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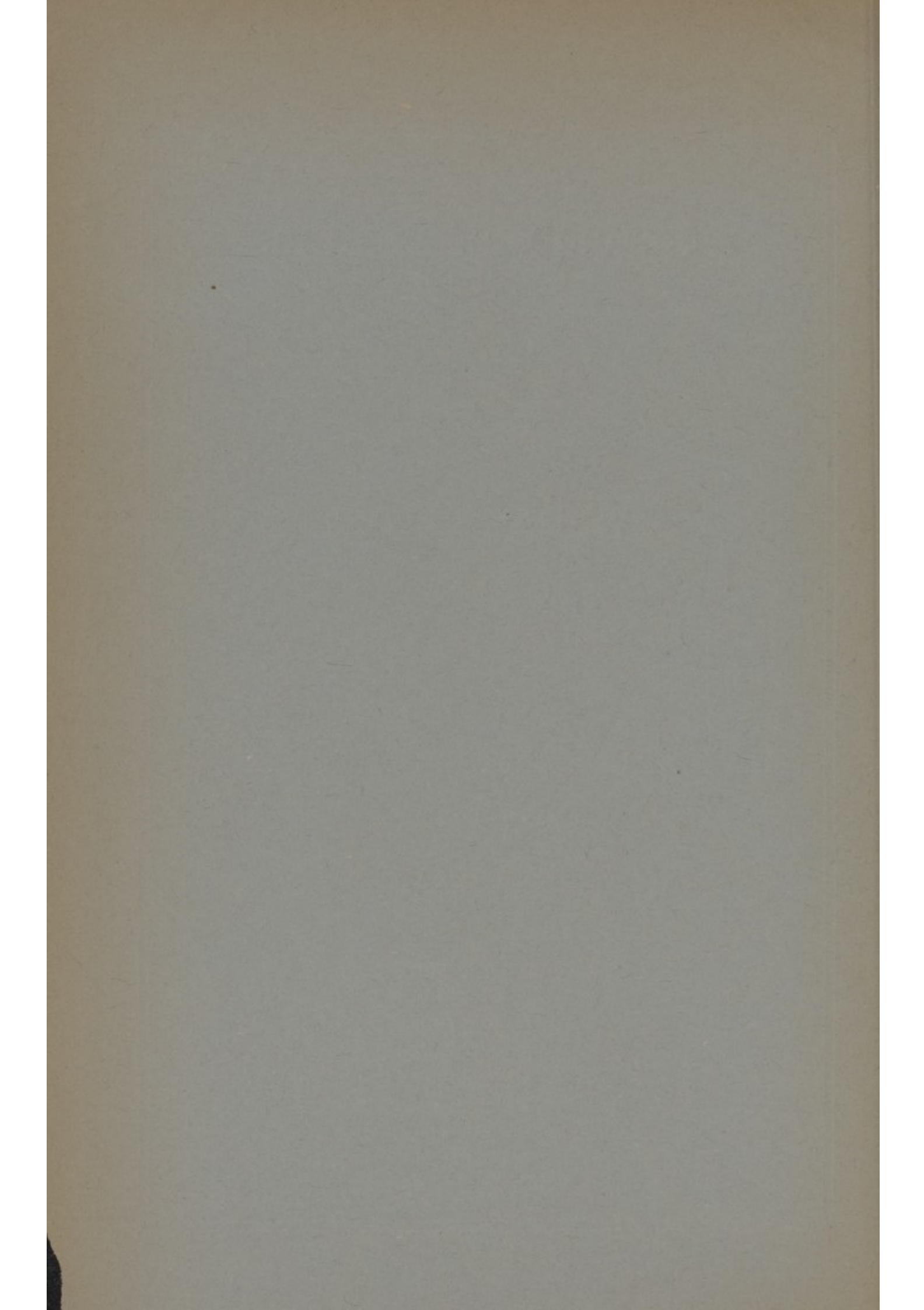
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Borough of Ealing.



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1930.

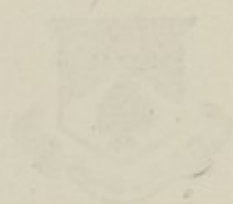
THOMAS ORR, M.D., D.Sc.,

Of the Middle Temple, Barrister-at-Law
Medical Officer of Health,
School Medical Officer and
Medical Superintendent of the
Isolation and Maternity Hospitals.

EALING :

FRANCIS A. PERRY, LTD., 4, KIRCHEN ROAD.

Journal of Health



Journal of Health

Medical Officer of Health

Medical Officer

and Sanitary

1930

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

of the Local Board of Health, and

Sanitary Officer, and

Sanitary Officer, and

Sanitary Officer, and

Sanitary Officer, and

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PUBLIC HEALTH COMMITTEE

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Annual Report

of the

Medical Officer of Health

1930.

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JOHN PETRIE, M.B., CH.B., D.P.H. (appointed April, 1930).

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RAVENOR PARK, GREENFORD.

ISLIPS MANOR, NORTHOLT.

NOTE.—To the salaries of all the above officials, excepting those marked with an asterisk, contribution is made under the Public Health Acts or by Exchequer Grants.

SUMMARY OF GENERAL STATISTICS, 1930.

Area (in Acres)	9,135
Population (Census, 1921)	90,601
Population (Estimated 1929)	104,000
Number of Inhabited Houses (1921)	18,642
Number of Inhabited Houses (end of 1930) according to Rate Books	27,936
Number of Families or separate Occupiers (Census, 1921)	21,955
Rateable Value	£1,079,552
Net Produce of a Penny Rate	£4,326

SUMMARY OF VITAL STATISTICS, 1930.

Live Births :—

Legitimate Males, 823	Females, 735	Total, 1,558	} 1,632
Illegitimate Males, 46	Females, 28	Total, 74	
Birth-Rate ... ..	...	...	15.7

Still-births :—

Males, 35	Females, 19	...	...	Total	54
Rate per 1,000 total Births	...	...	...	...	33
Deaths : Males, 569	Females, 580	...	...	Total	1,139
Death Rate	...	...	...	...	11.0
Percentage of Deaths occurring in Public Institutions	...	...	...	...	42

Deaths of Infants under 1 year :—

Legitimate : Males, 34	Females, 30	...	Total	64	} 71
Illegitimate : Males, 6	Females, 1	...	Total	7	

Infant Death-Rate per 1,000 Live Births :—

Legitimate, 41	Illegitimate, 95	Total	44
----------------	------------------	-----	-----	-------	----

	Total Deaths	Death-Rate per 1,000 Births
Diarrhoea (under 2 years of age)	6	3.7
Number of Women Dying in, or in consequence of, Childbirth :—		
From Sepsis	4	2.4
From Other Causes	2	1.2

	Total Deaths	Death-Rate per 1,000 Population
Measles	7	0.07
Whooping Cough	4	0.04
Diphtheria	8	0.08
Scarlet Fever	3	0.03
Influenza	11	0.11
Tuberculosis of Lung	71	0.68
Other Forms of Tuberculosis	16	0.15

TABLE I.

**Comparison of Vital Statistics of Ealing with those
of England and Wales, Etc., 1930.**

	England and Wales	107 Great Towns (including London)	London	Ealing
Birth-Rate	16.3	16.6	15.7	15.7
Death-Rate	11.4	11.5	11.4	11.0
Infant Death-Rate	60	64	59	44
Measles Death-Rate	0.10	0.15	0.23	0.07
Whooping Cough Death-Rate	0.05	0.05	0.03	0.04
Diarrhoea (under 2 years per 1,000 Births)	6.0	8.3	9.9	3.7
Diphtheria Death-Rate	0.09	0.10	0.10	0.08
Scarlet Fever Death-Rate	0.02	0.02	0.02	0.03
Influenza Death-Rate	0.12	0.11	0.08	0.11

VITAL STATISTICS.

Population.

The imminence of the 1931 Census has persuaded the Registrar-General to abstain from estimating the population at the middle of 1930. The estimated population at the middle of 1929 is therefore taken as that on which the rates for 1930 are calculated and it is assumed that when the Registrar has the Census figures for 1931 available he will estimate the population for 1930, on which basis the rates for 1930 will be re-calculated.

During the year the natural increase of the population, or the excess of live births over deaths, was 493.

At the Census in 1921 the total population for the area was 90,601. The Census Returns for 1921 showed that there were 18,642 structurally separate dwellings in the area now within the Borough with 21,955 families inhabiting them. Owing to the changed conditions since 1921 there is no doubt that the Census figures will show a proportionately higher number of families in inhabited houses. At the 1921 Census there were 112,116 rooms occupied, thus indicating that there were 1.24 rooms per member of the population.

The area of the Borough is now 9,135 acres and the density of population, or the number of persons per acre, is 11.

The *Birth-Rate* in the Borough of 15.7 is the same as that for London and a little less than that for England and Wales, which is 16.3 per thousand of population. The rate is a little more than in the previous year, which was 14.7. This may be accounted for by the large number of young married people who have made their homes recently in Greenford.

The *Death-Rate* of 11.0 is less than that in the previous year, when it was 11.3. It is less than that for London and that for England and Wales, which are both 11.4.

The *Infant Death-Rate* of 44 per thousand live births compares very well with that for London, which is 59, with that for England and Wales, which is 60, and with that for the 107 Great Towns (with which Ealing is comparable) of 64. The rate is less than that for the previous year, which was 48 per thousand births, although it is higher by 3 than the lowest recorded Infant Death-Rate, which occurred in 1928. In Table II the rates since 1911 are indicated. It is interesting to note in this Table that in five-yearly periods from 1911 to 1931 the Infant Death-Rates were successively 76, 62, 55 and 49, indicating a steady decline. In Table IIIA are shown the Infant Deaths from the various causes and the ages at which death occurred. It will be seen that premature birth

accounted for the greatest number of deaths. It will also be noted that 38 of the deaths occurred in children under four weeks old, which gives a *Neo-Natal Death-Rate* of 24 per thousand births.

The *Illegitimate Infant Death-Rate* is 95 per thousand illegitimate births, compared with the *Legitimate Infant Death-Rate* of 41 per thousand legitimate births.

Stillbirths.—The number of Stillbirths registered in the area was 54, which gives a rate of 33 per thousand births.

TABLE II.

Showing Birth-Rate, Death-Rate and Infant Death-Rate for Ealing for the Years 1911-1930.

Year		Birth-Rate	Death-Rate	Infant Death-Rate
1911	...	20.2	11.5	121
1912	...	20.6	9.7	67
1913	...	18.2	8.9	72
1914	...	17.5	9.4	59
1915	...	16.6	10.2	63
1916	...	17.0	11.1	58
1917	...	14.8	10.5	63
1918	...	13.0	13.6	76
1919	...	13.3	10.8	65
1920	...	17.8	8.8	47
1921	...	16.9	10.6	63
1922	...	16.2	11.0	52
1923	...	15.6	10.6	58
1924	...	14.3	11.1	47
1925	...	14.0	9.1	56
1926	...	14.0	10.1	55
1927	...	14.1	10.5	56
1928	...	14.9	9.6	41
1929	...	14.7	11.3	48
1930	...	15.7	11.0	44

TABLE III.

Causes of Infant Deaths, 1921 to 1930.

	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Diarrhoeal Diseases ...	9	5	2	4	1	4	3	5	4	3
Premature Birth ...	10	5	11	7	9	23	20	14	25	14
Congenital Defects ...	4	6	8		10	5	9	6	4	9
Atrophy, Debility, Marasmus ...	12	10	9	6	8	13	11	6	10	9
Tuberculous Disease* ...	—	2	1	3	—	—	—	2	1	2
Syphilis ...	2	—	—	—	1	1	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Meningitis (<i>not Tuberculous</i>) ...	1	—	1	2	1	1	—	1	3	1
Convulsions ...	2	2	2	2	—	1	2	3	3	6
Bronchitis ...	6	5	5	1	4	7	5	7	2	4
Pneumonia (all forms) ...	9	1	10	3	5	5	7	4	8	10
Gastritis ...	1	2	1	—	—	1	—	1	1	—
Common Infectious Diseases ...	7	4	2	3	3	1	2	—	6	2
Other Causes ...	9	15	10	11	12	9	15	12	6	11
Totals ...	72	57	62	46	54	71	74	61	73	71

TABLE IIIA.

Infant Mortality during the Year 1930.

Deaths at various Ages under One Year of Age.

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
All Causes—Certified ...	20	9	3	6	38	8	9	9	7	71
Uncertified ...	—	—	—	—	—	—	—	—	—	—
Small-pox ...	—	—	—	—	—	—	—	—	—	—
Chicken-pox ...	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—
Whooping-Cough ...	—	—	—	1	1	—	—	1	—	2
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ...	—	—	—	—	—	—	2	—	—	2
Abdominal Tuberculosis ...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis (<i>not Tuberculous</i>)	—	—	—	—	—	—	1	—	—	1
Convulsions ...	1	2	—	—	3	—	1	2	—	6
Laryngitis ...	—	—	—	—	—	—	—	—	—	—
Bronchitis ...	—	—	—	1	1	1	—	—	2	4
Pneumonia (all forms) ...	—	—	—	—	—	3	1	1	5	10
Diarrhoea ...	—	—	—	1	1	—	—	—	—	1
Enteritis ...	—	—	—	—	—	—	1	1	—	2
Gastritis ...	—	—	—	—	—	—	—	—	—	—
Syphilis ...	—	—	—	—	—	—	—	—	—	—
Rickets ...	—	—	—	—	—	—	—	—	—	—
Suffocation, Overlying ...	—	—	—	1	1	—	—	—	—	1
Injury at Birth ...	—	—	—	—	—	—	—	—	—	—
Atelectasis ...	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	6	1	—	1	8	—	1	—	—	9
Premature Birth ...	9	3	1	—	13	—	—	1	—	14
Atrophy, Debility and Marasmus	3	1	1	—	5	2	2	—	—	9
Other Causes ...	1	2	1	1	5	2	—	3	—	10
Totals ...	20	9	3	6	38	8	9	9	7	71

The total deaths from the various diseases are indicated in Table IV. It will be seen that heart disease was responsible for the greatest number of deaths, namely, 233, giving a death-rate of 2.24 per thousand of population; the next was cancer with 171 deaths, giving a death-rate of 1.64; and bronchitis and pneumonia accounted for 117 deaths, giving a death-rate of 1.11.

Of the infectious diseases, measles caused 7 deaths, giving a death-rate of 0.07 per thousand of population; scarlet fever 3 deaths, giving a death-rate of 0.03; whooping cough 4 deaths, giving a death-rate of 0.04; influenza 11 deaths, giving a death-rate of 0.11; and tuberculosis 87 deaths, giving a death-rate of 0.83.

TABLE IV.
Causes of Death, 1930.

Cause of Death.	Male	Female	Total
Enteric Fever	—	—	—
Smallpox	—	—	—
Measles	6	1	7
Scarlet Fever	2	1	3
Whooping Cough	—	4	4
Diphtheria	4	4	8
Influenza	7	4	11
Encephalitis Lethargica	—	1	1
Meningococcal Meningitis... ..	—	1	1
Tuberculosis of Respiratory System	32	39	71
Other Tuberculous Diseases	10	6	16
Cancer, Malignant Disease	85	86	171
Rheumatic Fever	3	1	4
Diabetes	4	8	12
Cerebral Haemorrhage, etc.	25	26	51
Heart Disease	91	142	233
Arterio-Sclerosis	22	31	53
Bronchitis	18	23	41
Pneumonia (all forms)	35	28	63
Other Respiratory Diseases	7	6	13
Ulcer of Stomach or Duodenum	6	—	6
Diarrhoea, etc. (Under 2 years)	3	3	6
Appendicitis and Typhlitis	6	2	8
Cirrhosis of Liver	2	1	3
Acute and Chronic Nephritis	18	16	34
Puerperal Sepsis	—	4	4
Other Accidents and Diseases of Pregnancy and Parturition	—	2	2
Congenital Debility and Malformation, Premature Birth	22	14	36
Suicide	8	6	14
Other Deaths from Violence	41	16	57
Other Defined Diseases	101	104	205
Causes ill-defined or unknown	1	—	1
Total	559	580	1139

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

HOSPITALS.

(1) *Isolation Hospital*.—A Hospital for the reception of cases of infectious disease, which is under the control of the Chiswick and Ealing Hospitals Committee, provides jointly for cases coming from the Borough of Ealing and the Urban District of Brentford and Chiswick. The Hospitals Committee are proceeding with proposals for the extension of this Hospital so as to provide adequate accommodation to meet the needs of the rapidly growing population. The Hospital is situated in a very convenient position at South Ealing, where it is readily accessible from the whole of the area served.

(2) *Smallpox Hospital*.—By virtue of arrangements made by the Middlesex County Council cases of smallpox occurring in Ealing are received by the London County Council into their Smallpox Hospitals.

(3) *Tuberculosis Hospitals*.—Hospital accommodation for cases of tuberculosis occurring within the Borough is provided by the Middlesex County Council at Harefield Sanatorium and at Clare Hall Hospital.

(4) *Maternity Hospital*.—The Chiswick and Ealing Hospitals Committee manage a Maternity Hospital of 22 beds, the area served including both the Borough of Ealing and the Urban District of Brentford and Chiswick. The demand for admission is so great that frequently bookings have to be suspended. The Hospitals Committee are now considering proposals for the extension of the Hospital to meet the demand for additional beds.

(5) *Hospital Provision for Children*.—At the King Edward Memorial Hospital there is a Children's Ward of 12 beds, where children under five years of age can be referred for treatment from the Health Centres. There is also a small Children's Ward of three beds at the Hanwell Cottage Hospital.

(6) *Provision for Orthopaedic Treatment.*—A scheme is in operation by which, in conjunction with the Royal National Orthopaedic Hospital, children from birth to school-leaving age can receive suitable orthopaedic treatment. A Surgeon from the Hospital attends at the Mattock Lane Health Centre to give advice as to the treatment which is required. If operative treatment is necessary arrangements are made for the child's admission to the National Orthopaedic Hospital at Stanmore, and if massage and manipulative treatment, or special physical exercises are necessary they are given at the Mattock Lane Centre by a trained masseuse.

The parents take full advantage of this scheme and so great has been the demand for this form of treatment that it has been necessary to erect a special building at the rear of the Mattock Lane Centre to provide accommodation for this work.

(7) *Other Hospitals.*—To meet the general medical and surgical needs of the Borough 94 beds are provided at the King Edward Memorial Hospital, in addition to the Children's Ward previously mentioned. Twelve beds are also provided for general cases at the Hanwell Cottage Hospital.

The West Middlesex Hospital, situated at Isleworth, provides hospital accommodation under the Poor Law for people residing in the Borough as well as in neighbouring areas. This Hospital came under the control of the Middlesex County Council on the 1st April, 1930, when the duties of the Brentford Board of Guardians were transferred under the Local Government Act, 1929.

AMBULANCE FACILITIES.

(1) *For Cases of Infectious Disease.*—A Motor Ambulance is maintained by the Chiswick and Ealing Hospitals Committee for the purpose of removing cases of infectious disease to the Isolation Hospital.

(2) *For Non-Infectious and Accident Cases.*—The Town Council provides two motor ambulances for the purpose of conveying cases, other than those of infectious disease, to hospitals and nursing homes. No charge is made for local runs, but charges ranging from 7s. 6d. to £1 1s. 0d. are made if the ambulance is required to go outside the Borough.

