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

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Borough of Ealing.

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

1932

INCLUDING

Report on the Isolation and Maternity Hospitals, 1932-33.

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.

Annual Report

of the

Medical Officer of Health

1932.

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Report of the Medical Superintendent, Isolation and Maternity Hospitals, 1932-3.

PUBLIC HEALTH COMMITTEE.
1931-32.

Councillor Mrs. F. M. Baker, J.P., C.C. (*Chairman*).

Councillor C. D. Grant (*Vice-Chairman*).

Aldermen Colonel R. R. Kimmitt, O.B.E., T.D.,

and H. W. Peal, J.P.

Councillors W. J. S. Cox, Willoughby Garner,

C. D. Grant, F. G. Holmes, J. Mansel Lewis,

T. P. May, H. M. Sayers, W. A. Scott, Mrs. Taylor, J.P.,

H. Telfer, and W. T. White.

MATERNITY AND CHILD WELFARE COMMITTEE,
1931-32.

Alderman Colonel R. R. Kimmitt, O.B.E., T.D. (*Chairman*),

Councillor Mrs. E. S. Taylor, J.P. (*Vice-Chairman*),

Aldermen H. W. Peal, J.P.

Councillors Mrs. F. M. Baker, J.P., C.C., W. J. S. Cox,

Willoughby Garner, C. D. Grant, F. G. Holmes,

J. Mansel Lewis, T. P. May, H. M. Sayers, W. A. Scott,

H. Telfer, and W. T. White.

Mesdames Haddon, Holman, Ludlow, Parry,

Scrutton and Weeks.

STAFF.

Medical Officer of Health and Superintendent of Isolation and Maternity Hospitals—

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

Assistant Medical Officers of Health—

JOHN PETRIE, M.B., CH.B., D.P.H.

ALASTAIR A. DOUGLAS, M.D., D.P.H., B.Sc.
(resigned 30th June, 1932).

JOHN D. KERSHAW, M.B., B.S., D.P.H.
(appointed 4th July, 1932).

Assistant Medical Officers, Maternity and Child Welfare—

MARGUERITE M. FENN, M.B., B.S., M.R.C.S., L.R.C.P.
FLORENCE WHITROW, M.B., CH.B., M.R.C.S., L.R.C.P.

Ante-Natal Consultant—Part-time—

JOHN W. BELL, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

Chief Sanitary Inspector—

GEORGE W. STEVENS, Cert. R.S.I., and Cert. Inspector of Meat and Other Foods.

Sanitary Inspectors—

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

C. P. H. MEADOWS, Cert. R.S.I., and Cert. Inspector of Meat and Other Foods.

G. T. H. BLACKIE, Cert. R.S.I., and Cert. Inspector of Meat and Other Foods.

ERNEST BELFIELD, Cert. R.S.I., and Cert. Inspector of Meat and Other Foods.

Supervising Health Visitor—

ELEANOR EVANS, Cert. R.S.I., Cert. C.M.B.

Health Visitors—

MARGUERITE FARROW, Cert. R.S.I. and Trained Nurse.

MILDRED ADELINE RICE, Cert. R.S.I., Cert. C.M.B., and Trained Nurse.

RUBIE G. B. DUGGER, Health Visitor's Cert., Cert. C.M.B., and Trained Nurse.

FREDA DE LA HOYDE, Health Visitor's Cert., Cert. C.M.B., and Trained Nurse.

RUBY N. M. S. FIELD, Health Visitor's Cert., Cert. C.M.B., and Trained Nurse.

Chief Administrative Clerk—

HARRY BIRRELL.

Clerks—

*WILLIAM A. J. TURNER.
*GEORGE W. STEPHENS
*HERBERT J. REED.
*GREGORY E. A. REYNOLDS.
*ROBERT S. LEGGATT.
*ELSIE M. WISEMAN.
OLIVE LEVASSEUR.
BARBARA M. MARTIN.
GRACE M. JONES.
EVELYN CRAIGHILL.

HEALTH CENTRES.

MATTOCK LANE, EALING.

CHERINGTON HOUSE, HANWELL.

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, 1932.

Area (in Acres)	9,135
Population (Census, 1931)	117,707
Population (Estimated) Middle of 1932	122,700
Number of Inhabited Houses (Census, 1931)	26,717
Number of Inhabited Houses (1st April, 1932) according to Rate Books	30,126
Number of Families or separate Occupiers (Census, 1931)	31,412
Rateable Value (22nd Nov., 1932)	£1,210,951
Net Produce of a Penny Rate	£4,650

SUMMARY OF VITAL STATISTICS, 1932.

Live Births :—

Legitimate Males 882	Females, 811	Total, 1,693	} 1,768	
Illegitimate Males, 35	Females, 40	Total, 75	}	

Birth-Rate per 1,000 of Estimated Population	14.4

Still-births :—

Males, 38 Females, 36 ... Total ...	74
Rate per 1,000 total Births (Live and Still-births)	40
Deaths : Males, 623 Females, 703 ... Total...	1,326
Death Rate per 1,000 of Estimated Population... ...	10.8

Deaths of Infants under one year of age :—

Legitimate : Males, 36	Females, 34	Total 70	} 79	
Illegitimate : Males, 6	Females, 3	Total 9	}	

Death Rate of Infants under one year of age :—

All Infants per 1,000 Live Births	45
Legitimate Infants per 1,000 Legitimate Live Births	41
Illegitimate Infants per 1,000 Illegitimate Live Births	120

Deaths from Diseases and Accidents of Pregnancy and Childbirth :—

From Sepsis	3	Death Rate per 1,000 Total Births ...	1.63
From Other Causes ...	4	,, ,, ...	2.17
Total	7	,, ,, ...	3.80

	Total Deaths	Death-Rate per 1,000 Population
Measles	5	0.04
Whooping Cough	3	0.02
Diphtheria	2	0.02
Scarlet Fever	1	0.01
Influenza	40	0.33
Tuberculosis of Lung	66	0.54
Other Forms of Tuberculosis	13	0.11
		Death-Rate per 1,000 Live-Births
Diarrhoea (under two years of age)	10	5.7

TABLE I.

Comparison of Vital Statistics of Ealing with those of England and Wales, Etc., 1932.

	England and Wales	118 Great Towns (including London)	London	Ealing
Birth-Rate	15.3	15.4	14.2	14.4
Death-Rate	12.0	11.8	12.3	10.8
Infant Death-Rate	65	69	66	45
Measles Death-Rate	0.08	0.11	0.19	0.04
Whooping Cough Death-Rate	0.07	0.08	0.08	0.02
Diphtheria Death-Rate ...	0.06	0.07	0.07	0.02
Scarlet Fever Death-Rate ...	0.01	0.01	0.02	0.01
Influenza Death-Rate... ...	0.32	0.28	0.27	0.33
Diarrhoea under two years per 1,000 Births)	6.6	8.9	12.6	5.7

STATISTICS.

POPULATION.—The Registrar-General has given the usual estimate of the population of the Borough at the middle of 1932 as 122,700, showing an increase of 4,800 in the population since his estimate for the previous year. This estimate of the population is the figure used to calculate the birth-rates and death-rates that are contained in this Report.

The details of the census taken in April, 1931, have now been issued by the Registrar-General, the figures for Ealing appearing in the Census Report (Part I) devoted to the County of Middlesex. The enumerated population of the Borough at the time of the Census is shown to be 117,707, compared with 90,433 on the occasion of the Census taken in 1921. This latter figure is the amended figure quoted by the Registrar-General in his present report, and has been arrived at by adding together the respective populations of Ealing, Hanwell, Greenford, and that part of Northolt now within the Borough.

The Census returns show that there has been an increase of population during the intercensal period of 27,274 persons, which is equal to an increase of 30.2 per cent. Of this increase 3,733 or 4.5 per cent. was due to the natural increase in the population (*i.e.*, the excess of births over deaths), the remaining 23,541 or 25.7 per cent. being due to the migration of persons into the Borough. The Census shows Ealing to have the third largest population in the County of Middlesex, the districts with larger populations being Willesden and Tottenham.

The Table showing the population of each of the Wards is particularly interesting in view of the fact that comparisons can now be made between the present Ward populations and those at the time of the previous Census. The extension of the Borough led to alterations in the Wards in every instance except the Grange Ward, but the comparison is made possible by the Registrar-General having re-allocated the population of the extended area according to the new arrangement of Wards that was adopted.

Population of the Borough in Wards.

(comparisons with Census, 1921).

Wards.	Acreage	Population.				
		1921	1931			
		Total.	Total.	Male.	Female.	Persons per Acre.
Castlebar	517	9,590	10,105	4,160	5,945	19.5
Drayton	388	8,850	10,317	4,599	5,718	26.6
Grange	548	10,376	15,040	6,607	8,433	27.4
Mount Park ...	1,203	8,140	9,057	3,403	5,654	7.5
Lammas	270	12,306	13,278	6,304	6,974	49.2
Manor	291	11,125	11,008	4,797	6,211	37.8
Grosvenor	162	11,359	11,458	5,413	6,045	70.7
Hanwell South ...	284	8,069	8,878	4,382	4,496	31.3
Greenford	2,761	1,313	15,244	7,629	7,615	5.5
Hanwell North ...	630	8,569	10,275	4,845	5,430	16.3
Northolt	2,079	736	3,047	1,535	1,512	1.5
Ealing	9,133	90,433	117,707	53,674	64,033	12.9

From this Table it will be seen that the Greenford Ward has the biggest acreage and also the largest population, with 15,244 persons, with the Grange Ward following with 15,040 persons. The population of Greenford has increased during the intercensal period by 13,931 or to twelve times its previous size. An increase of 4,664 persons is shown in the Grange Ward, about 3,000 being accounted for by the houses erected by the Council in that area. Northolt and Greenford are the only Wards in which the male population is in excess of the female population. The number of females per thousand males over the whole district is 1,193. The Manor Ward is the only Ward not showing an increase in population, the population having decreased by 117. This is due to the fact that the whole of the area of the Manor Ward had been developed before 1921 and the reduction in the population would be accounted for by the reduction in the average size of the family and by reason of families living in overcrowded conditions securing better accommodation.

The number of persons per acre for the whole of the Borough is 12.9 compared with the corresponding figure of 9.9 for 1921. The number of persons per acre in the various Wards varies from 70.7 in the Grosvenor Ward to 1.5 in the Northolt Ward and gives an indication as to where future development is to be expected.

While the figures given in the Census report of the Registrar-General are of much interest, their main value lies in the comparisons that can be made between the present figures and those of the previous Census. Unfortunately, in many of the tables in the Registrar's report an accurate comparison is not possible by reason of the fact that the figures for the present Northolt Ward as in 1921 are not available. However, the figures for Northolt in 1921 would be so small as to have little effect on the totals and in the comparisons of age-groups, housing, etc. The 1921 figures include the former areas of Ealing, Hanwell and Greenford, but exclude Northolt, while the 1931 figures are for the whole of the present Borough.

The distribution of the population in age-groups is shown in the table below. The general improvement of the social and sanitary conditions is undoubtedly leading to increasing numbers in the advanced age-groups, while the decreasing birth-rate is responsible for a smaller proportion at the younger ages. The real effect of these factors, however, cannot be estimated in a district such as Ealing where the increase during the decennium due to migration amounts to 27,274. The age-distributions of this new population would certainly be very different from the age grouping in general, as the people moving into the newly developed areas largely consist of young married people, classified in the age-groups 15 to 29 and 30 to 44. It will be seen that all of the age-groups given in the Table show an increase in the actual total with the exception of the age-group 5 to 14 years, in which a decrease of 63 is recorded. A significant fact is that while in 1921 25.2 per cent., or one out of every four of the total population was under 15 years of age, in 1931 only 20.6 per cent., or approximately one out of every five, was under fifteen years of age.

Age-Group.	Total.		Percentage of the Population in each Age-Group.	
	1931	1921	1931	1921
0– 4 years ...	7,993	6,270	6.8	7.0
5–14 years .	16,240	16,303	13.8	18.2
15–29 years ...	31,556	21,490	26.8	24.0
30–44 years ...	27,103	21,386	23.0	23.8
45–59 years ...	21,644	15,528	18.4	17.3
60–74 years ...	10,642	6,960	9.0	7.7
75 years and upwards	2,529	1,760	2.2	2.0
	117,707	89,697	100.0	100.0

The relationship between figures in this Table and figures connected with the Health Service is interesting. At the time of the Census there were 7,993 children under 5 years of age in the Borough, and at the same date the number of children under 5 years of age on the Registers at the Health Centres was 3,673, or 46 per cent. of the total at that age. The total number of children five years and over, but under fifteen (which is roughly equivalent to the elementary school age) was 16,240, while the average number of children on the elementary school registers during 1931 was 11,769, indicating that approximately 72 per cent. of the child population was in attendance at the public elementary schools.

Birth-Rate. The number of births assigned to the Borough is 1,768, compared with 1,766 in 1931. The birth-rate of 14.4 per thousand of population is 0.6 less than in the previous year. The birth-rate for Ealing is a little higher than that for London, which is 14.2, but is less than the rates for England and Wales and the 118 Great Towns which are 15.3 and 15.4 respectively. In Table II it is seen that during the last nine years the birth-rate for the Borough has remained fairly constant, only fluctuating to a very small degree, varying between 14.0 and 15.0. This is in marked contrast to the birth-rate for the whole country which in the same period has gradually fallen from 18.8 to 15.3. The constancy of rate in Ealing may be due to the number of new families coming year by year into the rapidly developing Greenford Ward.

DEATH-RATE. The death-rate for the year is 10.8 per thousand of the population, and shows an increase on the death-rate of 10.1 recorded in 1931. Table I indicates, however, that the death-rate for the Borough of 10.8 is well below the rates for England and Wales (12.0), the 118 Great Towns (11.8) and for London (12.3).

INFANT DEATH-RATE. The death-rate of infants under one year of age is 45 per thousand live-births this rate being a little lower than that of 47 recorded for 1931. The infant death-rate for the Borough compares very favourably with those for England and Wales, the Great Towns and for London, which are respectively 65, 69 and 66. Table II gives a comparison of the rates occurring since 1911 and gives a striking indication of the steady reduction experienced in mortality amongst infants.

The causes of infant deaths are shown in Table III, from which it will be seen that the total number of deaths was 79. The greatest number of deaths due to any separate cause was from premature birth, 24, while 11 deaths were due to congenital malformations. Table IIIA indicates that 40 of the 79 deaths occurred before the infant was one week of age, while 48 deaths occurred before the infant was 4 weeks of age. This latter figure gives a neo-natal death-rate of 27 per thousand births.

The death-rate of illegitimate infants is 120 per thousand illegitimate births, compared with the death-rate for legitimate infants of 41 per thousand legitimate births.

STILL-BIRTHS.—The number of still-births assigned to the Borough was 74, which gives a rate of 40 per thousand of all births, or one still-birth per 25 births. The incidence of still-births shows an increase over 1930 and 1931 in which the rates were 33 and 27 respectively.

TABLE II.

Showing Birth-Rate, Death-Rate and Infant Death-Rate for Ealing for the Years 1911-1932.

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	76
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	62
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	55
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	49
1929 ...	14.7	11.3	48	
1930 ...	14.6	10.2	44	
1931 ...	15.0	10.1	47	
1932 ...	14.4	10.8	45	

TABLE III.

Causes of Infant Deaths, 1923 to 1932.

	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Diarrhoea and Enteritis ...	2	4	1	4	3	5	4	3	5	9
Premature Birth	11	7	9	23	20	14	25	14	19	24
Congenital Malformations ...	8	—	10	5	9	6	4	9	9	11
Congenital Debility	9	6	8	13	11	6	10	9	11	4
Tuberculous Disease	1	3	—	—	—	2	1	2	1	—
Syphilis	—	—	1	1	—	—	—	—	1	1
Meningitis (*not Tuberculous*) ...	1	2	1	1	—	1	3	1	4	—
Convulsions	2	2	—	1	2	3	3	6	5	4
Bronchitis	5	1	4	7	5	7	2	4	2	—
Pneumonia (all forms) ...	10	3	5	5	7	4	8	10	11	6
Gastritis	1	—	—	1	—	1	1	—	—	—
Common Infectious Diseases ...	2	3	3	1	2	—	6	2	1	2
Other Causes	10	11	12	9	15	12	6	11	15	18
Totals ...	62	46	54	71	74	61	73	71	84	79

TABLE IIIA.

Infant Mortality during the Year 1932.

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	40	5	2	1	48	9	9	8	5	79
Measles	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	1	1
Diphtheria	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Nervous System ...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Intestines and Peritoneum	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	1	—	1	—	—	—	—	1
Meningitis	—	—	—	—	—	—	—	—	—	—
Convulsions	3	—	—	—	3	—	—	1	—	4
Bronchitis	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	1	1	2	1	5
Other Respiratory Diseases	—	—	—	—	—	—	—	1	—	1
Inflammation of the Stomach	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	—	—	—	—	—	4	4	1	—	9
Hernia, Intestinal Obstruction	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	5	1	1	1	8	2	—	1	—	11
Congenital Debility ...	—	1	—	—	1	1	1	—	1	4
Premature Birth ...	21	2	—	—	23	—	1	—	—	24
Injury at Birth ...	3	—	—	—	3	—	—	—	—	3
Other Diseases Peculiar to Early Infancy	4	—	—	—	4	—	—	—	—	4
Suffocation—in bed or not stated how ...	—	—	—	—	—	—	—	—	—	—
Inattention at Birth ...	1	—	—	—	1	—	—	—	—	1
Other Causes	3	1	—	—	4	1	2	2	2	11

The total deaths from the various causes are indicated in Table IV. It will be seen that heart disease was responsible for the greatest number of deaths, namely, 300, giving a death-rate of 2.44 per thousand of population ; the next, cancer with 191 deaths, giving a death-rate of 1.56 ; and then bronchitis and pneumonia with 125 deaths, giving a death-rate of 1.02.

Of the infectious diseases, scarlet fever caused one death, giving a death-rate of 0.01 per thousand of population ; diphtheria caused two deaths, giving a death-rate of 0.02 ; measles 5 deaths, giving a death-rate of 0.04 ; whooping cough 3 deaths, giving a death-rate of 0.02 ; influenza 40 deaths, giving a death-rate of 0.33 ; and tuberculosis 79 deaths, giving a death-rate of 0.64.

TABLE IV.

Causes of Death, 1932.

Cause of Death	Male	Female	Total
Typhoid and Paratyphoid Fevers ...	1	—	1
Measles	3	2	5
Scarlet Fever	1	—	1
Whooping Cough	1	2	3
Diphtheria	2	—	2
Influenza	16	24	40
Encephalitis Lethargica	—	1	1
Cerebro-Spinal Fever	1	1	2
Tuberculosis of Respiratory System ...	34	32	66
Other Tuberculous Diseases	6	7	13
Syphilis	4	2	6
General Paralysis of the Insane, Tabes Dorsalis	6	1	7
Cancer, Malignant Disease	80	111	191
Diabetes	5	9	14
Cerebral Haemorrhage, etc.	36	45	81
Heart Disease	130	170	300
Aneurysm	7	2	9
Other Circulatory Diseases	38	25	63
Bronchitis	21	32	53
Pneumonia (all forms)	37	35	72
Other Respiratory Diseases	14	5	19
Peptic Ulcer	6	5	11
Diarrhoea, etc. (Under two years) ...	7	3	10
Appendicitis	4	2	6
Cirrhosis of Liver	5	3	8
Other Diseases of Liver, etc.	1	3	4
Other Digestive Diseases	7	15	22
Acute and Chronic Nephritis	29	25	54
Puerperal Sepsis	—	3	3
Other Puerperal Causes	—	4	4
Congenital Debility, Premature Birth, Malformations, etc.	22	25	47
Senility	7	18	25
Suicide	14	10	24
Other Violence	29	20	49
Other Defined Diseases	49	61	110
Causes ill-defined or unknown	—	—	—
Total	623	703	1,326

GENERAL PROVISION OF HEALTH SERVICES.

