operations	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Tem-porary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
23	180	1985	255	1270	2758	130	1400	337	130	Nil.

TABLE V.
Summary of Treatment of Defects as shown in Table IV.
 (A, B, C, D and F, but excluding E).

Disease or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ...	563	524	37	561
Visual Defects ...	246	251	10	261
Defects of Nose and Throat ...	192	129	33	162
Dental Defects...	2257	1467	—	1467
Other Defects ...	—	—	—	—
Total ...	3258	2371	80	2451

TABLE VI.

Summary Relating to Children Medically Inspected at the Routine Inspections during the Year 1921.

(1) The total number of children medically inspected at the routine inspections	2377
(2) The number of Children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation, but not referred for treatment	350
(3) The number of children in (1) suffering from :—	
Malnutrition	198
Skin Disease	29
Defective Vision (including Squint)	178
Eye Disease	25
Defective Hearing	19
Ear Disease	23
Nose and Throat Disease	206
Enlarged Cervical Glands (Non-Tubercular)	14
Defective Speech	4
Dental Disease	252
Heart Disease :—	
Organic	30
Functional	12
Anaemia	46
Lung Disease (Non-Tubercular)	43
Tuberculosis :—	
Pulmonary Definite	—
Pulmonary Suspected	2
Non-Pulmonary	—
Disease of the Nervous System	4
Deformities	125
Other Defects and Diseases	111
(4) The number of Children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	370
(5) The number of Children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	328

TABLE.

NUMERICAL RETURN OF ALL EXCEPTION CHILDREN IN THE AREA IN 1921.

		Boys	Girls	Total
BLIND (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Chil- dren) Act, 1893.	Attending Public Elementary Schools ... { Blind ...	—	—	—
	Attending Certified Schools for the Blind... { Partially Blind ...	6	1	7
	Not at School ... { Blind ...	4	—	4
	Not at School ... { Partially Blind ...	—	—	—
DEAF AND DUMB (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools ...	—	—	—
	Attending Certified Schools for the Deaf...	1	—	1
	Not at School ...	—	—	—
MENTALLY DEFICIENT	Feeble-Minded	21	24	45
	Attending Public Elementary Schools ...	5	—	5
	Attending Certified Schools for Mentally Defective Children ...	4	1	5
	Notified to Local Control Authority by Local Education Authority during the year ...	3	4	7
	Imbeciles	4 cases have been dealt with by the Local Control Authority.		
	Idiots			
Epileptics	Attending Public Elementary Schools ...	1	2	3
	Attending Certified Schools for Epileptics ...	—	—	—
	In Institutions other than Certified Schools ...	—	1	1
	Not at School ...	—	—	—
PHYSICALLY DEFECTIVE	Pulmonary Tuberculosis	—	1	1
	Attending Public Elementary Schools ...	—	—	—
	Attending Certified Schools for Physically Defective Children ...	—	—	—
	In Institutions other than Certified Schools ...	1	1	2
Crippling due to Tuberculosis	Attending Public Elementary Schools ...	2	3	5
	Attending Certified Schools for Physically Defective Children ...	—	—	—
	In Institutions other than Certified Schools ...	3	2	5
	Not at School ...	—	—	—
Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism	Attending Public Elementary Schools ...	25	28	53
	Attending Certified Schools for Physically Defective Children ...	—	—	—
	In Institutions other than Certified Schools ...	—	—	—
	Not at School ...	—	—	—
Other Physical Defec- tives, e.g., Delicate and other Children suitable for admis- sion to Open-air Schools; and Chil- dren suffering from severe heart disease	Attending Public Elementary Schools ...	2	2	4
	Attending Open-air Schools ...	—	—	—
	Attending Certified Schools for Physically Defective Children other than Open-air Schools ...	6	3	9
	Not at School ...	—	—	—
DULL OR BACKWARD	Retarded 2 years ...	132	159	291
	Retarded 3 years ...	33	79	112

THE FORTY-EIGHTH

Annual Report

OF THE

HEALTH

AND SANITARY CONDITION

OF THE

East Barnet Valley Urban Sanitary District

FOR THE YEAR

1921,

BY

W. H. ELAM, F.R.C.S., L.S.A. (Lond.),

Medical Officer of Health to the Council and Assistant School Medical Officer.

TOGETHER WITH THE

ANNUAL REPORT

OF

J. LEWIS,

Memb. Inst. Mun. and Cy. Engrs., Cert. Inst. San. Engrs.,
Cert. Roy. San. Inst., Medallist Building Const. and Sanitation,
BUILDING SURVEYOR and SANITARY INSPECTOR.

East Barnet Valley Urban District Council.

LIST OF MEMBERS, 1920-21.

Chairman—

Mr. Councillor R. A. BROWN, J.P.

Vice-Chairman--

Mr. Councillor S. ELI FRUSHER.

Members—

Mr. Councillor AMOS FORD, J.P., C.C.

