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Borough of Ealing.





ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

1938

INCLUDING

Report on the Isolation and Maternity Hospitals, 1938-39.

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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PUBLIC HEALTH COMMITTEE.

1937-38.

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

Councillor H. Telfer (Vice-Chairman).

Alderman Mrs. E. S. Taylor, J.P.

Councillors Mrs. E. A. Brooks, W. H. Crowe, Mrs. O. A. F. Davis, T. E. Fowler, C. D. Grant, C. Hudson, J. Mansel Lewis, J.P., H. A. Merchant, W. Morgans, H. C. W. Richman, C. P. Savage, W. A. Scott and S. J. Snook.

MATERNITY AND CHILD WELFARE COMMITTEE. 1937-38.

Alderman Mrs. E. S. Taylor, J.P. (Chairman). Councillor W. Morgans (Vice-Chairman).

Alderman R. R. KIMMITT, O.B.E., T.D., D.L.

Councillors Mis. E. A. Brooks, W. H. Crowe, Mrs. O. A. F. Davis, T. E. Fowler, C. D. Grant, C. Hudson, J. Mansel Lewis, J.P., H. A. Merchant, W. Morgans, H. C. W. Richman, C. P. Savage, W. A. Scott, S. J. Snook and H. Telfer.

Mesdames Grant, Haddon, Jackman, King, Mayo, Mercer and Parry.

EDUCATION GENERAL PURPOSES SUB-COMMITTEE. 1937-38.

(Responsible for School Medical Service).

Councillor T. P. MAY (Chairman).

Alderman J. C. FULLER, J.P. (Vice-Chairman).

Councillor E. H. ATKINSON (Chairman, Education Committee) (ex-officio member),

Aldermen Mrs. E. S. Taylor, J.P., and G. R. Weeks.
Councillors E. H. Brooks, J.P., Mrs. O. A. F. Davis,
C. W. Jackman, J. D. Knight, M.Inst.C.E., B. Martin, J.P.,
and W. Morgans.

The Very Rev. Monsignor H. Barton Brown, M.A., Miss D. L. Beck, M.A., Mr. J. E. Childs, Miss A. Dix Hawkin, Mrs. A. D. Mayo, Rev. H. J. Beck and Rev. H. Greatbatch.

STAFF.

(At 31st December, 1938).

Medical Officer of Health, School Medical Officer and Medical Superintendent of Isolation and Materiity Hospitals—

> Thomas Orr, M.D., D.Sc., Of the Middle Temple, Barrister-at-Law.

Deputy Medical Officer of Health— LLYWELYN ROBERTS, M.D., D.P.H.

Medical Officers-

DOROTHY TAYLOR, M.A., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

DONALD F. IRVINE, M.B., Ch.B., D.P.H.

HERBERT O. H. BUTCHER, L.R.C.P., M.R.C.S., D.P.H.

JOHN C. AITKEN, M.B., Ch.B., D.P.H.

NANCY LLOYD LEWIS, M.B., Cb.B., D.P.H.

HELENA B. KING, M.B., B.S., M.R.C.S., L.R.C.P. (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)—
Graeme G. Talbot, M.B., Ch.B., F.R.C.S.

Consulting Otologist (Part-time)—
ARTHUR A. MILLER, F.R.C.S., M.R.C.S., L.R.C.P., D.L.O.

Special Clinic (Part-time)—
CONSTANCE M. HILDRED, M.B., Ch.B.

Dental Surgeons—
C. Colenso, L.D.S.
Alfred G. Brown, L.D.S.
ISOBEL M. M. CAMERON, L.D.S.

Chief Sanitary Inspector— George W. Stevens.

Sanitary Inspectors-

JAMES STUBBS, C. P. H. MEADOWS, G. T. H. BLACKIE, ERNEST BELFIELD and ERIC H. EVANS.

Nursing Staff-

Supervising School Nurse—Miss Hilda Bailey.

There are eight school nurses in addition.

Supervising Health Visitor—Miss Marguerite Farrow.

There are eight health visitors in addition.

Midwives-

Senior Midwife and Teacher of Pupils—Mrs. Ruby K. M. WINGROVE.

There are nine midwives in addition.

Masseuse (Part-time)—

Miss Florence Herburn, C.S.M.M.G.

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

> Chief Administrative Clerk— HARRY BIRRELL.

Senior Clerical Staff—
Maternity and Child Welfare—William A. J. Turner.

Infectious Disease and Laboratory Assistant-Herbert J. Reed.

School Medical Service-ROBERT S. LEGGATT.

Other Clerical Staff—Total 21; seven in Health Department, nine in School Medical Section, six in Maternity and Child Welfare Section.

A. Vital Statistics, Social Conditions of the Area,

and

General Provision of Health Services.

SUMMARY OF GENERAL STATISTICS.

Area (in Acres)					8,739
Population (Census, 1931)					117,707
Population (Estimated Middle of	f 1938)	***		161,000
Number of Structurally Separa	ate D	welling	s (Ce	ensus,	
1931)					26,717
Number of Families or separate (Decup	iers (Ce	nsus,	1931)	31,412
Number of Houses according to	Rate	Books	(1st .	April,	
1938)					45,154
Rateable Value, 1st April, 1938					£1,727,499
Net Produce of a Penny Rate					£6,900

POPULATION.—The population of the Borough at the middle of 1938 is estimated by the Registrar General to be 161,000. The estimated population at the middle of 1937 was 156,460, so that the estimated increase in the period of twelve months is 4,540.

Social Conditions.—Statistics supplied by the local Employment Exchange with regard to unemployed men of 21 years and over show that there has been a decided increase in unemployment following a period of four years when the average number of unemployed continued at the same level. The figures for the last six years are as follows:

Year				e number of men ed as unemployed
1933	 		 	1,708
1934	 		 	1,099
1935	 		 	1,002
1936	 		 	1,068
1937	 		 	1,029
1938	 ,	,	 ,	1,585

SUMMARY OF VITAL STATISTICS.

Live Births :—					
Legitimate Males, 1,219 Females					0.000
Illegitimate Males, 49 Females					
Birth-Rate per 1,000 of Estimated Po	pulation			• • •	14.9
Still-Births:—			4-4		
Males, 58 Females, 50					108
Rate per 1,000 total Births (Live					43
Deaths: Males, 728 Females, 771			То	tal	1,499
Death-Rate per 1,000 of Estimated Pe	opulatio	n			9.3
Deaths of Infants under one year of a	ge :				
Legitimate Males, 57 Females, 3					
Illegitimate Males, 7 Females,	1		Total,	8	103
Death-Rate of Infants under one year	of age	-			
All Infants per 1,000 Live Births					43
Legitimate Infants per 1,000 Legi					41
Illegitimate Infants per 1,000 Illeg					88
Deaths from Diseases and Accident	ts of Pr	regna	incy a	and	
Childbirth :—					
	Though I	lata	nor 1 (000	
From Sepsis 1					40
From Sepsis 1	Total	Birt	per 1,0		.40
					.40
From Sepsis 1	Total	Birt			
From Sepsis 1 From other Causes 4	Total	Birt			1.60
From Sepsis 1 From other Causes 4	Total	Birt	ths	 	1.60 2.00
From Sepsis 1 From other Causes 4	Total	Birt		 Death	1.60 2.00 2.00 1-Rate 1,000
From Sepsis 1 From other Causes 4 Total 5	Total	Birt	Total	 Death	1.60 2.00 2.00 1-Rate 1,000 lation
From Sepsis 1 From other Causes 4 Total 5 Measles Whooping Cough	Total	Birt	Total Deaths 4	Death per Popu 0.	1.60 2.00 2.00 1-Rate 1,000 lation 02 02
From Sepsis 1 From other Causes 4 Total 5 Measles Whooping Cough Diphtheria	Total	Birt	Total Deaths	Death per Popu 0. 0. 0.	1.60 2.00 2.00 1-Rate 1,000 lation 02 02 04
From Sepsis 1 From other Causes 4 Total Measles Whooping Cough Diphtheria Scarlet Fever	Total ,, ,, ,,	Birt	Total Deaths 4 4 6 1	Death per Popu 0. 0. 0. 0. 0.	1.60 2.00 2.00 1-Rate 1,000 lation 02 02 04 01
From Sepsis 1 From other Causes 4 Total Measles Whooping Cough Diphtheria Scarlet Fever Influenza	Total ,,,	Birt ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	Total Deaths 4 4 6 1 20	Death per Popu 0. 0. 0. 0. 0. 0.	1.60 2.00 2.00 1-Rate 1,000 lation 02 02 04 01 12
From Sepsis 1 From other Causes 4 Total Measles Whooping Cough Diphtheria Scarlet Fever Influenza Tuberculosis of Lung	Total ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	Birt	Total Deaths 4 4 6 1 20 100	Death per Popu 0. 0. 0. 0. 0. 0. 0.	1.60 2.00 1-Rate 1,000 lation 02 02 04 01 12 62
From Sepsis 1 From other Causes 4 Total Measles Whooping Cough Diphtheria Scarlet Fever Influenza	Total ,,,	Birt ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	Total Deaths 4 4 6 1 20	Death per Popu 0. 0. 0. 0. 0. 0. 0.	1.60 2.00 2.00 1-Rate 1,000 lation 02 02 04 01 12
From Sepsis 1 From other Causes 4 Total Measles Whooping Cough Diphtheria Scarlet Fever Influenza Tuberculosis of Lung	Total ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	Birt	Total Deaths 4 4 6 1 20 100	Death per Popu 0. 0. 0. 0. 0. 0. Death	1.60 2.00 1-Rate 1,000 lation 02 04 01 12 62 05
From Sepsis 1 From other Causes 4 Total Measles Whooping Cough Diphtheria Scarlet Fever Influenza Tuberculosis of Lung	Total ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	Birt	Total Deaths 4 4 6 1 20 100	Death per Popu 0. 0. 0. 0. 0. 0. Death per Live-	1.60 2.00 1-Rate 1,000 lation 02 02 04 01 12 62 05

10

Comparison of Vital Statistics of Ealing with those of England and Wales, Etc., 1938.