NURSING IN THE HOME.

1. *General Diseases.*—The nursing of medical and surgical patients in their own homes in the Borough is carried out by the Greater Ealing Nursing Association and the Northolt Nursing Association, the latter dealing, as its name implies, with the Northolt Ward only. Altogether 6 nurses are employed in carrying out this work.

The Town Council makes a contribution towards the funds of these associations and in return the nurses render certain nursing services in connexion with children under 5 years of age and with expectant and nursing mothers, and also assist at the Health Centres in weighing the children and preparing them for examination by the medical officers.

2. *Infectious Diseases.*—The nurses of the two Nursing Associations give nursing assistance, when required, to children under five years of age who are suffering from measles, whooping cough, poliomyelitis, diarrhoea or ophthalmia neonatorum. They also, at the request of the doctor in attendance, visit cases of puerperal fever or puerperal pyrexia when such are nursed at home.

The nurses work whole-heartedly in co-operation with the staff of the Maternity and Child Welfare and School Medical Departments and utilize the Health Centres as places to which requests for their services are transmitted by both doctors and patients.

LABORATORY WORK.

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

	Positive	*Negative*	*Total*
Diphtheria :			
From Practitioners in the Borough	44	582	626
From the Isolation Hospital ...	90	818	908
Tuberculosis :			
From Practitioners in the Borough	97	325	422
Miscellaneous :			
From Practitioners in the Borough	18	72	90
From the Isolation Hospital ...	14	37	51
Total ...	263	1,834	2,097

LEGISLATION IN FORCE IN BOROUGH.

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.
8th February, 1927.

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.

HOSPITALS.

1. *Isolation Hospital.*—The Boroughs of Ealing and of Brentford and Chiswick are served, as far as the treatment of cases of infectious disease is concerned, by the Isolation Hospital which is administered by the Chiswick and Ealing Hospitals Committee. The extension of this hospital to meet the ever increasing needs of these large areas was proposed by the Committee two years ago and is being held in abeyance pending the

financial recovery of the Country. As the need for more beds, and particularly cubicle beds, is now very pressing it is hoped that the extension will be begun at an early date.

The proposals of the Middlesex County Council for the grouping of the existing isolation hospitals so as efficiently to serve the needs of the whole of the districts in the county are still under consideration without apparently making much headway. The proposals need not interfere with any suggestions for the extension of the Chiswick and Ealing Isolation Hospital.

2. *Smallpox Hospital.*—As previously recorded, arrangements were made some years ago by the Middlesex County Council at the request of the local authorities in the county by which cases of smallpox occurring in the county are isolated and treated at the smallpox hospitals of the London County Council. These arrangements are still in operation.

3. *Maternity Hospital.*—This hospital, which has accommodation for 22 beds, serves the needs of the Boroughs of Ealing and of Brentford and Chiswick. In 1931 the Hospitals Committee decided to extend the hospital by providing 16 more beds and making new labour ward provision. This extension has been held up in the same way as that of the Isolation Hospital. Nevertheless, as the demand for beds grows more insistent every day, all the available beds being booked three months at least in advance, it seems desirable that the matter should be considered an urgent one and that the real need of beds should be represented to the Ministry of Health.

4. *Hospital Provision for Children.*— At the King Edward Memorial Hospital, where a children's ward provides 12 beds, children under five years of age can be treated when referred for in-patient treatment from the Health Centres. The Hanwell Cottage Hospital has also a small children's ward of three beds.

5. *Other Hospitals.*—The King Edward Memorial Hospital, a voluntary hospital, has in addition to the beds for children already

mentioned 94 beds for the treatment of medical and surgical patients. Twelve beds are also available at the Hanwell Cottage Hospital.

The West Middlesex County Hospital, under the control of the Middlesex County Council and situated at Isleworth, provides medical and surgical assistance for persons coming under the Poor Law in the southern section of Middlesex of which Ealing forms a part. This hospital is thoroughly equipped in every way, having been extensively modernised in recent years, and renders available treatment of the highest order for patients coming within its province.

AMBULANCE FACILITIES.

1. *For Cases of Infectious Disease.*—The Chiswick and Ealing Hospitals Committee maintain a motor ambulance for removing cases of infectious disease to the Isolation Hospital from the Boroughs of Ealing and of Brentford and Chiswick.

2. *For Non-Infectious and Accident Cases.* — The Town Council have three motor ambulances for the purpose of conveying cases, other than those of infectious disease, to hospitals and nursing homes within the Borough or in the London area. No charge is made for runs within the Borough. Charges ranging from 7s. 6d. to one guinea are made if the ambulance has to go outside the Borough. The service is one which is in operation both during the day and the night with a double service available between 1 p.m. and 4 p.m. when most calls are made for the use of the ambulances. The demands on the ambulance service are extending every year as is shown in the following table, which indicates that in five years the number of cases conveyed has increased from 1,169 to 2,033, while the number of miles travelled has increased from 6,329 to 13,626.

General Ambulance Service.

	1927	1928	1929	1930	1931	1932
Accident Cases Conveyed	365	520	530	546	729	711
Illness Cases Conveyed	804	1,098	1,070	1,211	1,256	1,322
Total Cases Conveyed	1,169	1,618	1,600	1,757	1,985	2,033
Number of Journeys outside the Borough (included in above)	205	253	215	226	268	444
Total Number of Miles Travelled	6,329	8,379	7,988	11,111	12,301	13,626

CLINICS AND TREATMENT CENTRES.

Name.	*Address.*	*Provided by*
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 Passage, West Ealing	Middlesex County Council
Treatment Centres for Venereal Disease	Certain Hospitals in London	Middlesex County Council

MATERNITY AND CHILD WELFARE.

So frequently are questions asked regarding the extent of the scheme of maternity and child welfare in operation in the Borough that it is desirable to give the summary of it which was inserted in the report for last year :—

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*) Maternity Hospital treatment of Ante-Natal Complications or Abnormalities.

(*d*) Midwife can call in Doctor in abnormal ante-natal case, free or at a reduced cost.

(*e*) Doctor can call in Consultant in abnormal ante-natal case, free or at a reduced cost.

(*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 in 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.

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.
(4) 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.
(5) Nursing at home of cases of measles, whooping cough, ophthalmia neonatorum, etc.
(6) Hospital treatment of severe or complicated cases of measles.

The summary of the work of the Health Visitors and of the activities of the Health Centres given at the end of this section of the report conveys a good idea of the extent to which the special medical and nursing services for mothers and children are utilized.

In connection with this particular branch of public health work there are some important duties of an educative or non-medical character which are performed by certain voluntary workers. Prominent amongst those workers are Mrs. Adnams, Mrs. Ludlow, Mrs. Narroway, Mrs. Parry and Miss Peal, to whom are due the thanks of the Council. The Welfare Working Party has continued to give valuable help to the Centres by knitting suitable and approved garments for babies and young children to be sold at cost price or supplied free of charge to mothers in necessitous circumstances and to its members gratitude has also to be expressed.

The following is a Summary of the Work of the Health Visitors during the year :—

	Total
Visits to children under 12 months :—	
First visits	1,760
Return visits	3,498
Visits to children 1 to 5 years of age	6,529
Visits to expectant mothers	650
Visits to investigate infants deaths and still-births ...	90
Special visits or investigations	185
Visits to cases of Ophthalmia Neonatorum	23
Visits to cases of Puerperal Fever and Pyrexia ...	Nil
Visits to cases of Measles and Whooping Cough ...	194
Visits to cases of Scarlet Fever on discharge from the Isolation Hospital	265
Inspections of Women's Lavatories	89
Visits to children under care of foster-mothers	588
Other visits	32
Total Visits ...	13,903
Interviews, etc., at Centres	3,830

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	1,594	1,527	997	150	4,268
Mothers visiting Centre for the first time ...	596	518	518	81	1,713
Children visiting Centre for the first time :					
Under 1 year ...	435	384	336	47	1,202
1 to 5 years ...	302	230	253	57	842
Total attendances made by mothers	7,517	7,310	6,619	1,391	22,837
Total attendances made by children :					
Under 1 year ...	5,238	5,012	4,401	955	15,606
1 to 5 years ...	3,450	3,448	3,748	653	11,299
Average attendance of children each afternoon	57	56	53	31	53
Number of Examinations of children by Medical Officer ...	2,586	2,824	3,174	563	9,147
Average number of children seen by Medical Officer on each Session... ...	17	19	20	11	18
Children referred to School Clinic for treatment :—					
For Nose and Throat					19
For Eyes					27
For Teeth					354
Orthopaedic Treatment					66
Children undergoing Ultra-Violet Ray treatment at King Edward Hospital					3
Mothers receiving dental treatment					269
Mothers supplied with artificial dentures					114
Children referred to King Edward Hospital for minor operations					13

Children admitted to King Edward Hospital as indoor patients	3
Children referred to other Hospitals	50
Expectant Mothers attending Ante-Natal Clinic :—	
First Visits	727
Re-Visits	2,719
Number of Consultations by Consultant at Centre ...	32
Mothers referred to Hospitals	28
Aid was provided for mothers at confinement in the following cases :—	
Consultant aid	10
Medical aid	82
Midwives	64
Accouchement Sets	69
Home Helps	13
Dried Milk supplied at cost price	Value £440 17 10
Virol supplied at cost price	Value £93 9 3
Cod Liver Oil supplied at cost price... ...	Value £200 10 8
Number of Cases admitted to the Chiswick and Ealing Maternity Hospital	348
Amount received for treatment at Maternity Hospital	£1,537 1 6
Expectant or Nursing Mothers receiving a supply of milk free of charge for one month at a time	1,078
Children under 5 years of age receiving a supply of milk free of charge for one month at a time	1,085

In connection with the supply of milk to expectant or nursing mothers or to children under 5 years of age the Council resolved in May, 1932, that it be a requirement of all orders issued to dairymen to supply milk under this scheme that the milk be pasteurised in accordance with the Milk (Special Designations) Order, 1923.

Medical examination of the Pre-School Children.—Mothers are encouraged to bring their children between 1 and 5 years to the Health Centre to be medically examined thoroughly once a year, the records of the examination being entered on cards similar to those employed in the medical inspection of school children. This complete medical examination of such children was begun in a systematic way in 1931 during which year 1,745 children

were examined. In 1932, 1,845 children were examined. The records of the examinations are in some respects difficult to compare or even to co-ordinate, because no fewer than four medical officers have been engaged in the work and each has a standard of his or her own in regard to such conditions as nutrition, the presence of rickets, enlarged tonsils, etc., which may differ somewhat from that of another. In addition, changes in the staff have added to the difficulties of standardising methods and results. Nevertheless, the examinations are bringing to light defective conditions, for which active or preventive treatment has been advised or has been supplied through the School Clinics. All forms of treatment, dental, throat, orthopaedic, etc., which are available for school children are also available for pre-school children. Steps have been taken in the way of standardising the methods of the examinations and of co-ordinating results so as to render them comparable and so of better value from the preventive aspect of the work.

DENTAL TREATMENT OF EXPECTANT AND OF NURSING MOTHERS.

During the year 29 fewer mothers attended the clinic for dental treatment than in 1931. The increased unemployment could scarcely be put forward as the cause as each mother is charged for the treatment according to the means of the family, and when the husband is unemployed the treatment is almost invariably given free of cost. A large number of those mothers dealt with paid the nominal charge of only one shilling for full or partial dentures. Ten mothers paid half the cost and six paid the full cost of the dentures. It is probable, however, that the reduction in the number of cases dentally treated is due to the reduction in the number of mothers admitted to the Maternity Hospital owing to the restriction in the number of cases admitted at a time. It is a condition of admission to the Maternity Hospital that patients must undergo dental treatment if this is advised by the medical officer and this often is the only means by which mothers can be persuaded to have their teeth treated. Unfortunately, mothers often submit themselves for dental treatment and undergo extensive extractions before going into the hospital and when they go home

they fail to return for the fitting of artificial dentures, thereby being compelled to carry on with much impaired powers of mastication. There are about forty mothers who have been treated one or two years ago and for whom artificial dentures were advised and estimated for, yet in spite of every encouragement they have failed to return to be fitted. It is suspected that in most cases their failure is due to the fact that their husbands have grudged the small amounts likely to be charged for the dentures.

The number of mothers actually treated during the year was 241. For this number 1,063 visits to the Dentist at the Health Centre were required. The treatment consisted of extractions, with the subsequent fitting of artificial dentures, fillings and scalings. The extractions numbered 1,908—a very large figure which gives an indication of the bad state of the mouths as regard caries and sepsis of many of the cases treated. Fillings totalled 197. Scaling was done in 50 cases. One patient had a large cyst of the upper jaw successfully removed. Ten cases of localised pyorrhoea were treated by the surgical removal of infected pockets. Dentures, full and partial sets, were supplied to 114 mothers.

MATERNAL MORTALITY.

In the summary of the scheme of maternity and child welfare are specified the measures directed particularly towards combating the mortality which ensues in mothers in consequence of childbirth. A reduction in maternal mortality can only be accomplished as a result of attention to all the factors concerned and a recognition of their bearing in each particular case. All maternal deaths occurring within the Borough are investigated in association with the medical practitioners in attendance and reports are forwarded to the Maternal Mortality Committee. These reports prove valuable in two ways. They encourage the medical practitioner to survey the case after the event and stimulate his thoughts in the direction of ascertaining if any other procedure open to him or to anyone else in charge of the patient might have averted disaster and while all the reports may not prove of value some of them may lead to broad generalizations on the subject by the Maternal Mortality Committee which may be of real guidance to the general practitioner and those interested in the whole question.

The maternal deaths which occurred were as follows :—

(1), (2) and (3). Puerperal sepsis, 27 years, 27 years, and 33 years of age respectively.
(4). Puerperal eclampsia, 39 years.
(5). Puerperal mania, 37 years.
(6). Rupture of ectopic gestation, 31 years.
(7). Death from anaesthesia, 30 years.

The first four cases may be considered avoidable, Nos. (5) and (6) were presumably not preventable, while No. (7) was the case of an extremely stout woman who succumbed on the hottest day of the year, the extreme weather conditions adversely affecting her. The deaths of cases Nos. (4), (5) and (6) occurred in hospitals outside the Borough.

ADMINISTRATION OF MIDWIVES' ACTS, 1902 TO 1926.

By virtue of an Order under Section 62 of the Local Government Act, 1929, the Town Council is the local supervising authority under the Midwives' Acts.

During the year under review 45 midwives notified their intention to practise within the Borough, this number including eight midwives residing outside the district. Of the 37 midwives residing in Ealing, 16 were engaged in private practice, 11 were engaged in nursing homes, and ten were engaged at the Chiswick and Ealing Maternity Hospital. All of the midwives practising in the Borough possessed the certificate of the Central Midwives' Board.

Number of births attended by Midwives. The returns furnished by the midwives at the end of the year show that 992 births in Ealing were attended by certified midwives acting in the capacity of midwife and that 304 were attended by doctors with midwives acting as maternity nurses. The number of births attended by midwives acting in the capacity of midwife is equal to 53 per cent. of all births notified, while certified midwives acted as maternity nurses in a further 16 per cent. of cases.

Notifications.—The number of notifications received 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 ...	30
On account of a complication during labour ...	92
On account of a complication during the puerperium	6
On account of the health of the child... ...	23
Still-birth	11
Death—Infant	2
Laying out of a Dead Body...	2
Artificial Feeding of Infant	4
Liability of Midwife to be a source of Infection...	4
Total ...	174

Ophthalmia Neonatorum. Among the 23 notifications of sending for medical assistance on account of the health of the child were included ten on account of inflammation of, or discharge from, the eyes. In five of these cases the medical practitioner called in by the midwife notified the case as ophthalmia neonatorum.

Visits to Midwives. The Assistant Medical Officer who is the Inspector of Midwives makes routine visits to the midwives at intervals of six months. During the year the visits were as follows :—

Routine Visits of Inspection	40
Special Visits of Enquiry	5

The visits of enquiry in connection with special cases were as follows :—

Ophthalmia Neonatorum	1
Puerperal Pyrexia	3
Pemphigus Neonatorum	1

In one case it was found that the midwife had failed to call in medical aid to an infant suffering from discharge from the eyes. The circumstances of this case were reported to the Committee, who instructed that the midwife be interviewed by the Medical Officer of Health and given a serious warning as to her conduct in the future.

The visit with regard to the case of pemphigus neonatorum was made following the discovery that a newly born infant attending the Health Centre was suffering from that disease. The visit to the midwife who had attended at the birth of this infant led to the discovery of a second case in her practice. To prevent further spread of infection, the midwife was suspended from practice for a short period.

Payment of Fees. The Town Council paid to medical practitioners called in by midwives, during the year under review, fees amounting to £116 12s. 0d. in respect of 82 claims submitted. The Council has power to recover from the patient, or her husband, the amount of the fee paid or such proportion of it as the financial circumstances of the family justify. The amount of the fees reclaimed was £40 0s. 11d.

Compensation to Midwife. During the year one midwife was suspended from practice in order to prevent the spread of infection. In accordance with Section 2 (1) of the Midwives' and Maternity Homes Act, 1926, compensation for loss of practice amounting to £1 5s. 0d. was paid to her.

Post-certificate Instruction of Midwives. The arrangements made with the London County Council in the previous year for midwives resident in the Borough to attend the courses of lectures and practical demonstrations organised by that authority were continued during 1932, the Council being responsible for a proportion of the cost based on the number of midwives who availed themselves of the opportunity to attend.

MATERNITY AND NURSING HOMES.

The Town Council has been the authority responsible for the administration of the Nursing Homes Registration Act, 1927, since the 1st October, 1930.

No new applications for registration were received during 1932. Four applications for renewal of certificates of Exemption, in respect of the King Edward Memorial Hospital, the Hanwell Cottage Hospital, St. David's Home, and the Twyford Abbey Convalescent Home, were granted.

The Woman Assistant Medical Officer who acts as Inspector of Midwives and Nursing Homes made 55 visits to nursing homes during the year, while the Chief Sanitary Inspector visited three homes to give advice regarding various sanitary matters. In several homes permission has been given to increase the number of beds, so that although two homes have been discontinued the total number of beds available has increased by seventeen. In one nursing home it was found necessary to ask the owner to have certain rooms redecorated and in another it was necessary to ask that an additional trained nurse be engaged. Both requests were immediately complied with.

The following table gives information regarding the nursing homes within the Borough :—

	No. of Homes.	*No. of Beds.*
Number of Nursing Homes on Register at beginning of year	24 (15)	190 (79)
Number of applications for registration ...	—	—
Number of Nursing Homes discontinued...	2	—
Number of Nursing Homes on Register at end of year	22 (14)	207 (77)

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

INFANT LIFE PROTECTION (CHILDREN ACTS).