To facilitate the provision of an efficient day and night service an additional driver and an additional attendant have recently been engaged. These additions to the staff have enabled arrangements to be made for a driver to be on duty at the Ambulance Station at all hours of the day and night and for an attendant to accompany the ambulance on all occasions. They have also made it possible to have two ambulances available at the time of the day when most calls are made, between 1 and 4 p.m. The work of the ambulance service during the last four years is shown in the following Table.

General Ambulance Service.

	1927	1928	1929	1930
Accident Cases Conveyed ...	365	520	530	546
Illness Cases Conveyed ...	804	1,098	1,070	1,211
Total Cases Conveyed...	1,169	1,618	1,600	1,757
Number of Journeys outside the Borough ...	205	253	215	226
Number of Miles Travelled ...	6,329	8,379	7,988	11,111

CLINICS AND TREATMENT CENTRES.

<i>Name</i>	<i>Address</i>	<i>Provided by</i>
Health Centre ...	13, Mattock Lane, Ealing.	Ealing Town Council
Health Centre ...	Cherington House, Hanwell.	Ealing Town Council
Health Centre ...	Ravenor Park, Greenford.	Ealing Town Council
Health Centre ...	Islips Manor, Northolt.	Ealing Town Council
Orthopaedic Clinic ...	13, Mattock Lane, Ealing.	Ealing Town Council
Tuberculosis Dispensary	Green Man Lane, West Ealing.	Middlesex County Council
Treatment Centres for Venereal Disease ...	Certain Hospitals in London.	Middlesex County Council

Two new Health Centres were opened during the year, one at Northolt where the purchase of land as a public recreation ground offered a house (Islips Manor) erected thereon as a suitable building for conversion into a Health Centre to provide for the ever increasing needs of the Northolt Ward, and the other at Ravenor Park, Greenford, where a new building in every way suitable for the purpose was erected.

Islips Manor was easily adapted for its use as a Health Centre. On the ground floor, which is devoted to the Maternity and Child Welfare Department, there is a wide entrance hall with a wide staircase leading to the first floor. From the entrance hall one can enter independently the large waiting room, the health visitor's or weighing room and the doctor's room, yet all these rooms can be entered from one another. This facilitates the movement of the mothers and children from the waiting room to the weighing room and to the doctor's room.

On the ground floor there are sanitary conveniences for the mothers and for girls and a store room for staff purposes.

On the first floor, which is devoted to the School Medical Service, there is the dentist's room, the waiting room, the doctor's room and the clerk's room, with sanitary accommodation for the staff and for boys and a bathroom for use in cleansing school children or in treating cases of scabies.

The whole of the heating is by gas fires, an Ideal boiler supplying hot water for the wash-hand basins in the various rooms and sanitary compartments.

There are good quarters for the caretaker and an ample pram shelter is available.

The arrangements in general are those which obtain at the other Health Centres.

Ravenor Park Health Centre is the fourth Health Centre to be established in the Borough of Ealing and has been built to serve the needs of the rapidly growing area of Greenford. The other three in the Borough were formed by the adaptation of old buildings



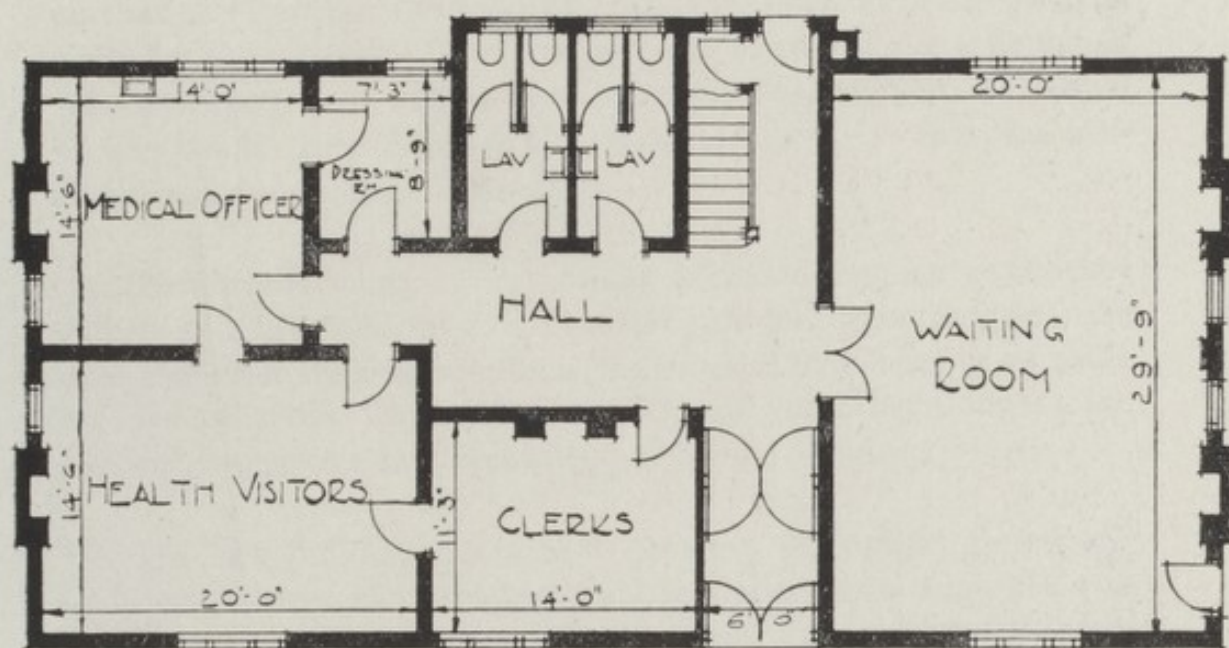
RAVENOR PARK HEALTH CENTRE.



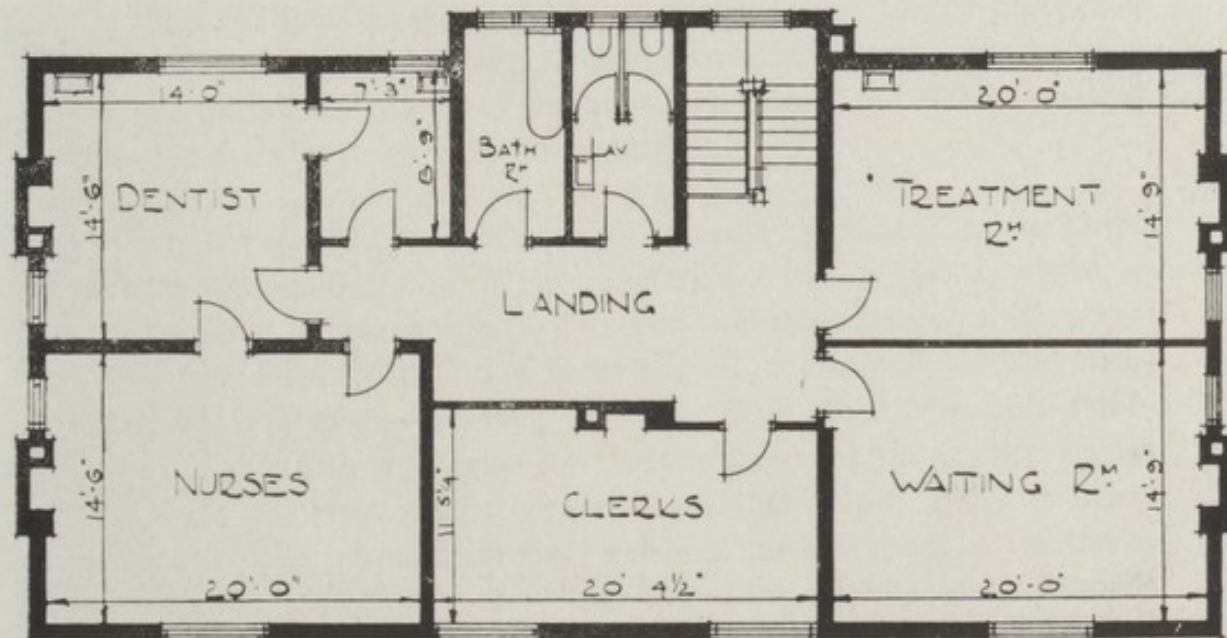
ISLIP'S MANOR HEALTH CENTRE.

BOROUGH OF EALING

RAVENOR PARK HEALTH CENTRE



GROUND FLOOR



FIRST FLOOR

W. R. Hicks

M. Inst. C. E., F. S. I.
BOROUGH ENGINEER & SURVEYOR
Oct. 1930

so that the Ravenor Park Centre stands by itself in being specially built for the purpose. The site is in the centre of the area which has developed most and is near the old village and at the corner of the public recreation ground, Ravenor Park, so that the surroundings are open and pleasant.

The arrangement of the rooms is based on the experience gained in the establishing and working of the other Centres. As with the other Centres one floor (the ground floor here) is set aside for Maternity and Child Welfare work and the other floor for the Medical Inspection and Treatment of School Children.

The new building has a very pleasing, one might almost say inviting exterior, the architecture being a modern adaptation of the Georgian style. The walls are built of dull red Sussex bricks with red brick facings with a red tile roof. In front there is a low brick wall surmounted with a low artistic iron railing with double gates at either end.

There is a main entrance door giving access to the main hall and a side door giving access to a large waiting room. Next to the side entrance there is a pram shelter which is built of brick in keeping with the architecture of the main building.

On the ground floor there is the main entrance hall, a large waiting room, 30 ft. by 20 ft., a clerk's room, a health visitor's and weighing room combined, a doctor's room and a dressing room. These last four rooms have inter-communicating doors and also have separate doors entering into the main hall. On this floor there are separate lavatories for the staff and for the mothers and girls. On the first floor there is a waiting room, a doctor's or treatment room, a clerk's room, a school nurse's room, a dentist's room and a recovery room. The last three rooms are arranged *a la suite* and also with separate doors to the hall. On this floor there are also lavatories for boys and a bathroom for treating school children.

The rooms in the building are so arranged that sessions for mothers and babies and for school children can go on at the same time without the one interfering with the other, there being a large

waiting room for mothers, in which lectures and demonstrations in knitting and sewing can be given, and a smaller waiting room upstairs for school children.

The mothers are received in the waiting room. They then pass to the weighing room, which is also the health visitor's room, and if the mothers or children have to see the doctor they pass directly into the doctor's room and finally through the dressing room to the hall and exit.

All the walls are oil painted. The waiting and clerk's rooms are painted cream with a light brown dado, the woodwork a dark oak colour. The other rooms are entirely cream with the woodwork in oak colour in the school nurse's and health visitor's rooms and in glossy white in the doctor's and dentist's rooms.

In the hall and landing the floors are laid with polished wood blocks and in all the other rooms the floors laid with polished maple in narrow widths with hidden nailing. In the lavatories the walls, to a height of 7 ft., and the floors are of terazzo with rounded corners.

Sorbo-rubber treads and risers are fitted on the stairs to lessen noise from the energetic tramp of the older children going up to the School Medical Section.

The windows in the rooms on the ground floor have semi-opaque glass on the lower halves so as to avoid the necessity of curtains. The windows on the first floor, excepting those in the dentist's and doctor's rooms have clear glass.

The cornices are all simple and rounded and every effort has been made to avoid corners and to preserve cleanliness.

Warming is effected by a low pressure central heating system with the boilers in an underground chamber, with supplementary or emergency gas fires in all rooms. These gas fires are fitted in tiled overmantels of simple yet pleasing design and upon raised tiled hearths. The fires should only be necessary in very cold

winter weather or if the central heating fails from any cause. There is also a hot water supply for the wash-hand basins available for patients and staff. The pipes for the heating and for the hot water services are hidden in channels under the floors where there are trap doors for access.

From this description it will be recognised that the labour needed in cleaning the Centre will be reduced to a minimum. In this respect an object lesson will be provided for the mothers attending the Centre.

All the activities in connection with maternity and child welfare (including ante-natal and child consultations) and medical inspection and treatment of school children in the Greenford area will be carried on in the Ravenor Park Health Centre as a separate unit with supervision from headquarters. The only forms of treatment which are centralized at the Mattock Lane Centre are orthopaedic treatment, for which a separate building has recently been erected, and operations for enlarged tonsils and adenoids.

PROFESSIONAL NURSING IN THE HOME.

(1) *General*.—The Greater Ealing Nursing Association continues to perform most valuable work in meeting the need for sick nursing in the homes of the people. The five nurses on the staff made 15,988 visits, and nursed 637 patients during the year. The Northolt Nursing Association provides a nurse for sick nursing in that area.

(2) *Infectious Diseases*.—In return for contributions from the Town Council the two Nursing Associations provide nursing assistance where required for children under five years of age suffering from ophthalmia neonatorum, measles, whooping cough, poliomyelitis and diarrhoea. The attendance of the district nurses at the Health Centres to assist in the weighing of children facilitates the co-operation that is so essential between the District Nursing Service and the Maternity and Child Welfare Service.

(3) *Midwifery Service*.—The nurses employed by the Greater Ealing Nursing Association do not carry out midwifery work. For attendance on mothers in necessitous circumstances the Town Council does not subsidise or permanently employ any particular midwife. When a midwife is required for a necessitous case the midwife nearest the patient is employed and the Council defrays the cost. All the midwives in the Borough are "trained" and on the whole are so efficient in carrying out their duties that there is no difficulty in selecting a midwife who resides near to the expectant mother.

MATERNITY AND NURSING HOMES.

The powers and duties under the Nursing Homes Registration Act, 1927, as regards the Borough were delegated to the Town Council by the Middlesex County Council as from the 1st October, 1930.

Byelaws prescribing the records to be kept of patients received into a nursing home, etc., in accordance with Section 4 of the Nursing Homes Registration Act, have been adopted. Certificates of registration and certificates of exemption were issued to all the nursing homes in the Borough who had been registered or exempted, as the case may be, by the County Council.

Three new applications for registration were received. In two of these the premises were found to be suitable in every way and were registered accordingly, but the third application was withdrawn after the applicant had been advised that the house was not very suitable for conversion into a nursing home and after he had discovered that there was little demand for the accommodation which it was proposed to provide.

The following table gives information regarding the nursing homes that have been registered within the area.

	<i>No. of Homes</i>	<i>No. of Beds</i>
Number of Nursing Homes transferred to the control of the Council on 1st October, 1931 ...	26 (14)	187 (83)
Number of applications for registration ...	3	—
Number of Nursing Homes Registered ...	2 (1)	19 (1)
Number of Applications Withdrawn ...	1	—
Number of Nursing Homes Discontinued ...	2	5
Number of Nursing Homes remaining on Register at end of year ...	26 (15)	201 (84)

(The figures shown in brackets indicate the number of Homes and Beds devoted wholly or partly to the reception of Maternity Cases).

Number of Applications received for exemption from registration ...	3
Number of Applications for exemption from Registration Granted ...	3
The Visits made to the Nursing Homes during the three months from the 1st October, were as follows :—	
By the Assistant Medical Officer, as Inspector of Midwives and Nursing Homes ...	8
By the Medical Officer of Health ...	1

In connexion with the inspection of nursing homes the Chief Sanitary Inspector made visits to two places to advise on the sanitary arrangements and the Chief Officer of the Fire Brigade visited two places to make suggestions regarding the precautions in case of fire.

ADMINISTRATION OF MIDWIVES ACTS, 1902 TO 1926.

By virtue of an Order under Section 62 of the Local Government Act, 1929, the Town Council became the local supervising authority under the Midwives Acts on the 1st October, 1930. The Middlesex County Council supplied information that on that date there were 28 midwives residing in the Borough of Ealing who had notified to the County Council their intention to practise as midwives during the year 1930. During the three months, from the 1st October to the 31st December, notice of intention to practise was

received from other 4 midwives. During the same period 2 midwives removed from the district, so that at the end of the year the number of practising midwives was 30. Of this number 5 were engaged at the Chiswick and Ealing Maternity Hospital and 11 were engaged in private nursing homes.

All of the midwives practising in the Borough possess the Certificate of the Central Midwives Board.

Number of Births attended by Midwives.—Practising midwives are required to furnish a return at the close of each year detailing the number of women attended by them, either in the capacity of midwife or whilst acting as a maternity nurse under the direction of a medical practitioner. From the returns supplied by the midwives it was found that during the three months ending 31st December, 1930, 236 births in Ealing were attended by certified midwives acting in the capacity of midwife, and in 77 further cases certified midwives acted as maternity nurses in cases attended by doctors. The number of births attended by midwives is equal to 48 per cent. of all births notified, while certified midwives were employed as maternity nurses in a further 16 per cent. of cases.

Notification.—The number of notifications received during the three months from midwives, in accordance with the Rules of the Central Midwives Board, was as follows :—

Notifications of—

Sending for medical assistance :

On account of a complication of pregnancy	7	
On account of a complication during labour	14	
On account of a complication during the puerperium	4	
On account of the health of the child ...	8	
	<hr/>	33
Still-birth	4	
Death : Infant	3	
Laying Out of a Dead Body	1	
Artificial Feeding of Infant	3	
Liability of Midwife to be a source of Infection ...	5	
	<hr/>	
Total		49

The Town Council are responsible for the payment of the fees of medical practitioners when called in by midwives and in respect of the period of three months under review 15 claims were sent in by medical practitioners and fees amounting to £18 17s. 6d. were paid to them. In each case in which a payment is made to a medical practitioner the financial circumstances of the family are considered and the husband is requested to refund a part of the amount paid in accordance with a Scale laid down by the Town Council. The amount of the fees reclaimed was £8 14s. 0d.

Visits to Midwives.—The number of visits made by the Inspector of Midwives, Dr. Edna I. Langston, in connection with the supervision of midwives, apart from those resident in the Maternity Hospital who are under the Matron's continuous supervision, was as follows :—

Routine Visits of Inspection, Etc.	...	17
Special Visits of Enquiry	... ..	7

The routine visits of inspection have shown that the midwives practising in the Borough maintain a very satisfactory standard. The visits of enquiry were in connection with special cases, which were as follows :—

Ophthalmia Neonatorum	... ..	1
Discharge from Baby's Eyes (not Ophthalmia)	... ..	1
Puerperal Pyrexia	... ..	2
Rise of Temperature: (not Puerperal Pyrexia)	... ..	1
Infantile Septicaemia (liability of Midwife to be a source of Infection)	... ..	1
Other Visit	... ..	1

On no occasion could the conduct of the midwife be questioned.

MATERNAL MORTALITY.

Apart from the steps taken to reduce maternal mortality by the provision of maternity help, either at home or at the Maternity Hospital, and the supervision of the expectant mothers at the Health Centres, efforts are being made in two different directions to assist in the elucidation and prevention of death at childbirth. Investigations are carried out regarding all cases of puerperal fever and puerperal pyrexia and regarding all maternal deaths. These are chiefly carried out by the Assistant Medical Officer for Maternity and Child Welfare with the assistance of the Medical Attendant. In a few cases, particularly of puerperal pyrexia, the Medical Attendant furnishes a report on a special form regarding the case and no further action is required. It is pleasing to record that although every case has been investigated, in no instance has a Medical Attendant refused to give all assistance or to fill in the form.