"	"	A. E. PASSINGHAM
"	"	J. HUMPHREYS
"	"	J. LONG
"	"	A. E. MORGAN
"	"	J. A. G. NEVE
"	"	BERNARD HUMPHREY
"	"	W. STUTTERS, J.P.
"	"	H. WALKER, M.A.
"	"	W. J. WHITE

East Barnet Valley Urban District Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1921.

*To the Chairman and Members of the
East Barnet Valley Urban District Council.*

GENTLEMEN,

I have the honour of submitting to you the 48th Annual Report of matters relative to the statistics, health, and general sanitary conditions of your District, being for the year 1921.

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

The Urban Sanitary District of East Barnet Valley is within the Administrative County of Hertford, being situate on the extreme southern portion of the County. Geographically, however, the District is almost surrounded by the County of Middlesex, the exception being the north-western portion of the boundary, which adjoins the Urban Sanitary District of Barnet (Herts). The remaining Districts adjoining the Council's area are all urban sanitary districts, situate within the County of Middlesex, vix. :—On the north, Enfield; on the south and south-east, Southgate; on the south-west, Friern Barnet.

The District Council was formed in April, 1894, to succeed the old Local Board. The District comprises the Parishes of East Barnet, Barnet Vale, and Monken Hadley. As its name implies, it lies on the side of a valley extending from Hadley in the north to Brunswick Park in the south. The principal portion of the District is divided by the main line of the Great Northern Railway from King's Cross to the north, while it is also bounded on the east and west respectively by the main roads leading from London northwards through Southgate and Barnet.

The general character of the District is residential; the area on the west of the railway has been conveniently planned, and consists principally of good-class detached and semi-detached villa residences, the altitude varying from 200 to 400 feet above Ordnance datum. The District forms a portion of a much wider area noted for the healthiness of its climate, and popularly known in and around the Metropolis as the "Northern Heights." On the east of the railway are situate the older portions of the District, including the village of East Barnet, and Brunswick Park at the southern extremity, most of which is developed for a much smaller class of property and is consequently more densely populated.

On the north-east boundary of the District are the beautiful Hadley Woods and Common, partly grazing land and partly wooded, being parts of the old Enfield Chase. The Council has leased from the Hadley Commoners a portion of Hadley Common (about 4 acres in extent), including a large lake, until recently part of Beech Hill Park Estate, to be used as a recreation ground. Bathing, boating, and fishing facilities will be available in the lake. The whole acquisition makes a considerable addition to the attractiveness of the District.

Water.

The water is obtained from wells sunk through the clay Reading beds and borings deep into the chalk. The wells are at New Barnet, East Barnet, Potters Bar, Tyttenhanger, and one at North Mimms. It is pumped direct into the mains or into reservoirs at New Barnet and Rowley Green. It is of great purity, pleasant to drink, and almost free from organic matter or objectionable bacteria.

Like all London water, it is of considerable hardness, varying in the different wells from 22 to 26 degrees of hardness (1 degree of hardness is equal to 1 in 100,000 parts, 0.7 grains of carbonate of lime in 1 gallon of water). Much of the hardness might be remedied by boiling; this process precipitates the lime, but at the same time by boiling out the oxygen renders the water less pleasant to the taste. So far as is known, the hardness has no deleterious effect, such as causing disease of the blood vessels or the so-called rheumatic affections of joints. On the other hand, those who use it are free from the diseases associated with the consumption of softer water obtained from reservoirs, such as rickets and lead poisoning.

The only possible source of contamination of water obtained from the chalk would be through "swallow-holes," which are cavernous openings commonly found at the junction of the Reading beds and the chalk, into which streams disappear. One of these "swallow-holes" is found near North Mimms, where water from nearly 20 square miles of land disappears. Frequent examinations of the water are made so that contaminations may be at once detected. Although the rainfall was so low, there was no interruption or restriction in the water supply during the year.

Drainage and Sewerage.

The District is sewered and drained on the separate system. The sewage is conveyed to an irrigation farm of fifty acres in area at Brunswick Park, and turned on to the land. It is passed through percolating filters, and finally into Pymms Brook. Samples of the effluent are occasionally taken by the Lee Conservancy Board, but no complaints have been received. The surface water drainage is conveyed to Pymms Brook by several brooklets. These are constantly inspected and kept free from objectionable matter.

Scavenging.

The house refuse is collected weekly by the Council's own staff and conveyed to the tip at the sewage works situate at East Barnet.

The disposal of refuse matter becomes more and more difficult each year. At present it is burnt. Housewives could do much to help by burning as much as possible all combustible matter.

Industries and Occupations.

The industries carried on within the District are at the factories of Messrs. Carr and Son, also Messrs. Tyler and Co., at Brunswick Park. The new factory of Messrs. Maw, Son and Sons has been completed. The factories and workshops in the District (including laundries and bakeries) number 129.

These are periodically inspected, and the condition of employment found generally satisfactory, and no special circumstance exists which is prejudicial to public health.

Housing.

The area of the District is 2,644 acres, and the number of houses at the commencement of the year was 2,629. At the end of the year six new houses had been completed, and 10 were in process of erection. There is a proportion of about one acre of land to each house, and a proportion of about 4.9 inmates for each house.

No doubt when the cost of erecting houses decreases many more houses will be built.