The visiting of children placed in the care of foster-mothers is carried out by the Health Visitors, who have been designated Infant Protection Visitors.

The following table gives information regarding foster-children registered in the Borough during 1932 :—

Number of children on register at beginning of year ...		100
(Number of fostermothers having care of the above children—68).		
Number of children registered during the year		101
Number of children removed from the Register during the year :—		
Removed by parents from care of the fostermother ...	62	
Removed for adoption through a Society	7	
Removed to Hospital	3	
Child attained seven years of age	4	
Child legally adopted by fostermother...	2	
Child died	3	
(Inquests held—1).		
Child removed to care of Public Assistance Committee, as parent had disappeared ...	1	
Fostermother left district, taking child with her ...	14	
Child's parent came to reside with fostermother ...	2	
Child removed from care of fostermother at request of Medical Officer of Health	7	
		— 105
Number of children on register at end of year ...		96
(Number of fostermothers having care of these children—70).		
Number of visits made by Infant Protection Visitors...		588

Three deaths of fosterchildren were reported during the year. In two cases a doctor was in attendance and certified the cause of death, but in the third case a doctor had not been called in and an inquest was held. A verdict of "Death from Natural Causes" was recorded and the Coroner censured the fostermother for not taking heed of the advice given by the Health Visitor. This fostermother, who had only been in residence in the district for a

short period, had two other children in her care, and she was requested to have them removed. Shortly after their removal, the woman disappeared from the district.

Five other children were removed from the care of foster-mothers as a result of requests made by the Medical Officer of Health. Three of these children had been received by foster-mothers in excess of the number of children which it was considered desirable should be in their care ; the fourth child had been received by a woman with six children of her own, and the care of the fifth child had been undertaken by a woman who went out to work daily. Immediate removal of these children was requested and in each instance the request was complied with, so that action under the Children Acts to secure an order for the removal of the child to a place of safety was not necessary.

At the end of the year arrangements had been completed for dealing with the amendments in the law relating to Infant Life Protection, made by the Children and Young Persons Act, 1932, and which were to come into force on the 1st January, 1933. To give information of the new requirements a circular letter, enclosing a copy of the leaflet summarizing the revised Children Act, was sent to every woman in the Borough who at any time since the 1st April, 1930, had been registered as having a fosterchild in her care. The opportunity was taken to emphasize in this leaflet the desirability of all fosterchildren under the age of five years being brought regularly to the Health Centre.

SANITARY CIRCUMSTANCES OF THE BOROUGH.

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

During the year complaints were received from the Sudbury Heights estate regarding the insufficient supply of water, particularly on Sundays and Mondays. These complaints were well founded, but on representations being made to the Water Company it was ascertained that the laying of a new main had already commenced, the completion of which, it was stated, would ensure an adequate supply for this part of the Borough.

RIVERS AND STREAMS.—During the year a complaint was received that the stream running through Greenford from North to South was polluted. The source of pollution was traced to a certain factory in the district and representations were made which resulted in the cessation of the pollution.

DRAINAGE AND SEWERAGE.—Excepting in portions of the Borough not fully developed, namely, the most northerly part of Mount Park Ward and in the Greenford and Northolt Wards, the whole of the houses are supplied with water closets and are drained to the sewerage system.

The sewer and automatic pumping station in Bengarth Road were completed during the year. The drains of 12 occupied bungalows and 24 which had not then been passed for occupation, together with 10 houses in Church Road, were connected to this sewer, the sewage gravitating to the pumping station and then being pumped through a rising main to the existing sewer in Church Road. The laying of a further length of sewer in Church Road is contemplated in the near future by which another 25 houses will be connected up.

There are five separate sewage disposal works in the Borough, situated in North Ealing (Perivale), South Ealing, Hanwell, Greenford and Northolt.

Two new continuous filters were constructed at South Ealing, extensions to the existing works being restricted to a minimum in view of progress of the West Middlesex Sewerage Scheme.

CLOSET ACCOMMODATION.—Excepting in the undeveloped portions of the Borough already alluded to, the whole of the houses are supplied with water closets, there being one or more water closets 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 1932. It shows a greatly improved position since the previous year.

Wards	Cesspools	Water Closets	Pail-Closets	Houses within 100 feet of Sewer	No. of Houses
Northolt	63	72	25	6	97
Greenford	15	15	5	7	20
Hanwell North ...	2	2	—	—	2
Mount Park and Drayton	13	16	16	—	32
	93	105	46	13	151

PUBLIC CLEANSING.—The whole of the Borough is scavenged directly by the Council. House refuse is collected in low loading covered mechanical vehicles or horse drawn carts and transported to the two incinerators at South Ealing and Hanwell which deal adequately with the work they are called upon to perform.

There are no earth closets or privies in the Borough. The Council undertake the emptying of certain cesspools on payment of a nominal charge. The sewage is pumped into a tank and afterwards discharged into the nearest sewer.

The refuse dump belonging to the St. Marylebone Council and situated in the Northolt Ward continues to be conducted in a satisfactory manner. All refuse is covered with ashes or earth shortly after dumping.

The new dump at Yeading, just over the Borough Boundary, commenced last year, to which refuse from Paddington and other districts is brought, is conducted on the controlled tipping system. The covering of the refuse with earth almost immediately after dumping has proved to be effectual in keeping down any nuisance from smell and there has been no trouble from fire.

Periodical inspections of these dumps have been made to see that the dumping is conducted in such a manner as to reduce nuisance to a minimum.

SMOKE ABATEMENT.—It is seldom that action is called for in abating nuisances from smoke, as there are comparatively few factories in the Borough with steam-raising plants. Twelve obser-

vations were made on chimneys during the year, and it was necessary to make representations in three instances regarding the emission of black smoke for a longer period than that allowed by the Byelaw made under Section 2 of the Public Health (Smoke abatement) Act, 1926. In two cases the nuisance was caused by improper stoking and advice given to the stokers was effectual in causing an abatement; in the other case a change of fuel produced the desired effect.

PREMISES AND OCCUPATIONS SUBJECT TO CONTROL BY THE LOCAL AUTHORITY.—There are no common lodging houses in the Borough and there are no Byelaws with respect to houses let in-lodgings.

There are only two offensive trades carried on in the Borough, namely, fishfrying, which is conducted in twenty separate premises, and that of tallow melting, which is carried on in the Greenford Ward. During the year ten applications were received for permission to establish fishfrying businesses, and in two instances permission was granted, but only one business was commenced prior to the end of the year. One business was discontinued for more than six months but an application to re-open was granted by the Council.

Practically all the shops are equipped with up-to-date frying ranges, so that nuisance is reduced to a minimum.

SCHOOLS.—A thorough inspection of all the public elementary and private schools is made at least once a year by the Sanitary Inspectors, and on their reports steps are taken to remedy any defects found.

In the control of non-notifiable infectious diseases routine reports of absentees continue to be furnished weekly by the head-teachers of public elementary schools to the public health department. These give a general idea of the prevalence of these diseases at any particular time and enable the Health Visitors to visit the homes and to give the mothers advice regarding the prevention of the spread of infection and the avoidance of complications in such conditions as measles and whooping cough.

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

RAG FLOCK ACTS, 1911 AND 1928.—Inspections have been made of the upholsterers' workshops and in all instances where bedding is made or re-made it was found that wool flock was used. This flock was found to have been purchased from the wholesalers under a guarantee that it conforms to the Government standard of purity. No samples were taken. It is very doubtful if any rag flock is used in the Borough.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.—There are only six cowkeepers on the register as producers of milk.

At the end of the year there were on the register 111 purveyors of milk. Twenty 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 twenty-three purveyors of milk were registered with respect to premises occupied for other purposes to retail milk in sealed receptacles only, five new purveyors of milk were 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. No new dairies were registered during the year. Three businesses were discontinued and the names of the owners were taken off the register as purveyors of milk.

Milk (Special Designations) Order, 1923.—Under this Order 79 licences were granted during the year, 13 for the sale of Certified Milk, 21 for Grade A (Tuberculin Tested) Milk, one for Grade A Milk, 43 for Pasteurised Milk, and one for bottling Grade A (Tuberculin Tested) Milk.

Three samples of Grade A (Tuberculin Tested) Milk and two of Pasteurised Milk were taken for bacteriological examination. One sample of Grade A (Tuberculin Tested) Milk was found to contain bacteria in excess of the standard laid down by the Order. The attention of the vendor was drawn to the condition of the milk and a later sample, although complying with the Order as to the number of bacteria per cubic centimetre, was unsatisfactory in that it contained B.coli in excess. This resulted in the source of supply being changed. The result of the other sample was considerably below the standard.

Twenty samples of ordinary unclassified milk were examined for general bacterial count. Eight of these were found to contain over 200,000 bacteria per cubic centimetre, the maximum being 987,500. The attention of the vendors was drawn to the large bacterial count. In one instance the retailer changed his source of supply and in another, a vendor of milk in sealed containers gave up retailing milk on account of his inadequate means of storage during hot weather. Advice was given in the other cases to exercise more care in the sterilisation of milk utensils. This had a good effect, for further samples were satisfactory.

Twenty-four samples of pasteurised and six of ordinary milk were examined by biological test at the Lister Institute for the presence of tubercle bacilli, but in no case were these bacilli found.

During recent years considerable attention has been given to improving the methods of milk distribution with the result that a high standard of equipment and management is now the rule.

Excepting in one instance all those premises which are not simply distributing centres are equipped with steam boilers so that steam is available for the sterilisation of all milk utensils, the exception being a farm which has been sold for building developments.

Where bottling is carried out steam sterilising cabinets are in use for sterilising the bottles excepting in two cases, one being the farm mentioned above and the other a dairy, the occupier of which has given a promise to instal one in the near future.

At those premises registered for the sale of milk in sealed receptacles only, such as general stores, insulated cases have been provided by the shopkeepers in which to store the milk. By this means, when milk is delivered at a low temperature, as it usually is, the temperature of the milk does not rise very much even during the warmest weather.

Endeavours to abolish counter pans have also met with success, there being only three now in use in the Borough, and the discarding of these and the use of sealed bottles is under consideration.

Apparently it is not generally recognised by dairymen that by Article 21 of the Milk and Dairies Order the use of steam or boiling water for the scalding of all milk vessels is imperative,

Boiling water means water at the temperature at which it boils, 212 degrees F., or in practice 210 degrees F., and does not mean, as is often mistakenly thought, water from which watery vapour, or steam, as it is often erroneously called, rises. To get boiling water for purposes of dairying the cheapest and most practicable way is by means of a steam boiler. This the dairymen in Ealing have been persuaded to instal.

The cleansing of bottles in which milk is delivered is a matter which often receives insufficient attention. A milk bottle is included under the Article quoted and therefore should be cleansed by means of steam or boiling water, yet milk bottles which are subjected in the homes to varied uses are apt to be imperfectly dealt with by the dairyman. Some bottle washers have been placed on the market which expose the bottles for a matter of simply seconds to such a temperature, far short of boiling point, as is quite incapable of sterilising them. Where bottle washers have been installed in Ealing it has been insisted that at the end of the washing process the bottles should be exposed to a jet of boiling water or steam projected from a nozzle inserted inside the bottle. Steam is found to be more practicable in its application than boiling water. When there has been no bottle washer of this type the installation has been required of a steam chest in which crates of bottles which have already been washed can be placed and in which, after the door has been fixed, the bottles are exposed to steam for ten to fifteen minutes. This exposure to steam is essential alike for the protection of the public and from a commercial point of view because when the bottles, and in fact when all milk receptacles, are sterilised the milk keeps better and the dairyman gets the resulting approbation of the public and so greater custom. When a dairyman has continued to refuse to comply with Article 21 of the Order threats to take steps to remove his name from the Register under Section 2 of the Milk and Dairies Act (Amendment) Act, 1922, have proved effective, although action is always possible under Article 21 of the Order itself.

Article 32 of the Order is also a very valuable one for preventing milk from being unnecessarily exposed to heat, and by virtue of this Article not only have counter-pans been abolished except in three cases which are under consideration but the retail purveyors have been persuaded to keep the milk bottles or other receptacles

in insulated chests or containers to prevent the effect of the warm atmosphere in the summer. During the year a dairy company inaugurated a new practice in Ealing as well as in other parts of London and the suburbs of getting all kinds of dealers particularly grocers to sell milk in sealed cartons. Many of the dealers were under the impression that they were under no obligation to register as retail purveyors of milk, but on being informed of their duty they promptly applied for registration. Many were also under the impression that milk vended in this way kept for unusually long periods and were quite ignorant of the fact that exposure to the warm temperature of a shop in summer brought about rapid deterioration. They even exposed the filled bottles in the window to the blazing heat of the midsummer sun. The finding of bottles of milk in an advanced state of souring prompted action and registration as retail purveyors of milk in sealed receptacles was refused by the Town Council unless proper means of storage in insulated containers was provided for. In this way not only was the sale of milk in a marketable condition assured, but the sale of milk by all kinds of vendors was restricted.

Articles 21 and 32 of the Milk and Dairies Order have proved a very valuable means of improving the methods of milk distribution in Ealing. By dairymen with the best ideals in the trade the steps have been welcomed, and by those who have since been reformed they are now appreciated.

Recently action to enforce Article 21 of the Order with respect to a retail purveyor of milk who has premises in a neighbouring district and who sought to be registered as a retail purveyor in Ealing have been successful in encouraging the Local Authority of that area to take similar action in the sterilisation of receptacles as has been done in Ealing. There is still lack of uniformity in the matter amongst local authorities, and the time seems opportune for concerted action all round. The best representatives of the trade are certainly in favour of such action.

During the year much attention has been paid to the question of the milk supply, especially as the time seemed overdue for legislative steps to improve its quality from a bacteriological aspect. A survey of the milk supply was undertaken with very interesting results which are here recorded.

Milk Supply of Ealing.

Total milk consumed per day	= 7,985 gallons.
Total population, 1932 (April)	= 117,900.
Average consumption of milk per person ...	= .54 pint.
Total amount of milk Pasteurised ...	= 92 per cent.
Total amount of milk Pasteurised by Positive holder method of a good type ...	= 76 per cent.
Total Certified ($13\frac{7}{8}$ gallons) and Grade A (T.T.) ($27\frac{1}{8}$ gallons)	= 41 gallons. = .5 per cent. of all milk.
Total amount of milk sold loose	= 76 gallons. approx. 1 per cent.
Total amount of milk included in total, but apart from Graded milk, sold raw ...	= 460 gallons. = 5.8 per cent.

The figures quoted for Ealing indicate that but a very small percentage of the highest grades, Certified and Grade A (T.T.), of milk is sold, .5 per cent., and that only 1 per cent. of milk is sold loose, that is, other than in sealed bottles or other sealed receptacles (cartons). The amount of milk consumed per person per day in Ealing is larger than the estimated average for the whole of the country, over half a pint compared with a third of a pint. This larger consumption may not be the result of greater appreciation of the value of milk but an indication of better economic conditions than exist generally, and especially in the large industrial towns.

Other interesting points are that not less than 92 per cent. of the milk supply of Ealing is treated by heat—commonly called pasteurisation—and that 76 per cent. is pasteurised as defined in the Milk (Special Designations) Order. If so much as 92 per cent. of milk is heat-treated and 76 per cent. is treated by the approved method it ought surely to be quite a practicable matter from a legislative standpoint to insist on the difference between 76 and 92 per cent. being treated by the approved method. Furthermore, as we know that pasteurisation by the approved method renders milk safe, that is, it kills any infective material which may have gained access, and as we know that this treatment does not to any appreciable extent interfere with the nutritive

value of the milk so treated, it is quite a reasonable demand that the remainder of the milk supply should be treated by pasteurisation. The Town Council, recognising the need for steps towards this end, gave their support to resolutions put before the Minister of Health and the Minister of Agriculture by the People's League of Health as follows :—

> " That this meeting representative of all interests involved do approve of the Report of the People's League of Health on Tuberculosis of Bovine Origin in Great Britain, and urge upon His Majesty's Government the imperative need of giving early practical effect to the proposals it contains."

The main proposals contained in the Report were as follows :—

(*a*) To initiate, and to put into operation, as circumstances permit, measures directed to diminish and ultimately to eliminate tuberculosis amongst our dairy herds.

(*b*) To encourage the establishment of herds certified free from tuberculosis, and

(*c*) To promote legislation necessary to give permissive powers to the larger Urban Areas to require the efficient pasteurisation of all milk within their area which is not drawn from tuberculosis free cows.

Your Medical Officer of Health, as Chairman of the National Milk Publicity Council, had the opportunity of placing his views on the milk supply before the Reorganisation Commission for Milk and more recently, as a representative of the Society of Medical Officers of Health, before the Cattle Diseases Committee of the Economic Advisory Council which is considering the whole question of the purity of the milk supply and the co-related subject of pasteurisation.

Meat and Other Foods.—There were no infringements of the Public Health (Meat) Regulations.

No meat is sold from stalls in the Borough.

There are four private slaughterhouses, but most of the killing is done in two. During the year 149 cattle, 594 sheep, 1,282 pigs and 83 calves were slaughtered in these slaughterhouses. All these animals were stunned by means of a humane implement and all meat was inspected.

There is no public slaughterhouse in the Borough.

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 :—

Food.	
Beef	570 lbs.
Pork	2,536 lbs.
Mutton	69 lbs.
Fish	64 lbs.
Rabbits	5½ lbs.
Fruit	91 lbs.

Food and Drugs Adulteration Act, 1928.—In discussing the question of the food supply it is interesting to record the activities of the Middlesex County Council in guarding the purity of food and drugs under this Act. The following figures kindly supplied by Mr. Richard Robinson, the Chief Officer of the Public Control Department of that Council, explain themselves.

List of Samples taken during the year ended 31*st December*, 1932.

Article.	*Taken.*	*Adulterated.*
Milk	338	4
Milk, sterilized	2	—
Brawn	1	—
Calcium Lactate Mixture	2	2
Minced Beef	6	—
Perchloride of Iron Gargle	1	—
Sausages	10	3
Syrup of Ferrous Iodide...	2	2
Tincture of Iodine	1	—
Tripe	7	—
Whisky	1	—
	—	—
	371	11

Number of Prosecutions	2
Number of Convictions	2

SANITARY INSPECTION OF THE BOROUGH. — 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	852
Number of Nuisances observed by Inspectors	181
Number of Premises inspected in connection with Infectious Disease	611
Number of Premises visited by Periodical Inspection (Cowsheds, Dairies, Slaughterhouses, Workshops, Etc.) ...	3,885
Number of Houses inspected under House-to-House Survey	817
Food Inspections	2,751
Total Number of Re-inspections	11,942
Canal Boats Inspected	11
Other Inspections	1,221
Total Number of Inspections and Re-inspections	22,271
Number of Intimation Notices given	614
Number of other Letters written	524
Number of Statutory Notices served	97
Proceedings before Magistrates	2

MILK AND DAIRIES ACT, ETC.

Number of Cowsheds on Register	5
Number of Inspections made of Cowsheds	20
Contraventions of Act or Orders	3
Number of Retail Purveyors of Milk on Register	111
Number of Inspections of Retail Purveyors' Premises ...	427
Contraventions of Act or Orders	55
Proceedings before Magistrates	—

SLAUGHTERHOUSES.