	England and Wales	126 Great Towns (including London)	London	Ealing
Birth-Rate	15.1	15.0	13.4	14.9
Death-Rate	11.6	11.7	11.4	9.3
Infant Death-Rate	53	57	57	43
Measles Death-Rate	0.04	0.05	0.06	0.02
Whooping Cough Death-	ATT ME			
Rate	0.03	0.03	0.03	0.02
Diphtheria Death-Rate	0.07	0.07	0.05	0.04
Scarlet Fever Death-Rate	0.01	0.01	0.01	0.01
Influenza Death-Rate	0.11	0.10	0.06	0.12
Diarrhoea (under two years				
per 1,000 Births)	5.5	7.8	13.1	5.8

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

Period	Birth-Rate	Death-Rate	Infant Death-Rate
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—1935	14.2	10.1	46
1936	14.4	9.9	49
1937	14.9	9.6	46
1938	14.9	9.3	43

BIRTHS.—The number of births recorded was 2,396, compared with 2,320 in the previous year. The birth-rate, however, continues the same, being 14.9 per thousand of population, compared with the birth-rate of England and Wales of 15.1 per thousand of population.

A table showing the birth-rates in recent years is to be found on page 10.

Causes of Death, 1938.

			Deaths, 1	938	Total Deaths
Cause of Death		Male	Female	Total	1937
Typhoid and Paratyphoid Fevers		1		1	_
Measles		3	1	4	1
Scarlet Fever		1	_	1	1
Whooping Cough		1	3	4	3
Diphtheria		2	4	6	2
Influenza		11	9	20	63
Encephalitis Lethargica		-	1	1	1
Cerebro-Spinal Fever		2	_	2	4
Tuberculosis of Respiratory Syste	m	52	48	100	76
Other Tuberculous Diseases		2	6	8	12
Syphilis		3	1	4	1
General Paralysis of the Insane	. Tabes		100		THE STREET
95 11		1 0	-	3	4
Cancer, Malignant Disease		106	129	235	218
Diabetes		3	13	16	28
0 1 1 1 1 1		34	42	76	72
Heart Disease		183	218	401	374
Aneurysm		2	5	7	8
OIL OL THE Disease		39	40	79	62
D 1.111.		. 24	16	40	63
Pneumonia (all forms)		40	34	74	77
OH TO I TO THE TOTAL TOTAL TOTAL TOTAL TO THE TOTAL		. 8	5	13	15
73 771		. 10	4	14	20
Diarrhoea, etc. (Under two years)		11	3	14	11
Appendicitis		6	4	10	10
Of The state of These		. 3	1	4	2
n: m: ()		. 3	5	8	6
out mi ii mi		. 15	17	32	28
Acute and Chronic Nephritis .		16	29	45	43
The second of th		_	1	1	1
0.11 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10		-	4	4	5
Congenital Debility, Premature					
35-16		20	24	56	62
C 1114		1.1	27	38	33
0 1 13		0	6	9	20
Odd Tri-1		97	12	49	55
Otto Dellard Discours		50	59	115	124
0 11 1 21 1			-	-	-
Total .		728	771	1,499	1,502

Deaths.—The number of deaths assigned to the Borough is 1,499, three less than the number recorded in the previous year. The death-rate for the year under review is 9.3 per thousand of population compared with the rate of 9.6 recorded in 1937. The death-rate of 9.3 is the second lowest recorded for the Borough, the lowest death-rate being that of 8.9 recorded in 1913. The death-rate for the Borough compares very favourably with the death-rate of 11.6 for England and Wales.

By multiplying the death-rate for Ealing by the "comparability factor" supplied by the Registrar General, the death-rate for the Borough can be made comparable with that of other districts. The "factor" for Ealing is 1.01, which makes the comparable death-rate 9.4 per thousand of population.

The causes of the 1,499 deaths are indicated in the table on page 11. It will be seen from this table that heart disease (401), cancer (235) and tuberculosis of respiratory system (100) were the three main causes of death and that the number of deaths due to each of these three causes was higher than in the preceding year. The deaths from influenza and bronchitis, however, showed a marked reduction.

INFANT DEATHS.—The infant death-rate of 43 per thousand births compares very favourably with the rates for England and Wales, for the Great Towns and for London, which are respectively 53, 57 and 57. The infant death-rates in recent years are shown in the table on page 10, which indicates in a striking manner the great reduction in infant mortality which has been effected in the last thirty years.

The actual number of deaths of infants under one year of age was 103, this being three less than in the preceding year. The tables which follow indicate prematurity (36 deaths) as the main cause of death, while the 15 deaths due to diarrhoea and enteritis is the highest number recorded in recent years.

It will be seen that 51 of the deaths occurred before the infant was one week old, while 59 occurred before the age of four weeks. This latter figure gives a *neo-natal death-rate* of 25 per thousand live births,

13

Deaths at various Ages under One Year of Age, 1938.

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	51	1	3	4	59	12	11	11	10	103
Measles	_							1		1
Meningitis	_	-	-	-	-	-	-	2	-	2
Convulsions	_		-	-	-	_	_		-	
Bronchitis		-	-	. 1	1	1	1	_		3
Pneumonia	-		1	2	3	2	1	. 3	2	11
Inflammation of the				100		1000				
Stomach		-	-	-	-	-	-	-	1	1
Diarrhoea and Enteritis	-	-	1	-	1	4	3 .	4	3	15
Congenital Malforma-						(10)				100
tions	5	1	-		6	1	1	-	-	8
Congenital Debility	-	-		1	1	-	1	-	1	3
Premature Birth	36	-	-	-	36	-	V. 723		-	36
Injury at Birth	2		-	-	2		-	_	-	2
Other Diseases Pecul-				115						
iar to Early Infancy	7	-			7		1000	-	-	7
Inattention at Birth	1.	-	-	-	1	-	-	-		1
Other Causes		-	1		1	4	4	1	3	13

Causes of Infant Deaths, 1929 to 1938.

	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Diarrhoea and Enteritis	. 4	-3	5	9	4	11	11	7	10	15
Premature Birth	. 25	14	19	24	35	20	34	35	31	36
Congenital Malformations	. 4	9	9	11	13	9	9	10	15	8
Congenital Debility	. 10	9	11	4	4	3	11	5	2	3
Tuberculous Disease	1	2	1		1	_			2	1
Syphilis			1	1	_		_	_	_	_
Meningitis (not Tuberculous)	0	1	4			1	_	_	_	2
Convulsions	0	6	5	4	3	3	1	_	1	
Bronchitis	0	4	2		3	3		5	4	- 3
Pneumonia (all forms)	0	10	11	6	6	8	8	15	12	11
Gastritis	4	1			_	1				-
Common Infectious Diseases	0	2	1	2	- 3	1		_		4
Other Causes	G	11	15	18	10	17	17	25	29	20
Totals	73	71	84	79	82	77	91	102	106	103

STILLBIRTHS.—The number of stillbirths registered in the year was 108, compared with 82 in the previous year. The stillbirth rate is 43 per thousand births.

MATERNAL MORTALITY.—There were five maternal deaths during the year, the maternal death-rate for the Borough being 2.00 per thousand births. The maternal death-rates in recent years are shown in the following table from which it will be seen that in recent years maternal mortality in the Borough has been below the average for the country as a whole.

Maternal Mortality per Thousand Births.

Period	Period Ealing			
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—1935	4.10	4.12		
1936	0.93	3.65		
1937	2.50	3.23		
1938	2.00	2.97		

GENERAL PROVISION OF HEALTH SERVICES.

PATHOLOGICAL LABORATORY.

The following table indicates the number of examinations carried out in the pathological laboratory, which is maintained at the Town Hall.

Specimens Examined in Laboratory.

	Positive	Negative	Total 1938	Total 1937
Piphtheria : From Medical Practitioners	70	621	691	766
From Isolation Hospital	437	3,122	3,559	3.327
From Health Centres	14	453	467	262
Tubercuiosis	64	360	424	532
Miscellaneous	28	432	460	459
Total	613	4,988	5,601	5,346

AMBULANCE FACILITIES.

- 1. For infectious disease.—The Ealing and Brentford and Chiswick Hospitals Committee provide a motor ambulance for the removal of cases of infectious disease to the Clayponds Isolation Hospital at South Ealing.
- 2. For accident and illness cases.—Three ambulances are provided by the Council and are adequate for dealing with cases of accident and of acute illness. Two are housed at the Central Fire Station and one at the Greenford Sub-Station, the ambulance service being manned by members of the Fire Brigade. The extent of the calls made upon the service is shown in the following table:—

d complete Washington	1933	1934	1935	1936	1937	1938
Cases of Accident Cases of Illness	772 1,149	790 1,259	756 1,261	868 2,080	740 2,663	917 2,894
Total Cases	1,921	2,049	2,017	2,948	3,403	3,811
Number of Journeys outside the Borough (included above)	365	596	427	552	567	421
Annual Mileage	13,265	15,818	16,962	21,070	22,868	30,422

NURSING IN THE HOME.

1. General diseases.—The Greater Ealing Nursing Association with a staff of one superintendent nurse and seven district nurses, provides for the nursing of the sick in their own homes in the Borough except in the Northolt Ward. During the year the Association dealt with 1,449 cases, a total of 21,136 visits being made.

District nursing in the Northolt Ward is provided by the Northolt Nursing Association, who employ one nurse to attend patients in this area.

2. Infectious disease.—The two Nursing Associations receive annual contributions from the Town Council in respect of nursing services provided for patients referred by the medical staff at the Health Centres or by the midwives.

