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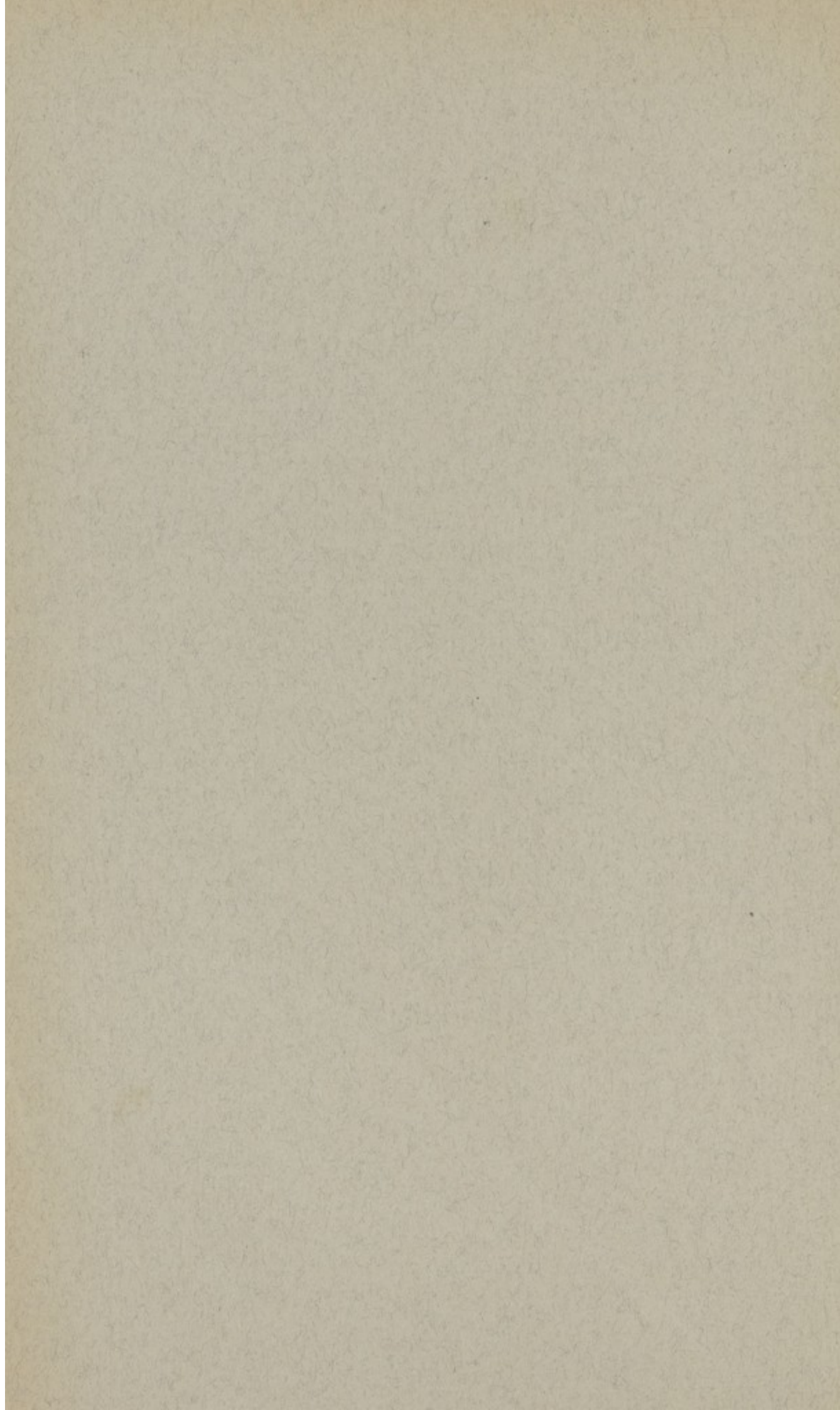
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Borough of Ealing.



ANNUAL REPORT

OF THE

Medical Officer of Health

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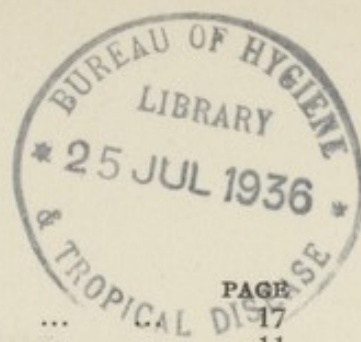
School Medical Officer

1935

INCLUDING

Report on the Isolation and Maternity
Hospitals, 1935-36.

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.



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Report of the Medical Superintendent, Isolation and Maternity Hospitals, 1935-36.

PUBLIC HEALTH COMMITTEE.

1934-35.

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, Mrs. O. A. F. DAVIS, T. E. FOWLER,
F. G. HOLMES, J. MANSEL LEWIS, W. MORGANS, J. G. W. ROLLASON,
H. M. SAYERS, W. A. SCOTT and H. TELFER.**MATERNITY AND CHILD WELFARE COMMITTEE.**

1934-35.

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,
Mrs. O. A. F. DAVIS, T. E. FOWLER, C. D. GRANT, F. G. HOLMES,
J. MANSEL LEWIS, W. MORGANS, J. G. W. ROLLASON,
H. M. SAYERS, W. A. SCOTT and H. TELFER.
Mesdames GRANT, HADDON, HOLMAN, LUDLOW,
MAYO and PARRY.**EDUCATION GENERAL PURPOSES SUB-COMMITTEE.**

1934-35.

*(Responsible for the School Medical Service).*Councillor T. P. MAY (*Chairman*).Alderman J. C. FULLER (*Vice-Chairman*).Councillor E. H. ATKINSON (*Chairman, Education Committee*),
(ex-officio member),Aldermen A. E. COBBIN, Mrs. E. S. TAYLOR, J.P., and
W. T. WHITE, J.P.Councillors E. H. BROOKS, J.P., H. M. SAYERS,
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, and Mrs. A. D. MAYO.

STAFF.

(At 31st December, 1935).

*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.
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DOROTHY TAYLOR, M.B., B.S., M.R.C.S., L.R.C.P.
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D.C.O.G.
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.

Ophthalmic Surgeon—Part-time—

LESLIE GEMMILL SCOULAR, M.B., CH.B., D.O.M.S.

Special Clinic—Part-time—

JOAN G. MALLESON, 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*).

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, and six others.*Maternity and Child Welfare—*Miss O. LEVASSEUR, and four others.*School Medical Service—*Miss I. L. PARKER, and five others.

*Certificate of Royal Sanitary Institute.

†Certificated Inspector of Meat and other Foods.

°Trained Nurse.

‡Health Visitor's Certificate.

§Certificate of Central Midwives Board.

SUMMARY OF GENERAL STATISTICS

The following summary of the general statistics of the area is based on the data furnished by the various health departments and other agencies during the year 1917. It is intended to give a general idea of the health conditions of the area and to show the progress made during the year in the various branches of public health work.

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 1935	137,550
Number of Structurally Separate Dwellings (Census, 1931)	26,717
Number of Houses (1st April, 1935) according to Rate Books	35,963
Number of Families or separate Occupiers (Census, 1931)	31,412
Rateable Value, 1st April, 1935	£1,411,011
Net Produce of a Penny Rate	£5,600

POPULATION.—The official estimate of the population of the Borough at the middle of 1935, supplied by the Registrar General, is 137,550, and this is the figure which is used throughout this report for the calculation of birth, mortality, and other rates. It is felt, however, that although this shows an increase of 4,104 over the previous year, the estimate is not a very accurate one. During the year ending 31st March, 1935, the number of houses and flats in the Borough increased by 2,883. A moderate estimate of the increase in population would therefore appear to be about 8,000.

SOCIAL CONDITIONS.—The decrease in the number of unemployed men recorded last year has continued as the following monthly averages will show :—

<i>Year</i>	<i>Average number of men registered as unemployed.</i>
1932	1,961
1933	1,708
1934	1,099
1935	1,033

These figures regarding unemployment are very satisfactory when compared with the rest of the country.

SUMMARY OF VITAL STATISTICS.

Live Births :—

Legitimate Males, 900	Females, 938	Total, 1,838	} 1,907
Illegitimate Males, 38	Females, 31	Total, 69	

Birth-Rate per 1,000 of Estimated Population 13.9

Still-Births :—

Males, 46	Females, 28	... ..	Total	74
Rate per 1,000 total Births (Live and Still-Births)...				38

Deaths : Males, 666 Females, 691 Total 1,357

Death-Rate per 1,000 of Estimated Population 9.9

Deaths of Infants under one year of age :—

Legitimate Males, 51	Females, 32	Total, 83	} 91
Illegitimate Males, 6	Females, 2	Total, 8	

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

All Infants per 1,000 Live Births	... ..	42
Legitimate Infants per 1,000 Legitimate Live Births	...	45
Illegitimate Infants per 1,000 Illegitimate Live Births	...	116

Deaths from Diseases and Accidents of Pregnancy and Childbirth :—

From Sepsis	... ..	5	Death-Rate per 1,000	
			Total Births	2.52
From Other Causes	... ..	6	„ „	3.03
Total	... ..	11	„ „	5.55

	Total Deaths	Death-Rate per 1,000 Population
Measles	—	—
Whooping Cough	3	0.02
Diphtheria	15	0.11
Scarlet Fever	2	0.01
Influenza	17	0.12
Tuberculosis of Lung	94	0.68
Other Forms of Tuberculosis	9	0.07
Diarrhoea (under two years of age)	12	Death-Rate per 1,000 Live-Births 6.3

**Comparison of Vital Statistics of Ealing with those
of England and Wales, Etc., 1935.**

	England and Wales	121 Great Towns (including London)	London	Ealing
Birth-Rate	14.7	14.8	13.3	13.9
Death-Rate	11.7	11.8	11.4	9.9
Infant Death-Rate ...	57	62	58	48
Measles Death-Rate ...	0.03	0.04	0.00	—
Whooping Cough Death- Rate	0.04	0.04	0.04	0.02
Diphtheria Death-Rate ...	0.08	0.09	0.06	0.11
Scarlet Fever Death-Rate	0.01	0.01	0.01	0.01
Influenza Death-Rate ...	0.18	0.16	0.11	0.12
Diarrhoea (under two years per 1,000 Births) ...	5.7	7.9	11.2	6.3

**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
1935	13.9	9.9	48

BIRTHS.—The birth-rate for the Borough of 13.9 per thousand of population is less than in the previous year, when it was 15.0, and when for the first time on record the birth rate for Ealing exceeded that for England and Wales. The birth rate of 13.9 for the year under review is low but is, however, above the lowest figure for the Borough of 12.7 which was recorded in 1933.

A table showing the birth rates in recent years is to be found on page 10. On account of the difficulty in estimating the population in each of the wards, the table indicating the births in each of the wards is not reproduced on this occasion, as the rates would be very inaccurate. A table, however, showing the wards in groups gives some idea of the birth rates in the wards of the old Borough and in the wards of the extended areas. The marked contrast between the birth rates for the wards in the old Borough and for those in the developing areas is again most striking.

	<i>Population.</i>	<i>Births.</i>	<i>Birth-rate.</i>
EALING (Drayton, Castlebar, Mount Park, Grange, Manor, Lammas)	69,401	701	10.1
HANWELL (Grosvenor, Hanwell South and North)	33,146	441	13.3
GREENFORD AND NORTHOLT ...	35,003	765	21.9

DEATHS.—The total number of deaths, 1,357, is the highest yearly total recorded in the Borough, but despite this the death-rate of 9.9 per thousand of population is the second lowest death rate since 1914. The reason, of course, is that as the population increases the deaths are bound to increase somewhat in proportion. The death-rate, however, indicates that the mortality in the Borough as a whole, is decreasing. The death-rate for the Borough, 9.9, is well below the rate of 11.7 for England and Wales.

By multiplying the death-rate for Ealing by the "comparability factor" supplied by the Registrar General in the previous year the death-rate for the Borough can be made comparable with those of other districts. The "factor" for Ealing is 1.01, which makes the "comparable" death-rate 10.0, very little different from the standard-rate, 9.9.

The distribution of the deaths according to wards, the populations of which are far from accurately known, would prove fallacious, and is therefore not set out in tabular form.

The table on page 13 indicates the causes of the 1,357 deaths which have been assigned to the Borough. As in previous years, heart disease and cancer are the predominating causes of death, exactly 500 of the total deaths, or 37 per cent. coming under these headings. Pulmonary tuberculosis, with 94 deaths, accounted for the third highest number from an individual cause, while pneumonia, with 66 deaths comes next. The group embracing congenital debility, premature birth, etc., with 63 deaths unfortunately stands much higher than usual, although the infant death-rate, which is discussed later, shows that there has been no serious increase in child mortality.

The deaths from the various infectious diseases are commented upon in a later section of this report, but it will be seen in the following table that in 1935, compared with 1934, there was an increase from 8 to 15 in the deaths from diphtheria, and a decrease from 26 to 17 in the deaths from influenza, and an entire absence of deaths due to measles compared with seven in the previous year.

Causes of Death, 1935.

Cause of Death	Deaths, 1935			Total Deaths 1934
	Male	Female	Total	
Typhoid and Paratyphoid Fevers	—	—	—	—
Measles	—	—	—	7
Scarlet Fever	1	1	2	2
Whooping Cough	1	2	3	4
Diphtheria	9	6	15	8
Influenza	8	9	17	26
Encephalitis Lethargica	—	3	3	1
Cerebro-Spinal Fever	1	—	1	—
Tuberculosis of Respiratory System	58	36	94	88
Other Tuberculous Diseases	9	—	9	19
Syphilis	2	—	2	3
General Paralysis of the Insane, Tabes Dorsalis	—	2	2	4
Cancer, Malignant Disease	75	123	198	169
Diabetes	6	16	22	22
Cerebral Haemorrhage, etc.	29	33	62	56
Heart Disease	127	175	302	317
Aneurysm	3	1	4	5
Other Circulatory Diseases	22	31	53	53
Bronchitis	19	13	32	40
Pneumonia (all forms)	38	28	66	73
Other Respiratory Diseases	5	10	15	13
Peptic Ulcer	25	11	36	16
Diarrhoea, etc. (Under two years)	9	3	12	12
Appendicitis	9	4	13	7
Cirrhosis of Liver	1	3	4	2
Other Diseases of Liver, etc.	4	4	8	7
Other Digestive Diseases	14	21	35	22
Acute and Chronic Nephritis	28	17	45	38
Puerperal Sepsis	—	5	5	3
Other Puerperal Causes	—	6	6	6
Congenital Debility, Premature Birth, Malformations, etc.	37	26	63	49
Senility	5	31	36	25
Suicide	7	5	12	14
Other Violence	43	15	58	40
Other Defined Diseases	71	49	120	115
Causes ill-defined or unknown	—	2	2	1
Total	666	691	1,357	1,267

INFANT DEATHS.—Compared with the infant death-rate of 38 per thousand births in the previous year, the infant death-rate of 48 per thousand births for the year under review represents an apparently marked increase. The infant mortality in 1934, however, was exceptionally low, for statistics published after the issue of last year's Annual Report showed Ealing to have the lowest infant mortality among towns of 100,000 population and over in England and Wales.

Notwithstanding this increase in 1935, the infant death-rate for the Borough (48) is much below the rates for England and Wales (57), for the 121 Great Towns (62), and for London (58).

The causes of infant deaths, shown in the table on the following page, indicate that the increase in the number of infant deaths may be attributed almost entirely to an increased incidence of prematurity, for the deaths due to this cause and the total infant deaths were both 14 more than in the previous year. It will also be seen that 50 of the 91 deaths occurred before the infant was one week old, while 62 deaths occurred before the infant was four weeks old. This latter figure gives a *neo-natal death-rate* of 32 per thousand live births.

Causes of Infant Deaths, 1926 to 1935.

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Diarrhoea and Enteritis ...	4	3	5	4	3	5	9	4	11	11
Premature Birth ...	23	20	14	25	14	19	24	35	20	34
Congenital Malformations ...	5	9	6	4	9	9	11	13	9	9
Congenital Debility ...	13	11	6	10	9	11	4	4	3	11
Tuberculous Disease ...	—	—	2	1	2	1	—	1	—	—
Syphilis ...	1	—	—	—	—	1	1	—	—	—
Meningitis (<i>not Tuberculous</i>) ...	1	—	1	3	1	4	—	—	1	—
Convulsions ...	1	2	3	3	6	5	4	3	3	1
Bronchitis ...	7	5	7	2	4	2	—	3	3	—
Pneumonia (all forms) ...	5	7	4	8	10	11	6	6	8	8
Gastritis ...	1	—	1	1	—	—	—	—	1	—
Common Infectious Diseases ...	1	2	—	6	2	1	2	3	1	—
Other Causes ...	9	15	12	6	11	15	18	10	17	17
Totals ...	71	74	61	73	71	84	79	82	77	91

Deaths at various Ages under One Year of Age, 1935.

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 ...	50	5	5	2	62	15	10	1	3	91
Measles ...	—	—	—	—	—	—	—	—	—	—
Meningitis ...	—	—	—	—	—	—	—	—	—	—
Convulsions ...	1	—	—	—	1	—	—	—	—	1
Bronchitis ...	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	—	—	1	—	1	3	2	—	2	9
Inflammation of the Stomach ...	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis ...	—	—	—	—	—	3	7	1	—	11
Congenital Malformations ...	4	1	2	1	8	1	—	—	—	9
Congenital Debility ...	3	1	1	1	6	5	—	—	—	11
Premature Birth ...	32	1	1	—	34	—	—	—	—	34
Injury at Birth ...	4	—	—	—	4	—	—	—	—	4
Other Diseases Peculiar to Early Infancy ...	5	2	—	—	7	—	—	—	—	7
Inattention at Birth ...	—	—	—	—	—	—	—	—	—	—
Other Causes ...	1	—	—	—	1	3	1	—	1	6

STILLBIRTHS.—The number of still-births assigned to the Borough was 74, which gives a rate of 38 per thousand of all births, the rate being the same as in the previous year.