Number of Registered or Licensed Slaughterhouses ...	4
Number of Inspections made	439
Contraventions of Regulations	—
Proceedings before Magistrates	—

Factories and Workshops.

Registered Workshops	165
Factories	106
Number of Inspections of Factories and Workshops and Workplaces	435
Number of Defects concerning which Notices were sent ...	43
Proceedings before Magistrates	—

Offensive Trades.

Fried Fish Shops	20
Other Offensive Trades	1
Number of Inspections	160
Contraventions	—

Disinfection.

Rooms Disinfected by Spray :—	
(*a*) Ordinary Infectious Disease	666
(*b*) Tuberculosis	119
Rooms stripped and cleansed	115
Articles disinfected by Steam at Disinfector :—	
(*a*) Ordinary Infectious Disease	1,268
(*b*) Tuberculosis	361
Articles voluntarily destroyed	169

Particulars of the Sanitary Defects referred to in Notices Served and Letters Written.

Water Closets repaired or supplied with water or otherwise improved	265
Drains cleared and cleansed	218
Defects in drains repaired	137
Drains reconstructed	56
Dust-bins provided	80
Overcrowding remedied	3
Accumulations of refuse removed	75
Nuisance from fowls and other animals abated	6
Damp-proof courses inserted in walls	213
Ventilation under floors provided	42

Other forms of dampness remedied	214
Yards paved and repaired	148
Floors repaired	119
Roofs, gutters and rain water pipes repaired	422
New soil and ventilating pipes provided	44
Sinks and waste-pipes repaired or renewed...	185
Draw taps fixed to main supply	24
Dirty walls and ceilings stripped and cleansed	1,085
Other defects or nuisances remedied	746
Cisterns cleansed, renewed and covered	29
Houses connected to sewer	31
Water supply re-instated	35

Legal proceedings were taken in the following cases with the results indicated :—

Non-Compliance with Statutory Notices,
Section 94, *Public Health Act,* 1875.

24, 26, and 28, Western Road : dwelling-houses in such a state as to be a nuisance or injurious to health.

Summonses heard at Ealing Police Court on the 24th June, 1932. The Justices made an Order for the notices to be complied with in 28 days and imposed a penalty of six guineas with six guineas costs.

3, South Ealing Road : dwelling-house in such a state as to be a nuisance or injurious to health.

Summons heard at Ealing Police Court on the 5th August, 1932. The Justices made an Order for the notices to be complied with and awarded £1 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)	140	15	—
Workshops ... ... (Including Workshop Laundries)	295	22	—
Workplaces ... ... (Other than Outworkers' Premises)	—	—	—
Total	435	37	—

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)	
Nuisances under the Public Health Acts—				
Want of Cleanliness	14	14	—	—
Want of Ventilation	3	3	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other Nuisances	4	4	—	—
Sanitary accommodation { insufficient	7	7	—	—
Sanitary accommodation { unsuitable or defective ...	11	11	—	—
Sanitary accommodation { not separate for sexes ...	1	1	—	—
Offences under the Factory and Workshop Acts				
Illegal occupation of underground bakehouse (s 101)	—	—	—	—
Other Offences ... ... (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.)	3	3	—	—
Total	43	43	—	—

Outwork in Unwholesome Premises, Sec. 108.

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

HOUSING.

Compared with most districts there is no serious housing problem in Ealing. There are undoubtedly many instances of families living under adverse circumstances associated with overcrowding, and many instances of extortionate rents being charged for very inadequate accommodation. The main demand is for small houses at the lowest practicable rent which the workers with small incomes can afford to pay.

The Census figures for 1931 give most interesting information regarding the housing conditions compared with the previous Census in 1921.

The most important figures relating to housing given in the Census returns are set out below :—

	1931	1921
*Private families	31,412	21,801
Population embraced	113,164	85,560
†Structurally separate dwellings	26,717	18,497
Number of Rooms	153,122	111,282
Persons per room	0.74	0.78
Number of vacant dwellings	943	628

******Private family.*—Any person or group of persons in separate occupation of any premises or part of premises.

†*Structurally separate dwelling.*—Any room or set of rooms intended or used for habitation, having separate access either to the street or to a common landing or staircase.

With such large numerical increases better comparisons are afforded by averages. The average size of the private families is 3.60 which shows a striking decrease compared with the corresponding figure for 1921, which was 3.92. There was an increase of 44 per cent. in the number of families while the increase in the number of separate dwellings was also 44 per cent. The proportion of the population living more than one family to a dwelling therefore continues much about the same. The Census returns for 1931 show that 3,520 separate dwellings were occupied by two families, and 510 separate dwellings were occupied by 3 or more families.

The returns also enable an estimate to be made as to the reduction which has been effected in the overcrowded housing conditions. The Census report provides the following information—

	1931	1921
Population living more than 2 persons to a room	3,123	4,478
Percentage of population living more than 2 persons to a room,		
Ealing	2.76	4.97
ditto County of Middlesex	4.65	7.80

These figures show that a marked improvement has occurred. The reduction in the average size of the family has been a contributory cause, but the houses for the working classes provided by the Council and the extensive housing developments in various parts of the Borough have undoubtedly enabled many people to secure adequate accommodation for their families. That serious overcrowding continues to exist is shown by the fact that 471 persons were living at a density exceeding 3 per room. These included

Families of 4 in one room	28
Families of 5 in one room	11
Families of 6 in one room	4
Families of 7 in one room	3
Families of 7 in 2 rooms	6
Families of 8 in 2 rooms	2
Family of 10 in 2 rooms	1
Families of 10 in 3 rooms	6
Families of 11 in 3 rooms	6
Families of 12 in 3 rooms	2
Total Families	69

There are no so-called slums in Ealing. There exist houses which are unfit for human habitation but these are comparatively small in number and occur in widely separated areas and in those areas are few in number. Thus they can best be dealt with individually by being represented under Section 19 of the Housing Act of 1930 rather than by a representation as to a Clearance or an Improvement area.

In December, 1930, the Medical Officer reporting to the Housing Committee on the action contemplated under the Housing Act of 1930 stated that after a survey of the whole Borough he had compiled a list of 81 houses which he proposed, as opportunity offered, to represent as unfit for human habitation. Since that date no fewer than 50 houses have been dealt with by the Public Health Committee, so that now only 31 houses remain to be represented and action will be taken with regard to them whenever the Council take steps, as is contemplated, to provide a sufficient number of houses to accommodate the families displaced. The 100 new houses suggested by the Housing Committee should not only provide for families displaced from the unfit houses but should ameliorate some of the overcrowding, indicated in the definite figures of the Census returns, and well known to the Public Health Department which furnishes details to the Housing Committee of all cases of overcrowding coming to its knowledge.

HOUSING STATISTICS.

1.—INSPECTION OF DWELLING HOUSES DURING THE YEAR :—

(1)	(*a*) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1,797
	(*b*) Number of inspections made for the purpose	1,797
(2)	(*a*) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	817
	(*b*) Number of inspections made for the purpose	817
(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-head) found not to be in all respects reasonably fit for human habitation	1,123

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 968

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

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

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

(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 ... ... —

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 82

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

(*a*) by Owners 67

(*b*) By Local Authority in default of Owners ... ... —

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

(1) Number of dwelling houses in respect of which Demolition Orders were made 13

(2) Number of dwelling houses demolished in pursuance of Demolition Orders 11

(3) Number of houses concerning which action has been taken by the Local Authority under Section 19, and with respect to which owners have given an undertaking that they will not be used for human habitation 6

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

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

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

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

(1) Number of dwelling houses in respect of which notices became operative 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 —

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

(1) Number of dwelling houses in respect of which Closing Orders became operative ... ... —

(2) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit ... ... —

(3) Number of dwelling houses in respect of which Demolition Orders became operative ... ... —

(4) Number of dwelling houses demolished in pursuance of Demolition Orders 16

During the year 1,045 houses were built in the Borough by private enterprise. None of these could be deemed as houses for the working classes, being intended for purchase by the occupiers.

The Town Council completed 70 houses of the non-parlour type in different parts of the Borough.

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. As will be seen from the Table, the total number of notifications received was the highest since 1922, this being due to the large number of cases of scarlet fever which occurred.

TABLE V.

Disease	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Smallpox	—	—	—	—	—	—	1	1	1	—	—
Diphtheria	282	56	61	40	72	53	68	90	129	83	54
Scarlet Fever	487	142	123	107	156	136	313	231	264	154	407
Enteric Fever (including Paratyphoid)	3	5	9	5	4	14	12	1	4	1	3
Puerperal Fever	3	9	3	6	1	6	2	2	7	6	4
Puerperal Pyrexia... ...	—	—	—	—	3	15	16	13	26	18	21
Pneumonia :											
Primary	33	32	47	57	47	66	73	100	78	96	85
Influenzal	22	7	27	22	17	38	13	59	12	18	50
Acute Poliomyelitis ...	—	—	3	—	1	—	—	1	—	2	4
Cerebro-Spinal Fever ...	—	1	—	—	—	2	—	1	—	—	—
Malaria	4	2	—	2	5	6	4	4	2	1	—
Dysentery	1	—	—	—	—	—	1	—	—	—	—
Erysipelas	22	17	25	17	15	18	28	24	34	20	30
Encephalitis Lethargica ...	3	1	6	4	2	6	3	3	1	1	1
Tuberculosis :—											
(*a*) Pulmonary	69	92	74	90	93	89	99	109	111	141	141
(*b*) Non-Pulmonary ...	16	26	31	25	21	16	24	27	22	27	27
Ophthalmia Neonatorum...	10	3	3	6	5	4	8	9	9	9	5
Total	955	393	412	381	442	469	665	675	700	577	832

TABLE VI.

	Diphtheria.	Scarlet Fever.
January	6	24
February	3	24
March	3	20
April	7	30
May	2	15
June	2	20
July	—	25
August	1	16
September	6	20
October	6	56
November	9	73
December	9	84
TOTAL ...	54	407

TABLE VII.

Cases of Infectious Disease notified during the Year 1932 in Age Groups.

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	—	–	–	–	–	–	–	–	–	–	–	—	—	—
Diphtheria	1	1	2	3	1	29	9	1	4	2	1	—	54	52
Scarlet Fever	—	4	10	19	18	182	107	16	32	15	4	—	407	307
Enteric Fever (including Paratyphoid) ...	—	–	–	–	–	–	1	–	–	1	1	—	3	2
Puerperal Fever	—	–	–	–	–	–	–	–	2	2	–	—	4	4
Puerperal Pyrexia	—	–	–	–	–	–	–	1	19	1	–	—	21	14
Pneumonia : Primary	3	4	–	6	3	15	4	4	13	8	17	8	85	15
Influenzal	—	1	–	1	1	2	1	4	10	7	10	13	50	8
Acute Poliomyelitis	—	–	–	1	1	1	–	1	–	–	–	—	4	2
Cerebro-Spinal Fever	—	–	–	–	–	–	–	–	–	–	–	—	—	—
Malaria	—	–	–	–	–	–	–	–	–	–	–	—	—	—
Dysentery	—	–	–	–	–	–	–	–	–	–	–	—	—	—
Erysipelas	2	–	–	–	–	1	2	1	1	6	13	4	30	2
Encephalitis Lethargica	—	–	–	–	–	–	–	–	–	–	1	—	1	—
Tuberculosis :														
(*a*) Pulmonary Male...	—	–	–	–	–	3	–	6	29	17	13	3	71	—
Female	—	–	–	–	–	–	–	9	44	9	7	1	70	—
(*b*) Non-Pulmonary Male...	—	1	1	–	2	2	2	1	2	–	3	—	14	—
Female	—	–	1	–	1	2	–	1	4	2	1	1	13	—
Ophthalmia Neonatorum	5	–	–	–	–	–	–	–	–	–	–	—	5	1
Total	11	11	14	30	27	237	126	45	160	70	71	30	832	—

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 upwards	Totals
Diphtheria	—	—	2	—	—	—	—	—	—	—	—	—	2
Scarlet Fever	—	—	—	—	—	—	—	—	—	1	—	—	1
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	1	—	—	1
Puerperal Sepsis	—	—	—	—	—	—	—	—	3	—	—	—	3
Pneumonia : Primary	2	3	—	1	—	—	—	—	6	4	19	33	68
Influenzal	—	—	—	—	—	—	—	1	—	—	1	2	4
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	—	—	1	—	—	1	—	—	—	2
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	1	—	—	—	—	—	—	—	—	—	—	2
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	1	—	1
Tuberculosis :													
(*a*) Pulmonary Male ...	—	—	—	—	—	—	—	2	10	8	13	1	34
Female	—	—	—	—	—	—	—	3	17	5	7	—	32
(*b*) Non-Pulmonary Male ...	—	—	—	—	2	2	—	—	1	1	—	—	6
Female	—	—	2	—	—	1	—	1	2	—	1	—	7
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	3	4	4	1	2	4	—	7	40	20	42	36	163

DIPHTHERIA.—The number of cases of diphtheria occurring during the year was very small, only 54 cases being notified compared with 83 in the previous year. The diphtheria case-rate for Ealing of 0.44 per thousand of population is the second lowest recorded since the Infectious Diseases Notification Act was adopted in 1890. As in previous years, the case-rate for Ealing is well below that for England and Wales which, in 1932, was 1.08. Table VI indicates that the cases were well distributed throughout the months of the year, with November and December providing the highest number, nine cases occurring in each month. No cases of the disease were notified in the month of July, while in the following month, August, only one case was recorded.

The type of the disease was on the whole mild. Two deaths occurred, which gives a death-rate of 0.02 per thousand of population and a mortality rate of 3.7 per cent. of cases notified. The death-rate is well below that for England and Wales, which is 0.06. The deaths which occurred were both of infants two years of age. The first, who was ill for three days before being admitted to the Isolation Hospital, died on the day following admission, while the second, who was admitted after being ill for a week, died after a stay in Hospital of three weeks.

Every effort is made to encourage medical practitioners to administer anti-toxin to suspicious cases without delay, and for this purpose a supply of anti-toxin is available at the Town Hall at all hours of the day and night. The anti-toxin is supplied free of charge if the parents of the patients are unable to pay for it. During the year under review, 260,000 units were supplied for 39 cases.

SCARLET FEVER.—The number of cases notified during the year was 407, by far the highest number in any year since the occurrence of the severe epidemic in 1921 and 1922. Compared with the total of 154 cases notified in 1931 the incidence of the disease showed a great increase. The scarlet fever case-rate for the Borough is 3.32 per thousand of population, this rate being well above that for England and Wales, which is 2.12. The months in which the cases occurred are indicated in Table VI, from which

it will be seen that more than half of the cases occurred in the last three months of the year, when 56, 73 and 84 cases respectively were notified. The outbreak did not continue to extend during the early months of 1933 and the number of cases per month remained steady at about 40 in each month.

The disease was very mild in character, consequently many "missed" cases were found after they had exposed many others to infection. Only one death occurred from scarlet fever during the year, this being a man 37 years of age who died nine days after his admission to the Isolation Hospital. Before developing scarlet fever he had been in lowered health, having suffered from asthma and bronchitis as a result of his being "gassed" during the War. This gives a scarlet fever death-rate of 0.01 per thousand of population which is the same as that for England and Wales.

The following table shows the number of cases arising in each of the Wards in the different months of the year :—

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Drayton	1	1	—	1	—	—	2	1	1	5	24	19	55
Castlebar	—	2	—	—	—	—	—	—	—	2	5	1	10
Mount Park ...	1	—	1	—	—	—	2	—	—	—	1	4	9
Lammas	3	5	2	7	1	4	1	1	4	3	9	2	42
Manor	1	1	2	6	1	1	—	1	3	7	7	8	38
Grange	9	10	8	5	3	8	5	1	2	8	6	11	76
Grosvenor	2	—	3	1	1	2	—	2	2	7	4	7	31
Hanwell North ...	3	1	1	2	2	2	10	6	1	19	4	13	64
Hanwell South ...	—	1	—	—	1	—	5	2	5	2	6	7	29
Greenford	4	1	3	7	6	2	—	1	2	3	6	10	45
Northolt	—	2	—	1	—	1	—	1	—	—	1	2	8
Total	24	24	20	30	15	20	25	16	20	56	73	84	407

37 cases in the Hanwell North Ward occurred at the Hanwell Residential School.

ENTERIC FEVER.—Three cases of enteric fever were notified during the year. One of these cases proved fatal. This was a man 40 years of age who was taken ill while travelling home from a holiday in South Devon. A possible source of infection in this case was suggested by the fact that the patient was reported to have partaken of shell-fish on numerous occasions during his holiday. The second case was a man 50 years of age, there being a record of the patient having frequently partaken of oysters. In the third case, a boy 10 years of age, the only source of infection that could be suggested was the fact that he had fallen into the canal and was nearly drowned some weeks previously.

PUERPERAL FEVER AND PUERPERAL PYREXIA.—Four cases of puerperal fever were notified during the year. Two cases occurred in the Chiswick and Ealing Maternity Hospital, one in a private nursing home, and one in a local general hospital. The case-rate for Ealing is 2.2 per thousand total births which is well below the case-rate of 3.3 for England and Wales.

The number of cases of puerperal pyrexia notified during the year was 21, this showing a slight increase on the 18 cases notified in the previous year. Nine cases were notified from the Maternity Hospital, five from private nursing homes and six from private practitioners. The case-rate for Ealing is 11.4 per thousand total births compared with 8.5 for England and Wales. Too much significance must not be placed on the higher rate for Ealing. The higher rate may not indicate a higher incidence but a scrupulous regard for the requirements of the Regulations relating to notification by the medical practitioners concerned. One case notified as puerperal pyrexia was diagnosed later as puerperal fever. She subsequently died of cerebral embolism. Two other cases, not notified as puerperal fever, died, the one being certified as due to puerperal pelvic abscess and the other as lobar pneumonia and puerperal septicaemia. There were thus three deaths from puerperal septicaemia, giving a death rate from this condition of 1.6 per thousand total births.

PRIMARY AND INFLUENZAL PNEUMONIA.—The numbers of cases of primary pneumonia and influenzal pneumonia notified during the year were 85 and 50 respectively compared with 96

and 18 cases respectively in 1931. The notifications received during 1932 give case-rates per thousand of population of 0.69 and 0.41 respectively.

ACUTE POLIOMYELITIS.—Four cases of acute poliomyelitis were notified during the year, all being males, aged 3, 4, 6 and 16 years respectively. Three of the cases occurred in the same Ward and in the same month of the year, October. No connexion between the cases could be discovered. The latest reports regarding the present condition show that only one, the boy aged 6 years, is now in normal health, two are progressing favourably, and one, the boy aged 4 years, is still in hospital.

CEREBRO-SPINAL FEVER.—Two deaths were certified from this disease during the year, both occurring in institutions outside the Borough. One was a boy 7 years of age and the other a woman of 23 years. Neither case had been notified as suffering from the disease previous to admission to hospital.

ENCEPHALITIS LETHARGICA.—Only one case coming under this heading was notified. This was a woman 60 years of age who died four days after the onset of the first symptoms.