CLINICS AND TREATMENT CENTRES.

Provided by Ealing Town Council.

Health Centres (Maternity and Mattock Lane, Ealing. Medical Service)

Child Welfare, and School Cherington House, Hanwell. Ravenor Park, Oldfield Lane,

Greenford.

Greenford Green, Wadham Gardens, Greenford.

Perivale, Horsenden Lane. Greenford.

Islips Manor, Eastcote Lane, Northolt.

Orthopaedic Clinic Special Clinic (Birth Control)

Mattock Lane Centre, Ealing. Mattock Lane Centre, Ealing.

Provided by Middlesex County Council.

Tuberculosis Dispensary Treatment Centres for Venereal

Green Man Passage, West Ealing.

Disease

Certain Hospitals in London.

SPECIAL CLINIC.—Cases in which the medical staff are of opinion that further pregnancies would be detrimental to the health of the mother can be referred to the special clinic where they receive instruction in birth control. The medical officer in charge of this Clinic attends on two afternoons in each month.

The number of new cases dealt with during the year was 123, and the total number of consultations with the medical officer was 348. In addition, 15 cases (involving 41 consultations) were dealt with in accordance with the arrangements made with the Middlesex County Council, who send mothers from the County area.

HOSPITALS.

- 1. Isolation Hospital.—The Clayponds Isolation Hospital at South Ealing is provided in conjunction with the Brentford & Chiswick Council. The hospital has 142 beds and information regarding the cases admitted is given in the Annual Report on the Hospital, which forms an Appendix to this Report.
- 2. Maternity Hospital.—The Perivale Maternity Hospital, Greenford, is also provided in conjunction with the Brentford & Chiswick Council. The hospital contains 40 lying-in beds, three isolation beds and a labour block. The Annual Report on the Hospital is included as an Appendix to this Report and shows that the accommodation at the hospital is fully utilised by the mothers in the two Boroughs.
- 3. Smallpox Hospital Hospital provision for children Other hospitals.—No change has to be recorded in these hospital arrangements, which have been fully described in previous reports.

HEALTH EDUCATION.

The National Campaign to secure a wider use of the health services continued during the early months of the year and the co-operation of the Council in this effort was continued. Posters were exhibited in the Centres, on the Cleansing Department's vehicles, etc., leaflets were distributed through the schools and at the centres, and appropriate articles were included month by month in the local edition of "Better Health." This journal has now been distributed in the Borough for ten years, during which period 2,000 copies have been issued each month

B. Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

There are no outstanding additions to be noted in connection with the Council's maternity and child welfare scheme as was the case last year when the Perivale Maternity Hospital was opened and the Midwifery Service was inaugurated. The work accomplished during the year will be seen in the summaries of attendances at the Centres and the records of work done by the Health Visitors and Midwives.

Summary of the Visits made by the Health Visitors.

Visits to children under 12 months:	(1937)	(1938)
First visits	2,402	2,434
Return visits	6,242	5,558
Visits to children 1 to 5 years of age	9,443	10,200
Visits to expectant mothers	2,179	1,983
Visits to investigate infant deaths and still-births	147	140
Special visits or investigations	268	265
Visits to cases of Ophthalmia Neonatorum	8	37
Visits to cases of Pemphigus Neonatorum		5
Visits to cases of Measles and Whooping Cough	328	672
Visits to cases of Scarlet Fever on discharge		
from the Isolation Hospital	301	290
Inspections of Women's Lavatories	70	68
Visits to children under care of foster-mothers	784	758
Other visits	140	143
Total Visits	22,312	22,553
	-	-

Summary of the Work at the Health Centres.

Mothers.

Expectant mothers attending Ante-Natal Clinics:	(1937)	(1938)
Attending for the first time	1,366	1,538
Total attendances	6,320	7,994
Nursing mothers attending Post-natal Clinics:		
Attending for the first time	585	600
Total attendances	-	701

Mothers seen by Ante-Natal Consultant	36	35
Mothers referred to School Medical Department		
for dental treatment	471	601
Mothers referred to Hospitals	109	61
Mothers accepted for admission to the Perivale		
Maternity Hospital	597	715
Children.		
Children attending Centres for the first time :	(1937)	(1938)
Under one year of age	1,996	2,044
One to five years of age	1,384	1,326
Total attendances made by children:	VI III III	-,0-0
Under one year of age	26,711	30,257
One to five years of age	16,797	
Number of children examined by Medical Officer:	tally inter	10,011
Under one year of age	6,985	7,162
One to five years of age	7,111	7,278
Children referred to School Medical Department:		,,,
For dental treatment	548	595
For treatment of throat and nose	33	26
For optical treatment	56	81
For orthopaedic treatment	142	162
For treatment of minor ailments	150	261
For diphtheria immunization	381	529
Children referred to King Edward Memorial Hospita		Dog of I
For minor operations	33	44
For ultra-violet ray treatment	3	1
For other reasons	28	48
Children admitted to King Edward Memorial	-	
Hospital as indoor cases		
Children referred to other Hospitals	36	88
are of the Work at the Realth Centres.	maru2	
Assistance Given.		
Food supplied at cost price:	(1937)	(1938)
Dried milk (Value)	£902	£1,177
Virol (,,)	£180	£196
Cod liver oil (,,)	£461	£482
Number of orders issued granting a supply of milk,		
free of charge, for a period of 28 days:	Landinger	
For expectant or nursing mothers	921	1,303
For children under five years of age	1,955	3,601

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Attendances at the Health Centres, 1938.

	Mattock Lane	Ch'gton House	Ravenor Park	Perivale	Greenf'd Green	Islips Manor
Ante-natal sessions Attendances Average attendance	92 1,767	89 1,612	93 1,651	83 1,146	87 1,254	52 564
per session	19	18	18	14	14	12
Post-natal sessions	12	12	12	11	12	_
Attendances	91	132	156	116	160	48
Average attendance per session	8	11	14	11	13	_
Number of sessions for children	152	154	151	151	155	52
Number of children attending for first time	715	817	751	375	467	245
Total attendances made by children	9,390	9,680	10,067	8,787	8,006	3,404
Average attendance per session	62	63	67	58	52	65
Number of children seen by doctor	2,824	2,904	3,337	2,285	2,196	894
Average number seen per session	19	19	22	15	15	17

Medical Examination of Pre-school children.—The number of complete medical examinations of children from one to five years of age are indicated in the following table:—

Age-Group	No.	of Examina	tions
1 year to 18 months	 	1,227	
18 months to 2 years	 	755	
2 years to 3 years	 	817	
3 years to 4 years	 	723	
4 years to 5 years	 	408	
		3,930	

These medical examinations again show an increase over previous years, the total of 3,930 comparing with 2,984 in 1936 and 3,616 in 1937.

Treatment of Defects.—The medical examinations at the Centres reveal numerous defects, the majority of a minor character, for which immediate treatment is advisable. To assist the parents in securing such treatment arrangements are in force whereby all facilities available for the treatment of school children are also available for children under school age. Details regarding the numbers of mothers and children referred for treatment are to be found on page 00, a survey of the arrangements for orthopaedic treatment on page 00, while a report by the School Dentist regarding dental treatment follows:—

Report of Dental Surgeon.

"Mothers.—The provision of dental treatment for expectant and nursing mothers was first undertaken in the Borough in 1927. In that year, 49 mothers were treated, eight being supplied with artificial dentures. In twelve years this figure has multiplied rapidly, the number treated in the present year being 721. The work carried out was chiefly of a radical nature, elimination of sepsis and caries being the chief aim.

"The number of teeth extracted totalled 3,151 and the number of teeth filled numbered 386. The number of mothers who were supplied with artificial dentures was 285, while 232 mothers received gum treatment. Gas was administered in nearly all cases where extractions were performed, a local anaesthetic being occasionally used in the extraction of single teeth.

"The number of attendances made by mothers to receive dental treatment was 2,829.

"Children.—The dental treatment of pre-school children also showed an increase over the preceding year, the total number of children seen by the dentist being 534. There is no doubt that the mothers show a keen interest in their children's teeth. This is particularly noticeable in mothers who have themselves received dental treatment at the Centres in Ealing and it is in these cases that conservative treatment can be carried out with success as they are seen early. The number of fillings inserted for children was 95, and the number of mothers seeking advice regarding their children's teeth was 28. The number of extractions was 1,595, compared with 1,484 in the previous year. The number of attendances made by pre-school children to receive dental treatment was 1,037."

CONVALESCENT TREATMENT.

During the year nine mothers with young babies were sent to the Convalescent Home for Mothers and Babies, Mayfield, Sussex, for periods varying from two to four weeks. In addition, eight children under five years were sent to the Hurstleigh Convalescent Home, Tunbridge Wells, the usual period of stay being six weeks. Unfortunately both of these homes were closed during the autumn on account of financial difficulties and arrangements are now under consideration to secure accommodation at other suitable Homes.

CHILD LIFE PROTECTION.

The supervision of fostermothers is carried out by the Health Visitors who have all been appointed Child Protection Visitors. Information regarding foster-children registered in the Borough is contained in the following table:—

table		
Number of children on the register at the beginning of		
the year		106
(Number of fostermothers having care of the		100
above children, 86).		
Number of children registered during the year		126
Number of children removed from register during year:		-
Removed to care of parent or relative	70	
Removed to another fostermother	15	
Removed for adoption through a Society	5	
Removed to a Children's Home or School	8	
Legally adopted by fostermother		
Died (Inquest held : None)	9	
Fostermother left district	2	
Attained nine years of are	/	
Attained nine years of age	4	
Removed from care of fostermother at request of		
Medical Officer of Health	6	
Removed from care of fostermother by Order of		
Court obtained under Section 212 of the Public		
Health Act, 1936	1	
	_	122
Number of children on register at end of year		110
(Number of fostermothers having care of the		
above children, 95).		
Number of visits made by Health Visitors		758

It will be seen that one child was removed from the care of a fostermother after an Order had been obtained from the Court under Section 212 of the Public Health Act, 1936. In this case a woman had taken charge of a child two weeks of age when she had already been notified that she would not be permitted to have the care of a child under two years of age. Usually in such cases, the threat of legal action is sufficient to secure the removal of the child, but in this case immediate action was considered necessary in view of the fostermother's previous record. The child was placed in the care of an approved fostermother until her own mother made other suitable arrangements. In six other cases the removal of a child was requested and in each instance the request was complied with.