MATERNAL MORTALITY.—In recent years the figures of maternal mortality for the Borough have been consistently at a satisfactory level compared with the rest of the country and it is therefore disconcerting to find that the maternal mortality rate for 1935 of 5.55 per thousand births is the highest rate for the Borough since 1911, the year for which complete figures became available. The following table shows the maternal death-rates for Ealing and for England and Wales, in recent years :—

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
1935	5.55	3.93

All the eleven deaths, five of which were due to puerperal sepsis, were investigated with the help of the medical attendant concerned and the facts elicited should prove of value in directing attention to certain steps that might be taken both medically and administratively in an attempt to avoid some of these lamentable results of parturition.

There is a hopeful prospect that the high maternal death-rate for 1935 will be succeeded by a low one for 1936 for during the five months just expired of the current year there has been only one maternal death,

GENERAL PROVISION OF HEALTH SERVICES.

PATHOLOGICAL LABORATORY.

Mainly in consequence of the large number of cases of diphtheria treated in the Isolation Hospital the number of examinations carried out in the pathological laboratory was much in excess of any figure previously recorded. The laboratory is situated at the Town Hall and the central position facilitates the easy delivery of specimens and consequently the early diagnosis of cases of diphtheria, tuberculosis, and other infectious conditions.

Specimens Examined in Laboratory.

	Positive	Negative	Total 1935	Total 1934
Diphtheria :				
From the Practitioners in Borough	119	1,112	1,231	1,189
From the Isolation Hos- pital	572	5,662	6,234	3,976
From the School Medical Department	32	620	652	216
Tuberculosis... ..	89	330	419	413
Miscellaneous	22	248	270	313
Total	834	7,972	8,806	6,107

AMBULANCE FACILITIES.

1. *For infectious disease.*—The Chiswick and Ealing Hospitals Committee provide a motor ambulance for the removal of cases of infectious disease to the Isolation Hospital at South Ealing.

2. *For accident and illness cases.*—The ambulances provided by the Council for dealing with cases of accident and of illness are now stationed at the Fire Station and are manned by members of the Fire Brigade. Two recently built ambulances, with a third of an older type kept in reserve, provide an adequate service for the Borough. The extent of the calls made upon the service is shown in the following table :—

	1930	1931	1932	1933	1934	1935
Cases of Accident ...	546	729	711	772	790	756
Cases of Illness ...	1,211	1,256	1,322	1,149	1,259	1,261
Total Cases ...	1,757	1,985	2,033	1,921	2,049	2,017
Number of Journeys outside the Borough (included above) ...	226	268	444	365	596	427
Annual Mileage ...	11,111	12,301	13,626	13,265	15,818	16,962

NURSING IN THE HOME.

1. *General diseases.*—The Greater Ealing Nursing Association provides a most valuable service of home nursing. The staff of seven nurses are now accommodated in a Nurses' Home provided by the King Edward Memorial Hospital situated at Churchfield Road, West Ealing, and the Association is managed in close co-operation with the Hospital Committee. During the year under review a total of 19,577 visits were made to 926 cases who were dealt with. A nurse is provided in the Northolt Ward by the Northolt Nursing Association.

2. *Infectious diseases.*—Arrangements continue for the provision of nursing assistance in cases of measles, whooping cough, ophthalmia neonatorum, poliomyelitis, diarrhoea, pneumonia and puerperal sepsis, by the district nurses in return for a contribution from the Town Council.

CLINICS AND TREATMENT CENTRES.

Provided by Ealing Town Council.

Health Centres (Maternity and Child Welfare, and School Medical Service)	13, Mattock Lane, Ealing. Cherington House, Hanwell. Ravenor Park, Oldfield Lane, Greenford. Islips Manor, Eastcote Road, Northolt.
Orthopaedic Clinic	13, Mattock Lane, Ealing.
Special Clinic (Birth Control)	13, Mattock Lane, Ealing.

Provided by Middlesex County Council.

Tuberculosis Dispensary	Green Man Passage, West Ealing.
Treatment Centres for Venereal Disease	Certain Hospitals in London.

Special Clinic.—The work at the special clinic for giving instruction in birth control has continued during the year, 69 new cases being dealt with. The scope of the clinic is strictly limited as only mothers in whom pregnancy would be detrimental to health are dealt with, and all patients must be referred by a medical officer at one of the Council's Health Centres. The total number of consultations with the medical officer at the Special Clinic was 129.

HOSPITALS.

1. *Isolation Hospital.*—Accommodation for the treatment of cases of infectious disease is provided at the Chiswick and Ealing Isolation Hospital. For some years difficulty has been experienced in coping with the demand for admission and proposals to extend the hospital have been under consideration, with the result that the extension of the hospital at a cost of £30,497 is now being proceeded with. The extensions comprise alterations and additions to the Administrative Block and Nurses' Home; the erection of a new Block of 22 beds for cases of diphtheria, and a Cubicle Block of 12 separate single-bedded wards in which cases suffering from different diseases may be isolated yet nursed by the same staff.

2. *Maternity Hospital.*—Hospital accommodation for maternity patients is provided at the Chiswick and Ealing Maternity Hospital where the 22 beds available have for some years been quite inadequate to meet the needs of the districts served. Proposals to provide additional accommodation have been noted in the reports for the last four years and last year it was stated that a tender would shortly be accepted for the construction of an entirely new maternity hospital.

Tenders for the erection of a new hospital with accommodation for 42 beds were considered early in 1935, but progress in the matter was delayed by questions of principle which arose and which entailed negotiations with the Middlesex County Council. These negotiations have had a favourable result and it is anticipated that the work of building the new Maternity Hospital will be begun at an early date.

3. *Smallpox Hospital—Hospital provision for children—Other hospitals.*—No change has to be noted in the hospital provision which was described last year.

HEALTH EDUCATION.

The issue of 2,000 copies each month of the publication "Better Health" through the Health Department, the Health Centres and the Public Libraries, has been continued. Arrangements have been made for the issue of a new edition of the booklet describing the Public Health Service which provides a summary of all the public health activities of the Town Council, and the facilities which are available for preventive and remedial treatment for certain classes or groups of the community.

During the year the British Medical Association published an admirable booklet on "Family Meals and Catering," which has been distributed through the Health Centres. By arrangement with the Education Committee, copies of this booklet were also made available to the girls attending the Domestic Instruction Centres.

SANITARY CIRCUMSTANCES OF THE BOROUGH.

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

A complaint was received during the year regarding the inadequacy of the water supply in that portion of the Borough served by the Rickmansworth and Uxbridge Valley Water Company. This complaint was occasioned by the bursting of an 18 inch main which affected the supply for the whole of a week-end in February.

The first section of a new 18 inch main to increase the supply to this district was completed early in March and resulted in a considerably increased pressure.

RIVERS AND STREAMS.—During the summer months complaints were received regarding the pollution of the small stream running through The Green at Northolt. Investigations at the time failed to discover the cause of the pollution which disappeared with the advent of rain. Nevertheless, the nuisance recurred and as a result of careful examination of all the surface water sewers in the neighbourhood it was found that waste water pipes had been wrongly joined to the surface water sewer. The disconnection of these pipes should prevent further complaints.

DRAINAGE AND SEWERAGE.—With the exception of 56 houses in Northolt Ward, 16 in Greenford North Ward, 2 in Hanwell North Ward, 3 in Mount Park Ward and 5 in Drayton Ward the houses in the Borough are supplied with water closets and are joined to the sewerage system.

During the year two houses were connected to the sewer and the cesspools previously in use were abolished.

It was anticipated that the sewerage system for the Borough would be connected to the West Middlesex Sewerage Scheme during the year but the connection was not completed until early in 1936. The five sewage disposal works at North Ealing (Perivale), South Ealing, Hanwell, Greenford and Northolt were consequently shut down.

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 in the areas mentioned:—

Wards	Cesspools	Water Closets	Pail-Closets	Houses within 100 feet of Sewer	No. of Houses
Northolt	40	31	25	4	56
Greenford	12	12	4	4	16
Hanwell North ...	2	2	—	—	2
Mount Park and Drayton	3	5	3	—	8
	57	50	32	8	82

PUBLIC CLEANSING.—As stated in the annual report for the previous year, the whole of the house refuse is collected and the whole district is scavenged by the Council. Specially constructed low loading mechanical vehicles are employed for most of the collecting, only a few horse drawn vehicles being retained for special purposes associated with short hauls. For the payment of a nominal fee the Town Council undertake the emptying of certain of the cesspools which are still in the district. There are no earth closets and no privies in the Borough.

Refuse disposal is at present receiving the earnest consideration of the Council. It would be unwise to forecast ultimate decisions but it may be recorded that already it has been decided to close at the earliest possible date the South Ealing Works, most of which has become obsolete, expensive to run and a source of nuisance to the people living in the neighbourhood, and to adopt to a limited extent controlled tipping on certain sites where land unsuitable for building purposes can be made ultimately into admirable public recreation grounds.

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

The dump just outside the Borough boundary at Yeading to which refuse from Paddington and other districts is brought, is conducted in a modified form of controlled tipping. No nuisance from smell was observed and there no trouble from fire.

SMOKE ABATEMENT.—The increase in the number of factories, particularly in the Greenford North Ward, has called for increased activity in dealing with possible nuisances from smoke. Forty-eight observations were made of chimneys during the year but in four 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 use of inferior coal, in two by bad stoking, and in the fourth by a defect in the smoke consuming apparatus. Appropriate advice was given in each case and further observations of the chimneys gave satisfactory results.

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 is now only one offensive trade carried on in the Borough, namely, fishfrying, which is carried on in 27 separate premises. During the year thirteen applications were received for permission to establish the trade of fishfrying. Permission was granted in five cases, but in only two had the business been established before the end of the year. In two instances the trade was not established and the permission was eventually withdrawn.

The tallow melting factory in the Greenford North Ward was discontinued during the year and the premises were taken over for other manufacturing purposes of a non-offensive character.

SHOPS ACT, 1934.—During the year five shops were reported by the Inspector as having failed to comply with the provisions of the Shops Act, 1934, relating to ventilation and temperature and to sanitary conveniences. Inspections were made by the Sanitary Inspector and in one case it was found that W.C. accommodation and facilities for washing were not provided for the assistant. This shop was at a railway station and arrangements were made for the assistant to be provided with a key to the ladies' cloakroom where both these facilities were provided. In another shop there were no washing facilities but after notice to the shop-keeper a wash-hand basin was installed. In the other three instances the arrangements were found to be satisfactory.

SWIMMING BATHS AND POOLS.—There are four swimming baths provided by the Council, namely, a ladies' bath, a men's first class bath, a men's third class bath and a bath reserved exclusively for the use of the public elementary school children.

These swimming baths are equipped with pressure filters for continuous filtration and the water is treated with chlorine under strict supervision.

There are two privately owned swimming pools in the Borough which are run in connection with Staff Recreation Clubs of two large factories. In both of these pools chemical treatment of the water is carried out.

VERMINOUS HOUSES.—During the year a review of the Council's houses was made with a view to ascertaining the amount of infestation with bugs. Of the 1,550 houses owned by the Council, 48 were found to be either definitely, or suspected to be, in a verminous condition.

Inspections of these 48 houses were made by the sanitary inspectors and evidence of bugs was found in 23 houses, or 1.5 per cent. of the total, a very low figure compared with many other districts.

Disinfestation was carried out at these houses and proved successful in all but one instance where re-infestation was discovered after five months. This house was ultimately cleared of vermin.

Consideration was given by the Housing Committee to the question of disinfestation of furniture belonging to tenants to whom Council houses were allocated and it was decided that disinfestation should be carried out in all cases where evidence of bugs was found after inspection by the Sanitary Inspectors.

Towards the end of the year a contract was made with a firm specialising in fumigation by means of hydrogen cyanide and before the 31st December the furniture of two houses was treated.

NOISE NUISANCES.—Section 56 of the Middlesex County Council Act, 1930, provides that a noise nuisance shall be liable to be dealt with in accordance with the provisions relating to nuisances of the Public Health Act, 1875, with the proviso that if the noise is occasioned in the course of any trade, business or occupation it shall be a good defence that the best practicable means of preventing or mitigating it, having regard to the cost, have been adopted.

During the year ten complaints of noise nuisance were received. Investigations were made and in eight instances the complaints were found to be justified. Appropriate action was taken and the noises were reduced to a reasonable amount having regard to the trade or business involved.

No action was taken regarding the other two cases as investigation failed to substantiate the complaint of nuisance.

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

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

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

RAG FLOCK ACTS, 1911 AND 1928.—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 four cowkeepers on the register as producers of milk. One of these was licensed during the year by the Middlesex County Council to produce Grade "A" milk. One cowshed was demolished in August last.

At the end of the year there were on the register 152 retail purveyors of milk. Twenty of these registrations were in respect of premises owned by one company and used as places for the sale or distribution of bottled pasteurised milk received from the Central Depot in another district. During the year 12 purveyors of milk were registered with respect to premises used for other purposes to retail milk in sealed receptacles only, 4 new purveyors of milk were registered for premises purchased from others who were on the register and 2 with premises in other districts were registered to retail milk within the Borough. One new purveyor was registered and one milk producer, with a cowshed fitted with a properly equipped dairy, who had formerly carried on a wholesale trade, was registered as a retail purveyor. One retail purveyor of milk discontinued his business, and one shopkeeper ceased to retail milk, their names being taken off the register as retail purveyors of milk. One dairy was demolished, new premises being erected a short distance away from the original site.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.—Under this Order 93 licences were granted during the year, 16 for the sale of Certified Milk, 25 for Grade "A" (Tuberculin Tested) Milk, one for Grade "A" and 51 for Pasteurised Milk.

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

Fourteen samples of ordinary unclassified milk were examined for general bacterial count. Four of these were found to contain over 200,000 bacteria per cubic centimetre, namely 4,700,000, 510,000, 490,000 and 228,000. The attention of the vendors was drawn to the condition of the milk and advice was given in exercising care in the sterilisation of the milk utensils.

Seven samples of ordinary milk were submitted for biological examination at the Lister Institute for the presence of tubercle bacilli. In one sample these organisms were found. This fact was reported to the Buckinghamshire County Council when it was found that two cows at the farm from which the supply was obtained were suffering from Mastitis and a notice was served on the owner restricting the sale of milk from these animals; another cow with symptoms of a suspicious nature had been disposed of to a knacker prior to the investigation and subsequent to the date on which the sample was taken. This cow may have been the cause of the infected milk, for a further sample from the same source gave a negative result.

MEAT AND OTHER FOODS.—There was one infringement of the Public Health (Meat) Regulations. A licenced slaughterman from another district slaughtered two beasts at a private slaughterhouse in the Borough without giving the necessary notice of slaughter. In this instance cautions were given to the slaughterman and to the owner of the slaughterhouse.

No meat is sold from stalls in the Borough.

There are three private slaughterhouses and in the course of the year 4 cattle, 142 sheep, 248 pigs and 20 calves were slaughtered in them. All the animals were stunned by means of a humane implement and all the 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	...	...	...	...	108 lbs.
Pork	...	...	...	...	413 lbs.
Veal	...	...	...	...	140 lbs.
Fowl	...	...	...	...	31 lbs.
Fish	...	...	...	...	15 lbs.
Tinned Fruit	...	...	...	...	108 lbs.

LEGAL PROCEEDINGS.—Legal proceedings were taken in the following four cases with the results indicated :—

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

67, The Grove. Premises in such a state as to be a nuisance or injurious to health.

An Order was made by the Magistrates for the necessary work to be carried out within 21 days.

(b) *Contravention of the Byelaws with Respect to New Streets and Buildings having regard to Section 23 (b) Public Health Acts, Amendment Act, 1907.*

9, Seward Road. Failing to submit plans before converting into more than one dwelling of a building originally constructed as one dwelling-house only.

Fine of £1 inflicted.

(c) *Section 52 Ealing Corporation Act, 1905.*

36, Hurley Road. House without a proper and sufficient water supply.

After several adjournments the Magistrates inflicted a fine of £5 or one month's imprisonment.

(d) *Section 148 (1) Middlesex County Council Act, 1934.*

Refuse not properly covered being carried in barges on the Grand Union Canal.

Action was taken with respect to six barges carrying house refuse. In one instance the refuse was totally uncovered and in the other five, rope netting with a six inch mesh had been thrown over the refuse. The Magistrates, after a lengthy hearing, dismissed the five summonses in respect to the barges with rope netting but without costs to the defendant. In the case of the uncovered barge the summons was dismissed on payment of five guineas costs.

An appeal was lodged by the Council against the Magistrates' decision with respect to the five barges covered with nets, but this was eventually withdrawn on the defendant company undertaking to provide and use tarpaulin covers. This undertaking was eventually complied with.

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 85 bodies were deposited therein. It is so fitted that medical practitioners can perform post mortem examinations and in 30 cases during the year such examinations are carried out.

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	... ..	1,088
Number of Nuisances observed by Inspectors	... ..	108
Number of Premises inspected in connection with Infectious Disease	... ..	794
Number of Premises visited by Periodical Inspection (Cowsheds, Dairies, Slaughterhouses, Workshops, etc.)	... ..	3,424
Number of Houses inspected under House-to-House Survey		721
Food Inspections	... ..	2,690
Total Number of Re-inspections	... ..	13,413
Other Inspections	... ..	2,690
Total Number of Inspections and Re-inspections	... ..	24,928
Number of Intimation Notices given	... ..	779
Number of other Letters written	... ..	664
Number of Statutory Notices served	... ..	82
Proceedings before Magistrates	... ..	4

MILK AND DAIRIES ACT, ETC.

Number of Cowsheds on Register	... ..	4
Number of Inspections made of Cowsheds	... ..	9
Contraventions of Act or Orders	... ..	—
Number of Retail Purveyors of Milk on Register	... ..	152
Number of Inspections of Retail Purveyors' Premises	... ..	226
Contraventions of Act or Orders	... ..	—
Proceedings before Magistrates	... ..	—

SLAUGHTERHOUSES.

Number of Registered or Licensed Slaughterhouses	...	...	...	...	...	3
Number of Inspections made	...	...	...	...	...	126
Contraventions of Regulations	...	...	...	...	...	1
Proceedings before Magistrates	...	...	...	...	...	—

FACTORIES AND WORKSHOPS.