OPHTHALMIA NEONATORUM. — There were five 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				
5	4	1	5	—	—	—

TUBERCULOSIS. Table IX indicates the number of new cases of tuberculosis notified during the year and also the number of deaths which occurred. As will be seen, the notifications of pulmonary tuberculosis numbered 141, which is the same number as was notified during the previous year. The number of non-pulmonary cases notified, 27, was also the same as that notified during the preceding year.

The number of deaths shows a slight decrease compared with 1931, there being 66 deaths from pulmonary and 13 deaths from non-pulmonary tuberculosis, compared with 74 and 7 respectively. The total tuberculosis death-rate of 0.64 per 1,000 of population, therefore, shows a further decrease, being the lowest death-rate from the disease in the last eleven years.

Seven persons were certified as dying from pulmonary tuberculosis, although they had not been notified as suffering from the disease ; four were attended by local doctors and three died outside the district. Two deaths from non-pulmonary tuberculosis had not been previously notified and both of these had been attended by local doctors. In every instance where a local medical practitioner failed to notify a case previous to death a communication was sent drawing his attention to the requirements of the Public Health (Notification of Infectious Disease) Regulations, 1918.

The number of cases remaining on the tuberculosis register at the end of the year was 475 (366 pulmonary, 109 non-pulmonary). This figure showing a slight increase on the total at the end of 1931 which was 457 (357 pulmonary, 100 non-pulmonary). The register is revised periodically, information being obtained from the Tuberculosis Officer regarding cases in attendance at the County Council Dispensary and the Sanitary Inspectors visiting the addresses of the patients, where necessary, to verify their continued residence. The total of 475 cases provides the interesting fact that one out of every 258 persons resident in Ealing is suffering from tuberculosis.

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	—	—	—	—	—	—	—	—
1—5	—	—	4	2	—	—	2	2
5—10	3	—	2	2	—	—	1	1
10—15	—	—	2	—	—	—	1	—
15—20	6	9	1	1	2	3	—	1
20—25	13	22	2	2	1	7	1	—
25—35	16	22	—	2	9	10	—	2
35—45	17	9	—	2	8	5	—	—
45—55	10	5	1	1	7	5	1	1
55—65	3	2	2	—	6	2	—	—
65 upwards	3	1	—	1	1	—	—	—
Total ...	71	70	14	13	34	32	6	7

The Tuberculosis Officer has been good enough to supply 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 168
(*b*) Other forms of Tuberculosis 19

Number of persons in Institutions :—

(*a*) Tuberculosis of Lungs 44
(*b*) Other forms of Tuberculosis 15

Number of persons kept under treatment at the County Council Dispensary, Ealing 162

Number sent to Sanatoria 78

Number sent to Hospital 26

WHOOPING COUGH AND MEASLES. Information regarding the prevalence of these two non-notifiable infectious diseases is obtained from the weekly returns of absentees due to infectious diseases which are furnished by the head-teachers of the elementary schools. These returns show that there were 187 children absent from

school on account of whooping cough compared with 280 in the previous year. The prevalence of measles during the year is indicated by the fact that 1,829 children were reported by the head-teachers to be absent from the schools on account of that disease. The widespread incidence of measles during the year will be gathered when it is realised that 15 out of every 100 children on the elementary school registers either suffered or were absent on account of a brother or sister suffering from measles during 1932.

To provide hospital accommodation for complicated cases of measles calling for skilled nursing and medical care arrangements were made to receive cases into the Chiswick and Ealing Isolation Hospital, and during the period of prevalence 22 cases of measles were admitted.

Three deaths occurred from whooping cough during the year, giving a death-rate of 0.02 per thousand of population compared with the death-rate for England and Wales of 0.07. There were five deaths from measles giving a death-rate of 0.04 per thousand of population. This rate compares very favourably with that of 0.08 for England and Wales, that of 0.11 for the 118 Great Towns and that of 0.19 for London.

HEALTH EDUCATION.

In the Annual Report of 1931 an account was given of the steps already taken to educate the public on all matters relating to the preservation of the health of the individual and the bearing of the individual well-being on that of the general community. The only addition that need to be made to that account is that during the past year much greater attention has been devoted to giving instruction to the mothers attending the Health Centres regarding the importance of the proper selection of food in relation to health, more especially the health of young children. In this instruction reference has been made to the recommendations of the Advisory Committee on Nutrition of the Ministry of Health which in 1931 issued a " Report on Diets in Poor Law Children's Homes," and in December, 1931, a Memorandum on " The Criticism and Improvement of Diets." A leaflet on the importance of proper food in relation to health is being issued.

LOCAL GOVERNMENT AND OTHER OFFICERS' SUPERANNUATION ACT, 1922.

Some very important work is carried out by the public health medical staff for the purposes of this Act. This consists in the examination of all candidates previous to admission to the Council's staff, both workmen and officers. The examination ensures that none but candidates in good health in every respect are admitted under the Act. Another still more important responsibility is undertaken when an employee of the Council has to be examined to determine whether on account of mental or physical disability he or she is permanently incapable of performing his or her duties. This, at times, can be a very responsible task.

During the year 122 medical examinations were made for the purpose of this Act, and since the Act was adopted in Ealing in 1923 no fewer than 827 special examinations have been carried out.

THOMAS ORR,

Medical Officer of Health.

TOWN HALL,

EALING, W.5.

July 4th, 1933.

Borough of Ealing.

EDUCATION COMMITTEE.

REPORT

OF THE

School Medical Officer

FOR THE

Year ended 31st December, 1932.

EDUCATION GENERAL PURPOSES SUB-COMMITTEE, 1931-32.

(Which deals with the School Medical Service).

Chairman—

Councillor H. M. SAYERS.

Vice-Chairman—

Alderman J. C. FULLER.

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

Alderman H. J. BAKER, J.P. (*Ex-officio, Vice-Chairman of the Education Committee*).

Councillor E. H. ATKINSON.

Councillor E. H. BROOKS.

Councillor W. JENNINGS.

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

Councillor G. R. WEEKS, J.P.

Councillor W. T. WHITE.

Miss D. L. BECK, M.A.

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

Mr. E. HEATON.

Rev. T. B. SCRUTTON, M.A.

STAFF.

School Medical Officer—

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

Assistant School Medical Officers—

JOHN PETRIE, M.B., Ch.B., D.P.H.

ALASTAIR A. DOUGLAS, B.Sc., M.D., D.P.H.
(resigned 30th June, 1932).

JOHN D. KERSHAW, M.B., B.S., D.P.H.
(appointed 4th July, 1932).

FLORENCE WHITROW, M.B., Ch.B., M.R.C.S., L.R.C.P.

Surgeons (part-time)—

HERBERT J. SEDDON, F.R.C.S. (Eng.), M.B., B.S., M.R.C.S., L.R.C.P. (*Orthopaedic Clinic*).

CECIL I. GRAHAM, M.R.C.S., L.R.C.P., F.R.C.S. (Eng.).
(*Throat Operations*).

Dentists—

C. COLENSO, L.D.S. (Liver.).

WINIFRED M. HUNT, L.D.S. (Glas.).

JOHN V. HOULTON, L.D.S., R.C.S. (Eng.) (part-time).

Supervising School Nurse—

*†‡HILDA BAILEY.

School Nurses—

*‡Annie Johnson.

*†May P. Dorkins.

*Mary McGann.

*†‡Marjorie Coslett.

*†‡Lilian A. Auld.

Clerks—

Ivie L. Parker.

Edith F. Miles.

Winifred Rivers.

Mollie E. Reeve.

Winifred I. Sharp.

Noreen M. Morrison.

Masseuse (part-time)—

Florence Hepburn, C.S.M.M.G.

Teacher of Class for Stammering Children (part-time)—

Honor M. S. Baines.

HEALTH CENTRES—

Mattock Lane, Ealing.

Cherington House, Hanwell.

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.

There is no need to discuss the co-ordination of the School Medical and the Maternity and Child Welfare Services which has been described in previous annual reports as very complete and in which there has been no alteration during the year.

Children between the age of one and five years who were submitted for medical examination at the Maternity and Child Welfare Centres on the general lines of the School Medical schedule numbered during the year 1,845. By arrangement with the Education Committee treatment of the defective conditions found in these children is offered at the School Clinic in the same way as for children in attendance at school.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC HEALTH.

School Hygiene.

There are at present 24 schools, embracing 41 departments, under the control of the Ealing Local Education Authority.

A new Senior School, Bordeston, with accommodation for 360 boys, situated in the Hanwell South Ward, was opened during the year. The erection of another Senior School for 400 boys was begun on the Stanhope School site towards the end of the year.

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 twelve years of age not inspected in the previous year or attaining 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 previously named routine groups, presented by the head-teachers, school nurses, etc., 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 give the total number of children in the various schools who were examined at medical inspection. The children included 1,604 entrants, 1,713 intermediates, and 1,639 leavers, making 4,956 as the total number of children inspected in a routine way.

NUMBER OF CHILDREN INSPECTED.

School.	Entrants		Total
	Boys	Girls	
Provided.			
Coston	1	—	1
Drayton	46	42	88
Grange	56	48	104
Hobbayne	49	35	84
Lammas	23	19	42
Little Ealing	62	43	105
North Ealing	36	53	89
Northfields	63	69	132
Northolt	22	17	39
Oaklands	56	70	126
St. Ann's	31	24	55
St. John's	20	22	42
St. Mark's	39	31	70
Stanhope	81	83	164
Horsenden	52	81	133
Wood End	28	30	58
Non-Provided.			
Betham's	68	70	138
St. Joseph's	15	17	32
St. Mary's	12	15	27
St. Saviour's	37	38	75
Total	797	807	1,604

NUMBER OF CHILDREN INSPECTED.

School.	Intermediates		Total	Leavers		Total
	Boys	Girls		Boys	Girls	
Provided.						
Central	1	—	1	69	67	136
Coston	49	57	106	105	118	223
Drayton	79	62	141	42	52	94
Grange	90	58	148	26	108	134
Hobbayne	57	43	100	8	6	14
Lammas	48	42	90	—	—	—
Little Ealing	69	64	133	139	32	171
North Ealing	40	50	90	17	22	39
Northfields	56	41	97	—	88	88
Northolt	22	30	52	15	25	40
Oaklands	75	62	137	7	30	37
St. Ann's	23	29	52	83	91	174
St. John's	22	22	44	36	33	69
St. Mark's	31	25	56	2	2	4
Stanhope	66	70	136	22	29	51
Horsenden	67	52	119	33	28	61
Wood End	23	25	48	11	16	27
Bordeston	1	—	1	134	—	134
Non-Provided.						
Betham's	4	4	8	—	—	—
Christchurch	29	29	58	50	49	99
St. Joseph's	22	15	37	17	12	29
St. Mary's	8	20	28	9	6	15
St. Saviour's	15	16	31	—	—	—
Total ...	897	816	1713	825	814	1639

At the Health Centres there were 2,698 non-routine inspections of children who were submitted by the head-teachers, school enquiry officers or school nurses on account of some defect or suspected defect, and of whom 962 attended for re-inspection. Consequent on a defect being found at a previous routine or non-routine inspection, 1,063 children were submitted to a re-examination. There were, therefore, 4,723 special inspections or re-inspections of children. Included in these numbers are the physically and mentally defective children kept under supervision and re-examined each year.

The total number of children attending public elementary schools who were examined once at least during the year was 7,654. The average number of children on the school register was 12,479. This means that 61 per cent. of the children on the registers were medically examined during the year. The average attendance at the schools was 88.3 per cent. of the children on the registers.

FINDINGS OF SCHOOL MEDICAL INSPECTION.

The number of defects, apart from dental defects and uncleanliness, noted on routine medical inspection at the schools and on the occasion of the special inspections or re-inspections are given in Table II. Among the 4,956 children examined in a routine manner there were, excluding uncleanliness and dental disease, 528 defects requiring treatment and 1,100 requiring to be kept under observation without treatment; and among 2,698 children specially examined there were found 2,124 defects requiring treatment and 290 requiring to be kept under observation. Of the children examined at the routine inspections 10.6 per cent. were therefore found to require treatment for defective conditions.

(*a*) Diseases of the Skin.—At the routine inspection there were found three cases of ringworm of the body, 5 of impetigo, one of scabies and 8 cases of 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	10
Ringworm of Body	24
Scabies	9
Impetigo	358
Other Skin Conditions	146
	547

(*b*) DISEASES OF THE EYE.—(1) *External.*—Twelve cases of blepharitis, 5 of conjunctivitis, 25 of squint and 9 of other abnormal conditions of the eyes were observed at routine medical inspection, and 37 cases of blepharitis, 82 of conjunctivitis, 17 of squint, and 64 of other conditions were found in children referred for special examination. Of these cases, 240 were advised to have treatment and 11 were recommended to be kept under observation.

(2) *Defective Vision.*—During routine inspection 253 children were found with defective vision and referred for examination by an Oculist. As a result of special inspection 226 were also referred to an Oculist.

(*c*) EAR DISEASE AND DEFECTIVE HEARING.—Three cases of defective hearing, 11 of otitis media and three other conditions of the ears requiring treatment, and 7 cases of defective hearing requiring to be kept under observation were found at routine medical inspection. Special inspections discovered 5 cases of defective hearing, 68 of otitis media, and 80 of other conditions of the ear requiring treatment, and six cases of defective hearing, two of otitis media, and one of another condition to be kept under observation.

(*d*) ENLARGED TONSILS AND ADENOIDS.—At the routine inspection 96 children were found with enlarged tonsils, 10 with adenoids, 53 with enlarged tonsils and adenoids, and two with other conditions of the nose and throat requiring treatment. Children with these conditions who had to be kept under observation numbered 564. In addition, 51 cases of enlarged tonsils, 8 of adenoids, 32 of enlarged tonsils and adenoids, and 70 of other conditions requiring treatment, and 68 cases of similar diseases of the nose and throat requiring to be kept under observation were found on special inspection.

(*e*) TUBERCULOSIS.—One definite case of pulmonary tuberculosis requiring to be kept under observation was found at routine medical inspection. In this child the disease was quiescent. Fourteen suspected cases of pulmonary tuberculosis requiring to be kept under observation were found at routine medical inspection and one on special inspection.

One case of tuberculosis of the elbow requiring treatment and three suspected cases of tuberculosis of the glands to be kept under observation were found at school medical inspection. One other form of tuberculosis to be kept under observation was found on special examination.

(*f*) DEFORMITIES.—The crippled children under supervision at the end of the year numbered 38. Three of these were so severely affected that they were unable to attend an ordinary elementary school and were maintained at a Certified Hospital 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 to the School Medical Department the records of such children as attain five years of age, from the teachers, the school nurses, and the school enquiry officers, all of whom immediately supply particulars regarding crippled children whom they find in the course of their duties.

Each crippled child newly admitted to school is examined at the earliest possible opportunity 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 that is required under the Committee's Orthopaedic Scheme.

(*g*) 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 25,252 children examined, 325, or 1.3 per cent., were excluded on account of verminous condition. There were 33 other children with verminous heads and 5 with verminous bodies found at the routine medical inspection in the schools, and 101 found at special inspections after being referred for examination by the head-teachers. The low percentage of children with uncleanly heads is due to the regular examination of the heads of the children and the prompt exclusion of offenders.

UNCLEANLINESS, 1923—1932.

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
1931	23,094	310	1.3	1
1932	25,252	325	1.3	—

INFECTIOUS DISEASE.

Through 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 number of children absent from school on account of these diseases were as follows :—

Measles	1,829
Whooping Cough	187
Chicken Pox	358
Mumps	173

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 Para. 15 (ii) of the Administrative Memorandum No. 51 of the Board of Education :

Stanhope Infants' School, weeks ending 16th, 23rd and 30th January. :
(Measles).

Betham's School, weeks ending 4th, 11th, 18th and 23rd March :
(Measles).

St. Saviour's School, weeks ending 6th, 13th and 20th May, and 9th and 22nd December :
(Measles, Chicken Pox and Mumps).

Children to the number of 378 were excluded during the year under Article 20 (*b*) of the Education Code for the following conditions :—

Conjunctivitis	24
Impetigo	298
Ringworm of Head	10
Ringworm of Body	12
Scabies	10
Other Skin Diseases	24
Total	378

No closure took place under Article 22 or 23 (*b*) of the Code.

TREATMENT OF DEFECTIVE CONDITIONS.

(*a*) Minor Ailments.—Minor Ailments treated are included in Table IV, Group 1. There were 562 cases of disease of the skin referred for treatment, 526 of which were treated at the Health Centres and 36 otherwise.

In this table are indicated under the term " miscellaneous," 636 cases of such conditions as minor injuries, sores, chilblains, etc., and of these 515 were treated at the Health Centres and 121 otherwise.

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

All the 363 cases of impetigo received treatment at the Health Centres. Ten cases of scabies were found and 9 of these were treated at the Health Centres.

It will be noted that 1,334 of the 1,558 children suffering from minor ailments, or 85.6 per cent., were treated at the Health Centres and 224, or 14.4 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	3,601
Ear Cases	1,651
Eye Cases	1,767
Ringworm...	206
Scabies	48
Eczema	113
Minor Injuries	734
Others	4,090
Total ...	12,210

(*b*) External Eye Disease.—The children referred for treatment of external eye diseases numbered 198, of whom 144 were treated at the Health Centres.

(*c*) Defective Vision.—The report of the School Oculist, Dr. J. D. Kershaw, is submitted. In this report he directs attention to the nature of the teaching which at present myopic children receive in the school. In the previous Annual Report the formation of myope classes was discussed and it was pointed out that but for the financial crisis they would have been formed. Opinion, however, seems to be divided as to the kind of case which should be admitted to such classes and as a Departmental Committee of the Board of Education is considering the whole question it is desirable to await the issue of their report before taking further steps in the matter.

Dr. Kershaw's remarks on the treatment of squint merit attention.

Report on the Eyesight of School Children.

"During the year 392 new cases have attended the Health Centre for examination by the oculist and 1,626 re-inspections have been carried out, giving a grand total of 2,018 attendances during the year. Of these children 729 were fully tested for defective vision (392 new cases and 337 re-inspections) and spectacles were prescribed in 565 cases. The remainder either required no spectacles or needed no change in spectacles previously prescribed.

"*Source of Cases.*—Children are referred to the Oculist from three main sources. Routine examination of school children provides the greatest number, though some are referred from school on account of inability to see the black-board or to use reading-books or because of other symptoms noticed by the teacher.

"The second source of cases is the home. Children are found by their parents to be suffering from headache, blepharitis, conjunctivitis or some other symptom and are referred for examination at the parent's request.

"A third source, on which further comment is made later, is the Welfare Centre. Children attending the Centre are too young to read or to give any subjective sign that their vision is defective. In practice, therefore, only those who are suffering from squint or some other external symptom, most commonly the former, are sent for examination.

"*Method of Examination.*—The full examination of a child involves three attendances at the Centre in almost all cases. On the first occasion, after the application of a mydriatic to the eyes, retinoscopy is performed, a subjective test being also carried out on those who are old enough to know their letters.