The investigations may not elucidate much with regard to the cause but there can be no doubt that they encourage the medical practitioners to take an interest in these cases and to try to discover anything done, or left undone, which might have been a casual factor. This in itself is sure to lead to greater care in the preparation for and the conduct of a case of labour and in the thoughtful anticipation of difficulties or dangers on the part of the medical practitioner.

Another direction in which action is being taken is in the treatment and pathological investigation of cases of puerperal sepsis. The Governors of Queen Charlotte's Hospital have recently opened at Hammersmith a new block of wards with an adjoining laboratory. The intention is to receive cases of puerperal sepsis and to investigate them with the most recent scientific methods to discover the actual casual organism and to treat them in the ways which are deemed best. The provisions made for this purpose at this Hospital could not be better and the Staff are such as to inspire one with confidence as to the ultimate results of their efforts to discover not only improved methods of treatment but of prevention. The Town Council have undertaken to participate in this work by sending cases of puerperal sepsis occurring in Ealing to this Hospital for treatment.

LABORATORY WORK.

At the public health laboratory the following specimens were examined in connection with the diagnosis and control of infectious disease :—

			<i>Positive</i>	<i>Negative</i>	<i>Total</i>
Diphtheria :	From the Borough	...	69	899	968
	Isolation Hospital	...	92	2,355	2,447
Tuberculosis :	From the Borough	...	45	246	291
Miscellaneous :	From the Borough	...	36	56	92
	Isolation Hospital	...	2	4	6
Total			...	...	...
			244	3,560	3,804

Medical men can send pathological specimens to the Public Health Laboratory, where they are examined free of charge. If any special examinations are required such as the examination of milk for the bacillus tuberculosis and of material from cases of puerperal sepsis the samples are sent to the Lister Institute.

LEGISLATION IN FORCE.

In the following list are noted all the Local Acts, Adoptive Acts, Byelaws and Regulations in force in the Borough :—

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, etc.

Adoptive Acts.

Public Health Acts (Amendment) Act, 1890.

20th November, 1890.

Infectious Disease (Prevention) Act, 1890.

18th December, 1890.

Public Health Act (Amendment) Act, 1907.

21st December, 1908.

Notification of Births Act, 1907.

9th May, 1912.

Public Health Act, 1925. Parts II, III, IV and V.

Byelaws, with date of making, with respect to :—

New Streets and Buildings, 23rd July, 1925.

Smoke Abatement, 17th June, 1930.

Registration of Nursing Homes, 9th December, 1930.

In January, 1929, Byelaws were made by the Town Council, with the approval of the Minister of Health, making certain amendments in the Byelaws with respect to nuisances, in the Byelaws with regard to tents, vans and sheds, repealing certain Byelaws and extending the Byelaws mentioned below to the whole of the extended Borough :—

(1) Prevention of nuisance 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. (added: Humane Slaughtering of Animals, 1922).

Byelaws 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.

The provision of means of escape in case of fire in certain factories and workshops, 22nd March, 1922.

Regulations.

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

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The Greenford and Northolt Wards are supplied with water by the Rickmansworth and Uxbridge Valley Water Company, while the rest of the area is supplied by the Metropolitan Water Board.

Since the completion of new mains at Greenford and Northolt the supply of water has been satisfactory, no complaints having been received regarding the condition or sufficiency of the supply.

RIVERS AND STREAMS.—There has been no occasion during the year to complain of the pollution of any of the streams in the district.

DRAINAGE AND SEWERAGE.—With few exceptions the whole of the houses in the Borough are supplied with water-closets and are drained into the main sewerage system. The exceptions are in the most northerly part of the Mount Park Ward and in the Greenford and Northolt Wards. A very few houses in the Greenford Ward remain unconnected with the sewer and the work of connecting some of these is at present in progress. Little more can be done in the Northolt Ward until there is an extension of the sewerage system and it is to be hoped that this will not be long delayed as some houses draining to cesspools continue to be built.

SEWAGE DISPOSAL.—There are five separate sewage works in the Borough, situated at North Ealing (Perivale), South Ealing, Hanwell, Greenford and Northolt. The treatment of sludge with the new Sludge Pressing Plant has apparently been successful in reducing to a minimum the smell arising from the Hanwell Sewage Works as no complaints have been received since the installation of this plant.

The Greenford Sewage Works have been further extended by the addition of two settling tanks, two primary and two secondary filter beds and two humus tanks. New underdrained sludge beds have also been formed, the drainage from these being collected and retreated. The treatment of the sewage with chlorine at these Works has been continued during the past year and the absence of complaints would indicate that it has been successful in keeping down the production of sulphuretted hydrogen which was formerly given off so freely and caused such bitter complaints from residents in the neighbourhood.

The existence of a large number of sewage disposal works of small size in the West Middlesex area and the possibility of their multiplication in the near future, on account of the extension of building operations, prompted the Middlesex County Council at the suggestion of the Minister of Health, to consider in conjunction with the Local Authorities, the formation of a large main drainage area for West Middlesex and the establishment of suitable sewage disposal works of the most modern type. This proposal, which

has received general support, and which is likely shortly to receive parliamentary sanction, will effect a great improvement in the area covered. In Ealing alone it will mean the scrapping of five different sewage works and two others just over the boundary with consequent improvement of the localities concerned.

CLOSET ACCOMMODATION.—Excepting in the undeveloped portions of the Borough, namely, in the northern portion of the Mount Park Ward and in the Greenford and Northolt Wards, the whole of the houses are supplied with water closets, there being as a rule one water closet for each house or part of a house let as a separate tenement.

The following Table gives the number of pail closets, the number of cesspools and the number of water closets connected therewith, etc., in the areas mentioned at the end of 1930.

During the year under review a number of new houses draining to cesspools were occupied in the Northolt Ward, thus raising the number in the district and neutralising to some extent the good work done in recent years in the abolition of cesspools.

Ward	Houses within					
	Cesspools	Water Closets	Pail-Closets	100 feet of Sewer	No. of Houses	
Northolt ...	95	99	39	11	127	
Greenford ...	26	26	18	13	39	
Hanwell North ...	2	2	—	—	2	
Mount Park and Drayton	14	17	16	—	33	
	137	144	73	24	201	

SCAVENGING AND DISPOSAL OF REFUSE.—The whole of the Borough is scavenged directly by the Council, the house refuse being transported to the two destructors at South Ealing and Hanwell. The Hanwell destructor deals adequately with the work which it is called upon to do. The provision at the South Ealing Works of six new cells and a new tipping floor, which are now in full working order, has relieved the congestion there and has facilitated the ready disposal of the rapidly increasing quantity of house refuse.

REFUSE DUMPS.—A marked improvement has taken place in the way in which the refuse dump belonging to the St. Marylebone Borough Council, and situated in the Greenford Ward, is conducted. So much cannot be said of the large dump at Yeading just over the Borough boundary where house refuse from the Borough of Paddington and other areas is dumped by a firm of contractors. This dump is always on fire and repeated complaints of nuisance from smoke have been received. Representations have been made to the contractors with threats of legal action and as a result the contractors have decided to discontinue depositing refuse on the old dump, which will be allowed to die down, and have undertaken to adopt the system of controlled dumping in layers of eight feet with a layer of soil on the top, particular precautions being taken to keep the surface always covered and to prevent the outbreak of fire. A watch will be kept on this dumping to see that it is carried out properly so as to prevent nuisance.

The Report of the Departmental Committee on London Cleansing to which the Town Council supplied written evidence regarding the nuisance from dumps and suggesting the placing in the hands of local authorities the power of forbidding the establishment of these dumps in their district. This Committee did not see their way to support this suggestion, and reported as follows :—

“That county councils or local authorities should not be given power to exclude refuse from districts other than that in which it is proposed to be deposited, or to exercise a veto over sites proposed to be used for tipping refuse, but that sufficient control could be secured by the local authorities by the adoption and strict enforcement of suitable byelaws, with heavier penalties for infringement ; and that, while the existing law enables further action to be taken by local authorities and county councils against offending parties, it might be amended when opportunity offers on the lines indicated in paragraph 41 of this Report.”

What is wanted is not the power to control such dumps as power to prevent their establishment as is the case with offensive trades which are not such an active source of nuisance or so serious a danger to health.

Recently, however, the House of Commons approved of such a power of veto being placed in a Private Bill presented by the Surrey County Council and it is hoped that such a precedent created in a Private Bill will become the law generally and so enable steps to be taken to deal with a procedure which is a disgrace to modern public health administration.

SMOKE ABATEMENT.—There are few factories in the Borough, but observations are from time to time made on the chimneys. During the year representations were made regarding three factories emitting black smoke. In one case black smoke was being emitted as heavy loads of steam were required at certain times and consequently the furnace required an abnormal quantity of fuel to keep up the pressure. A smoke prevention apparatus was installed in connection with this boiler and proved to be very satisfactory in use. In the second instance the furnace was already provided with steam jets but they had not been used for a considerable time. On being again brought into use the desired effect was obtained. The third offence was caused by bad stoking and considerable improvement was obtained by giving advice to the stoker on the firing of his furnace.

The Byelaw under Section 2 of the Public Health (Smoke Abatement) Act, 1926, made by the Town Council came into operation during the year. This provides that a nuisance shall be presumed when black smoke is emitted for a period of two minutes in the aggregate within any continuous period of thirty minutes from any one chimney in a building other than a private dwelling house or a building used for the manufacture of glass not being a building used for steam raising.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS AND REGULATIONS.—There are no common lodging houses in the Borough and there are no Byelaws with respect to houses let-in-lodgings.

There is only one kind of offensive trade carried on in the Borough, namely, fish-frying, which is conducted in 19 separate premises. During the year 9 applications to establish fish-frying businesses were dealt with but only in two instances was permission

granted and then on the understanding that up-to-date enclosed ranges were installed. One business was discontinued during the year the proprietor still continuing the sale of wet and dry fish.

Efforts have been made to have the older type of range taken out and replaced by modern enclosed ranges. A good deal of success has been met with in this direction.

SCHOOLS.—At least once a year the Sanitary Inspectors make a routine visit to all public elementary and private schools and inspect the sanitary conveniences and drainage and on their reports steps are taken to have remedied any defects which have been found.

In the control of non-notifiable infectious diseases the routine reports of the absentees furnished by the head-teachers at the end of each week prove invaluable to the public health department. They not only enable the Health Visitors to visit the homes affected, but they give a general idea of the prevalence of these diseases at any particular time.

It was not found necessary to close any school in order to check the prevalence of infectious disease.

SANITARY INSPECTION OF THE AREA.—The following tabular statement shows the extent of the work carried out by the Sanitary Inspectors during the year :—

GENERAL.

Number of Premises inspected on Complaint	...	...	729
Number of Nuisances observed by Inspectors	...	...	207
Number of Premises inspected in connection with Infectious Disease	...	...	552
Number of Premises visited by Periodical Inspection (Cowsheds, Dairies, Slaughterhouses, Workshops, Etc.)	...	...	2,260
Number of Houses inspected under House-to-House Survey	...	...	734
Food Inspections	...	...	1,454
Total Number of Re-inspections	...	...	8,053
Canal Boats inspected	...	...	1

Other Inspections	...	...	...	...	...	1,092
Total Number of Inspections and Re-inspections	...	...	...	...	...	15,082
Number of Intimation Notices given	...	...	...	...	...	483
Number of other Letters written	...	...	...	...	...	478
Number of Statutory Notices served	...	...	...	...	...	64
Proceedings before Magistrates	...	...	...	...	...	2

MILK AND DAIRIES ACT, ETC.

Number of Cowsheds on Register	...	...	...	...	8
Number of Inspections made of Cowsheds	...	...	...	...	22
Contraventions of Act or Orders	...	...	...	...	3
Number of Retail Purveyors of Milk on Register	...	...	...	...	80
Number of Inspections of Retail Purveyors' Premises	...	...	...	...	226
Contraventions of Act or Orders	...	...	...	...	8
Proceedings before Magistrates	...	...	...	...	—

SLAUGHTERHOUSES.

Number of Registered or Licensed Slaughterhouses	...	...	...	...	4
Number of Inspections made	...	...	...	...	553
Contraventions of Regulations	...	...	...	...	3
Proceedings before Magistrates	...	...	...	...	—

FACORIES AND WORKSHOPS.

Registered Workshops	...	...	...	...	...	148
Factories	...	...	...	...	...	83
Number of Inspections of Factories and Workshops and Workplaces	...	...	...	...	...	370
Number of Defects concerning which Notices were sent	...	...	...	...	...	52
Proceedings before Magistrates	...	...	...	...	...	—

OFFENSIVE TRADES.

Fried Fish Shops	...	...	...	...	...	19
Other Offensive Trades	...	...	...	...	...	—
Number of Inspections	...	...	...	...	...	83
Contraventions	...	...	...	...	...	2

DISINFECTION.

Rooms Disinfected by Spray :—					
(a) Ordinary Infectious Disease	...	...	...	...	1,053
(b) Tuberculosis	...	...	...	...	157
Rooms stripped and cleansed	...	...	...	...	124
Articles disinfected by Steam at Disinfector :—					
(a) Ordinary Infectious Disease	...	...	...	...	2,250
(b) Tuberculosis	...	...	...	...	436
Articles voluntarily destroyed	...	...	...	...	165

PARTICULARS OF THE SANITARY DEFECTS REFERRED TO IN

NOTICES SERVED AND LETTERS WRITTEN.

Water Closets repaired or supplied with water or otherwise improved	...	...	...	...	...	279
Drains cleared and cleansed	...	...	...	...	...	159
Defects in Drains repaired	...	...	...	...	...	133
Drains reconstructed	...	...	...	...	...	74
Dust-bins provided	...	...	...	...	...	98
Overcrowding remedied	...	...	...	...	...	—
Accumulations of refuse removed	...	...	...	...	...	82
Nuisance from fowls and other animals abated	...	...	...	...	...	14
Damp-proof courses inserted in walls	...	...	...	...	...	42
Ventilation under floors provided	...	...	...	...	...	11
Other forms of dampness remedied	...	...	...	...	...	158
Yards paved and repaired	...	...	...	...	...	85
Floors repaired	...	...	...	...	...	75
Roofs, Gutters and Rain Water Pipes repaired	...	...	...	...	...	373
New Soil and Ventilating Pipes provided	...	...	...	...	...	60
Sinks and Waste-pipes repaired or renewed	...	...	...	...	...	116
Draw Taps fixed to main supply	...	...	...	...	...	38
Dirty Walls and Ceilings stripped and cleansed	...	...	...	...	...	881
Other Defects or Nuisances remedied	...	...	...	...	...	544
Cisterns cleansed, renewed and covered	...	...	...	...	...	24
Houses connected to Sewer	...	...	...	...	...	23
Water Supply re-instated	...	...	...	...	...	25

Legal proceedings were taken in the following case, with the result as indicated :—

Non-Compliance with Statutory Notices.

Section 94, Public Health Act, 1875.

Premises so damp as to be a nuisance or injurious to health.

The Summons was heard at the Ealing Police Court on the 21st January, 1930, but was adjourned for seven days owing to the non-appearance of the defendant.

At the adjourned hearing on the 28th January, 1930, the Justices made an Order for the notices to be complied with in 21 days and imposed a penalty of forty shillings with four guineas costs.

The defendant, having failed to comply with the Order of the Court, was again summoned to appear on the 11th March, 1930, but the hearing was adjourned for seven days to allow defendant to be legally represented. At the adjourned hearing on the 18th of March, 1930, a penalty of 10s. per day was imposed from the 27th February to the 17th of March, 1930, with a further two guineas costs.

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspector or Inspectors of Nuisances.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Prosecutions (4)
Factories (Including Factory Laundries)	103	10	—
Workshops (Including Workshop Laundries)	167	22	—
Workplaces (Other than Outworkers' premises)	—	—	—
Total ...	270	32	—

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

Particulars (1)	Number of Defects.			Number of Prosecutions (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts—</i>				
Want of Cleanliness	15	15	—	—
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other Nuisances	13	13	—	—
Sanitary accommodation { insufficient	—	—	—	—
unsuitable or defective	7	7	—	—
not separate for sexes	—	—	—	—
<i>Offences under the Factory and Workshop Acts</i>				
Illegal occupation of underground bake-house (s 101)	—	—	—	—
Other Offences	17	17	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
Total ...	52	52	—	—

OUTWORK IN UNWHOLESOME PREMISES, SEC. 103.

Nature of Work	Instances	Notices Served	Prosecution
Wearing Apparel Making, Etc.	—	—	—
Others	—	—	—

HOUSING STATISTICS FOR THE YEAR.

(a) Statistics.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR :—

(a) Total (including numbers given separately under (b) )	...	...	...	...	1,479
(i) By the Local Authority	...	...	...	...	—
(ii) By other Local Authorities	...	...	...	...	—
(iii) By other Bodies and Persons	...	...	...	...	—
(b) With State Assistance under the Housing Acts :—					
(i) By the Local Authority—					
(a) For the purpose of Part II of the Act of 1925	...	...	...	...	—
(b) For the purpose of Part III of the Act of 1925	...	...	...	...	—
(c) For other Purposes	...	...	...	...	—
(ii) By other Bodies or Persons	...	...	...	...	—

1.—UNFIT DWELLING HOUSES.

Inspections.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) and the number of Inspections made	1360
(2) Number of dwelling (included under sub-head (i) above) houses which were inspected and recorded under the Housing (Consolidated) Regulations, 1925, and the number of inspections made	734
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	7
(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	919

2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT
SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	858
--	-----

3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A.—Proceedings under Section 3 of the Housing Act,
1925 :—

(1) Number of dwelling houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling houses which were rendered fit after service of formal notices :—	
(a) By Owners	—
(b) By Local Authority in default of Owners	—
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close ...	—

B.—Proceedings under the Public Health Acts :—

(1) Number of dwelling houses in respect of which Notices were served requiring defects to be remedied	59
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By Owners or Occupiers	47
(b) By Local Authority in default of Owners	1

C.—Proceedings under Sections 11, 14 and 15 of the
Housing Act, 1925 :—

(1) Number of representations made with a view to the making of Closing Orders	7
(2) Number of dwelling houses in respect of which Closing Orders were made	7

(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	—
(4) Number of dwelling houses in respect of which Demolition Orders were made	15
(5) Number of dwelling houses demolished in pursuance of Demolition Order	2
4.—NUMBER OF HOUSES OWNED BY THE LOCAL AUTHORITY distinguishing those built in the last two years and held under	1,501
(1) Part III of the Housing Act, 1925	—
(2) Part II of the Housing Act, 1925	—
(3) Other Powers	233

(b) Housing Conditions.

1. *General Observations as to the housing conditions.*

The Borough of Ealing is chiefly composed of good class residential property and can be divided into four classes, namely, (1) houses suitable for occupation by persons of the working classes with a rateable value of under £13, of which there are about 2,000, (2) those with a rateable value of from £13 to £20, the number in this class being just over 6,000, (3) those with a rateable value of from £20 to £40, there being about 12,000 houses coming within this category which embraces nearly half the total of dwelling houses, and (4) those with a rateable value of over £40, of which there are about 5,400 houses with an average assessment of about £70. These figures include houses and flats and shops with living accommodation. In addition, there are 1,500 Council houses and flats.

The houses generally are well built and those under £40 in assessment are usually of the semi-detached villa type, containing five or six rooms and a bathroom. They are usually maintained in a fairly good condition, a large number of the houses being owned by the occupiers.