Registered Workshops	...	...	...	...	...	213
Factories	...	...	...	...	...	146
Number of Inspections of Factories and Workshops and Workplaces	...	...	...	...	...	303
Number of Defects concerning which Notices were sent	...	...	...	...	...	57
Proceedings before Magistrates	...	...	...	...	...	—

OFFENSIVE TRADES.

Fried Fish Shops	...	...	...	...	...	27
Other Offensive Trades	...	...	...	...	...	—
Number of Inspections	...	...	...	...	...	209
Contraventions...	...	...	...	...	...	1

DISINFECTION.

Rooms Disinfected by Spray :—						
(a) Ordinary Infectious Disease	...	...	...	...	...	17
(b) Tuberculosis	...	...	...	...	...	121
(c) Other Conditions	...	...	...	...	...	124
Rooms treated for Vermin	...	...	...	...	...	246
Articles Disinfected by Steam at Disinfector :—						
(a) Ordinary Infectious Disease	...	...	...	...	...	77
(b) Tuberculosis	...	...	...	...	...	482
(c) Other Conditions	...	...	...	...	...	1,643
Articles voluntarily destroyed	...	...	...	...	...	190

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	268
Drains cleared and cleansed	168
Defects in drains repaired	92
Drains reconstructed	50
Dust-bins provided	84
Overcrowding remedied	11
Accumulations of refuse removed	94
Nuisance from fowls and other animals abated	7
Damp-proof courses inserted in walls	232
Ventilation under floors provided	17
Other forms of dampness remedied	336
Yards paved and repaired	124
Floors repaired... ..	125
Roofs, gutters and rain water pipes repaired	408
New soil and ventilating pipes provided	41
Sinks and waste-pipes repaired or renewed... ..	215
Draw taps fixed to main supply	25
Dirty walls and ceilings stripped and cleansed	926
Other defects or nuisances remedied	983
Cisterns cleansed, renewed and covered	18
Houses connected to sewer	2
Water supply reinstated	35
Ventilated food cupboards provided	102

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES

Including Inspections made by Sanitary Inspector or Inspectors of Nuisances.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries)	103	14	—
Workshops (Including Workshop Laundries)	200	20	—
Workplaces (Other than Outworkers' Premises)	—	—	—
Total	303	34	—

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

Particulars	Number of Defects			Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts—</i>				
Want of Cleanliness	15	15	—	—
Want of Ventilation	2	2	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	2	2	—	—
Other Nuisances	15	15	—	—
Sanitary accommodation { insufficient	5	5	—	—
{ unsuitable or defective	9	9	—	—
{ not separate for sexes	1	1	—	—
<i>Offences under the Factory and Workshop Acts</i>				
Illegal occupation of underground bake-house (s 101)	—	—	—	—
Other Offences	8	8	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
Total	57	57	—	—

OUTWORK IN UNWHOLESOME PREMISES, SEC. 108.

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

HOUSING.—Demolition orders were made under Section 19 of the Housing Act, 1930, with respect to 15 houses. An appeal was entered on behalf of the owners against these Orders but this, after protracted negotiations, was eventually withdrawn. Eight other houses were represented as unfit for human habitation, but the owner submitted proposals for reconditioning which were approved by the Council, the houses being put into a reasonable state of repair and additional yard space being provided.

Altogether 96 houses have been represented as unfit for human habitation since 1930 when the five years' plan was drawn up, fifteen more than was originally estimated. Arising out of these representations there were 57 Demolition Orders, 22 undertakings from owners not to re-let the houses for human habitation and 17 houses were reconditioned. Six houses were voluntarily demolished prior to definite action being taken by the Council.

During the year 233 other houses were re-conditioned making a total of 824, this number being one short of the total of 825 estimated in 1930 to be dealt with in five years.

HOUSING ACT, 1935.—The duty which devolved upon the Local Authority under Section 1 of this Act of making an inspection of the district with a view to ascertaining what dwelling-houses were overcrowded was undertaken at the earliest possible date and the appended report which was submitted to the Borough Council on the completion of the survey gives a full account of the work involved and of the results obtained. In this report it will be seen that the whole of the working-class houses in the Borough numbering 15,234 came under review and that 2.06 of these were found to be overcrowded.

The Housing Committee after consideration of this report expressed the opinion:—

- (a) That it would not be practicable to redistribute as many as 121 smaller overcrowded families in the houses vacated by the larger overcrowded families, and that probably a reasonable number to be considered capable of being transferred would be 60, leaving 61 of these families to be rehoused in addition to the 76 indicated by the Medical Officer :
- (b) That it is inadvisable to consider all the 123 vacant houses as available, since at any time there will always be a certain number of empty houses, and that only 60 vacant houses should be calculated which means the addition of a further 63 houses to the number of houses stated to be required by the Medical Officer ; and
- (c) That it is undesirable to build houses of the lowest category required, namely those of three rooms, and that the houses to be provided should be of four rooms and of five rooms in equal numbers :

and recommended the Council that the Minister of Health be informed that 200 houses, half of four rooms and half of five rooms, were necessary to meet the requirements of the overcrowded families in the Borough. This recommendation was approved by the Council.

BOROUGH OF EALING—PUBLIC HEALTH DEPARTMENT.

Report on the Inspection of the Borough to ascertain what dwelling-houses are overcrowded and on the result of the Inspection.

Section 1, Housing Act, 1935.

On the 29th October I submitted a report on the steps to be taken in order to carry out the inspection of the district under Section 1 of the Housing Act, 1935, with a view to ascertaining the amount of overcrowding and the amount of new accommodation required to abate the overcrowding.

In that report I indicated the general arrangements and the cost of the inspection and I have now pleasure in stating that the inspection has been accomplished as originally planned.

I was fortunate in getting together a group of good workers who carried out their duties with both tact and efficiency. It is remarkable to record that there were only two occasions on which a complaint was made in the course of the large number of inspections, each being the result of a little misunderstanding. A large amount of the credit for the expedition and smoothness with which the inspection was carried out is due to the close supervision exercised by the Sanitary Inspectors and particularly by the Chief Sanitary Inspector on whom the main direction of the work fell.

Twelve enumerators and three clerks were engaged to carry out the preliminary inspections but one enumerator was taken ill after working for ten days and did not return. The whole of the enumeration was completed in four weeks in accordance with the time estimated.

After the enumeration of suspected or actually overcrowded houses, the measuring was carried out by seven measurers who took four weeks and one day to carry out the work. In summarising the actual results of the measurement two clerks were employed for six weeks and one for four weeks.

In my previous report it was estimated, as a result of a careful scrutiny by the Sanitary Inspectors of all houses street by street aided by information already available and by the voters' lists, that 14,712 dwelling-houses would have to be dealt with by the enumerators but actually 15,529 came under review. This latter figure includes 273 houses found empty in the course of the enumeration and 22 which were found not to be of working-class type, making the actual number enumerated 15,234. Of the 273 empty houses enumerated, 34 proved not to be of the working-class type and 116 were found to be occupied when on the 20th January they were all reinspected on the same day, thus leaving 123 empty houses to be considered.

At the conclusion of the enumeration it was found that 317 dwelling-houses were definitely overcrowded and 1,112 possibly overcrowded, making a total of 1,429 dwelling-houses to be measured.

The work of measuring the dwelling-houses found to be either definitely or possibly overcrowded actually embraced 2,060 dwelling-houses used as separate dwellings by persons of the working classes, every room used as a living room or as a bedroom being measured. The increase in the number from 1,429 to 2,060 was due to the fact that, when a part of a house occupied by one family was found to be overcrowded, it was deemed advisable to measure the other part, which, also, according to the definition, had to be considered to be a dwelling-house. A 'dwelling-house is defined as any premises used as a separate dwelling by persons of the working classes or a type suitable for such use. It therefore includes any part of a building which is used, or is capable of use as a separate dwelling by persons of the working classes. The part of a house occupied by a sub-tenant is therefore a separate dwelling-house for the purposes of the overcrowding provisions.' (See Memorandum B).

In Table C are indicated to the left of the diagonal line the total number of families of various sizes living in houses which on measurement and according to Section 2 and the First Schedule of the Housing Act, 1935, were found to be overcrowded, 314 in all. These were situated in the Borough as follows:—

Mount Park Ward	...	...	...	3
Castlebar Ward	...	...	...	1
Drayton Ward	...	...	...	32
Manor Ward	...	...	...	22
Grange Ward	...	...	...	28
Lammas Ward	...	...	...	43
Grosvenor Ward	...	...	...	16
Hanwell North Ward	...	...	...	44
Hanwell South Ward	...	...	...	51
Greenford North Ward	...	...	...	19
Greenford South Ward	...	...	...	46
Northolt	...	...	...	9
				—
			Total	... 314
				=====

Analysis of Overcrowding.

Number of Families	Number of Persons	Occupying accommodation suitable for	Number of Families	Number of Persons	Occupying accommodation suitable for
1	2	1½	1	7½	4½
1	2½	1	4	7½	5
4	2½	2	1	7½	5½
7	3	2	1	7½	6
5	3	2½	3	7½	6½
1	3½	2	3	7½	7
45	3½	3	1	8	4½
1	4	2	2	8	5
20	4	3	5	8	6
1	4½	2½	7	8	6½
10	4½	3	4	8	7
1	4½	3½	11	8	7½
2	4½	4	1	8½	5
9	5	3	2	8½	6½
1	5	3½	4	8½	7½
4	5	4	2	9	5
13	5	4½	1	9	5½
1	5½	3	1	9	6
3	5½	4½	1	9	6½
17	5½	5	1	9	7
2	6	3	5	9	7½
6	6	4½	5	9	8
19	6	5	3	9	8½
6	6	5½	1	9½	6
1	6½	4½	1	9½	7
9	6½	5	4	9½	7½
3	6½	5½	1	9½	8
4	6½	6	4	9½	8½
4	7	4½	1	9½	9
10	7	5	1	10	5
1	7	5½	2	10	7½
7	7	6	2	10	8
7	7	6½	2	10	8½

Sixty dwelling-houses will have to be reviewed within the next two years. These accommodate families with children between the ages of 8 and 10 years and will become overcrowded when the children reach the age of ten years.

It has to be particularly recorded that 61 cases of overcrowding were found in dwelling-houses owned by the Council.

From the totals are to be deducted the numbers of houses of the same sizes which will be left vacant by the removal of the overcrowded families. Put in another way, the houses necessary after the houses too small for larger families are used for the smaller overcrowded families will be as in the table which follows:—

Accommodation required after Redistribution of Overcrowded Families

4 houses will be available for		1 family of 2 persons in a house for 2 persons		leaving a surplus of 3 houses of this size	
5	"	5 families of 2½	"	2½	no surplus
45	"	12 " 3	"	3	a surplus of 33 houses of this size
0	"	46 " 3½	"	3½	46 to be provided of this size
2	"	21 " 4	"	4	19 " "
13	"	14 " 4½	"	4½	1 " "
17	"	27 " 5	"	5	10 " "
6	"	21 " 5½	"	5½	15 " "
4	"	33 " 6	"	6	29 " "
7	"	17 " 6½	"	6½	10 " "
3	"	29 " 7	"	7	26 " "
11	"	13 " 7½	"	7½	2 " "
0	"	30 " 8	"	8	30 " "
3	"	7 " 8½	"	8½	4 " "
1	"	19 " 9	"	9	18 " "
0	"	12 " 9½	"	9½	12 " "
0	"	7 " 10	"	10	7 " "
<u>121</u>		<u>314</u>			<u>229</u>

To the number 229 have to be added the 60 families which will become overcrowded within two years by the increase in the ages of the children and at the same time there will have to be deducted the 123 houses of the various sizes which were found to be vacant on the 20th January.

Overcrowded families after redistribution as in previous Table.	Add 60 families overcrowded in two years' time	Deduct 123 empty houses available	Result of addition of 60 and deduction of 123		Net houses required after smaller families put into larger houses which are deemed surplus
			Houses surplus	Houses required	
For families of 2 persons 2 houses surplus ...	—	—	2	—	2 surplus
" 2½ " — ...	2	—	—	2	—
" 3 " 33 houses surplus ...	3 (deduct)	20 (add)	50	—	48 surplus
" 3½ " 46 " required ...	22	—	—	68	68
" 4 " 19 " " ...	—	1	—	18	8
" 4½ " 1 " " ...	4	7	2	—	—
" 5 " 10 " " ...	5	23	8	—	—
" 5½ " 15 " " ...	8	—	—	23	23
" 6 " 29 " " ...	—	2	—	27	27
" 6½ " 10 " " ...	3	2	—	11	11
" 7 " 26 " " ...	2	8	—	20	6
" 7½ " 2 " " ...	—	16	14	—	—
" 8 " 30 " " ...	7	—	—	37	14
" 8½ " 4 " " ...	—	27	23	—	—
" 9 " 18 " " ...	4	15	—	7	7
" 9½ " 12 " " ...	—	1	—	11	11
" 10 " 7 " " ...	—	1	—	6	6
<u>229</u>	<u>60</u>	<u>123</u>	<u>—</u>	<u>—</u>	<u>181</u>

It has been suggested that, after adding the families being displaced from houses dealt with by demolition, etc., under the Housing Act, 1930, from these 181 houses of the various sizes required there should be deducted the number of houses being built at Cow Lane and in Greenford Road.

	Number of families over-crowded requiring houses	Add families in houses to be demolished, etc	Total houses required	Deduct houses in course of erection	Net number of houses required after distribution etc.
Families of 3 persons ...	48 surplus	28 (deduct)	20 surplus	16 surplus	36 surplus
" 3½ " ...	68	3	71	—	38
" 4 " ...	8	7	15	—	—
" 4½ " ...	—	1	1	—	—
" 5 " ...	—	6	6	—	—
" 5½ " ...	23	—	23	24	—
" 6 " ...	27	1	28	—	—
" 6½ " ...	11	1	12	170	—
" 7 " ...	6	2	8	—	8
" 7½ " ...	—	—	—	—	—
" 8 " ...	14	—	14	—	14
" 8½ " ...	—	—	—	—	—
" 9 " ...	7	—	7	—	7
" 9½ " ...	11	—	11	—	9
" 10 " ...	6	—	6	8	—
	181	49	202	218	76

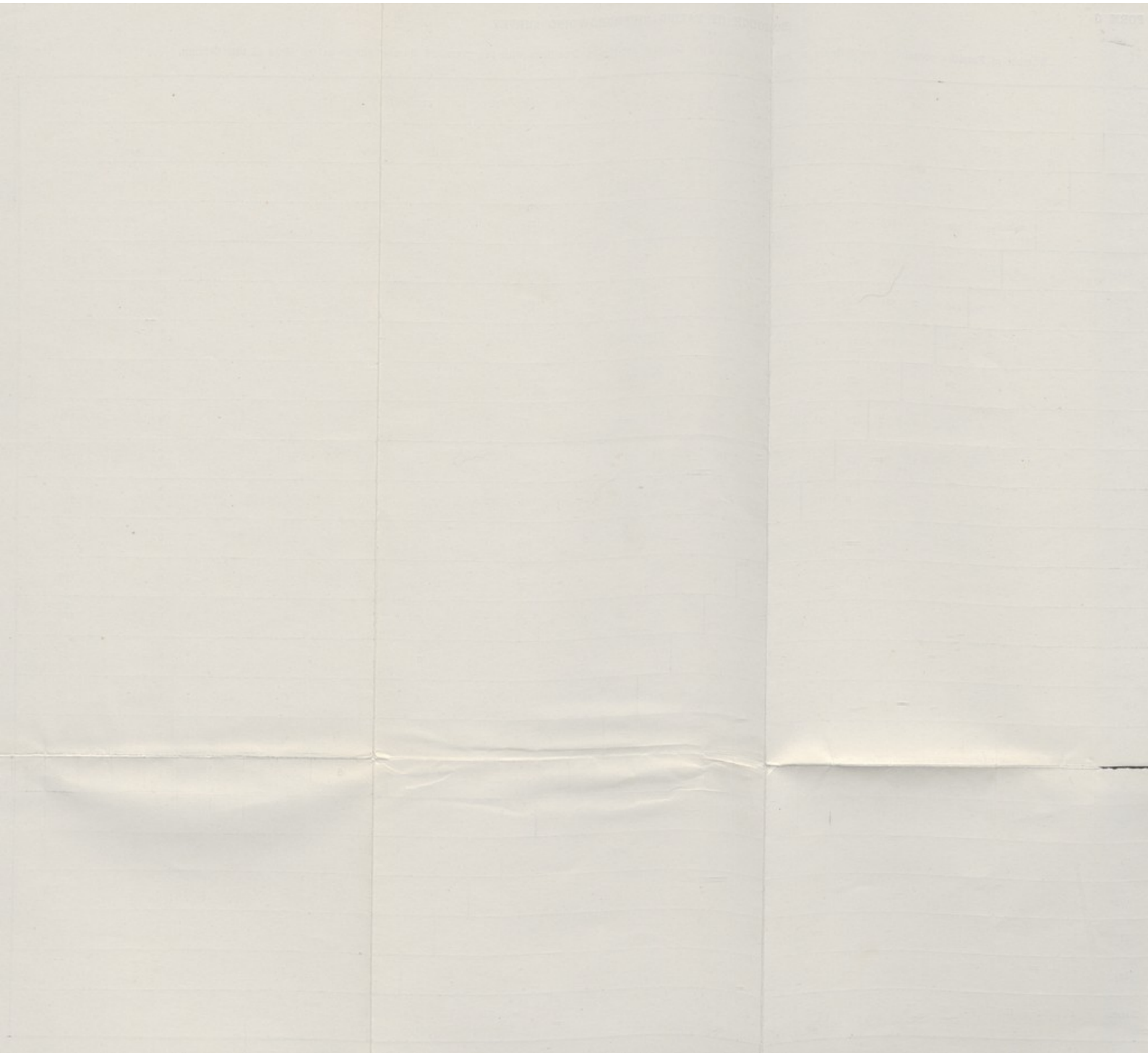
This means that the houses required, after all appropriate additions and deductions, are 76 in number and of the sizes as follows :—

38 of 3 rooms, 8 of 4 rooms, and 30 of 5 rooms.

THOMAS ORR,

Medical Officer of Health.