"It is held by some authorities that a post-mydriatic test is only necessary in certain types of cases. In Ealing, however, a second attendance for such a test is now made as a routine matter. This naturally involves an increase in the work of the Department, but it appears to be justified by results. In theory, it is possible to calculate the final correction by a simple deduction from the correction under the mydriatic, but in practice the difference is not by any means constant. This may be due to the fact that

children are examined at varying intervals after the mydriatic is instilled into the eyes, so that it has had a longer time to produce its effect in some cases, or it may be due to variation in the susceptibility of different children to the mydriatic used. Whatever the reason, there is no doubt that a post-mydriatic test definitely makes for greater accuracy of prescription and is so well worth the expenditure of time.

" The third attendance of the child is made when the glasses are ready for supply. A subjective test is applied in order to make sure that the child's vision with the glasses to be worn corresponds with that obtained by the oculist in his post-mydriatic test. Should there be any discrepancy the child is again seen by the oculist. This final check assures the best possible results from treatment.

" *Nature of Visual Defects.*—The subjoined table indicated the nature of the visual defects found in the children who attended for examination. As will be seen, three were not dealt with at the Centre but were referred to Hospital for treatment, and one, though possessing defective vision, could not be examined because of her excitable condition.

" The figures in the various groups all show an increase on the corresponding figures for the previous year. This, however, is not due to any increased prevalence of defective vision. It is accounted for by the fact that circumstances have permitted the examination of a larger proportion of those referred to the Oculist.

" The relative frequency of incidence of the various types of defect remains approximately the same. The greatest proportionate increase is in the cases of myopia and myopic astigmatism. In view of the urgency of the need for treatment in these conditions it is gratifying to note that more patients have been dealt with.

" *Myopia.*—It is both difficult and unnecessary to add to the thorough and painstaking investigations and expositions of Dr. Bingham and Dr. Douglas in the two previous annual reports. It is necessary, however, to make some reference to recent developments in the treatment of myopia as practised in the Borough, since a change of policy has been adopted in accordance with recent modifications of expert opinion on the point. Comment is difficult

on this question, since a Committee of experts is at present discussing the matter, with a view to revising modes of treatment, but a statement on the local position seems desirable.

" Until recently it was the general opinion that the morbid process in myopia was accelerated by reading and writing and other occupations involving much use of eyesight. As a result, treatment of myopic children was directed to relieving all strain on the eyes. It prohibited the use of books and pens and paper and allowed oral teaching only, this being carried out in special classes.

" Now, however, the opinion is gaining ground that the progress of myopia is determined by hereditary and constitutional factors and that eye-strain plays only a very small part in its advance. Those who hold this view believe that the condition will grow steadily worse, in spite of all treatment, up to a definite point, when it will remain stationary. Consequently they advocate that the myopic child shall continue to attend an ordinary school.

" In view of the present uncertainty it has been decided to hold in abeyance the projected " myope class " for Ealing children. This, however, does not in any way settle the problem of how we shall deal with the myopic child until general opinions are more or less agreed. In formulating a scheme for use in the meantime, we have endeavoured to compromise between the two views and to bear in mind the following points which seem to be of importance.

" 1. The myopic child, if his sight be even slightly defective, will not be able to keep pace with schoolfellows of his own age in their general school work unless some allowances are made for his handicap.

" 2. Since a myopic child is almost certain to grow worse, he will be compelled in the end to curtail the extent to which he uses his eyes and will probably be unable to take up a clerical career or any other work which involves eye-strain. Even if he does, he will need to conserve his sight for his work and will be unable to rely on books and writing to fill his leisure time.

" Accordingly, the myopes in the borough have been roughly divided into three groups :—

" *Group* 1.

Children suffering from early or slight myopia which is not rapidly progressing. These children are allowed to do normal school work, but are kept under close supervision by the oculist, in order that any deterioration in their sight may be discovered early.

" *Group* 2.

Children with moderate myopia. These children sit near the blackboard at school and use only books with large letter-press. They are allowed only short continuous spells of reading and writing and their homework is reduced as far as possible. Both their teachers and their parents are advised to encourage any mechanical bent they may possess and to teach them to rely for recreation on occupations which do not involve close use of the eyes.

" *Group* 3.

Children with severe myopia or a rapidly progressive condition. For these oral teaching only is allowed and reading and writing are prohibited. Every effort is made to train them, in school and at home, for occupations which make no severe demand on the eyes.

No hard and fast rules for classification can be laid down. Every case has to be classified on its merits and the grading is always open to modification in the light of a child's later progress. In the not infrequent unfortunate case of a severe myope who shows unusual ability at school it is often wise not to curtail the child's school work until continued observation over a period has shown what the result is likely to be.

As soon as the experts now in conference on the matter offer clear guidance, the whole scheme will be re-arranged to the best possible advantage. Meanwhile, we can only continue on the above lines with what is, at best, but a temporisation.

"*Squint.* A problem rivalling that presented by myopia faces us in cases of squint. A careful analysis of eighty-one cases which are now under treatment in the Borough has been made and strikingly illustrates the important features of the condition.

"Squint may be caused by injury, by paralysis of the muscles of the eye, or, most commonly, by the combined action of predisposing weakness of these muscles and an error of refraction. Whatever the cause, the net result is that when the patient looks at an object, one eye is fixed on the object while the other looks elsewhere. In short, one eye is being used and the other is not.

"It is an axiom of physiology that an organ which is not being used loses its power. The eye is no exception. A squinting eye is a workless eye and a workless eye will, in time, become a blind eye.

"As will be seen from the table, 76 of the 81 cases had a convergent squint and 5 an alternating one. Eighty of the 81 had errors of refraction and it is worthy of note that in the remaining case the squint was only occasional. Hypermetropia and hypermetropic astigmatism were found in 73 of the cases, a fact to be expected, since these are the commonest errors of refraction in young children. They were, however, rather more frequent than they would be in a random selection of children, so that hypermetropic defects seem to predispose more strongly to squint than do other forms of refractive error.

"As a general rule, the refractive error of the squinting eye appears to be approximately the same as that of the fixing eye. In the cases under consideration 56 had almost the same refraction in both eyes, while 25 differed to various extents. If, however, we take only children over 5 years of age, the proportion definitely alters, becoming 34 with no difference to 22 with some difference, while in those under that age the figures are 22 and 3 respectively, thus suggesting that as a squint progresses the refractions of the two eyes change at different rates.

"The final group of columns in the table indicates the incidence of amblyopia or blindness in the squinting eye. 'Moderate amblyopia' was the name given to the group of cases in which the worse eye read one or two fewer lines on the standard test card than the better (*i.e.*, R. eye $\frac{6}{9}$ L. eye $\frac{6}{6}$, R. eye $\frac{6}{9}$ L. eye $\frac{6}{5}$, or R. eye $\frac{6}{9}$

L. eye $\frac{6}{18}$ corresponding roughly to a deficiency of up to one-half in visual acuity. More marked deficiency was classed as ' severe amblyopia.' Of the 54 cases who could read, 18 showed no amblyopia and 36 had it in a greater or less degree, the largest group, over one-third of the whole, being in the severe class.

" Amblyopia shows no increase of incidence with increase in age. This is in accordance with experience, since it may develop in a severe degree within a few months of the onset of the squint, and squint usually occurs in early childhood.

" Amblyopia, moreover, is incurable. Operation may improve the appearance of the squinting eye but it can never restore its sight. The only treatment that is of any avail is early correction of the refractive error immediately the squint appears. If this be done, the risk of amblyopia is very much reduced. And the necessity for it is shown by the fact that two-thirds of the squinting children of Ealing have partially lost the sight of the offending eye.

" No child is too young for examination and treatment. Seven of two years old and a similar number aged 3 years have been examined in 1932. Occasionally a child may be refractory on its first visit to the Centre but if brought again it soon loses its fears. Yet the fear of parents that their child is too young, the hope that it may grow out of the defect or failure to realise the serious harm that may result from squint keeps children away from treatment at the only time when it is likely to be of use. In the next table are shown the relative numbers of cases referred by the Welfare Centres and by the schools. Of 41 new cases, no fewer than 30 had to wait for treatment until they went to school, shortly before or shortly after their fifth birthday, while one or two were not seen till much later. On the other hand the eleven new cases which were sent by the Welfare Centres show a gratifying increase in numbers on the previous year's figures and suggest that the dangers of squint are being more generally recognised, though still not generally enough.

" It is of the highest importance that the public should be made thoroughly aware of these three vital facts—that a squinting child will probably lose the sight of one eye if untreated, that treatment, to be effective, must be immediate and that no child is too young to be dealt with."

TABLE I.

Nature of Defect.	New Cases.	Re-Inspections	Total.
Emmetropia	47	21	68
Hypermetropia	142	98	240
Myopia	74	91	165
Myopic Astigmatism	45	39	84
Hypermetropic Astigmatism ...	53	67	120
Mixed Astigmatism	27	21	48
Referred to Hospital	3	—	3
Not Examined	1	—	1
Total ...	392	337	729
Squint (included in above) ...	51	31	82

TABLE II.

Cases of Squint.

Sent for Examination from	New Cases.	Re-Inspections	Total.
Welfare Centre	11	3	14
School	30	38	68
Total ...	41	41	82

TABLE III. **Type of Refractive Error.**

Age.	Convergent Squint.	Divergent Squint.	Alternating Squint.	Hyper-metropia.	Myopia.	Hyper-metropic Astigmatism.	Myopic Astigmatism.	Mixed Astigmatism.	Emmetropia.	Difference between Refractive Error of Eyes.				Degree of Amblyopia.		
										Under 1D	1D	2D	3D and Over	O	Moder-ate	Severe
Years																
2	5	–	2	7	–	–	–	–	–	7	–	–	–	–	–	–
3	7	–	–	7	–	–	–	–	–	6	–	1	–	–	–	–
4	5	–	–	4	–	1	–	–	–	4	1	–	–	–	–	–
5	6	–	–	5	–	1	–	–	–	5	1	–	–	2	–	–
6	6	–	1	6	–	–	–	1	–	4	2	1	–	2	–	2
7	10	–	1	6	–	4	–	1	–	6	5	–	–	3	5	2
8	7	–	1	4	2	2	–	–	–	5	1	1	1	2	4	2
9	10	–	–	7	–	1	–	2	–	7	2	–	1	4	3	3
10	7	–	–	5	–	2	–	–	–	5	1	–	1	3	–	4
11	4	–	–	3	–	1	–	–	–	2	2	–	–	2	1	1
12	6	–	–	3	1	1	–	–	1	3	2	1	–	–	2	4
13	3	–	–	2	–	1	–	–	–	2	–	1	–	–	1	2
	76	–	5	59	3	14	–	4	1	56	17	5	3	18	16	20

Moderate Amblyopia = 1 or 2 lines difference.
Severe Amblyopia = over 2 lines difference.

Note.—The discrepancy between the totals in the last three columns and those in the preceding ones at the ages of 5, 6 and 7 is due to the fact that in these age groups 4, 3 and 1 respectively had not yet learnt to read and could not be subjectively tested.

(*d*) EAR DISEASE AND HEARING.—Of the 162 children with ear defects who received treatment, 149 were treated at the Health Centres.

(*e*) TONSILS AND ADENOIDS.—It is indicated in Table IV, Group 3, that 150 cases of enlarged tonsils or adenoids were submitted for operation at the Mattock Lane Health Centre, and that 61 cases were dealt with at Hospitals or by private practitioners.

(*f*) DEFECTIVE SPEECH.—The class for stammering children, which began in 1931, has continued work at 13, Mattock Lane during 1932. Although only 12 children can be accommodated in the class at one time, all the stammerers who live within convenient distance of Mattock Lane have received treatment. During the year the number of children in the Greenford area who require such treatment has increased and the question of supplying their need has become urgent. As a result the class is to be transferred to that district in the beginning of 1933, and treatment will be given to both stammerers and those with other defects of speech.

The closure for the present of the class at Mattock Lane gives an excellent opportunity to survey the results which have been obtained. During 1932 a total of 19 children out of 36 stammerers known to be in the schools, attended and the condition of these on leaving the class is shown in tabular form below :—

No. attending Class.	Withdrawn by Parent.	Left District.
19	1	5

Cured.	Very much improved.	Much improved.	Improved.	Un-improved.	Worse.
—	3	6	4	—	—

Of those who left the district :—

1 was very much improved.
1 was much improved.
3 were improved.

It will be noticed that in no case is there no sign of improvement and that eleven of the eighteen who attended regularly fall into the classes of " much improved " and " very much improved." So satisfactory are the results that no qualms were felt at leaving these children without further formal work in the special class. An important feature of the year's work has been the enthusiastic co-operation of teachers in the elementary schools, who have assisted in giving special treatment to the children, thus supplementing the two weekly attendances at the Centre. This treatment will be continued in 1933, so that the children, though no longer attending the class, will have a certain amount of instruction. They will also be kept under medical supervision.

There seems to be no constant relation between the duration of treatment and the degree of improvement, a finding which is borne out by the experience of other authorities. As will be seen from the table below, some children have shown marked improvement almost as soon as they entered the class and have progressed steadily. Others have only slightly improved after many months of work and progress erratically, sometimes promising well and then suddenly relapsing. Co-operation by parents and the help of teachers in the child's day school, now, fortunately, more readily available, are valuable adjuncts to the special teacher's work. Intelligent co-operation by the child, though sometimes of great worth is, on the whole, less valuable, since too much determination and too full realisation of the defect in an intelligent child may have exactly the opposite effect to that desired. In the child, the possession of the right temperament is the most important thing and this is infrequent, since such a child is rarely a stammerer in the first place.

The treatment by relaxation is virtually an attempt to alter the temperament of the child and its first principle runs counter to the essential liveliness of childhood. Once the habit of physical and mental relaxation is inculcated, the stammer is almost con-

quered. Till then, results are meagre and discouraging, though never gravely so, for, often enough, a child who has in many months shown no improvement will suddenly acquire the habit and stride rapidly towards cure. This has happened to several of those who have spent the longest periods in the class and, though they are not yet cured, they can be expected to progress satisfactorily after leaving.

The four children marked "Improved" would, probably, all benefit by further instruction in the class and it is hoped that at some future time provision may be made for them to return to it.

Name.	Age.	Duration of attendance (Months)	Result.
E.B.	9 6-12	14	Slight improvement. Left district
B.C.	8 11-12	8	Improved. ,, ,,
D.H.	11 5-12	8	Marked improvement. ,, ,,
L.F.	5 10-12	3	Very much improved. ,, ,,
J.F.	6 6-12	18	Slight improvement. ,, ,,
F.H.	11 8-12	4	Marked improvement.
N.T.	10	2	Improved.
K.H.	7 10-12	20	Marked improvement.
S.W.	9 1-12	22	Very much improved.
D.D.	13	15	Very much improved.
A.S.	9 3-12	20	Improved.
A.G.	12 5-12	19	Much improved.
E.B.	9 11-12	20	Improved.
L.L.	9	9	Much improved.
L.F.	5	4	Much improved.
J.G.	9 5-12	20	Very much improved.
D.A.	8 10-12	9	Improved.
P.W.	11 4-12	17	Much improved.

(*g*) HEART DISEASE AND RHEUMATISM. During the year there were found in the course of routine and special inspections 14 children suffering from organic and 50 from functional affection of the heart and 36 cases of rheumatism.

All children 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. They attend the Health Centre for examination at frequent intervals, the length of which depends on their condition, and parents are advised as to treatment. A report on the home conditions in each case is made by the Sanitary Inspector, 36 such reports being made during the past year, and defects such as dampness are remedied.

(*h*) TUBERCULOSIS.—Eleven children were referred to the Tuberculosis Officer for supervision, ten being suspected of having tuberculosis of the lungs and one of abdominal tuberculosis.

(*i*) ORTHOPAEDIC TREATMENT.—During the year the Orthopaedic Surgeon saw for the first time, on the occasion of his fortnightly visits, 85 school children suffering from crippled conditions, lateral curvature and round shoulders. There were 256 re-inspections of these children and of others already undergoing treatment. Some of the cases of lateral curvature and round shoulders were only mildly affected and were completely cured after treatment of but a few months' duration. Six children received operative treatment at the National Orthopaedic Hospital and 56 were advised massage and special exercises. The attendances for massage or special exercises numbered 1,652. Five children were supplied with surgical appliances which were ordered by the Surgeon.

In addition to the school children, 72 children under five years of age were submitted for a first examination by the Surgeon, 187 re-inspections being necessary. The attendances of those requiring massage numbered 518. Eight operations were performed at the Hospital on children under school age. Eight children were supplied with special boots or surgical appliances.

The following two tables show the children of school age and those under five years who were kept under the supervision of the Orthopaedic Clinic during the year :—

ORTHOPAEDIC CASES—SCHOOL CHILDREN.

	Boys	Girls	Total
Flat Feet	17	5	22
Genu Valgum (Knock-knees)	14	11	25
Genu Varum (Bow-legs)	5	1	6
Spine :—			
Scoliosis (Lateral Curvature) ...	18	18	36
Kyphosis (Round Shoulders) ...	17	12	29
Lordosis (Curvature)	2	2	4
Torticollis (Wry Neck)...	1	1	2
Paralytic Conditions :—			
Hemiplegia	1	3	4
Diplegia	—	1	1
Paraplegia	1	—	1
Infantile Paralysis	4	5	9
Talipes (Club Foot)	2	2	4
Myopathy	1	—	1
Tuberculous Knee	1*	—	1
Tuberculous Hip	1*	—	1
Birth Palsy	1	3	4
Spina Bifida	1	—	1
TOTAL	87	64	151

*Quiescent.

ORTHOPAEDIC CASES—UNDER FIVE YEARS OF AGE.

	Boys	Girls	Total
Flat Feet	6	2	8
Genu Valgum	21	17	38
Genu Varum	29	18	47
Scoliosis	1	3	4
Torticollis	1	1	2
Congenital Dislocation of Hip ...	—	2	2
Talipes	7	5	12
Contracted Finger	—	1	1
Congenital Deformity of Foot ...	1	1	2
Rickets	3	2	5
Hammer Toe	1	3	4
TOTAL	70	55	125

(*j*) DENTAL TREATMENT.—The following is the report of the School Dentist, Mr. C. Colenso, L.D.S., who points out that an effort was made during the year to encourage the attendance for treatment of children whose parents had consistently neglected to have them treated or had refused to accept treatment.

Dental Treatment of School Children.

"The records of dental treatment of school children for last year show a reduction in number in comparison with 1931. This is explained by two reasons. Firstly, there has been a big endeavour made to obtain consent from parents who in past years have refused dental treatment for their children. This, unfortunately, has not been wholly successful, yet a great many parents have been prevailed upon to accept treatment. The appointments wasted on some of these objectors would have been, in the ordinary way, given to routine cases, children already treated who could have been dealt with in greater numbers and who are only too ready to accept appointments for re-inspection or re-treatment. The second reason put forward for this reduction is that one of the dentists was away from duty through illness for a period of three and a half weeks. This would account for about 300 treatments, or nearly one-third of the whole reduction.

"There were minor causes also which were accountable, such as illness among the children, which was pronounced during the latter part of the year. New head-teachers of schools, who had not held the position previously, were not cognisant of the scheme of school dental treatment and did not make any great endeavour to see that the parents signed the forms accepting treatment or that the children kept the appointments.

"Altogether, of 11,804 children inspected during the year, 7,935 required treatment. The number inspected was larger by 495 than in 1931, and the number requiring treatment was greater by 243. Those treated numbered 4,625, less by 946 than in the previous year.