Practically the whole of the property has been erected within the last 60 years, there being very few really old houses left.

There is no form of defect calling for special mention, the insanitary conditions usually found being of a general character, resulting from wear and tear, and there are no really bad conditions prevailing as a result of overcrowding, as most of the cases of overcrowding investigated have not been of a serious nature and a rearrangement of the occupants of the rooms has effected a remedy.

2. *Sufficiency of supply of houses.*

(a) The extent of the shortage of houses available at a reasonable rent is difficult to estimate and the only possible guide is the number of applications received for accommodation in Council houses. These at the present time, after revision, number about 800, but it must be remembered that in this number are persons who already have houses with which they are possibly dissatisfied, and those living in rooms sufficient to house them without overcrowding.

Since 1918, 1,351 Council houses have been provided in the Borough. A further 68 houses are contemplated, and building operations will be commenced shortly.

It is estimated that during the next five years, 500 houses will be required to house those families displaced by the demolition of unfit houses, and those who are living under overcrowding conditions.

(b) During the year under review, 1,479 houses were built in the Borough, and these will have a considerable influence in the growth of the population. It is anticipated that a large amount of building will shortly take place in some of the undeveloped portions of the Borough and should projected schemes materialise they will add considerably to the number of inhabitants in the Borough, for the tenants of these houses are mostly newcomers to the district.

(c) Excepting in the undeveloped parts of the Greenford and Northolt Wards, where plenty of land for building purposes is available, there is a scarcity of sites for new houses.

3. *Overcrowding.*

(a) *Extent.*—There is apparently no very serious overcrowding in the Borough, there being about 170 known cases. This number has been obtained from the investigation of applications for housing accommodation, house to house inspection, and enquiries regarding infectious disease.

(b) *Causes.*—The cause of the overcrowding seems to be the lack of houses to let. It is seldom possible to rent a house in the Borough and then only at a comparatively high rent.

(c) The action taken by the public health department to deal with overcrowding is to report the results of enquiries regarding overcrowded houses to the Housing Committee, indicating the extent of the overcrowding and recommending the person concerned for consideration in the allotting of Council houses which may become vacant.

4. *Fitness of Houses.*

(a) Very little difficulty is experienced in getting houses made fit for habitation. A large proportion of the work is done on the issue of intimation notices to the owners or their agents. When required, Statutory Notices are served, but it is seldom necessary to take legal proceedings to enforce compliance with these notices.

(b) All the property in the Borough which does not come up to the standard as laid down in the Manual on Unfit Houses and Unhealthy Areas, 1919, has been scheduled and arrangements have been made for the houses to be systematically inspected and recorded. Notices are being served to remedy the defects found and if blocks of property are in one ownership the owner is interviewed and arrangements are entered into for the work to be spread over a reasonable period.

(c) There are under 20 houses without an adequate internal water supply, the supply for these houses being stand-pipes in the yards. The water supplies for the Borough are of a public character.

(d) There are no houses without proper sanitary accommodation within their own curtilage. Practically the whole of the houses have sanitary accommodation of a private nature,

5. *Unhealthy Areas.*

There are no areas in the Borough which can be classified as unhealthy. There are, of course, small groups of houses which do not come up to the required standard of fitness, but these are being dealt with and will either be closed or repaired.

6. *Byelaws relating to houses, let in lodgings, and to tents, vans, sheds, etc.*

The following Byelaws relating to houses are in force :—

- (a) New Streets and Buildings ;
- (b) The Cleansing of Earthclosets, Privies, Ashpits and Cesspools ;
- (c) With respect to Nuisances ; and
- (d) For the Prevention of the Keeping of Animals on any premises so as to be Injurious to Health.

These Byelaws are adequate and meet their respective needs.

There are no Byelaws as to Houses let in Lodgings.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.—There are 8 cowkeepers on the Register as producers of milk, 2 having been discontinued during the past year. It is expected that more will shortly disappear on account of the rapid development of the land for building purposes.

At the end of the year there were on the Register 80 retail purveyors of milk. Nineteen of these registrations were in respect of premises owned by one Company and used as places for distributing bottled pasteurised milk received from the Central Depot in another district. During the year one purveyor of milk opened new premises for the purpose of selling milk, there were seven new purveyors of milk registered who had purchased premises from others who were on the register and one with premises in another district was registered to retail milk within the Borough. Four purveyors of milk gave up business during the year and were removed from the register.

Improvements continue to be made at dairy premises and at the present time there is only one dairy without a steam plant for the sterilization of milk utensils, this being at a farm which will probably disappear in the near future as it is understood the land has been sold for building developments. There are three dairies without steam chests for sterilizing milk bottles. In one case an order has already been given for a chest to be installed and in the other a promise has been made by the dairyman to have this fitting put in shortly. The third is at the farm already mentioned.

Milk (Special Designations) Order, 1923.—Under this Order 53 licences were granted during the year, 15 for the sale of Certified Milk, 13 for Grade A (Tuberculin Tested) Milk and 25 for Pasteurised Milk. One licence for bottling Grade A (Tuberculin Tested) Milk was granted.

No samples of Certified Milk were taken, the milk coming into the Borough under that designation being sampled elsewhere by the direction of the Minister of Health.

Three samples of Pasteurised Milk were taken and in each case the results came within the standards laid down by the Order.

Twelve samples of ordinary unclassified milk were examined • for general bacterial content. One of these was found to have 676,500 bacteria per cubic centimeter. The attention of the vendor was drawn to the condition of the milk and the provision of a bottle sterilizing chest was insisted upon, which was shortly afterwards installed. The remainder of the samples all contained less than 200,000 bacteria per cubic centimeter.

Fourteen samples of ordinary milk were examined by biological test at the Lister Institute for the presence of tubercle bacilli. In one sample these organisms were found. This was reported to the Middlesex County Council, when it was found that the offending cow had already been discovered by the veterinary surgeon during the period between the taking of the sample and the receiving of the result. The veterinary surgeon caused the animal to be slaughtered, and post-mortem examination confirmed the physical diagnosis of tuberculosis.

MEAT, ETC.—There is only one stall from which meat is sold in the Borough. This is in a private market and is properly constructed in accordance with the provisions of the Public Health (Meat Regulations).

No infringements were reported during the year.

There are four private slaughterhouses but two are very little used. During the year 201 cattle, 851 sheep, 734 pigs and 225 calves were slaughtered in these private slaughterhouses. All these animals were stunned by means of a humane implement.

There is no public slaughterhouse in the Borough.

Bakehouses, butchers' premises and places where food is cooked or prepared have been regularly visited by the Inspectors during the year.

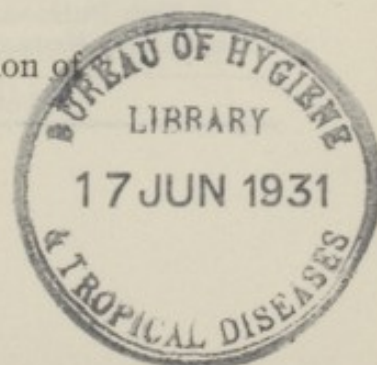
In connection with the inspection of meat and other foods the following were found to be diseased or unsound and were voluntarily surrendered for destruction :—

<i>Food.</i>	<i>Quantity.</i>
Beef	3,385 lbs.
Pork	792 lbs.
Veal	138 lbs.
Mutton	837 lbs.
Fish	109 lbs.

During an inspection of a fishmonger's premises a quantity of unsound fish was found and was about to be seized by the Inspector. Before the fish could be collected it was taken by the shopkeeper's wife and deposited in the dustbin at the rear of the premises. A further quantity of unsound fish was then found in the ice chest. This was seized and taken before a Magistrate who issued an order for its destruction.

Summonses were issued for :—

- (1) Exposing unsound fish for sale ;
- (2) Depositing unsound fish for sale ; and
- (3) Obstructing the Inspector in the execution of his duty.



The summonses were heard at the Ealing Police Court on the 3rd of October, but, owing to the non-appearance of the defendants, were adjourned for fourteen days.

At the adjourned hearing on the 17th of October, the Magistrates dismissed the summons for exposing but convicted on both the others imposing penalties of five pounds and two pounds respectively with two guineas costs.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

The numbers of the various infectious diseases notified in the Borough are indicated in Table V and are compared with those for the previous ten years :—

TABLE V.

Disease	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Smallpox	—	—	—	—	—	—	—	—	1	1	1
Diphtheria	56	186	282	56	61	40	72	53	68	90	129
Scarlet Fever	171	665	487	142	123	107	156	136	313	231	264
Enteric Fever (including Paratyphoid)	6	8	3	5	9	5	4	14	12	1	4
Puerperal Fever	5	9	3	9	3	6	1	6	2	2	7
Puerperal Pyrexia	—	—	—	—	—	—	3	15	16	13	26
Pneumonia :											
Primary	38	21	33	32	47	57	47	66	73	100	78
Influenzal	27	17	22	7	27	22	17	38	13	59	12
Acute Poliomyelitis	—	1	—	—	3	—	—	1	—	1	—
Cerebro-Spinal Fever	4	1	—	1	—	—	—	2	—	1	—
Malaria	27	3	4	2	—	2	5	6	4	4	2
Dysentery	2	1	1	—	—	—	—	—	1	—	—
Erysipelas	30	27	22	17	25	17	15	18	28	24	34
Encephalitis Lethargica	1	1	3	1	6	4	2	6	3	3	1
Tuberculosis :—											
(a) Pulmonary	63	80	69	92	74	90	93	89	99	109	111
(b) Non-Pulmonary	17	23	16	26	31	25	21	16	24	27	22
Ophthalmia Neonatorum	8	13	10	3	3	6	5	4	8	9	9
Total	455	1036	955	393	412	381	442	469	665	675	700

TABLE VI.

				Diphtheria.	Scarlet Fever.
January	...	...	...	9	22
February	...	...	...	20	25
March	...	...	...	17	36
April	...	...	...	9	28
May	...	...	...	9	18
June	...	...	...	10	11
July	...	...	...	6	31
August	...	...	...	11	12
September	...	...	...	6	14
October	...	...	...	16	30
November	...	...	...	12	17
December	...	...	...	4	20
TOTAL				129	264

DIPHTHERIA.—Diphtheria showed an increase of 39 cases over the previous year, and the number, 129, was the highest since 1922. The cases occurred during the months of the year as indicated in Table VI. It will be noticed that the two months with the greatest number of cases were February and March. Apart from these two months the number of cases was fairly well distributed throughout the year, but with a surprisingly low number, 4, in December. For a town of the population of Ealing the number of cases of diphtheria may be considered moderate. The diphtheria case-rate for the Borough was 1.24 per thousand of population, this rate comparing most favourably with the case-rate for England and Wales, which was 1.84.

During the year there were eight deaths from diphtheria, giving a death-rate of 0.08 per 1,000 population and a mortality rate of 6.2 per cent. of cases notified. The death-rate is below those for England and Wales and for London, and that for the Great Towns, which are respectively 0.09, 0.10 and 0.10.

It is generally accepted that the mortality from diphtheria among cases treated by anti-toxin early in the disease is much smaller than those treated late, the mortality increasing according to the number of days after the onset of the attack. Parents are therefore being continuously urged to seek medical advice when their children are attacked with sore throat and medical practitioners are repeatedly impressed with the importance of not waiting in suspicious cases for the result of a bacteriological swab before administering anti-toxin. To facilitate the administration of anti-toxin a supply is always available at the Town Hall for use by doctors both during the day and night. In cases where the parents are too poor to be able to pay for the anti-toxin no charge is made. During the year 286,000 units of anti-toxin were supplied for administration in this way.

SCARLET FEVER.—The number of cases of scarlet fever was less than in the previous year, although it was more than in the preceding five years as will be seen in Table V. The months in which the prevalence was greatest were March, July and October, in which occurred, respectively, 36, 31 and 30 cases. The least number of cases occurred in June, August and September, in which there were respectively 11, 12 and 14 cases. The scarlet fever case-rate for the Borough was 2.54 per thousand of population, this rate being lower than that for England and Wales, which was 2.76.

The cases were more or less distributed throughout the Borough and the disease was mild in character. There were three deaths from the disease. This gives a scarlet fever death-rate of 0.03 per thousand of population. This rate is a little more than that for England and Wales and that for London, which were each 0.02 per thousand of population.

Of the three cases of scarlet fever which died, one was a boy 15 years of age, the second was a boy 5 years age and the third was a woman 28 years of age who developed scarlet fever three days after the birth of her child and died five days later.

ENTERIC AND TYPHOID FEVER.—There were four cases falling within this group, all paratyphoid "B." All were females and their ages were, respectively, 21, 22, 28 and 55. Two cases occurred

in May, one in June and one in August. There was no relationship between the cases occurring in May. The cases were all of a mild character and there were no deaths. The source of infection could not be traced, although there was a suspicion that in one case water-cress was the cause.

SMALLPOX.—One case of smallpox occurred in Ealing during the year. This was a boy (E.M.) ten years of age, who was admitted to a Residential School in the district on the 19th May. On the 24th May he began to feel ill with headache and sickness and on the evening of the 25th May he developed a rash which on the 31st May was diagnosed as smallpox. He was admitted to the Residential School from another Institution in the County to which he had been admitted on the 11th April. It would appear, therefore, that infection occurred while he was in the latter Institution. The source of infection was not discovered.

Fortunately, when he was admitted to the Residential School in Ealing he was kept in an Isolation Ward with other children newly admitted and was particularly isolated when he became ill on the 24th May. When diagnosed as suffering from smallpox he was admitted to Hospital. The immediate contacts were vaccinated and fortunately no further cases occurred.

ENCEPHALITIS LETHARGICA.—One case of encephalitis lethargica was notified. This was a woman 69 years of age. She subsequently died, but the diagnosis was not confirmed.

MALARIA AND DYSENTERY.—There were two cases of malaria notified, both of these occurring in men who had been infected abroad. There were no cases of dysentery.

PRIMARY AND INFLUENZAL PNEUMONIA.—During the year 78 cases of primary pneumonia and 12 cases of influenzal pneumonia were notified. The numbers of cases of both diseases notified show a reduction compared with the previous year, when the notifications totalled, respectively, 100 and 59. The greater proportion of the cases occurred during the first Quarter of the year, January to March, when 48 cases of primary pneumonia and 8 cases of influenzal pneumonia were notified.

PUERPERAL FEVER AND PYREXIA.—Seven cases of puerperal fever and 26 cases of puerperal pyrexia were notified during the year. Of the cases of pyrexia ten occurred in the Chiswick and Ealing Maternity Hospital and ten in other Hospitals and private Nursing Homes. Three of the cases notified as puerperal pyrexia died ; one was a woman, 42 years of age, who was confined and died at her home ; the second was a woman, 34 years of age, whose confinement took place at a private Nursing Home and who was later removed to the West Middlesex Hospital, where she died ; and the third was a resident of Southall, 28 years of age, whose confinement took place at a private Nursing Home in Ealing and who subsequently died whilst in the Home. The cause of death in each of these three cases was certified to be either puerperal fever or puerperal sepsis. There were no deaths occurring among the cases notified as puerperal fever.

WHOOPIING COUGH AND MEASLES.—These two diseases are not notifiable in the Borough, but information is obtained regarding their occurrence amongst children of school age by means of weekly returns regarding infectious disease furnished to the School Medical Department by the head-teachers of the public elementary schools. The number of cases of whooping cough recorded in this way, during the year under review, was 108, this number being much lower than in the previous year, when the cases numbered 365. The number of cases of measles similarly notified was 1,116, this number showing a great increase over the previous year when there were only 383 cases. The deaths from whooping cough numbered four, the death-rate being 0.04 per thousand of population. This rate is slightly lower than that for England and Wales, 0.05, but slightly higher than that for London, 0.03. The number of deaths occurring from measles was seven, the death-rate from the disease being 0.07 ; this rate is much below that for England and Wales, the 107 Great Towns, and London, which are, respectively 0.10, 0.15 and 0.23. The prevalence of measles during the year was very great, as even with the cases brought to notice being restricted to elementary school children there was a case-rate for the Borough of 10.7 per thousand of population and actually the case-rate would be much higher than this.

TABLE VII.

Cases of Infectious Disease notified during the year 1930.

Disease	Ages of Cases Notified.													Totals	Total cases removed to Hospital
	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 upwards			
Smallpox	—	—	—	—	—	—	1	—	—	—	—	—	1	1	
Diphtheria	—	1	7	11	8	60	15	10	15	2	—	—	129	128	
Scarlet Fever	2	4	10	10	21	126	47	15	22	6	1	—	264	217	
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	3	—	1	—	4	3	
Puerperal Fever	—	—	—	—	—	—	—	1	5	1	—	—	7	2	
Puerperal Pyrexia	—	—	—	—	—	—	—	—	24	2	—	—	26	12	
Pneumonia : Primary	1	2	7	1	2	8	—	5	9	9	19	15	78	5	
Influenzal	—	—	—	—	—	—	—	2	3	1	4	2	12	—	
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria	—	—	—	—	—	—	—	1	—	1	—	—	2	—	
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	1	—	—	—	—	—	1	2	1	11	11	7	34	1	
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	1	1	1	
Tuberculosis :															
(a) Pulmonary Male	—	1	—	—	—	1	1	7	32	17	10	1	70	—	
Female	—	—	—	—	—	—	—	1	23	8	7	2	41	—	
(b) Non-Pulmonary Male	—	—	—	2	—	2	2	—	—	1	—	—	7	—	
Female	—	—	—	—	1	1	3	2	7	1	—	—	15	—	
Ophthalmia Neonatorum	9	—	—	—	—	—	—	—	—	—	—	—	9	2	
Total	13	8	24	24	32	198	70	46	144	60	53	28	700	372	

TABLE VIII.

AGES AT DEATH FROM NOTIFIABLE INFECTIOUS DISEASES.

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	1	1	—	1	1	1	2	1	—	—	—	—	8
Scarlet Fever	—	—	—	—	—	1	—	1	1	—	—	—	3
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia : Primary	—	5	2	—	2	1	3	1	4	2	17	23	60
Influenzal	—	—	—	—	1	—	—	—	—	1	1	—	3
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	1	1
Tuberculosis :													
(a) Pulmonary Male ...	—	1	1	—	—	—	—	3	13	3	9	2	32
Female ...	—	—	—	—	—	—	—	1	20	7	9	2	39
(b) Non-Pulmonary Male ...	2	1	—	1	—	2	1	—	2	1	—	—	10
Female ...	—	—	1	—	1	1	1	1	1	—	—	—	6
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	3	8	4	2	5	6	7	8	41	14	36	28	162

OPHTHALMIA NEONATORUM.—There were nine cases of ophthalmia neonatorum notified during the year. The following Table gives a summary of the cases and the results of treatment :—

Number of Cases Notified	No. Treated		Vision un-impaired	Vision im-paired	Total Blind-ness	Deaths
	At Home	In Hospital				
9	7	2	7	2	—	—

Of the two cases in which vision was impaired one child had an extensive scar on the left eye and the other child had the left cornea completely destroyed. The latter case was a child who came into the district after having been treated in another.