11th February, 1936."



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)	2,098
(b) Number of inspections made for the purpose	2,121
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	721
(b) Number of inspections made for the purpose	744
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation... ..	23
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1,240

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	1,020
--	-------

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	68
(2) Number of dwelling houses in which defects were remedied after service of formal notice :—	
(a) by Owners	51
(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	15
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	—
(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 2,181 new houses were built in the Borough by private enterprise. Eighty-four houses were in course of construction by the Town Council, but none were completed by the end of the year.

INFECTIOUS DISEASE.

The numbers of cases of the various infectious diseases notified during the past twelve years are indicated below. The total number of cases notified in the year under review is less than in the preceding year, a lower incidence of scarlet fever being mainly responsible. Scarlet fever, however, was again prevalent during the year to a fairly wide extent, 400 cases being notified. There was a further increase in the number of cases of diphtheria and the total of 228 has only been exceeded on one previous occasion, namely, in 1922.

Cases of Infectious Disease occurring in the Borough.

Disease	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Smallpox	—	—	—	—	1	1	1	—	—	—	—	—
Diphtheria	61	40	72	53	68	90	129	83	54	71	195	228
Scarlet Fever	123	107	156	136	313	231	264	154	407	476	493	400
Enteric Fever (including Paratyphoid)	9	5	4	14	12	1	4	1	3	4	3	7
Puerperal Fever	3	6	1	6	2	2	7	6	4	3	3	7
Puerperal Pyrexia... ..	—	—	3	15	16	13	26	18	21	28	14	11
Pneumonia :												
Primary	47	57	47	66	73	100	78	96	85	56	72	59
Influenzal	27	22	17	38	13	59	12	18	50	32	17	11
Acute Poliomyelitis	3	—	1	—	—	1	—	2	4	3	—	1
Cerebro-Spinal Fever	—	—	—	2	—	1	—	—	—	—	—	—
Malaria	—	2	5	6	4	4	2	1	—	1	1	—
Dysentery	—	—	—	—	1	—	—	—	—	—	—	1
Erysipelas	25	17	15	18	28	24	34	20	30	36	43	28
Encephalitis Lethargica	6	4	2	6	3	3	1	1	1	—	1	—
Tuberculosis :—												
Pulmonary	74	90	93	89	99	109	111	141	141	154	139	157
Non-Pulmonary	31	25	21	16	24	27	22	27	27	23	24	23
Ophthalmia Neonatorum... ..	3	6	5	4	8	9	9	9	5	8	5	3
Total	412	381	442	469	665	675	700	577	832	895	1010	936

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	4	8	—	—	1	—	1	—	15
Scarlet Fever	—	—	—	1	—	—	—	—	1	—	—	—	2
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Sepsis	—	—	—	—	—	—	—	—	4	1	—	—	5
Pneumonia : Primary	8	1	—	—	—	1	2	1	2	6	16	26	63
Influenzal	—	—	—	—	—	—	—	—	1	—	1	1	3
Acute Poliomyelitis... ..	—	—	—	—	—	—	—	—	—	—	1	—	1
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	1	1
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	2	1	3
Tuberculosis : Pulmonary	—	—	—	—	—	—	—	4	41	17	26	6	94
Non-Pulmonary	—	2	—	—	—	1	1	1	1	—	2	1	9
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	8	3	—	2	4	10	3	6	51	24	49	36	196

DIPHTHERIA.—The number of cases of diphtheria notified during the year was 228, compared with 195 in the previous year. After eleven years of low incidence of this disease the increased prevalence in the last two years, which is clearly shown in the table on page 44, is very noticeable. It must be pointed out, however, that the total of 228 cases expressed as a case-rate of 1.66 per thousand of population is almost identical with the average for the whole country, the case-rate for England and Wales being 1.60 per thousand of population.

The distribution of the cases according to age and the numbers occurring in each Ward are indicated on page 45. It will be seen that as many as 68 cases occurred in the Manor Ward, an unduly high proportion, particularly as in the previous year the greatest incidence occurred in the same ward. Scrutiny of the cases occurring in this ward shows, however, that only 19 cases occurred in private houses, that 15 occurred in the King Edward Memorial Hospital, and that the remaining 34 were children residing in three Children's Homes which are situated in close proximity to one another. The outbreak of infection in these Homes entailed numerous visits by the medical and nursing staff for the examination and swabbing of contacts and the ultimate immunization of all the children.

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

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
23	11	14	16	13	10	28	13	37	35	20	8

July, September and October were the months in which the disease was most prevalent, and of the one hundred cases which occurred in these months 38 were in the Manor Ward.

The accommodation at the Isolation Hospital for diphtheria cases was at times, insufficient to deal with the demand for admission and no less than 51 cases were admitted from the Borough either to the Acton or to the Willesden Isolation Hospitals.

During the year 15 deaths were recorded, equivalent to a death-rate of 0.11 per thousand of population and a mortality-rate of 6.58 per cent. of cases notified, compared with figures of 0.06 and 4.10 respectively, in the previous year. The death-rate for the Borough was higher than that recorded for England and Wales of 0.08 per thousand of population.

The arrangements made for the immunization of children against diphtheria were detailed in the report for last year although the scheme was only put into operation in the early part of the year under review.

During the year supplies of prophylactic sufficient for 180 patients were issued at cost price to local medical practitioners for their private patients and in addition 326 children were immunized through the school medical department.

The increased prevalence of diphtheria led to an exceptionally large demand for anti-toxin, which is supplied free of charge for patients certified by their medical attendant to be in poor circumstances and at cost price for other patients. During the year 840,000 units of anti-toxin were issued.

SCARLET FEVER.—The number of cases of scarlet fever showed a definite reduction on the two previous years, as will be seen in the table on page 44. The total of 400 cases in 1935 is equivalent to a case-rate of 2.91 per thousand of population, compared with an almost similar rate of 2.96 for England and Wales.

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

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
39	58	54	28	43	28	18	7	20	38	32	35

From these figures it will be seen that, with the exception of the summer months, the disease was prevalent to a fairly uniform extent throughout the whole year.

The wards in which the cases occurred are shown on page 45. The Greenford South Ward, with 81 cases, experienced the greatest prevalence for the second year in succession and the probable reason for this is that there are a greater number of children in the 5—10 years age-group in the ward, which developed rapidly a few years ago and which offered a relatively larger proportion of susceptible children for infection. Castlebar and Mount Park Wards, each with 13 cases, experienced the greatest freedom from the disease.

Two deaths occurred from the disease, a man 25 years of age and a girl 3 years of age, both being due to streptococcal meningitis following mastoid operations. The death-rate for the Borough of 0.01 per thousand of population is similar to the death-rate for England and Wales.

During the year as many as 50 cases were removed to the Acton or Willesden Isolation Hospitals on account of the accommodation at the Chiswick and Ealing Isolation Hospital being fully occupied.

ENTERIC FEVER.—Seven cases coming under this heading were notified, but no connection between any of the cases or with cases occurring in other districts could be discovered. In one case the cause of infection was suggested to be oysters. Enquiries were made through the Medical Officer of Health for the City of London, from whom it was ascertained that the oysters were part of a consignment from America, found on bacteriological examination to be of satisfactory quality, and that no previous enquiry or complaint had been received.

PUERPERAL FEVER AND PUERPERAL PYREXIA.—Seven cases of puerperal fever were notified during the year, three occurring in private nursing homes and four in the patient's own home. Five of the cases were removed to hospitals for treatment. Of the cases notified three proved fatal, although one of the deaths was not assigned to the Borough of Ealing as the home of the patient was outside the district.

Eleven cases of puerperal pyrexia were notified, eight occurring in the patient's own home, two in private nursing homes, and one at a London Hospital. Five cases, in addition to the last-mentioned case, received hospital treatment. Two of the cases removed to hospital proved fatal.

PNEUMONIA.—Notifications were received of 59 cases of primary pneumonia and 11 cases of influenzal pneumonia. Many deaths of persons ordinarily resident in Ealing occur from pneumonia in institutions outside the Borough and consequently the number of deaths (63 primary pneumonia and 3 influenzal pneumonia) bears no proper relation to the number of notified cases.

DYSENTERY.—One case of dysentery was notified, a man employed as a porter at a hospital in London. Apparently there had been some cases among the staff at this hospital.

ERYSIPELAS.—Twenty-eight cases were notified during the year compared with 43 in the preceding year.

ENCEPHALITIS LETHARGICA.—Although no cases were notified three deaths were recorded under this heading, these being three females 55, 63 and 73 years of age respectively. The encephalitis was not of recent onset and was not the immediate cause of death. Besides, the diagnosis of encephalitis lethargica was not confirmed in any of the cases.

TUBERCULOSIS.—The number of 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	—	—	5	—	—	—	2	—
5—10	—	—	3	—	—	—	1	—
10—15	1	1	1	—	—	—	1	—
15—20	9	10	1	3	5	2	1	—
20—25	16	18	—	—	5	3	—	—
25—35	29	27	4	3	18	16	1	—
35—45	10	7	1	1	8	6	—	—
45—55	9	6	—	—	9	4	—	—
55—65	9	2	1	—	8	4	2	—
65 upwards	2	1	—	—	5	1	1	—
Total ...	85	72	16	7	58	36	9	—

The number of new cases of pulmonary tuberculosis was 157, the highest number since 1912 when notification of this disease became compulsory. Cases of non-pulmonary tuberculosis, 23 in number, were at much the same level as in previous years. The number of cases of pulmonary tuberculosis is equivalent to a case-rate of 1.14 per thousand of population and while this is higher than the case-rate of 1.04 in 1934, it is lower than the rates in the

preceding three years. The steady reduction in the cases of non-pulmonary tuberculosis can be seen from the following figures for while the number of cases has continued at a fairly constant level owing to the increasing population, the incidence per thousand of population has been almost halved since the quinquennium 1912-15.

NON-PULMONARY TUBERCULOSIS.

<i>Period</i>	<i>Total cases</i>	<i>Average cases per year</i>	<i>Annual case-rate per thousand of population</i>
1912-1915	102	26	0.37
1916-1920	96	19	0.30
1921-1925	121	24	0.35
1926-1930	110	22	0.22
1931-1935	124	25	0.20

The total deaths from tuberculosis were 103 (pulmonary 94, non-pulmonary 9). being four less than in the preceding year.

Eleven persons were certified as dying from pulmonary tuberculosis and two from non-pulmonary tuberculosis although they had not been notified as suffering from the disease. Where the deaths were certified by local medical practitioners their attention was drawn to the necessity of notifying under the Public Health (Notification of Infectious Disease) Regulations, 1918.

The number of cases on the Tuberculosis Register at the end of the year was 550 (452 pulmonary and 98 non-pulmonary), this total being somewhat higher than the total of the previous year of 490. The cases on the Register are revised periodically and close touch is maintained with the local Tuberculosis Dispensary to ensure that cases are removed from the Register when they are cured, or have removed from the district, etc. Where necessary, the Sanitary Inspectors visit the homes to discover the progress of patients not under the supervision of the Tuberculosis Officer.

Dr. J. T. Nicol Roe, who is in charge of the local Tuberculosis Dispensary maintained by the Middlesex County Council, has been good enough to supply the following information regarding residents from the Borough who were dealt with during the year.

Number of persons examined for the first time :					
(a)	Tuberculosis of Lungs	...	...	...	123
(b)	Other forms of Tuberculosis	...	...	...	12
Number of persons in Institutions at end of year :					
(a)	Tuberculosis of Lungs	...	...	...	58
(b)	Other forms of Tuberculosis	...	...	...	19
Number of persons under observation at end of year ... 192					
Number sent to Sanatoria during year ... 98					
Number sent to Hospital during year ... 17					

OPHTHALMIA NEONATORUM.—Only three cases coming under this heading were notified. One of these was removed to the home of the parents outside the district while treatment was in progress. The other two cases were both removed to hospital for treatment, one being discharged with the condition entirely cured and the other infant dying in hospital, the cause of death being certified as septic arthritis.

MEASLES, WHOOPING COUGH, ETC.—The weekly returns from the head-teachers of the elementary schools supplied to the school medical department provide a more or less reliable indication of the prevalence of non-notifiable infectious diseases. The numbers of cases so reported were as follows :—

	1934	1935
Measles	1361	142
Whooping cough	252	368
Chickenpox	553	649
Mumps	601	236

Three deaths occurred from whooping cough giving a death-rate of 0.02 per thousand of population compared with the rate of 0.04 for England and Wales. There were no deaths from measles.

Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

The increasing demands on the maternity and child welfare services are reflected in the statistics for the year, for in almost every instance substantial advances are to be observed. This expansion in the work may be attributed in varying degrees to the record number of births which occurred in the previous year, to the additional population, to the greater appreciation of the service by the mothers, and to the sustained efforts made to teach the mothers that regular medical advice is of vital importance in maintaining their health during pregnancy and in securing the well being of their children throughout the early years of life.

Although the scheme developed in the Borough may be regarded as a fairly complete one, minor extensions or improved methods of procedure are constantly being adopted. In the year under review one important innovation has to be noted as having taken place. Arrangements were inaugurated whereby children susceptible to diphtheria may be immunized and so protected from the disease. Children under 5 years of age submitted by their parents for immunization are referred to the school medical department where children of school age are similarly immunized. Details of this work are to be found subsequently in this Report on page 77.

The collection of fees for treatment frequently presents difficulties and the arrangements which the Council have made whereby members of the Hospital Saving Association may be assisted with regard to payments for treatment should prove valuable in many respects. Any measure which will obviate the nursing staff acting as debt collectors is to be commended as the preservation of a sympathetic relationship between the health visitor and the mother is a matter of vital importance to the work. Details of the payments made by the Association are to be found on page 84.

New Health Centres.—In the report for 1933 the decision of the Council to provide a new Health Centre in the northern portion of Greenford was recorded, while in the report for 1934 details were given of the proposal to build a subsidiary Centre at Perivale. It was anticipated that these two buildings, which become more and more essential as these areas develop, would have been opened during 1935, but although tenders for the Greenford Green Centre

were received in April and for the Perivale Centre in July, various difficulties were encountered whereby the commencement of building operations was delayed. Their construction is now in progress and it is hoped will be completed in July of this year when the needs of the rapidly increasing population of these areas should be adequately met.

Training of Students.—Arrangements approved by the Council to assist the National Health Society in training student health visitors were commenced during the year. The students, six in number, attend two days weekly for periods of 21 weeks, six of which are spent with the school medical department. Two students are allocated to each Centre and after suitable instruction it has been found practicable to allow them to carry out routine home visiting on their own. By this means the Council obtain some return for the time devoted by the staff to the instruction of the students, for the number of visits which they made during the year was over 3,600, almost equivalent to the work of an additional health visitor. These visits are included in the summary of visits done by the staff. Occasional students are also accepted from the College of Nursing for similar training under similar conditions.

Summary of the Visits made by the Health Visitors.

	(1934)	(1935)
Visits to children under 12 months—		
First visits	2,288	2,083
Return visits	4,246	5,185
Visits to children 1 to 5 years of age	8,965	10,501
Visits to expectant mothers	1,170	1,051
Visits to investigate infant deaths and still-births	116	99
Special visits or investigations	229	261
Visits to cases of Ophthalmia Neonatorum	11	4
Visits to cases of Measles and Whooping Cough	337	242
Visits to cases of Scarlet Fever on discharge from the Isolation Hospital	408	401
Inspections of Women's Lavatories	56	83
Visits to children under care of foster-mothers ...	810	835
Other visits	50	97
	<hr/>	<hr/>
Total Visits	18,686	20,842
	<hr/> <hr/>	<hr/> <hr/>

Summary of the Work at the Health Centres.

Mothers.

Expectant mothers attending Ante-Natal Clinics :	(1934)	(1935)
Attending for first time	857	941
Total attendances	4,817	4,811
Mothers seen by Ante-Natal Consultant	37	33
Mothers referred to School Medical Department for dental treatment	303	310
Mothers referred to Hospitals	37	40
Mothers accepted for admission to the Chiswick and Ealing Maternity Hospital	368	417
(Fees collected, £1.675).		

Children.

Children attending Centres for the first time :	(1934)	(1935)
Under one year of age	1,390	1,443
One to five years of age	1,015	1,044
Total attendances made by children :		
Under one year of age	17,492	18,968
One to five years of age	12,934	14,538
Number of children examined by Medical Officer :		
Under one year of age	7,102	8,263
One to five years of age	2,340	2,639
Children referred to School Medical Department :		
For dental treatment	460	409
For treatment of throat and nose	16	18
For optical treatment	33	32
For orthopaedic treatment	111	119
For treatment of minor ailments	22	64
For diphtheria immunization	—	51
Children referred to King Edward Memorial Hospital :		
For minor operations	40	21
For ultra-violet ray treatment	2	2
For other reasons	24	20
Children referred to other Hospitals	48	39

Assistance Given.

Foods supplied at cost price :	(1934)	(1935)
Dried milk (Value)	£473	£552
Virol (")	£94	£103
Cod liver oil (")	£205	£234
Aid provided for mothers at confinement :		
Midwife provided	56	78
Home help provided	10	16
Accouchement set provided	58	79
Consultant's fee paid	9	9
Medical fees paid (doctor summoned by midwife under Midwives Acts)	138	138
Number of orders issued granting a supply of milk, free of charge, for a period of 28 days :		
For expectant or nursing mothers	769	953
For children under five years of age	1,113	1,571

Attendances at the Health Centres, 1935.

