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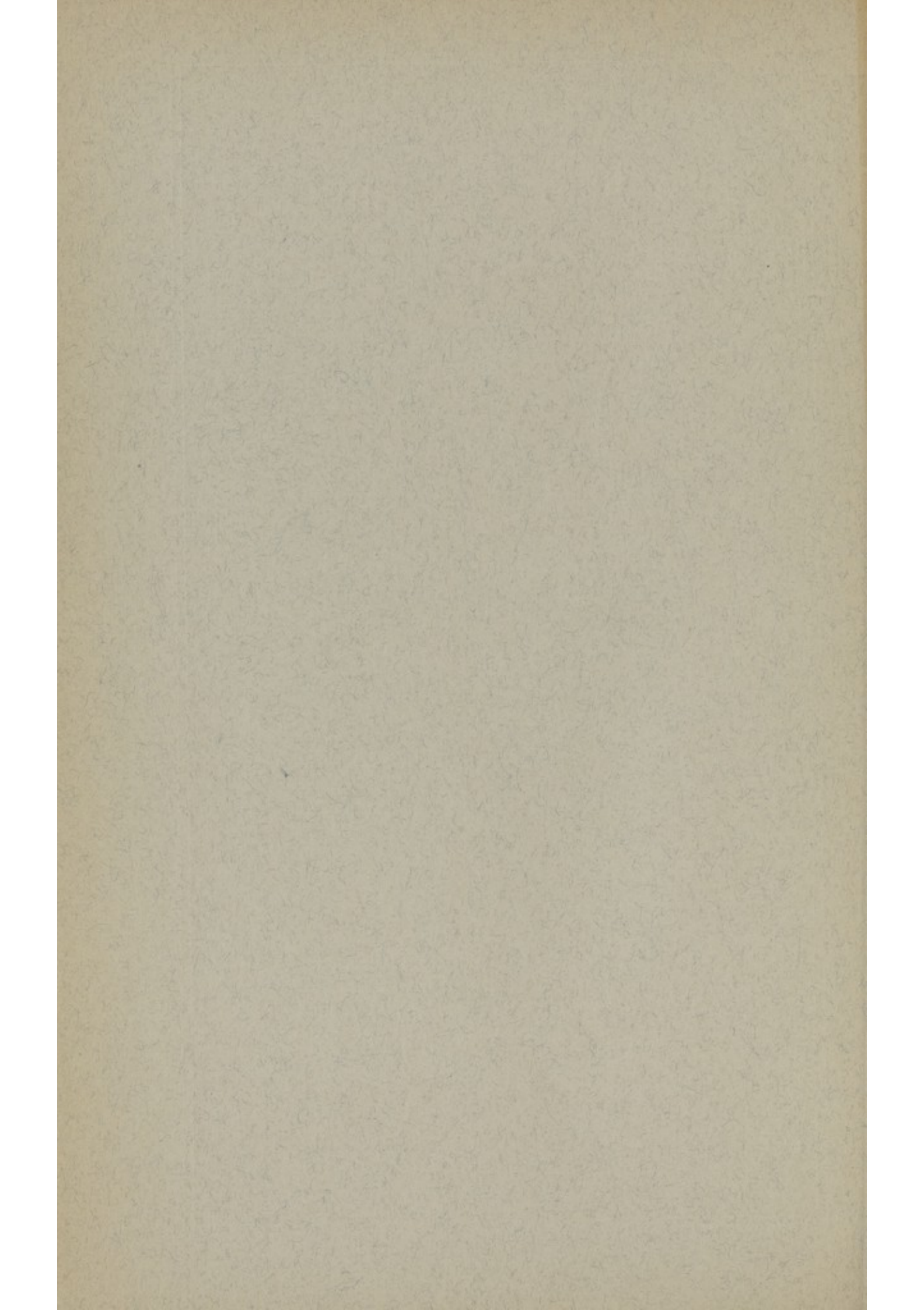
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Borough of Ealing.



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

1934

INCLUDING

Report on the Isolation and Maternity Hospitals, 1934-35.

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.



University of Toronto



ANNUAL REPORT

1904

Medical Officer of Health

Report on the

1904

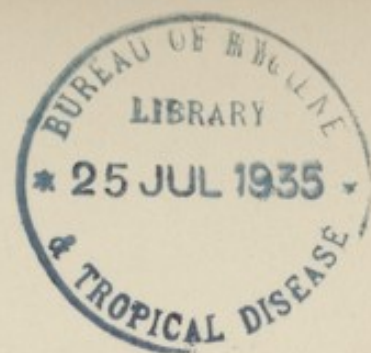
1904

Report on the

1904

Medical Officer of Health
Report on the
1904

1904



INDEX.

	PAGE
Ambulances	21
Births	15
Blind, Deaf, Defective and Epileptic Children	90, 98
Clinics and Treatment Centres	23
Convalescent Treatment	87
Deaths	16
Defects found by Medical Inspection	66, 96
Dental Defects and Treatment	55, 70, 81, 103
Diphtheria	41
Disinfection	31
Drainage and Sewerage	25
Employment of Children and Young Persons	93
Factories and Workshops	34
Health Education	24, 92
Health Visiting	52
Hospitals in the District	23
Housing	35
Infant Deaths	18
Infant Life Protection (Children Acts)	56
Infectious Diseases	38, 87
Legal Proceedings	32
Malnutrition	67
Maternal Mortality	20
Maternity and Child Welfare	49
Maternity and Nursing Homes	60
Meat and Other Foods	29
Medical Inspection of School Children	66, 95
Medical Treatment of School Children	72, 101
Midwives, Supervision of	58
Milk	28, 31
Mortuary	33
Nursing Arrangements	22
Offensive Trades	27, 31
Ophthalmia Neonatorum	47, 59
Orthopaedic and Postural Defects	55, 70, 83, 103
Pathological Laboratory	21
Population	10
Pre-School Children, Examination of	54
Provision of Meals	89
Puerperal Fever and Puerperal Pyrexia	44
Sanitary Inspection of the Borough	30
Scarlet Fever... ..	43
School Hygiene	65
School Medical Service	63
Smoke Abatement	27
Social Conditions	10
Special Clinic... ..	23
Speech, Defective	84
Staff	5
Statistics, Vital and General	10, 12
Tuberculosis	45, 71
Uncleanliness... ..	67, 104
Vision, Defective	69, 73, 102
Water Supply	25

APPENDIX.

Report of the Medical Superintendent, Isolation and Maternity
Hospitals, 1934-5.

PUBLIC HEALTH COMMITTEE.

1933-34.

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

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

Aldermen Colonel R. R. KIMMITT, O.B.E., T.D.,
H. W. PEAL, J.P., Mrs. E. S. TAYLOR, J.P., and
W. T. WHITE, J.P.

Councillors W. J. S. COX, T. E. FOWLER, F. G. HOLMES,
J. MANSEL LEWIS, W. MORGANS, H. M. SAYERS,
W. A. SCOTT and H. TELFER.

MATERNITY AND CHILD WELFARE COMMITTEE.

1933-34.

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

Alderman Mrs. E. S. TAYLOR, J.P. (*Vice-Chairman*).

Aldermen H. W. PEAL, J.P., and W. T. WHITE, J.P.

Councillors Mrs. F. M. BAKER, J.P., W. J. S. COX, T. E. FOWLER,
C. D. GRANT, F. G. HOLMES, J. MANSEL LEWIS, W. MORGANS,
H. M. SAYERS, W. A. SCOTT and H. TELFER.

Mesdames GRANT, HADDON, HOLMAN, LUDLOW,
MAYO and PARRY.

EDUCATION GENERAL PURPOSES SUB-COMMITTEE.

1933-34.

(*Responsible for the School Medical Service*).

Councillor H. M. SAYERS (*Chairman*).

Alderman J. C. FULLER (*Vice-Chairman*).

Councillor E. H. BROOKS (*Chairman, Education Committee*) and
Councillor T. P. MAY (*Vice-Chairman, Education Committee*)
ex-officio members.

Aldermen Mrs. E. S. TAYLOR, J.P., and W. T. WHITE, J.P.

Councillors E. H. ATKINSON, J.P., A. E. COBBIN, J.P.,
A. H. STUART and G. R. WEEKS.

The Very Rev. Monsignor H. BARTON BROWN, M.A.
Miss D. L. BECK, M.A., Mr J. E. CHILDS, Mr W. H. SWAIN, and
Miss C. G. WILSON, L.L.A.

STAFF.

(At 31st December, 1934).

*Medical Officer of Health, School Medical Officer and
Medical 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.

JOHN D. KERSHAW, M.B., B.S., D.P.H.

HELEN R. B. BUCK, M.B., B.S.

DOROTHY TAYLOR, M.B., B.S., M.R.C.S., L.R.C.P.

FRANCES S. BARRY, M.B., B.S., M.R.C.S., L.R.C.P. (*Part-time*).

Ante-Natal Consultant—Part-time—

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

Surgeon—Orthopaedic Clinic—Part-time—

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

Dentists—

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

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

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

Special Clinic—Part-time—

JOAN G. MALLESON, M.B., B.S., M.R.C.S., L.R.C.P.

Chief Sanitary Inspector—

GEORGE W. STEVENS*†.

Sanitary Inspectors—

JAMES STUBBS*†, C. P. H. MEADOWS*†, G. T. H. BLACKIE*†
and ERNEST BELFIELD*†.

Supervising Health Visitor—
MARGUERITE FARROW†°.

Health Visitors—
MILDRED A. RICE†°§, RUBIE G. B. DUGGER†°§,
FRED A. DE LA HOYDE†°§, RUBY N. M. S. FIELD†°§,
IRENE A. BURKE†°§ and PHYLLIS K. PEPLER†°§.

Supervising School Nurse—
HILDA BAILEY°†§.

School Nurses—
ANNIE JOHNSON°§, MARY MCGANN°, MAY P. DORKINS°†,
MARJORIE COSLETT°†§, ELIZABETH LIVINGSTONE°†§
and OLIVE MOSS°†§.

Masseuse—Part-time—
FLORENCE HEPBURN, C.S.M.M.G.

Teacher of Class for Stammering Children—Part-time—
HONOR M. S. BAINES.

Chief Administrative Clerk—
HARRY BIRRELL.

Clerks—

*Public Health Department—*WILLIAM A. J. TURNER, GEORGE W. STEPHENS, HERBERT J. REED, GREGORY E. A. REYNOLDS, ROBERT S. LEGGATT, ELSIE M. WISEMAN and DENNIS J. SULLIVAN.

*Maternity and Child Welfare—*OLIVE LEVASSEUR, BARBARA M. MARTIN, GRACE M. JONES and EVELYN CRAIGHILL.

*School Medical Service—*IVIE L. PARKER, WINIFRED RIVERS, WINIFRED I. SHARP, EDITH F. MILES, MOLLIE E. REEVE and NOREEN M. MORRISON.

*Certificate of Royal Sanitary Institute.

†Certificated Inspector of Meat and other Foods.

°Trained Nurse.

‡Health Visitor's Certificate.

‡Certificate of Central Midwives Board.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
EALING, W.5.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit to you the Annual Report on the health of the Borough for the year 1934, this being presented in accordance with the requirements of the Ministry of Health and the Board of Education. The Report contains various statistical tables and provides detailed information regarding the public health service.

The vital statistics of the Borough are particularly noteworthy. The birth-rate has increased to 15.0 per thousand of population and for the first time on record exceeds that for England and Wales. The death-rate of 9.5 per thousand of population is the lowest since pre-war years, while the infant death-rate of 38 per thousand births is the lowest ever recorded for the Borough. The population of Ealing at the middle of 1934 is estimated by the Registrar General as 133,446, which places the Borough thirty-seventh in the list of Great Towns in England and Wales.

The isolation and treatment of cases of infectious disease gave rise to some difficulty. The numbers of cases of scarlet fever and diphtheria, 483 and 195 respectively, were the highest since the severe epidemic experienced in 1921 and on several occasions during the year the Isolation Hospital was unable to meet the demands for admission. Accommodation in hospitals in neighbouring areas was fortunately available for a number of cases for whom admission to hospital was imperative and home-nursing of scarlet fever patients had to be adopted whenever it was practicable. The Annual Report submitted to the Chiswick and Ealing Hospitals Committee regarding the administration of the Isolation and Maternity Hospitals is included as an Appendix to this report.

Considerable progress has been made in the five year programme under the Housing Act of 1930, and all the 81 houses reported in December, 1930, as being unfit for human habitation have now been dealt with, while it is anticipated that the whole of the 816 houses estimated at that time as being individually unfit will have been satisfactorily re-conditioned by the end of the present year.

The continuously increasing population has resulted in greater demands on all branches of the health service and particularly on the child welfare and school medical departments. As an indication of the extent to which the Health Centres are utilised it is estimated that 70 per cent. of all the babies born in the Borough are subsequently taken to the Centres for advice and supervision while the records of medical examinations and treatment of school children show an ever increasing appreciation by the parents of the value of the school medical service.

In the Report presented a year ago mention was made of forthcoming developments in the Council's scheme to provide for the erection of a new Health Centre for North Greenford, the provision of a new Maternity Hospital and the extension of the Isolation Hospital. To these projects has now been added the provision of a new Health Centre in the rapidly developing area of Perivale. At the present time tenders are being sought for the first two of these undertakings and within the next few months the erection of the new buildings should be well advanced.

In submitting this Report I wish to take the opportunity of expressing my appreciation of the excellent work of the staff of my department during the past year. Their loyal and sustained application to their duties during times of great pressure has been of the utmost value in furthering the public health.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

*Medical Officer of Health and
School Medical Officer.*

23rd July, 1935.

General Public Health Service.

Vital Statistics.

Sanitary Circumstances of the Area,
etc.

SUMMARY OF GENERAL STATISTICS.

Area (in Acres)	8,667
Population (Census, 1931)	117,707
Population (Estimated), Middle of 1934... ..	133,446
Number of Structurally Separate Dwellings (Census, 1931)	26,717
Number of Houses (1st April, 1934) according to Rate Books	33,080
Number of Families or separate Occupiers (Census, 1931)	31,412
Rateable Value (24th October, 1934)	£1,365,329
Net Produce of a Penny Rate	£5,300

POPULATION.—The Registrar-General's mid-year estimate of the population for the area as now constituted is 133,446, compared with his estimate of 128,800 for the previous year. Adjustments in the boundaries of the Borough, which were made at the 1st April, 1934, resulted in the transfer of a population of probably two thousand persons.

The statistics of births and deaths supplied by the Registrar are composite figures combining the records for the first portion of the year prior to the change in boundaries, with those for the altered area for the remaining portion of the year. For use with the composite statistics the Registrar-General has supplied a working population figure, modified to take account of the fact that the records do not wholly relate to the entire year, and this figure of 133,947 has been used in the calculation of the statistics contained in the report.

SOCIAL CONDITIONS.—The inhabitants in the Borough are fortunate in several respects: by their close proximity to London, and by the marked tendency in recent years for factories to travel southwards. New factories have been opened for a multitude of purposes, providing employment for many thousands of workers, while the building of houses to accommodate the many families who wish to reside near their employment has provided further employment. With these favourable conditions it is not surprising

that the distress and poverty occasioned by the economic depression have not been experienced to any extent in the Borough.

The Returns furnished by the Managers of the local Employment Exchanges to the Borough Surveyor, with regard to unemployed men of 21 years and over, indicate a really substantial decrease in unemployment compared with previous years, despite the increase in population.

Number of Men Registered as Unemployed.

Month				1932	1933	1934
January	...	...	...	1,892	2,535	1,402
February	...	...	...	2,209	2,343	1,317
March	...	...	...	1,936	1,950	1,182
April	...	...	...	1,638	1,891	1,022
May	...	...	...	1,641	1,587	824
July	...	...	...	2,121	1,572	803
September	...	...	...	1,938	1,317	931
October	...	...	...	2,010	1,256	1,156
November	...	...	...	2,134	1,335	1,078
December	...	...	...	2,093	1,298	1,279
Average for Year	...	...	...	1,961	1,708	1,099

SUMMARY OF VITAL STATISTICS.

Live Births :—

Legitimate Males, 969	Females, 946	Total, 1,915	
Illegitimate Males, 51	Females, 40	Total, 91—	2,006
Birth-Rate per 1,000 of Estimated Population	...	...	15.0

Still-Births :—

Males, 43	Females, 36	...	...	...	Total	79
Rate per 1,000 total Births (Live and Still-Births)	...	...	...	...	...	38
Deaths : Males, 596	Females, 671	...	...	...	Total	1,267
Death-Rate per 1,000 of Estimated Population	...	...	...	...	...	9.5

Deaths of Infants under one year of age :—

Legitimate Males, 43	Females, 23	Total, 66	
Illegitimate Males, 5	Females, 6	Total, 11—	77

Death-Rate of Infants under one year of age :—

All Infants per 1,000 Live Births	...	...	...	38
Legitimate Infants per 1,000 Legitimate Live Births	...	...	...	34
Illegitimate Infants per 1,000 Illegitimate Live Births	...	...	...	121

Deaths from Diseases and Accidents of Pregnancy and Childbirth :—

From Sepsis	...	...	3	Death-Rate per 1,000	
				Total Births	...
					1.44
From Other Causes	...	...	6	„	„
				„	„
				„	2.88
Total	...	...	9	„	„
				„	„
				„	4.32

						Total Deaths	Death-Rate per 1,000 Population
Measles	...	...	...	...	...	7	0.05
Whooping Cough	...	...	...	...	...	4	0.03
Diphtheria	...	...	...	...	...	8	0.06
Scarlet Fever	...	...	...	...	...	2	0.01
Influenza	...	...	...	...	...	26	0.19
Tuberculosis of Lung	...	...	...	...	...	88	0.66
Other Forms of Tuberculosis	...	...	...	...	...	19	0.14

							Death-Rate per 1,000 Live-Births
Diarrhoea (under two years of age)	...	...	...	...	...	12	6.0

**Comparison of Vital Statistics of Ealing with those
of England and Wales, Etc., 1934.**

	England and Wales	121 Great Towns (including London)	London	Ealing
Birth-Rate	14.8	14.7	13.2	15.0
Death-Rate	11.8	11.8	11.9	9.5
Infant Death-Rate ...	59	63	67	38
Measles Death-Rate ...	0.09	0.12	0.20	0.05
Whooping Cough Death- Rate	0.05	0.06	0.07	0.03
Diphtheria Death-Rate ...	0.10	0.11	0.11	0.06
Scarlet Fever Death-Rate	0.02	0.02	0.02	0.01
Influenza Death-Rate ...	0.14	0.12	0.12	0.19
Diarrhoea (under two years per 1,000 Births) ...	5.5	7.4	12.6	6.0

**Table showing Birth-Rate, Death-Rate and Infant Death-Rate
for the Borough of Ealing.**

<i>Period</i>	<i>Birth-Rate</i>	<i>Death-Rate</i>	<i>Infant Death-Rate</i>
1881—1885	26.8	12.7	104
1886—1890	22.0	11.9	120
1891—1895	19.9	11.5	103
1896—1900	17.3	10.4	113
1901—1905	23.1	11.0	114
1906—1910	23.8	11.5	89
1911—1915	18.6	9.9	76
1916—1920	16.1	11.5	62
1921—1925	15.4	10.7	58
1926—1930	14.5	10.9	49
1931	15.0	10.1	47
1932	14.4	10.8	45
1933	12.7	10.1	50
1934	15.0	9.5	38

Table showing Ward Distribution of Population, Births, Deaths
and Infant Deaths for the Year 1934.