TUBERCULOSIS.—In Table IX are indicated the number of new cases of pulmonary and non-pulmonary tuberculosis notified during the year, together with the numbers of deaths in the various age-groups. There were 71 deaths from pulmonary and 16 deaths from non-pulmonary tuberculosis, which give death-rates of 0.68 and 0.15 respectively or a total tuberculosis death-rate of 0.83 per 1,000 of population. There were 15 deaths from pulmonary tuberculosis in persons who had not been previously notified : 11 were of persons dying outside the district and four were of persons attended by local doctors. Nine deaths from non-pulmonary tuberculosis were of persons who were not notified : seven were of persons dying outside the district and two of persons attended by local doctors. In each case where a local doctor had failed to notify a case that had died, a communication was sent drawing his attention to his duty under the Public Health (Notification of Infectious Disease) Regulations, 1918.

TABLE IX.

TUBERCULOSIS.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulm'y		Pulmonary		Non-Pulm'y	
	Male	F'male	Male	F'male	Male	F'male	Male	F'male
0—1	—	—	—	—	—	—	2	—
1—5	1	—	2	1	2	—	2	2
5—10	1	—	2	1	—	—	2	1
10—15	1	—	2	3	—	—	1	1
15—20	7	1	—	2	3	1	—	1
20—25	15	11	—	2	4	9	—	—
25—35	17	12	—	5	9	11	2	1
35—45	17	8	1	1	3	7	1	—
45—55	8	6	—	—	6	7	—	—
55—65	2	1	—	—	3	2	—	—
65 upwards	1	2	—	—	2	2	—	—
Total ...	70	41	7	15	32	39	10	6

The Tuberculosis Officer has very kindly supplied the following information with respect to cases of tuberculosis from the district which have been under treatment by him :—

Number of persons examined for the first time by the
Tuberculosis Officer :—

(a) Tuberculosis of Lungs	...	...	...	83
(b) Other forms of Tuberculosis	...	...	...	17

Number of persons in Institutions :—

(a) Tuberculosis of Lungs	...	...	...	28
(b) Other forms of Tuberculosis	...	...	...	13

Number of persons kept under treatment at the County
Council Dispensary, Ealing

...	...	...	124
Number sent to Sanatoria	...	...	61
Number sent to Hospital	...	...	20

No action has been called for, either under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under Section 62 of the Public Health Act, 1925.

MATERNITY AND CHILD WELFARE.

The general scheme of maternity and child welfare is the same as has been noted in previous reports. For the purpose of meeting the ever increasing demands on the scheme in the Greenford and Northolt Wards two new Centres, the Islips Manor Centre, formed by the adaptation of a large private residence, and the Ravenor Park Centre, specially built for the purpose, were opened during the year. A description of each of these Centres is given elsewhere in the report.

As questions are often asked what the Maternity and Child Welfare Scheme embraces, a summary of the whole Scheme may be given for reference.

For the Mothers.

(1) Ante-Natal Care of Expectant Mothers.

- (a) Visits to homes by Health Visitor to give advice.
- (b) Ante-Natal Examination by Medical Officer at Centre.
- (c) Admission to Maternity Hospital for treatment of Ante-Natal Complications or Abnormalities.
- (d) Midwife can call in Doctor in abnormal ante-natal case at cost of Council.
- (e) Doctor can call in Consultant in abnormal ante-natal case at cost of Council.
- (f) Milk free of charge in necessitous cases.
- (g) Dental treatment, including provision of artificial dentures at reduced charges according to the family income.

(2) Intra-Natal Care.

- (a) Provision of a Midwife free of charge in necessitous cases.
- (b) Midwife can call in Doctor free of cost or at reduced cost, depending on circumstances.

- (c) Doctor can call in Consultant, free of cost, or at reduced cost.
- (d) Admission to Maternity Hospital for confinement at fees according to circumstances.
- (e) Home Helps provided free of cost in necessitous cases.
- (f) Supply of aseptic maternity outfits free of charge to necessitous cases.

(3) Post-Natal Care.

- (a) Medical aid in complications after confinement, free or at reduced cost.
- (b) Consultant aid when Doctor calls in further help in complications during the puerperium.
- (c) Investigation of cases of puerperal sepsis or pyrexia.
- (d) Treatment of puerperal sepsis or pyrexia in hospital free of charge.
- (e) Visits by Health Visitor after Midwife and Doctor leave patient.
- (f) Consultations at Health Centre by Medical Officer.
- (g) Supply of milk free to nursing mothers in necessitous circumstances.
- (h) Investigation of maternal deaths.

For the Children.

- (1) Medical attendance for four weeks after birth when Doctor called in by Midwife.
- (2) Visiting by Health Visitors at homes to give advice on feeding and care of infants.
- (3) Infant consultations at Health Centre by Medical Officer.
- (5) Treatment of defects in children up to five years of age at

Health Centre :—

- (a) Minor ailments.
- (b) Teeth.
- (c) Enlarged tonsils and adenoids.
- (d) Orthopaedic treatment.
- (e) External eye disease.

- (6) Hospital treatment for badly nourished children.
- (7) Ultra-violet ray treatment at King Edward Hospital.
- (8) Nursing by District Nurses of cases of whooping cough, measles, etc.
- (9) Home treatment and hospital treatment of cases of ophthalmia neonatorum.
- (10) Supply of milk free of charge in necessitous cases requiring milk up to three years of age.
- (11) Supply of cod liver oil, dried milk, etc., at wholesale prices.

In submitting this report acknowledgement must be made, as previously, of the very valuable services rendered by the Welfare Working Party which, under the chairmanship of Mrs. Kimmitt, makes for babies and young children attending the Centres suitable garments that are either sold to the mothers at cost price or are given free of charge to those who are in needy circumstances. Thanks are likewise due to Mrs. Adnams, Mrs. Girdlestone, Mrs. Horsburgh, Mrs. Ludlow, Mrs. Mortimer, Mrs. Parry, Miss Peal and Miss Sherwood, who have given great help in various ways at the Centres, particularly in giving instruction to the mothers in the cutting out and making up of suitable garments for the children. The District Nurses have also rendered very great service at the Health Centres, where they have co-operated in every way with the Health Visitors.

CHILDREN ACT, 1908 (PART I).

In accordance with the provisions of Section 2 (a) of the Local Government Act, 1929, the Ealing Town Council became the local supervising authority for the Borough for the purposes of Part I of the Children Act, 1908, as from the 1st April, 1930. For the purposes of the Act the Health Visitors have been designated Infant Protection Visitors and it is their duty to visit and supervise all children placed in the care of foster-mothers.

The following are particulars of the work carried out in connection with Part I of the Children Act during the period of nine months :—

Number of foster-children transferred by Brentford Board of Guardians and entered in Register as from 1st April, 1930	46
(Actual number of foster-mothers having care of the above children, 36)	
Number of foster-children registered during the nine months	75
Number of foster-children removed from the Register during the nine months :—	
Removed by parents from care of the foster mother	29
Removed for adoption through a Society	5
Removed to Hospital	3
Removed from care of foster mother on recommendation of Medical Officer	1
Removed from Register on account of child attaining seven years of age	3
Removed from Register as child legally adopted by foster-mother	1
Foster-mother left district	2
	— 44
Number of foster-children on register at end of year ...	77
(Actual number of foster-mothers having care of the above children, 62)	
Number of visits made by Infant Protection Visitors ...	343

When visiting the homes of the foster-mothers the Health Visitors give advice regarding the care and nursing of the children and also request that they should be brought to the Health Centre to be seen there by the doctor.

In one case it was considered desirable to request the father of the foster-child to remove the child from the care of the foster-mother, who was deemed unsuitable to continue to have charge of the child as she had been bound over at the Police Court for stealing.

A case in which a foster-mother had failed to register was notified by the Coroner's Officer, the child having been accidentally scalded to death. The case was reported to the Maternity and Child Welfare Committee with the result that the foster-mother was warned that if she failed to register in any other case in the future she would be prosecuted.

The following is a Summary of the Work of the Health

Visitors during the year :—

	Total
Visits to children under 12 months :—	
First visits	1,545
Return visits	3,368
Visits to children 1 to 5 years of age	5,484
Visits to children or mothers attending the Health Centres	4,441
Visits to expectant mothers	411
Visits to investigate infant deaths and still-births	88
Special visits or investigations	269
Visits to cases of Ophthalmia Neonatorum	33
Visits to cases of Puerperal Fever and Pyrexia	4
Visits to cases of Measles and Whooping Cough	290
Visits to cases of Scarlet Fever on discharge from the Isolation Hospital	235
Inspections of Women's Lavatories	154
Visits to children under care of foster-mothers	343
Other visits	22
Total Visits	16,687
Interviews, etc.	3,690

The following is a Summary of the Work of the Health

Centres during the year :—

	Mattock Lane.	Cherington House.	Ravenor Park.	Islips Manor.	Total
Number of children on register at the end of year	1,649	1,108	658	128	3,543
Mothers visiting Centre for the first time ...	578	504	349	48	1,479
Children visiting Centre for the first time ...	723	573	436	77	1,809
Total attendances made by mothers	7,159	6,223	4,338	848	18,568
Total attendances made by children	8,692	7,075	5,170	1,065	22,002
Average attendance of children each afternoon	57	47	51	21	48
Number of Consultations by Medical Officer ...	3,167	2,199	1,840	473	7,679
Average number of children seen by Medical Officer on each Session... ..	21	15	18	9	17

Children referred to School Clinic for treatment :—

For Nose and Throat	27
For Eyes	12
For Teeth	210
Orthopaedic Treatment	94
Children undergoing Ultra Violet Ray treatment at King Edward Hospital	2
Mothers receiving dental treatment	151
Mothers supplied with artificial dentures	46
Children referred to King Edward Hospital for minor operations	59
Children admitted to King Edward Hospital as indoor patients	2
Children referred to other Hospitals	39

Mothers attending Ante-Natal Clinic :—

First Visits	...	...	...	...	...	588
Re-Visits	...	...	...	...	...	1,676
Number of Consultations by Consultant at Centre	...					22
Mothers referred to Hospitals	...	...	...	...		15

Aid provided for mothers at confinement :—

Consultant aid—cases	...	...	...	...	13
Medical aid—cases	...	...	...	...	30
Midwives—cases	...	...	...	...	44
Home Helps—cases	...	...	...	...	23
Dried Milk supplied at cost price	...	...	Value	£527 5 0	
Virol supplied at cost price	...	...	Value	£98 18 0	
Cod Liver Oil supplied at cost price	...	...	Value	£194 6 0	
Number of Cases admitted to the Chiswick and Ealing Maternity Hospital	...	...	...	...	344
Amount received for treatment at Maternity Hospital	£1,706 2 9				
Expectant or Nursing Mothers receiving a supply of milk free of charge for one month	...	...	...	...	692
Children under 5 years of age receiving a supply of milk free of charge for one month	...	...	...	...	632

HEALTH EDUCATION.

Various steps are taken to direct the attention of the public to the general measures adopted to promote the general health of the district and to encourage an interest in individual health.

First in importance comes the education in health matters given by the Health Visitors and School Nurses during their visits to the homes.

Then there is the systematic instruction in the principles and practice of health given by the teachers in the public elementary schools, in which instruction they receive every encouragement from the Education Committee, who have made suggestions regarding the amount of time to be devoted to this form of

education. To assist the teachers in their work they have been supplied with copies of the "Handbook of Suggestions on Health Education" issued by the Board of Education, with copies of the "Health and Cleanliness, a Text Book for Teachers" and various posters and other publications of the Health and Cleanliness Council.

The excellent booklets of the Health and Cleanliness Council, "Keep Fit" for boys, and "Health for Beauty" for girls, are issued to those about to leave school.

To the mothers attending the Health Centres are distributed copies of the booklet, "The Care of the Mother and the Child" which is so full of valuable information for the mother regarding her own and her children's health.

The general public are approached by means of the monthly periodical called "Better Health" in which are given informative articles on all subjects relating to general and personal health. In this publication there is an entire absence of stunt-mongering and fad-pushing so that the reader can depend on information which is of undoubted authority.

In discussing the question of health education one must also mention the assistance of the local press which by its sympathetic and intelligent discussion of local health matters or developments is continually focussing the interest of the public upon matters relating to health.

Lastly may be mentioned the issue of a booklet on the "Health Services of the Borough" in which is contained an account of all the health activities of the Council, a description being given of the health department generally, of the Health Centres, the Hospitals, and the various services available for the public.

By all these means a very real interest is being stimulated in the measures which are adopted to preserve the health of the public generally and in the steps which the public themselves can take to protect their own health.

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

June 2nd, 1931.

Borough of Ealing.



EDUCATION COMMITTEE.

REPORT

OF THE

School Medical Officer

FOR THE

Year ended 31st December, 1930.

EDUCATION GENERAL PURPOSES SUB-COMMITTEE' 1929-30.

(Which deals with the School Medical Service).

Chairman—

Mr. L. MARSH, M.A.

Vice-Chairman—

Councillor H. M. SAYERS.

Councillor G. R. WEEKS (*Ex-officio*,
Chairman of the Education Committee).

The Rev. C. J. SHARP, M.A. (*Ex-officio*,
Vice-Chairman of the Education Committee).

Alderman H. J. BAKER, J.P.

Councillor E. H. ATKINSON.

Councillor A. H. CHILTON, J.P.

Councillor J. C. FULLER.

Councillor G. S. SANDILANDS.

Councillor Mrs. E. S. TAYLOR, J.P.

Councillor W. T. WHITE.

Miss C. G. WILSON, L.L.A.

The Rev. W. M. FARQUHAR, M.A.

Mr. E. HEATON.

Mr. W. H. SWAIN.

STAFF.

School Medical Officer—

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

Assistant School Medical Officers—

JOHN H. D. LAWRIE, M.D., D.P.H. (resigned Feb., 1930).
THOMAS H. BINGHAM, M.D., D.P.H. (appointed Feb., 1930).
JOHN PETRIE, M.B., Ch.B., D.P.H. (appointed April, 1930).
EDNA I. LANGSTON, M.B., B.S., L.R.C.P., M.R.C.S.

Surgeons (part-time)—

JOHN B. BARNETT, M.R.C.S., L.R.C.P., F.R.C.S. (Eng.).
(Orthopaedic Clinic).
CECIL I. GRAHAM, M.R.C.S., L.R.C.P., F.R.C.S. (Eng.).
(Throat operations).

Dentists—

C. COLENZO, L.D.S. (Liver.).
WINIFRED M. HUNT, L.D.S. (Glas.) (appointed May, 1930).

Supervising School Nurse—

*†‡HILDA BAILEY.

School Nurses—

*†‡ANNIE JOHNSON.	*†‡VERA C. LAWES.
*MARY MCGANN.	*†‡MARJORIE COSLETT
*†MAY P. DORKINS	(Appointed Oct., 1930).

Clerks—

IVIE L. PARKER.	DORIS E. EMERY (half-time)
WINIFRED RIVERS.	(Appointed Aug., 1930).
GRACE SUCH.	WINIFRED I. SHARP
	(Appointed Oct., 1930).

Masseuse (part-time)—

FLORENCE HEPBURN, C.S.M.M.G.

HEALTH CENTRES—

MATTOCK LANE, EALING, W.5.
CHERINGTON HOUSE, HANWELL, W.7.
RAVENOR PARK, GREENFORD.
ISLIPS MANOR, NORTHOLT.

*Certified as Trained Nurse.

†Certificate of Royal Sanitary Institute, School Nurse and Health Visitor.

‡Certificate of Central Midwives Board.

CO-ORDINATION.

In recent years a thoroughly co-ordinated service has been built up for the supervision of the health of children from birth until the end of school life. The break in this supervision that takes place at five years of age, when the child is admitted to school and passes from the care of the Maternity and Child Welfare Service to the School Medical Service, is more artificial than real. The artificial nature is due to the Maternity and Child Welfare Committee being legally responsible for the care of the child under five years of age and the Education Committee for the child during school life, from 5 to 14 years of age. The absence of a real break in the supervision is brought about by the fact that the Medical Officer of Health is responsible for the administration of both the services, that the medical supervision of the children throughout the period from birth to the end of their attendance at school is carried out in buildings, Health Centres, set aside for this special purpose, and that all special medical supervision and treatment which is available for the child over 5 years of age is available for those under 5 years. The medical records of a child under 5 years pass automatically from one service to the other in the same way as they might do if there was only one service but with different members of the staff supervising different age-groups.

Two new Health Centres were opened during the year. The one, Islips Manor Centre, was formed by the adaptation of a large dwelling-house, Islips Manor, to serve the needs of the Northolt area, and the other, Ravenor Park Centre, is a new building specially built for the purpose, to serve the needs of the Greenford area. A description of these Centres is given in the Report on the Health of the Borough.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC HEALTH.

School Hygiene.

Under the control of the Ealing Education Authority at the end of the year there were 20 public elementary schools embracing 35 departments.

Stanhope School, the new school to serve a part of Greenford, the building of which was mentioned in the Annual Report for the previous year, was completed and opened officially by the Mayor in the middle of the year. It is a source of great satisfaction that the Education Committee have adopted this type of school for it has considerable advantages over the other types in the Borough and marks a big step forward in school construction.

The School is of the Derbyshire type, and its main characteristics are that the classrooms can be made to enjoy open-air conditions in all kinds of weather, that the main source of light is from windows facing north, and that the heating is by a parallel arrangement of hot water pipes under the floor.

The school, which has accommodation for 800 children, is in quadrangular form with a hall at each end and eight class-rooms on each side, the quadrangle being divided into two by an intervening open corridor. Along each side of the class-rooms and halls there is a verandah six feet wide.

The class-rooms measure 25 feet by 20 feet and along both sides are glazed doors which are fitted with hoppers in the upper portion so that ventilation can be obtained by opening any or all of the hoppers on one or both sides or by opening the doors completely on one or both sides. The amount of fresh air admitted to the class-rooms is therefore under easy and complete control during all kinds of weather.

Lighting is mainly provided from the roof by means of north windows set at a steep angle, the glass being of the wire-woven pattern to obviate danger from falling glass. Dormer windows are constructed in the roof on the south side not so much to assist in

ventilation which is mainly provided for by the glazed doors opening on the verandahs but to allow the entrance of the brightening rays of sunshine. Artificial lighting is by electricity.

Heating is by means of a low pressure system, the pipes being arranged in a parallel fashion underneath a special flooring of Granwood blocks which are unaffected by heat, and which give a smooth non-slippery surface.