During the year, Dr. Dorothy Taylor, the Senior Woman Assistant Medical Officer, was appointed by the Council as a child protection visitor under Section 209 of the Public Health Act, 1936, to enable her to have authority to make inspections in any special case.

MIDWIFERY SERVICE.

The Midwifery Service established in accordance with the provisions of the Midwives Act, 1936, came into operation on the 1st May, 1937. At the end of 1938 the staff comprised ten midwives, an additional midwife having been appointed during the year to serve the expanding area of Northolt. This appointment had to be expedited by reason of three independent midwives, who all practised in a small way in Northolt or North Greenford, surrendering their certificates.

The question of maintaining a staff of midwives sufficient to serve the needs of the Borough will need further consideration in the near future. At the end of the year the two independent midwives undertaking the majority of the cases deplt with apart from the Council's scheme, discontinued practice and the majority of their cases will have to be dealt with by the municipal midwives. As these midwives attended over one hundred cases in the Borough during the year the anticipated increase in the cases to be attended by the Council's staff is more than can be done by one whole-time midwife.

The work carried out by the midwives and the assistance provided for the mothers, were as follows:—

Number of Confinements attended:

(a) as midwife				525	
(b) as maternity nurse				144	
					669
Number of Visits made by 1	nidwives:				
Confinements attended			***	669	
Nursing visits		***	1	1,549	
Ante-natal supervision					
Other visits				1,624	
					14,985
Attendances of patients at n	nidwife's l	ouse:			
First visits				670	
Return visits					
					1,813
Number of accouchement se	ts issued :				eurblan.
Free of charge				155	
At cost price					
nortestal habitarán magnesia					336
Number of cases in which l	Home Hel	n provi	ded		67
Amount of fees collected by					£985
principle of reco contested by	THILLIAND	***	***		- North

Training of Pupil Midwives.—The arrangements by which some of the pupil midwives receiving their training at the Perivale Maternity Hospital were able to undertake their district training under the supervision of the senior midwife, who is an approved teacher, came to a conclusion at the end of the year. During the year fifteen pupils received their district training in accordance with these arrangements, each pupil residing with the teacher for a period of one month. The pupils gave valuable help to the staff as, being trained nurses, they were able to undertake certain duties without personal supervision.

The Central Midwives Board have now adopted new rules regarding the training of pupil midwives, dividing the training into two parts. The Perivale Maternity Hospital is approved for the first period of training only, during which no district training has to be undertaken.

Cases attended by independent midwives.

At the end of the year there were five midwives resident in the district and two in neighbouring areas who were continuing in independent practice, compared with seven and eight respectively at the beginning of the year. In addition, midwives from three nursing homes undertake occasional cases in the patients' homes.

Compensation for the surrender of certificates may be claimed under the Midwives Act, 1936, up to the 30th July, 1939, and there is a possibility that the number of independent midwives may be still further reduced by this date.

Prohibition of unqualified persons acting as Maternity Nurses.

An Order was made by the Minister of Health under Section 6 (2) of the Midwives Act, 1936, applying the provisions of that section to the Borough from the 1st June, 1938. The effect of this Order is that no untrained woman may attend a woman in childbirth. Certain women who are not fully trained nurses or midwives are permitted to continue their work if they hold a certificate of training issued by an institution approved by the Minister of Health, and if they give notice in writing to the Council of their intention to practice in the area. Notice of intention to practice has been received from eight persons who possess approved certificates of training.

Post-certificate training.

Section 7 of the Midwives Act, 1936, provides that every midwife practising in the area shall attend from time to time an approved course of post-certificate training. During the year the Central Midwives Board issued Rules which require every practising midwife to attend once in every seven years an approved course of training extending over a period of not less than four consecutive weeks. The course of instruction must be residential. The Rules come into force on the 1st January, 1939, although the Board have requested that the arrangements for the provision of training for the many midwives who have held their certificates for more than seven years should be spread over the first few years to permit suitable arrangements being made by the training institutions. The Council have made arrangements for midwives practising in Ealing to receive their training at the St. John's Post-certificate Schools, London, E.14,

SUPERVISION OF MIDWIVES.

During the year 42 midwives notified their intention to practice within the Borough, this number including seven midwives residing outside the district. This number excludes the midwives on the staff of the Perivale Maternity Hospital.

At the end of the year the number of midwives practising in the area was 41, as shown in the following table:—

Midwives	in service of Council	 	10
,,	at Perivale Maternity Hospital	 	13
"	in independent practice:		
	(a) residing in Ealing	 	4
	(b) residing in adjoining areas	 	3
,,	in private nursing homes	 	11

All of 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	· · · ·			82
(b) At the patient's home				644
When acting in the capacity of m	atern	ity nur	se (a	
doctor being in attenda	ince)	:		
(a) In private Nursing Homes		***	***	189
(b) At the patient's home				203

Notifications.—The numbers of notifications received from midwives, in accordance with the Rules of the Central Midwives Board, were as follows:

Notifications of sending for medical assistance

On account of a complication of pregnancy	30	
On account of a complication during labour	178	
On account of a complication during the		
puerperium	16	
On account of the health of the child	48	
	-	272
Still-birth		11

Death:

Of mother						
Of child						 3
Laying out of a I	Dead Bo	ody				 5
Artificial Feeding	of Infa	ant				 9
Liability of Midw	ife to b	e a soi	arce of	infectio	on	 17

Ophthalmia Neonatorum.—The notifications of sending for medical assistance on account of the health of the child included twenty-four cases of inflammation of, or discharge from, the eyes. Ten of these cases were notified by the medical practitioner as cases of ophthalmia neonatorum.

Visits to midwives.—Routine visits to the number of 25 were made by Dr. Dorothy Taylor, who acts as Supervisor of Midwives. Supervision of midwives engaged in district practice has been rendered much simpler since the inauguration of the Midwifery Service. The majority of the district midwives are now on the staff of the Public Health Department and their co-operation with the general scheme of Maternity and Child Welfare is complete.

Payment of medical fees.—The Town Council paid fees to local medical practitioners, called in by midwives, amounting to £254. 19s. 6d. in respect of 234 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 £67. 13s. 2d.

SUPERVISION OF NURSING HOMES.

The following table gives information regarding nursing homes in the Borough, the increase in the number of beds in the year being accounted for by extensions at two homes.

	No. of Homes	No. of Beds
Number of Nursing Homes on Register at beginning of year Number of applications for transfer of	19 (11)	231 (64)
registration	2	-
Number of New Homes registered		
Number of Homes discontinued	-	-
Number of Nursing Homes on Register at end of year	19 (11)	251 (75)

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

Five applications on behalf of voluntary hospitals and homes' for renewal of certificates of exemption were granted.

The nursing homes in the Borough are visited periodically by the Senior Woman Assistant Medical Officer who made 54 visits during the year for this purpose. When new applications for registration are received the inspection by the Medical Officer is followed by a visit from the Chief Sanitary Inspector, who reports fully regarding the sanitary arrangements, takes measurements of the rooms and, if considered necessary, arranges for the testing of the drainage system. While the discovery of an unregistered home taking maternity cases would be simple, by reason of the fact that all births are notifiable, the discovery of unregistered homes taking chronic cases is more difficult. Advertisements in the local press are watched in order to detect unregistered premises.

One inspection revealed that eight patients had been taken into a home approved for seven patients only, and that there was no state registered nurse on the staff. The owner of the home complied with a request that one patient should be removed immediately and that a state registered nurse be engaged in place of a nurse who had left.

C. Sanitary Circumstances of the Borough.

SANITARY CIRCUMSTANCES OF THE BOROUGH.

WATER.—The North and South Greenford and Northolt Wards are supplied by the Rickmansworth and Uxbridge Valley Water Company, with the exception of five roads in Greenford North Ward, which are supplied by the Colne Valley Water Company. The rest of the Borough is supplied by the Metropolitan Water Board.

There are eight factories in the Borough using water from deep borings ranging in depth from 300 feet to 600 feet. The water is used for general factory purposes and in four of them it is also used for drinking. Samples from these four supplies were taken and submitted to chemical and bacteriological analysis and the report in each case was that the water was satisfactory for drinking purposes.

RIVERS AND STREAMS.—No complaints were received during the year with reference to the river Brent or its tributary stream.

Drainage and Sewerage.—With the exception of 49 houses in Northolt Ward, eight in Greenford North Ward, two in Mount Park Ward, four in Drayton Ward, and one in Hanwell North Ward, all houses in the Borough are supplied with water closets and are connected to the sewerage system. During the year three houses previously drained to cesspools were connected to the sewer.

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

The following table gives the number of pail closets, the number of cesspools and the number of houses 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	35	26	23	4	49
Greenford	6	5	3	_	8
Hanwell North Mount Park and	1	1	rigipal is	919 ML 19	1
Drayton	2	4	2		6
	44	36	28	4	63

Public Cleansing.—The whole system of public cleansing is gradually undergoing evolution and the following description gives a short account of the development at the present time:—

Street Cleansing.—The whole of this service is carried out on the one-man beat system. Two-bin trucks on pneumatic tyres are used: there are 82 beats. The sweepings are collected direct from trucks at frequent intervals during the day and are aclivered by the scavenging lorries direct to tips for final disposal, there being no temporary dumps. A mechanical sweeper-collector augments the trucks on main roads.