Schools.

The schools in the district have been regularly visited during the year, and the condition of the children and of the buildings closely observed.

There are six groups of schools, two of which, i.e., at Brunswick Park and Margaret Road, are County Council Schools, the rest being Church of England Schools. The average number of children on the books for the year was about 1,650, and the average attendance at school was about 1,530. The percentage attendance was from 89.3 to 93.2 for the year, and this compares very favourably with other schools in the County. There was no serious epidemic of infectious disease during the year. It appeared desirable to close the Margaret Road and East Barnet Schools on account of whooping cough and mumps, and Trent Park Girls' School on account of chicken-pox in the month of July, and as a result there was a marked improvement in the number of children attending school.

The general health has, on the whole, been good, and the children appear better clothed and cared for and more cleanly. There were fewer cases of verminous children.

The defects of vision, enlarged tonsils, adenoids, and skin diseases found at the school examination of the children were duly notified to the parents, and, as far as possible, remedial treatment was carried out.

Births.

The number of births registered for the year was 263, and of these 135 were males and 128 females. The illegitimate births were seven males and six females. The number of births was larger than for several years past. Three cases of premature birth ended in death in, from 22 hours to 28 days. There is no accurate record of the number of still-born children.

Deaths.

The number of deaths registered belonging to the district as shown in the Registrar-General's Report was 123, and of these 68 were males and 55 females. The number is two less than last year. It may be noted that last year the number of deaths among females exceeded that among males, the figures being 70 and 55 respectively. "Transferable deaths," viz., those occurring in hospitals and institutions outside the administrative district but belonging to it, numbered 30.

The age of the youngest who died was 22 hours; that of the oldest 98 years. Three deaths occurred at the age of 90 years, and 19 at over 80 years.

March, June, and November were the most fatal months of the year. Fatalities due to violence or accident were six, and of these two were suicidal.

A most regrettable incident in this report is the record of a large number of deaths occurring in infant life. These were 15, up to and including one year of age, two being from gastro-enteritis, one from whooping cough, three due to premature birth, and four from bronchial affections. There were in all three deaths from whooping cough.

The number of deaths per 1,000 inhabitants was approximately 8.4, and compared favourably with the death rate in London, which was 12.4 per 1,000 inhabitants. There were two deaths from diphtheria and none from scarlet fever.

Infectious Disease.

During the past year 303 notification certificates of infectious diseases were received. The largest number was for whooping cough, being more than 100, and the worst months were June and July. On this account Margaret-road and East Barnet Schools were closed for a fortnight, with the result that only 11 cases were notified in August, and none in the following months of the year.

The number of cases of scarlet fever notified was 22, and that of diphtheria 59. In these two affections there was an increased number over the previous year, possibly caused by the abnormal weather. At no time could these diseases be said to assume an epidemic form. The fatalities were three from whooping cough, two from diphtheria, two from influenza, and twelve from tubercle.

It is the rule to remove every case of scarlet fever or diphtheria to the Isolation Hospital without delay, and the infected houses are carefully disinfected. In other infectious diseases care is taken to isolate or segregate the infected persons, and all contacts are excluded from schools or public places for the required period.

Antitoxins are kept at the Council Offices, and can be obtained by those requiring to use them; also material for procuring bacteriological examination of any suspected matter such as sputum or excretions from throat or nose. No case of typhoid, typhus, or smallpox was notified.

Scarlet Fever.

There were 59 cases of scarlet fever notified as compared with 37 last year. Most of the cases were removed to the Isolation Hospital at Barnet. Most sufferers were in the southern boundary of the district, and doubtless were infected from proximity to this area, where there were a great number of cases occurring during the year.

Several cases were traced to a "carrier." The youngest child infected was two years, and the oldest patient 42 years. For the most part the form of the disease was of a mild character, and there was no death.

Diphtheria.

There were more cases of diphtheria notified than in the previous year, viz., 22 in 1921, and 17 in 1920. There were two deaths. Fatal cases of this disease are now fewer than formerly owing to the use of antitoxin, and if the antitoxin could be promptly administered there is a reasonable expectation that every case would recover.

Tuberculosis.

The report on tuberculous disease is the most favourable one for some years past. At the end of 1920 there were 21 cases under treatment or observation at the tuberculosis clinic, and at the end of 1921 there only appear on the list of those receiving dispensary, domiciliary, or sanatorium treatment, 12. Of the 21 cases, 6 died, 2 were cured, and 4 had been removed to hospitals or sanatoria. Fourteen cases were notified during the year. Ten of the 14 cases were males and 4 females. All were pul-

monary with the exception of one, which was glandular. The youngest notified case was that of a child aged eight months (glandular); the oldest was 56 years of age. The number of deaths was 11 from pulmonary tubercle, and of these 8 were males and 3 females. There was one fatal case from meningitis. Everything possible has been done to diminish the chances of spread of the disease, such as ensuring pure milk, free ventilation of houses, utilising sunlight, promotion of cleanliness in houses and outside yards, and prevention as much as possible of overcrowding. The diagnosis of pulmonary tubercle is often difficult, and no doubt mistakes are made both in failing to discover the disease and in mistaking symptoms of other lung trouble for tubercular disease.