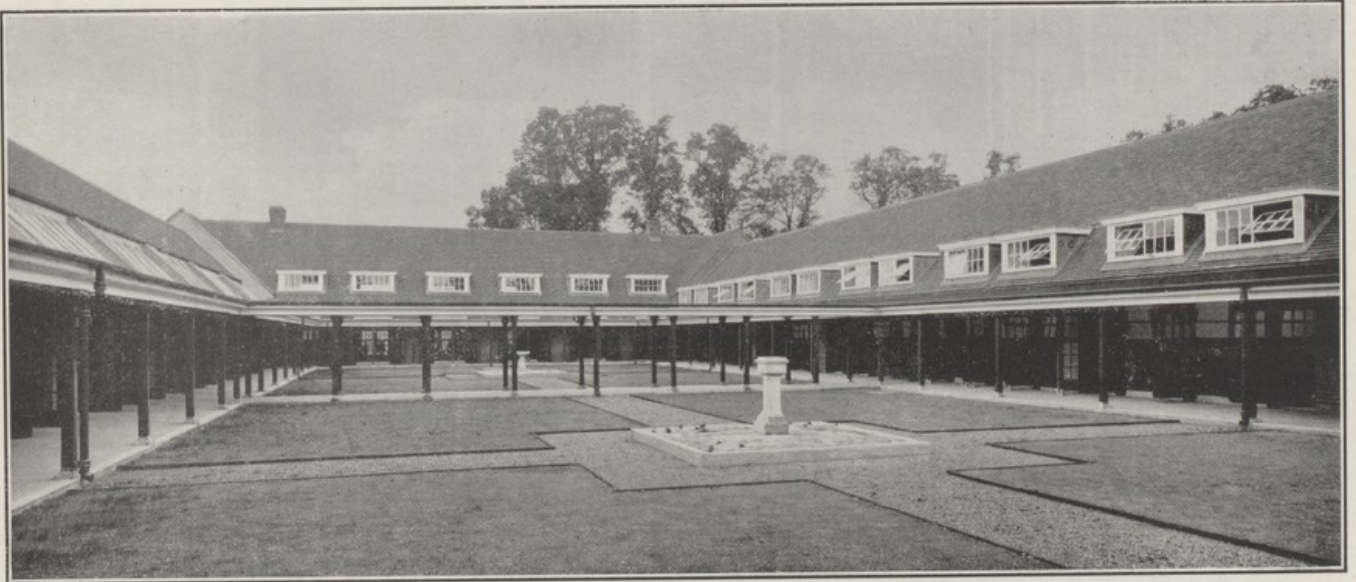
The internal walls of the class-rooms and halls are finished to a height of 3 ft. 6 inches with salt-glazed bricks.

There are four cloakrooms, two at each end adjoining the assembly halls and separated from them by the entrance halls. The cloakrooms are fitted with a framework of hot water pipes to which the clothes-pegs are clipped. White glazed wash-hand basins in sufficient number are fitted in the cloakrooms.

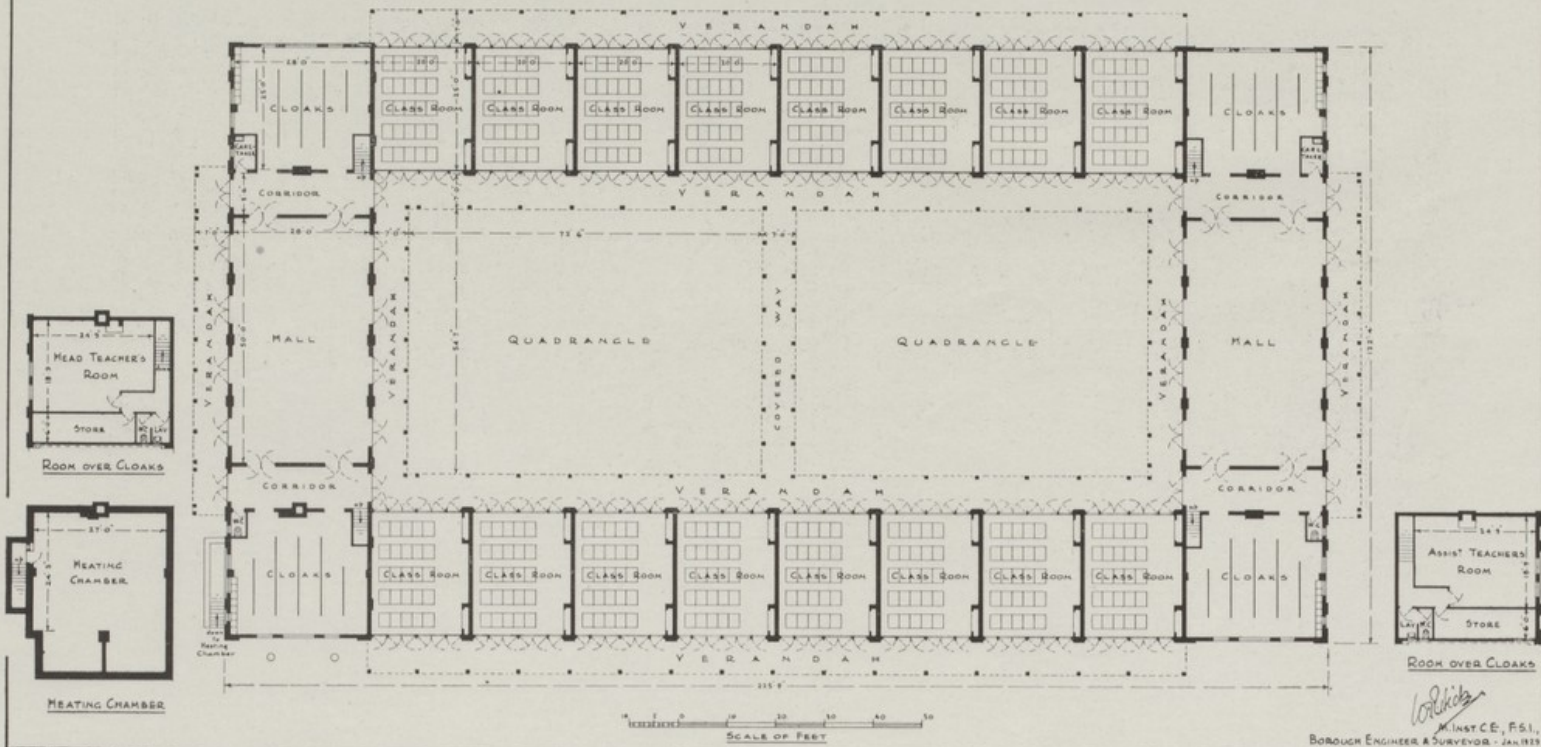
The sanitary conveniences are arranged in a special way with the W.C's placed back to back with a narrow enclosed space between containing all the flushing cisterns. In this enclosed space a stove is provided so that the cisterns can obtain protection during frost.

No description need be given of the mode of construction of the external walls, but it may be said that though the appearance is unusual on account of the north lights the finish is very pleasing, particularly at the east and west fronts where the halls are situated. But the main exterior feature of the school are the quadrangles which are laid out to form beautiful gardens in the formal style with ornamental plinths in the centre. These quadrangles give a feeling of beauty and restfulness which have been lacking previously in public elementary schools. Such a great improvement in the surroundings of the school, which immediately impresses the adult visitor, must have a marked educational effect on the children who daily are associated with these pleasant conditions of school life.

The children attending this school, as those who attend the new schools of a similar type at Horsenden Lane and Wood End, must consider themselves more fortunate than their fellows in the older schools. It will be interesting to see in later years how much the improved conditions lead to their improved health.



BOROUGH OF EALING
STANHOPE SCHOOL, GREENFORD



Medical Inspection.

The inspections carried out at the schools in the Borough included the following groups :—

1.—Routine inspections as required by the Board of Education as follows :—

- (a) ENTRANTS—All children admitted to school for the first time during the year.
- (b) INTERMEDIATES—All children eight years of age not inspected in the previous year or reaching that age before the end of the current year.
- (c) LEAVERS—Children not inspected in the previous year who are twelve or who will be twelve before the end of the current year, together with those over that age not previously inspected.

2.—Non-routine inspections as follows :—

- (a) Children, not in the aforementioned routine groups, who are presented by the head-teachers for examination for some defect or suspected defect.
- (b) Children requiring supervision on account of some defect found at a previous routine or non-routine examination

3.—Annual Inspections at the schools or at the Health Centres of :—

- (a) Physically defective and
- (b) Mentally defective children.

The following tables indicate the total number of children who were subjected to routine medical inspection. The children included 1,976 entrants, 1,545 intermediates, and 880 leavers, making 4,401 as the total number of children inspected in a routine manner.

NUMBER OF CHILDREN INSPECTED.

School.					Entrants		Total
					Boys	Girls	
<i>Provided.</i>							
Coston	...	...	...	...	1	3	4
Drayton	...	...	...	...	43	43	86
Grange	...	...	...	...	83	77	160
Hobbayne	...	...	...	...	31	42	73
Lammas	...	...	...	...	75	69	144
Little Ealing		...	...	...	104	98	202
North Ealing		...	...	...	35	37	72
Northfields	...	...	...	...	77	59	136
Northolt	...	...	...	...	36	30	66
Oaklands	...	...	...	...	96	69	165
St. Ann's	...	...	...	...	41	40	81
St. Mark's	...	...	...	...	56	53	109
Stanhope	...	...	...	...	123	133	256
<i>Non-Provided.</i>							
Betham's	...	...	...	...	53	67	120
St. John's	...	...	...	...	30	29	59
St. Joseph's	...	...	...	...	17	14	31
St. Mary's	...	...	...	...	24	31	55
St. Saviour's	...	...	...	...	68	89	157
Total					993	983	1,976

NUMBER OF CHILDREN INSPECTED.

School.	Intermediates.			Leavers.		
	Boys	Girls	Total	Boys	Girls	Total
<i>Provided.</i>						
Central	2	—	2	87	90	177
Coston	53	54	107	40	23	63
Drayton	55	37	92	19	14	33
Grange	76	58	134	39	38	77
Hobbayne	47	49	96	7	5	12
Lammas	42	33	75	—	—	—
Little Ealing	68	75	143	39	28	67
North Ealing	34	37	71	5	13	18
Northfields	69	69	138	40	47	87
Northolt	30	27	57	14	12	26
Oaklands	62	71	133	33	52	85
St. Ann's	35	30	65	44	49	93
St. Mark's	48	43	91	4	9	13
Stanhope	25	23	48	—	—	—
<i>Non-Provided.</i>						
Betham's	21	13	34	—	—	—
Christchurch	32	26	58	28	44	72
St. John's	34	29	63	15	20	35
St. Joseph's	18	16	34	7	8	15
St. Mary's	19	36	55	4	3	7
St. Saviour's	22	27	49	—	—	—
Total	792	753	1545	425	455	880

At the Health Centres there were specially inspected 2,323 children who were submitted by the head-teachers, school enquiry officers or school nurses and of whom 921 attended for re-inspection. Consequent on routine inspection 592 children were re-examined on account of some defect previously found. There were thus 3,836 special inspections or re-inspections of children.

The total number of children attending public elementary schools who were examined once at least during the year was 6,724. The average number of children on the school registers was 10,822. This means that 62.1 per cent. of the children on the registers were medically examined during the year. The average attendance at the schools was 87.8 per cent.

Findings of School Medical Inspection.

The number of defects noted on routine medical inspection at the schools and on the special inspections or re-inspections are given in Table II. Among the 4,401 routine children examined there were 2,223 defects requiring treatment and 1,549 requiring to be kept under observation without treatment; and among 2,323 children specially examined there were found 2,087 defects requiring treatment and 186 requiring to be kept under observation. Of the 4,401 children examined at the routine inspections, 837, or 19.0 per cent., were found to require treatment for defective conditions other than uncleanness and dental disease.

(a) UNCLEANLINESS.—The heads of all the girls attending public elementary schools were inspected three times in the year after the usual school holidays. Of the 20,720 children examined, 382, or 1.8 per cent., were excluded on account of verminous condition. There were 55 other children with verminous heads found at the routine medical inspection in the schools, and 61 found at special inspections after being referred for examination by the head-teachers. In addition one child was found to have verminous condition of the body.

During the year four summonses were issued under the School Attendance Bye laws for non-attendance owing to exclusion for verminous condition. Three fines of 5s. and one of 10s. were imposed by the Court.

It will be admitted that the state of the children in the Ealing schools as regards cleanliness is very satisfactory indeed. This satisfactory condition has been attained by persistent efforts along certain lines. The attitude has been adopted that it is the duty of the parents to keep the children in a cleanly condition and that they must therefore be compelled to do so. No attempt has been made to cleanse the children for the parents. They have simply been given instructions how to clean the heads and how to keep them clean and if after this advice has been given the children have been allowed to get dirty the children have been excluded from school and the parents have been prosecuted under the Attendance Byelaws for failing to send the children to school.

It has now come to mean that a great slur is cast on the parents when a child is excluded from school and so much are the feelings of the parents usually hurt that the children are quickly cleansed and only in a few families is it necessary to exclude a child on a second occasion. In fact, there are occasions when we get very resentful expostulations from parents when a notice is sent giving directions to cleanse a child's head without even an exclusion notice. This resentment which is the product of shame is what we hope to excite, for it always means that the child will be no trouble in the future. These ebullitions of resentment certainly avoid the necessity for summonses.

In the following table are indicated the percentages of uncleanly children found in successive years and it shows the great improvement since 1923. One wonders if the percentage can be lowered beyond 1.7 or 1.8. Perhaps that is too much to hope for. We must always have some careless and slothful mothers and at the same time we must always have some unfortunate cases of illness in the mother resulting in the neglect of the children. In the latter cases, although the usual policy is not to clean the children for the parents, the School Nurses step in and give their help.

UNCLEANLINESS, 1923—1930.

Year	Number of Children Examined for Verminous Condition	Number of Children Excluded	Percentage	Summonses Issued
1923	8,247	418	5.0	33
1924	9,591	329	3.4	2
1925	9,387	245	2.6	1
1926	9,826	209	2.1	7
1927	16,326	410	2.5	2
1928	17,391	389	2.2	—
1929	19,276	342	1.7	—
1930	20,720	382	1.8	4

(b) MINOR AILMENTS.—The minor ailments found at routine and non-routine inspections were as follows :—

Ringworm of Head	...	...	...	15
Ringworm of Body	...	...	...	30
Scabies	...	...	...	21
Impetigo	...	...	...	269
Other Skin Diseases	...	...	...	89
Minor Injuries	...	...	...	138
Ear Diseases (including Otorrhoea)	...	...	...	125
Eye Diseases (including Blepharitis and Conjunctivitis, but excluding defective vision)	...	...	...	181
Miscellaneous (Sores, Chilblains, etc.)	...	...	...	447
				<hr/>
				1,315
				<hr/>

(c) ENLARGED TONSILS AND ADENOIDS.—At the routine inspection 272 children were found with enlarged tonsils, 24 with adenoids, 158 with enlarged tonsils and adenoids, and two with other conditions of the nose and throat requiring treatment. Children with these conditions that had to be kept under observation numbered 885. In addition, 43 cases of enlarged tonsils, 4 of adenoids, 43 of enlarged tonsils and adenoids, and 14 of other conditions requiring treatment, and 49 cases of similar diseases of the nose and throat requiring to be kept under observation were found on special inspection.

(d) TUBERCULOSIS.—Three suspected cases of pulmonary tuberculosis requiring to be kept under observation were found at routine medical inspection. In addition, one requiring treatment and four who needed to be kept under observation, were discovered on special examination. One case of spinal tuberculosis, and one of tuberculosis of the hip requiring to be kept under observation were also found at routine medical inspection and one of bone involvement to be kept under observation was found on special examination.

(e) DISEASES OF THE SKIN.—At the routine inspection there were found nine cases of impetigo, 4 of scabies and eight cases with other conditions of the skin. The cases met with at non-routine examinations, for which they had been specially referred by the teachers or school nurses were as follows :—

Ringworm of Head	...	...	...	15
Ringworm of Body	...	...	...	30
Scabies	...	...	...	17
Impetigo	...	...	...	260
Other Skin Conditions	...	...	...	81
				<hr/>
				403
				<hr/>

The number of cases of ringworm of the head and ringworm of the body out of the whole of the school population is very low and demonstrates that the immediate recognition by the teachers of the condition in the children and their prompt isolation and treatment is very effective. The same may be said with regard to scabies of which only 21 cases were found during the year.

(f) EXTERNAL EYE DISEASE.—Twenty-six cases of blepharitis six of conjunctivitis, 49 of squint and 5 of other conditions of the eyes were observed at routine medical inspection, and 42 cases of blepharitis, 48 of conjunctivitis, 24 of squint and 54 other conditions were found in children referred for special examination. Of these cases, 241 were advised treatment and 13 were recommended to be kept under observation.

(g) DEFECTIVE VISION.—During routine inspection 214 children were found with defective vision and referred for examination by an Oculist. As a result of special inspection 104 were also referred to an Oculist.

(h) EAR DISEASE AND DEFECTIVE HEARING.—Fourteen cases of otitis media and one other condition of the ear requiring treatment and 9 cases of defective hearing, and 9 of otitis media requiring to be kept under observation were found at routine medical inspection. Special inspections discovered 3 cases of defective hearing, 50 of otitis media, and 35 of other conditions of the ear requiring treatment, and 4 cases of defective hearing to be kept under observation.

(i) DENTAL DEFECTS.—The table which follows classifies the dental defects found at routine medical inspection. In this table it will be seen that of the entrants 28.2 per cent. had sound teeth, of the intermediate group 42.9 per cent. and of the leavers 65.6 per cent. had sound teeth.

		Entrants	Inter- mediates	Leavers	Total
<i>All sound teeth—</i>					
No. of children...	...	557	662	577	1,796
Percentage	... ..	28.2	42.9	65.6	40.8
<i>Less than 4 teeth decayed—</i>					
No. of children...	...	579	517	244	1,340
Percentage	... ..	29.3	33.4	27.7	30.5
<i>Four or more than 4 teeth decayed—</i>					
No. of children...	...	840	366	59	1,265
Percentage	... ..	42.5	23.7	6.7	28.7

(j) CRIPPLING DEFECTS.—The crippled children under supervision at the end of the year numbered 33. Of these one was so severely affected that he was unable to attend an ordinary school and was being maintained at a Special School.

The list of crippled children of school age is practically a complete one and is compiled from information received from the health visitors, who transfer particulars of defective children on reaching five years of age, from the teachers, the school nurses, and the school enquiry officers, all of whom give immediate information regarding crippled children coming to their knowledge.

Each crippled child newly admitted to school is examined on the earliest possible occasion and all crippled children are examined at least once a year to determine their exact condition or to estimate their progress and put them forward for any treatment required under the Committee's Orthopaedic Scheme.

INFECTIOUS DISEASE.

By means of the returns of non-notifiable infectious disease, supplied at the end of each week by the head-teachers, it was ascertained that during the year the numbers of children absent from school on account of these diseases were as follows :—

Measles	...	...	...	...	1,116
Whooping Cough	...	...	...	...	108
Chicken Pox	...	...	...	...	363
Mumps	...	...	...	...	583

The reduction of the attendance below 60 per cent. was attributed to the prevalence of infectious disease at the following schools and certificates were supplied by the School Medical Officer to that effect under Schedule IV, Rule 23 of the Code :—

Oaklands Infants' School, weeks ending 7th and 14th March
(Measles, Mumps and Bronchitis).

Drayton Infants' School, week ending 4th April (Measles,
Whooping Cough and Mumps).

Drayton Infants' School, week ending 11th April (Measles).

Drayton Infants' School, week ending 16th April (Measles)

St. Saviour's School, week ending 2nd May (Measles).

Children to the number of 338 were excluded during the year under the Education Code for the following conditions :—

Conjunctivitis	...	...	...	...	3
Impetigo	...	...	...	...	269
Ringworm of Head	...	...	...	...	15
Ringworm of Body	...	...	...	...	12
Scabies	...	...	...	...	21
Other Skin Diseases	...	...	...	...	17
Nasal Discharge	...	...	...	...	1
Total					338

FOLLOWING UP.