	Estimated Population	BIRTHS		DEATHS		INFANT DEATHS	
		No.	Birth-Rate per Thousand Population	No.	Death-Rate per Thousand Population	No.	Death-Rate per Thousand Births
EALING	133,446	2,006	15.0	1,267	9.5	77	38
Drayton	10,358	145	14.0	123	11.9	4	28
Castlebar	10,944	90	8.2	107	9.8	—	—
Mount Park	11,290	114	10.1	108	9.6	6	53
Grange	11,864	128	10.8	151	12.8	8	63
Manor	12,357	144	11.7	135	10.9	12	83
Lammas	12,428	157	12.6	99	8.0	7	45
Grosvenor	11,870	139	11.8	111	9.4	7	50
Hanwell South	10,564	191	18.1	109	10.3	6	31
Hanwell North	10,753	189	17.6	117	10.9	8	42
Greenford South	11,723	283	24.1	72	6.1	11	39
Greenford North	13,923	315	22.7	84	6.0	5	16
Northolt	5,372	111	20.7	35	6.5	3	27

BIRTH-RATE.—The birth-rate for the Borough of 15.0 per thousand of population is in marked contrast to the rate of 12.7 in 1933, which was the lowest ever recorded. The birth-rate for the past year has not been exceeded in any year since 1923 and during this period has only been equalled on one occasion, in 1931. An interesting comparison with the birth-rates for previous years is to be found on page 13.

It is noteworthy that for the first time on record the birth-rate for the Borough is higher than the rate recorded for England and Wales, which is 14.8 per thousand of population.

The distribution of the births among the twelve wards which comprise the Borough, is shown in the table on the previous page. From this table it will be seen that the birth-rates for the seven wards which formed the old Borough are all well below the rate for the Borough as a whole, while the birth-rates for those wards, which prior to 1926 were outside the Borough and which since that year have rapidly developed, are all much higher than the general birth-rate.

DEATH-RATE.—For the second year in succession the number of deaths of residents of the Borough shows a slight decrease, despite the increased population. The total of 1,267 deaths gives a death-rate of 9.5 per thousand of population, a very satisfactory figure. On two occasions only have more favourable death-rates been recorded, 1913 with a rate of 8.7, and 1914 with a rate of 9.4 per 1,000 of population. Comparisons with the rates for England and Wales (11.8) and with the rates for the Borough in previous years are to be found on page 13, while the distribution of the deaths among the twelve wards, together with the death-rates for each ward are given on page 14.

The Registrar-General has supplied this year a "comparability factor" by which it is possible to obtain a more correct comparison between the death-rates of individual districts and the country as a whole. It will be appreciated that a district with a high percentage of elderly people is likely to have a high death-rate, while a district with a preponderance of young people will be likely to have a low death-rate. To eliminate this variation in the character of the population the Registrar-General has issued a series of "comparability factors" which are based on the age-groups

found at the 1931 Census. By multiplying the crude death-rate by this "factor" a more exact comparison of the death-rates can be made. The Registrar gives the "factor" for Ealing as 1.01, which indicates that the population of the Borough at the time of the Census was divided into age-groups in an almost identical manner with the country as a whole. The "standardised" death-rate (9.6) for the Borough is therefore very little different from the "crude" death-rate (9.5) and it confirms the fact that the mortality of residents in Ealing was well below that of the country as a whole.

The table which follows indicates the causes of the 1,267 deaths which have been assigned to the Borough. For the purpose of comparison the causes of the deaths in the previous year have been added to the table. The two causes accounting for the greatest number of deaths are again shown to be, first, heart disease with 317 deaths—almost one quarter of the total deaths—and second, cancer with 169 deaths. A large increase in the number of deaths from pulmonary tuberculosis gives that disease unfortunate prominence in the causes of deaths, the 88 deaths from this disease being the third highest number from an individual cause. Influenza, the cause of 71 deaths in 1933, was responsible for only 26 deaths in the year under review.

The numbers of deaths from the infectious diseases are commented on in a later section of the report, but it will be seen there is little difference between the two years, with the exception of tuberculosis, already mentioned, and measles, from which seven deaths occurred in contrast to none in the previous year. This is accounted for by the biennial occurrence of widespread infection from this disease, 1934 being a year in which a large number of cases occurred.

Causes of Death, 1934.

Cause of Death	Deaths, 1934			Total Deaths 1933
	Male	Female	Total	
Typhoid and Paratyphoid Fevers ...	—	—	—	—
Measles	3	4	7	—
Scarlet Fever	2	—	2	7
Whooping Cough	1	3	4	7
Diphtheria	2	6	8	7
Influenza	16	10	26	71
Encephalitis Lethargica	1	—	1	1
Cerebro-Spinal Fever	—	—	—	1
Tuberculosis of Respiratory System ...	50	38	88	63
Other Tuberculous Diseases	8	11	19	17
Syphilis	3	—	3	2
General Paralysis of the Insane, Tabes Dorsalis	3	1	4	3
Cancer, Malignant Disease	72	97	169	192
Diabetes	5	17	22	19
Cerebral Haemorrhage, etc.	21	35	56	69
Heart Disease	136	181	317	266
Aneurysm	4	1	5	4
Other Circulatory Diseases	26	27	53	55
Bronchitis	22	18	40	53
Pneumonia (all forms)	35	38	73	75
Other Respiratory Diseases	7	6	13	17
Peptic Ulcer	11	5	16	14
Diarrhoea, etc. (Under two years) ...	9	3	12	5
Appendicitis	4	3	7	4
Cirrhosis of Liver	1	1	2	4
Other Diseases of Liver, etc.	2	5	7	6
Other Digestive Diseases	6	16	22	27
Acute and Chronic Nephritis	14	24	38	45
Puerperal Sepsis	—	3	3	1
Other Puerperal Causes	—	6	6	4
Congenital Debility, Premature Birth, Malformations, etc.	32	17	49	57
Senility	6	19	25	35
Suicide	12	2	14	15
Other Violence	30	10	40	38
Other Defined Diseases	51	64	115	112
Causes ill-defined or unknown	1	—	1	—
Total	596	671	1,267	1,296

INFANT DEATH-RATE.—During the past five years the deaths of infants under one year of age have shown a very slight tendency to increase and it is very pleasing, therefore, to find the infant death-rate for 1934 to be the lowest ever recorded in the Borough. The death-rate of 38 per thousand births is considerably less than the rates for England and Wales (59), the 121 Great Towns (63), and London (67). From the table on page 13 it will be seen that the mortality of infants for the past year is just one-third of the average mortality experienced up to 1905. When it is realized that if the death-rates of those days still prevailed the deaths during the past year would have totalled 231 instead of 77, it will be appreciated that the efforts and money devoted to child welfare work and the general improvement of national life have met with no little reward.

The number of deaths and the mortality rates for the individual wards are shown on page 14 and it will be seen that the Castlebar Ward has the distinction of not having had any infant deaths during the year. The North Greenford Ward, with 315 births had only five deaths, and is the ward with the second lowest mortality, expressed as 18 deaths per thousand births, while the highest number of infant deaths (12) and the highest mortality, 83 per thousand births, were recorded in the Manor Ward.

On the next page will be found the causes of infant deaths in the last ten years and it will be seen that prematurity was again the cause of the greatest number of deaths, although the total of 20 deaths due to this cause was much less than in the previous year.

The second highest number of deaths was caused by diarrhoea and enteritis, from which as many as eleven deaths were recorded. This is the highest number of deaths from this cause for many years.

It will also be seen that 39 of the 77 deaths occurred before the infant was one week old, while 47 deaths occurred before the infant was four weeks old. This latter figure gives a *neo-natal death-rate* of 23 per thousand live births.

Causes of Infant Deaths, 1925 to 1934.

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Diarrhoea and Enteritis ...	1	4	3	5	4	3	5	9	4	11
Premature Birth ...	9	23	20	14	25	14	19	24	35	20
Congenital Malformations ...	10	5	9	6	4	9	9	11	13	9
Congenital Debility ...	8	13	11	6	10	9	11	4	4	3
Tuberculous Disease ...	—	—	—	2	1	2	1	—	1	—
Syphilis ...	1	1	—	—	—	—	1	1	—	—
Meningitis (<i>not Tuberculous</i>) ...	1	1	—	1	3	1	4	—	—	1
Convulsions ...	—	1	2	3	3	6	5	4	3	3
Bronchitis ...	4	7	5	7	2	4	2	—	3	3
Pneumonia (all forms) ...	5	5	7	4	8	10	11	6	6	8
Gastritis ...	—	1	—	1	1	—	—	—	—	1
Common Infectious Diseases ...	3	1	2	—	6	2	1	2	3	1
Other Causes ...	12	9	15	12	6	11	15	18	10	17
Totals ...	54	71	74	61	73	71	84	79	82	77

Deaths at various Ages under One Year of Age, 1934.

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 ...	39	5	—	3	47	11	10	5	4	77
Measles ...	—	—	—	—	—	1	—	—	—	1
Meningitis ...	—	—	—	—	—	—	1	—	—	1
Convulsions ...	3	—	—	—	3	—	—	—	—	3
Bronchitis ...	—	—	—	—	—	1	1	—	1	3
Pneumonia ...	—	—	—	—	—	3	1	2	2	8
Inflammation of the Stomach ...	—	—	—	—	—	—	1	—	—	1
Diarrhoea and Enteritis ...	—	—	—	1	1	2	5	2	1	11
Congenital Malformations ...	2	3	—	2	7	2	—	—	—	9
Congenital Debility ...	—	—	—	—	—	2	1	—	—	3
Premature Birth ...	19	1	—	—	20	—	—	—	—	20
Injury at Birth ...	5	1	—	—	6	—	—	—	—	6
Other Diseases Peculiar to Early Infancy ...	7	—	—	—	7	—	—	—	—	7
Inattention at Birth ...	2	—	—	—	2	—	—	—	—	2
Other Causes ...	1	—	—	—	1	—	—	1	—	2

MATERNAL MORTALITY.—Unfortunately, it is not possible to point to any improvement in the maternal mortality rate as in the infant death-rate.

The maternal death-rate for Ealing compares favourably with the rate for England and Wales as will be seen in the following table, but there is no tendency for maternal mortality to decline.

Maternal Mortality per Thousand Births.

<i>Period</i>	<i>Ealing</i>	<i>England and Wales</i>
1911—1915	3.03	4.03
1916—1920	2.70	4.12
1921—1925	4.01	3.90
1926—1930	3.31	4.27
1931	3.85	3.95
1932	3.89	4.06
1933	2.91	4.23
1934	4.32	4.41

An examination of the mortality among cases dealt with in the Chiswick and Ealing Maternity Hospital shows that while the maternal death-rate for the Borough of Ealing over the period 1921—1934 was 3.7 per thousand births, the maternal death-rate among the cases dealt with in the Maternity Hospital, since it was opened in 1921, was only 2.6 per thousand births. The cases dealt with at the hospital are almost all booked cases, which receive continuous ante-natal supervision at the Health Centres. The lower death-rate over a period of years is undoubtedly the result of this ante-natal care combined with the facilities available at the hospital at the time of the confinement.

STILL-BIRTHS.—The number of still-births assigned to the district was 79, which gives a rate of 38 per thousand of all births. The incidence of still-births for the past year is less than in either of the two previous years when the rate was 47 and 40 per thousand births respectively.

GENERAL PROVISION OF HEALTH SERVICES.

PATHOLOGICAL LABORATORY.

A laboratory for the examination of pathological specimens is provided at the Public Health Department in the Town Hall. The work mainly consists of the examination of specimens for the diagnosis of diphtheria, tuberculosis, typhoid fever and other infectious diseases. The advantage of a laboratory of this character being available in Ealing can be appreciated when one considers the delay in transmitting specimens to London. In addition, the maintenance of this laboratory brings about a considerable saving to the Council.

The prevalence of diphtheria throughout 1934 resulted in a large increase in the number of specimens submitted for examination, as will be seen in the following table :—

Specimens Examined in Laboratory.

	Positive	Negative	Total 1934	Total 1933
Diphtheria :				
From the Practitioners in Borough... ..	126	1,063	1,189	558
From the Isolation Hos- pital	620	3,356	3,976	2,322
From the School Medical Department	13	203	216	148
Tuberculosis	68	345	413	368
Miscellaneous	11	302	313	296
Total	838	5,269	6,107	3,692

AMBULANCE FACILITIES.

1. *For infectious disease.*—An ambulance for the removal of cases of infectious disease to the Chiswick and Ealing Isolation Hospital is garaged at the hospital and deals with all cases occurring in the Borough.

2. *For accident and illness cases.*—The ambulance service provided by the Council for accident and illness cases is now manned by the Fire Brigade. Towards the end of the year the ambulances were transferred to the new Fire Station and the duties of the ambulance staff were re-organised.

There are now stationed at the Fire Station, two modern Austin motor ambulances, with a third ambulance of an older type. No charge is made for the use of the ambulance except when it is required to leave the Borough. The following table shows the extent of the work of the general ambulances in recent years : —

	1929	1930	1931	1932	1933	1934
Accident Cases ...	530	546	729	711	772	790
Illness Cases ...	1,070	1,211	1,256	1,322	1,149	1,259
Total Cases ...	1,600	1,757	1,985	2,033	1,921	2,049
Number of Journeys outside the Borough (included above) ...	215	226	268	444	365	596
Annual Mileage ...	7,988	11,111	12,301	13,626	13,265	15,818

NURSING IN THE HOME.

1. *General diseases.*—The Greater Ealing Nursing Association with a staff of seven nurses continues to perform most valuable work in meeting the need for sick-nursing in the homes of the people. During the past year 924 patients were dealt with, a total of 20,039 visits being made. The Northolt Nursing Association provides a nurse for that area.

2. *Infectious diseases.*—In return for contributions from the Town Council the two Nursing Associations provide nursing assistance for children under five years of age suffering from ophthalmia neonatorum, measles, whooping cough, poliomyelitis and diarrhoea. The attendance of the district nurses at the Health Centres to assist in the weighing of children facilitates the co-operation that is so essential between the district nursing service and the maternity and child welfare service.

In view of the increased services rendered by the nurses, the Council has agreed to increase to £200 the contribution made to

the Greater Ealing Nursing Association and to increase to £35 the contribution to the Northolt Nursing Association.

CLINICS AND TREATMENT CENTRES.

<i>Name.</i>	<i>Address.</i>	<i>Provided by</i>
Health Centre ...	13, Mattock Lane, Ealing	Ealing Town Council
Health Centre ...	Cherington House, Hanwell	Ealing Town Council
Health Centre ...	Ravenor Park, Greenford	Ealing Town Council
Health Centre ...	Islips Manor, Northolt	Ealing Town Council
Orthopaedic Clinic ...	13, Mattock Lane, Ealing	Ealing Town Council
Special 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

Special Clinic.—A special Clinic to which the medical officers at the Health Centres can refer mothers, in whom pregnancy would be detrimental to health, was inaugurated in 1933. The arrangements detailed in the annual report for that year have been continued and during the year 51 new cases were dealt with, making a total of 97 since the Clinic was commenced. The total number of interviews with the doctor who attends at this Clinic was 100 during the year.

HOSPITALS.

1. *Isolation Hospital.*—Proposals to increase the accommodation of the Chiswick and Ealing Isolation Hospital to 140 beds were detailed in the annual report for last year.

The annual report on this hospital is to be found as an appendix to this report. In this report is emphasised the pressing need for the extensions which received the support of the Council and which, it is hoped, will be commenced at an early date.

2. *Maternity Hospital.*—The hospital of 22 beds maintained by the Chiswick and Ealing Hospitals Committee is available for

the use of residents in the Borough. The scheme for the extension of the Isolation Hospital, mentioned above, provides for the amalgamation of the present Maternity Hospital with the adjoining Isolation Hospital and for the provision of an entirely new Maternity Hospital. The erection of this new hospital, which is to accommodate 42 patients, will provide for the ever-increasing number of mothers who wish to receive skilled hospital nursing at their confinement. It is expected that a tender for the erection of this hospital will be accepted at an early date.

The annual report on the Chiswick and Ealing Maternity Hospital is to be found as an appendix to this report.

3. *Smallpox Hospital*.—Arrangements continue in force for cases of smallpox occurring within the Borough to be removed to one of the hospitals maintained by the London County Council.

4. *Hospital provision for children*.—A children's ward containing 24 beds is provided at the King Edward Memorial Hospital, while a small children's ward containing three beds is provided at the Hanwell Cottage Hospital.

5. *Other Hospitals*.—The King Edward Memorial Hospital provides accommodation for 130 patients, including the beds in the children's ward mentioned above. The Hanwell Cottage Hospital has accommodation for 16 patients.

Medical, surgical and maternity hospital treatment for residents in the Borough is also provided by the Middlesex County Council at the West Middlesex County Hospital, situated at Isleworth.

HEALTH EDUCATION.

There have been no new activities with the object of arousing public interest in the prevention of ill-health.

At present 2,000 copies of "Better Health" are distributed each month, a booklet describing the "Public Health Service of the Town Council" is issued freely and posters, booklets and leaflets are obtained from several societies for distribution through the Health Centres and the Public Health Department.

LOCAL GOVERNMENT AND OTHER OFFICERS' SUPERANNUATION ACT, 1922.

During the year under review 162 medical examinations were made of candidates previous to admission to the Council's staff. The number of examinations carried out in the twelve years which the Act has been in force in Ealing now totals 1,107.

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.

Complaints continued to be received regarding the insufficient supply of water, particularly on Sundays and Mondays, in the higher parts of the North Greenford Ward. The Water Company are, however, now laying a new 18 inch main through this ward and when this is in operation it is expected that the supply will be sufficient not only for present needs but for any further development which may take place in that area.

RIVERS AND STREAMS.—No complaints were received during the year regarding the pollution of any stream running through the district.

DRAINAGE AND SEWERAGE.—Excepting in the undeveloped portions of the Greenford and Northolt Wards, three cottages in Mount Park Ward, four cottages and a sports pavilion in Drayton Ward and two houses in North Hanwell Ward, the whole of the houses are supplied with water closets and are drained to the sewerage system.

During the year the drains of 17 houses and one factory were connected to the sewer and six cesspools were consequently abolished.

There are at present five separate disposal works in the Borough, situated in North Ealing (Perivale), South Ealing, Hanwell, Greenford and Northolt. Excellent progress has been made with the West Middlesex Sewerage Scheme and it is anticipated that during the present year all these disposal works will be abolished and the sewers connected with the new system.

CLOSET ACCOMMODATION.—Excepting in those parts of the Borough already alluded to, the whole of the houses are supplied with water closets, there being as a rule one water closet for each house or part of a house let as a separate tenement.

The following table gives the number of pail closets, the number of cesspools and the number with water closets connected therewith, etc., in the areas mentioned. It shows a still further reduction in the number of cesspools, but this is chiefly accounted for by reason of there being ten cesspools in that part of Mount Park Ward which was transferred to the Borough of Willesden :

Wards	Cesspools	Water Closets	Pail-Closets	Houses within 100 feet of Sewer	No. of Houses
Northolt	41	39	25	4	64
Greenford... ..	12	12	4	4	16
Hanwell North ...	2	2	—	—	2
Mount Park and Drayton	3	5	3	—	8
	58	58	32	8	90

Since the end of 1928 the drains of 235 houses have been connected to the Council's sewers and 165 cesspools and 71 pail closets have been abolished.

PUBLIC CLEANSING.—The whole of the Borough is scavenged directly by the Council. House refuse is collected mainly in low loading covered mechanical vehicles, but horse drawn carts are used for short hauls. The refuse is transported to the two destructors at South Ealing and Hanwell.

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.

REFUSE DUMPS.—The St. Marylebone dump situated in the Northolt Ward continues to be conducted in a satisfactory manner, the refuse being covered with a suitable covering material shortly after dumping.

The dump just outside the Borough boundary at Yeading to which refuse from Paddington and other districts is brought, is conducted on a modified system of controlled tipping. No nuisance from smell has been complained of and there has been no trouble from fire.

SMOKE ABATEMENT.—It is seldom that action is called for in abating nuisances from smoke as there are comparatively few factories with steam raising plants in the Borough. Eleven observations were made of chimneys during the year, but in three instances only was it necessary to make representations 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 one instance the nuisance was caused by the burning of refuse in the boiler furnace and in another the smoke consuming apparatus was not in use. The third instance was that of an automatically fed incinerator for burning sawdust and shavings becoming choked: this was remedied by an arrangement with the Council to dispose of a considerable quantity of the sawdust in the destructor.

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 25 separate premises, and that of tallow melting, which is carried on in premises in Greenford North Ward. During the year ten applications were received for permission to establish the trade of fishfrying. Permission was granted in three cases but only two had commenced business before the end of the year.