Gully Cleansing was carried out during the year by a petroldriven vacuum extractor. Formerly there were two steam extractors which were replaced by this machine and while the latter successfully fulfilled its requirements, more frequent emptying of gulleys is desirable and a second machine was put on order at the latter end of the year and will be in commission early next year.

Continuous efforts are made to get agreements with estate developers for scavenging and gully cleansing in new streets before their adoption by the Council. A nominal charge is made and the plan is meeting with successful results, so improving the amenities of newly developed estates. Refuse Disposal.—The disposal of house refuse and trade refuse is effected by controlled tipping and incineration, 90% by the former, 10% by the latter. The total refuse yield was 44,291 tons.

The incinerator is situated at Hanwell and is a four-cell steaming plant. The controlled tips are situated at Hanwell Works and Greenford Road. Over 50,000 tons of refuse have been tipped at Hanwell in 2\frac{3}{4} years: the tip is expected to last ten years. At Greenford 30,000 tons have been tipped in 1\frac{3}{4} years.

Substantial progress was made with the erection of a new refuse disposal plant at Greenford Road and the operating of this will commence in the late summer 1939, when the Greenford Tip will be closed.

The new works is a separation, salvage and incineration plant with a maximum capacity of 180 tons per day. A cleansing administration block, garage, workshops, mess-room, weighbridge, shower-room, etc., alongside the new disposal works were nearing completion at the end of the year.

Refuse Removal.—The last horse-drawn refuse collection vehicle ceased work on August 31st, 1938: the collection is therefore entirely by mechanised vehicles. A standard pattern of vehicle is used for house to house collection, but for special collection of trade and school refuse a different type is used.

Seven new vehicles were ordered at the end of the year to replace vehicles on solid-tyred wheels. All vehicles are now pneumatic tyred with the exception of one reserve vehicle. There are four reserve vehicles for use during overbauls and holiday periods.

Refuse Dumps.—During the year a complaint was received of offensive smells arising from the St. Marylebone Dump situated in the Northolt Ward. An investigation showed that the dump was being properly conducted and no undue smell was observed.

The dump just outside the Borough boundary at Yeading, to which refuse from Paddington is brought, continues to be conducted in a satisfactory manner. In connection with this dump a refuse destructor has been constructed, where a considerable quantity of the refuse is now incinerated.

The controlled tips at Hanwell and Greenford are conducted in a very satisfactory manner.

Smoke Abatement.—The Sanitary Inspectors made 112 smoke observations of chimneys during the year and in five instances it was necessary to make representations regarding the emission of black smoke for a longer period than that allowed by the byelaw.

Statutory Notices under Section 103 of the Public Health Act, 1936, were served in each case and there was no repetition of the offence during the six months the notices remained operative.

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.

Only one offensive trade is carried on in the Borough, namely, fishfrying, which is carried on in 28 different premises. During the year nine applications were received for permission to establish the trade of fishfrying, permission being granted in two cases.

Shops Act, 1934.—During the year 23 shops were reported by the Shops Inspector for investigation by the Sanitary Inspectors regarding the provisions of the Shops Act, 1934, relating to ventilation, temperature and sanitary conveniences. As a result of these inspections three additional W.C.'s and one wash-hand basin were provided, heating apparatus was installed in five shops and ventilation was improved in one instance. In addition, nuisances at four shops were abated.

BATHS AND SWIMMING POOLS.—Four swimming baths are provided by the Council, namely, a women's bath, a first class and second class bath for men, and a bath reserved exclusively for the use of 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 maintained by the Staff Recreation Clubs of two large factories. Chlorine treatment of the water is carried out in both these pools.

ERADICATION OF BED BUGS.—During the year 40 Council houses and 135 other houses were found to be bug infested. All these houses were successfully disinfested.

The method employed for freeing infested Council houses from bed bugs is by stripping the paper from the walls, loosening or removing all woodwork, the application of a blow lamp to the seats of infestation and spraying with a contact insecticide. In the case of privately owned houses a notice is served on the owner or occupier to do the necessary stripping of walls, etc., and the rooms are then sprayed with a contact insecticide. Bedding from infested rooms is treated at the Council's steam disinfector.

In all cases where there is a suspicion of infestation with bugs in the belongings of people about to remove to a Council house disinfestation with hydrogen cyanide is carried out, this work being done by a contractor. During the year the furniture and belongings of 40 families were treated by this method.

The Housing Department make particular enquiries at Council houses regarding possible infestation and report to the Sanitary Inspector when necessary. A thorough inspection is made and remedial measures are adopted when infestation is confirmed. The tenants are encouraged to report at once any suspected or actual infestation so that remedial action can be taken early. As regards other houses the tenants are advised to inform the Public Health Department when there are any signs of re-infestation.

Nuisance from Noise.—Section 106 of the Middlesex County Council Act, 1938, 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, 1936, 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.

Ten complaints of nuisances from noise were received during the year. Investigations were made and where possible appropriate action was taken and the noise abated or reduced to a minimum. Schools.—A thorough inspection of the sanitary arrangements at 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 by the Education Committee and by private owners to remedy any defects found.

Reports of absentees from non-notifiable diseases are furnished weekly to the Public Health Department by the head teachers of public elementary schools. These give a general idea of the prevalence of infectious diseases at any particular time and enable the health visitors to visit the homes and 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.

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.

Legal Proceedings.—Legal proceedings were taken in the following seven cases:—

79 to 101, Uxbridge Road, W.7. Non-compliance with Statutory Notices, Section 41, Public Health Act, 1875, and Section 19, Public Health Acts Amendment Act, 1890. Application for recovery of expenses incurred in carrying out drainage works in default of the owners. Order made for payment of cost of drainage work, with costs.

59, Belvue Road, Northolt. Section 93, Public Health Act, 1936. Dampness and general dilapidation. An Order was made by the Magistrates for the necessary works to be carried out within seven days, and £2. 2s. 0d. costs was awarded.

72, Middleton Avenue, Greenford. Sink waste connected with rainwater pipe. An Order was made by the Magistrates for the waste to be disconnected from the rainwater pipe and to be connected with the soil pipe system within fourteen days, and a fine of £2 was imposed.

Old Sewage Disposal Works, Wyke Green, Heston. Burning of grass, etc., on old sludge beds. Order to abate nuisance in seven days. £1 allowed for costs.

- 22, Manton Avenue, W.7. (1) Application under Section 287, Public Health Act, 1936, to enter; (2) Summons under Section 288, Public Health Act, 1936, for wilfully obstructing the Sanitary Inspector. Fined 10s. on each summons, £1. 1s. 0d. costs.
- 87, Ruislip Road, Greenford. Unsound meat deposited for sale. Fine of £10.
- (2) 6a, Oxford Road. Unsound chickens deposited for sale. Fine of £10.

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 84 bodies were deposited therein. It is so fitted that medical practitioners can perform post-mortem examinations and in 42 cases during the year such examinations were carried out. As reported last year the accommodation is inadequate for the size of the Borough and is far from satisfactory and the Council have decided to build a new mortuary properly equipped with refrigeration apparatus, estimates for which are now being obtained.

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		1,388
Number of Nuisances observed by Inspectors		119
Number of Premises inspected in connection with Infect	ious	
Disease		757
Number of Premises visited by Periodical Inspection (C	ow-	
sheds, Dairies, Slaughterhouses, Factories, etc.)		3,202
Number of Houses inspected under House-to-House Sur	rvey	678
Food Inspections		1,944
Total Number of Re-inspections		10,655
Other Inspections		1,663
Total Number of Inspections and Re-inspections		20,406
Number of Intimation Notices given		675
Number of other Letters written		998
Number of Statutory Notices served		82
Proceedings before Magistrates		7

MILK AN	D DAI	RIES .	Аст, Е	TC.		
Number of Cowsheds on Re	egister					2
Number of Inspections mad						4
Contraventions of Act or O						No or
Number of Retail Purveyor						171
Number of Inspections of I						247
Contraventions of Act or O						- 3
Proceedings before Magistr						_
St.	AUGHTE	ERHOU	SES.			
Number of Registered or L	icensed	1 Slau	ghterho	ouses		3
Number of Inspections mad						62
Contraventions of Regulati						_
Proceedings before Magistra				***		
Svirolfolmina de la sultanta						
FACTORI	ES ANI	D Wo	RKSHO	PS.		
Factories with Mechanical	Power					288
Factories without Mechanic	cal Pov	ver				170
Number of Inspections of	Factori	ies and	d Work	places		616
Number of Defects concer	ning v	vhich	Notice	s were	sent	69
Proceedings before Magistr	rates					
Off	ENSIVI	E TRA	DES.			
Fried Fish Shops						28
Other Offensive Trades						_
Number of Inspections						162
Contraventions						4
1	DISINFI	ECTIO	٧.			
Rooms Disinfected by Spra	y:					
(a) Ordinary Infectiou	s Dise	ase				-28
(b) Tuberculosis						
(c) Other Conditions						
Rooms treated for Vermin						
Articles Disinfected by Ste						
(a) Ordinary Infectious	s Disea	ise				265
(b) Tuberculosis	***					489
(c) Other Conditions						3,007
Articles voluntarily destroy	yed			,.,		160

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

or morrens busying and appre	Tarres 4			
Water Closets repaired or supplied with wa	ater or	otherw	rise	
improved				235
Drains cleared and cleansed				220
Defects in drains repaired				112
Drains reconstructed				34
Dust-bins provided				66
Overcrowding remedied			***	128
Accumulations of refuse removed				117
Nuisance from fowls and other animals at	pated			8
Damp-proof courses inserted in walls				135
Ventilation under floors provided				18
Other forms of dampness remedied				78
Yards paved and repaired				61
Floors repaired				62
Roofs, gutters and rain water pipes repair	red			289
New soil and ventilating pipes provided				45
Sinks and waste-pipes repaired or renewed	d			139
Draw taps fixed to main supply				23
Dirty walls and ceilings stripped and clea	nsed			703
Other defects or nuisances remedied				798
Cisterns cleansed, renewed and covered				11
Houses connected to sewer				3
Water supply re-instated				17
Ventilated food cupboards provided				32

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—Inspections For Purposes of Provisions as to Health.
(Including Inspections made by Sanitary Inspectors).