No scheme of School Medical inspection and treatment can be a success without an efficient and well organised system of following up. It is not sufficient to find defects in children and send notices to the parents, the notices must be followed by the visits of the school nurses, first of all to ascertain if treatment as advised has been obtained and secondly, if there has been no treatment, to point out the advantages of it and give information how it can be obtained if the parents are unable to afford it in the usual way through the general practitioner. In some cases failure to obtain treatment may be due to failure to appreciate its importance, on the other hand it may be due to definite objection which is often due to ignorance. By suitable advice or tactful persuasion a good deal can be done, but there are still too many cases in which threats of prosecution have to be used before the parents can be prevailed upon to seek treatment even though it may be given free of charge at the Health Centre.

This objection on the part of parents is being met especially in regard to dental treatment. After all persuasive efforts have been tried letters threatening proceedings under the Children Act have met with success but there are a few parents who will have to be impressed by actual proceedings before the magistrates. One or two cases dealt with in this way would serve as an example to others and save a considerable amount of effort in dealing with those who persistently refuse to be convinced that their children require treatment.

MEDICAL TREATMENT.

(a) MINOR AILMENTS.—In Table IV are indicated the number and the nature of the minor ailments which received treatment during the year. It will be noted that 1,123 of the 1,280 children suffering from minor ailments, or 87.7 per cent., were treated at the Health Centres and 157, or 12.3 per cent., were treated by private practitioners or at hospitals. The total attendances at the Health Centres for the daily treatment of minor ailments were as follows :—

Impetigo ...	...	...	...	...	2,563
Ear Cases	...	...	...	...	1,148
Eye Cases ...	...	...	...	...	1,569
Ringworm	...	...	...	...	787
Scabies ...	...	...	...	...	74
Eczema ...	...	...	...	...	159
Minor Injuries	...	...	...	...	404
Others ...	...	...	...	...	3,465
Total ...					10,169

In connection with the treatment of minor ailments it may be recorded that each School Department, Domestic Subjects Centre and Handicraft Centre has been supplied with a First-Aid box. This box which is of japanned metal has a number of suitable dressings for various purposes. Inside the lid is a list of the dressings and also short directions as to the steps to be taken in cases of accident. It is the duty of the head-teachers to see that the stock of dressings is replenished which is done on application to the Health Centre. The supply of these first-aid boxes and their replenishment from the Health Centres ensures that they are always kept well fitted and in good condition. At the same time their upkeep costs much less than when articles are purchased in small quantities by the teachers.

(b) TONSILS AND ADENOIDS.—It is indicated in Table IV, Group III, that 135 cases of enlarged tonsils or adenoids were submitted for operation at the Mattock Lane Health Centre, and that 66 cases were dealt with at hospitals or by private practitioners.

(c) TUBERCULOSIS.—Fourteen children were referred to the Tuberculosis Officer for supervision, twelve being suspected of having tuberculosis of the lungs and two tuberculosis of the cervical glands.

(d) SKIN DISEASE.—The cases of diseases of the skin which were treated are included in Table IV, Group I. There were 422 referred for treatment, 379 of whom were treated at the Health Centres and 43 otherwise.

In this table are included under the term "miscellaneous," 585 cases of such conditions as minor injuries, sores, chilblains, etc., and of these 496 were treated at the Health Centres and 89 otherwise.

During the year six cases of ringworm of the head were treated and cured by means of X-Rays by Dr. Arthur.

Of the 269 cases of impetigo, 253 were treated at the Health Centres. During the year 21 cases of scabies were found and 16 of these were treated at the Mattock Lane Centre.

(e) EXTERNAL EYE DISEASE.—The children referred for treatment of external eye disease numbered 173, of whom 148 were treated at the Health Centres.

(f) DEFECTIVE VISION.—Dr. Bingham has supplied the following report on his work as School Oculist:—

"During the year 258 children were found to require ophthalmic treatment. In the majority of cases the defect was discovered at routine inspections, the remainder being referred either by the head-teachers or from the Child Welfare Department. The defects requiring treatment are summarised in Table I.

TABLE I.

	Routine	Non-Routine	Total
Defective Vision ...	58	15	73
Squint	45	21	66
Blepharitis ...	24	42	66
Conjunctivitis ...	5	48	53

"Each of these children received an appointment for examination by the oculist. Table II shows the conditions found on examination.

TABLE II.

		Boys	Girls
Referred for Treatment	...	115	143
Treated privately	... ..	8	9
Referred to Hospital	... ..	2	1
Glasses not considered necessary		16	13
Glasses Prescribed :			
Hypermetropia	{ New Cases	40	45
	{ Re-tests	22	15
Mixed	{ New Cases	6	11
	{ Re-tests	4	6
Astigmatism	{ New Cases	7	23
	{ Re-tests	10	20
Myopia	{ New Cases	7	23
	{ Re-tests	10	20

" Glasses were prescribed for 209 children and were obtained in every instance.

" There are two points worthy of note in Table II. The first is the relatively large number of children submitted for re-examination. The following up of children for whom glasses have been prescribed is perhaps as important as the original examination. The fact that more than one third of the children seen were for re-testing is a fair indication of the thoroughness and efficiency with which the nurses' routine duties in school were performed.

" The second point of interest is the high proportion of myopes among the children examined. Out of 209 children for whom glasses were prescribed 60 (almost 30 per cent.) were myopic. In view of this it was thought advisable to consider more closely the question of myopia.

" *Myopia*.—Myopia is a condition of partial blindness which first makes its appearance at about 6 years of age and becomes progressively worse up to adult or middle life. Its progress is more rapid during the period of growth—notably during the school period—and although not directly caused by the literary part of school work, it is greatly aggravated by it.

“ There are two forms of myopia to be considered :—

(a) A simple form which shows itself for the first time at 6 to 7 years and increases slowly up to 18 years or so. The defect does not usually exceed 3.50 dioptries.

(b) A malignant form which appears a little earlier, progresses rapidly to middle life and may result in total blindness.

“ It is most important therefore to recognise the malignant form as early as possible, and to adopt the measures that will tend to check its advance. This may be effected to some extent by avoidance of near work such as reading, writing and sewing so that a child with malignant myopia cannot take full advantage of the educational facilities in the ordinary school without risk of permanent injury to its sight. It has been recommended that such children should spend a third of their time at the ordinary school—for oral teaching—and the remainder at a special school with educational methods specially suited to preserve their sight. The special school should be under a teacher who fully appreciates the object in view.

“ In order roughly to estimate the number of children attending elementary schools in Ealing who would be eligible for special teaching a review was made of the vision cards. These give the results of examinations at the Health Centre of children with defective vision. In deciding which of the cases of myopia were likely to be of the malignant or rapidly progressive type two points were taken into consideration ; first, the amount of advance in the condition as revealed at successive examinations, and second, the amount of myopia in relation to the age of the child.

“ The treatment recommended was of three kinds depending on the extent of the defect and its rate of advance.

“ (1) *Observation* : This was advised for children suffering from mild degrees of myopia. The child continues his work at the ordinary school, wears suitable correcting glasses, and submits to re-examination at stated intervals, usually half-yearly. If on subsequent examination the condition shows an unusually rapid advance, treatment under (2) or (3) is advised.

" (2) *Easy Treatment*: This is advised for cases of myopia which are slightly more advanced than the foregoing. Suitable correcting glasses are prescribed and re-examination arranged for. The child attends the ordinary school with certain restrictions as to the kind of work he may do. He sits near the front of the class and is not permitted to use books or pencils nor to take part in drill or strenuous games. Notices are sent to the teachers prescribing the amount of work the child may do. Notices are also sent to the parents explaining fully the reasons for restricting the child's activities in school, and enlisting their help in enforcing similar restrictions at home. A child responding well to this line of treatment is recommended for treatment (1) while those not responding satisfactorily may be referred for the third form of treatment.

" (3) *Myope Class*: This is the treatment advised for the more severe grades of myopia, and in the cases where a diagnosis of malignant myopia has been established. The child's education is continued with strict avoidance of near work and special attention is directed to manual training. The periods of work are short, and long intervals are allowed for rest.

" Table III shows the numbers of children suffering from myopia and the treatment advised.

TABLE III.

	Boys	Girls	Total
Observation ...	19	27	46
Easy Treatment ...	11	8	19
Myope Class ...	5	10	15
	— —	— —	— —
	35	45	80
	==	==	==

" Table IV shows the age and sex distribution of the cases selected for education in a special myope class.

TABLE IV.

Age.			Boys	Girls	Total
6 years	...	...	—	1	1
7 "	...	...	—	1	1
8 "	...	...	1	—	1
9 "	...	...	3	—	3
10 "	...	...	1	1	2
11 "	...	...	—	4	4
12 "	...	...	—	1	1
13 "	...	...	—	1	1
14 "	...	...	—	1	1
			<hr/>	<hr/>	<hr/>
			5	10	15
			<hr/>	<hr/>	<hr/>

" This shows the minimum number of myopes requiring special teaching, and includes one case of hypermetropia where the visual acuity is so reduced, even with correcting glasses, as to render special teaching desirable. It does not include a number of children who have been examined privately, some of whom are in all probability suffering from myopia. This list will probably be increased from time to time by the addition of children who do not respond satisfactorily to easy treatment or observation. It has been found that myopia advances much more rapidly in debilitated children so that myopes returning to school after severe illness or infectious disease might benefit by a few months' teaching in a myope class before returning to the ordinary school curriculum."

It is evident from this report that it is essential that a myope class should be formed to deal with the myopic children included in the third group who need special education. One of the main difficulties is to decide where to establish the class, or classes, which most of the myopic children can conveniently attend, and the next difficulty to solve is the mode of transport. When the re-organisation of the schools has been more or less completed and when in the course of the year the children in the new schools have been medically examined, suggestions will be put forward for the consideration of the Committee.

(g) EAR DISEASE AND HEARING.—Of 100 children with ear defects who received treatment, all received treatment at the Health Centres.

(h) DENTAL DEFECTS. The following is the Report of the School Dentist (Mr. C. Colenso, L.D.S.) :—

“ It is gratifying to report that this year the number of parents objecting to dental treatment has been greatly reduced. This effect was made possible by greater pressure being brought to bear on them. Extra visits by the school nurses were made to the homes of objectors, and where no satisfactory result was obtained by this method, letters were sent advising the need of treatment and threatening proceedings under the Children Act if the advice was neglected. At the dental inspections also, a great number of those parents were interviewed with most satisfactory results. From these efforts therefore we find a higher percentage of children treated and leaving school this year with sound mouths, as the majority treated were of school leaving age.

“ On the other hand, the children five years of age, entering the schools were found as a rule to have a very bad dental condition. Approximately 80 per cent. of those submitted for treatment required the removal of six or more teeth each, to such an extent had decay and sepsis advanced. Consequently from this early removal of so many teeth we may expect to see a certain amount of irregularity in the permanent dentition.

“ There is no single reason why the teeth of these children should be so much affected with decay. Sweets we know are an important factor, but more vitally important is the diet of the infant and child. Expectant mothers do not always buy the food which contains the requisite amount of vitamins, and without these the unborn child is not having a sound foundation laid for the future eruption of strong teeth. Then comes the school child, its food is somewhat lacking in respect of vitamins. The lack of the essential vitamins shows its influence in the extremely bad condition of the teeth of the children on admission to school,

" With regard to 6,938 fillings inserted in permanent teeth, this number is found to be considerably greater than in any previous year. The majority of these fillings were done for children of eight years of age and upwards. The temporary teeth, as has already been stated, were in a bad condition, but 706 temporary fillings were applied to certain teeth of the early dentition.

" The number of extractions in the permanent set was 1,814. Of these, 393 were removed for the regulation of other teeth. In 56 cases of protrusion or retrusion of the jaws advice was given to seek special treatment at the Dental Hospitals in London. The temporary teeth extracted totalled 12,205, a very large figure, but there is one consolation, and that is that these children now have healthy mouths to go on with. Local anaesthesia was administered on 4,600 occasions and general anaesthesia on 1,020 occasions for a total of 14,019 teeth extracted.

" Dressings of silver nitrate to the temporary teeth, and applications to gums, where stomatitis or gingivitis was present, amounted to 343. Scaling of the teeth was done for 81 children.

" The increase in the number of children inspected, and therefore an increase in those who required treatment, at the new schools in the Greenford Ward, urgently called for the additional dental sessions at the new Ravenor Park Health Centre; in fact there were arrears of approximately 800 cases for treatment at the end of the year, and with the opening of the other large schools in this area in the near future it will be found necessary to have a third school dentist to complete the inspections and treatment in each year.

" Altogether 10,224 children were inspected and of these, 8,124 required treatment. Those actually treated numbered 4,841, and out of this number 779 returned for further treatment, making a total of 5,620 visits for dental treatment at all the Centres. The increase in the number of children treated is very satisfactory, being almost double of that number treated in the previous year, and with the continued propaganda amongst and pressure on those parents who are inclined to refuse treatment, we hope in three years' time, to have nearly every school child receiving dental treatment, and to see most of them leaving school with perfectly sound mouths.

"The dental treatment of Expectant and Nursing Mothers, and of children of pre-school age has considerably increased this year. Of the former, 166 were referred for treatment, and out of these, 30 were nursing mothers.

"Dentures were supplied to 46 expectant or nursing mothers, an increase of 20 over last year. Fillings were inserted in 163 teeth, and 729 permanent teeth were extracted, and 74 mothers had their teeth scaled and the gums treated. In all, 149 mothers attended on 483 occasions for dental treatment.

"The number of children of pre-school age who attended the Centres during the year for dental treatment amounted to 156. This figure is very far short of the number of children who ought to be treated before entering the schools at five years of age. If it were compulsory for children to have treatment before beginning at school, school dental work would be much lighter than it is at present, for through this early treatment the teeth could be saved, and the need for extraction lessened and the health of the children improved by the lessened amount of sepsis.

"Lectures were given to nursing mothers at the Centres on the advisability of having their children's teeth attended to, but a big number of mothers refuse to give consent to have their children treated, as they think it is too great an ordeal for children under 5 years. It is this thought that keeps mothers from bringing their children for early treatment and encourages them to wait until the child enters school, when unfortunately many of the teeth are beyond saving.

"Temporary fillings were inserted in 263 teeth, and 226 temporary teeth were extracted under general anaesthesia, for these children under 5 years of age."

(i) ORTHOPAEDIC TREATMENT.—During the year the Orthopaedic Surgeon saw for the first time, on the occasion of his monthly visits, 81 school children suffering from crippled conditions, lateral curvature and round shoulders. There were 127 re-inspections of these or other children already undergoing treatment. Some of the cases of lateral curvature and round shoulders were only mildly affected and were completely cured after treatment lasting but a few months. Four children were advised and received operative

treatment at the National Orthopaedic Hospital and 68 were advised massage and special exercises. The attendances for massage or special exercises numbered 1,093. Three children were supplied with surgical appliances which were ordered by the Surgeon.

In addition to the school children, 91 children under five years of age were submitted for a first examination by the Surgeon, 189 re-inspections being necessary. The attendances of those requiring massage numbered 753. Six operations were advised and three have been performed at the Hospital on children under school age.

The fact that 91 children under school age came within the scheme for the first time during the year indicates the success of this form of treatment which depends mainly for its success on the early ascertainment of the condition and on early treatment with subsequent continuous supervision. The treatment in the early years of life facilitates the completeness of the treatment and lessens the attention required during school life. It is one of the most heartening things about the scheme that the children are being dealt with at the very earliest period when the crippling is most amenable to remedial measures.

So great a demand on the accommodation available at the Mattock Lane Centre has been made by the Orthopaedic Scheme that a building of a semi-permanent type has had to be erected behind the main building. This consists of a large room 30 ft. x 20 ft., well lighted with dormer windows on the north and south and with glazed doors along either side arranged in such a way that they can be opened on to verandahs so that children receiving massage or having physical exercises can do so in the open air but under shelter. At one end of the hall is a doctor's room and a waiting room with sanitary accommodation for staff and for children.

It is interesting to visualise what has been done in the years during which the scheme has been in operation and the following account of work indicates the valuable results so far obtained. The most interesting and striking fact, however, is that since the scheme has been in operation the number of crippled children who are unfit to attend a public elementary school and who require special educational facilities has decreased to one,

SURVEY OF ORTHOPAEDIC CASES.

During the period from September, 1925, to December, 1930, upwards of 500 children attended for treatment at the Orthopaedic Clinic, the majority (almost 90 per cent.) being referred either from the Infant Welfare Centre or from the routine medical inspection of school children. Table I shows the numbers referred from each source :—

TABLE I.

How Discovered.				Boys	Girls	Total
Infant Welfare Centre	...	...		104	112	216
School Medical Inspection	...	...		113	120	233
Private Practitioners, Teachers, etc.	...	...		32	28	60
				<hr/>	<hr/>	<hr/>
				249	260	509
				<hr/>	<hr/>	<hr/>

The orthopaedic surgeon examined each child on its first attendance and thereafter at stated intervals in order to check or to modify the treatment prescribed. The total number of examinations by the surgeon was 1,380—giving an average of 2 to 3 examinations per child. In many instances two or more conditions requiring orthopaedic treatment were found to co-exist in the same child. The defects discovered are indicated in Table II.

TABLE II.

	Boys	Girls	Total
Congenital Deformities :—			
Birth Palsy	1	3	4
Spinal Bifida	2	—	2
Cleft Palate	1	—	1
Various	4	5	9
Traumatic	4	2	6
Spinal Deformities :—			
Scoliosis	42	44	86
Kyphosis	2	13	15
Lordosis	1	3	4
Round Shoulders	35	47	82
Torticollis	9	6	15
Chest Deformities	—	4	4
Tubercular Conditions :—			
Spine	2	—	2
Hip	3	1	4
Genu Valgum (K.K.)	26	37	63
Genu Varum (B.L.)	65	50	115
Coxa Vara	1	1	2
Flat Feet	44	39	83
Talipes	13	11	24
Acute Anterior Poliomyelitis	8	10	18
Rickets	7	2	9
Paralytic Conditions :—			
Spastic Hemiplegia	2	2	4
Spastic Diplegia	—	2	2
Paraplegia	1	—	1
Paralysis of Back	—	1	1
Friedreich's Ataxia	—	1	1
Other Deformities	5	1	6

In almost every case some form of active treatment was prescribed, a few cases only being kept under observation. The forms of treatment and the numbers of children receiving it are shown below :—

TABLE III.

	Boys	Girls	Total
Alteration to Boots	58	63	121
Splints	90	74	164
Manipulation	21	21	42
Jacket	1	1	2
Massage			81
Remedial Exercises			229
Hospital Treatment (Operation)	23	7	30
X-Ray	4	4	8

The children referred for massage and remedial exercises made 6,080 attendances—an average of 19 attendances per child. Of the 30 referred for operation in hospital only 4 failed to accept it.

TABLE IV.

Results of treatment.

	No.	Very much Improved	Cured.
Still attending Clinic :—			
For Active Treatment	180	56	—
For Observation	70	38	—
Discharged	149	10	139
Treatment not Completed :—			
Left School	57	25	—
Left District... ..	3	—	—
Failed to Attend	42	1	—
Declined Treatment	7	—	—
Private Treatment	1	—	—
Total	509	130	139

(j) HEART DISEASE AND RHEUMATISM. During the year there were found in the course of routine and special inspections 17 children suffering from organic and 61 from functional disease of the heart.