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.

RAG FLOCK ACTS, 1911 AND 1928.—No samples were taken during the year. It is doubtful if any rag flock is used in the Borough.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.—There are only five cowkeepers on the register as producers of milk.

At the end of the year there were on the register 139 retail purveyors of milk. Nineteen of these registrations were in respect of premises owned by one company and used as places for distributing bottled pasteurised milk received from the Central Depot in another district. During the year 20 purveyors of milk were registered with respect to premises used for other purposes to retail milk in sealed receptacles only, nine new purveyors of milk were registered who had purchased premises from others who were on the register, and five with premises in other districts were registered to retail milk within the Borough. Two new dairies were registered during the year. Four businesses were discontinued and six shopkeepers ceased to sell milk in sealed receptacles, the names of the owners being taken off the register as retail purveyors of milk.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.—Under this Order 93 licences were granted during the year, 17 for the sale of Certified Milk, 24 for Grade A (Tuberculin Tested) Milk, one for Grade A Milk and 51 for Pasteurised Milk.

Seven samples of pasteurised milk were taken for bacteriological examination. In all of them the results came within the standard laid down by the Order.

Twenty-one samples of ordinary unclassified milk were examined for general bacterial count. Fourteen of these were found to contain over 200,000 bacteria per cubic centimetre, the maximum being 9,400,000. The attention of the vendors was drawn to the condition of the milk and advice was given in exercising more care in the sterilisation of the milk utensils. The advice was apparently of value for further samples gave more satisfactory results.

Eight samples of ordinary milk were submitted to biological examination at the Lister Institute for the presence of tubercle bacilli, but in no case were these bacilli found.

During the year a series of special inspections was made of the dairies to ascertain if the steam sterilising apparatus, with which they are all equipped, was properly used. The conditions were found to be generally satisfactory but in a few instances where new men had recently purchased the businesses instruction was given in the proper use of the apparatus to which they had previously been unaccustomed.

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 now only three private slaughterhouses as the one at West End, in the Northolt Ward, where most of the killing was done, was demolished during the year. In the course of the year 80 cattle, 675 sheep, 641 pigs and 106 calves were slaughtered in these slaughterhouses. All the 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 :—

Beef	...	...	...	...	652 lbs.
Pork	...	...	...	...	929 lbs.
Veal	...	...	...	...	427 lbs.
Rabbits	...	...	...	...	3 lbs.
Bacon	...	...	...	...	17 lbs.
Poultry	...	...	...	...	52 lbs.
Fruit	...	...	...	...	240 lbs.
Tapioca	...	...	...	...	33 lbs.

Under the provisions of the Slaughter of Animals Act, 1933, 19 applications for licences were received. The applicants were of good character and were all granted the necessary authority to slaughter.

FOOD AND DRUGS ADULTERATION ACT, 1928.—Mr. R. Robinson, the Chief Officer of the Public Control Department of the Middlesex County Council, has kindly furnished the following information regarding samples taken by his department within the area of the Borough :—

List of Samples taken during the year ended 31st December, 1934.

<i>Article.</i>						<i>Taken.</i>	<i>Adulterated.</i>
Milk	...	...	...	...	...	264	7
Milk, Sterilized	...	...	...	...	...	2	—
Milk, Grade A (Tuberculin Tested)	...	...	...	...	...	2	1
Gin...	...	...	...	...	...	1	...
Minced Beef	...	...	...	...	...	11	—
Meat	...	...	...	...	...	5	—
Sausages	...	...	...	...	...	7	2
Hake	...	...	...	...	...	7	1
Lemon Soles	...	...	...	...	...	4	—
Whiskey	...	...	...	...	...	4	—
Orangeade	...	...	...	...	...	1	—
Total						308	11

Number of Prosecutions ... None

Four dairymen were cautioned in respect of small deficiencies, and one butcher was cautioned for not disclosing the presence of sulphur dioxide in sausages.

SANITARY INSPECTION OF THE BOROUGH.—The following is a summary of the work carried out by the Sanitary Inspectors during the year:—

GENERAL.

Number of Premises inspected on Complaint	...	...	868
Number of Nuisances observed by Inspectors	...	...	135
Number of Premises inspected in connection with Infectious Disease	...	...	858
Number of Premises visited by Periodical Inspection (Cow-sheds, Dairies, Slaughterhouses, Workshops, etc.)	...	...	3,756
Number of Houses inspected under House-to-House Survey	...	...	568
Food Inspections	...	...	2,765
Total Number of Re-inspections	...	...	10,799
Other Inspections	...	...	978
Total Number of Inspections and Re-inspections...	...	...	20,727
Number of Intimation Notices given	...	...	553
Number of other Letters written	...	...	473
Number of Statutory Notices served	...	...	72
Proceedings before Magistrates	...	...	10

MILK AND DAIRIES ACT, ETC.

Number of Cowsheds on Register	...	...	...	...	5
Number of Inspections made of Cowsheds	...	...	...	...	8
Contraventions of Act or Orders	...	...	...	...	—
Number of Retail Purveyors of Milk on Register	...	...	...	...	139
Number of Inspections of Retail Purveyors' Premises	...	...	...	...	300
Contraventions of Act or Orders	...	...	...	...	1
Proceedings before Magistrates	...	...	...	...	—

SLAUGHTERHOUSES.

Number of Registered or Licensed Slaughterhouses	...	...	...	...	3
Number of Inspections made	...	...	...	...	299
Contraventions of Regulations	...	...	...	...	—
Proceedings before Magistrates	...	...	...	...	—

FATORIES AND WORKSHOPS.

Registered Workshops	...	...	...	...	...	182
Factories	...	...	...	...	...	138
Number of Inspections of Factories and Workshops and Workplaces	...	...	...	...	...	470
Number of Defects concerning which Notices were sent	...	...	...	...	...	81
Proceedings before Magistrates	...	...	...	...	...	—

OFFENSIVE TRADES.

Fried Fish Shops	...	...	...	...	...	25
Other Offensive Trades	...	...	...	...	...	1
Number of Inspections	...	...	...	...	...	239
Contraventions	...	...	...	...	...	—

DISINFECTION.

Rooms Disinfected by Spray :—

(a) Ordinary Infectious Disease	...	...	...	...	272
(b) Tuberculosis	...	...	...	...	117
Rooms treated for Vermin	...	...	...	...	58

Articles Disinfected by Steam at Disinfector :—

(a) Ordinary Infectious Disease	...	...	...	...	1,132
(b) Tuberculosis	...	...	...	...	397
Articles voluntarily destroyed	...	...	...	...	163

PARTICULARS OF THE SANITARY DEFECTS REMEDIED AS A RESULT
OF NOTICES SERVED AND LETTERS WRITTEN.

Water Closets repaired or supplied with water or otherwise improved	163
Drains cleared and cleansed	153
Defects in drains repaired	120
Drains reconstructed	60
Dust-bins provided	77
Overcrowding remedied	1
Accumulations of refuse removed	89
Nuisance from fowls and other animals abated	5
Damp-proof courses inserted in walls	90
Ventilation under floors provided	16
Other forms of dampness remedied	205
Yards paved and repaired	53
Floors repaired	112
Roofs, gutters and rain water pipes repaired	231
New soil and ventilating pipes provided	37
Sinks and waste-pipes repaired or renewed	136
Draw taps fixed to main supply	22
Dirty walls and ceilings stripped and cleansed	623
Other defects or nuisances remedied	668
Cisterns cleansed, renewed and covered	14
Houses connected to sewer	18
Water supply re-instated	52

LEGAL PROCEEDINGS.

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

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

(1) 15, Petts Hill, Northolt. Defective condition of eaves gutters causing dampness.

An Order was made by the Magistrate for works to be carried out within seven days, with 11s. costs.

This was not complied with and proceedings were taken to enforce the Order when a penalty of 7s. 6d. per day was inflicted during continuance of non-compliance which extended for 30 days, making the total penalty £11 15s. 0d.

(2) Yard at rear of 15, 17 and 19, Broadway, West Ealing. Accumulation of offensive refuse.

An Order was made to abate the nuisance within seven days and prohibiting a recurrence, with costs of summons.

(b) Contravention of Section 23 (b) Public Health Acts, Amendment Act, 1907.

28, Elthorne Park Road. The conversion into more than one dwelling of a building originally constructed as one dwelling-house only.

The summons was adjourned to allow plans to be submitted and the necessary alterations carried out. At the adjourned hearing the summons was dismissed on payment of £10 10s. 0d. costs.

*(c) Section 43, Public Health Act, 1925,
Section 9 (1) Housing of the Working Classes Act, 1885,
and Section 94, Public Health Act, 1875.*

(1) Petts Hill, Northolt. Four vans, owned by different persons, used for human habitation in such a way as to be a nuisance or injurious to health or to cause a nuisance or give rise to conditions injurious to health.

Orders were made prohibiting the use of the vans for human habitation in the Borough of Ealing.

(2) Eastcote Lane, Northolt. Two vans owned by different persons.

Similar Orders to the above were made with the addition of 11s. costs in each case.

PUBLIC MORTUARY.—A public mortuary maintained by the Town Council is situated in the Council's Depot in Longfield Avenue and during the year under review 80 bodies were deposited therein. Facilities are provided for medical practitioners to perform post mortem examinations and in 30 cases during the year such an examination was carried out.

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)	183	15	—
Workshops (Including Workshop Laundries)	246	24	—
Workplaces (Other than Outworkers' Premises)	—	—	—
Total	429	39	—

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

Particulars (1)	Number of Defects			Number of Prosecutions (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts—</i>				
Want of Cleanliness	19	19	—	—
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	1	1	—	—
Other Nuisances	24	24	—	—
Sanitary { insufficient	2	2	—	—
accommo- { unsuitable or defective	12	12	—	—
dation { not separate for sexes	4	4	—	—
<i>Offences under the Factory and Workshop Acts</i>				
Illegal occupation of underground bake- house (s 101)	—	—	—	—
Other Offences	19	19	—	—
(Excluding offences relating to outwork and offences under the Sections men- tioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
Total	81	81	—	—

OUTWORK IN UNWHOLESOME PREMISES, SEC. 108.

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

HOUSING.

Demolition Orders were made in respect of the 25 houses which were mentioned in the previous report as having been represented as unfit for human habitation. In addition three other houses were represented during the year and similar orders were made, thus making 28 Demolition Orders for the year. Altogether 86 houses have now been dealt with since 1930 under Section 19 of the Housing Act, 1930, five more than was originally estimated. Arising out of these representations there were 52 Demolition Orders, 22 undertakings from owners not to re-let the houses for human habitation, and nine houses to be reconditioned. Three houses were voluntarily demolished prior to definite action being taken.

Good progress continues to be made in the reconditioning of individually unfit houses, 130 having been completed during the year, making a total of 601 out of the 816 estimated in 1930 to be dealt with in five years.

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)	1,915
(b) Number of inspections made for the purpose	1,943
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	568
(b) Number of inspections made for the purpose	596

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	28
(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	975

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	813
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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	50
(2) Number of dwelling houses in which defects were remedied after service of formal notice : —	
(a) by Owners	44
(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	28
(2) Number of dwelling houses demolished in pursu- ance of Demolition Orders	2
(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	—

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	—

During the year a total of 2,171 new houses were built in the Borough. Of this number 2,168 were constructed by private enterprise, while the remaining three were houses provided by the Council.

INFECTIOUS DISEASE.

The numbers of cases of the various infectious diseases notified during the past twelve years are indicated below. It will be seen that there has again been an increase in the total number of cases notified, although in the ordinary way a small increase is to be expected each year on account of the increased population.

The higher number of cases is almost entirely accounted for on this occasion by the prevalence of diphtheria, which attained the highest level since 1922. There were few noticeable fluctuations in the occurrence of the other infectious diseases, although it will be seen that the number of cases of scarlet fever showed a further slight increase.

Cases of Infectious Disease occurring in the Borough,

Disease	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Smallpox	—	—	—	—	—	1	1	1	—	—	—	—
Diphtheria	56	61	40	72	53	68	90	129	83	54	71	195
Scarlet Fever	142	123	107	156	136	313	231	264	154	407	476	493
Enteric Fever (including Paratyphoid)	5	9	5	4	14	12	1	4	1	3	4	3
Puerperal Fever	9	3	6	1	6	2	2	7	6	4	3	3
Puerperal Pyrexia... ..	—	—	—	3	15	16	13	26	18	21	28	14
Pneumonia :												
Primary	32	47	57	47	66	73	100	78	96	85	56	72
Influenzal	7	27	22	17	38	13	59	12	18	50	32	17
Acute Poliomyelitis	—	3	—	1	—	—	1	—	2	4	3	—
Cerebro-Spinal Fever	1	—	—	—	2	—	1	—	—	—	—	—
Malaria	2	—	2	5	6	4	4	2	1	—	1	1
Dysentery	—	—	—	—	—	1	—	—	—	—	—	—
Erysipelas	17	25	17	15	18	28	24	34	20	30	36	43
Encephalitis Lethargica	1	6	4	2	6	3	3	1	1	1	—	1
Tuberculosis :—												
Pulmonary	92	74	90	93	89	99	109	111	141	141	154	139
Non-Pulmonary	26	31	25	21	16	24	27	22	27	27	23	24
Ophthalmia Neonatorum... ..	3	3	6	5	4	8	9	9	9	5	8	5
Total	393	412	381	442	469	665	675	700	577	832	895	1010

Cases of Infectious Disease notified during the Year 1934, showing Age and Ward Distribution.

Disease	Total Cases Notified	Removed to Hospital	Deaths	Ages of Cases Notified													Ward Distribution										
				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 over	Drayton	Castlebar	Mount Park	Grange	Lannas	Manor	Grosvenor	Hanwell S.	Hanwell N.	Greenford S.	Greenford N.	Northolt
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	195	190	8	—	1	5	7	19	78	49	5	25	3	3	—	4	11	6	31	16	50	8	19	6	27	15	2
Scarlet Fever	493	375	2	2	6	18	34	41	246	75	18	37	11	4	1	27	9	24	48	62	59	17	26	33	99	54	35
Enteric Fever	3	2	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	1	—	—	1	—	—	—	—	—	—
Puerperal Fever	3	2	3	—	—	—	—	—	—	—	1	2	—	—	—	—	—	1	1	—	1	—	—	1	—	—	—
Puerperal Pyrexia	14	6	—	—	—	—	—	—	—	—	1	11	2	—	—	1	1	—	2	1	4	—	—	—	1	3	1
Pneumonia : Primary	72	8	69	1	3	4	4	1	10	2	2	11	8	14	12	7	2	2	7	5	11	8	8	5	4	7	6
Influenzal	17	1	4	—	—	—	—	—	1	—	1	2	4	6	3	1	—	4	3	1	1	2	—	1	2	—	2
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	43	11	2	—	—	—	1	—	—	1	1	6	8	17	9	4	12	3	8	2	2	2	2	2	4	2	—
Encephalitis Lethargica	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Tuberculosis : Pulmonary	139	—	88	—	—	—	—	—	3	3	11	69	24	25	4	9	6	3	18	12	10	12	17	16	16	17	3
Non-Pulmonary	24	—	19	—	1	2	1	2	3	2	4	6	1	1	1	1	—	—	4	3	2	3	3	3	3	1	1
Ophthalmia Neonatorum ...	5	3	—	5	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	1	1	—	—	—	—
Total	1010	—	196	8	11	29	47	63	341	132	45	171	63	70	30	55	41	44	123	104	141	53	76	68	156	99	50

Ages at Death from Notifiable Infectious Diseases.

Disease	Under One Year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up- wards	Totals
Diphtheria	—	—	—	1	2	3	2	—	—	—	—	—	8
Scarlet Fever	—	—	—	—	—	1	—	—	—	1	—	—	2
Enteric Fever (including Paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Sepsis	—	—	—	—	—	—	—	—	2	1	—	—	3
Pneumonia : Primary	8	1	1	1	1	—	—	1	1	7	19	29	69
Influenzal	—	1	—	—	—	—	—	—	—	—	2	1	4
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	2	2
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	1	—	1
Tuberculosis : Pulmonary	—	—	—	—	—	—	1	3	41	14	24	5	88
Non-Pulmonary	—	—	3	1	1	1	1	2	3	3	1	3	19
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	8	2	4	3	4	5	4	6	47	26	47	40	196

DIPHTHERIA.—For many years the incidence of cases of diphtheria in the Borough has been remarkably low and, as will be seen in the table on page 38, there has been only once in eleven years as many as 100 cases in the year. During 1934, however, a decided increase was experienced and as many as 195 cases were notified. Despite the higher number of cases the incidence of the disease in Ealing, expressed as a case-rate of 1.46 per thousand of population, is still less than the average, the case-rate for the whole of England and Wales being 1.70 per thousand of population.

The distribution of the cases among the various age-groups and the numbers occurring in each Ward are indicated on page 39. It will be seen that as many as 50 cases occurred in the Manor Ward and 31 in the Grange Ward. June and July were the months in which the disease was most prevalent, the monthly numbers throughout the year being :—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
8	10	9	16	12	29	31	11	21	10	19	19

The increased prevalence of the disease necessitated visits to a number of the schools in which the occurrence of several cases suggested the possibility of a " missed " case or a " carrier " being present and spreading infection among the other scholars.

The accommodation at the Isolation Hospital was on several occasions taxed beyond its capacity and as many as 22 cases had to be removed to either the Acton or the Willesden Isolation Hospitals.

During the year eight deaths occurred, which is equivalent to a death-rate of 0.06 per thousand of population and a mortality-rate of 4.10 per cent. of cases notified. The death-rate for Ealing is well below the death-rate of 0.10 per thousand of population recorded for the whole of the country, while the percentage of cases ending fatally is less than is usually experienced.

Every effort is made to make medical practitioners appreciate the advisability of the early administration of anti-toxin to all patients who are suspected by them to be suffering from diphtheria. Supplies of anti-toxin are available at the Town Hall and the

Health Centres at Hanwell and Greenford, while to meet demands when these buildings are closed a stock is kept at the Fire Station. To encourage the administration of anti-toxin it is supplied free of charge for patients who are certified by their doctor as being in necessitous circumstances. During the year under review 374,000 units were supplied for 61 cases.

To meet a growing demand for the immunization of children against diphtheria a supply of the appropriate prophylactic is now kept at the Public Health Department and is supplied to medical practitioners at cost price. A leaflet has been issued by the department regarding the desirability and the method of immunization and although the scheme of preventive treatment did not commence before the end of the year this leaflet is reproduced in this report as an indication of the action taken in regard to this important development in public health work.

Diphtheria.

Every child over 12 months old is liable to catch diphtheria, which is the most dangerous of the infectious diseases of childhood. This disease causes serious loss of life among children under ten years of age and most of those who die are under five years.

Diphtheria is spread from one child to another and even the most carefully guarded can catch it. Every time a child is ill or out of sorts the possibility that diphtheria is the cause must be considered. Even with constant care the disease may be discovered only when it is too late, since the child may not complain of sore throat. Fortunately this danger to the child and anxiety of the parent can be avoided.

Prevention of the Disease.

By means of three simple and painless injections a child can be protected from diphtheria for many years and often for life. The injections do not upset the child in any way, there is no sore at the point of injection and no scar is left. It takes three months after the last injection for full protection, or immunity as it is called, to develop, and at the end of this period a simple test is performed to make sure that the treatment has been successful.

How to get children immunized.

It is the duty of every parent to consider this matter seriously and to secure protection for their children at the earliest possible moment. If there is delay until a case of diphtheria occurs in the neighbourhood it may be too late. The family doctor will be pleased to give further information on the subject, or it can be got at the nearest Health Centre.

Treatment can be obtained from the family doctor or, where the parents are unable to pay his fee, it is available free of charge at the Health Centres. In the latter case, all that has to be done is to apply to the School Nurse or Health Visitor at a Health Centre when an appointment will be made for the injections to be carried out there.

SCARLET FEVER.—For the third year in succession the number of cases of scarlet fever exceeded 400, the total of 493 cases showing a small increase over the previous year. The case-rate of 3.68 per thousand of population is slightly below the rate of 3.70 recorded in 1933, the increase of 17 cases being discounted by the increase of population.