There is undoubtedly less tubercular disease amongst cattle and consequently less tubercular infection of milk than in previous years. No case of tuberculous cattle has been inspected or condemned during the year.

The rate per 1,000 inhabitants infected was about 1.03, and the death rate per 1,000 inhabitants about 0.81.

Sanitation.

Progress continues to be made in improving the sanitary and hygienic condition both of the houses and their environment. The inhabitants are realising the danger to health that may be caused by uncleanness, and the possibility of disease being conveyed by insects.

Milk.

The need for a full supply of cheap milk of a high nutritive value and free from tubercular or other infection is becoming more and more realised, both generally and by those who are responsible for the health of the community. Milk vendors are alive to the importance of cleanliness, although not to the desired standard. Examinations of milk and inspections of milk shops have been made, and for the most part the results are satisfactory. Although it was a bad year for retaining the milk in good condition, there were only three deaths among children from gastro-intestinal disease. Possibly the diminished number of flies, commonly believed to be a conveyor to milk of the infecting bacilli causing this disease, has had some favourable influence.

Vaccination.

The returns given by Mr. Baldock, the Registrar, are as follows: The certificates of successful vaccination received numbered sixty-nine, the number of statutory declarations of objection numbered one hundred and sixty-nine. These figures refer only to primary vaccinations of children under fourteen years of age. No recording certificates of vaccination are available of those vaccinated above fourteen years of age, or of secondary vaccination at any age.

I have to express with pleasure my thanks to the Chairman and Members of the Council for the considerate manner in which my suggestions and recommendations have been received.

Also my indebtedness to Mr. York, the District Surveyor, and Mr. Lewis, Sanitary Inspector, for their valuable assistance.

W. H. ELAM,
M.O.H. and Assistant School Medical Officer.

TABLE I.

	Mean Sunshine hours.		Mean Temperature per day.		Rainfall— inches.		Number of days rain fell.		Notification Certificates received for month.		Number of deaths for month.
January ...	1.10	...	45.1	...	2.998	...	21	...	27	...	3
February	1.96	...	40.4	...	0.565	...	8	..	5	...	7
March ...	4.26	...	45.7	...	1.615	...	9	...	12	...	16
April ...	6.97	...	49.0	...	1.500	...	7	...	12	...	6
May ...	7.71	...	55.4	...	1.200	...	13	...	22	...	8
June ...	7.10	...	60.1	...	0.230	...	3	...	91	...	15
July ...	8.55	...	67.6	...	0.150	...	6	...	65	...	10
August ...	3.44	...	63.1	...	1.845	...	8	...	24	...	12
September	5.49	...	59.8	...	2.405	...	4	...	6	...	11
October...	4.18	...	55.3	...	1.090	...	7	...	20	...	9
November	1.64	...	38.9	...	1.985	...	12	...	14	...	15
December	1.36	...	43.8	...	1.445	...	16	...	5	...	11
<hr/>											
Total Rainfall		...			17.028		114				
Total Rainfall 1920		...			29.790		162				
Decrease		...			12.762		48				

TABLE II.

Vital Statistics of District during 1921 and previous years.

1.—YEAR.	2.—Population estimated to middle of each year.	Births.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		3.—Uncorrected Number.	4.—Number.	5.—Rate per 1,000.	6.—Number.	7.—Rate.	8.—Of Non-Residents registered in District.	9.—Of Residents not registered in District.	Under 1 Year of age		At all ages.	
									10.—Number.	11.—Rate per 1,000 Nett Births.	12.—Number.	13.—Rate.
1909	12963	277		21.5	119	9.2		16	20	72	135	10.4
1910	13240	272		20.5	83	6.3		13	12	44	96	7.25
1911	12400	261		21	85	7		14	18	68.5	94	7.6
1912	12600	225	230	18.2	102	8.1	1	23	15	65	124	9.8
1913	12300	224	228	18.5	107	8.7	1	25	12	52.7	132	10.7
1914	12380	231	233	18.9	78	6.3	1	24	7	34.3	101	8.1
.....
1919	13250	203		15.3	105	7.7	4	35	1	4.9	140	10.3
1920	14118	254		17.9	125	8.8	11	34	12	43.1	114	8.07
1921	13490	263		18.1	123	8.4	8	30	13	46	123	8.4

Notifiable Disease.	Number of Cases notified.								Total Cases Notified in each locality.				Total Cases removed to Hospital.
	At all Ages	At Ages : Years							1—East Barnet	2—Barnet Vale	3—Monken Hadley	4—Brunswick Park	
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards					
Smallpox ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera (C) Plague (P) ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Croup) ...	22	..	4	13	5	..	..	..	14	3	3	2	22
Erysipelas ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ...	59	..	12	37	8	2	..	..	18	2	3	36	59
Typhus Fever ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever...	..	..	..	..	..	..	..	..	..	..	..	..	..
Fever Relapsing (R) Continued (c) ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-spinal Meningitis ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum...	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis ..	14	..	..	..	..	..	..	..	..	..	..	..	..
Other forms of Tuberculosis ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken-pox ...	37	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia ...	..	..	..	..	..	2	1	..	2	..	..	1	..
Polioencephalitis ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica ...	1	..	..	..	..	..	..	..	..	..	..	..	..
Trench Fever ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria ...	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ...	15	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough ...	100	1	1	1	..	..	..	..	..	..	..	..	..
Other Diseases ..	54	..	..	..	..	..	..	..	..	..	..	..	..
Totals ...	302												81

TABLE IV.