	Mattock Lane	Ch'gton House	Ravenor Park	Islips Manor
Number of sessions for expectant mothers	102	99	100	51
Total attendances by expectant mothers	1,486	1,394	1,779	147
Average attendance per session	15	14	18	3
Number of sessions for children	150	150	201	51
Number of children attending for first time	701	689	910	187
Total attendances made by children	9,739	9,217	11,420	3,130
Average attendance per session	65	61	57	61
Number of children seen by doctor	2,758	2,903	4,315	926
Average number seen per session	18	19	21	18

Medical examination of Pre-school Children.—Increasing attention has been devoted in recent years to the well-being of the child between the first and fifth birthday. For the first twelve months of the child's life it is a comparatively easy matter to secure attendance at the health centre for weighing and regular medical supervision. With this first period safely negotiated, however, it becomes more difficult to secure the attendance of the child unless some definite defect manifests its presence. When the child reaches its fifth birthday and attends school regular medical supervision becomes ensured. To bridge this gap the arrangements for the examination of children in this age group have been devised and from 1931 onwards efforts have been made to secure the medical examination of each child at regular intervals, preferably at each birthday with, if possible, an intermediate examination when the child is 18 months old. The examinations during the year under review totalled 2,639 and were made up as follows:—

At the first birthday	...	...	...	769
At eighteen months	...	...	...	504
At the second birthday	...	...	...	602
At the third birthday	...	...	...	466
At the fourth birthday	...	...	...	298
Total	...	...	...	<u>2,639</u>

This number of examinations may on first sight seem very satisfactory, but further consideration reveals that it is far from adequate. It is estimated that there are at least 7,000 children in the Borough between one and five years of age and as approximately 2,250 individual children were examined the proportion coming under the supervision of the medical staff is barely one-third. Perseverance in home visiting should gradually lead to better attendances for medical examination and it is in this direction that work among the children should be developed.

Treatment of Defects.—A scheme of medical inspection without means for dealing with the defects found would be of little value. Hence for all children under 5 years of age there are available the same facilities for treatment of defects as are available for school children. With the child welfare and the school medical departments accommodated in the same buildings the task of referring defective children for treatment is an easy one.

No less than 693 of these pre-school children were referred during the year. The majority of them were referred for dental treatment, although 119 were for examination by the orthopaedic surgeon on account of some physical defect. Information regarding the children dealt with under the orthopaedic scheme is given on page 76.

Seventeen children were operated on at the King Edward Memorial Hospital for defects of the nose and throat and immunization against diphtheria was carried out by the school medical staff for 112 pre-school children.

Dental Treatment.—The School Dentist reports as follows regarding the work carried out for mothers and for children under five years of age :—

“ *Mothers.*—Treatment for mothers was carried out at three centres during the year, Mattock Lane, Ravenor Park and Islips Manor, whereas formerly the treatment was given at one centre, Mattock Lane. This change proved of great advantage to those mothers living at the extreme boundary of Greenford and at Northolt. From all the Borough, over three hundred were advised to see the dentist. The number actually treated at the Centres was 290, one less than the previous year. The form of treatment given was mostly of a radical nature, extensive sepsis being the predominant feature in each case, although in 55 cases of a border line character it was possible to treat successfully the general periodontitis from which they suffered without recourse to wholesale extractions. The number of visits the mothers paid to the Centres for all treatment was 1,091 and the fillings which were inserted were 157 teeth, 76 more than the previous year. Extractions were done mostly under gas, but in less carious mouths extractions were done with local anaesthetic. Altogether 2,080 teeth were removed for expectant or nursing mothers and 110 received full or partial dentures.

“ *Children.*—The treatment of children of pre-school age was carried out at all the Centres on one session in each week, very urgent cases being seen on any dental session. It was found, when compared with previous years, that there was no reduction in the incidence of decay but on the other hand that an increase had taken place in the number of teeth found carious. The Ealing area is enlarging rapidly, and the children coming to live in Ealing show

a very bad dental condition, owing to dental treatment not having been received in the districts from which they have come. The great majority of these have been children of parents who oppose dental treatment because of fear and prejudice.

“The treatment carried out was mostly for the elimination of sepsis by extraction, 1,078 teeth being removed for this purpose. Fillings were inserted in 395 teeth, slightly more than last year. For this work 334 children paid 752 visits to the Centres. Advice was given to parents during these visits on the right foods to give to the children to ensure their having a stronger second dentition.”

INFANT LIFE PROTECTION.

The supervision of fostermothers is carried out by the Health Visitors in accordance with the Children and Young Persons Acts, 1908 to 1932. Information regarding foster-children registered in the Borough is contained in the following table :

Number of children on the register at the beginning of the year	...	...	...	...	...	...	103
(Number of foster-mothers having care of the above children, 79).							
Number of children registered during the year	...						119
Number of children removed from register during year :							
Removed to care of parent or relative	...	...					57
Removed to another foster-mother	...	...					19
Removed for adoption through a Society	...						6
Removed to a Children's Home or School	...						13
Legally adopted by foster-mother	...	...					2
Died (Inquests held, None)	...	...	...				4
Foster-mother left district	...	...	...				6
Attained nine years of age...	...	...	...				3
Placed in care of Public Assistance Authority, parent having disappeared	...	...	...				3
Removed from care of foster-mother at request of Medical Officer of Health	...	...	...				9
Removed by Justice's Order under Section 67	...						1
						—	123
Number of children on register at end of year	...						99
(Number of foster-mothers having care of the above children, 78).							
Number of visits made by Health Visitors	...	...					835

It will be seen that in no less than ten cases the removal of children from the care of fostermothers was considered necessary. In seven of these cases the care of a child had been undertaken by women whose home circumstances were subsequently found to be unsatisfactory, while in two cases children were received by registered fostermothers in excess of the number for whom they were deemed to have accommodation. In these nine cases the removal of the child was secured without any legal action being called for. In the tenth case, however, it was necessary to obtain a Magistrate's Order under Section 67 authorising the removal of the child to the care of the Public Assistance Authorities. A note regarding the circumstances of this case was included in the report for last year.

SUPERVISION OF MIDWIVES.

During the year 50 midwives notified their intention to practise within the Borough, this number including 14 midwives residing outside the district. Of the 36 midwives residing within the Borough, 13 were engaged in private practice and 23 were employed in nursing homes, six of these also attending patients in their own homes. All these midwives possessed 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	27
(b) At the patient's home	528

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

(a) In private Nursing Homes... ..	179
(b) At the patient's home	183

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	28	
On account of a complication during labour	120	
On account of a complication during the puerperium	11	
On account of the health of the child ...	26	
	—	185
Still-birth		7
Death :		
Of mother		—
Of child		3
Laying out of a Dead Body		4
Artificial Feeding of Infant		5
Liability of Midwife to be a source of infection ...		7
		—
		211
		==

Ophthalmia Neonatorum.—The notifications of sending for medical assistance on account of the health of the child included five cases of inflammation of, or discharge from, the eyes but none of these cases were considered by the medical practitioner to be cases of ophthalmia neonatorum.

Visits to midwives.—Routine visits to the number of 37 were made by the Assistant Medical Officer who acts as Inspector of Midwives. In addition seven special visits were made, six being in connection with cases of puerperal infection which had occurred among cases attended by midwives.

Payment of medical fees.—The Town Council paid fees to local medical practitioners, called in by midwives, amounting to £170 4s. 6d. in respect of 138 claims submitted. The fees were paid in accordance with the scale laid down by the Minister of Health. Where the circumstances permitted, the whole, or part, of the fee was recovered from the husband of the patient. The amount recovered was £53 14s. 9d.

Payment of midwives' fees.—In necessitous cases the Council engage midwives and pay their fees. The practice is to allow the patient to select the midwife she wishes to attend at the confinement and for the Council to engage the midwife and to pay for her services, the fee being £2 5s. 0d. for a primipara and £2 for multipara. During the year midwives were engaged in 78 cases.

The Town Council gave consideration to a suggestion that a municipal midwifery service should be instituted in the district. In view of the satisfactory manner in which the present scheme was working and in view of the possibility of the Minister of Health reviewing the matter from a national standpoint it was decided to take no action at the time.

MATERNITY AND NURSING HOMES.

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

	<i>No. of Homes</i>	<i>No. of Beds</i>
Number of Nursing Homes on Register at beginning of year	24 (13)	234 (59)
Number of applications for registration ...	3	
Number of Homes registered	3	
Number of Homes discontinued	2	
Number of Homes removed from Register	1	
Number of Nursing Homes on Register at end of year	24 (14)	241 (63)

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

In one case the Council took action under Section 3 (i) of the Nursing Homes Registration Act to cancel a certificate of registration. This action was taken because of the unsatisfactory

manner in which the home concerned was being conducted and because a condition imposed at the time of registration, that the home should be in the charge of a resident qualified nurse, was not being complied with.

Four applications for renewal of certificates of exemption in respect of voluntary hospitals and homes were granted.

The nursing homes in the Borough are visited regularly by the Assistant Medical Officer who acts as Inspector of Midwives, a total of 58 visits being made during the year.

The following table shows the results of the survey conducted in the year 1934. It is based on the responses of 1000 school children in the city of New York. The table shows the percentage of children who are in good health, who are suffering from various ailments, and who are absent from school for various reasons. The data is as follows:

The following table shows the results of the survey conducted in the year 1934. It is based on the responses of 1000 school children in the city of New York. The table shows the percentage of children who are in good health, who are suffering from various ailments, and who are absent from school for various reasons. The data is as follows:

School Medical Service.

The following table shows the results of the survey conducted in the year 1934. It is based on the responses of 1000 school children in the city of New York. The table shows the percentage of children who are in good health, who are suffering from various ailments, and who are absent from school for various reasons. The data is as follows:

SCHOOL MEDICAL SERVICE.

The maintenance and improvement of the health of the school child are matters of prime importance if a high standard of health of the nation is to be acquired. No effort is spared, therefore, on the part of the Education Committee, to secure the efficiency and completeness of the school medical service.

The following information regarding school accommodation and attendance, together with the number of children medically examined and treated, provides some indication of the increase in the work which the department is called upon to perform. In addition to the elementary school children enumerated below, the pupils at the secondary schools in the Borough are also examined and treated in accordance with arrangements made with the Middlesex Education Committee.

	1932	1933	1934	1935
Population (Mid - year estimate)	122,700	128,800	133,446	137,550
No. of school departments	41	41	43	47
Accommodation	13,656	14,056	14,906	16,749
Average number on School Rolls during year ...	12,479	13,253	14,077	14,463
Percentage of School children to population ...	10.2	10.3	10.5	10.5
Average attendance during year	11,019	11,742	12,489	12,932
Percentage attendance ...	88.3	88.6	88.7	89.4
No. of children examined at routine inspection ...	4,956	5,213	5,900	5,533
Percentage of school children examined at routine inspection ...	39.7	39.3	41.9	38.1
Total number of children who were examined at least once during year...	7,654	8,273	9,780	9,541
Percentage of children who were examined at least once during year ...	61.3	62.4	69.5	66.0

The actual number of elementary school children presented for medical examination was a little less than in the previous year, but new work performed by the staff in other directions—the provision of ophthalmic and dental treatment for secondary school children and the immunization of children against diphtheria—more than balanced this slight decrease in routine inspections.

STAFF.—One important addition to the staff has to be recorded. Early in the year the Education Committee decided that a part-time ophthalmic surgeon should be appointed when an opportunity arose. The resignation of Dr. J. D. Kershaw on his appointment as Medical Officer of Health for Accrington, provided a suitable opportunity for this new appointment and Mr. L. G. Scoular, M.B., Ch.B., D.O.M.S., was subsequently appointed and commenced his duties on the 12th November. The appointment of an ophthalmic surgeon was instrumental in making the new assistant medical officer, Dr. M. MacGregor, available for other work on the sessions his predecessor acted as School Oculist. No other additions were made to the staff during the year.

The continued increase in the number of school children to be dealt with, the new treatment services which are being provided, and the opening of two new Health Centres within the next few months, make it apparent that substantial additions to the staff will soon be called for.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

Children whose parents move to the rapidly developing Greenford and Northolt areas are extremely fortunate as they receive their education under the most hygienic conditions. All new schools provided by the Education Committee for juniors and infants in recent years have been of the open-air type. No less than six new Departments were opened during the year, (1) Ravenor Junior Mixed and Infants, (2) West End Senior Girls, (3) West End Junior Mixed, (4) Horsenden Senior Boys, (5) Selborne Senior

Boys and (6) Selborne Junior Mixed and Infants. Apart from the inspection of the schools by the medical officers on the occasion of routine medical inspection, the schools are visited annually during the vacation by the Sanitary Inspectors who inspect the sanitary conveniences and drains. The visits made during the year under review revealed only a few minor defects.

MEDICAL INSPECTION.

The medical inspections carried out comprised (1) the routine inspection in the schools of children in the three age-groups recommended by the Board of Education, namely (a) entrants, (b) children at eight years, and (c) children at twelve years; (2) the special inspection of children referred by the head-teachers, school nurses, school enquiry officers, etc.; (3) the annual inspection of physically or mentally defective children; and (4) the inspection of children in connection with the supply of milk at the cost of the Education Committee.

FINDINGS OF MEDICAL INSPECTION.

A detailed summary of defects found at both routine and special inspections is contained in Table II on page 88.

Among the 5,533 children examined in a routine manner there were, excluding uncleanliness and dental disease, 707 defects requiring treatment and 1,001 requiring to be kept under observation. The examination of the 4,008 children presented for special inspection revealed 2,921 defects requiring treatment and 382 requiring to be kept under observation.

Of the 5,533 children examined at the routine inspections 684, or 12.4 per cent., were found to require treatment for one or more defective conditions.

(a) MALNUTRITION.—The standard of nutrition of the children examined at routine medical inspection is shown in Table II, B., on page 89. The classification is in accordance with the requirements of the Board of Education as set out in the Administrative Memorandum No. 124 issued at the beginning of 1935.

The nutrition of the school children in the Borough is extremely good for no less than 98.9 per cent. of the children examined were classed as "normal" or "excellent," and only 64, or 1.1 per cent., were found to be "slightly sub-normal." There were no children to be recorded in the fourth class, "Nutrition—Bad."

(b) UNCLEANLINESS.—The measures taken to deal with uncleanness and verminous condition were fully described in the report for 1934. The number of children found unclean in the last three years were as follows :—

Year.	Average number on Rolls.	No. of examinations for verminous condition.	No. of individual children found unclean.	Legal proceedings taken.
1933	13,253	27,438	625	—
1934	14,077	30,183	760	8
1935	14,463	32,951	755	2

The number of children found unclean in Ealing is less than that found generally, but despite this there is still considerable loss of school attendance following the discovery of verminous condition. There is a number of families where every inspection results in the exclusion of several children and where the exclusion of the children and the subsequent visits of the nurses make little or no impression on the mothers as to the necessity of maintaining their children's heads in a cleanly condition. Unfortunately, children from bad homes are the means of spreading vermin among other children and careful mothers are given a more constant task in keeping their children clean. It is proposed to adopt more drastic action regarding the regular offenders.

FOLLOWING UP.

The arrangements made for following up children found at routine or special inspections to be suffering from defective conditions have been given in detail in previous years. The number of visits made by the School Nurses during the year under review was 4,243.

ARRANGEMENTS FOR TREATMENT.

(a) **MINOR AILMENTS AND DISEASES OF THE SKIN.**—Inspection clinics are held at each Health Centre on certain days in the week, and treatment is offered for minor ailments and skin diseases. It will be seen from Table IV, Group I (page 93) that the majority of the cases, 95.2 per cent., attend the Health Centres for treatment in preference to attending hospitals or private practitioners.

The number of cases treated and the total number of attendances made were as follows :—

<i>Condition treated.</i>	<i>No. of cases treated.</i>	<i>Total attendances made.</i>
Skin :		
Ringworm	24	122
Scabies	12	81
Impetigo	243	2,890
Others	287	1,664
Minor eye defects	187	1,902
Minor ear defects	151	2,076
Miscellaneous :		
Minor injuries	361	1,667
Sores	751	5,257
Others	46	180
Total ...	2,062	15,839

(b) **DEFECTIVE VISION.**—Towards the end of the year a very important change was made with regard to the arrangements for dealing with defects or diseases of the eyes. From November this work was in the hands of an Ophthalmic Surgeon who was appointed as a part-time member of the staff. The Surgeon attends at the Health Centres on three mornings in each week during the school year. It is not proposed on this occasion to give any detailed report regarding the children dealt with as the change in staff was made so late in the year and the cases coming under the notice of the Ophthalmic Surgeon were too small to justify a special report from him.

During the year 1,027 children attended for examination and in 694 cases spectacles were prescribed. The remainder either did not require glasses, or needed no change in their existing prescription.

Partially sighted Children.—In 1932 a recommendation was made to the Education Committee that a "sight saving class" for myopic school children should be set up, but the Board of Education, on this proposal being submitted to them, suggested that it should be held in abeyance pending the report of the Committee of Enquiry which had been set up by the Board to study the problems presented by such children. On the publication of the report of this Committee a report was submitted to the Education Committee as follows:—

"The Treatment of Myopic or Partially Sighted Children."

"In the autumn of 1932, it was recommended by me that the Education Committee might with advantage set up a 'sight-saving class' for myopic school-children. At the suggestion of the Board of Education this project was held in abeyance pending the report of a Committee of Enquiry which had been set up by the Board and was at that time engaged in the study of the problems presented by such children. The report of the Committee has recently been published (June, 1934) and I propose discussing the main conclusions.

"The indications for admission of a child to a special school are stated to be:

- (a) Fundus changes indicative of a serious condition of myopia.
- (b) Myopia progressing at the rate of more than 1 dioptré per annum.
- (c) Myopia progressing at that rate after a quiescent period.
- (d) Myopia with a visual acuity of 6/24 or worse after correction.
- (e) The age of a child and the presence or absence of a family history of myopia should be taken into account.

"It is emphasised that every case should be treated on its own merits.

“ At present myopic children in Ealing are dealt with in the ordinary schools by what is called ‘ easy treatment ’ which modifies the school curriculum slightly or by ‘ oral teaching only ’ which, in the majority of cases, involves a complete cessation of useful school work. The indications used in dividing the children into these categories are exactly the same as those suggested by the Committee. In view, however, of the extreme seriousness of the effect on a child’s education of the ‘ oral teaching only ’ regime, ‘ easy treatment ’ has been adopted in a number of cases where a stricter regime would have been better from the physical point of view. With one exception, children in Class (d), those having a visual acuity of 6/24 or less, have been transferred to residential schools.

“ The selection of children for special treatment, the Report states, should be carried out by the ophthalmic surgeon attached to the local Education Authority. No special qualifications are laid down for such surgeon. It would appear that the present practice in Ealing of leaving decisions in the hands of the School Oculist is in accord with the views of the Committee.