From the table on page 38 it is apparent that the number of cases in Ealing has been abnormally high in the last three years, but it must be emphasized that the case-rate, or number of cases per thousand of population, shows the incidence of the disease in Ealing to be almost identical with the average for England and Wales—the case-rate for Ealing being 3.68 compared with 3.76 for the country as a whole.

The occurrence of cases throughout the year was as follows :—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
68	59	42	43	49	33	14	20	23	35	61	46

From these figures it will be seen that there was a gradual decline in the cases notified in each month, until only 14 cases occurred in July, but that during the later months the numbers showed a tendency to rise until the previous level was attained.

The Wards in which the cases occurred are shown on page 39. The Greenford South Ward, with 99 cases, experienced the greatest prevalence, compared with only nine cases in the Castlebar Ward.

The deaths occurring from the disease were only two in number, a boy five years of age, and a man 37 years of age. Both of these deaths occurred in hospitals in London. The death-rate for the Borough of 0.01 per thousand of population is below the death-rate of 0.02 recorded for England and Wales.

As in the previous two years it has been necessary on occasions to limit the admission of cases to the Isolation Hospital when the wards at that institution have been full. Whenever admission to hospital has been essential on account of the home conditions of the patient advantage has been taken of the arrangements made with neighbouring authorities—four cases being nursed in the Willesden Hospital and one in the Acton Hospital.

ENTERIC FEVER.—Three cases coming under this heading were notified during the year. One was a young woman, 17 years of age, who became ill while travelling from India; the second was a woman, 41 years of age, who became ill after a holiday in the country; while in the third case, a man 43 years of age, the only suggested cause of the illness was water cress, of which he had partaken on several occasions. None of these cases proved fatal.

PUERPERAL FEVER AND PUERPERAL PYREXIA.—Three cases of puerperal fever were notified during the year, one occurring in the Chiswick and Ealing Maternity Hospital, one at a private nursing home and the other following an abortion. None of these cases proved fatal. Three deaths from puerperal sepsis were assigned to the Borough, but these all occurred in institutions outside the district.

The number of cases of puerperal pyrexia notified during the year is much less than in previous years, this being mainly due to the alteration which took place in the borough boundaries. From the 1st April the Maternity Hospital came within the area of the Borough of Brentford and Chiswick, to which have to be notified all cases of notifiable infectious disease occurring in the institution. Of the 14 cases, eight occurred in the patient's own home, two in private nursing homes, two in the Maternity Hospital (prior to the alteration of boundaries), and three in Queen Charlotte's Hospital.

PNEUMONIA.—Notifications were received of 72 cases of pneumonia and of 17 cases of influenzal pneumonia. The numbers of deaths registered from these two causes were 69 from pneumonia and 4 from influenzal pneumonia. Many of the deaths occurred in institutions outside Ealing and consequently notifications were not received regarding these cases.

MALARIA.—One case of malaria was notified during the year, this being a woman 40 years of age, who had come from Singapore and who was staying in Ealing for a short period. She had had several attacks of the disease while in Singapore.

ERYSIPELAS.—Forty-three cases were notified during the year, this being a higher number than recorded in any previous year.

ENCEPHALITIS LETHARGICA.—One case of acute encephalitis lethargica was notified, this being a man 32 years of age, who developed the disease while staying with friends at Greenford. One death occurred, this being a man 54 years of age, who had not been notified as suffering from the disease.

TUBERCULOSIS.—The number of new cases of tuberculosis notified during the year and the number of deaths which occurred were as follows :—

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	—	—	2	4	—	—	1	4
5—10	3	—	1	2	—	—	—	1
10—15	1	2	1	1	—	1	—	1
15—20	4	7	2	2	1	2	—	2
20—25	13	15	1	1	8	8	1	—
25—35	22	19	2	2	10	15	2	—
35—45	16	8	—	1	9	5	3	—
45—55	15	3	—	—	14	5	—	—
55—65	6	1	1	—	4	1	1	—
65 upwards	3	1	—	1	4	1	—	3
Total ...	83	56	10	14	50	38	8	11

The cases of pulmonary tuberculosis notified for the first time totalled 139, this number being less than in any of the last three years. Twenty-four cases of non-pulmonary tuberculosis were notified, one more than in the previous year.

The total number of deaths from the disease was 107 (pulmonary 88, non-pulmonary 19), this being 27 more than in 1933. The last four years have shown a continuous decline in the death-rate from tuberculosis, and the mortality of 0.62 per thousand of population

in 1933 was the lowest ever recorded. The mortality in 1934, for which year the death-rate from tuberculosis is 0.80, shows a fairly substantial increase which it is impossible to explain.

Nine persons were certified as dying from pulmonary tuberculosis although they had not been notified as suffering from the disease. Six of these cases died in the Borough and were attended by local doctors, the other three deaths occurring outside the Borough. Two deaths from non-pulmonary tuberculosis had not been previously notified, one death being certified by a local practitioner and the other occurring outside the district. When a local medical practitioner fails to notify a case previous to death a communication is sent drawing his attention to his failure to comply with 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 490 (410 pulmonary and 80 non-pulmonary), these figures being less than twelve months previously when the register contained 514 cases (416 pulmonary and 98 non-pulmonary). Particular care is taken to ensure that this register contains the latest information and close touch is maintained with the local Tuberculosis Dispensary which is provided by the Middlesex County Council.

The Tuberculosis Officer in charge of this Dispensary has been good enough to supply the following information with respect to patients from the Borough who came under his supervision during the year :—

Number of persons examined for the first time :				
(a) Tuberculosis of Lungs	...	...	...	109
(b) Other forms of Tuberculosis	...	...	...	8
Number of persons in Institutions at end of year :				
(a) Tuberculosis of Lungs	...	...	...	54
(b) Other forms of Tuberculosis	...	...	...	10
Number of persons under observation at end of year	...	...	...	173
Number sent to Sanatoria during year	...	...	...	63
Number sent to Hospital during year	...	...	...	37

OPHTHALMIA NEONATORUM.—Five cases coming under this heading were notified. A summary of the cases, with the result of treatment, is given in the following table :—

Number of Cases Notified	No. Treated		Vision un-impaired	Vision im-paired	Total Blind-ness	Deaths
	At Home	In Hospital				
5	2	3	5	—	—	—

WHOOPIING COUGH AND MEASLES.—Information regarding the prevalence of these two non-notifiable infectious diseases is obtained from the weekly returns of absentees which are supplied by the head-teachers of the elementary schools. The returns show that during 1934 the number of children absent on account of whooping cough was 252, compared with 553 in the previous year. Measles, however, was widely prevalent, as many as 1,361 absentees being noted on account of this condition compared with 233 in the previous year.

Four deaths occurred from whooping cough, giving a death-rate of 0.03 per thousand of population, compared with 0.05 for England and Wales and 0.07 for London. Measles was the cause of seven deaths, which is equivalent to a mortality of 0.05 per thousand of population. The measles mortality-rate for Ealing is considerably below those for England and Wales and for London, which are 0.09 and 0.20 respectively.

The returns furnished by the head-teachers are of particular value as they enable visits to be made by the Health Visitors to the homes of many of the children, with the object of advising the mothers regarding the isolation and nursing of the patients. As many as 337 visits were made in the year to such cases.

Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

The general scheme of maternity and child welfare has undergone little alteration in recent years except in executive details and the summary given in previous reports need not be repeated.

Towards the end of the year the increased attendances at the Ravenor Park Centre necessitated an additional session, and for this session the part-time services of Dr. Frances Barry were engaged. In the report for last year mention was made of the steps that were being taken to provide a new Health Centre for the North Greenford Ward. It is anticipated that the construction of this new Centre, which is urgently required, will soon be commenced.

With the rapid development of the Perivale area it became apparent that further provision was necessary for mothers and children in this area, who live at some considerable distance from the existing Centres, and at the request of the Maternity and Child Welfare Committee a report was submitted with regard to the matter, as follows :—

" Report on the proposal to establish a Health Centre at Perivale.

I have to report that I have, as requested, considered the possibility of establishing a Subsidiary Health Centre to serve the Perivale area of the North Greenford and South Greenford Wards. This area has at present a population of 6,000 and schemes of building which will increase the population in about two years to 12,000 have been approved or are under consideration. This area is from a mile and a quarter to two and a half miles from the nearest Centre, Ravenor Park, and the furthestmost part is not readily accessible as it has no direct road leading from it to Ravenor Park Centre along which there is a bus route. It is unlikely that there will ever be a direct bus route from this latter part towards Ravenor Park Centre as the tendency is for the traffic to go towards Alperton outside the Borough. One large school (800 children) has been built in the centre of this part which is the more difficult of access and another (800 children) is being provided in the western part, where most of the houses will now be erected. It would therefore appear that the most convenient place to build a Centre would be almost midway between the two schools and this would be midway between the two parts of the Perivale area which will ultimately be built upon. I suggest a site at the corner of the University College Athletic Ground immediately south of Perivale Station on the Great Western line. This site is to the north of the Western Avenue which is a very dangerous road for children to have to cross. As the population in the Perivale area will not be greater at any time than 12,000 I do not recommend that a complete Health Centre be built. The new Health Centre proposed in the North Greenford Ward will not be able to serve the Perivale area because of the long distance to be travelled over a steep hill which is not likely to be traversed by a bus route on account of the narrowness of the canal bridge and the narrowness of the road.

All that is required in this Subsidiary Centre is a waiting room, a weighing room or Health Visitor's room and a Doctor's room, together with suitable sanitary accommodation. This would serve for child consultations and for ante-natal work. It would also serve for the inspection of school children and for the treatment of minor ailments. Any further treatment of school children such as dental and ophthalmic treatment would have to be done at Ravenor Park Health Centre, but the children would then be accompanied by their parents and definite appointments would be made for them. I estimate that not more than two sessions for children under five years of age, one ante-natal session and two sessions for school children for medical inspection and three for minor ailments each week would require to be held. Thus there would be no occasion on which School Medical sessions and Maternity and Child Welfare sessions would be held at the same time as at the other larger Health Centres.

The Borough Surveyor is in communication with the owners of the land I have indicated as a site and I have had a plan prepared of a suitable building which is estimated to cost £860.

You will of course have to bear in mind that additional staff will be required to carry out the medical work at this Centre along with that at the North Greenford Centre. This additional staff I hope to report on towards the end of the present financial year when I shall be better able to gauge the extent of the increased work and the means for meeting the needs of other branches of public health work."

As a consequence of this report the Council decided to establish the suggested Centre but difficulty in securing a suitable site has delayed progress in providing it.

The summaries of the work of the Health Visitors and of the activities at the Health Centres, given on the following pages, convey an idea of the extent to which the services are utilised. It is noteworthy that since 1928, with an increase in population of 98,660 to 133,446, the attendances at the Centres, both of children and of expectant mothers, have more than doubled.

The Health Visitors receive very valuable assistance from a number of ladies who give their help at the afternoon sessions for children. Thanks are due to these ladies, prominent among whom are Mrs. Ludlow, Mrs. Narraway, Mrs. Parry and Miss Peal.

The resignation of Miss Eleanor Evans, the Supervising Health Visitor, owing to continued ill-health, severed a link with the earliest days of maternity and child welfare work in Ealing. Miss Evans was in charge of the work from the year 1917, when sessions were held at the Town Hall with one room serving as waiting room, medical officer's room and undressing room. She helped in the great progress that has been made since these early days. Miss Evans will be greatly missed, both by her colleagues and by many of the mothers who had come to regard her with real affection.

Summary of the Visits made by the Health Visitors.

Visits to children under 12 months—							
First visits	...	...	...	...	...	...	2,288
Return visits	...	...	...	...	...	...	4,246
Visits to children 1 to 5 years of age	...	...	...	...	...	...	8,965
Visits to expectant mothers	...	...	...	...	...	...	1,170
Visits to investigate infant deaths and still-births	...	...	...	...	...	...	116
Special visits or investigations	...	...	...	...	...	...	229
Visits to cases of Ophthalmia Neonatorum	...	...	...	...	...	...	11
Visits to cases of Measles and Whooping Cough	...	...	...	...	...	...	337
Visits to cases of Scarlet Fever on discharge from the Isolation Hospital	...	...	...	...	...	...	408
Inspections of Women's Lavatories	...	...	...	...	...	...	56
Visits to children under care of foster-mothers	...	...	...	...	...	...	810
Other visits	...	...	...	...	...	...	50
Total Visits							18,686

Summary of the Work at the Health Centres.

Mothers.

Expectant mothers attending Ante-Natal Clinics :	(1934)	(1933)
Attending for first time	857	785
Total attendances	4,817	4,333
Mothers seen by Ante-Natal Consultant	37	33
Mothers referred to School Medical Department for dental treatment	303	288
Mothers referred to Hospitals	37	71
Mothers admitted to the Chiswick and Ealing Maternity Hospital	368	344

(Fees collected, £1,754).

Children.

Children attending Centres for the first time :	(1934)	(1933)
Under one year of age	1,390	1,216
One to five years of age	1,015	913
Total attendances made by children :		
Under one year of age	17,492	16,033
One to five years of age	12,934	11,866
Number of children examined by Medical Officer	9,442	8,861
Children referred to School Medical Department :		
For dental treatment	460	366
For treatment of throat and nose	16	28
For optical treatment	33	28
For orthopaedic treatment	111	86
For treatment of minor ailments	22	21
Children referred to King Edward Hospital :		
For minor operations	40	47
For ultra-violet ray treatment	2	5
For other reasons	24	40
Children referred to other Hospitals	48	56

Assistance Given.

Foods supplied at cost price :	(1934)	(1933)
Dried milk (Value)	£473	£470
Virol („)	£94	£90
Cod liver oil („)	£205	£172
Aid provided for mothers at confinement :		
Midwife provided	56	49
Home help provided	10	14
Accouchement set provided	58	52
Consultant's fee paid	9	13
Medical fees paid (doctor summoned by midwife under Midwives Acts)	138	90
Number of orders issued granting a supply of milk, free of charge, for a period of 28 days :		
For expectant and nursing mothers	769	984
For children under five years of age	1,113	1,400

Attendances at the Health Centres, 1934.

	Mattock Lane	Ch'gton House	Ravenor Park	Islips Manor
Number of sessions for expectant mothers	102	101	101	—*
Total attendances by expectant mothers	1,631	1,621	1,490	75
Average attendance per session	16	16	15	—
Number of sessions for children	152	152	158	52
Number of children attending for first time	707	734	839	125
Total attendances made by children	9,432	8,870	10,057	2,067
Average attendance per session	62	58	64	40
Number of children seen by doctor	2,532	2,806	3,480	624
Average number seen per session	17	18	22	12 *

*There are no special sessions held at Islips Manor for expectant mothers, who attend at the sessions held for children.

Medical examination of pre-school children.—Steady progress has been made in the scheme begun in 1931 to increase the medical examinations of children between one and five years of age. The object of the scheme is to secure that following the frequent examinations up to the first birthday the child will undergo a thorough examination at 18 months, two years, three years and four years. In addition the child may be presented for examination at other times if some defect is suspected.

The examination of these young children is conducted on lines similar to those adopted at routine inspection in the schools. Records are kept in exactly the same way and these are transferred to the School Medical Department when the child attends school on reaching five years of age. Further, the same facilities offered for the treatment of school children are available for the younger children. With the co-operation of the parents, therefore, it is possible for a child to receive continuous medical supervision from the very earliest period of its life until school leaving age. The value of these arrangements should become noticeable in the very

near future when the time comes for the present pre-school children to attend school as many defects will have received treatment which would otherwise remain untreated until the child comes within the scope of the school medical service.

The one difficulty experienced is in securing the regular presentation of the children for medical examination. Most of the mothers appreciate the services provided for their children in the early months of life, but a number are apt to regard further medical examinations, when the child seems in good health, as being unnecessary. Medical inspection becomes a routine procedure in the school life of a child and the interval beforehand, a very critical one in the life of the child, can only be bridged by tactful and persistent following up on the part of the Health Visitors.

During the year under review 2,340 children were medically examined in accordance with these arrangements, this number comparing very well with 1,944 in the previous year and 1,845 in 1932.

Orthopaedic treatment.—Children found to be suffering from orthopaedic defects are referred to the school medical department and are dealt with at the special orthopaedic clinic held at the Mattock Lane Centre. During the year 111 children were referred in this manner. A summary of the cases seen by the surgeon and details regarding the treatment provided is contained in the report on the work of the Orthopaedic Clinic given on page 83.

DENTAL TREATMENT.

The School Dentist reports as follows regarding the work carried out on behalf of the Maternity and Child Welfare Department:

"Expectant and Nursing Mothers.—During the year 291 mothers received dental treatment, an increase of 32 over the previous year, extractions and the fitting of dentures being the chief form of treatment.

"Of the 291 women treated, 120 were supplied with full or partial dentures. This is 21 greater in number than in the previous year. The number of teeth actually extracted under gas was 2,253. All of these teeth were hopelessly decayed and it would have been unwise to have attempted to save them. Fillings were inserted in 81 teeth, this figure being very small in comparison with the number of extractions.

" Altogether, the mothers made 1,153 visits to the Mattock Lane Centre where all of this work was performed. Four visits are needed for each case where dentures are to be supplied, the stages of the work in adapting dentures being first the impression of the mouth, then the registration of occlusion, or bite, thirdly the ' try-in ' stage and lastly the adaptation and finish of the dentures. Sometimes another visit is required for adjustment. Scalings and polishings were done in 30 mouths. This number had minor affections of the mouth which were satisfactorily treated by suitable dressings and mouth washes.

" *Pre-School Children.*—Dental inspections and treatment of children under five are carried out at the four Centres, one session being devoted to treatment each week. Altogether 356 children visited the dentists, an increase of 48 over the previous year.

" In the year 1930, 156 pre-school children were treated, exactly 200 less than the number of to-day. Undoubtedly, many more children require treatment and if parents realised the advantages to be had from yearly treatment, the number presented for treatment would increase to about the same yearly figure that enter the schools at five years (*i.e.*, about one thousand). Unfortunately the old fears and objections to treatment at an early age still exist and it is to be regretted that a great many of the younger mothers seem to have inherited the same ideas.

" The treatment for these children was not wholly of a conservative character owing to the advanced state of decay encountered in many cases, and the removal of 1,053 temporary teeth was necessary. Fillings were inserted in 385 temporary teeth. These fillings are of a permanent nature, silver amalgam being used which will last until the tooth is lost naturally."

INFANT LIFE PROTECTION.

The supervision of foster-children in accordance with the requirements of the Children and Young Persons Acts, 1908 to 1932, entails a large amount of work. The Health Visitors, who have been designated Infant Protection Visitors, made 810 visits in connection with the care of foster-children. In addition numerous enquiries relating to this work have to be dealt with at the Health Centres and at the Public Health Department. The difficulties met with are greatly increased by the fact that a large number of the children are illegitimate and the financial

circumstances of the mothers necessitate their finding foster-mothers for their babies at a minimum of cost. Every effort is made, however, to maintain a certain standard among the persons registered as foster-mothers and, with very few exceptions, attendance at the Health Centre, where the child will be under medical supervision, is insisted upon.

Information regarding foster-children registered in the Borough is given in the following table :

Number of children on the register at the beginning of the year	106
(Number of foster-mothers having care of the above children, 82).	
Number of children registered during the year ...	95
Number of children removed from register during year :	
Removed to care of parent or relative	41
Removed to another foster-mother	16
Removed for adoption through a Society	4
Removed to a Children's Home or School	6
Legally adopted by foster-mother	4
Died (Inquests held, None)	4
Foster-mother left district, taking child with her	6
Residing in area transferred to Wembley	6
Attained nine years of age	7
Placed in care of Public Assistance Authority, parent having disappeared	1
Removed from care of foster-mother at request of Medical Officer of Health	3
	98
Number of children on register at end of year ...	103
(Number of foster-mothers having care of the above children, 79).	

The three children noted as removed at the request of the Medical Officer of Health included two children received by persons who were found to have insufficient housing accommodation and one child who was brought into the district in the care of a woman who was suffering from tuberculosis. In the first two cases the child was returned to the parents as requested, but in the third case the foster-mother had become so attached to the child that she took steps to legally adopt the child as her own.