Causes of and Ages at Death during the year 1921.

Causes of Death.	Net Deaths at the subjoined ages of Residents whether occurring within or without the District.								Total Deaths in Public 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
Cerebral Hæmorrhage, etc.	17						2	4	11	
Enteric Fever										
Smallpox										
Scarlet Fever										
Whooping Cough	3	2		1						
Diphtheria and Croup	3				2				1	
Influenza	2					1	1			
Erysipelas										
Phthisis (Pulmonary Tuberculosis)	12	2			1		7	1	1	
Tuberculous Meningitis										
Other Tuberculous Diseases										
Cancer, Malignant Disease	11						1	3	7	
Rheumatic Fever										
Meningitis										
Organic Heart Disease	15						2	1	12	
Bronchitis	9	1						1	7	
Pneumonia (all forms)	8	3					1	2	2	
Other Diseases of Respiratory Organs										
Diarrhœa and Enteritis	2	2								
Appendicitis and Typhlitis										
Cirrhosis of Liver										
Alcoholism										
Nephritis and Bright's Disease	5						1		4	
Puerperal Fever										
Accidents and Diseases of Pregnancy and Parturition	1						1			
Congenital Debility and Malformation, including Premature Birth	3	3								
Violent Deaths, excluding Suicide	3						1	1	1	
Suicide	2						2			
Other defined Diseases	10	2			1				7	
Diseases ill-defined or unknown	17						6	11		
Totals ...	123	15		1	4	1	25	24	53	

Table V.

Infantile Mortality, 1921.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Tot. u'd'r 4 Wks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Tot. under 1 Yr.
Small-pox	...	...	...							
Chicken-pox	...	..	...							
Measles	...	...	...							
Scarlet Fever	...	...	...							
Whooping Cough	...	...	...				1	1					
Diphtheria and Croup	..	..	...							
Erysipelas	...	...	...							
Tuberculous Meningitis	...	...	...							
Abdominal Tuberculosis	..	...	...								1	1	2
Other Tuberculous Diseases	...	...	...							
Meningitis (<i>not Tuberculous</i>)	...	...	...							
Convulsions	...	...	...							
Laryngitis	...	...	...									1	1
Bronchitis	...	...	...							
Pneumonia (all forms)	...	..	...				1	1	1			1	2
Diarrhoea	...	...	...							
Enteritis	...	...	...						1			1	2
Gastritis	...	...	...							
Syphilis	...	...	...							
Rickets	...	...	...							
Suffocation (overlying)	...	...	...							
Injury at Birth	...	...	...	1				1					
Congenital Malformations	...	...	...							
Premature Birth	...	...	...	1	1			2					
Atrophy, Debility and Marasmus	...	...	...							
Other Causes	...	...	...				1	1					
Atelectasis	...	...	...							
Totals				2	1	0	3	6	2	0	1	4	7

Annual Report of Medical Officer of Health for 1921.

*For the Urban District of East Barnet Valley on the administration of the
Factory and Workshop Act, 1901, in connection with*

Factories, Workshops, Workplaces, and Homework.

1.—Inspection of Factories, Workshops, & Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories	28	2	
(Including Factory Laundries)			
Workshops	132	14	
(Including Workshop Laundries)			
Workplaces	14	1	
Total	174	17	

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

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts—				
Want of cleanliness	7	7		
Want of ventilation				
Overcrowding				
Want of drainage of floors				
Other { Defective drains	4	4		
nuisances { Animals kept				
Sanitary { insufficient				
accommodation { unsuitable or defective	2	2		
{ not separate for sexes				
Offences under the Factory and Workshop Act—				
Illegal occupation of underground bakehouse (S. 101)				
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)				
Other offences				
(Excluding offences relating to out-work which are included in Part 3 of this report)				
Total	13	13		

Including those specified in Section 2, 3, 7 and 8 of the Factory and Workshop Act, as remediable under the Public Health Acts.

3.—HOME WORK.

Outworkers' Lists * (S. 107) —

Lists received from other Councils—

Wearing Apparel—(1) Making, etc.	..	..	..	21
Outworkers—Workmen	..	..	..	3

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at end of year.					Number
Workshops	..	..	..	..	68
Domestic Workshops	..	..	..	..	34
Workshop Laundries	..	..	..	..	2
Workshop Bakehouses	..	..	..	..	9
Domestic Laundries	..	..	..	..	3
Workplaces	..	..	..	..	5
Total number of Workshops on Register					121

5.—OTHER MATTERS.