		Number of			
Premises	Inspections	Written Notices	Occupiers Prosecuted		
Factories with mechanical power Factories without mechanical power Other Premises under the Act (in-	417 199	29 15	-		
cluding works of building and engineering construction but not including outworkers' pre-			might nothing		
mises)	-	-	-		
Total	616	44	_		

2.—Defects Found.

	Nun	nber of Defe	ects	Number of defects in respect
Particulars	Found	Remedied	Referred to H.M. Inspector	of which Prosecutions were instituted
Want of cleanliness	38	38		nillago zam
Overcrowding			din etteri	mal a Transin
Unreasonable temperature	- 11	-	-	19814-0118
Inadequate ventilation	3	3		
Ineffective drainage of floors	-	-	Tiere To his	being the
insufficient	3	3	- 1	1000
Sanitary unsuitable or Convendefective	12	12	min bus	in Indian
iences not separate for sexes	1	1	-	
Other offences (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937).	12	12	mail 2 13 mail 1 10 mail 1	A PACE OF THE PACE
Total	69	69	-	rina - L

OUTWORK IN UNWHOLESOME PREMISES, SEC. 108.

Nature of Work	Instances	Notices Served	Prosecutions
Wearing Apparel Making, etc	- 10	-	redre <u>m</u> bases
Others	_	_	_

D. Housing.

HOUSING.

Housing.—No action was taken during the year under Section 11 of the Housing Act, 1936.

Altogether 108 houses have been represented as unfit for human habitation since 1930, when the five years' plan was drawn up, 27 more than was originally estimated. Arising out of these representations there were 64 demolition orders, 24 undertakings from owners not to re-let the houses for human habitation, and 20 houses were re-conditioned. In respect of one house for which an undertaking was given the owner subsequently demolished the building. Six other houses were voluntarily demolished prior to definite action being taken by the Council.

Housing Act, 1936.—During the year 270 houses were measured to ascertain the permitted number allowed to occupy them, making a total of 13,232 houses so far measured. Certificates to the number of 660 were issued, making a total of 7,245, a number far short of the total working class houses in the Borough.

HOUSING STATISTICS.

1.—Inspection of Dwelling Houses during the Year	:
(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health	0.000
or Housing Acts)	2,069
(b) Number of inspections made for the purpose	2,069
(2) (a) Number of dwelling-houses (included under	
sub-head (1) above) which were inspected	
and recorded under the Housing Consolid-	
ated Regulations, 1925	678
(b) Number of inspections made for the purpose	678
(3) Number of dwelling-houses found to be in a state	
so dangerous or injurious to health as to be unfit	
for human habitation	_
(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	1,113

SERVICE	2.—Remedy of Defects during the Year without of Formal Notices:
1,019	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers
AR:	3.—ACTION UNDER STATUTORY POWERS DURING THE YE
	A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:
HOMOII	(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
	(2) Number of dwelling-houses in which defects were remedied after service of formal notice:
45 —	(a) by Owners (b) by Local Authority in default of Owners
	C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:
_	(1) Number of dwelling-houses in respect of which Demolition Orders were made
19	(2) Number of dwelling-houses demolished in pursuance of Demolition Orders
escult 28	(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
7/7	be used for human habitation

3017	D	-Proceedings under Section 12 of the Housing Act, 1936:	
eluci	(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	
Hous	SIN	G ACT, 1936 (PART IV)—OVERCROWDING.	
	(a)	(i) Number of dwellings overcrowded at the end of the year (Number of dwellings overcrowded on survey in 1935—314).	209
		(ii) Number of families dwelling therein	209
		(iii) Number of persons dwelling therein	1,1491
	(b)	Number of new cases of overcrowding reported during the year	21
8 ((c)	(i) Number of cases of overcrowding relieved	100
		during the year (ii) Number of persons concerned in such cases	128 766
	(d)	Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of the overcrowding	_
((e)	Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	1

During the year 1,125 new houses were built in the Borough by private enterprise.

The Town Council completed 21 four-bedroom parlour houses, 92 three-bedroom non-parlour houses, 12 one-bedroom flats, 6 two-bedroom flats, and 14 three-bedroom flats.

The building of 284 working class dwellings contemplated at Northolt has not yet been commenced.

E. Inspection and Supervision of Food.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.—There were only two cowkeepers on the register as producers of milk at the end of the year. One of these was licenced by the Middlesex County Council to produce Accredited Milk.

At the end of the year there were 171 retail purveyors of milk-Twenty-three of these registrations were in respect of premises owned by one Company and eleven by another, and used as places for the sale or distribution of bottled pasteurised milk received from central depots in other districts. During the year nine new purveyors of milk were registered with respect to premises used for other purposes to retail milk in sealed receptacles only, and one was registered with respect to premises to be used as a milk distributing depot. Five retail purveyors of milk discontinued their businesses and their names were removed from the register.

MILK (SPECIAL DESIGNATIONS) ORDER, 1936.—Under this Order 88 licences were granted during the year, 30 for the sale of Tuberculin Tested Milk, one for Accredited Milk and 57 for Pasteurised Milk.

Nine samples of pasteurised milk were taken for bacteriological examination. In all of them the results came within the standard laid down by the Order. Five samples of pasteurised milk were submitted to the phosphatase test and all of them gave a satisfactory result.

Six samples of ordinary unclassified milk were examined for bacterial count. One of these was found to contain over 200,000 bacteria per cubic centimetre, namely 350,000.

An inspection of the dairy from which this sample was obtained showed that probably the bottles were not properly sterilised by reason of a broken thermometer on the sterilising chest.

Thirteen samples of ordinary unclassified milk were submitted to the methylene blue reduction test. In five cases they did not satisfy the test and representations were made to the dairymen regarding the sterilisation of utensils. This effected an improvement as further samples from these shops gave satisfactory results. Seven samples of ordinary untreated milk were submitted for examination at the Lister Institute for the presence of tubercle bacilli. In no sample was this organism discovered.

MEAT AND OTHER FOODS.—There were no infringements of the Public Health (Meat) Regulations.

No meat is sold from stalls in the Borough.

There are three private slaughterhouses and the following table gives the number of animals slaughtered in the course of the year.

Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep Lambs	Pigs
Number killed Number inspected All Diseases except	0	=	3 3	37 37	98 98
Tuberculosis— Whole carcases condemned	PILA	0_93	ralen	919	
Carcases of which some part or organ was condemned Percentage of the number inspected affected with	150	bīns	SHO	6	3
diseases other than tuber- culosis Tuberculosis only—	7777	-	_	16.21	3,06
Whole carcases condemned			-	-	-
Carcases of which some part or organ was condemned		-	-	-	1
Percentage of the number inspected affected with tuberculosis	1	_	-	_	1.02

All the animals were stunned by means of a humane implement. There is no public slaughterhouse in the Borough.

In addition to the parts of carcases mentioned in the foregoing table the following were voluntarily surrendered for destruction:

Ham (tin	ned)	 		18 lbs.
Pork		 		31 lbs.
Mutton		 		43 lbs.
Rabbits		 		263 lbs.
Fish		 		171 lbs.
Fowls		 		193 lbs.
Potatoes		 		5 tons
Spinach		 	100 tii	is (pints)

F. Prevalence of, and Control over Infectious and Other Diseases.

Cases of Infectious Disease occurring in the Borough.

Disease	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	193
Smallpox		1	1	1	_	_	-	_	-	_	-	-
Diphtheria		68	90	129	83	54	71		228		123	142
Scarlet Fever	. 136	313	231	264	154	407	476	493	400	408	317	383
Enteric Fever				-		1	-					
(including Paratyphoid) 14	12	1	4	1	3	4	3	7	8	5	2
Puerperal Fever		2	2	7	6	4	3		7	3	4	-
Puerperal Pyrexia	. 15	16	13	26	18	21	28	14	11	9	24	46
Pneumonia:		1 1 3	17							3833		
Primary	. 66	73	100	78	96	85	56	72		85	60	83
Influenzal	. 38	13	59	12	18	50	32	17	11	14	37	18
Acute Poliomyelitis		-	1	-	2	4	3	-	1	2	7	6
Cerebro-Spinal Fever	. 2	-	1	-	-	-	-	-	-	-	1	1
Malaria	. 6	4	4	2	1	-	1	1	-	1	-	-
Dysentery		1	-	-	-	-	-	-	1	1	5	12
Erysipelas	. 18	28	24	34	20	30	36	43	28	28	27	41
Encephalitis Lethargica	. 6	3	3	1	1	1	-	1	-	1.	-	-
Tuberculosis :-			1	1								
Pulmonary	. 89	99	109	111	141	141	154	139	157	139	178	142
Non-Pulmonary	. 16	24	27	22	27	27	23	24	23	22	37	33
Ophthalmia Neonatorum	. 4	8	9	9	9	5	8	5	3	4	7	15
Total	. 469	665	675	700	577	832	895	1010	936	777	832	924

INFECTIOUS DISEASE.

INFECTIOUS DISEASE.—The number of cases of infectious disease notified in the Borough in the past twelve years are indicated below. The total number of cases notified in 1938 shows an increase over the preceding year, this being largely due to a higher incidence of scarlet fever. The comparatively high number of cases of puerperal pyrexia is due to all cases occurring in the new Maternity Hospital at Perivale being assigned to this area, whereas when the maternity hospital was situated in Clayponds Lane all the cases were assigned to the Borough of Brentford & Chiswick.