At the close of the year attention was being given to a case which occasioned considerable trouble before, finally, steps were taken early in the New Year to obtain an Order from a magistrate under Section 67 of the Act of 1932. The Order authorised the removal of the child to the care of the Public Assistance Authorities. The child concerned was illegitimate, the mother apparently being only fifteen years of age and the fact that the relatives resided at a considerable distance made it impossible to communicate with them other than by letter. In the absence of regular payments, a difficulty frequently encountered particularly in respect of illegitimate children, the child went through the hands of four foster-mothers in the Borough in less than three months. The fourth woman had to go into hospital and in her absence the child was temporarily cared for by a neighbour who could not be approved as a suitable foster-mother. After a certain time of grace in which unsuccessful attempts were made to get the relatives to find another home for the child it became necessary to take action to secure the child's removal.

ADMINISTRATION OF MIDWIVES ACTS, 1902 TO 1926.

From the 1st October, 1930, the Town Council has been the local supervising authority under the Midwives Acts. During the year under review the revised edition of the Rules of the Central Midwives Board regulating, supervising and restricting within due limits the practice of midwives, which came into force on the 1st October, was circulated to all midwives within the Borough.

During the year 54 midwives notified their intention to practise within the Borough, this number including 15 midwives residing outside the district. Of the 39 midwives residing in the Borough, 15 were engaged in private practice, 18 were engaged in nursing homes (two of these also attending patients in their own homes), and six were engaged at the Chiswick and Ealing Maternity Hospital. All the midwives practising in the Borough possess the certificate of the Central Midwives Board.

Number of births attended by midwives :

When acting in the capacity of midwife :

(a) In private Nursing Homes	...	...	35
(b) At the patient's home	...	...	550

When acting in the capacity of maternity nurse
(a doctor being in attendance) :

(a) In private Nursing Homes	...	...	199
(b) At the patient's home	...	...	167

Notification.—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	32	
On account of a complication during labour	130	
On account of a complication during the puerperium	...	12
On account of the health of the child	...	27
	—	201
Still-birth	...	8
Death :		
Of mother	...	1
Of child	...	3
	—	4
Laying out of a Dead Body	...	2
Artificial Feeding of Infant	...	7
Liability of Midwife to be a source of infection		6
		—
		228
		==

Ophthalmia Neonatorum.—Among the 27 notifications of sending for medical assistance on account of the health of the child were included seven on account of inflammation of, or discharge from, the eyes. In two of these cases the medical practitioner called in by the midwife notified the case as ophthalmia neonatorum.

Visits to Midwives.—The midwives engaged in district midwifery are visited periodically by the Assistant Medical Officer who acts as Inspector of Midwives. During the year 27 routine visits of inspection were made to the 15 midwives engaged in private practice, while special visits were made in connection with a case of ophthalmia neonatorum and a maternal death.

Payment of Fees.—Fees amounting to £181. 18s. 0d. were paid by the Town Council in respect of 138 claims submitted by medical practitioners. 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 £60. 5s. 1d.

Post-Certificate Instruction of Midwives.—The arrangements made for midwives resident in the Borough to attend courses of lectures arranged by the London County Council were continued during 1934. To encourage the local midwives to attend the lectures the Council offered to refund travelling expenses incurred in attending the lectures, which are held at London Hospitals.

Leaflets of Advice to Expectant Mothers.—The midwives engaged in general practice were offered for the use of their patients a supply of the leaflets of advice to expectant mothers which have been issued in recent years at the Council's Ante-Natal Clinics. It is pleasing to record that a number of the midwives have accepted the opportunity to supply these leaflets to the expectant mothers who engage their services.

MATERNITY AND NURSING HOMES.

The following table gives information regarding nursing homes within the Borough, which are supervised by the Town Council in accordance with the Nursing Homes Registration Act, 1927 :

	<i>No. of Homes</i>	<i>No. of Beds</i>
Number of Nursing Homes on Register at beginning of year... ..	26 (14)	239 (68)
Number of applications for registration ...	1	—
Number of Homes registered	1	—
Number of Homes discontinued	2	—
Number of Nursing Homes on Register at end of year	25 (13)	234 (59)

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

Four applications for the renewal of certificates of exemption were granted. A fifth institution, the Twyford Abbey Convalescent Home, which had previously been granted a certificate of exemption, was transferred to the supervision of the Willesden Council consequent on the adjustment of the Borough boundaries.

The Assistant Medical Officer who acts as Inspector of Midwives and Nursing Homes made 51 visits to nursing homes during the year, while the Chief Sanitary Inspector visited four homes to give advice regarding various sanitary matters.

School Medical Service.

SCHOOL MEDICAL SERVICE.

The rapid increase in the number of school children in the Borough has resulted in a corresponding growth in the demands upon the school medical service. To cope with some of the additional work it was necessary to engage the part-time School Dentist for an additional session in each week throughout the year and to appoint a seventh school nurse, who commenced their duties at the beginning of the year under review.

In the last five years there have been provided no less than eleven new school departments, with accommodation for nearly five thousand more scholars. In addition, the new Ravenor School with accommodation for another 400 children was brought into use in January, 1935.

The following information regarding school accommodation and attendance, together with the number of children medically examined, provides a striking illustration of the growth in the work.

	1934	1933	1932	1931
Population (Mid-year estimate)	133,446	128,800	122,700	117,900
No. of school departments	43	41	41	41
Accommodation... ..	14,906	14,056	13,656	13,296
Average number on School Rolls during year ...	14,077	13,253	12,479	11,769
Percentage of School children to population ...	10.5	10.3	10.2	10.0
Average attendance during year	12,489	11,742	11,019	10,416
Percentage attendance ...	88.7	88.6	88.3	88.5
No. of children examined at routine inspection	5,900	5,213	4,956	4,935
Percentage of school children examined at routine inspection ...	41.9	39.3	39.7	41.9
Total number of children who were examined at least once during year	9,780	8,273	7,654	7,527
Percentage of children who were examined at least once during year	69.5	62.4	61.3	64.0

CO-ORDINATION.

Every effort has been made to secure complete co-ordination between the various health services maintained by the Council and the arrangements made to attain this object, particularly those which co-ordinate the work of the school medical and maternity and child welfare departments, have been commented upon in previous years.

In 1931 particular reference was made to a scheme to secure the thorough medical examination of children between one and five years of age. The progress made in this direction is discussed in the maternity and child welfare section of the annual report.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

The new Perivale School, which was opened in April, 1934, brought the number of school departments in the Borough to 43, although by the closure of the North Ealing Boys' School at the Christmas vacation this total was reduced to 42.

The construction of the Perivale School, consisting of Junior Mixed and Infants' Departments with accommodation for 850 children, was a new departure on the part of the Education Committee. The building is of the open-air type, but of a semi-permanent construction. The building consists of timber framing, covered externally with creosoted weatherboarding and internally with sound absorbing "Insulwood" boarding. All the classrooms are arranged with doors and clerestory windows on both sides, the doors opening to verandahs and giving the maximum of cross ventilation.

During the year considerable alterations were carried out at St. John's School, following the transfer of the building to the control of the local education authority. In the near future consideration of the hygienic conditions of other of the older schools of the Borough will be necessary with the object of bringing them more into line with modern requirements.

The annual inspection of the sanitary conveniences and lavatories made by the Sanitary Inspectors revealed only a few minor defects to which attention was called.

MEDICAL INSPECTION.

The medical inspections carried out comprise (1) the routine inspection in the schools of children in the three age-groups recommended by the Board of Education—(a) entrants, (b) at eight years, and (c) at twelve years; (2) the special inspection of children referred by the head-teachers, school nurses, etc., and (3) the annual inspection of physically or mentally defective children. Table I, on page 95, indicates the number of inspections carried out in the various groups during the year under review.

FINDINGS OF MEDICAL INSPECTIONS.

A detailed summary of defects found at both routine and special inspections is contained in Table II on page 96.

Among the 5,900 children examined in a routine manner there were, excluding uncleanness and dental disease, 832 defects requiring treatment and 1,170 requiring to be kept under observation. The examination of the 3,880 children presented for special inspection revealed 2,907 defects requiring treatment and 369 requiring to be kept under observation.

Of the 5,900 children examined at the routine inspections 787, or 13.3 per cent., were found to require treatment for one or more defective conditions. Mention may be made of the fact that medical inspection during 1933 throughout the whole of England and Wales revealed 17.3 per cent. of the children inspected to be in need of treatment. The percentage of defective children in the Borough may therefore be regarded as very satisfactory.

(a) MALNUTRITION.—Considerable attention has been devoted in recent years to the question of malnutrition among school children. Fortunately, the social conditions prevailing in the Borough are such that a definite case of malnutrition is very rare indeed. In each of the last four years one case only has been recorded. The case coming under notice during 1934 was a boy, twelve years of age, who came from a family in very poor circumstances. At medical inspection in the previous year he had been placed under observation on account of slight malnutrition. Following his re-examination he was sent for a period of convalescent treatment at Parkstone and returned home greatly improved in health.

A number of children are found each year who are deemed to be slightly under-nourished, and who require to be kept under observation on this account. During the year under review 85 such cases were noted; this number is higher than in previous years, 38 cases being recorded in 1933 and 68 cases in 1932. Where the family circumstances are poor, the head-teachers are asked to arrange for the children to have a free supply of milk through the milk-in-schools scheme. For some years the provision of milk has been sanctioned by the Education Committee and at the end of the year a free supply of milk was being given to 896 children. There can be no doubt that this daily ration of milk provides in these cases just the small amount of extra food of a specially nutritive character needed to prevent the child from eventually becoming classed as under-nourished. Further information regarding the provision of milk in schools is given on page 89.

(b) UNCLEANLINESS.—Table IV, Group 6 (page 104), indicates that 30,569 examinations were made by the school nurses with regard to uncleanness and that 760 individual children were found unclean. It may be stated that even if only one nit is found the Board of Education require that the child should be recorded as unclean. Where a few nits only are found instructions regarding methods of cleansing are sent to the parents, but where vermin or many nits are discovered the child is immediately excluded from school and is not allowed to attend until re-examined at the Health Centre and found to be clean. Children excluded on account of uncleanness made 855 attendances for the purpose of being examined to ascertain if their heads had been cleansed and if re-admission to school was possible.

As in previous years, the heads of all the children attending the public elementary schools, with the exception of the senior boys' departments, were inspected at least three times. The school nurses in accordance with previous practice, visited the schools for this purpose immediately following the Christmas, Easter and Summer holidays. Following the 30,183 examinations carried out in this way 361 exclusions were necessary, which is equal to 1.2 per cent. being excluded. It will be seen from the table which follows that there has been an increase in this percentage of exclusions over the previous year and that for the first time in three years it was found necessary to prosecute because children were

not cleansed within a reasonable period. Legal proceedings in these cases were taken under the School Attendance Bye-laws. The cases in which prosecution was necessary included three children in each of two families and two individual children, or four families in all. Three of the families resided at Northolt. As a result of the summonses, fines of 5s. were imposed in seven instances while in the eighth case the Court made an Order for the child to attend school, the mother having to pay 4s. costs.

Even with this increase in the percentage of uncleanness over the previous year, the percentage of unclean children in Ealing is very low indeed.

UNCLEANLINESS, 1925—1934.

Year	Number of Examinations for Verminous Condition	Number of Exclusions	Percentage	Legal Proceedings taken
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	—
1933	27,438	257	0.9	—
1934	30,183	361	1.2	8

(c) MINOR AILMENTS AND DISEASES OF THE SKIN.—At the routine inspection there were found one case of ringworm of the body, one of scabies, six of impetigo and nine 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	...	...	...	...	3
Ringworm of Body	...	...	...	...	15
Scabies	...	...	...	...	13
Impetigo	...	...	...	...	201
Other Skin Conditions	...	..	...		287
					<hr/> 519 <hr/>

(d) VISUAL DEFECTS AND EXTERNAL EYE DISEASE.—

(1) *External eye disease*.—Nine cases of blepharitis, 11 of conjunctivitis, 56 of squint, and six of other abnormal conditions of the eyes were observed at routine medical inspection; and 46 cases of blepharitis, 97 of conjunctivitis, 41 of squint and 77 of other conditions were found in children referred for special examination. Of these cases, 340 were advised to have treatment and 3 were recommended to be kept under observation.

(2) *Defective Vision*.—During the routine inspection 402 children were found with defective vision and referred for examination by an Oculist. As a result of special inspection 328 were also referred to an Oculist.

(e) NOSE AND THROAT DEFECTS.—At the routine inspection 42 children were found with chronic tonsillitis, 8 with adenoids, 39 with chronic tonsillitis and adenoids, and 11 with other conditions of the nose and throat requiring treatment. Children with these conditions who had to be kept under observation numbered 517. In addition, 54 cases of chronic tonsillitis, 7 of adenoids, 7 of chronic tonsillitis and adenoids, and 120 of other conditions requiring treatment, as well as 107 cases of similar diseases of the nose and throat requiring to be kept under observation were found on special inspection. (See Table II).

(f) EAR DISEASE AND DEFECTIVE HEARING.—One case of defective hearing, 6 of otitis media and 11 other conditions of the ear requiring treatment, and 2 cases of defective hearing and one other condition requiring to be kept under observation, were found at routine medical inspection. Special inspections discovered 2 cases of defective hearing, 90 of otitis media, and 67 of other conditions of the ear requiring treatment and two cases of defective hearing, and two cases of otitis media to be kept under observation.

(g) DENTAL DEFECTS.—Table IV, Group 5, on page 103, gives details of the defects found by the school dentists on the occasion of their visits to the schools, while further information on this subject is to be found in the report of Mr. C. Colenso, the School Dentist, on page 81.

(h) ORTHOPAEDIC AND POSTURAL DEFECTS.—The number of crippled children under supervision at the end of the year was 30. These were all children suffering from a degree of crippling sufficiently severe to interfere materially with their normal mode of life. Twenty-eight were in attendance at public elementary schools, one was in the West Middlesex Hospital, while the remaining child was at home.

Medical inspection during the year revealed twelve children requiring treatment for spinal curvature and 178 for other orthopaedic and postural defects, while 302 defects requiring observation were noted.

(i) HEART DISEASE AND RHEUMATISM.—During the year there were found in the course of routine and special inspections thirty children suffering from organic and twenty from functional affection of the heart and, in addition, 48 cases of rheumatism.

Particular attention is given to children suffering from organic disease of the heart or those having a history of having suffered from rheumatism which is the main cause of heart disease. They attend the Health Centre at short intervals for examination, and the parents receive detailed advice regarding care and treatment while the teachers are given special instructions regarding their supervision in school.

(j) TUBERCULOSIS.—*Pulmonary.* Routine medical inspection revealed one suspected case of pulmonary tuberculosis which required treatment, two definite cases where the disease was quiescent, and six other suspected cases.

Non-Pulmonary. One case of tuberculosis of the knee requiring to be kept under observation was found at routine inspection, while two cases of tuberculosis of the spine which required treatment were found on special examination.

These children were referred to the Tuberculosis Officer at the County Council Dispensary, it being the usual procedure to refer to him all children who require either to be kept under observation or to receive treatment.

(k) OTHER DEFECTS AND DISEASES.—Under this heading may be mentioned defective speech—forty cases requiring treatment being met with; enlarged cervical glands (non-tuberculous)—29 cases requiring treatment and 104 requiring to be kept under observation; and, finally, the many minor defects which occur (such as sores, minor injuries, etc.) and which comprise more than one-third of the defects found at routine and special inspections.

FOLLOWING UP.

Medical inspection at the schools and at or through the Health Centres, or in brief the whole School Medical Service would fall far short of its object without well organised and efficient arrangements for ensuring that the defects discovered receive proper treatment.

At the time of medical inspection the parent, if present, is advised regarding any defect. To ensure that this advice is not overlooked, a notice is also sent informing the parent that the child should see a doctor, dentist, or oculist, as the case may be. This notice also states that treatment can be obtained under certain conditions at one of the Health Centres.

Following the annual medical inspection in a school a list is sent to the head teacher of all the defects found. At the expiration of six weeks the head-teacher returns this list with information as to whether or not the children have received treatment. Where treatment has been obtained no further action is necessary, but

where the defect remains untreated further steps have to be taken. As part of her duties the school nurse visits the homes to enquire regarding the obtaining of treatment and to give advice to the mother regarding the necessity of dealing with the defect immediately. When a parent fails to secure treatment the school nurse may have to make repeated visits. Where there is real difficulty in making the parent take any steps in the matter the school nurse may have to allude to the possibility of legal action being taken under the Children Acts, and a warning to this effect in writing may follow in cases of continued neglect.

Children found at dental inspection to require treatment are followed up by the school nurses in exactly the same way, the parents being impressed with the necessity of taking the child to be treated, either by a private dentist or by the school dentist. The nurses have also to visit the homes when children fail to keep appointments to attend the Health Centre for treatment of any kind.

Elsewhere in this report mention is made of the arrangements made for throat and nose operations to be performed at the King Edward Memorial Hospital; even so, the home visiting of these cases is still carried out by the school nurses, who advise the mothers regarding the after-care of the children.

The total number of visits to the homes made by the school nurses during the year under review was 5,547.

ARRANGEMENTS FOR TREATMENT.

(a) MINOR AILMENTS AND DISEASES OF THE SKIN.—The number of minor ailments treated during the year are indicated in Table IV Group I (page 101), which shows separately those children who were treated through the school medical scheme and those who were treated either at a hospital or by a private practitioner.

It will be seen that of the 2,077 defects which required treatment during the year as many as 1,902, or 91.6 per cent., were treated at the Health Centres.

Children suffering from minor ailments attend at the Health Centres for treatment on certain days of the week. To obviate the long journey across Greenford to the nearest Centre (Ravenor

Park), a minor ailment clinic was established at the new Perivale School. This is only intended as a temporary measure until the proposed new Health Centre for this district can be provided. The number of attendances which were made at the minor ailment clinics during the year was as follows :—

<i>Condition treated.</i>					<i>No. of cases treated.</i>	<i>Total attendances made.</i>
Skin :						
Ringworm	...	...	...	...	15	75
Scabies	...	...	...	...	12	67
Impetigo	...	...	...	...	207	2,440
Others	...	...	...	...	257	1,616
Minor eye defects	...	...	...	...	193	1,915
Minor ear defects...	...	...	...	...	155	1,624
Miscellaneous :						
Minor injuries	...	...	...	...	316	1,501
Sores	...	...	...	...	692	4,898
Others	...	...	...	...	54	206
Total ...					1,902	14,342

(b) DEFECTIVE VISION.—The report of the School Oculist, Dr. J. D. Kershaw, is here submitted. It gives indications of sustained and thorough work. The last paragraph but one in his report demonstrates an attitude towards the carrying out of his duties which is worthy of every commendation.

Report on the Eyesight of School Children.

" During the year 1934, 1,075 children attended for examination by the Oculist, making a total of 2,905 attendances. New spectacles were prescribed for 681 of these children, 162 of them required no spectacles, and 232 needed no change in their existing prescription.

" The steady increase in the number of children seen has continued and it is very satisfactory to find that, up to the present, no increase in the number of sessions has been required to meet this increasing demand for treatment. This has been due in part to certain minor adjustments of method but the most important factor in this increased efficiency has been the opening of an eye

clinic at the Ravenor Park Health Centre. In my last report I suggested that a considerable waste of time, resulting from people in the outlying parts of the borough being unable to keep appointments at the Mattock Lane Centre, would be avoided by the opening of a refraction clinic at Greenford, and the first nine months of operation of the new arrangements seem to have amply justified that opinion. During that time some 350 children (over one-third of the year's total) were seen at the Ravenor Park Centre. There has been a slight, but definite, improvement in the keeping of appointments at the Mattock Lane Centre, so that, on the whole, the waste of time owing to missed appointments has been considerably reduced.