“ According to the Report ophthalmic examination of children in special schools or classes for the partially sighted should be carried out every six months. This practice is followed at present in Ealing with all children whose myopia exceeds 3 dioptries. It would appear that our practice is more thorough than that suggested by the Committee, but that may be regarded as an advantage rather than a disadvantage.

“ It is advised that the general health and hygiene of myopic children should receive special care. Again the practice in Ealing is in accord with the Committee’s findings.

“ As regards the question of the type of special education which should be given to myopic children, the Committee, after carefully considering the various forms of modified education at present employed, concluded definitely that for such children as were not sufficiently defective to require treatment in a residential school for the partially blind the best practice was to hold a special class in connexion with an ordinary public elementary school, such class to be carried out as is the present practice in the ‘ sight-saving classes ’ held by the London County Council and other Authorities.

" This suggestion agrees entirely with the projected scheme which was put forward for Ealing in 1932.

" The Committee further recommended that adequate after-care of myopic children should be secured up to the age of 18 by co-operation between employer, Juvenile Employment Bureau and School Medical Officer.

" It would appear from the recommendations of the Committee of Enquiry that the proper course for the Ealing Education Committee to pursue is to establish sight-saving classes in accordance with the scheme originally planned.

" Although only six children in the Borough are at present receiving " oral teaching only " a number of others, between twenty-five and thirty, are undergoing ' easy treatment ' when something more comprehensive is desirable, because of the fact that ' oral teaching only ' would mean very little educational progress for them.

" It will, therefore, be necessary to make ultimate provision for about forty children in ' sight-saving ' classes and for this purpose two classes will probably be required, as anticipated in the original scheme.

" I have discussed with the Director of Education the possibility of having two classes in a school situated in a central position and he has indicated that accommodation is available at Oaklands Road School. This school is fairly convenient for the most thickly populated part of the Borough but it is far removed from Greenford where there are 14 partially-sighted children to be specially dealt with. No matter where the classes are held transport will have to be provided, so that it is immaterial whether the position is exactly central or not. I suggest that the Ealing Ambulance Service might be asked to carry out the transport. An old ambulance might possibly be adapted for the purpose.

" The cost of the classes may be stated to be £550 for teachers, with £50 for equipment and £200 for transport or a total of £800 a year.

" Against this outlay there will be a saving at present of £146 for two children at residential schools and £30 for one at a day school or a total of £176.

" 25th October, 1934."

The Education Committee approved of this report and submitted the proposals to the Board of Education. The Board on considering them stated that in order to secure proper grading for the partially sighted children four special classes would be needed, namely, two attached to a Junior Mixed School, one attached to a Senior Boys' School and one attached to a Senior Girls' School which would mean a total of about 80 children which Ealing clearly could not itself provide, and suggested that the possibility of co-operating with the authorities of adjoining areas should be considered. Adjoining authorities have been approached and it is hoped that when all the areas have been able to take the appropriate steps, with the assistance of an ophthalmic surgeon, to ascertain the partially sighted children that have to be dealt with, a workable scheme will be submitted to the Board. It may be asserted that the area in which the classes are established does not matter so long as the provision is suitable for the children concerned and so long as the situation of the school or schools is as far as practicable convenient to all areas participating in the scheme.

(c) NOSE AND THROAT DEFECTS.—The new arrangements for the operative treatment for nose and throat defects at the King Edward Memorial Hospital were described in the last report. During the year under review 64 children were dealt with, 61 being operated on for enlarged tonsils, two for adenoids, and one for enlarged tonsils and adenoids.

(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. For convenience, the report is inserted in three places in the annual report, the section relating to secondary school children appearing on page 83, that dealing with mothers and pre-school children on page 59, while the section embracing a description of the work among elementary school children follows.

“ During the year 13,910 children in the Elementary Schools were inspected by the dentists. It was found that 8,939 required treatment, a slight reduction when compared with the number in the previous year. Those actually treated at the Centres totalled 5,528, an increase of 132 over those treated in 1934. At the end

of the year there was a large number who had to attend for treatment, due to the increase in the number of children to be dealt with and the insufficient staff. With the appointment of a third whole-time dentist, as is proposed, such arrears should be prevented.

“The work undertaken for all these children was chiefly of a conservative character and extractions were done only in the most urgent cases in which the permanent teeth were involved. The extraction of temporary teeth is always a matter of concern for it is impossible to do any great amount of conservative work on this dentition, owing to the fact that parents still neglect to seek dental treatment at the earliest period of decay. Fillings were inserted in 6,481 permanent teeth, a slight increase over the preceding year; and temporary fillings were inserted in 566 temporary teeth, also a slight increase over the preceding year. Extractions of permanent teeth numbered 1,467. This seems a large figure, but it must be remembered that nearly half of these extractions were made for the purpose of regulating the denture. Extractions of temporary teeth reached the highest figure yet recorded. In all 9,518 teeth of the temporary dentition were removed, mainly on account of advanced caries and sepsis.

“Dressings were applied for various dental defects in 398 children and scaling and polishing were done in 113 other children.

“During the year, all the senior schools were visited within the last ten days of the term. This visit was for the purpose of inspecting children about to leave school on account of age or those leaving to attend other schools in other districts. The object of the inspection was to ascertain the number of these children with sound mouths. It was found that out of 1,344 inspected no fewer than 1,057, or 78 per cent., had sound teeth and mouths, that is naturally sound and rendered sound by dental treatment. This percentage will be improved upon when the children who have just come into the rapidly growing areas of Greenford and Northolt have come under dental supervision for two or more years.”

(e) ORTHOPAEDIC TREATMENT.

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	11	12	23
Number of children seen for first time	99	126	225
Total number of children examined	595	430	1,025
Attendances by Masseuse	91	140	231
Number of cases dealt with	150	57	207
Number of attendances by children	1,810	543	2,353
Children admitted to hospital for operative treatment	9	6	15
Children supplied with special boots or surgical appliances	9	5	14

Attention should be drawn to the number of children who were seen by the Surgeon on the occasion of his fortnightly visits. During the year the average number seen by him was 45, the highest number at one session being 67, compared with an average of 35 in the previous year. This is a very large number to be dealt with at each session and a further increase in the numbers will necessitate arrangements being made for the Surgeon to attend more frequently.

(f) DEFECTIVE SPEECH.—Consequent on the remarks made in the annual report for 1934 regarding the number of children with speech defects who were awaiting vacancies in the special class, the Education Committee decided to extend the provision of this treatment. From August, therefore, two classes have been held each week, one at the Mattock Lane and the other at the Ravenor Park Centre. Twelve pupils are dealt with in each class and the children attend twice weekly for lessons which last an hour.

The results of treatment are shown in the following table, although it must be borne in mind that included in these figures are a number of children whose attendance will continue during 1936.

<i>Result of treatment.</i>	<i>Stammering.</i>	<i>Other speech defect.</i>
Cured	1	1
Much improved	9	2
Improved	8	13
Unimproved	2	2

(g) CONVALESCENT TREATMENT.—The arrangements detailed in the report for last year were continued and during the year 31 children were sent to the Russell Cotes School of Recovery, Parkstone, and 11 children to Collington Manor. The usual period of residence is six weeks, but two children had an extended stay of twelve weeks. In addition, the King Edward Memorial Convalescent Home Fund provided eight children with a holiday of two weeks duration in the Summer at Collington Manor.

Although it is difficult to state in definite terms their full effect, the benefits derived from a period of residence at one of these homes have proved of very great value to the children.

(h) IMMUNIZATION.—Arrangements for the immunization of children against diphtheria came into operation early in the year and the first attendance for immunization was made in January, 1935.

Immunization is carried out free of charge for all children whose parents make application, except that parents whose income is above the National Health Insurance scale are referred to their own doctors. Children first undergo what is known as the Schick test which reveals their susceptibility to the disease; those found not to be susceptible do not require treatment, while those found susceptible attend on three occasions at weekly intervals for injections of diphtheria prophylactic. The injections consist of 1 c.c. doses of Toxoid Antitoxin Mixture, except for children over twelve years of age when Toxoid Antitoxin Floccules are used. After an interval of six months the child attends for another

Schick test in order to determine if the immunization has been successful. Where the patient is found still to be susceptible, a further series of injections are carried out, although this is seldom necessary.

The school children tested totalled 214, of which number 60 were found to be Schick negative and not to require treatment. Children under five years of age were referred for immunization from the Child Welfare department and 112 of these children received the series of injections, the usual practice of omitting the preliminary Schick test in young children being adopted. The total number of children dealt with, therefore, was 326, a very small proportion indeed of the children in the Borough.

To obtain a widespread acceptance of immunization by the parents, very intensive propaganda is necessary. In Ealing the mothers were supplied with leaflets at the Health Centres, the Press helped by notes on the subject, an article appeared in "Better Health," which is circulated in the district, when cases of diphtheria occurred associated with a school leaflets were sent to the parents of the children, yet the results, in the way of children submitted for immunization were disappointing. It is difficult to persuade the parents when there is no epidemic of the disease and particularly when there is no unusual occurrence of deaths to influence them.

INFECTIOUS DISEASE.

The returns sent each week by the head teachers giving particulars of all new cases of non-notifiable infectious disease included 142 cases of measles, 368 of whooping cough, 649 of chickenpox and 236 of mumps.

Only one certificate was given under Para. 15 (ii) of the Administrative Memorandum No. 51 issued by the Board of Education. This was to certify that the prevalence of chickenpox was the cause of the attendance at St. John's Infants' School falling below 60 per cent. during the week ending 15th March.

Children to the number of 276 were excluded under Article 20 (b) of the Education Code for the following conditions :—

Impetigo	...	...	...	...	...	243
Ringworm of head	...	...	...	...	...	5
Ringworm of body	...	...	...	...	...	13
Scabies	...	...	...	...	...	12
Other skin diseases	...	...	...	...	...	2
Otorrhoea (severe)	...	...	...	...	...	1
						<hr/>
						276
						<hr/> <hr/>

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

OPEN-AIR EDUCATION.

In previous reports reference has been made to the steps that are taken to encourage open-air education for the school children in the Borough. No new steps with reference thereto, worthy of record, have been taken during the year.

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

The co-operation of parents, teachers, school attendance officers and certain voluntary bodies in regard to school medical inspection and especially medical treatment has been alluded to on previous occasions. One cannot too often refer to or express appreciation of the valuable assistance rendered whole-heartedly by the teachers. Without that assistance the whole scheme of inspection and treatment would not work so successfully as it does.

Among the voluntary bodies which have given much continued help are the Central Aid Society, the National Society for the Prevention of Cruelty to Children, and the School Attendance Aid Committee.

PHYSICAL TRAINING.

In an earlier report an account was given of the provision made for physical exercises and organised games at the schools and except for new developments associated with new schools the scheme remains the same.

PROVISION OF MEALS.

The arrangements made in the schools whereby children may have a daily supply of one-third pint of milk at the cost to the parents of one halfpenny have been continued and although there has been a falling off in the total number having milk it can be recorded with satisfaction that more than half of the children have milk in school. Information is obtained periodically regarding the number of children having milk and the figures since 1st October, 1934, when the price of milk in school was halved, have been as follows :

<i>Date</i>	<i>Number on Registers</i>	<i>Number having milk</i>	<i>Percentage having milk</i>
28/9/1934	... 14,000	3,200	23.0
31/10/1934	... 14,066	10,380	73.8
30/11/1934	... 14,066	9,337	66.4
28/2/1935	... 14,156	8,471	59.8
1/10/1935	... 14,572	8,175	56.1

The number of children having milk on the 1st October, 1935, has been sub-divided in the following table to show the number and percentage having milk in the various departments of the schools. The table indicates that two-thirds of the younger children are receiving milk :

Number and Percentage of Children having Milk on the 1st October, 1935.

	No. of school departments in group	No. of children on Registers	No. having milk	Percentage having milk
Senior Boys ...	7	2,004	845	42.2
Senior Girls ...	7	1,939	854	44.0
Mixed ...	3	1,190	540	45.4
Junior Mixed ...	9	3,244	1,810	55.8
Junior Mixed and Infants ...	7	2,235	1,484	66.4
Infants ...	13	3,960	2,643	66.7
Total ...	46	14,572	8,175	56.1

Included in the number receiving milk were certain children to whom it was supplied at the cost of the Education Committee. The Education Committee do not provide what are usually called meals but provide milk for school children under Sections 82—85 of the Education Act in suitable cases where the family circumstances are poor. The suitability of the case is judged according to Circular 1437 of the Board of Education in which it states that the powers of the Local Education Authority "are governed by Section 84 of the Education Act which only contemplates the provision of free meals (including milk) for children who are unable by reason of lack of food to take advantage of the education provided for them," and further, that "the Board consider that the selection of children for free meals should be made by a system of medical selection by the Authority's Medical Officers and for this purpose they would regard it as proper that children should be selected who show any symptoms, however slight, of subnormal nutrition." This Circular was further explained by Circular 1443 of the Board which states that in their view "provision may properly be made for any child who shows symptoms, whether educational or physical, however slight." The latter circular, while still placing the responsibility on the medical officers of selecting the children to have free meals (including milk), rendered their task easier since it allowed them, in the absence of physical signs, to have recourse to the reports of the teachers on the educational evidence of subnormal nutrition.

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, 1935...	896
Number of children for whom a supply of milk was approved, 31st December, 1935	986
Daily average number of children who received a supply of milk	825
Total number of bottles of milk supplied	167,441
Cost of milk supplied	£349

Towards the end of the year arrangements were completed for the medical supervision of all children having milk at the cost of the Education Committee. The head-teachers now send all children recommended by them as suitable cases to the Inspection Clinics at the Health Centres. Here the medical officer examines the child and either approves or disapproves the supply of milk. Annual re-examination of all the children having milk takes place when routine medical inspection is carried out in the schools. The teachers continue to terminate the supply of milk when they find the home circumstances no longer merit special assistance.

The additional work placed upon the medical, nursing and clerical staff, is considerable, but one advantage of these new arrangements, in addition to the stricter supervision of the free milk scheme, is that about a thousand of the poorer children in the Borough are subjected to a special annual medical examination.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The return of exceptional children in the area (Table III, page 90) indicates under each heading the school children suffering from blindness, deafness, mental defect, epilepsy, active tuberculosis, crippling, or heart disease. The return indicates the number of children in each category who are being maintained at Certified Schools, 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 34 children were being maintained at Certified Schools by the Education Committee.

NURSERY SCHOOLS.

There are no nursery schools in the Borough. Children just under five years of age are admitted to the Infants' departments where there is some adequate reason for earlier admission to school. At two schools, St. John's and St. Mark's, special classes have been formed for children before their fourth birthday, two classes of 30 children in the former school and one class of 30 children in the latter. These classes are managed on nursery school lines and serve their purpose in an admirable way, exactly in those localities where they are most needed.

The children undergo medical examination in the usual manner on the occasion of the next routine inspection at the school. To ensure the early examination of all new scholars the Infants' schools are visited twice yearly, following the Easter and Summer vacations, so that it can be assumed that new admissions to these classes secure early medical supervision and treatment.

SECONDARY SCHOOLS.

During the year the time devoted to scholars in the secondary schools increased considerably following the provision of dental and ophthalmic treatment in accordance with arrangements made with the Middlesex Education Committee.

Routine medical inspection was carried out as usual, in three County Schools, there being 715 routine and 61 special inspections or a total of 776.

Ophthalmic treatment was provided for the first time during the year under review and the number of cases dealt with was 63. In 53 of these cases spectacles were prescribed and supplied through the school medical service.

The School Dentist's report on the dental condition of secondary school pupils is as follows :—

“The work of the school dental department was increased during the year by the inclusion within its scope of the Secondary and Technical Schools. The total number of pupils inspected at the four schools was 1,523 and out of this number 978 were found to require dental treatment. It was thought that there would be very little treatment required to be done to pupils at these schools, but unfortunately the figures were a surprise. One can say with certainty that a large number had come to these schools, who had been persistent objectors in other areas outside Ealing. Some of these pupils required the removal of four and five permanent teeth, and in nearly every case there were at least two fillings. It is a consolation to know that the work for those in future will be of a slight nature, as all the extensive conservative work and extractions have been completed. Another group of pupils who were found to require treatment had been attending the Health Centres in Ealing for treatment during their elementary school days, but had developed a carious condition in the twelve year old molars which had erupted after their entrance to the new schools.

" The work carried out included fillings, extractions and gum treatment. Several of the pupils required gum treatment, as their gums were in a state of acute gingivitis. Fillings were inserted in 705 permanent teeth. The number of extractions of permanent teeth was great in relation to the number of children treated, 276 being removed because they were in a hopeless state of decay, while 40 temporary teeth also were removed.

" By the end of the year only 411 pupils found with defective teeth had availed themselves of the facilities for treatment at the Centres. A certain number had obtained treatment from a private dentist but until re-inspection takes place it will be impossible to say how many have been treated adequately."

PAYMENTS BY PARENTS.

Payments are required for the various forms of treatment provided by the School Medical Department, with the exception of treatment for minor ailments. These are based upon the family income and are in accordance with scales adopted by the Education Committee.

Arrangements were completed early in the year whereby the payment of fees for the treatment of the children of members of the Hospital Saving Association will be made by the Association. The arrangements apply to throat and nose operations, orthopaedic treatment at the Hospital as an in-patient, massage, and the provision of spectacles. The fees paid to the Education Committee by the Hospital Saving Association in appropriate cases are as follows :

Operation for enlarged tonsils or adenoids	... ..	7/-.
Orthopaedic treatment in hospital	5/- per week for 6 weeks and 2/6 per week for the succeeding four weeks.	
Massage	... ..	6d. per attendance up to 20 attendances. All further attendances to be free.
Provision of spectacles	... ..	2/- towards the cost, the remainder of which parents pay according to income.

The arrangements have proved of much assistance to the School Medical Staff, who are able to proceed with a child's treatment after the voucher of the Hospital Saving Association is obtained and without the irksome task of collecting money from the parents.

HEALTH EDUCATION.