Cases of Infectious Disease notified during the Year 1938, showing Age and Ward Distribution.

	Notified	to																	W	ard	Dis	trib	utio	n		
Disease		Removed	Deaths				Age	s of	Cas	es 1	Noti	fied				ton	bar	Park	1ge	nas	or	enor	all S.	II N.	rd S.	rd N.
Disease	Total Cases	Ren	D	Under One Year	to 2	to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	to	35 to 45	to	65 and over	Drayton	Castlebar	Mount	Grange	L'ammas	Manor	Grosvenor	Hanwell	Hanwell	Greenford	Greenford
Smallpox Diphtheria Scarlet Fever Enteric Fever Puerperal Pyrexia Pneumonia: Primary Influenzal Acute Poliomyelitis Cerebro-Spinal Fever Malaria Dysentery Erysipelas Encephalitis Lethargica Tuberculosis: Pulmonary Non-Pulmonary Ophthalmia Neonatorum	142 383 2 46 83 18 6 1 	139 300 2 6 — 5 1 — 8 — — 2	-6 1 1 1 69 5 1 2 - 1 100 8 -		- 1 9 - 4 - 1 1 - - - - - -	- 6 18 2 1 1 1 1	- 12 24 - 5 - - 2 - 1 -	12 29 - 1 - 1 1 1 2 - 2 -	- 67 175 1 - 16 3 1 - 5 7 -	- 2 - 2 - 1 -	18 1 5 1 1 - - 1 16	- 155 29 - 41 9 5 2 - 1 3 - 62 16	9 - 4 4 2 2 9 -	- 4 - 18 8 - - - 16 - 23 1	14 2 	-5 13 -1 6 1 -1 -1 -1 -1 2 2	- 2 6 - 3 - 1 4 - 13 2	- 3 12 - 1 8 4 4 14 2 	1 38 - 10 4 - - 3 - 11 1 1 2	- 211 377 - 5 2 1 1 - 1 - 9 2	26 2 5 11 4 1 - 1 - 12	14 - 1 6 - 3 1 - 7	- 10 30 - 2 9 2 - - - 2 - - 5 2 1	-41 75 -4 10 1 - - 8 - 13 2 2	- 25 6 - 1 - 7 3 - 14 6	58 16 7 - 7 - 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total	924	-	195	20	17	29	44	45	275	103	47	183	62	70	29	44	31	44	70	78	78	48	63	156	140	130 42

Ages at Death from Notifiable Infectious Diseases.

Disease			Under One Year	to 2	to 3	3 to 4	4 to 5	5 to 10	10 to 15	15	20 to 35	35 to 45	45 to 65	65 and up- wards	Totals
			_	_	_	_	3	3	_	-	_	_	_	_	6
	**		1	-		-	-	-	-	-	-	-	-	-	1
		***		-		-	-	1	-	-	-	-	-	-	-1
			-	-	-	-	-	-	-	-	1	-	-	-	1
		***	11	2	-	2	-	1	3	-	4	6	14	26	69
			-		_	_			-			-	3	2	5
				-	-	-	-	-	-	-	1	-	-	-	1
Cerebro-Spinal Fever .			-	****	-	-	-	_	-		1	-	1		2
Malaria			-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery			_	-	-		-	-	_	-	-	-		_	-
Erysipelas			-	-		-		-	-	-	_		-	_	
Encephalitis Lethargica .			-	-	-	-		-	-	-	-		1	-	1
l'uberculosis : Pulmonary .			2	-	_	-		2	2.	10	29	23	27	5	100
Non-Pulmor	ary		_	-	2	_		3	1	1	_	1	-	-	8
Ophthalmia Neonatorum .			-	-	-	-	-	-	-	-	-		-	-	-
TOTALS .			14	2	2	2	3	10	6	11	36	30	46	33	195

DIPHTHERIA.—The number of cases of diphtheria notified during the year was 142, compared with 123 in the previous year. The case-rate for the district of 0.88 per thousand of population is, however, less than the case-rate for England and Wales, which is 1.58.

The distribution of cases according to age and the number occurring in each Ward is shown in the table on page 50.

The occurrence of cases throughout the year was as follows:—
Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.
14 22 14 9 12 6 9 11 6 15 15 9

Six deaths were recorded during the year, equivalent to a death-rate of 0.04 per thousand of population and a mortality rate of 4.2 per cent. of cases notified, compared with 0.01 and 1.63 respectively in the previous year. The death-rate for the district, although higher on this occasion, is less than the death-rate of 0.07 recorded for England and Wales.

The arrangements for the immunization of children against diphtheria through the school medical department were continued. During the year 798 children were immunized, 279 being of school age and 519 being under five years of age. The total number of children immunized since 1934 is now approximately 2,400. Further information regarding immunization, including details of the diphtheria prophylactic used, is given on page 79. The arrangements for the supply of prophylactic at cost price to local medical practitioners for their private patients has now been discontinued, the demand falling to such an extent that it was difficult to keep a fresh stock available.

Anti-toxin for the use of medical practitioners in cases suffering or suspected to be suffering from diphtheria is supplied free of charge for patients in poor circumstances and at cost price for other patients. During the year 616,000 units of anti-toxin were issued.

SCARLET FEVER.—The number of cases of scarlet fever notified during the year was 383, compared with a total of 317 in the preceding year. As the number of cases in each of the five years 1932 to 1936 had been 400 or more, the incidence of the disease

in the year under review is below the average, especially when the increase in population is taken into consideration. The total of 383 cases is equivalent to a case-rate of 2.38 per thousand of population which is slightly less than the case-rate of 2.41 for the whole of England and Wales.

The occurrence of cases throughout the year was as follows:—
Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.
36 48 42 20 36 31 31 12 17 26 46 38

The Wards in which the cases occurred are shown in the table on page 50, which indicates that the highest number, 75, was notified from the North Hanwell Ward and that 58 cases occurred in each of the Greenford Wards.

One death occurred from the disease, this being a boy ten months of age. The scarlet fever death-rate for the area of 0.01 per thousand of population is the same as that recorded for England and Wates.

Enteric Fever.—Two cases coming under this heading, brothers aged 9 and 15 years, were notified. Both patients were removed to Clayponds Isolation Hospital, where they made a satisfactory recovery.

Puerperal. Pyrexia.—There were 46 cases of puerperal pyrexia notified during the year, nearly double the number in the previous year. This increase was due to the cases which occurred in the Perivale Maternity Hospital being notifiable to Ealing, instead of to Brentford & Chiswick as was done when the old maternity hospital was open. Fifteen cases occurred in the patient's own home, five of these being removed to hospital for treatment. Twenty-seven cases occurred in the Perivale Maternity Hospital, two in a local nursing home and two in hospitals outside the district. Two of the cases which occurred in the maternity hospital were admitted to the cubicle block at the Clayponds Isolation Hospital.

There was one death from puerperal sepsis. This patient had her confinement at home and was removed to the West Middlesex County Hospital, where she died. PNEUMONIA.—Notifications were received of 83 cases of primary pneumonia and 18 of influenzal pneumonia. There were 69 deaths from primary pneumonia and five deaths from influenzal pneumonia. Many of the deaths occurred in institutions outside the Borough and the majority of these cases were not notified and are not included in the number of notifications.

MALARIA AND DYSENTERY.—There were no cases of malaria notified during the year. Twelve cases of dysentery were notified, this being the highest number of cases in any recent year. The cases in the Greenford South Ward, five children and two adults, were all members of the same family. Owing to the difficulty of nursing the family at home they were all removed to the Clayponds Isolation Hospital. Three of the cases in the Greenford North Ward were also members of one family.

ERYSIPELAS.—Forty-one cases were notified during the year, compared with 27 in the previous year.

ENCEPHALITIS LETHARGICA.—There were no cases of this disease notified during the year, although one death was recorded of a patient who had not been notified.

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

		New	Cases		Deaths						
Age Periods	Pulm	onary	Non-I	ulm'y	Pulm	onary	Non-Pulm'y				
	Male	F'male	Male	F'male	Male	F'male	Male	F'male			
0—1	-	_	_			2					
1-5	1	-	2	2	-		1	1			
5-10	1 3	2	2	3	-	2	_	3			
10-15	3 2 5	1	1	2	1	1		1			
15-20	5	10	1	1 1	2	8		1			
20-25	7	18	3	3	4	8	-				
25-35	16	24	5	6	10	7					
35-45	13	15	1	_	14	9	1	_			
45-55	5	5	1	- 1	10	7		_			
55-65	11		-		7	3	-				
65 upwards	2	2	11	-	4	1	-	-			
Total	65	77	16	17	52	48	2	6			

The number of new cases of pulmonary tuberculosis was 142, compared with 178 in the previous year, while the number of cases of non-pulmonary tuberculosis was 33 compared with 37 in 1937. The deaths from the disease showed an increase, the total deaths being 108 (100 pulmonary, 8 non-pulmonary), compared with a total of 88 (76 pulmonary, 12 non-pulmonary) in the previous year.

Twenty-four persons were certified as dying from pulmonary tuberculosis and one 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 their failure to give the proper notification.

The number of cases on the tuberculosis register at the end of the year was 697 (552 pulmonary and 145 non-pulmonary), compared with 688 at the end of the previous year. The register is revised periodically and visits are paid by the Sanitary Inspectors to the homes of patients who are not under the supervision of the Tuberculosis Officer, in order to obtain information as to their progress.