"It must, however, be borne in mind that there is still room for expansion in the general work of the Oculist's department. Almost all children are now re-inspected annually but not all those who require six-monthly re-inspections can be dealt with to time and it is still necessary for all but the most urgent cases to wait for three or four weeks before an appointment can be made. The population of the borough is steadily increasing and, therefore, it seems certain that for several years to come, the annual number of children requiring treatment for defective vision will continue to increase, though not, perhaps at the present rapid rate. This, together with other developments referred to below, renders it increasingly desirable that the present system of having the treatment of defective vision carried out by an Assistant Medical Officer should be replaced by a scheme by which an ophthalmic surgeon will carry out this part of the work, leaving the regular staff free for their increasing duties in other spheres.

"The treatment of myopic children has proceeded along the lines followed in previous years, with no significant change. Teachers have continued to take the utmost pains to co-operate in the special arrangements made for these children, with the result that all of them are progressing satisfactorily.

"The Committee which has been investigating the methods of dealing with myopic children made its report late in 1934. It had produced nothing new; indeed its recommendations almost coincided with the provisional scheme formulated in Ealing in 1932 for the setting up of special classes. It is, therefore, desirable that such classes should be commenced as soon as possible and preliminary enquiries and arrangements are now being made.

" One important recommendation of the Committee, however, was that the clinical side of school ophthalmic work should be under the care of an ophthalmic surgeon. For this and other reasons it appears essential that such a surgeon should be appointed in Ealing with as little delay as possible.

" While the general proportion of the figures remains much the same, there is, this year, a very considerable increase in the number of children who were found, on examination, to require no spectacles. The percentage of such children was, in 1931, 1932 and 1933, 7.1, 9.8 and 7.4 respectively, but in 1934 it rose to 16.0%, representing 162 children. These cases have, therefore, been separately analysed in Tables II and III.

" In the past it has been unusual for children other than those with high myopic or some other progressive condition to be tested more often than every eighteen months. During 1934, as explained above, certain modifications of organisation have made it possible for almost all children to be re-inspected annually, or more frequently if necessary. An endeavour is now being made to re-test after six months those children for whom no prescription has been made and seven of those dealt with in 1934 were so re-tested, the original findings being confirmed. These children, since two complete tests were carried out on them, are entered as both new and old cases, thus producing an apparent increase in the total.

" In Table II, it will be seen that 23 children who had *not* previously been found emmetropic and 16 who had been so found were being tested less than 18 months after their last preceding test. It is, therefore, obvious that a large proportion of these 39 children would not have been included in the figures for 1934 if it had not been for the improved methods of dealing with cases, and, therefore, this portion of the increase over the 1931-33 figures, is more apparent than real. Emmetropia, the "normal" condition of the eye, is, actually, an abnormal condition in children. The vast majority of children below the age of eight or nine are hypermetropic and it is not uncommon for a child to show steadily decreasing hypermetropia up to puberty, when the refraction becomes emmetropic or normal.

" It follows, therefore, that a considerable number of hypermetropic children will, sooner or later, become emmetropic and cease to need glasses, a fact which accounts for all except one of the thirty-eight children in lines 1 and 2 of Table II. Moreover, any improvement in methods of examination which permits of children being examined more frequently will produce an increase in this class of case until the ideal of annual tests is finally achieved.

" A further important result of this is that in a child exhibiting a small degree of hypermetropia, spontaneous cure of the condition is almost certain to occur. It is, therefore, my practice to refrain from prescribing spectacles when the hypermetropia amounts to 0.5 D. or less and is not associated with noteworthy discomfort or diminution of visual acuity, and the results seem amply to justify this course of action. This accounts for many of the children classed as emmetropic in Table III (lines 1, 2 and 5).

" Taking the various items in Table III in order, it must be remembered that, for various reasons, malingering is occasionally responsible for apparent visual defect. In the case noted (a) in line 2, the visual acuity was only 6/24 with both eyes and the child was referred to the Western Ophthalmic Hospital, where the diagnosis of malingering was confirmed. On the whole, however, malingering rarely takes so extreme a form and a child reads up to 6/12 or 6/9 without lenses. In such cases, a combination of plus and minus lenses, having the effect of a plane lens, produces subjective improvement up to approximately 6/6.

" Three other classes of children fall into these groups. The first comprises those who, usually after a slight squint which has disappeared with the passage of time, are left with partial amblyopia in one eye. Of 39 children, 6 fall into this class. The second class comprises a number of children, under eight years of age who, either from unfamiliarity with letters or because of some physiological reason, are unable to see 6/6 and yet have apparently normal eyes. As a rule the vision of these children becomes normal with increasing age. The third class, a much smaller one, confined in the present year to a single instance, comprises those whose vision is impaired by some such condition as a scarred cornea, generally following an inflammatory condition.

" Groups 3 and 4, with inflammatory conditions and headaches, always contain a considerable proportion of emmetropes. While a serious refractive error almost always results in a certain amount of headache, eye-ache or inflammation, the converse is by no means true and, while it is wise in children with these symptoms to carry out retinoscopy to exclude any refractive error, the troubles of many of them are attributable to such general conditions as faulty diet, inadequate sleep or exercise and excessive reading in bad light.

" Group 5 needs little explanation. When a child wearing glasses obtained elsewhere attends school medical inspection the parents are advised, even if the visual acuity is normal, to have a further test.

" Group 8 comprises those children who were referred on account of squint but for whom no glasses were prescribed. Certain of these proved, on examination, to have no squint, but to possess some such condition as epicanthus which misled the original observer or the parent. The remainder in this group, while suffering from actual squint, had no error of refraction and were dealt with by occlusion of the fixing eye. They will return for further examination from time to time.

" It is easy for the inexperienced to imagine that the testing of these 162 children for whom no glasses were prescribed was an unjustified expenditure of time. This is by no means true. So frequently do serious degrees of refractive error produce but slight subjective symptoms that the conscientious medical officer must always incline to err on the side of caution and, up to a point, the proportion of emmetropic children in the records is a sign not of inadequate care, but of great thoroughness.

" On surveying the year's work there seems to be every ground for satisfaction and, in view of the changes and developments foreshadowed, every reason to expect still further progress and improvement during the course of 1935."

TABLE I.

<i>Condition.</i>	<i>New Cases.</i>	<i>Re- examinations.</i>
Hypermetropia	131	117
Hypermetropic Astigmatism	90	95
Myopia	113	138
Myopic Astigmatism	56	72
Mixed Astigmatism	29	28
Emmetropia	99	55
Total (School Children)	518	505
Hypermetropia	15	7
Hypermetropic Astigmatism	4	0
Myopia	7	0
Myopic Astigmatism	8	0
Mixed Astigmatism	2	1
Emmetropia	6	2
Total (M. and C.W. Cases)	42	10
Total (All cases)	560	515

TABLE II.*Emmetropia.**Analysis of Old Cases.*

Found Emmetropic for first time	Last examination less than 18 months ago	23
“ “	Last examination more than 18 months ago	15
Found Emmetropic for second time	Last examination less than one year ago	16
“ “	Last examination more than one year ago	3
	Total	57

TABLE III.

*Emmetropia.**Analysis of New Cases.*

Subjective condition on account of which child was referred to oculist.	No.	Cases in which visual defect was due to physical abnormality		Cases in which a subsequent examination has confirmed emmetropia
		Corneal opacity	Amblyopia	
1. Visual defect. (Routine inspection)	24		5	3
2. Visual defect. (Non-routine)	15	1	1	2 (a)
3. Inflammatory conditions	16 (b)	1		1
4. Headaches	18			
5. Child wearing glasses obtained elsewhere	10			
6. Injury	1			1 (c)
7. Backwardness	1			
8. Squint	20			

- NOTES.** (a) Referred to Western Ophthalmic Hospital, where the surgeon confirmed the emmetropic condition and gave as his opinion that the child was malingering.
- (b) Child submitted for examination fourteen days after an attack of measles with residual blepharitis.
- (c) Child injured by explosion of firework. Two months later vision was normal and the eye apparently unaffected.

(c) NOSE AND THROAT DEFECTS.—For many years operations for enlarged tonsils or adenoids have been carried out at the Mattock Lane Health Centre, but to provide proper after-operative care for these children and to ease the ever-increasing pressure on the accommodation at this Centre the desirability of dealing with these cases elsewhere has been considered. Arrangements have now been made to refer to the King Edward Memorial Hospital

all children who require to undergo an operation and whose parents have expressed their wish for the child to be treated through the school medical scheme. The great advantage is that the children remain in the hospital for the night following the operation.

Children referred to the hospital are seen by the Surgeon who decides if an operation is necessary. It may be mentioned that Mr. C. Graham, F.R.C.S., who for some years has been performing the throat and nose operations both at the Mattock Lane Centre and at the King Edward Hospital, continues to deal with the cases. In fact the only difference entailed, beyond the child staying in hospital over-night, is that the Council pays a fee of £1 1s. 0d. per case to the hospital authorities instead of paying a fee direct to Mr. Graham for his services. After their discharge from hospital the children, as before, are visited in their homes by the school nurses.

The new arrangements commenced in September and from that time until the end of the year twelve cases were dealt with at the hospital. Prior to the Summer vacation 54 children had operations at the Health Centre, making a total of 66 cases dealt with during the year.

(d) DENTAL DEFECTS.—The report of Mr. C. Colenso, the School Dentist, gives a survey of the work of dental inspection and treatment during the year. Mr. Colenso points out the growing need for the appointment of a third full-time dentist, a matter which will shortly have to receive consideration. The success of school dental work is dependent on the annual inspection of all the children, followed by immediate treatment, as only in this way can serious dental decay be prevented. Mr. Colenso reports as follows :—

“ School Dental Inspection and Treatment.

“ The general increase in the number of school children has naturally resulted in a greatly increased number of children being presented for dental inspection, with a resultant increase in the number of children requiring treatment. A large number of the newcomers to the district are found with their teeth in a very bad condition and these cases need a large amount of treatment.

" During the year under review 13,741 children were inspected, 13,548 being examined at the routine inspections in the schools and 193 being examined specially at the Health Centres. Table IV, Group V, gives the numbers examined in each age-group, and other statistics relating to the dental scheme. Of the 1,356 five-year-old children examined 337, or 25 per cent., were found to have sound mouths, a very small proportion, which unfortunately remains about the same from year to year. Inspection revealed altogether 9,067 children, or 65.9 per cent., to be in need of dental treatment, the total being nearly six hundred more than the preceding year although the percentage remains exactly the same. The total number of children actually treated was 5,396 involving 6,628 visits to the various Centres.

" Unfortunately the number of children who received treatment is not as high as it might be. This is due to the increasing number to be treated making it impossible for the dentist to keep up with the work of treatment. The main congestion of work has occurred at the Ravenor Park Centre where, at the end of the year, approximately 1,030 children were awaiting treatment, while at Cherington House there were another five hundred children still to be dealt with. Happily the work at the Mattock Lane Centre has remained fairly constant and has been kept well in hand. It is apparent therefore that some two hundred sessions have to be devoted to clearing off the arrears of work which have accumulated.

" The number of children about to leave school who have been found to have sound mouths is very satisfactory, yet with more help there is no doubt that the number could be increased. Special visits were made to the senior schools towards the end of each term to inspect the teeth of the children shortly leaving school. The children examined in this way totalled 1,370 and 1,034, or 75 per cent. of them were found to have sound mouths, either normally sound, or rendered sound with dental treatment.

" The treatment carried out consists mainly of fillings and extractions. Fillings in both the temporary and permanent dentitions totalled 6,893; in the permanent teeth the fillings numbered 6,357, and in temporary teeth the number was 536. The total is less than the previous year by 162.

"Extractions are carried out under nitrous oxide or a local anaesthetic. As is usual, many extractions of permanent teeth were required in order to correct certain cases of irregularity of the teeth. Severe forms of superior or inferior protrusion are advised to attend one of the dental hospitals. Altogether 10,039 extractions were completed, a greater number than in the previous year by 793. This figure seems very big in comparison with the additional 338 children treated during the year, but as previously mentioned the mouths of many of the newcomers to Ealing schools were in an advanced state of decay and consequently required a greater amount of treatment.

"In order to provide treatment for all children inspected with a minimum of delay, it is necessary to appoint a third dentist. The Greenford area is rapidly expanding and to enable all children in the schools there to come into the scheme and be treated within the year, the full time services of a dentist are required. In Greenford alone, over one thousand children are awaiting treatment. This is nearly half of the year's work. With the present staff available it can only be assumed that this figure will greatly increase during 1935 and the condition in which the teeth of many of the children will be in 1936, unless help is provided, will certainly cause some anxiety."

(e) ORTHOPAEDIC TREATMENT.—The scheme for the treatment of orthopaedic defects is very complete, and in addition to dealing with school children provides for children under five years of age who are referred from the child welfare department. It is conducted in conjunction with the Royal National Orthopaedic Hospital who are responsible for the arrangements made for the visits made by Mr. Herbert J. Seddon, the Orthopaedic Surgeon, and for the regular attendance of a trained masseuse. When special physical exercises or massage are called for these are given by the masseuse in a special building which has been provided at the rear of the Mattock Lane Centre. Should operative treatment be necessary, the child is admitted to the Royal National Orthopaedic Hospital. The hospital also provides at the cost of the Education Committee the special boots and appliances recommended for each case.

The work of the orthopaedic clinic during the year may be summarised as follows :—

ORTHOPAEDIC CLINIC.

	<i>School children.</i>	<i>Children under five.</i>	<i>Total.</i>
Attendances by surgeon	10	12	22
Number of children seen for first time	104	112	216
Total number of children examined	406	338	774
Attendances by Masseuse	132	93	225
Number of cases dealt with	122	42	164
Number of attendances by children	1,522	557	2,079
Children admitted to hospital for operative treatment	9	7	16
Children supplied with special boots or surgical appliances	9	6	15

(f) DEFECTIVE SPEECH.—The class for children with defective speech, under the charge of Miss H. M. Baines, has continued during 1934, with results as satisfactory as in previous years. Up to 1933 the class had been held at the Mattock Lane Centre, but during that year it was transferred to Ravenor Park Centre to meet the growing needs of the Greenford area. By August, 1934, all the children in Greenford listed as suffering from speech defects had spent some time in the class and the number of defective children in Ealing had so risen as to render a re-transference desirable, this being effected as from September, 1934.

The annexed tables are self-explanatory and require little comment. It will be noted that during the period from January to July nineteen children were drafted into the class and that of these only one failed to show improvement. This was a child who, after making two attendances, was withdrawn on account of his parents leaving the district.

Two older children, attending the Central School, were showing improvement in July and were allowed to continue to attend after the re-transference. Both continued to improve, one being discharged as cured in December 1934 and the other having, by December, passed from the category of "improved" to that of "much improved." Arrangements were made for the remainder of the Greenford class to have some continuation of their treatment in their ordinary schools.

With the increasing measure of interest and co-operation which head-teachers are giving, this method of continuing treatment is much more satisfactory than it would appear at first sight. Of the children whose treatment was left in charge of the ordinary schools when the class moved to Greenford, all except two have so far improved since 1932 that it has not been found necessary to re-draft them into the class. One of the exceptions was apparently cured when the sudden death of his father caused a relapse.

The class, however, can only accommodate twelve children at a time and its work is rendered more difficult by the necessity of treating all kinds of speech defects simultaneously. New children can only be drafted in as others are cured and, therefore, a waiting list is inevitable. At the present time ten children in Ealing are awaiting vacancies, while fifteen in the Greenford and Northolt areas require treatment as soon as the class can once more return to Ravenor Park. To these must be added two of the former Greenford class who would profit by further special instruction.

While the matter is not urgent it seems inevitable that sooner or later the question of a second class must be considered. At present there are many difficulties in the way, but it must be borne in mind that the work of the class has consistently justified the expenditure of money and effort and that it cures or alleviates a defect which is a very serious handicap to a child in after-life.

TABLE I.

Class at Ravenor Park. January-July, 1934.

Children who ceased attendance before July.

	<i>Stammer.</i>	<i>Other Defects.</i>
DISCHARGED—Cured	—	1
DISCHARGED—much improved ...	1	—
LEFT—much improved	2	—
LEFT—improved	1	—
LEFT—unimproved	1	—

TABLE II.

Class at Ravenor Park.

Children still under treatment when class was transferred.

<i>Condition.</i>	<i>Stammer.</i>	<i>Other Defects.</i>
Cured	3	1
Much improved	*3	3
Improved	*2	1
Unimproved	—	—

*One child in each of these groups continued to attend the Class after its transference to Mattock Lane.

TABLE III.

Class at Mattock Lane. September-December, 1934.

<i>Condition.</i>	<i>Stammer.</i>	<i>Other Defects.</i>
Cured	2	—
Much improved	6	1
Improved	1	2
Unimproved	—	—

(g) CONVALESCENT TREATMENT.—Following the Annual Report for 1932 the Education Committee decided to increase the provision for convalescent treatment and during 1934 these increased facilities became available. At the present time two places for boys and two places for girls, for periods of six weeks, are reserved throughout the whole year at the Russell Cotes School of Recovery, Parkstone, Bournemouth. In addition, two places for boys and two places for girls are reserved during the winter months at the King Edward Memorial Convalescent Home at Bexhill. It is possible, therefore, to arrange for a maximum of 22 boys and 22 girls to receive the very great benefits which accrue from a stay of six weeks by the sea. In addition, the King Edward Memorial Convalescent Home Fund allocate a small number of free places at their Bexhill home during the Summer months for children from Ealing.

During the year under review thirty children were sent under the Authority's scheme for convalescent treatment, 24 for a period of six weeks, two for a period of twelve weeks, while four children had their stay extended to eight weeks to permit them to remain at Parkstone during Christmas.

A review of the 24 children sent to the Russell Cotes School of Recovery provides striking proofs of the value of convalescent treatment. The twelve boys showed increases in weight varying from a minimum of 3 lbs. 7 ozs. to 6 lbs. 11 ozs., the average gain being 4 lbs. 13 ozs., and although the girls do not show such a uniform increase their average gain was 3 lb. 4 ozs. Only one child, a girl of ten years, returned home with a decrease in her weight, but apparently as compensation she had increased in height in the six weeks by no less than $1\frac{1}{8}$ inches. Increases in height and weight are by no means the only results achieved. The children return home in good spirits and excellent health, while their holiday must remain a happy memory for a long time.

INFECTIOUS DISEASE.

At the end of each week the head-teachers report all new cases of non-notifiable infectious disease. In this way 1,361 cases of measles, 252 of whooping cough, 553 of chickenpox and 601 of mumps, were brought to the notice of the school medical department.

Information regarding cases of measles and whooping cough is transmitted to the Health Visitors, who thereupon visit the homes to give advice to the mothers in those cases where a private doctor is not in attendance. Unfortunately, by the time the Health Visitor is able to visit the homes the early stages of the disease are over, although it is often found that where there are other children the infection has spread to other young children and for these advice can be given at a very appropriate time.

Certificates in respect of two schools were supplied during the year under Para. 15 (ii) of the Administrative Memorandum No. 51 issued by the Board of Education. These were given when the prevalence of infectious disease had resulted in the percentage of school attendance falling below 60 per cent., and were as follows :

St. Saviour's School. Weeks ending 22nd and 29th June, 6th, 13th, 20th and 25th July—Infectious disease, chiefly chickenpox.

Betham's School. Week ending 25th July—Measles.

Children to the number of 238 were excluded under Article 20 (b) of the Education Code for the following conditions :—

Impetigo	...	...	...	...	...	207
Ringworm of head	...	...	...	...	...	3
Ringworm of body	...	...	...	...	...	9
Scabies	...	...	...	...	...	14
Other skin diseases	...	...	...	...	...	5
						<hr/>
						238
						<hr/>

No closure took place under Articles 22 or 23 (b) of the Code—Grant Regulations.

OPEN-AIR EDUCATION.

There is nothing further to add to the remarks made in previous reports regarding open-air education, except to note that the new schools, Perivale and Ravenor, are both built on lines which allow the greatest possible benefit to be derived from open-air conditions.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

Previous reports have mentioned fully the extremely valuable help which is received from the teachers and school attendance officers in the work of school medical inspection and in the treatment of defects. Under the heading "Following-up" (page 71) an account is given of the extremely valuable assistance rendered by the head-teachers in securing that defects found at routine inspection receive treatment. Without the interest of the parents and the assistance of the teachers, school medical work could make little progress.