All children who are suffering from organic disease of the heart or who have a history of having suffered from rheumatism, which is the main cause of heart disease, are kept under particular supervision, being examined at frequent intervals, the length of which depending on their condition. Special records are kept of their condition and progress and special reports are made by the Sanitary Inspectors on their home conditions. Steps are taken to improve the home conditions if such are required, and, if removal to a Council house is called for, a special recommendation is made to the Housing Committee. The parents and teachers are given advice regarding the care of the children, particularly in respect to games and physical exercises and the avoidance of over-exertion. Those who require treatment in a general hospital during an acute attack of rheumatism are sent there and those, for whom residence for some months in a hospital school for heart cases is desirable, are sent there at the cost of the Education Committee.

(k) DEFECTIVE SPEECH—In the schools there are 37 children suffering from defective speech. Most of them are stammerers and range from 5 to 14 years of age, 30 being boys and 7 girls.

Stammering occurs in children of a nervous tendency and though it does not affect the child physically it may have a serious psychological effect. Most important of all it is liable to militate against the sufferer's employment. At the same time the condition is very amenable to treatment, especially if treated early and thoroughly. In this treatment, or instruction, which must be given by a person with special experience, the interest and assistance of the child, the teacher and parents are essential. Given favourable conditions of instruction and supervision it is estimated that 30 per cent. are cured by a course of instruction of twelve weeks whilst the remainder are greatly improved.

The Education Committee recognizing the importance of assisting these children to get rid of their defect have decided to form a class for stammering children at the Mattock Lane Health

form a class for stammering children at the Mattock Lane Health Centre in charge of a trained instructress, who holds the Diploma of the Central School of Speech Training. The children will attend the class, consisting of 12 children, on two sessions a week, each session lasting one hour. At the end of twelve weeks the children will be medically examined and their progress ascertained. The children cured of their defect will be allowed to leave the class, those needing further instruction will continue to attend, the number of twelve being made up by new cases.

The assistance of the teachers and parents has been invoked and to them printed instructions regarding the supervision of the children at school and at home have been issued. From the interest which all have evinced in the class good results are bound to follow.

(l) PAYMENTS FOR TREATMENT.—The following amounts were received during the year for the treatment of children in the Health Centres :—

	£	s.	d.
Dental Treatment	202	9	0
Throat Operations	32	17	6
Spectacles	61	9	5
Treatment at National Orthopaedic Hospital	2	2	0
X-Ray Treatment for Ringworm of Head	2	12	0
Surgical Appliances	5	11	0
Massage Treatment	25	15	9
Other Payments, from Maternity and Child Welfare Committee, etc.	103	14	2
	<hr/>		
	£436	10	10
	<hr/>		

OPEN AIR EDUCATION.

As stated in the previous year's report the teachers take every opportunity of holding classes in the open air whenever the weather permits them to do so, and there is no doubt that not only the teachers, but the children themselves, are now recognising that the more time spent in the open air and particularly in the sunshine the better in health they will be.

The new Stanhope School gives to teachers and children alike a valuable lesson since it provides for all school children open-air conditions in all kinds of weather. Stanhope School and two other new schools, Horsenden and Wood End, will provide open-air education for most of the children in the Greenford and Northolt Wards.

PHYSICAL TRAINING.

In the Report for 1929 a summary was given of the provision for organised games for school children. The only change in this record that need be made is that additional playing fields have now been purchased at Boston Road ($5\frac{1}{4}$ acres) and at Ruislip Road (9 acres, 16 poles). The former is for the use of the new Bordeston Senior Boys' School in course of erection, and the latter for the use of Coston and Stanhope Schools. The Horsenden playing field has now been enlarged from the $1\frac{1}{2}$ acres noted in the last Annual Report to a total of $4\frac{1}{2}$ acres.

PROVISION OF MEALS.

The Education Committee have given every encouragement to the head-teachers to adopt the scheme of the National Milk Publicity Council for the supply of milk to children in the schools. The scheme consists in supplying milk in bottles containing a third of a pint to the children in the middle of the morning at a cost to the parents of one penny for each bottle. The great advantage of the scheme is that the amount of clerical work to be done by the head-teachers is reduced to a minimum.

In initiating the provision of milk in schools in this way forms are sent to the parents who are asked to express their willingness for their children to receive a third of a pint of milk each morning. The dairyman delivers to the school the requisite number of bottles and a supply of straws. At the mid-morning interval the bottles are distributed to the children, the children perforating the caps in the bottles and inserting the straws through which they swallow the milk. The empty bottles are collected by the dairyman at mid-day. There is, therefore, no labour entailed in the washing of receptacles. All the teacher has to do is to see that the milk bottles are distributed to the children and to collect the pennies.

The scheme started off very well, 2,949 children regularly receiving milk at the end of 1929, but unfortunately the novelty seems to have worn off a little for the number of children now receiving milk is 2,245. Most of the teachers are loud in their praise regarding the value of milk. The most marked effect, both physically and mentally, has been in those children who appear to be anaemic or badly nourished.

The Education Committee, finding the scheme an easy one to manage, adopted it for supplying extra food to children whose parents are in necessitous circumstances. At the end of the year there were 340 children receiving milk in this way at the cost of the Education Committee. The children who receive milk free of cost are treated in exactly the same way as the children whose parents pay for it. There is no distinction made regarding the class of child.

The reports of experiments carried out by Dr. Corry Manu in England, and by Dr. J. B. Orr in Scotland, have shown that when a supplementary ration of milk has been given to school children they have shown a marked improvement in height and weight and in brightness. Still more recent experiments carried out in Scotland with a large number of school children, the results of which were published quite recently, have confirmed that the supply of an extra quantity of milk to children brings about a material gain in physical condition and in alertness. The supply of milk to children in school, therefore, as a routine practice, deserves to be supported in every way possible.

CO-OPERATION OF OTHERS IN THE SCHOOL

MEDICAL SERVICE.

Attention has been drawn in previous reports to the co-operation of and the help received from the teachers and from the school enquiry officers in the work of school medical inspection and treatment. The co-operation and help has been maintained and has greatly added to the efficiency of the whole scheme. The parents, if anything, are manifesting an increased interest every year in the health of their children and seem more anxious as time

goes on to encourage medical inspection as the means of maintaining the health of their children. More and more are they willing to accept treatment given at the Health Centres and to act on advice regarding the health of the children.

Very material assistance which must be acknowledged, has as in previous years, been obtained from the Central Aid Society, who assist in obtaining Special Hospital and Convalescent Home treatment for anaemic or badly nourished children; from the National Society for the Prevention of Cruelty to Children in bringing pressure to bear on parents who are neglecting their children; from the School Attendance Aid Committee in supplying boots for necessitous children and from the Middlesex King Edward Memorial Committee in giving holidays at their Holiday Home at Bexhill to anaemic and weakly children.

NURSERY SCHOOLS.

There are no Nursery Schools in the Borough and there are no nursery classes held in the ordinary schools. Children under 5 years of age are admitted to a number of the schools when in the opinion of the School Attendance Committee the home circumstances of the children justify their being admitted.

SECONDARY SCHOOLS.

Medical inspection is carried out on behalf of the County Council in the three County Schools in the Borough by the staff of the School Medical Service. No provision has so far been made for the treatment of defects found, but the Education Committee have expressed their willingness to assist the County Council by offering at reasonable terms such treatment as is required for cases of defective vision and defective teeth.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

All blind and deaf children of school age are sent to Special Residential Schools. Five blind girls and three blind boys were being maintained at Certified Schools for the Blind at the end of the year.

Nine deaf mutes, four girls and five boys were at the end of the year being maintained at Special Residential Schools.

One girl suffering from severe epilepsy was maintained at a Special Residential School and one boy was kept at home, where he was undergoing treatment by his regular medical attendant.

Seven girls and seven boys who were suffering from mild attacks of epilepsy, occurring at night and never in the day, were attending public elementary schools.

One crippled boy, who was unable to attend the ordinary school was maintained at a Special Residential School. All the other children suffering from crippled conditions were able to attend the public elementary schools like normal children—a very satisfactory state of things which has been mainly due to the marked improvement in their condition resulting from orthopaedic treatment. Two boys suffering from heart disease were maintained at a Special Hospital School.

Five feeble-minded children, three girls and two boys, were maintained at Special Residential Schools. There were 50 feeble-minded children, 26 girls and 24 boys, in attendance at public elementary schools.

Eight children were notified during the year to the Local Mental Deficiency Authority: one idiot boy, two imbecile boys, three imbecile girls, one moral defective boy and one feeble-minded girl on leaving a special school after attaining the age of 16.

Steps were taken during the year to ascertain all the feeble-minded children in the public elementary schools and to estimate the Intelligence Quotient of each. It was noted in last year's Annual Report that a Conference representing the Local Education Authorities of Middlesex, Brentford and Chiswick, Heston and Isleworth, and Ealing, which had been called to consider a special school for feeble-minded children, had adjourned in 1929 with a view to allowing each authority time to ascertain the number of feeble-minded children in the various groups that have to be dealt with.

The Ealing Education Committee in 1929 passed the following resolutions :—

- “ (i) That the necessary steps be taken as soon as possible to accommodate low-grade mentally defective children in Occupation Centres or Residential Special Schools according to the nature of the defect.
- “ (ii) That retarded children be dealt with in each school as a part of the Hadow Re-organisation Scheme, on the understanding that it may be necessary to transfer such children from small and badly graded schools.
- “ (iii) That the School Medical Officer proceed as quickly as possible with the ascertainment of children with a view to further steps being taken towards the establishment of a Joint Day School for high-grade mentally defective children.”

When each Education Authority has the completed information regarding the feeble-minded children in its area a further meeting of the Conference will in all probability be called with a view to considering future action.

For delicate children requiring convalescent treatment the Education Committee have made arrangements with the Committee of the Middlesex King Edward Memorial Fund by which four boys and six girls will be received into their convalescent home at Bexhill. This home normally is for giving a number of delicate school children in Middlesex a holiday during the summer months, but in the winter months the accommodation has been placed at the disposal, at a reasonable cost per week, of Education Authorities in Middlesex for delicate children who will stay there for periods of six weeks. Children who have been sent to the Bexhill Home have shown remarkable benefit from residence there. This convalescent treatment could be extended with great advantage to many children.

HEALTH EDUCATION.

In the previous year's Annual Report an account was given of the extent to which hygiene is taught in the schools and of the great interest taken in the work by the teachers as a whole.

It may here be stated shortly that the " Handbook of Suggestions on Health Education " is used by the teachers as a basis and the minimum extent of the health education recommended by the Education Committee is as follows :—

Infants' Schools.

- (a) Incidental and habit teaching each day when occasion offers.
- (b) In the upper classes, short informal talks of five minutes each day.

Junior Schools.

- (a) Incidental teaching each day as occasion offers.
- (b) Formal talks of five minutes each day.
- (c) Formal lesson of thirty minutes each week.

Senior Schools.

- (a), (b) and (c) as for Junior Schools.

Central School.

- (a) Incidental teaching as occasion offers.
- (b) At least two formal lessons of thirty minutes each week.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The number of boys and girls employed out of school hours in accordance with the Byelaws with respect to the Employment of Children is given in the following list, together with the nature of the employment :—

Boys.			GIRLS.		
Errands ...	...	64	Assisting in Shop ...	...	1
Milk Round ...	...	13			<hr/>
Newspaper Round		23	Total ...	...	1
House Work...	...	1			<hr/>
Baker's Round	...	19			
Delivering Parcels	...	7			
Delivering Goods	...	24			
Delivering (Butcher)		3			
Helping in Shop	...	4			
Oddments	...	1			
Messenger Boy	...	3			
Order Boy	...	7			
Yard Boy	...	1			
Boot Boy	...	1			
		<hr/>			
Total	...	171			<hr/>

All employed children were medically inspected during the year and 38 were found to be in such a condition of health that their employment was discontinued.

Two children were found in the course of routine medical inspection to be employed without being registered under the Byelaws.

MISCELLANEOUS.

All medical examinations made at the Health Centres, including those of children referred by the Education Committee, Head-Teachers, School Enquiry Officers and School Nurses are included under this term.

Children may be submitted for examination at the Health Centres on certain days of the week at 9.30 a.m. Those submitted are usually 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, such as defective eyesight, disease of the eye, ear, nose and throat, which may require treatment. In fact, any child with an actual or suspected defect and not under medical care may be submitted by the head-teachers for examination.

The examinations carried out during the year were as follows :

Verminous Children	...	...	...	974
Impetigo	...	...	...	595
Scabies	...	...	...	44
Ringworm	...	...	...	163
Eczema	...	...	...	26
Minor Injuries	...	...	...	129
Teachers on Appointment	...	...	...	38
King Edward Memorial Scheme	...	...	...	—
Miscellaneous	...	...	...	2,705
				<hr/>
Total	...	...	...	4,674
				<hr/>

May 21st, 1931.

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

STATISTICAL TABLES.

The Statistical Tables required by the Board of Education are as follows :—

TABLE I.
RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	1,976
Intermediates	1,545
Leavers	880
Total	4,401

Number of other Routine Inspections	—
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B.—Other Inspections.

Number of Special Inspections	2,323
Number of Re-Inspections	1,513
Total	...	...	...	...	...	...	3,836

TABLE II.

A. - RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1930.

DEFECT OR DISEASE.					Routine Inspection		Special Inspection	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition					1	38	—	1
Uncleanliness					56	—	61	—
Skin	{ Ringworm, Scalp				—	—	15	—
	{ " Body				—	—	30	—
	{ Scabies				4	—	17	—
	{ Impetigo				9	—	260	—
	{ Other Diseases (Non-Tubercular)				6	2	81	—
Eye	{ Blepharitis				24	2	42	—
	{ Conjunctivitis				5	1	48	—
	{ Keratitis				—	—	1	—
	{ Corneal Opacities				—	—	1	—
	{ Defective Vision (excluding squint)				214	3	104	4
	{ Squint				45	4	21	3
Ear	{ Other Conditions				4	1	50	2
	{ Defective Hearing				—	9	3	4
	{ Otitis Media				14	9	50	—
	{ Other Ear Diseases				1	—	35	—
Nose and Throat	{ Enlarged Tonsils only				272	797	43	26
	{ Adenoids only				24	1	4	—
	{ Enlarged Tonsils and Adenoids				158	11	43	5
{ Other Conditions					2	76	14	18
Enlarged Cervical Glands (Non-Tuberculous)					2	140	—	37
Defective Speech					—	13	—	1
Teeth—Dental Diseases					1265	—	320	—
Heart and Circulation	{ Heart Disease :—				—	—	—	—
	{ Organic				—	16	1	—
	{ Functional				—	51	—	10
Lungs	{ Anaemia				12	25	16	—
	{ Bronchitis				2	132	7	8
	{ Other Non-Tuberculous Diseases				1	8	—	3
Tuberculosis	{ Pulmonary :—				—	—	—	—
	{ Definite				—	—	—	—
	{ Suspected :—				—	3	1	4
	{ Non-Pulmonary...				—	—	—	—
	{ Glands				—	—	—	—
	{ Spine '... ..				—	1	—	—
	{ Hip				—	—	—	—
	{ Other Bones and Joints				—	1	—	1
Nervous System	{ Skin				—	—	—	—
	{ Other Forms				—	—	—	—
	{ Epilepsy				—	—	4	1
Deformities	{ Chorea				2	6	5	6
	{ Other Conditions				—	—	1	—
	{ Rickets				—	1	—	—
Other Defects and Diseases	{ Spinal Curvature				30	7	1	—
	{ Other Forms				63	182	10	2
					7	9	798	50

**B.—Number of Individual Children found at Routine Medical
Inspection to require Treatment.**

(Excluding Uncleanliness and Dental Diseases).

GROUP. (1)	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Code Groups :—			
Entrants	1,976	333	16.8
Intermediates	1,545	327	21.1
Leavers	880	177	20.1
Total (Code Groups)	4,401	837	19.0
Other Routine Inspections ...	—	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
BLIND (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	3	5	8
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools ...	5	5	10
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
DEAF (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	5	4	9
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	2	3	5
		Attending Public Elementary Schools ...	24	26	50
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Notified to the Local Control Authority during the year	Feeble-minded ...			
		Imbeciles ...			
		Idiots ...			
EPILEPTICS	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	—	1	1
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution ...	1	—	1
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	7	7	14
		At no School or Institution ...	—	—	—

PHYSICALLY DEFECTIVE			Boys	Girls	Total
	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	—	3
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools	2	—	2
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools	126	114	240
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Crippled Children (other than those with active tuberculous disease <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease)	At Certified Hospital Schools	3	—	3
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	19	19	38
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31st DECEMBER, 1930.

TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Une cleanliness, for which
see Group V.)

DISEASE OR DEFECT (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN :—			
Ringworm—Scalp	14	1	15
Ringworm—Body	29	1	30
Scabies	16	5	21
Impetigo	253	16	269
Other Skin Diseases	67	20	87
MINOR EYE DEFECTS (external and other, but excluding cases falling in Group II)	148	25	173
MINOR EAR DEFECTS	100	—	100
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chil- blains, etc.)	496	89	585
TOTAL ...	1123	157	1280

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

DEFECT OR DISEASE	No. of Defects dealt with.			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme	Other-wise	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	258	31	—	289
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ...	—	—	—	—
TOTAL	258	31	—	289

Total number of children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	257
(b) Otherwise	31

Total number of children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	257
(b) Otherwise	31

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS				
Received Operative Treatment			Received other forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
(1)	(2)	(3)	(4)	(5)
135	66	201	—	201

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Routine Age Groups	Aged					
	5	...	870			
	6	...	1,068			
	7	...	1,192			
	8	...	1,234			
	9	...	1,245			
	10	...	1,408			
	11	...	913			
	12	...	714			
	13	...	657			
	14	...	508			
	15	...	87			
	16	...	8			
Specials	...	...	...	...	...	320
Grand Total					...	10,224

Total 9,904

(b) Found to require treatment	...	...	...	...	...	8,124
(c) Actually treated	...	...	...	...	...	4,841

(2) Half-days devoted to :—

Inspection	...	...	...	...	71	
Treatment	...	...	...	...	689	Total 760

(3) Attendances made by children for treatment ... 5,620

(4) Fillings :—

Permanent Teeth	...	...	...	6,938	
Temporary Teeth	...	...	...	706	Total 7,644

(5) Extractions :—

Permanent Teeth	...	...	...	1,814	
Temporary Teeth	...	...	...	12,205	Total 14,019

(6) Administrations of General Anaesthetics for Extractions ... 1,020

(7) Other operations :—

Permanent Teeth	...	...	...	—
Temporary Teeth	...	...	...	—	Total —

Group V.—Uncleanliness and Verminous Conditions.

- | | | | | | |
|--|-----|-----|-----|-----|--------|
| (1) Average number of visits per School made during the year by the School Nurses | ... | ... | ... | ... | 3 |
| (2) Total number of examinations of children in the Schools by School Nurses | ... | ... | ... | ... | 20,720 |
| (3) Number of individual children found unclean | ... | ... | ... | ... | 382 |
| (4) Number of children cleansed under arrangements made by the Local Education Authority | ... | ... | ... | ... | None |
| (5) Number of cases in which legal proceedings were taken :— | | | | | |
| (a) Under the Education Act, 1921 | ... | ... | ... | ... | None |
| (b) Under School Attendance Byelaws | ... | ... | ... | ... | 4 |