Detailed descriptions of the means taken to spread knowledge on health matters among school children have been given in previous reports. There are no new activities to be reported under this heading.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

CHILDREN.—The number of children examined in connection with their employment out of school hours was 303 and out of this number 22 were found to be unfit for employment. The nature of the employment of those certified as fit was:—

<i>Boys.</i>	Errand boys	...	...	...	95
	Milk round	...	...	...	38
	Newspaper round	...	...	...	56
	Baker's round	...	...	...	29
	Order boy	...	...	...	26
	Others	...	...	...	36
					— 280
<i>Girls.</i>	Library assistant	...	...	...	1
					— 281
					—

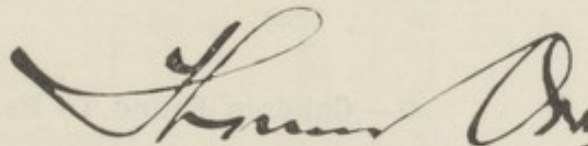
These children are subject to re-inspection at the time of routine inspection in their school and if it is found that employment is detrimental to their health, sanction to employment out of school hours is withdrawn. This action was found necessary in 18 instances. Routine inspection revealed 2 children under the permitted age who were working out of school hours, and 33 children who had not obtained the necessary permission.

Twenty-four girls were examined in connection with the issuing of licences under Section 22 of the Children and Young Persons Act, 1933, permitting employment in entertainments. Two of the girls were at first found to be unfit for such employment and licences were not issued until defects had been remedied.

YOUNG PERSONS.—The steps taken to provide the Juvenile Employment Department with the relevant medical histories of children leaving school were detailed in last year's report.

MISCELLANEOUS.

Under this heading has to be grouped the medical examinations made of candidates prior to their appointment on the teaching staff by the Education Committee and of the ever-increasing number of persons added to the Council's technical and clerical staff and manual workers. All of these examinations are carried out by the school medical staff assisted by school nurses when necessary. During the year 56 teachers and 55 other candidates were medically examined previous to appointment.



*Medical Officer of Health
and School Medical Officer.*

25th June, 1936.

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	2,167
Second Age Group	1,767
Third Age Group	1,599
Total	5,533
Number of other Routine Inspections	—

B.—Other Inspections.

Number of Special Inspections	4,008
Number of Re-Inspections	3,351
Total	7,359

C.—Children Found To Require Treatment.

Number of *individual children* found at Routine Medical Inspections to require treatment (excluding Uncleanliness and Dental Diseases) :—

PRESCRIBED GROUPS—

Entrants	232
Second Age Group	260
Third Age Group	192
Total (Prescribed Groups)	684
Other Routine Inspections	—
Grand Total	684

TABLE II.—A.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1935.

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
Skin	Ringworm, Scalp				—	—	5	—
	" Body				1	—	24	—
	Scabies				2	—	10	—
	Impetigo				4	—	239	—
Other Diseases (Non-Tuberculous)...					4	2	283	—
Eye	Blepharitis				6	—	43	—
	Conjunctivitis				4	—	73	1
	Keratitis				—	—	—	—
	Corneal Opacities				1	—	—	—
	Other Conditions				13	5	79	9
	Defective Vision (excluding Squint)				336	11	245	15
Ear	Squint				58	—	31	—
	Defective Hearing				—	1	1	3
	Otitis Media				11	2	60	—
Nose and Throat	Other Ear Diseases				6	—	75	—
	Chronic Tonsillitis only				24	366	57	61
	Adenoids only				4	4	4	3
	Chronic Tonsillitis and Adenoids ...				24	8	9	2
Other Conditions					5	85	115	38
Enlarged Cervical Glands (Non-Tuberculous)					2	34	30	6
Defective Speech					16	4	11	4
Heart and Circulation	Heart Disease :				—	—	—	—
	Organic				—	16	—	2
	Functional				—	27	1	—
Lungs	Anaemia				3	39	3	34
	Bronchitis				8	32	11	7
	Other Non-Tuberculous Diseases ...				11	23	8	6
	Pulmonary :				—	—	—	—
Tuberculosis	Definite				—	—	—	—
	Suspected				—	1	—	3
	Non-Pulmonary :				—	—	—	—
	Glands				—	1	—	5
	Bones and Joints				—	—	—	—
	Skin				—	—	—	—
Nervous System	Other Forms				—	1	—	—
	Epilepsy				—	3	2	4
	Chorea... ..				3	—	2	3
Deformities	Other Conditions				—	11	3	13
	Rickets				—	1	—	—
	Spinal Curvature				7	2	3	—
Other	Other Forms				125	265	61	31
	Defects and Diseases (excluding Uncleanliness and Dental Diseases)				29	57	1433	132
TOTAL ...					707	1001	2921	382

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR IN THE ROUTINE
AGE-GROUPS.

Age-Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly sub-normal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2,167	3	0.2	2,133	98.4	31	1.4	—	—
Second Age-group ...	1,767	6	0.3	1,742	98.6	19	1.1	—	—
Third Age-group ...	1,599	17	1.1	1,568	98.0	14	0.9	—	—
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total ...	5,533	26	0.5	5,443	98.4	64	1.1	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

BLIND CHILDREN.

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

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	38	—	—	43

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12	1	—	—	13

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.
—	—	8	—	—	8

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.
5	72	—	—	77

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

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

II.—Children suffering from Non-Pulmonary Tuberculosis.

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

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	260	2	—	268

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	27	—	—	27

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	3	—	1	7

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of defect.	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total.
Mentally defective and Crippling ...	—	1	—	—	1

TABLE IV.
RETURN OF DEFECTS TREATED DURING THE YEAR.
TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Uncleanliness, for which
 see Group 6).

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	2	1	3
Other treatment	1	1	2
Ringworm—Body	21	4	25
Scabies	12	—	12
Impetigo	243	—	243
Other Skin Disease	287	—	287
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II)	187	31	218
MINOR EAR DEFECTS	151	1	152
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	1,158	66	1,224
TOTAL	2,062	104	2,166

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) ...	1026	55	1081
Other Defect or Disease of the Eyes ...	1	—	1
TOTAL ...	1027	55	1082
Number of Children for whom Spectacles were :—			
(a) Prescribed ...	694	55	749
(b) Obtained ...	690	55	745

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		
64	8	72	—	72

Group 4.—Orthopaedic and Postural Defects.

UNDER THE AUTHORITY'S SCHEME—			Number of children treated
Residential treatment with education	...	...	15
Residential treatment without education	...	...	—
Non-residential treatment at an orthopaedic clinic...	...	...	150
OTHERWISE—			
Residential treatment with education	...	...	—
Residential treatment without education	...	...	—
Non-residential treatment at an orthopaedic clinic...	...	...	—
Total number of children treated	...	...	157

Group 5.—Dental Defects.

Number of Children who were :—

(a) Inspected by the Dentist :

	Aged				
	5	...	1,474	}	Total 13,705
	6	...	1,540		
	7	...	1,392		
	8	...	1,452		
	9	...	1,462		
Routine Age Groups	10	...	1,501		
	11	...	1,372		
	12	...	1,250		
	13	...	1,239		
	14	...	917		
	15	..	101		
	16	..	5		
Specials	...	...	...	...	205
	Grand Total			...	13,910
(b) Found to require treatment	...	...	...	...	8,939
(c) Actually treated	...	...	...	...	5,528
Attendances made by children for treatment	...	...	...	...	7,196
Half-days devoted to :—					
Inspection	...	...	...	98	
Treatment	...	...	...	981	Total 1,079
Fillings :—					
Permanent Teeth	...	...	...	6,481	
Temporary Teeth	...	...	...	566	Total 7,047
Extractions :—					
Permanent Teeth	...	...	...	1,467	
Temporary Teeth	...	...	...	9,523	Total 10,990
Administrations of General Anaesthetics for Extractions	...	...	...	1,581	
Other operations :—					
Permanent Teeth	...	...	...	548	
Temporary Teeth	...	...	...	—	Total 548

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	32,951
(3) Number of individual children found unclean	755
(4) Number of children cleansed under arrangements made by the Local Education Authority	—
(5) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Byelaws	2

**MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN)
REGULATIONS, 1928.**

**CHILDREN NOTIFIED DURING THE YEAR ENDED
31st DECEMBER, 1935, TO THE
LOCAL MENTAL DEFICIENCY AUTHORITY.**

TOTAL NUMBER OF CHILDREN NOTIFIED ... 11

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	—	—
(b) Imbeciles	4	4
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	1	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16... ..	—	2
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	5	6

**Chiswick and Ealing Hospitals
Committee.**

ISOLATION HOSPITAL.

MATERNITY HOSPITAL.

ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT

FOR THE YEAR ENDING

31st MARCH, 1936.

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

Medical Superintendent.

CHISWICK AND EALING HOSPITALS 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. A. J. BURDEN.
 Councillor C. D. GRANT.
 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.

Resident Medical Attendant, Maternity Hospital—

ANNE E. WILLIAMS-JAMES, L.R.C.P., M.R.C.S., D.P.H.,
 B.Sc., D.C.O.G.

Consulting Surgeon—

C. W. GORDON BRYAN, F.R.C.S. (Eng.).

Consulting Oto-Laryngologist—

ARTHUR MILLER, F.R.C.S. (Ed.), D.L.O.

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 submit the Annual Report on the administration of the Hospitals from the 1st April, 1935, to the 31st March, 1936.

ISOLATION HOSPITAL.

The total number of cases admitted to hospital was 599, being 192 less than in the previous year. The highest daily number under treatment was 121 on the 19th and 20th October, and the lowest 49 on the 8th September. The average daily number was 74.

In the winter months the hospital accommodation again proved inadequate and a number of cases had to be sent to neighbouring hospitals as is indicated in the following table:—

	1932-33	1933-34	1934-35	1935-36
Scarlet Fever ...	9	10	18	37
Diphtheria ...	—	—	52	33
Other Diseases ...	—	5	2	4
Total ...	9	15	72	74

The following table shows the number of cases admitted to the hospital during the last nine years:—

	1927-28	1928-29	1929-30	1930-31	1931-32	1932-33	1933-34	1934-35	1935-36
Diphtheria ...	102	200	215	210	120	114	187	232	212
Scarlet Fever...	223	337	315	285	247	658	680	545	368
Other Diseases	12	9	4	10	7	43	5	5	19
Total ...	337	546	534	505	374	815	872	782	599

In February and March of this year fewer cases of scarlet fever were admitted and it was possible to reserve a small ward for the treatment of complicated cases of measles.

When the new wards now under construction are completed it is expected that more beds will become available for such cases of measles and whooping cough as require hospital treatment.

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

Disease	Remaining in Hospital March 31st, 1935	Admitted during year	Discharged during year	Died during year	Remaining in Hospital March 31st, 1936
Scarlet Fever ...	77	368	383	3	58
Diphtheria ...	26	212	221	12	6
Enteric Fever ...	—	3	3	—	—
Measles ...	—	8	—	—	8
Pemphigus ...	—	3	2	—	1
Ophthalmia Neonatorum	—	3	3	—	—
Nursing Mothers ...	—	2	2	—	—
Totals ...	103	599	614	15	73

SCARLET FEVER.—Of the 368 cases admitted as scarlet fever 283 were from the Borough of Ealing and 85 from the Borough of Brentford and Chiswick. Twenty of the total were found not to be suffering from the disease and were ultimately diagnosed as follows :—

Measles 1, rubella 3, acute otitis media 1, bronchitis 1, tonsillitis 4, common cold 2, septic rash 1, ulcerative stomatitis 1, streptococcal meningitis 1, no apparent disease 5.

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

Diphtheria 3, whooping cough 2, chickenpox 2, scabies 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.
83	209	26	17	10	3

The complications observed among the cases were as follows :—

Rhinorrhoea	...	...	...	...	...	147
Post nasal discharge	...	...	...	...	...	1
Secondary tonsillitis	...	...	...	...	...	6
Quinsy	...	...	...	...	...	4
Cervical adenitis	...	...	...	...	...	34
Cervical gland abscess	...	...	...	...	...	4
Otorrhoea	...	...	...	...	...	30
Otitis media (without discharge)	...	...	...	...	...	2
Meningitis	...	...	...	...	...	1
Nephritis and albuminuria...	...	...	...	...	...	12
Arthritis	...	...	...	...	...	7
Rheumatic fever	...	...	...	...	...	1
Relapse	...	...	...	...	...	24
Bronchitis	...	...	...	...	...	4
Cardiac affections	...	...	...	...	...	9
Vaginal discharge	...	...	...	...	...	5

Consulting Oto-Laryngologist: Dr. Dan McKenzie, whose death unfortunately has to be recorded, had come to be regarded by the staff with admiration and with affection. A leader in his profession, he inspired confidence by his skill and his deep and conscientious regard for the welfare of his patient. By his staunch character he made fast friends of those daily associated with him. His loss was therefore deeply felt by the members of the staff with whom he worked.

Dr. Miller, who had previously acted as deputy during the absence of Dr. McKenzie, and who was appointed to succeed him, performed six mastoid operations and re-opened one mastoid. One mastoid operation was performed by Dr. McKenzie before his death.

The following minor operations were performed by the Medical Attendant on scarlet fever cases :—

Cervical gland abscesses incised	...	...	...	4
Axillary abscess incised	...	...	...	1

Return Cases.—Of the 383 cases discharged during the year 6 gave rise to return cases of scarlet fever, 5 being patients from Ealing and one from Brentford and Chiswick. This gives a low return-case rate of 1.5 per cent.

Deaths.—Four patients admitted with a diagnosis of scarlet fever died. In one of these there were no symptoms of scarlet fever, death being due to meningitis. In another case death was really brought about by diphtheria, from which the patient was also suffering on admission. The three deaths from scarlet fever give a case mortality of 0.8 per cent. The following are particulars of the cases who died :—

No.	Age	Sex	Days in Hospital	Complications.	Remarks.
1.	2	F.	64	Scarlet fever with R. & L. otitis media. Meningitis.	R. Mastoid operation.
2.	1	F.	15	Scarlet fever with cellulitis neck on admission. Broncho-pneumonia.	Neck incised. Admitted from West Middlesex Hospital.
3.	7	F.	5	Myocardial degeneration due to diphtheria, and causing death.	Admitted with severe faucial diphtheria in addition to scarlet fever.
4.	6	M.	29	—	Streptococcal meningitis following acute otitis media. Not scarlet fever.

Duration of Stay.—The average duration of stay in hospital of all cases of scarlet fever was 45 days. The average duration of stay of those patients having mastoid operations was 84 days.

Twenty-three patients with persistent rhinorrhoea or otorrhoea had an average stay in hospital of 104 days. One patient was in hospital for 221 days on account of nephritis and rheumatic endocarditis.

Illness of Staff.—Two probationers contracted scarlet fever within a week of entering the hospital. They had been found to have a positive Dick reaction and had been given only one dose of scarlet fever prophylactic for immunization and had not had sufficient time to become immune. There were no cases of diphtheria among the nursing staff.

DIPHTHERIA.—The number of cases admitted as diphtheria from the two districts was 178 from Ealing and 34 from Brentford and Chiswick, making a total of 212 cases, 20 less than in the previous year. In this number are included 16 cases of bacteriological diphtheria, but in whom there were no clinical symptoms of the disease. Of the total number, 37 were ultimately diagnosed as not suffering from diphtheria. The final diagnoses in these cases were as follows :—

Tonsillitis 22, bronchitis 3, naso-pharyngeal catarrh 1, rhinitis 1, measles 1, Vincent's angina 1, scarlet fever 1, quinsy 2, broncho-pneumonia 2, tonsillitis and bronchitis 1, laryngitis 2.

The incidence in the various age-groups was as follows :—

1-5 yrs.	5-10 yrs.	10-15 yrs.	15-25 yrs.	25-45 yrs.	Over 45 yrs.
30	97	18	20	8	2

The following complications were observed among the cases :—

Palatal paresis	...	...	...	...	...	11
Pharyngeal paresis	...	...	...	...	...	2
Ocular paresis	...	...	...	...	...	5
Cardiac involvement	...	...	...	...	...	16
Myocardial degeneration	...	...	...	...	...	5
Cervical adenitis	...	...	...	...	...	1
Rhinorrhoea	...	...	...	...	...	5
Otorrhoea	...	...	...	...	...	2
Tonsillitis	...	...	...	...	...	3
Septic sores	...	...	...	...	...	1

There was one case of laryngeal diphtheria which recovered without operation.

Deaths.—There were nine deaths from diphtheria. Two deaths occurred from other diseases in children admitted with a diagnosis of diphtheria which was not subsequently confirmed, one being found to be suffering from broncho-pneumonia and the other from broncho-pneumonia and streptococcal laryngitis following the removal of tonsils and adenoids.

The case mortality in diphtheria patients was 5 per cent.

The nine deaths from diphtheria are recorded as follows :—

No.	Day of Disease when Admitted.	Days in Hospital before death.	Remarks.
1.	6	2	Faucial diphtheria.
2.	4	8	Faucial diphtheria.
3.	3	7	Severe faucial diphtheria.
4.	7	7	Severe faucial and nasal diphtheria.
5.	2	3	Severe faucial and nasal diphtheria.
6.	4	5	Faucial diphtheria.
7.	6	8	Severe faucial diphtheria (haemorrhagic)
8.	4	4	Severe faucial diphtheria.
9.	5	3	Severe faucial diphtheria.

In seven of the above cases a doctor had seen the child in the early stages, but had failed to make a diagnosis of the disease until it was advanced. In six of the cases swabs were taken by the doctor to obtain bacteriological confirmation of the diagnosis before giving the specific anti-toxin treatment. In the remaining two cases the parents had failed to send for the doctor until it was too late.

These nine children who died constitute but a few of those whose lives were endangered by the failure of parents to obtain medical advice and by the delay on the part of a few doctors in applying the specific treatment when diphtheria was suspected. The fortunate children who recovered did so only after a long and serious illness which required unremitting care and a high degree of skill on the part of the staff.

The following are three examples of children who recovered after long illness :—

1. Age 8 years. Admitted on eighth day of disease ; in hospital 187 days. Complications—ocular, palatal and pharyngeal paresis, cardiac involvement.
2. Age 7 years. Admitted on third day of disease ; in hospital 141 days. Complication—cardiac involvement.
3. Age 6½ years. Admitted on third day of disease ; in hospital 164 days. Complications—palatal, pharyngeal and ocular paresis.