Voluntary bodies which continue to give extremely valuable assistance in the treatment and after-care of defective children include the Central Aid Society, the National Society for the Prevention of Cruelty to Children, the School Attendance Aid Committee and others, some of whom are mentioned in other sections of this report.

PHYSICAL TRAINING.

A very complete account of the provision made in the schools for physical exercises and organised games was contained in the Annual Report for 1929. There is little that can be added except to remark that whenever a new school is planned every effort is made to provide a school playing field in close proximity.

PROVISION OF MEALS.

There have never been sufficient under-nourished children in the Borough to justify a scheme for the provision of meals. The Education Committee have, however, authorised the provision of milk in school to necessitous children.

The Report for 1929 contained an account of the arrangements made for the provision of milk in schools and the subject has received considerable comment in subsequent years. It remains, however, to record the tremendous impetus given to the scheme by the action of the Government, through the Milk Marketing Board, in arranging that the price of the third-pint bottles of milk should be reduced from one penny to one halfpenny.

In November, 1933, the number of children having milk in school including free milk supplied to necessitous cases, was 3,244 (23.7 per cent. of the children on the school rolls). On the 28th September, 1934, when the price was still one-penny, the number was 3,200 (23 per cent.).

On the 7th October, at the end of the first week during which the price was one halfpenny, the number of children having milk had risen to 9,700 (69 per cent.), while by the end of October a further increase to 10,380 (73.8 per cent. of all the children) was recorded. This final increase, it may be mentioned, was mainly due to four schools commencing a milk scheme for the first time, with the result that milk is now supplied in all of the elementary schools in the Borough.

By the end of the year the number of children having milk had decreased to 8,822 (62.7 per cent.), but this decrease was anticipated, and was due in the main to some of the children tiring of the novelty of the scheme and to the usual decline in the number having milk which is experienced on the approach of the colder weather.

The number of children supplied with milk under Sections 82-85 of the Education Act, 1921, during the year was as follows :—

Number of children for whom a supply of milk was					
approved, 1st January, 1934	...	...	...	...	537
Number of children for whom a supply of milk was					
approved, 31st December, 1934	...	...	...	...	896
Daily average number of children who received a supply					
of milk	...	...	...	...	572
Total number of bottles of milk supplied	...	...	...	...	120,030
Cost of milk supplied	...	...	...	...	£411

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The return of all the exceptional children in the area (Table III, page 98) indicates under each heading the children who suffer from blindness, deafness, mental defect, epilepsy, active tuberculosis, crippling, or heart disease. The return indicates the number in each category who are being maintained at Certified Schools and who attend public elementary schools, etc. The figures are

compiled from the list of exceptional children on the last day of the year, and show that 25 children were being maintained at Certified Schools by the Education Committee.

Nine children were notified during the year to the local mental deficiency authority. These children comprised two imbecile girls, five imbecile boys, one idiot (a boy), and one feeble minded girl, the latter being notified on leaving a Special School when she attained the age of sixteen.

NURSERY SCHOOLS.

There are no nursery schools in the Borough. Children under five years of age are admitted to the Infants' Schools, provided the School Attendance Committee are satisfied that there is a real necessity for the child to attend school, such as the mother having to go to work.

SECONDARY SCHOOLS.

MEDICAL INSPECTION.—The school medical staff undertake, on behalf of the Middlesex Education Committee, the medical inspection of the pupils attending the three secondary schools in the Borough. The schools are visited every year and all entrants (pupils admitted since the previous inspection), and all pupils who are fifteen years of age, undergo a complete medical examination.

FOLLOWING-UP AND TREATMENT.—Subsequent to the medical inspection notices are sent to the parents calling attention to defects which have been found and which require treatment. At the same time a list of these children, indicating the defects, is sent to the head-teachers who subsequently institute enquiries regarding the provision of treatment and by this means stimulate action being taken.

Arrangements have now been made by which the Ealing school medical staff will carry out the dental inspection and treatment of all the pupils in the secondary schools and the examination by refraction and the prescribing of glasses in all cases of visual defect in such pupils not treated privately.

PARENTS' PAYMENTS.

Parents are called upon to make contributions towards the cost of treatment provided for their children at the Health Centres. For dental treatment a charge of one shilling is made, an additional shilling being payable if gas is administered, while charges for other forms of treatment are made in accordance with scales laid down by the Education Committee. In necessitous cases treatment is free.

When an application for treatment is accepted the child is treated without payment at the time being insisted upon. Occasionally the payment is deferred by the parents and the school nurses have to make repeated visits before the money is paid and thereby spend time which could be used to better purposes.

During the year the following amounts were paid for treatment :

	£	s.	d.
Dental treatment	246	15	0
Throat operations	9	16	6
Spectacles	148	7	8
Treatment at Orthopaedic Hospital ...	22	3	9
X-ray treatment for ringworm ...		2	6
Surgical appliances	10	8	0
Massage	29	15	9
	<hr/>		
	£467	9	2
Payment from Maternity and Child Welfare Committee for treatment of mothers and of children under five years	280	9	1
	<hr/>		
	£747	19	3
	<hr/>		

HEALTH EDUCATION.

A very full description of the activities concerned with health education is included in the 1929 Report. At that time parties of the older girls visited the Health Centres to see school medical and child welfare work in progress, but with the increasing work at the Centres this arrangement became inconvenient, and had to be

dropped. As a substitute, small parties of the girls visit the Maternity Hospital where they see the babies being bathed and dressed. Otherwise the account given in 1929 needs no amplification.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

CHILDREN.—Consequent on the passing of the Children and Young Persons Act, 1933, the Bye-laws relating to the employment of children were revised. These new Bye-laws, which clarify the conditions under which children between twelve and fourteen years may engage in employment, were adopted by the Town Council on the 10th April, 1934. The children have still to undergo a medical examination to determine if the proposed employment will be prejudicial to their health or physical development, or will render them unfit to obtain proper benefit from their education.

The number of children examined during the year was 332, and out of this number 28 were found to be unfit for employment. The nature of the employment of those certified as fit was :—

<i>Boys.</i>	Errand boys	...	...	...	83	
	Milk round	...	...	...	49	
	Newspaper round	...	...	...	47	
	Baker's round	...	...	...	44	
	Order boy	...	...	...	58	
	Others	...	...	...	22	
					—	303
<i>Girls.</i>	Shop assistant	...	...	...		1
						—
						304
						=====

These children receive regular supervision subsequently to ensure that the employment is not detrimental to health. They are always inspected at the time of routine inspection in their school and, in addition, have to attend for medical inspection if they obtain service with a new employer.

At routine medical inspection in the schools eleven children were found to be suffering in health and in these cases employment out of school hours was forbidden.

Thirty girls were examined in connection with licences which are granted under Section 22, of the Children and Young Persons Act, 1933, permitting employment in entertainments. Two of the girls were found to be unfit for such employment and licences were refused.

YOUNG PERSONS.—In addition to the medical examination of school children who engage in employment out of school hours there is a large measure of active co-operation between the school medical service and the Juvenile Employment Bureau. To assist in the giving of advice regarding the future employment of children about to leave school, a report on the health and medical history of each child is given to the Bureau. The information given is that obtained either as a result of the routine inspection when the child was twelve years of age, or as a result of any subsequent special inspection. Particular attention is drawn to any striking defect which should be specially noted when considering the suitability of future employment for the child.

MISCELLANEOUS.

The medical examination of candidates prior to their appointment to the teaching staff is carried out by the School Medical Department. During the year 62 teachers were so examined. In addition, it is usual for a school nurse to be in attendance at all medical examinations of female staff appointed by the Town Council.

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 Inspections in the prescribed Groups :—

Entrants	2,049
Second Age Group	2,114
Third Age Group	1,737
Total	5,900

Number of other Routine Inspections	—
--	---

B.—Other Inspections.

Number of Special Inspections	3,880
Number of Re-Inspections	2,776
Total	6,656

TABLE II.—A.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1934.

DEFECT OR DISEASE					Routine Inspections		Special Inspections	
					No. of Defects.		No. of Defects.	
					Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
(1)					(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	—	83	1	2
Skin	Ringworm, Scalp	...	...	...	—	—	3	—
	" Body	...	...	...	1	—	15	—
	Scabies	...	...	...	1	—	13	—
	Impetigo	...	...	...	6	—	201	—
	Other Diseases (Non-Tuberculous)	...	...	...	6	3	281	6
Eye	Blepharitis	...	...	...	9	—	46	—
	Conjunctivitis	...	...	...	11	—	97	—
	Keratitis	...	...	...	—	—	—	—
	Corneal Opacities	...	...	...	—	—	—	—
	Defective Vision (excluding Squint)	...	...	...	402	4	328	2
Ear	Squint	...	...	...	56	—	40	1
	Other Conditions	...	...	...	6	—	75	2
	Defective Hearing	...	...	...	1	2	2	2
	Otitis Media	...	...	...	6	—	90	2
	Other Ear Diseases	...	...	...	11	1	67	—
Nose and Throat	Chronic Tonsillitis only	...	...	...	42	404	54	78
	Adenoids only	...	...	...	8	9	7	1
	Chronic Tonsillitis and Adenoids	...	...	...	39	8	7	1
	Other Conditions	...	...	...	11	96	120	27
Enlarged Cervical Glands (Non-Tuberculous)					2	67	27	37
Defective Speech					23	—	17	—
Heart and Circulation	Heart Disease :				—	—	—	—
	Organic	...	...	...	—	22	1	7
	Functional	...	...	...	—	13	—	7
	Anaemia	...	...	...	2	40	5	26
Lungs	Bronchitis	...	...	...	6	52	12	3
	Other Non-Tuberculous Diseases	...	...	...	11	19	10	2
	Pulmonary :				—	—	—	—
	Definite	...	...	...	—	2	—	—
Tuberculosis	Suspected	...	...	...	1	6	—	4
	Non-Pulmonary :				—	—	—	—
	Glands	...	...	...	—	—	—	—
	Bones and Joints	...	...	...	—	1	2	—
	Skin	...	...	...	—	—	—	—
Nervous System	Other Forms	...	...	...	—	—	—	—
	Epilepsy	...	...	...	2	3	3	3
	Chorea...	...	...	...	—	—	1	2
	Other Conditions	...	...	...	1	9	4	12
Deformities	Rickets	...	...	...	—	—	—	—
	Spinal Curvature	...	...	...	8	4	4	—
	Other Forms	...	...	...	129	275	49	23
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)					31	47	1325	119
TOTAL					832	1170	2907	369

TABLE II.—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)	
Prescribed Groups :—			
Entrants	2,049	225	11.0
Second Age Group	2,114	334	15.8
Third Age Group... ..	1,737	228	13.1
Total (Prescribed Groups) ...	5,900	787	13.3
Other Routine Inspections ...	—	—	—

TABLE III.
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Feeble-minded and Epileptic	2
------------------------------------	---

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	5	30	—	—	35

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	—	—	—	11

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	—	—	1

MENTALLY DEFECTIVE CHILDREN.**Feeble-minded Children.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	66	—	—	68

EPILEPTIC CHILDREN.**Children suffering from Severe Epilepsy.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	1	2

PHYSICALLY DEFECTIVE CHILDREN.**A. Tuberculous Children.****I.—Children suffering from Pulmonary Tuberculosis.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	1	3	1	5

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	3	—	2	5

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	310	1	—	311

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	28	1	1	30

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	4	—	—	7

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR.

TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

DISEASE OR DEFECT	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
SKIN :—			
Ringworm—Scalp			
X-ray treatment	3	—	3
Other treatment	—	—	—
Ringworm—Body	13	3	16
Scabies	12	2	14
Impetigo	207	—	207
Other Skin Disease	257	30	287
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II)	193	51	244
MINOR EAR DEFECTS	155	19	174
MISCELLANEOUS (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	1,062	70	1,132
TOTAL ...	1,902	175	2,077

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	Otherwise	Total
Errors of Refraction (including Squint) ...	1075	70	1145
Other Defect or Disease of the Eyes ...	—	—	—
TOTAL ...	1075	70	1145

Total number of children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	681
(b) Otherwise	...	...	...	...	70

Total number of children who obtained or received Spectacles :—

(a) Under the Authority's Scheme	...	...	...	...	675
(b) Otherwise	...	...	...	...	70

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

NUMBER OF DEFECTS				
Received Operative Treatment			Received other forms of Treatment	Total number Treated
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
66	32	98	—	98

Group 4.—Orthopaedic and Postural Defects.

UNDER THE AUTHORITY'S SCHEME—				Number of children treated
Residential treatment with education	...	...	...	9
Residential treatment without education	...	...	...	—
Non-residential treatment at an orthopaedic clinic...	...	...	...	122
OTHERWISE—				
Residential treatment with education	...	...	...	—
Residential treatment without education	...	...	...	—
Non-residential treatment at an orthopaedic clinic...	...	...	...	—
Total number of children treated	...	...	...	130

Group 5.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

				Aged				
				5	...	1,356	} Total 13,548	
				6	...	1,401		
				7	...	1,409		
				8	...	1,303		
				9	...	1,454		
Routine Age Groups				10	...	1,436		
				11	...	1,428		
				12	...	1,340		
				13	...	1,267		
				14	...	975		
				15	...	96		
				16	...	3		
Specials	...	...	...	...	...	...	...	193
Grand Total				...	...	...	...	13,741

(b) Found to require treatment 9,067

(c) Actually treated 5,396

(2) Half-days devoted to :—

Inspection 110

Treatment 961 Total 1,071

(3) Attendances made by children for treatment 6,628

(4) Fillings :—

Permanent Teeth 6,357

Temporary Teeth 536 Total 6,893

(5) Extractions :—

Permanent Teeth 1,266

Temporary Teeth 8,773 Total 10,039

(6) Administrations of General Anaesthetics for Extractions 1,464

(7) Other operations :—

Permanent Teeth 549

Temporary Teeth — Total 549

Group 6.—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	30,569
(3) Number of individual children found unclean	760
(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	8
(b) Under School Attendance Byelaws	—

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1934, TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

TOTAL NUMBER OF CHILDREN NOTIFIED ... 9

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	1	—
(b) Imbeciles	5	2
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16... ..	—	1
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases	—	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
Grand Total	6	3

**Chiswick and Ealing Hospitals
Committee.**

ISOLATION HOSPITAL.

MATERNITY HOSPITAL.

ANNUAL REPORT
OF THE
MEDICAL SUPERINTENDENT
FOR THE YEAR ENDING
31st MARCH, 1935.

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

CHISWICK AND EALING HOSPITALS COMMITTEE. COMMITTEE.

Alderman G. JENKIN (*Chairman*).
Alderman W. T. WHITE, J.P. (*Vice-Chairman*).
Alderman A. W. BRADFORD.
Alderman Col. R. R. KIMMITT, O.B.E., T.D.
Alderman Mrs. E. S. TAYLOR, J.P.
Councillor Mrs. F. M. BAKER, J.P.
Councillor Mrs. A. J. BURDEN.
Councillor Mrs. E. L. HILL.

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—
HELEN R. B. BUCK, M.B., B.S.

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 M. P. B. GARDNER.

*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 present to you the Annual Report on the administration of the Hospitals from the 1st April, 1934, to the 31st March, 1935.

ISOLATION HOSPITAL.

During the year a large number of beds has again been occupied in the treatment of scarlet fever. The number of cases treated is a little less than in each of the previous two years, but during the winter months the hospital accommodation has again been inadequate, a number of patients being sent to neighbouring hospitals. There has not been a general epidemic, cases having been admitted from various isolated areas in the two Boroughs. The hospital now serves a wide area with an ever increasing population and it seems improbable that in future years there will be any marked decrease in the number of cases for whom hospital treatment is desirable. With increased accommodation valuable work could be done in the treatment of children suffering from the complications of measles and whooping cough, diseases which have a much higher case mortality than scarlet fever and which, on account of lack of space, cannot be admitted at the present time.

The total number of cases admitted to hospital was 791, being 81 less than in the previous year. The highest daily number under treatment was 129 on December 6th, and the lowest 58 on August 30th. The average daily number was 88.

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

Disease.	Remaining in Hospital March 31st, 1934.	Admitted during year.	Discharged during year.	Died during year.	Remaining in Hospital March 31st, 1935.
Scarlet Fever ...	74	554	548	3	77
Diphtheria ...	19	232	216	9	26
Ophthalmia					
Neonatorum	—	2	2	—	—
Puerperal Fever ...	—	2	2	—	—
Enteric Fever ...	—	1	1	—	—
Totals ...	93	791	769	12	103

SCARLET FEVER.—Of the 554 cases admitted as scarlet fever, 394 were from the Borough of Ealing and 160 from the Borough of Brentford and Chiswick. Thirty of the total were found not to be suffering from the disease and were ultimately diagnosed as follows :—

Tonsillitis 5, influenza 5, common cold 4, lobar pneumonia 1, measles 1, measles and jaundice 1, toxic rash 1, teething rash 2, lichen urticatus 1, rash of unknown origin 1, acute appendicitis 1, orbitis following mumps 1, diphtheria carrier 1, no apparent disease 5.

Twelve cases of scarlet fever were found on admission to be suffering also from a second disease, as follows :—

Diphtheria 2, measles 1, whooping cough 4, chickenpox 4, impetigo 1.

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.
133	333	30	21	4	3

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

Rhinorrhoea	...	...	...	...	...	149
Post-nasal discharge	...	...	...	...	...	7
Cervical adenitis	...	...	...	...	...	54
Cervical gland abscess	...	...	...	...	...	3
Otorrhoea	...	...	...	...	...	58
Otitis media	...	...	...	...	...	6
Meningitis	...	...	...	...	...	2
Nephritis and albuminuria	...	...	...	...	...	22
Arthritis	...	...	...	...	...	5
Relapse	...	...	...	...	...	15
Cardiac affections	...	...	...	...	...	5
Ethmoiditis	...	...	...	...	...	1
Abscess (chin)	...	...	...	...	...	1
Furunculosis	...	...	...	...	...	2
Conjunctivitis	...	...	...	...	...	1
Pleurisy and pneumonia	...	...	...	...	...	1
Secondary tonsillitis	...	...	...	...	...	3
Quinsy	...	...	...	...	...	4
Septic fingers	...	...	...	...	...	6

During the year the Consulting Oto-Laryngologist, Dr. Dan McKenzie, made 26 visits to the hospital. He performed mastoid operations on 11 patients, four of these having both mastoids affected. Dr. McKenzie also performed the following minor operations :—

Lumbar puncture	...	...	...	...	5
Abscess incision	...	...	...	...	2
Wilde's incision	...	...	...	...	1

The following minor operations were performed by the medical attendant on scarlet fever cases :—

Cervical gland abscess incised	...	...	...	3
Abscess (chin) incised	...	...	...	1

Cross-Infection.—In the North Block one case of measles cross-infected eleven others. In the South Block one case of whooping cough cross-infected four others ; one case of measles cross-infected nine others ; and one case of chickenpox cross-infected

15 others. The usual difficulty was experienced in controlling cross-infection on account of the lack of suitable accommodation for isolation.

Return-Cases.—Of the 548 cases discharged during the year 27 gave rise to return cases of scarlet fever, 24 being patients from Ealing and three from Brentford and Chiswick. This gives a return-case rate of 4.9 per cent.

Deaths.—Three patients admitted with a diagnosis of scarlet fever died, giving a case mortality of 0.5 per cent. One case was suffering from whooping cough in addition to scarlet fever on admission. The following are particulars of the cases who died :—

No.	Age	Sex	Days in Hospital	Complications	Remarks
1.	9½	F.	55	L. otitis media. meningitis	L. mastoid operation
2.	5	F.	36	Broncho pneumonia and emphyema	Complications due to whooping cough
3.	25	M.	47	R. & L. otitis media. Meningitis.	Double mastoid operation. Left hospital on 25th day against advice and returned 14 days later for mastoid operations

Duration of Stay.—The average duration of stay in hospital of all cases of scarlet fever was 44.4 days. The average duration of stay of those patients having mastoid operations was 83 days. The average duration of stay is high, consequent on the large number of cases of cross-infection.