"The conservative treatment has consequently suffered a reduction in the number of fillings of teeth. But the number of fillings cannot be as many each year as the tendency is now for less work to be done for cases repeatedly treated. The permanent fillings numbered 6,355. This number is less by 1,840 than in the previous year. Temporary fillings numbered 550. Extractions were, as usual, done under general or local anaesthesia. With the former 5,494 teeth were removed and with the latter 4,323. The permanent teeth removed numbered 959. This is 35 more than last year and in proportion to the number of children treated (4,625) is greater. This can be accounted for by the fact that the long-standing objectors who did accept treatment had in nearly all cases permanent teeth which it was impossible to save. Also the temporary teeth extracted were less in number than in 1931 by 2,342. The figures for temporary extractions should be almost the same in each year as the entrants still show a level incidence of caries and sepsis, though this year more children entered the schools with sound mouths than ever before. Dressings to front teeth, permanent and temporary, numbered 356. These dressings consisted of applications of silver nitrate to the temporary set, and antiseptic dressings to front teeth which had exposed pulps. One case of suspected actinomycosis was suitably treated.

"During the latter part of the year letters were sent to nearly 100 parents who had failed to sign forms or who had neglected to have treatment since the last inspections. These letters stated the necessity and advantage of obtaining treatment, and it can be

said that the sending of them saved further visits to their homes by the nurses. There were good results from this method and it would be an advantage to continue sending them, as a fair proportion are bound to accept. Possibly these people would never have submitted their children otherwise.

Dental Treatment of Children under School Age.

"There has not been a big increase in the number of these children treated this year. A total of 265 were actually seen, sixteen more than in the previous year. One would like more to attend for it is at this age that suitable advice can be given in regard to proper feeding to ensure future sound teeth. It has been noted at school dental inspection that parents whose children had treatment at various times during the pre-school days did act according to the advice given with the result that these children now in school have a better dental condition than those who neglected treatment during the pre-school period. The usual form of treatment was carried out for these children. Fillings were inserted in 408 temporary teeth and 873 temporary teeth were removed because they were in a hopeless condition of decay and sepsis. Gas or local anaesthesia was administered to these children. Dressings of silver nitrate were applied to 108 teeth. The attendances made by the children for treatment were 569 during the year."

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

	£	s.	d.
Dental Treatment	203	12	11
Throat Operations	23	8	0
Spectacles	110	4	6
Treatment at National Orthopaedic Hospital	37	16	6
X-ray Treatment for Ringworm of Head	1	17	6
Surgical Appliances	3	3	6
Massage Treatment	32	11	5
Other Payments from Maternity and Child Welfare Committee, etc.	373	10	10
	£786	5	2

PHYSICAL TRAINING.

A summary was given in the Report for 1929 of the provision of organised games for school children and in the Report for 1930 a note was made of new playing fields which had been acquired. Since then two further playing fields have been acquired, one of 5 acres at Boston Road and another of 9½ acres at Ruislip Road.

The teaching of swimming has been accepted by the Education Committee as a physical exercise of the best kind and one calling for every encouragement. Every child has the opportunity of learning to swim before leaving school and this opportunity is taken advantage of to an astonishing extent. This is shown by the fact that at the end of the Summer season last year no fewer than 233 boys and 258 girls received certificates of proficiency, a result which is greatly to the credit not only of the swimming teachers but of the school-teachers who foster the enthusiasm.

OPEN AIR EDUCATION.

It has become the practice of all teachers to accept every favourable occasion for conducting classes in the open air. It is part of the instruction of the children in healthy living, and as the teachers themselves are firm believers in an open air life they are only too ready at all possible times to encourage the children.

It may be difficult in some of the older schools for most of the children to benefit from open air instruction, when the weather is favourable, because of the limited accommodation available in the playground but in the more recent schools—Stanhope, Horsenden, Grange Infants' and Wood End, which have been built of the Derbyshire type—all the children have the opportunity during both winter and summer of being taught in the open air. When the Schools were built a little scepticism was expressed as to the full use which would be made of the facilities for open air teaching all through the year, but it has been a very agreeable discovery that the facilities for open air teaching are used so much as they are.

PROVISION OF MEALS.

It is surprising that with all the unemployment which exists there is no striking need for the provision of meals for school children. In fact, there is no evidence that malnutrition is more evident at present than before unemployment was so common. Doubtless there are children in whom the need for additional food is apparent, but these children are, comparatively speaking, few in number and are widely scattered in the district, so that there are not many in each school who could be conveniently dealt with by the provision of suitable meals.

The scheme of the National Milk Publicity Council, inaugurated in 1929, for supplying children in the mid-morning interval with a third of a pint of milk at the cost to the parents of one penny per day has continued to operate in the schools with great success and the opportunity has, since 1930, been taken by the Education Committee of supplying milk in this way to children whose parents are unable to afford to pay for it on account of unemployment or other necessitous circumstances.

The following statement shows the number of children who have been supplied with milk free of charge, and the cost :—

FREE SUPPLY OF MILK TO SCHOOL CHILDREN.
(Sections 82-85 Education Act, 1921).

Number of children for whom a supply of milk was approved, 1st January, 1932...	409
Number of children for whom a supply of milk was approved, 31st December, 1932	495
Daily average number of children who received a supply of milk	421
Total number of bottles of milk supplied	88,428
Cost of milk supplied	£369 9s.

CO-OPERATION OF OTHERS IN THE SCHOOL MEDICAL SERVICE.

In previous reports attention has been drawn to the whole-hearted way in which the teachers and the school enquiry officers render great assistance and play a most important part in the work of school medical inspection and treatment. The staff of the school medical service recognise that it is their duty to render

what help they can in their work to the teachers and enquiry officers. It is accepted by all three groups that their activities are interwoven to a striking extent never anticipated when school medical inspection came into being. Thus the results of the service are proving much more profitable to the children in relation to their health and to their education.

As in previous years appreciation has to be expressed for assistance rendered in connexion with the care and treatment of school children by the Central Aid Society, the National Society for the Prevention of Cruelty to Children, the School Attendance Aid Committee, and the Middlesex King Edward Memorial Committee.

NURSERY SCHOOLS.

No nursery schools, as such are defined, have been established in the Borough. There is very little regular employment of married women and housing difficulties are not so acute as to call for special provision for children under 5 years of age. Some mothers certainly do go out to work and their children have to be looked after in their absence, but they are located at widely scattered parts in the Borough and are not so congregated as to make the opening of a nursery school convenient for all or even most of them.

Children under 5 years of age are admitted to the Infant Schools whenever accommodation is available and whenever the School Attendance Sub-Committee deem it advisable that the children should, for their welfare, be admitted. In the middle of the year there were 182 children (96 boys and 86 girls) under 5 years of age on the Registers of the Schools.

SECONDARY SCHOOLS.

At the three Secondary Schools medical inspection is carried out by the Ealing School Medical Staff for the Middlesex County Council. It is not only appropriate but also a great convenience that, as a large percentage of the pupils in attendance at these Schools have already passed through the public elementary schools, and especially as the previous records of medical inspection and treatment are available, their continued medical supervision should be in the charge of the same staff.

HEALTH EDUCATION.

In the Annual Report for 1929 a description was given of all the activities concerned with health education, especially in regard to school children who are being taught by the teachers health-habits in their early years of school life and later are provided with appropriate lessons in various ways on the physiology of healthy living. There is no doubt that this instruction is having its effect not only on the children but on the parents who are being influenced by them.

At the Health Centres the education of the parents attending with their children is being tackled as much by the medical and nursing staff, who take every opportunity of giving them a practical lesson on health and healthy living, as by the exhibition of suitable posters and by the free distribution of various publications such as " Better Health," and leaflets on the care of the teeth and on different questions in relation to the health of children.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

All blind and deaf children of school age have been as a routine practice sent to Special Residential Schools. Four blind girls and three blind boys were being maintained at Certified Schools for the Blind at the end of the year.

Thirteen deaf mutes, seven girls and six boys were at the end of the year being maintained at Special Residential Schools.

Two boys suffering from severe epilepsy were maintained at Special Residential Schools.

Ten girls and four boys who were suffering from mild attacks of epilepsy, occurring at night and never in the day, were attending public elementary schools and one boy and two girls were kept at home where they were undergoing treatment by their regular medical attendants.

One crippled boy and two crippled girls, who were unable to attend the ordinary school, were maintained at Special Residential Schools. All the other children undergoing orthopaedic supervision or treatment were able to attend the public elementary schools

like normal children. This is a notable result of the early and effective orthopaedic treatment provided under the Education Committee Scheme.

Four girls suffering from heart disease were maintained at Special Residential Schools and one girl was kept at home.

Three feeble-minded girls were maintained at Special Residential Schools. There were 59 feeble-minded children, 29 girls and 30 boys, in attendance at public elementary schools.

Eight children of school age were notified during the year to the Local Mental Deficiency Authority ; four imbecile girls and four imbecile boys. One feeble-minded girl was notified on leaving a special school after attaining the age of 16 years.

In the course of the year four boys and six girls requiring convalescent treatment were maintained for six weeks each at the King Edward Memorial Convalescent Home at Bexhill at the cost of the Education Committee. One girl had her stay extended to twelve weeks. These periods of convalescent treatment have given markedly beneficial results. This convalescent treatment is given only during the colder months of the year from October to March, but such treatment is just as necessary during the other six months of the year, during which the children are likely to benefit to a much greater extent through the effects of bright sunshine. The King Edward VII Memorial Fund provides summer holidays of a fortnight's duration for some of the Ealing children, but the number of these children provided for is very limited and there are many more children who are in such a condition as to require convalescent treatment and for whom it would mean a great gain in health and a decided gain as far as their education is concerned. With such a large school population as there is now in Ealing much greater facilities should be provided for holidays of six weeks' duration for children recommended by the School Medical Staff.

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.
Errand Boys ...	65	Cleaning	1
Milk Round	18		
Newspaper Round ...	21		
Baker's Round ...	20		
Helping in Shop ...	4		
General Help ...	1		
Order Boy	10		
Yard Boy	1		
Messenger Boy ...	2		
Roundsboy	1		
	143		

One hundred and fifty-two children were examined in connexion with employment, and out of this number 8 were found to be in such a condition of health that their employment was not permitted.

At the routine medical inspection of employed children at school four were found to be suffering in health and their employment was discontinued. Eighteen children were found to be employed without being registered under the Byelaws and two boys were found to be under age.

In addition, there were five girls examined for employment of children under the Entertainments Rules, 1920.

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 at 9.30 a.m. on certain days of the week. Those submitted are usually children suspected of having verminous heads or bodies, or 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	806
Impetigo	732
Scabies	32
Ringworm...	89
Eczema	28
Minor Injuries	229
Teachers on Appointment	54
Miscellaneous	3,126
Total ...	5,096

THOMAS ORR.
School Medical Officer.

June, 1933.

STATISTICAL TABLES.

The 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	1,604
Second Age Group	1,713
Third Age Group	1,639
Total	4,956
Number of other Routine Inspections	—

B.—Other Inspections.

Number of Special Inspections	2,698
Number of Re-Inspections	2,025
Total	4,723

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1932.

DEFECT OR DISEASE	Routine Inspections — No. of Defects.		Special Inspections — 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	67	—	1
Skin — Ringworm, Scalp	—	—	10	—
Skin — ,, Body	3	—	24	—
Skin — Scabies	1	—	9	—
Skin — Impetigo	5	—	358	—
Skin — Other Diseases (Non-Tuberculous)...	6	2	146	—
Eye — Blepharitis	11	1	37	—
Eye — Conjunctivitis	4	1	82	1
Eye — Keratitis	—	—	3	—
Eye — Corneal Opacities	1	1	—	—
Eye — Defective Vision (excluding Squint)	253	3	226	—
Eye — Squint	21	4	17	—
Eye — Other Conditions	4	3	60	1
Ear — Defective Hearing	3	7	5	6
Ear — Otitis Media	11	—	68	2
Ear — Other Ear Diseases	3	—	80	1
Nose and Throat — Enlarged Tonsils only	96	514	51	42
Nose and Throat — Adenoids only	10	7	8	—
Nose and Throat — Enlarged Tonsils and Adenoids ...	53	11	32	3
Nose and Throat — Other Conditions	2	32	70	23
Enlarged Cervical Glands (Non-Tuberculous)	—	42	3	25
Defective Speech	13	4	5	1
Heart and Circulation — Heart Disease : Organic	1	12	1	—
Heart and Circulation — Functional	—	47	1	2
Heart and Circulation — Anaemia	2	20	3	24
Lungs — Bronchitis	6	67	4	35
Lungs — Other Non-Tuberculous Diseases ...	—	12	—	5
Tuberculosis — Pulmonary : Definite	—	1	—	—
Tuberculosis — Pulmonary : Suspected	—	14	—	1
Tuberculosis — Non-Pulmonary : Glands	—	3	—	—
Tuberculosis — Spine	—	—	—	—
Tuberculosis — Hip	—	—	—	—
Tuberculosis — Other Bones and Joints ...	1	—	—	—
Tuberculosis — Skin	—	—	—	—
Tuberculosis — Other Forms	—	—	—	1
Nervous System — Epilepsy	1	3	1	3
Nervous System — Chorea...	—	10	1	4
Nervous System — Other Conditions	—	5	—	2
Deformities — Rickets	—	1	—	—
Deformities — Spinal Curvature	13	7	4	—
Deformities — Other Forms	74	163	41	9
Rheumatism (apart from those affected with Organic Heart Disease)	1	15	4	16
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases	5	21	770	83

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	1,604	143	8.9
Second Age Group	1,713	190	11.1
Third Age Group...	1,639	195	11.9
Total (Code Groups)	4,956	528	10.6
Other Routine Inspections ...	—	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys	Girls	Total
Children suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease			—	—	—
Blind (including partially blind).	(*i*) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	3	4	7
		At Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	(*ii*) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind ...	—	—	—
		At Public Elementary Schools	8	9	17
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Deaf (including deaf & dumb & partially deaf).	(*i*) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	6	7	13
		At Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	(*ii*) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ...	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Mentally Defective.	Feebleminded.	At Certified Schools for Mentally Defective Children ...	—	3	3
		At Public Elementary Schools	30	29	59
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Notified to the Local Mental Deficiency Authority *during the year.*		—	—	—
Epileptics.	Suffering from severe epilepsy.	At Certified Schools for Epileptics	2	—	2
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Suffering from epilepsy which is not severe.	At Public Elementary Schools	4	10	14
		At no School or Institution ...	1	2	3

			Boys	Girls	Total
Physically Defective.	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	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	1	2	3
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Tuberculosis of the peripheral glands.	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	—	1	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Abdominal 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	1	1	2
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	1	2	3
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—

			Boys	Girls	Total
Physically Defective—continued.	Tuberculosis of other organs	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 ...	—	—	—
	Delicate Children, *i.e.*, all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	117	140	257
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	1	2	3
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	18	17	35
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Children with heart disease, *i.e.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	—	4	4
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	1	2	3
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	1	1

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR.

TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Uncleanliness, 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	8	2	10
Ringworm—Body	21	6	27
Scabies	9	1	10
Impetigo	363	—	363
Other Skin Disease	125	27	152
Minor Eye Defects (External and other, but excluding cases falling in Group II)	144	54	198
Minor Ear Defects	149	13	162
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	515	121	636
Total ...	1,334	224	1,558

Group 2.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

Defect or Disease	No. of Defects dealt with.			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme	Otherwise	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	729	49	—	778
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—
Total ...	729	49	—	778

Total number of children for whom Spectacles were prescribed :—
(*a*) Under the Authority's Scheme 565
(*b*) Otherwise 49

Total number of children who obtained or received Spectacles :—
(*a*) Under the Authority's Scheme 556
(*b*) Otherwise 49

Group 3.—Treatment of Defects of Nose and Throat.

Number of Defects				
Received Operative Treatment				
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total	Received other forms of Treatment	Total number Treated
(1)	(2)	(3)	(4)	(5)
150	61	211	—	211

Group 4.—Dental Defects.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

	Aged				
Routine Age Groups	5	...	1,075		
	6	...	1,281		
	7	...	1,332		
	8	...	1,265		
	9	...	1,346		
	10	...	1,314		
	11	...	1,236	Total	11,733
	12	...	1,326		
	13	...	863		
	14	...	503		
	15	...	124		
	16	...	67		
	17	...	1		
Specials					71
Grand Total					11,804

(*b*) Found to require treatment			7,935
(*c*) Actually treated			4,625
(2) Half-days devoted to :—			
Inspection	91		
Treatment	876	Total	967
(3) Attendances made by children for treatment			5,505
(4) Fillings :—			
Permanent Teeth	6,355		
Temporary Teeth	550	Total	6,905
(5) Extractions :—			
Permanent Teeth	959		
Temporary Teeth	8,858	Total	9,817
(6) Administrations of General Anaesthetics for Extractions ...			1,179
(7) Other operations :—			
Permanent Teeth	—		
Temporary Teeth	—	Total	—

Group 5.—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	25,252
(3) Number of individual children found unclean	325
(4) Number of children cleansed under arrangements made by the Local Education Authority	—
(5) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	—
(*b*) Under School Attendance Byelaws	—

Chiswick and Ealing Hospitals Committee.

ISOLATION HOSPITAL.

MATERNITY HOSPITAL.

ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT

FOR THE YEAR ENDING

31st MARCH, 1933.

THOMAS ORR, M.D., D.Sc.,
Medical Superintendent.

CHISWICK AND EALING HOSPITALS COMMITTEE.

COMMITTEE.

Alderman G. JENKIN (*Chairman*).
Alderman W. T. WHITE (*Vice-Chairman*).
Alderman A. W. BRADFORD.
Alderman Col. R. R. KIMMITT, O.B.E., T.D.
Councillor Mrs. F. M. BAKER, J.P., C.C.
Councillor C. E. EDWARDS (from Dec., 1932).
Councillor Mrs. E. L. HILL.
Councillor F. F. POOLE (to Nov., 1932).
Councillor Mrs. E. S. TAYLOR, J.P.

STAFF.

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

Medical Attendant, Isolation Hospital—
JOHN PETRIE, M.B., Ch.B., D.P.H.

Medical Attendant, Maternity Hospital—
MARGUERITE M. FENN, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
(resigned Feb., 1933).
HELEN R. B. BUCK, M.B., B.S., M.R.C.S., L.R.C.P.
(appointed Feb., 1933).

Consulting Surgeon—
C. W. GORDON BRYAN, F.R.C.S., M.R.C.S., L.R.C.P.

Consulting Oto-Laryngologist—
DAN MCKENZIE, F.R.C.S., M.D.

Consulting Obstetrician—
JOHN W. RAIT BELL, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

Matron, Isolation Hospital—
Miss I. GREGORY.

Matron, Maternity Hospital—
Miss E. A. MORTON (resigned Nov., 1932).
Miss M. P. B. GARDNER (appointed Nov., 1932).

Clerk to Committee—HARRY BIRRELL.

Treasurer—E. C. T. OWEN.

CHISWICK AND EALING HOSPITALS COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you the Annual Report on the administration of the Hospitals.

ISOLATION HOSPITAL.

During the year 1st April, 1932, to 31st March, 1933, the hospital accommodation was taxed to its utmost capacity owing to a continued outbreak of Scarlet Fever in Brentford and Chiswick and to a lesser extent in Ealing. It was found necessary to commission the annexe for two lengthy periods, and in addition to this somewhat unsatisfactory arrangement provision had to be made for the admission of a certain number of cases to the Willesden Isolation Hospital.