Class.	Number
Underground Bakehouses (S. 101)—	
Certificates granted during the year	3
In use at the end of the year	3

*The Lists should be received twice in the year. The year's figures required in the Table are then obtained by adding together the two half-yearly totals.

East Barnet Valley Urban District Council.

Sanitary Inspector's Report

For the Year 1924.

GENTLEMEN,

I have the honour of submitting the following Report on the work of the Public Health Department.

Public Health Staff.

Dr. W. H. ELAM, F.R.C.S., Medical Officer of Health,
Assistant School Medical Officer.

Mr. J. LEWIS, M.Inst.M. & Cy. Engrs., M.R.San.Inst.,
M.Inst.San.Engrs., Sanitary Inspector.

The general standard of houses is good. Inspections under the Housing Acts for the most part reveal defective roofs, dampness and want of cleaning, and lack of attention to sanitary appliances.

There are no Assistant Inspectors.

The clerical work is also done by the Sanitary Inspector.

The Sanitary Inspector is also Building Surveyor.

The ordinary sanitary operations of the department have continued to receive unremitting attention.

House-to-house inspections of cottage property are made whenever the general routine of duties permits, but single-handed there is seldom time to devote to this important work, as each day brings its own series of requests for inspections and re-inspections in various parts of the district.

In the majority of cases, an intimation to the owners of the existence of nuisances or defects on specified premises, with a request to execute remedial works, of which particulars are specified in detail, has been sufficient to secure the abatement of nuisances, and other minor defects remedied.

In no instance have legal proceedings been instituted, although occasionally much pressure has to be brought to bear on the dilatory owner.

Unhealthy Areas and Unfit Houses.

Until much more has been done to overcome the existing shortage of housing accommodation it would obviously be unwise to attempt to put into operation drastic measures for clearing unhealthy areas.

Under the difficult conditions which at present prevail, one must be content to obtain the best results at the least cost.

Wherever practicable, such houses should be so repaired as to be at least passable for the time being.

In connection with improvement or reconstruction schemes there are legal, financial, and practical difficulties to be considered, and, to meet these, owners are interviewed and the premises visited in their company, and the most urgent matters are requested to be put in hand at once, other defects to be remedied as funds permit; all this takes time, but a gradual improvement is thereby assured.

By tactful handling an officer can more readily secure the co-operation of owners, the carrying out of sanitary requirements to the benefit of the health of the inhabitants of the district.

I am of the opinion that owners appreciate the efforts of an official who is reasonable in his demands, and who insists on the tenants using the houses with reasonable care; many of the conditions found to exist could be prevented or minimised if tenants would only realise that owners are very often in a worse financial position than the tenants of their property.

Adoptive Acts.

There are no local Acts. The following are the Adoptive Acts in force in the District:—

Public Health Acts (Amendment Act), 1890.

Infectious Disease (Prevention) Act, 1890.

Bye-Laws and Regulations.

New Streets and Buildings (July 10th, 1917).

Public Health Act, 1875, with respect to:—

Nuisances arising from snow, filth, dust, ashes, and rubbish, and for the prevention of keeping animals on any premises so as to be injurious to health. (August 17th, 1885.)

Slaughter Houses (August 17th, 1885), with respect to:—

New Streets and Buildings, and

Alterations to Buildings (July 10th, 1917);

Drainage of Existing Buildings (June 11th, 1907);

Dairies, Cowsheds, and Milk Shops (July 30th, 1907).

Public Health Act, 1875, Sect. 112, as amended by Sect. 51 of the Public Health Acts Amendment Act, 1907, with respect to:—

Offensive Trades (May 9th, 1893), as follows:

Blood Boiler and Blood Drier;

Bone Boiler;

Fellmonger, Tanner, and Leather Dresser;

Soap Boiler, Tallow Melter, Fat Melter or Extractor;

Tripe Boiler;

Glue Maker and Size Maker;

Gut Scraper;

Nuisances in connection with the removal of offensive or noxious matters;

Fish Frier.

Water Supply. Storage Cisterns.

During the year 117 storage cisterns have been examined. Action has been taken in all cases where improvements can be effected.

These supply cisterns are also required to be emptied and thoroughly cleansed from time to time, as often as may be necessary to prevent pollution of any water, and to be provided with proper close-fitting covers, and so placed as to be at all times readily accessible.

Infectious Disease Visits.

During the year 147 visits have been made to premises where cases of infectious disease have been notified.

All information obtained is submitted to the Medical Officer of Health, and the matters contained dealt with according to his instructions. A case paper record of each case is made out and filed for reference.

Disinfection.

The methods in use in this District are:—

Rooms sprayed with Formic Aldehyde; bedding, etc., removed (by arrangement with the Joint Hospital Authorities) for steam disinfection, when requested by the medical attendant.

All disinfection of rooms is carried out free of charge by the Council to the residents in the district and the bedding, clothes, etc., after notifiable cases of fever and tuberculosis, steam disinfected by the Joint Hospital Authorities.

The articles are collected, disinfected, and returned free of charge on request by the medical attendant.