DIPHTHERIA.—The number of cases admitted as diphtheria from the two districts was 176 from Ealing and 56 from Brentford and Chiswick, making a total of 232, 45 more than in the previous year. In this number are included ten cases of bacteriological diphtheria in whom there was insufficient symptoms to justify a diagnosis of clinical diphtheria. Of the total number 22 were ultimately diagnosed as not suffering from diphtheria. The final diagnoses in these cases were as follows :—

Tonsillitis 9, bronchitis 2, bronchial catarrh 2, laryngitis 1, measles 1, cerebral abscess and meningitis 1, keratitis 1, scarlet fever 1, stomatitis 1, no apparent disease 3.

Three cases of diphtheria were found on admission to be suffering also from measles and one also from impetigo.

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.
41	90	47	14	15	3

The following complications were observed among the cases :—

Palatal paresis	...	...	...	...	...	12
Pharyngeal paresis	...	...	...	...	...	1
Ocular paresis	...	...	...	...	...	1
Facial paresis	...	...	...	...	...	1
Paresis of legs	...	...	...	...	...	1
Right hemiplegia	...	...	...	...	...	1
Cardiac involvement	...	...	...	...	...	10
Myocardial degeneration	...	...	...	...	...	1
Cervical adenitis	...	...	...	...	...	3
Rhinorrhoea	...	...	...	...	...	3
Otorrhoea	...	...	...	...	...	4

There were no cases of laryngeal diphtheria.

Deaths. — There were seven deaths from diphtheria. Two deaths occurred from other diseases in children admitted with a diagnosis of diphtheria which was not subsequently confirmed. One of the latter was found to be suffering from capillary bronchitis and the other from cerebral abscess and meningitis.

The case mortality in diphtheria patients was 3.5 per cent.

The seven deaths from diphtheria are recorded as follows :—

No.	Day of Disease when Admitted	Days in Hospital before Death	Remarks
1.	5	10	Severe faucial diphtheria.
2.	5	3	Severe faucial diphtheria, haemorrhagic.
3.	3	6	Haemorrhagic diphtheria.
4.	5	1	Severe faucial diphtheria.
5.	2	15	Severe faucial diphtheria.
6.	3	20	Severe faucial diphtheria.
7.	3	9	Severe faucial diphtheria.

In four of the above cases there was delay in sending for a doctor until the disease was far advanced. In each of the remaining three a doctor had seen the patient at least two days before admission to hospital but had failed to recognize the case as one of diphtheria. In two of these cases a swab was taken to confirm the diagnosis before sending the patient into hospital, but in the third case the disease was not suspected and no swab was taken. None of the above children was given diphtheria antitoxin before admission. When the patient's chance of recovery is so obviously dependent upon the early administration of the specific antiserum, it cannot be too greatly emphasised that the best policy is to treat each suspected case as one of diphtheria until it is proved otherwise.

Cross-Infection.—Three cases of diphtheria were cross-infected with chickenpox and three cases with scarlet fever.

There were no return cases.

The average duration of stay in hospital for diphtheria cases was 52.7 days.

PUERPERAL FEVER.—Two cases were admitted with this diagnosis and were found to be suffering from uterine sepsis. Both recovered.

OPHTHALMIA NEONATORUM.—Two infants were admitted for treatment. In one case the condition was due to conjunctivitis, not gonococcal in origin, and the eyes were clear on discharge. The other was an infant born in the Maternity Hospital and was suffering from corneal ulceration due to congenital entropion. This patient was referred to another Hospital for further examination and treatment.

ENTERIC FEVER.—One case, an adult male, was admitted suffering from this disease. He made an uneventful recovery and was discharged after 35 days.

ILLNESS OF STAFF.

Tonsillitis	...	1 Probationer.
Jaundice	...	1 Probationer.
Diphtheria carrier	1 Probationer (contact with a brother at home who died from diphtheria).	
Diphtheria	...	1 Probationer.
Hydronephrosis	...	1 Staff Nurse (transferred to King Edward Memorial Hospital after examination by Mr. Gordon Bryan, the Consulting Surgeon).
Pneumonia	...	1 Private Nurse (died).
Scarlet fever	...	1 Probationer and two private nurses.
Influenza	...	1 Staff Nurse, two probationers, one private nurse and one ward-maid.
Quinsy	...	1 Cook.

Information regarding the condition of patients in Hospital.

In view of enquiries that have repeatedly been made, it may be stated that parents and friends may obtain information regarding the condition of patients in hospital from three sources:—

(1) *From the Matron.*—Each morning the Matron completes a form indicating the general condition of all patients in the hospital and this information may be obtained at the gate or by telephone between the hours of 9 and 10 a. m. Any special message from the patient is also delivered in this way. Information by telephone may be obtained by calling at the Health Department at the Town

Hall in Chiswick and in Ealing. When there is anything in the nature of a relapse or a serious complication to report the Matron either writes or sends a message to the parents asking them to call at the hospital to see herself or the Medical Attendant. The Matron also interviews parents who desire further information about their children.

(2) *From the Medical Attendant.*—On Wednesday afternoon the Medical Attendant interviews parents at the hospital. During the past year 1,408 interviews have been given at this time. He can also be seen each weekday at 9 a.m. at Ealing Town Hall or at mid-day each day except Wednesday at the hospital in cases of urgency.

(3) *From the Medical Superintendent.*—The Medical Superintendent interviews in special cases parents at Ealing Town Hall by appointment.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries	3,862	19	6
Repairs to buildings, etc.	386	18	6
Furniture, fittings and utensils... ..	659	2	2
Maintenance of ambulance	216	8	11
Medical and surgical requisites	1,087	5	2
Provisions	2,508	18	5
Fuel, light and cleaning	1,183	17	2
Rates, taxes and insurance	734	15	1
Miscellaneous	146	14	6
Superannuation—employer's contribution	83	10	8
Loan Charges	990	8	4
Legal Charges	20	4	0
	11,881	2	5
Administrative Charges—proportion	400	6	8
	£12,281	9	1

The patients spent 34,203 days in hospital, so that the average cost of each patient per day was $7\frac{1}{2}\frac{1}{4}$ d. Taking the patient-days 34,203 and the staff-days 13,106, or a total of 47,309, the average cost of food works out at $1\frac{1}{10}\frac{3}{4}$ d. per person per day.

MATERNITY HOSPITAL.

The number of patients admitted to the Maternity Hospital during the year ending 31st March, 1935, was 508, one less than in the previous year. The cases admitted to the Hospital in each year since it was opened are as follows :—

1921-22	...	109	1928-29	...	450
1922-23	...	235	1929-30	...	534
1923-24	...	284	1930-31	...	561
1924-25	...	369	1931-32	...	546
1925-26	...	388	1932-33	...	524
1926-27	...	358	1933-34	...	509
1927-28	...	407	1934-35	...	508

Although the cases dealt with in the last two years are less in number than in the four preceding years this is by no means due to any decrease in the applications for admission. The recognised accommodation of the hospital is 22 beds, and it is necessary, therefore, to limit the number of cases which are booked for admission. It has been found from past experience that if 44 cases are booked for each calendar month the accommodation at the hospital is utilised to the best advantage and without the risk of repeated overcrowding. Even so there were as many as 35 patients in the hospital at one time during the year. The average duration of stay in hospital was 15.9 days.

With the object of allocating the available accommodation to the most deserving cases, a new rule was introduced by the Committee, by which it is necessary for applicants for admission to the hospital to have been resident in the constituent districts for a period of not less than twelve months previous to the expected date of confinement.

In the report for the previous year reference was made to the proposal to erect a new Maternity Hospital in which 44 beds would be available. Throughout the year considerable time and thought have been devoted to the preliminary work of preparing detailed plans and specifications with the result that it has now been possible to invite tenders for the construction of the new hospital,

The 508 cases admitted to the Hospital during the period under review came from the two districts as follows:—

<i>Month</i>	<i>Brentford</i>		<i>Total</i>
	<i>Ealing</i>	<i>and Chiswick</i>	
April	34	6	40
May	24	16	40
June	43	12	55
July	29	10	39
August	28	9	37
September	41	11	52
October	29	14	43
November	28	14	42
December	22	15	37
January... ..	31	13	44
February	23	15	38
March	30	11	41
	<hr/>	<hr/>	<hr/>
	362	146	508
	<hr/>	<hr/>	<hr/>

Emergency Cases.—Two emergency cases were admitted during the year. One was a case of toxæmia of pregnancy, a premature macerated foetus being born shortly after admission. The mother's convalescence was uninterrupted. The second was a case of marginal placenta prævia which was under observation for ten days for ante-partum hæmorrhage and was then discharged to rest at home. She was readmitted at the 36th week of pregnancy and was treated for moderately severe hæmorrhage a week later, a live and vigorous infant being born. The mother made a good recovery.

Ante-Natal Cases. — Seventy-six ante-natal cases were admitted for treatment. The conditions from which they were suffering were as follows:—

Albuminuria (2 requiring surgical induction)	
(7 requiring medical induction)...	26
Pyelitis	4
Post-maturity (12 requiring medical induction)	13
Threatened disproportion (medical inductions)	16
Breech presentation (attempted version 3,	
1 requiring surgical induction)	3

Ante-partum haemorrhage	...	...	...	2
Intrauterine death of the foetus (1 requiring medical induction)	...	...	...	2
Varicose veins	...	...	...	2
Hydramnios with twin pregnancy	...	...	...	1
Heart Disease (Mitral stenosis)	...	...	...	1
Pneumonia	...	...	...	1
Asthma and bronchitis	...	...	...	2
Epilepsy with bacilluria and debility	...	...	...	1
Vomiting (of dietetic origin)	...	...	...	2

Of these cases thirty, including ten of albuminuria, recovered sufficiently to be discharged and to await at home the onset of labour.

Other ante-natal abnormalities encountered but not admitted in the ante-natal period were :—

Albuminuria	...	...	...	...	17
Intrauterine death of foetus	...	...	...	...	4
Asthma, bronchitis, or both	...	...	...	...	4
Pyelitis (chronic)	...	...	...	...	7
Heart Disease (Mitral stenosis)	...	...	...	...	2
Hydramnios	...	...	...	...	2
Phlebitis	...	...	...	...	1

Abnormalities and Complications during Labour.

Forceps delivery, (for unrotated occipito-posterior 7, disproportion 3, foetal distress 3, uterine inertia 2)	...	15
Breech presentation, (complete 10, extended legs 11)	...	21
Face presentation	...	1
Shoulder presentation (one second twin)	...	2
Persistent occipito-posterior position (1 instrumental)	...	9
Prolapsed cord (premature labour)	...	1
Prolapsed hand (spontaneous delivery)	...	1
Retained placenta, (4 expressed, 1 removed from cervix)	...	5
Post-partum haemorrhage of severe degree	...	5

Episiotomy	...	...	...	...	...	24
Perineal rupture (more than one stitch required)						78
Ante-partum haemorrhage :						
Placenta praevia (2 lateral, 1 marginal)	...					3
Accidental	...	...	...	...	...	2
Twin pregnancy,						
(Two vertices 3, two breechs 2, vertex and breech 3, vertex and shoulder 1)					...	9
Trial labour,						
(Instrumental delivery 1, spontaneous 3)						4
Precipitate labour	...	...	...	...		1
Born before arrival	...	...	...	...		2
Secondary suture of third degree perineal tear						1

Abnormalities and Complications during Puerperium.

Seven cases suffering from uterine sepsis (four of which were very mild) were notified as puerperal fever. All these were normal deliveries.

Eighteen cases of puerperal pyrexia occurred, in several of which the condition rapidly subsided. These cases were suffering from :—

Uterine sepsis,						
(One following extended breech, other normal delivery)	...	...	...	...		2
Mastitis, or breast abscess	...	...	...			6
Pyelitis,						
(One following instrumental delivery)	...					7
Whiteleg	...	...	...	...	...	1
Post-anaesthetic pneumonia, septic perineum and urinary infection (following forceps delivery)						
	...	...	...	...	...	1
Septic perineum (following forceps delivery)	...					1

Other puerperal abnormalities and complications, not associated with notifiable pyrexia :—

Bacilluria, cystitis or pyelitis :						
Present before labour	...	...	...	...	9	
Developed in puerperium	...	...	...	...	8	
						— 17
Mastitis	...	...	...	...	...	13
Infected nipples	...	...	...	...	...	1
Breast abscess	...	...	...	...	...	2
Phlebitis (present before labour in one case)	...	...	...	...	...	12
Secondary haemorrhages	...	...	...	...	...	7
Sub-involution (severe, probably due to fibroids)	...	...	...	...	...	1
Eclampsia (a single fit only)	...	...	...	...	...	1
Mental derangement	...	...	...	...	...	1
Surgical emphysema	...	...	...	...	...	1

Maternal Death. There was one maternal death. The patient was admitted at the 26th week of pregnancy with lobar pneumonia and in a debilitated state. A live premature infant, which did not survive, was born six days after admission and the mother died two days later in spite of all treatment.

Patients transferred to other Hospitals.

To Queen Charlotte's Isolation Hospital.

Localized uterine infection	...	...	...	...	1	
Post-anaesthetic pneumonia	...	...	...	...	1	
Septic perineum	...	...	...	...	1	
						— 3

To Chiswick and Ealing Isolation Hospital.

Localized uterine sepsis	2	
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To West Middlesex County Hospital.

Mental derangement	1	
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CHILDREN.

Number of Infants born.

Males	281
Females	237
						—
Total	518

<i>Number of cases of twins</i>	9
<i>Number of cases of premature infants (born alive)</i>				47
37-38 weeks development	...	...		26
35-36 " "			(4 twins)	10
33-34 " "			(4 twins)	7
32 " "	...	...		1
28 " "	...	...		2
26 " "	...	...		1

Of these 47 infants 6 died shortly after birth, twins of 34 weeks and all those of earlier development.

Stillbirths. Total 20.

Macerated (all premature)	...	...	...	12
Maternal Albuminuria (1 hydrocephalus)	...	...	...	6
Accidental haemorrhage (retro-placental)	...	...	...	1
Pyelitis of pregnancy	...	...		1
Syphilis (with pyelitis of pregnancy)				1
Cause uncertain (one second twin)...				3
Fresh : ...	...	...	...	8
Forceps delivery for foetal distress, albuminuria	...	...	...	1
Extended breech (2 large infants, 1 second twin)	...	...	...	3
Placenta praevia	...	...	...	1
Shoulder presentation	...	...		1
Maternal albuminuria	...	...		2

Infant Deaths. Total, 11.

Prematurity,				
(1 maternal pneumonia, 1 ante-partum haemorrhage, 2 twins)	...	...		6
Intracranial injury,				
(Face presentation, spontaneous delivery 1, persistent occipito-posterior, forceps delivery 1)	...	...	...	2
Convulsions without obvious intracranial injury (normal labour)	...	...		1
Atalectasis (normal, full-term labours)	...			2
Hydrocephalus and spina bifida	...	...		1

Abnormalities in Infants discharged alive.

Spina bifida	1
Congenital small eye and coloboma iris ...	1
Cephal-haematoma	3
Talipes	2
Tongue tie	2
Brachial paresis (following breech delivery)	1
Accessory auricles	1
Supernumerary digits	1
Gastro-enteritis (one severe with signs of septicaemia)	3
Icterus neonatorum (severe, one mentally defective)	5
Malaena neonatorum (severe)	1
Vaginal haemorrhage (slight)	1
Bronchitis	5

Ophthalmia Neonatorum. Two cases were notified as ophthalmia neonatorum. One cleared up completely after a week of treatment. The other proved to be a case of corneal ulceration due to inversion of the eyelid and was admitted to the Isolation Hospital for treatment.

Infants weaned. Total 9.

Weaned on account of mother's breast condition	5
Prolonged puerperal pyrexia	1
Mothers transferred to Queen Charlotte's Hospital	3

Consulting Obstetrician.

Dr. J. W. Rait Bell, the Consulting Obstetrician, was called in on 13 occasions during the year and performed one operation for perineal repair. Dr. H. Matthews was called in on one occasion for a congenital abnormality of the eyes in an infant.

COST OF MAINTENANCE, ETC.

							£	s.	d.
Salaries—							181	1	6
Medical	...	...	...	...	...	...	529	15	3
Nurses	...	...	...	...	...	...	1,007	6	2
Other staff	...	...	...	...	...	...	277	17	9
Repairs to buildings	...	...	...	...	...	...	240	7	7
Furniture, fittings and utensils	...	...	...	...	...	...	277	6	10
Medical and surgical requisites	...	...	...	...	...	...	1,044	12	1
Provisions	...	...	...	...	...	...	737	6	6
Fuel, light and cleaning	...	...	...	...	...	...	331	10	1
Rates, taxes and insurance	...	...	...	...	...	...	89	15	3
Miscellaneous	...	...	...	...	...	...	65	8	3
Superannuation—employer's contribution	...	...	...	...	...	...	714	1	2
Loan charges	...	...	...	...	...	...
							£5,496	8	5
Administrative charges	...	...	...	...	...	...	180	4	4
							5,676	12	9
Less Income from patients	...	...	...	...	...	...	2,401	14	0
							£3,274	18	9

The patients spent 8,082 days in hospital, which makes the gross cost of each patient per day 14/0½d. or £4 18s. 3½d. per week, and the net cost, after deducting the amounts paid by the patients, 8/1¼d. per day or £2 16s. 9d. per week. With the patient days 8,082 and the staff days 8,467, or a total of 16,549, the average cost of food for patients and staff is 1/3 per person per day.

The cost per patient per week in the year under review shows a reduction on the previous two years and is almost equal to the cost in the year 1931-32, which is the lowest on record. The net cost per patient per week in the last five years have been :—

						£	s.	d.
1930-31	...	...	...	...	...	3	0	7
1931-32	...	...	...	...	...	2	16	8
1932-33	...	...	...	...	...	3	2	0
1933-34	...	...	...	...	...	3	2	3
1934-35	...	...	...	...	...	2	16	9

Once more the opportunity is afforded to me to express appreciation of the excellent work carried out, whilst encumbered with serious difficulties, by the medical and nursing staffs of both hospitals. The hospitals have suffered constantly from undue pressure on their accommodation, and it has only been by the complete co-operation of all concerned that the work has been carried on so successfully. In all the work I have received most valuable assistance from the Clerk to the Committee, Mr. Birrell, in the non-medical administration of the hospitals.

I am, Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

Medical Superintendent.

TOWN HALL,

EALING, W.5.

22nd May, 1935.

10

On the 10th of the month I attended to the
examination of the patients who were
with me, and by the medical and nursing staff of both
wards. The patients have suffered considerably from
fever on their admission, and a high fever by the
complete cessation of all movement that the work has been
done in the hospital. In all the work I have found that
the patients are in the best of health, and the work has been
in the hospital.

On the 11th of the month I attended to the
examination of the patients who were
with me, and by the medical and nursing staff of both
wards. The patients have suffered considerably from
fever on their admission, and a high fever by the
complete cessation of all movement that the work has been
done in the hospital. In all the work I have found that
the patients are in the best of health, and the work has been
in the hospital.

On the 12th of the month I attended to the
examination of the patients who were
with me, and by the medical and nursing staff of both
wards. The patients have suffered considerably from
fever on their admission, and a high fever by the
complete cessation of all movement that the work has been
done in the hospital. In all the work I have found that
the patients are in the best of health, and the work has been
in the hospital.

On the 13th of the month I attended to the
examination of the patients who were
with me, and by the medical and nursing staff of both
wards. The patients have suffered considerably from
fever on their admission, and a high fever by the
complete cessation of all movement that the work has been
done in the hospital. In all the work I have found that
the patients are in the best of health, and the work has been
in the hospital.

On the 14th of the month I attended to the
examination of the patients who were
with me, and by the medical and nursing staff of both
wards. The patients have suffered considerably from
fever on their admission, and a high fever by the
complete cessation of all movement that the work has been
done in the hospital. In all the work I have found that
the patients are in the best of health, and the work has been
in the hospital.

On the 15th of the month I attended to the
examination of the patients who were
with me, and by the medical and nursing staff of both
wards. The patients have suffered considerably from
fever on their admission, and a high fever by the
complete cessation of all movement that the work has been
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