The average duration of stay in hospital for diphtheria cases was 57 days.

There was only one return case.

ENTERIC FEVER.—Three adults, one female (22 years) and two males (45 years and 54 years respectively) were admitted suffering from this disease. All three made an uneventful recovery. Bacteriologically one was found to be suffering from typhoid, one from para-typhoid A and the third from para-typhoid B.

OPHTHALMIA NEONATORUM.—Three babies were admitted suffering from this condition. One was found to be due to the gonococcus, and the others to other organisms. All recovered satisfactorily and were discharged with no impairment of vision.

PEMPHIGUS.—The three cases admitted as pemphigus were those of babies admitted from the maternity hospital at different times of the year on suspicion of being pemphigus neonatorum. They proved not to be cases of pemphigus.

CROSS INFECTION.

Three cases of diphtheria developed scarlet fever, and two of scarlet fever developed measles while in the wards of the hospital.

The control of cross infection in the hospital has continued to be a matter of grave concern owing to the restricted isolation accommodation for individual cases available only in the side-wards. The cubicle block of twelve beds now under construction will, when completed, relieve the situation to a considerable extent. It is now generally recognised that one-third of the beds in a hospital for infectious diseases should be in the form of cubicle or single-bedded wards so that this cubicle block must be considered but an instalment of the full complement to be aimed at. In spite of the lack of cubicle accommodation there has fortunately been little cross infection during the year.

Although cases of measles, whooping cough, chickenpox and rubella were admitted in the incubation stage to the scarlet fever and diphtheria wards, no cross infection with these diseases occurred.

The following is a short account of the methods employed in the control of cross infection.

A patient admitted to hospital is immediately isolated in a ward reserved for cases of the same infectious disease. Should he subsequently become infected with a disease other than that with which he was admitted he is deemed a case of cross infection. The sources of such infection may be divided into four main groups :—

- (a) Cases admitted wrongly diagnosed.
- (b) Cases admitted with a correct diagnosis of one disease but having a double infection.
- (c) Carriers.
- (d) Members of the hospital staff.

The first three are dealt with, firstly, by general measures aimed at the prevention of spread of infection, such as strictly aseptic methods of nursing, including the immediate destruction of all infective material, and the sterilization of feeding and other utensils by boiling ; and, secondly, by particular measures appropriate to the type of infection involved. The latter may be dealt with in more detail under the above headings.

(a) *Cases admitted wrongly diagnosed.*

As reference to earlier paragraphs of this report on diphtheria and scarlet fever will show, a wrong diagnosis is by no means as uncommon an occurrence as might be expected. During the year cases have been admitted as diphtheria, to be subsequently diagnosed as pneumonia, measles, chickenpox, etc., and as scarlet fever, to be subsequently diagnosed as diphtheria, measles, rubella, etc. These cases were, of course, admitted to the wards corresponding to their provisional diagnosis and might quite well have given rise to the spread of infection therein. In order to obviate this risk as far as possible, all cases are carefully examined immediately on admission by the medical attendant, or in his absence by the Matron, or her deputy, and where there is any reason to suspect that the case may be a danger to other patients it is isolated in a side ward until a final diagnosis can be made. When some doubt exists as to the nature of the patient's condition, the examination is made in the ambulance before admission. When a resident medical officer is appointed at the hospital, as is anticipated in the near future, he will be able to make an examination of every case immediately on admission.

(b) *Double Infection.*

Cases of double infection include (i) patients admitted in the early or in the acute stages of a second disease in addition to that of the provisional diagnosis, (ii) patients admitted in the convalescent stage of a second disease, the acute signs and symptoms of which may not have been recognised, and (iii) patients admitted in the incubation stage of a second disease, and so showing no signs or symptoms thereof.

Cases (i) and (ii) are usually detected on admission and are dealt with by separate isolation. Cases in group (iii) present much greater difficulty and are the source of most of the cross infection which occurs. A history of exposure to a second disease occasionally helps. The control of spread of infection from this source however depends to a great extent upon our knowledge of the disease involved. Cross infection with diphtheria or scarlet fever can now be kept completely under control. By means of skin tests (the Schick test for diphtheria and the Dick test for scarlet fever) the susceptibility of each patient admitted is deter-

mined. Should a ward become exposed to infection susceptibles are immediately protected by means of anti-toxin. Since the routine use of this method in the hospital no second case of cross infection from either of these diseases has occurred. In regard to measles no susceptibility test can be carried out, but patients who have not already had the disease can be protected by means of convalescent serum taken from a recently recovered case of the disease. Arrangements have now been made to have a stock of this serum readily available in the hospital for administration in suitable cases.

When, however, such cases as whooping cough, chickenpox and rubella are epidemic, it is extremely difficult to prevent outbreaks occurring in the wards, since these diseases spread very rapidly among hospital patients whose general resistance is naturally low and who therefore readily succumb if exposed to infection. All that can be done is to remove the first case to a side-ward as soon as it is recognised and to put the ward in quarantine until it is free from infection, or until all the patients in it have been discharged. As regards whooping cough, an attempt is made to immunize susceptibles by means of the appropriate vaccine, in the hope of modifying the disease if it should occur in a second case. It is hoped that the time is near when our increased knowledge of these diseases will allow of their being dealt with as effectively as diphtheria and scarlet fever.

(c) *Carriers.*

A carrier may be defined as an individual who harbours in his body pathogenic micro-organisms, without manifesting any of the usual evidences of infection; he is capable of transmitting the organisms to other individuals who may develop the disease. A carrier may be admitted to hospital suffering from some other disease and may form an unsuspected source of infection. The carrier may not be discovered even after a case infected by him has occurred. The nose and throat of every patient admitted is swabbed and cultures examined for the presence of diphtheria bacilli. Occasionally a diphtheria carrier is found in this way, but carriers may easily escape detection, since the organism is often lodged in tonsillar crypts or nasal sinuses.

(d) Members of Hospital Staff.

New members of the nursing and domestic staffs are tested for susceptibility to diphtheria and scarlet fever as soon after arrival as possible, and are immunized if it is found necessary. They are instructed to report immediately any symptoms of illness so that an early diagnosis of infectious disease can be made. Nurses engaged in nursing diphtheria patients have throat and nose swabs examined before being transferred to other wards. Because of these precautions cases of cross infection traceable to members of the staff are very rare.

The methods employed in preventing the occurrence of cross infection may be summarised as follows :—

(1) Early examination and careful enquiry into the clinical history of each patient admitted.

(2) Effective isolation of different diseases and isolation in separate wards of cases suspected of double infection.

(3) Examination for susceptibles to diphtheria and scarlet fever by the Schick and Dick tests.

(4) Routine examination for diphtheria carriers.

(5) Supervision of the health of the nursing staff.

On the occurrence of a case of cross infection in a ward the following measures are adopted :—

(1) Removal of the patient affected to a separate ward.

(2) Investigation of the source of infection and removal if found.

(3) Immunization of remaining susceptible patients in cases of cross infection with diphtheria, scarlet fever and measles.

(4) Quarantine of ward affected.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries	4,011	1	11
Repairs to Buildings, etc.	712	11	3
Furniture, fittings and utensils... ..	745	8	5
Maintenance of ambulance	276	18	8
New Motor Ambulance	560	10	0
Medical and surgical requisites	1,070	9	10
Provisions	2,412	12	8
Fuel, light and cleaning	1,227	15	1
Rates, taxes and insurance	714	5	0
Miscellaneous	166	2	1
Superannuation—employer's contribution	127	16	4
Loan Charges	741	17	9
	12,767	9	0
Administrative Charges—proportion	453	4	6
	£13,220	13	6

The patients spent 27,182 days in hospital, so that the average cost of each patient per day was $9/8\frac{3}{4}$. Taking the patient days 27,182 and the staff-days 13,110, or a total of 40,292, the average cost of food works out at $1/2\frac{1}{4}$ per person per day.

MATERNITY HOSPITAL.

The number of patients admitted to the Maternity Hospital during the year ending 31st March, 1936, was 516, eight more than in the previous year. The cases admitted to the Hospital in each year since it was opened are as follows :—

1921-22 ...	109	1929-30 ...	534
1922-23 ...	235	1930-31 ...	561
1923-24 ...	284	1931-32 ...	546
1924-25 ...	369	1932-33 ...	524
1925-26 ...	388	1933-34 ...	509
1926-27 ...	358	1934-35 ...	508
1927-28 ...	407	1935-36 ...	516
1928-29 ...	450		

The 516 cases admitted to the Hospital during the period under review came from the two districts as follows :—

<i>Month</i>	<i>Ealing</i>	<i>Brentford and Chiswick</i>	<i>Total</i>
April	30	14	44
May	37	11	48
June	27	18	45
July	33	14	47
August	23	16	39
September... ..	29	11	40
October	27	12	39
November	29	9	38
December	32	11	43
January	31	12	43
February	30	15	45
March	36	9	45
	364	152	516
	364	152	516

The greatest number of patients in the hospital on any one day was 32. The average period which each patient spent in the hospital was 15.7 days.

Emergency Cases.—Three emergency cases were admitted during the year. These cases were as follows :—

- (1) Ante-partum haemorrhage (slight) at 32 weeks. She was under observation for 3 weeks without further haemorrhage, after which she was transferred to King Edward Memorial Hospital where caesarean section was performed later.
- (2) This patient was sent in during labour after manipulations by her own doctor for alleged obstructed labour. Spontaneous delivery occurred four hours after admission.
- (3) The third case was one of accidental ante-partum haemorrhage admitted in labour. Spontaneous delivery of stillborn infant took place, followed by an uneventful recovery.

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

Toxaemia (one with hydramnios and twins) ...	25
Debility and oedema	13
Threatened disproportion	2
Post-maturity	2
Ante-partum haemorrhage	3
Urinary infection... ..	3
Vaginal discharge	2
Mitral stenosis	3
Myocardial degeneration	1
Superficial venous thrombosis... ..	1
Hydramnios	1
Bronchitis and debility	2
Breech (version failed)	1
Fibroid in lower uterine segment	1
Delusional Insanity (transferred to West Middlesex County Hospital)	1

Of these cases thirteen recovered sufficiently to be discharged and to await at home the onset of labour.

Surgical induction was done in the following seven cases included in the above group:—

Threatened disproportion	2
Toxaemia	4
Myocardial degeneration... ..	1

Abnormalities and Complications during Labour.

Perineal repairs (requiring more than 1 stitch)...	98
Forceps delivery, (for delay in second stage 4, uterine inertia 3, foetal distress 1, unrotated occipito- posterior 3)	11
Manual rotation of occipito-posterior with spontaneous delivery	1
Twin pregnancy, (two vertices 4, breech and vertex 1, vertex and shoulder 1, vertex and macerated foetus 1)	7

Breech presentation, (complete 4, extended legs 10)	14
Shoulder presentation (one second twin) ...	2
Prolapsed cord (one second twin)	3
Persistent occipito-posterior	1
Retained placenta, (manually removed 6 (one for severe post- partum haemorrhage)	6
Post-partum haemorrhage (moderate), (one with partial extrusion of sub-mucus fibroid)	7
Post-partum haemorrhage (severe)	1
Placenta praevia—lateral, (one unassisted, 2 spontaneous delivery after rupture of membranes)	3
Placenta praevia—marginal, (one external version and leg pulled down, one Willet's forceps)	2
Born before arrival in hospital (third stage completed at home)	3
Infant born at home, placenta delivered in hospital	1

Abnormalities and Complications during Puerperium.

Four cases suffered from and were notified as puerperal fever, all being transferred to the Queen Charlotte's Isolation Block, and all recovering. The cases were as follows:—

Streptococcus- <i>viridans</i> , blood stream infection ...	1
Local uterine sepsis	1
Transient anaerobic blood stream infection following surgical induction and shoulder presentation	1
Pyrexia following manual removal of placenta. (Diagnosed at Queen Charlotte's Isolation Block as infection of the urinary tract) ...	1

Eleven cases of puerperal pyrexia occurred, these cases suffering from :—

Mild uterine infection (in debilitated patient following twins)	1
Pyelitis (urinary infection in pregnancy 2) ...	5
Torn infected cervix	1
Sore throat and cervical adenitis	1
Femoral thrombosis	1
Breast abscess	1
Subphrenic abscess	1

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

Retained products	6
Breast abscess	1
Superficial venous thrombosis (mild)	4
Bronchitis	1
Alveolar abscess	1
Haematoma of vaginal wall and labium majus	1
Post-partum eclampsia	1

Maternal Mortality.—There were no maternal deaths.

CHILDREN.

Number of Infants born.

Males	273
Females	247
	<hr/>
Total	520
	<hr/> <hr/>

Number of cases of twins 6

plus one living twin and 22 weeks macerated foetus (not notified as twins).

Number of cases of premature infants (born alive) ... 11

34-36 weeks development	6
32-34 " "	0
32 " "	1
30 " "	1
28 " "	3

Stillbirths. Total 12.

Macerated (premature)	2
Fresh	10
Maternal toxæmia (one with hare lip)	2
Placenta prævia	2
Accidental hæmorrhage	1
Primary uterine inertia	1
Forceps for foetal distress	1
Prolapsed cord	1
Anencephaly	1
Post maturity (?) (autopsy refused)	1

Infant Deaths. Total 11.

Prematurity (35 weeks and less) ...	6
Pneumonia	1
Inanition (autopsy performed) ...	1
Severe spina bifida	1
Icterus Gravis (autopsy performed)	1
Atelectasis (autopsy performed) ...	1

Abnormalities in Surviving Infants.

Harelip unilateral	
(one with complete cleft palate)	3
Dorsal spina bifida	1
Mental defective	1
Gastro-enteritis	1
Conjunctivitis (one transferred to Isolation Hospital and notified as ophthalmia neonatorum)... ..	2
Septic wound of face (forceps)	1
Septic spots (transferred to Isolation Hospital)	1
Purulent blisters (transferred to Isolation Hospital)	2
Hydrocele	1
Coronal hypospadias	4
Cephal-hæmatoma	3
Talipes calcaneo—valgus	1
Accessory auricle	2
Fracture of left humerus (normal delivery) ...	1
Severe jaundice	1

Pyloric stenosis (transferred to West Middlesex County Hospital for surgical treatment)	1
Haemorrhage of the newborn (severe) ...	2

Infants weaned. Total 6.

Weaned on account of mother's breast condition... ..	3
Pyelitis in puerperium and loss of milk ...	1
Mothers transferred to Queen Charlotte's Hospital	2

Patients transferred to other hospitals.

<i>To Queen Charlotte's Isolation Hospital.</i>	
Localised uterine infection... ..	1
Non-haemolytic bloodstream infections	2
Urinary infection	1
	— 4
<i>To King Edward Memorial Hospital.</i>	
Subphrenic abscess	1
<i>To Chiswick and Ealing Isolation Hospital.</i>	
Infants with skin infection	
(two cleared up by 14th day) ...	3
Infant with conjunctivitis	
(notified as ophthalmia neonatorum)	1
	— 4
<i>To West Middlesex County Hospital.</i>	
Delusional insanity	
(undelivered)	1
Infant with pyloric stenosis	
(for operation)	1
	— 2

Consulting Obstetrician.

Dr. J. W. Rait Bell, the Consulting Obstetrician, was called to the hospital on seven occasions during the year.

Training of Pupils.

During the year twenty pupils completed their course of training and entered for the examination of the Central Midwives Board. All of these pupils were successful.

The Hospital has been an approved training school for just over ten years, the date of the first examination at which pupils from the hospital entered being May, 1926. During this period 172 pupils completed their training and entered for the examination, 166 being successful at the first attempt. Of the six who failed, four were successful at a subsequent examination, leaving only two pupils who failed to obtain a certificate entitling them to practise midwifery.

COST OF MAINTENANCE, ETC.

	£	s.	d.
Salaries—			
Medical	177	0	9
Nurses	532	13	3
Other staff	1,014	11	3
Repairs to buildings, etc.	350	8	11
Furniture, fittings and utensils	289	11	5
Medical and surgical requisites	278	3	7
Provisions	1,055	9	6
Fuel, light and cleaning	731	8	3
Rates, taxes and insurance	337	13	0
Miscellaneous	86	5	3
Superannuation—employer's contribution	100	3	9
Loan charges	701	11	8
	<hr/>		
	5,655	0	7
Administrative charges—proportion	180	5	8
	<hr/>		
	5,835	6	3
Less Income from patients	2,295	12	6
	<hr/>		
	£3,539	13	9
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The patients spent 8,116 days in hospital, which makes the gross cost of each patient per day $14/4\frac{1}{2}$ or £5 0s. 8d. per week, and the net cost, after deducting the amounts paid by the patients, $8/8\frac{3}{4}$ per day, or £3 1s. 1d. per week. With the patient days 8,116 and the staff days 8,387, or a total of 16,503, the average cost of food for patients and staff is $1/3\frac{1}{4}$ per person per day.

The cost per patient per week in the year under review shows a slight increase on the previous year. The net cost per patient per week in the last six years has 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
1935-36	...	...	...	...	...	3	1	1

This increase was due to increased cost of repairs to buildings and of furniture and fittings, with at the same time a reduction in contributions from patients.

The last four years have proved to be strenuous and difficult as far as the Isolation Hospital is concerned on account of the more or less continuous strain made on its resources, and anxious as regards the Maternity Hospital on account of the desirability of selecting for admission to its restricted number of beds such cases as were most in need of hospital care. With the extension of the Isolation Hospital, which is making satisfactory progress, and with the erection of a new Maternity Hospital, which it is hoped to begin soon, these difficulties and anxieties will be overcome. An immense amount of time has been spent on the details of these new buildings and on the items of furnishing and equipment. In this work I have received great assistance from various members of the staff but particularly from the Clerk, Mr. Birrell, whose continuous help has greatly lightened my load and made me, this year especially, greatly his debtor. To the medical staff and matrons I have once more to express appreciation of the services rendered by them to the hospital and especially of the loyal help given to me.

I am,

Ladies and Gentlemen,

Your obedient Servant,

THOMAS ORR,

Medical Superintendent.

TOWN HALL,

EALING, W.5.

24th June, 1936.