The Joint Isolation Hospital Authorities now make a charge of 17s. 6d. per journey to residents in this District for the disinfection of bedding, clothes, etc., after all non-notifiable diseases, on request,

The Council supply disinfectant soap free after cases of infectious disease, also in cases where supplies are thought to be desirable to facilitate and ensure cleanliness. This should greatly influence people to thoroughly cleanse their premises and so ward off any likelihood of recurring cases.

Disinfection figures for the year are :—

No. of houses.	Rooms Disinfected.	Houses from which bedding was removed.
62.	112.	4.

Public Elementary Schools.

These are inspected at intervals and more frequently after the occurrence of cases of infectious disease.

Five elementary schools in the district were thoroughly disinfected during the year.

Brunswick Park Schools were disinfected twice on the recommendation of the Medical Officer of Health.

Factory and Workshop Act, 1909.

The condition of the factories and workshops throughout the District is now up to a fair standard.

Outworkers.

In accordance with the provisions of the Factory and Workshop Act, several lists of outworkers residing in this District have been received during the year, from persons employing home workers. These lists have mostly come through the office of the Corporation of London, and other Metropolitan Boroughs.

The premises specified in these lists have been visited for the purpose of ascertaining the sanitary condition under which the work is done. In all cases where defects were found the remedial works have been carried out.

The Factory and Workshops Act, 1901, requires the registration and regular inspection of such places and the keeping of a series of books for that purpose.

The Workshops in the District are very suitable and well adapted for the several processes that are carried on therein, the light, ventilation, and air space is well maintained, and general sanitary conditions are good.

Sale of Food and Drugs Act.

This Act is administered in this Council's District through one of the Inspectors appointed by the County Council for that purpose.

Diseased and Unsound Food.

There is no Public Abattoir in the District. The bulk of the meat supply comes from London.

The following is unsound food that has been voluntarily surrendered and destroyed during the year:—

- 2 carcasses of beef affected with tuberculosis;
- 2 stone of whiting;
- 48 lbs. butter;
- 10 cwt. of offal and diseased organs;
- 2 emaciated carcasses of sheep;
- 16 emaciated carcasses of pigs.

The butchers' shops, eating houses, fish shops, etc., are frequently inspected to see that the premises and utensils are clean and in good order.

Dairies, Cowsheds, and Milk Shops.

The number of these premises within the District is:—

Dairies and Cowsheds	...	...	9
Milk Shops	...	...	6
Purveyors only within the Urban area			4

Several visits were paid to these premises throughout the year. The local dairymen and purveyors of milk appear to be plying their trade with due regard to the protection of the milk supply from contamination. Limewashing of premises is carried out in May and October.

The hygiene of Cowsheds, Dairies, and Slaughterhouses and other places where food is stored or handled is constantly under observation, and kept up to a high standard of cleanliness.

Manure Notices.

With regard to periodical removal of manure from stables, notices are circulated throughout the District during the summer months to have all manure removed from stables, etc., at least twice a week, in order to prevent the breeding of flies.

The notices are complied with, and the results satisfactory.

Bakehouses.

There are nine bakehouses in the district, three of which are underground.

Notices under Section 99 of the Factory and Workshop Act, 1901, are sent out to all occupiers of bakehouses throughout the District, requiring them to thoroughly limewash their bakehouse premises twice a year. All the notices were complied with.

Offensive Trades.

Under the provisions of the Public Health Act Amendment Act, 1907, Section 12 of the Public Health Act, 1875, the establishment of the Trade of fish-frier is an offensive trade within the Urban area.

Slaughter-houses.

There are two licensed and three registered slaughterhouses in the District, and these are being maintained in a satisfactory manner. Limewashing and cleansing is carried out regularly and systematically.

Every endeavour is made to examine all meat killed before it is offered for sale.

Summary of Statistics.

Relating to the sanitary work effected in the District, the information desired has been supplied as fully as possible.

The work has proceeded along the usual lines, and resolved itself into several main features, viz. :—

- (a) Inspecting premises on complaint, or for special purposes, as after infectious diseases.
- (b) Inspections for supervision of works in hand to comply with notices.
- (c) Inspections under Factory and Workshop Acts, Dairies, Cowsheds, and Milk Shop Regulations, Slaughterhouses, etc.

For the information of the Council, and in accordance with the requirements of the Ministry of Health, I append hereto a table showing the defects found to exist on the properties inspected during the year:—

Statistics of Inspections, Nuisances, etc.—

Number of premises visited in house inspection under the	
Public Health Acts	372
„ nuisances abated	821
„ houses inspected from complaints received	237
„ premises inspected after complaints, and no nuisance found	4
„ visits in respect of illness	79
„ visits in respect of disinfecting rooms	93
„ visits in respect of removal of bedding for disinfecting	27
„ visits for sundry purposes and re-inspections	1,217
„ preliminary notices, letters and verbal instructions issued for the abatement of nuisances	345
„ Statutory notices issued	8
„ visits to dairies, cowsheds, and milkshops	62
„ visits to slaughterhouses	45
„ Letters, Notices, etc., sent out	1,472

Remedial Works carried out.