The total number of cases admitted to the Hospital was 815, being 440 more than the previous year. The highest daily number under treatment was 125 on December 31st, and the lowest 31 on September 3rd. The average daily number was 73.

The following table indicates the number of cases of the various diseases treated during the year :—

Disease.	Remaining in Hospital, March 31st, 1932.	Admitted during year	Discharged during year	Died during year	Remaining in Hospital March 31st, 1933.
Scarlet Fever ...	29	658	609	4	74
Diphtheria... ...	4	114	92	6	20
Enteric Fever ...	—	6	4	1	1
Ophthalmia Neonatorum with Nursing Mothers	—	2	2	—	—
	—	2	2	—	—
Measles	1	26	27	—	—
Puerperal Fever ...	—	6	4	2	—
Cerebro-Spinal Fever	—	1	1	—	—
Dysentery ...	1	—	1	—	—
Totals ...	35	815	742	13	95

SCARLET FEVER.—Of the 658 cases admitted as Scarlet Fever 298 were from the Borough of Ealing and 360 from the Borough of Brentford and Chiswick. Twenty of the total were not suffering from the disease and were ultimately diagnosed as follows :—

Tonsilitis 6, Septic rash 2, Erythema 1, Bronchitis 1, Enema rash 1, Food rash 1, Influenza 3, Teething rash 1, Drug rash 1, No apparent disease 3.

Three cases of scarlet fever were found on admission to be suffering also from measles, four from diphtheria, one from chicken-pox, and one from whooping cough.

The incidence of the actual cases of Scarlet Fever in the various age-groups was as follows :—

1-5 yrs.	5-15 yrs.	15-25 yrs.	25-35 yrs.	35-45 yrs.	Over 45 yrs.
131	406	52	31	15	3

The complications observed in the course of the disease were as follows :—

Rhinorrhoea	140
Cervical Adenitis	103
Cervical gland abscess	11
Vaginal discharge	25
Otorrhoea	64
Relapse	5
Nephritis and albuminuria	8
Arthritis	12
Cardiac affections	3
Septic sores	8
Erysipelas	2
Peritonsillar abscess	3
Furunculosis	2
Jaundice	1
Multiple haemorrhages	1
Ethmoid abscess	1

The following major operations were performed during the year :—

J.M.B.	Female	12 yrs.	Mastoid R.	19/4/32
A.M.	Male	40 yrs.	Incisions in leg	24/4/32
B.F.J.	Female	11 yrs.	Mastoid L.	14/5/32
L.W.C.	Female	5 yrs.	Mastoid R.	9/6/32
M.P.	Female	13 yrs.	Mastoid L.	26/10/32
C.C.	Female	7 yrs.	Mastoid R.	7/11/32
			Mastoid L.	12/12/32
D.G.H.	Female	8 yrs.	Mastoid R.	10/11/32
A.S.	Female	5 yrs.	Mastoid R. & L.	11/3/33

The above mastoid operations were performed by the Consulting Oto-Laryngologist, Dr. Dan McKenzie, who made 18 visits to the Hospital during the year. The incisions in the leg for cellulitis were made by the Consulting Surgeon, Mr. Bryan.

The following minor operations were performed :—

Cervical gland abscesses incised	6
Anxillary abscess incised	1
Abscess of eyelid incised	1
Paracentesis	1
Adenoids removed (Dr. Dan McKenzie) ...	1

Cross infection.—One case of Scarlet Fever became infected with measles while in the ward, and another with diphtheria. In view of the limited accommodation in the Hospital for the isolation of cases of double infection, this low incidence of cross infection must be credited to the great care and vigilance exercised by the nursing staff. The provision of the proposed new cubicle block will do much to relieve the anxiety of those responsible for the prevention of this ever present danger.

Return cases.—Of the 609 cases discharged during the year 27 gave rise to return cases of scarlet fever, 10 being Ealing patients and 17 Brentford and Chiswick. This gives a return case rate of 4.4 per cent. The average duration of stay in hospital of such patients was 35 days.

Deaths.—Two cases of septic scarlet fever died, one an adult male ten days after admission, and the other a boy of 10 years two days after admission. Both were given large doses of scarlet fever antitoxin, but without avail. One case, a boy of 5½ years, developed measles within two days of admission and died seven days later of broncho-pneumonia. Another boy of 5 years died of scarlet fever and diphtheria. The case mortality from scarlet fever was .3 per cent.

Duration of Stay.—The average duration of stay in hospital of all the cases of scarlet fever was 34 days.

DIPHTHERIA.—The number of cases admitted as diphtheria from the two districts were 52 from Ealing and 62 from Brentford and Chiswick, making a total of 114, six less than in the previous year. Of this number, 21 were ultimately diagnosed as not suffering from diphtheria. The final diagnoses in these cases were as follows :

Measles 1, Tonsilitis 13, Scarlet fever 2, Quinsy 1, Bronchitis 2, No apparent disease 2.

Three cases of diphtheria were found on admission to be suffering also from scarlet fever.

The incidence of actual cases in age groups was as follows :—

1-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-45 yrs.	Over 45 yrs.
23	41	12	11	4	2

The following complications were observed among the cases :—

Palatal paresis	6
Pharyngeal paresis	2
Ocular paresis	1
Facial paresis	1
Cardiac involvement	8
Nephritis	1
Pneumonia	2
Cervical adenitis	1

There were 7 cases of laryngeal diphtheria. Three required tracheotomy, and of these two died and one recovered.

Deaths.—There were six deaths from diphtheria, giving a case mortality of 6.5 per cent.

No.	Sex.	Age.	Day of disease when admitted.	Days in Hospital before death.	Type of disease.
1.	Male	2 yrs.	8	26	Severe faucial and laryngeal (tracheotomy)
2.	Male	2 yrs.	4	2	Severe faucial.
3.	Male	2½ yrs.	5	1	Faucial, nasal and laryngeal.
4.	Female	2½ yrs.	3	4	Severe faucial and nasal.
5.	Female	6 yrs.	3	4	Severe faucial.
6.	Male	10½ yrs.	4	14	Severe faucial.

Only one of these cases had received antitoxin, and this was a small dose, before admission. The doctor had apparently waited for bacteriological confirmation of the diagnosis before sending the patient into hospital. The other deaths were due to delay on the part of the parents in sending for medical advice until the disease was well advanced.

Cross infection. One case of diphtheria was cross infected with scarlet fever while in the ward.

There were no return cases.

The average duration of stay in hospital for diphtheria cases was 36 days.

PUERPERAL FEVER.—Six cases were admitted with this diagnosis and were found to be suffering from the following puerperal conditions :—

Mastitis	1
Sapraemia...	2
Septicaemia	2
Pyelitis	1

Two died, one from septicaemia and lobar pneumonia and the other from a cerebral embolism.

ENTERIC FEVER. Six cases were admitted with a diagnosis of enteric fever and in two cases this was not confirmed, the final diagnosis being influenzal pneumonia in each case.

Of the four actual cases one died and three recovered. The fatal case was a male aged 37 years, admitted on the 23rd day of disease suffering from severe typhoid toxaemia. He died three days later. The type of disease in the four cases was as follows :—

Typhoid	...	...	2
Paratyphoid B		...	2

MEASLES. Twenty-six cases were admitted with measles and all recovered. Two cases were complicated by broncho-pneumonia and one by lobar pneumonia.

OPHTHALMIA NEONATORUM. Two infants were admitted for treatment, and were accompanied by their mothers so that breast-feeding might be continued. One mother was found to be suffering from gonorrhoea and was advised to have appropriate treatment on discharge. In both cases the infection cleared up satisfactorily before discharge, but in one case the cornea had been badly ulcerated before admission and the sight was impaired in one eye.

CEREBRO-SPINAL MENINGITIS. One female, aged 50 years, was admitted with cerebro-spinal meningitis, found to be due to Type III meningococcus. She made a complete and uneventful recovery after treatment with antitoxin and was discharged at the end of six weeks.

CASES ADMITTED FROM OTHER HOSPITALS. Seven cases were admitted from neighbouring general hospitals suffering from the following conditions :—

West Middlesex County Hospital.

Scarlet fever and dermatitis scalp	...	...	...	1
Scarlet fever and fracture r. tibia	...	...	...	1

King Edward Memorial Hospital, Ealing.

Scarlet fever and mastoid wound, L.	1
Scarlet fever and wound from plastic operation to left meatus	1
Scarlet fever, suspected enteritis	1
Influenzal pneumonia, suspected enteric fever ...	1

Brentford Cottage Hospital.

Empyema, suspected scarlet fever	1

ILLNESS OF STAFF.

Accident	Matron.
Scarlet fever	3 probationers and 1 maid.
Measles	1 probationer.
Diphtheria	1 probationer and 1 maid.
Influenza	2 maids, Lodgekeeper and wife, 2 probationers.
Furunculosis	Porter.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries	2,908	14	5
Repairs to Buildings	539	4	7
Furniture, fittings and utensils...	494	5	5
Maintenance of Ambulance	206	14	9
Medical and surgical requisites	569	12	8
Provisions	1,713	6	11
Fuel, light and cleaning	1,064	12	7
Rates, taxes and insurance	715	2	10
Miscellaneous	150	9	5
Superannuation—employer's contribution	71	0	1
Loan Charges	1,585	4	4
Maintenance of patients (Willesden Urban District Council)	107	2	0
	10,125	10	0
Administrative Charges, proportion	347	11	10
	£10,473	1	10

The patients spent 26,804 days in hospital, so that the average cost of each patient per day was 7/10d. Taking the patient-days, 26,804, and the staff-days, 11,477, or a total of 38,281, the average cost of food works out at 10¾d. per person per day.

MATERNITY HOSPITAL.

The number of patients admitted to the Maternity Hospital during the year, 1st April, 1932, to the 31st March, 1933, was 524. This number is 22 less than in the previous year, when 546 cases were admitted. The reduction in the number was not due to the lessened demand for admission, but to the restriction in the bookings which had to be insisted upon on account of the overcrowding arising in the wards at times, especially when there were several ante-natal cases under hospital treatment. It is impossible to regulate the cases in a maternity hospital to a more or less constant number, for no matter how one may plan, there may be at one time less than two-thirds of the number of beds occupied and at another the number of patients to be provided for may be increased by 50 per cent. over the recognised number of beds. This is shown by the number of patients in hospital varying during the year from 13 to 33.

So great is the demand for admission to the Maternity Hospital that the beds are now completely booked at least three months in advance all the year through. This fact indicates the need for the further extension of the Hospital which was decided upon by the Committee, but which was postponed on account of the financial crisis.

The cases admitted to the hospital in successive years since its opening have been as follows :—

1921-22	109
1922-23	235
1923-24	284
1924-25	369
1925-26	388
1926-27	358
1927-28	407
1928-29	450

1929-30	534
1930-31	561
1931-32	546
1932-33	524

The cases came from the Districts as follows :—

Month.	*Ealing.*	*Brentford and Chiswick.*	*Total.*
April ...	28	21	49
May ...	25	13	38
June ...	31	8	39
July ...	27	12	39
August ...	32	21	53
September...	25	18	43
October ...	31	17	48
November	31	13	44
December	30	14	44
January ...	29	15	44
February ...	23	16	39
March ...	28	16	44
	340	184	524

No cases were admitted from outside districts.

Emergency Cases. Two emergency cases were admitted during the year. Both were cases of central placenta praevia. In the one the pregnancy terminated at 28 weeks and the other at 36 weeks' duration. In the former the child died after 1½ hours, in the latter the child survived. In both cases the mother made good recovery from the labour, but in the first case developed a mild phlebitis during the puerperium.

Ante-natal Cases. Fifty-two ante-natal cases were admitted. Twenty of the 52 were discharged improved, to return later for the confinement.

These patients were suffering from :—

Toxaemia	7
Threatened abortion	2
Mitral stenosis	2
Pyelitis	1
Epilepsy	1
Epistaxis	1
Hydramnios	1
Threatened disproportion	2
Breech presentation	1
(Version under anaesthesia performed)	
Found not to be in labour	2
(One patient with chronic pyelitis)	

MOTHERS.—Apart from the emergency and ante-natal cases already alluded to, the following were the abnormalities and complications encountered :—

Ante- Natal Period.

Toxaemia (requiring surgical induction 6)	23
Toxaemic vomiting	1
Eclampsia (requiring surgical induction)	2
Pyelitis	3
Heart disease	3
Disproportion (requiring surgical induction)	5
Disproportion (requiring trial labour) ...	1
Disproportion (normal labour)	1
Breech presentation (requiring surgical induction)	2
Breech presentation (requiring version)	1
Postmaturity (requiring medical induction)	1
Intranterine death of foetus (requiring medical induction)	1
Hydramnios	1
Ante-partum haemorrhage (? cause) ...	1
Threatened abortion	2
Hydatidiform mole	1
Epilepsy	1
Epistaxis	1

During Labour.

Breech delivery (complete)	9
Breech delivery (extended legs) ...	8
Persistent occipito-posterior presentation	13
Face presentation	1
Twins (Both vertices 3)	
(Breech and vertex 5)	8
Forceps delivery	19
Caesarean section (for central placenta praevia)	1
Ante-partum haemorrhage :	
Toxaemic	3
Placenta praevia—central	2
Placenta praevia—lateral	3
Post-partum haemorrhage of severe degree (following manual removal of placenta in one case)	3
Manual removal of placenta	1
Episiotomy	12
Ruptured perineum (more than one stitch)	56
Hydramnios	3
Prolapsed cord	2
Prolapsed hand (replaced under anaesthesia)	1
B.B.A.	1

During Puerperium.

Post-partum collapse	2
Pyelitis (first developed in pregnancy 13)	
(first developed in puerperium 12)	25
Bacilluria	1
Femoral thrombosis ("whiteleg" 1 case)	5
Phlebitis	1
Breast abscess	2
Vaginal haematoma	2

In addition to the above, 16 cases of *puerperal pyrexia* occurred, each of which made a good recovery. The cases were as follows :—

Pyelitis (without septicaemia)	6
Pyelitis (with septicaemia)	2
Localized uterine infection ... ... (one of these developed pelvic peritonitis)	4
Influenza	3
Cause uncertain (? gastro-intestinal) ...	1

Maternal Deaths. There was one maternal death. The patient was extremely adipose, weighing 19 stones, and labour took place on the hottest day of the year. She had a very difficult extended breech delivery, necessitating anaesthesia on two occasions. She took the first anaesthetic quite well, but on the second occasion took the anaesthetic badly throughout and collapsed suddenly, no remedies being of any avail.

Patients discharged to other Hospitals.

To Isolation Hospital (Chiswick and Ealing)		4
Post partum collapse, followed by abscess of thigh, septicaemia and pyelitis	1	
Breast abscess	1	
Sapraemia	2	
To Queen Charlotte's Isolation Hospital		3
Pelvic peritonitis	1	
Septicaemia (B.coli) and pyelitis ...	1	
Sapraemia	1	
To West Middlesex County Hospital ...		1
Septicaemia and pyelitis	1	

CHILDREN.

Number of Infants born.

Males	278
Females	253
Total ...	531

Number of cases of twins	8
Number of cases of premature infants.	
38 weeks development	14
37 ,, ,, ...	2
36 ,, ,, ...	8
35 ,, ,, ...	4
34 ,, ,, ...	3
32 ,, ,, ...	1
30 ,, ,, ...	3
28 ,, ,, ...	1
Total ...	36

Of the 36 premature infants, 4 died, one of 34 weeks development, two of 30 weeks, and one of 28 weeks' development.

Stillbirths. Total 20.

Extended breech delivery		5
Complete breech (2nd twin), mother toxaemic		1
Difficult forceps delivery ... ... (Mother also toxaemic in one case)		4
Retroplacental haemorrhage ... ... (Ante-partum haemorrhage in mother)		1
Prolapsed cord		2
Anencephalic macerated foetus		1
Prematurity		6
Hydramnios	2	
Placenta praevia (following version)	1	
Ante-partum haemorrhage (toxaemic)...	1	
Breech delivery — mother toxaemic	1	
Macerated foetus, cranial deficiency	1	

Infant Deaths, 7.

Prematurity	4
(In one case mother eclamptic. In one case placenta praevia)	
Tentorial tears	2
(Both normal labours)	
Melaena neonatorum	1

Abnormalities in Infants.

Spina bifida	2
Talipes	1
Congenital heart disease...	1
Congenital absence of anus	1
(Died shortly after discharge to King Edward Memorial Hospital)	
Cleft palate	1
Bifid uvula	1
Haemorrhage neonatorum	3
(2 rectal, 1 vaginal)	
Hydrocoele	1
Undescended testicles	1
Erb's paralysis	1
Cephal haematoma	8
Overlapping of toes	1
Tongue-tie	1

Ophthalmia Neonatorum, 2.

Complete recovery in Hospital ...	1
Transferred to Isolation Hospital ...	1

Dr. J. W. Rait-Bell, the Consulting Obstetrician, was called in on 13 occasions during the year.

Cost of Maintenance, Etc.

	£	s.	d.
Salaries—			
Medical	173	9	6
Nurses	529	11	1
Other staff	1,019	1	10
District training of probationers	27	0	0
Repairs to buildings	367	17	0
Furniture, fittings and utensils...	287	13	3
Medical and surgical requisites	241	3	7
Provisions	952	0	11
Fuel, light and cleaning	761	15	2
Rates, taxes and insurance	356	4	0
Miscellaneous	104	5	3
Superannuation— employer's contribution	55	10	4
Loan charges	746	8	9
Maintenance of patients (Queen Charlotte's Hospital)	11	14	0
	5,633	14	8
Administrative charges	194	18	4
	5,828	13	0
Less Income from patients	2,316	6	6
	£3,512	6	6

The patients spent 7,928 days in hospital, which makes the gross cost of each patient per day 14/8½d. or £5 2s. 11d. per week and the net cost, after deducting the amounts paid by the patients, 8/10d. per day or £3 2s. 0d. per week. With the patient-days, 7,928, and the staff days, 8,136, or a total of 16,064, the average cost of food for patients and staff is 1/2¼d. per person per day.

During the year Dr. Marguerite M. Fenn resigned her position as Assistant Medical Officer in the Public Health Department of the Borough of Ealing and consequently ceased to be Resident Medical Officer at the Maternity Hospital. Her place was taken by Dr. Helen R. B. Buck. Miss E. A. Morton resigned her position as Matron of the same Hospital, her place being taken by Miss M. P. B. Gardner.

The opportunity is afforded to me, in submitting this report, of expressing my appreciation of the capable and conscientious way in which the medical staff have uniformly carried out their duties and of extending to Miss Gregory, the Matron of the Isolation Hospital, my gratitude for the efficient and loyal service which she has continued to render during the year. Of Mr. Birrell's great assistance I can never speak too highly. Without his consistent aid my task would be much more serious. His duties in consequence of the greater use made of the hospitals have been increasing in recent years, and I can foresee that, in the near future, particularly when the hospitals are extended, he will require some assistance in carrying out his duties.

I am, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

Medical Superintendent.

TOWN HALL,

EALING, W.5.

28*th June*, 1933.

JR2/68