As the result of notices issued under the Public Health Acts and the Housing and Town Planning Act, 1919, the under-mentioned works have been carried out during the year:—

1. *Arrangements for Prevention of the Contamination of Water Supply.*
Defects found—

Water cisterns defective	29
„ dirty or inaccessible	37
„ without covers	10
„ covers defective or dilapidated	29
Houses without water supply through defective supply pipes	12
„ supplied with tap direct from main over sink, instead of through storage cistern	6

2. *Closet Accommodation. Defects found.*

W.C. pans in foul condition	5
„ pans broken or otherwise defective	12
„ buildings structurally dilapidated or dirty	27
„ flushing cisterns defective	42

3. *Drainage. Defects.*

Drains in leaky condition	37
„ unventilated	2
„ without inspection chambers or same defective	9
„ communicating direct with sewer, without intercepting trap	1
„ choked, cleared, and cleansed	35
Rain-water pipes acting as ventilators to the drain disconnected and made to discharge over properly trapped gullies	11
Defective soil and ventilating pipes repaired	27

Defective traps removed and proper traps substituted ...	14
Premises without sufficient lavatory accommodation; additional conveniences provided ...	1
Premises re-drained ...	23
Cesspools constructed ...	0
Cesspools cleaned out and repaired ...	4
4. <i>Condition of Dwelling Houses in regard to Light, Free Circulation of Air, Dampness, and Cleanliness. Defects found.</i>	
Light and ventilation insufficient and windows dilapidated ...	9
Dwelling houses damp ...	27
Ceiling and walls of rooms cleansed ...	214
Ceiling and walls of rooms repaired ...	105
Defective scullery sinks ...	15
Defective sink waste pipes ...	17
Leaky and dilapidated roofs ...	43
Floors dilapidated and defective ventilation underneath ...	9
Defective staircases ...	7
5. <i>Paving, Drainage and Sanitary Conditions of Yards or Outhouses. Defects found.</i>	
Yards in dirty condition ...	9
Yards without paving or drainage ...	11
Yards with defective or insufficient paving ...	24
6. <i>Arrangements for Deposit of Refuse and Ashes. Defects found.</i>	
Absence of dust-bins, so dilapidated as to be unfit for use ...	47
7. <i>Existence of Rooms unfit for Human Habitation. Defects found.</i>	
Rooms unfit for habitation; thoroughly renovated ...	5
Houses unfit for habitation ...	
Houses overcrowded ...	4
8. <i>Defects in other matters.</i>	
Eaves, gutters, and rain-water pipes in defective condition ...	34
Animals improperly kept ...	5
Miscellaneous defects ...	56
Removals of manure ...	Numerous.
Accumulation of rubbish ...	7
Bedding cleansed ...	2

Periodical circular letters and reminders with regard to cleansing of Cowsheds, Piggeries, Slaughterhouses, the removal of manure and cleansing of Urinals attached to Public-houses are all dealt with systematically, but I have found the clerical work of the department exceptionally heavy at times, and necessitating evening work to cope with the same.

In conclusion, I wish to express my indebtedness to the Chairman and members of the Council for the support which has been extended to me in carrying out the duties of my offices, and for the valuable help rendered to me by my colleagues.

I beg to remain, Gentlemen,

Your obedient Servant,

J. LEWIS, M.In.M. & Cy.Engr.
Building Surveyor and Sanitary Inspector.

East Barnet Valley Urban District Council.

Building Surveyor's Report.

For the Year 1921.

New Buildings.

Plans submitted	...	...	...	...	...	37
Plans disapproved	...	...	...	...	...	2
Plans amended	...	...	...	...	...	2
New houses completed	...	...	...	...	...	9
Motor garages, etc.	...	...	...	...	...	12
Alterations and additions	...	...	...	...	...	17
Factory and workshop buildings	...	...	...	...	...	2
Temporary buildings	...	...	...	...	...	12

Temporary buildings licensed from year to year, subject to buildings being maintained in good repair and free from nuisance—

No. of Licences on Register	...	...	...	...	94
" " cancelled	...	...	...	...	17
" " on live Register	...	...	...	...	77

Drainage of Existing Buildings.

Plans submitted	...	...	...	...	12
Drains tested by smoke on complaint or after notification of infectious disease	...	...	...	...	37
Entirely new drains provided after notice	...	...	...	...	23
Part new drains provided after notice	...	...	...	...	14

All new drains are subjected to water test both before and after being covered in.

It is the exception rather than the rule to find bad workmanship, but occasionally faulty materials cause work to be done over again before the same can be passed.

Subsidized Houses.

Period ending December 31st, 1921.

No. of Plan. 1921.	No. of Houses.	Certificate A. B.		Completed.	In course Erection.	Date completed.
12	1	14	13	1		18.7.21
1	1	12	12	1		18.7.21
14, 21	1	18	16	1		24.7.21
18	1	16	14	1		22.10.21
19	1	17	15	1		15.12.21
6	1	13	19		1	
15	2	15	18		2	
8		105	107	5	3	

J. LEWIS, M.In.M. & Cy.Eng.,
Building Surveyor.