The following information has been provided by Dr. J. T. Nicol Roe, the Medical Officer in charge of the Tuberculosis Dispensary, West Ealing, maintained by the Middlesex County Council, with regard to residents from the Borough dealt with during the year:—

Number of persons examined for the first time:

(a) Tuberculosis of Lungs	 95
(b) Other forms of Tuberculosis	 23
Number of persons in Institutions at end of year:	
(a) Tuberculosis of Lungs	 85
(b) Other forms of Tuberculosis	 24
Number of persons under observation at end of year	 442
Number sent to Sanatoria during year	 102
Number sent to Hospital during year	 28

Measles, Whooping Cough, Etc.—The prevalence of nonnotifiable infectious diseases, such as measles and whooping cough, can be judged by the number of cases occurring among the elementary school children. Each week the head teacher of each school supplies a return of all new cases. The numbers so reported during the last four years were as follows:—

	1935	1936	1937	1938
Measles	 142	1,577	427	2,539
Whooping Cough	 368	319	697	1,654
Chickenpox	 649	493	764	1,406
Mumps	 236	686	925	120

It will be seen that measles, whooping cough and chickenpox were very prevalent during the year.

1938

G. School Medical Service

SCHOOL MEDICAL SERVICE.

In the following table is given information regarding school accommodation and attendance, together with the number of children medically examined and treated. This gives some indication of the continued increase in the work of the School Medical Department. In addition to children attending the elementary schools pupils attending the secondary schools in the Borough were also examined and treated by arrangement with the Middlesex Education Committee.

	1935	1936	1937	1938
Population (Mid - year				
estimate)	137,550	145,000	156,460	161,000
No. of school departments	47	47	50	50
Accommodation	16,749	17,359	19,369	20,219
Average number on School				
Rolls during year	14,463	15,251	17,062	18,107
Percentage of school chil-				
dren to population	10.5	10.5	10.9	11.2
Average attendance dur-				
ing year	12,932	13,358	14,952	15,903
Percentage attendance	89.4	87.5	. 87.6	87.2
No. of children examined				
at routine inspection	5,533	5,996	6,415	7,296
Percentage of school				
children examined at				
routine inspection	38.1	39.3	37.6	40.2
Total number of children				
who were examined at	0 = 44			
least once during year	9,541	10,364	11,527	13,801
Percentage of children				
who were examined at least once during year	66.0	07.0	05.5	=0.0
reast once during year	66.0	67.9	67.5	76.2

There were 881 more children examined in the year at routine medical inspection than in the previous year and 2,274 more children were examined at least once.

STAFF.

Two Assistant Medical Officers resigned during the year on obtaining other appointments, Dr. Humphrey Butcher and Dr. D. F. Irvine.

Dr. Butcher was succeeded by Dr. J. C. Aitken and Dr. Irvine by Dr. A. J. Muir; Dr. Aitken was previously Resident Medical Officer at the Isolation Hospital and devoted half his time to school medical inspection and treatment. Dr. M. Kelly was appointed to take Dr. Aitken's place. At the end of 1937 the Ophthalmic Surgeon, Dr. I. G. Scoular, resigned, and Mr. Graeme G. Talbot, F.R.C.S., was appointed in his place.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

During the last few years the great increase in the school population has necessitated the continual extension of existing schools and the building of new schools. This has been especially necessary in Greenford and more recently in Hanwell to cope with the children living on the London County Council Estate.

The Sanitary arrangements of all schools in the Borough, both Council and private, are inspected annually by the Sanitary Inspectors who point out defects and advise regarding necessary improvements.

In the Council schools only a few defects of a minor character were discovered and these, on being reported to the Education Committee, were immediately remedied.

MEDICAL INSPECTION.

Medical inspection included (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 91.

Among the 7,296 children examined in a routine manner there were, excluding uncleanliness and dental disease, 811 defects requiring treatment and 1,152 requiring to be kept under observation. The examination of the 6,505 children submitted to special inspection revealed 4,602 defects requiring treatment and 653 requiring to be kept under observation.

Of the 7,296 children examined at the routine inspections, 764 or 10.5 per cent. were found to require treatment for one or more defective conditions.

(a) Malnutrition.—The state of nutrition of the children examined at routine medical inspection is shown in Table II B on page 92. The classification is in accordance with the suggestions of the Board of Education as set out in the Administrative Memorandum No. 124 issued in 1935.

The nutrition of the school children in Ealing, as indicated in previous reports, is very good. The percentage of children whose nutrition is satisfactory, that is, those classified as "excellent" or "normal" is 97.4. The percentage of children classified as slightly sub-normal remains almost exactly the same as in the previous year and only two children were found whose nutrition was considered to be "bad."

As in previous years all children who were of subnormal nutrition were kept under medical supervision and were given free milk and meals when necessary. It was frequently noticed that children who had been originally classified as being of subnormal nutrition improved during their school life and were eventually classified as "normal,"

UNCLEANLINESS.

All elementary school children in the Borough are examined for cleanliness three times a year and if in any school the number of verminous children is found to be unusually high subsequent monthly inspections are made.

When a child is found to have a few nits in the head a leaflet is sent to the parents giving instructions regarding methods of cleansing but if lice or over 20 nits are found the child is immediately excluded from school. An exclusion notice is sent to the head teacher and also to the parents with instructions to present the child for examination at the Health Centre when the head has been cleansed. The child is not re-admitted to school until quite clean. It is often necessary for the School Nurses to make several visits to a home to make sure that the necessary steps are being taken by the mother and if nothing is done within seven days the parents are warned that a summons may be issued if the child is not cleansed.

The following table shows the number of children found to be unclean in the last four years.

Year.	Average number on Rolls.	No. of examinations for verminous condition.	No. of individual children found unclean.	Legal proceedings taken under Attendance Byelaws.
1935	14,463	32,951	755	2
1936	15,251	33,578	830	8
1937	17,062	39,955	882	21
1938	18,107	43,372	1,200	18

The figure of 1,200 for unclean children appears a large increase over the figure of 882 for 1937, but it is not due to any increase in uncleanliness; it is due to the inclusion in the number of all children with nits however small in number. Formerly children with a very few nits were not classified as unclean.

FOLLOWING UP.

After medical inspection at the schools and at the Health Centres, each defective child is carefully followed up to ensure that any necessary treatment is obtained.

If the parent is present at the inspection advice is given regarding the steps to be taken to remedy any defect found. Following this a notice is sent to the parents stating the nature of the treatment required and in some instances where this treatment may be obtained if the parents are unable to pay for treatment privately.

After the routine school medical inspection a list is sent to the head teacher of the various defects found and six weeks later the head teacher returns this list giving information as to whether or not the children have obtained treatment.

In cases where the treatment has not been obtained the school nurse visits the home to make enquiries and to impress upon the parents the necessity of obtaining immediate treatment. Continued failure is followed up by a warning that legal action may be considered to compel the parents to obtain treatment. A threat like this is only necessary on rare occasions.

Children found at dental inspection to require treatment are followed up by the schools nurses in the same way.

Every child with a defect is re-inspected by the medical officer at the next school medical inspection and if it is thought necessary the child may be kept under continued observation at the Health Centre.

When a child has been admitted to the King Edward Memorial Hospital for a throat or nose operation the school nurse visits the home after the child's discharge from Hospital to ensure that the child is making satisfactory progress.

The number of visits made to the homes of children by the school nurses during the year was 5,039.

ARRANGEMENTS FOR TREATMENT.

(a) MINOR AILMENTS AND DISEASES OF THE SKIN.—The treatment of minor ailments carried out at the Health Centres is shown in Table IV, Group 1 (page 96). It will be seen that as many as 73.4 per cent. of the children found to be suffering from minor ailments on medical inspection attended the Health Centres for treatment.

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

Condit	ion Tr	eated			No. of cases treated	Total attendances made
Skiu:	URITED E					
Ringworm					16	64
Scabies					128	376
Impetigo	***			***	339	2,970
Others					239	1,248
Minor eye defects					290	2,658
Minor ear defects					363	5,882
Miscellaneous:						
Minor injuries					315	1,411
Sores					1,098	7,096
Others					123	556
			Total		2,911	22,261

Cases of scabies are now treated by the new method, using benzyl benzoate solution which is more efficacious and less troublesome than the old method with sulphur ointment

Owing to the ease with which scabies spreads throughout a family it is deemed to be useless to treat affected school children only and now all the children in a family under school age are inspected and treated if necessary. An effort is also made to have the parents inspected or referred to their own medical practitioner

who is informed that treatment can be given to the adults at the Health Centre. The bedding and wearing apparel are at the same time disinfected at the disinfecting station.

(b) Defective Vision.—The report of the Ophthalmic Surgeon, Dr. Graeme Talbot, is as follows:

Report on the Eyesight of School Children.

"During the past year, 797 new cases were examined, 359 at Mattock Lane and 438 at Ravenor Park Health Centre. Reinspections numbered 745, 331 at Mattock Lane and 414 at Ravenor Park. Prescriptions for glasses were given in 1,000 cases and 987 pairs of glasses were actually obtained by the children. This shows a very satisfactory percentage of children actually getting glasses when they are required.

"The method of examination has remained the same as in previous years. The vision is first tested in school by the School Nurse who refers children with defective eyesight to the Health Centre for further examination. On the morning the child comes for examination by the Oculist, homatropine and cocaine lamellae are inserted in the eyes and after an interval, the child is examined and the glasses prescribed.

"In my opinion, this method is proving very satisfactory, and causes far less inconvenience to parents and children than the use of atropine ointment for some days before the examination. I have carefully compared the results of the examinations by this method with the results obtained at another School Centre which I attend, where I use atropine, and I am of the opinion that the results are equally reliable. Atropine, however, is used for the examination of most of the cases of squint.

"The arrangements in force for the supply of glasses through the Centre are proving thoroughly satisfactory. The fitting of the glasses and the accuracy of the dispensing are both good and the prices charged to parents are most reasonable. I think this is an important contributory factor in the remarkably high percentage of parents who have had their children supplied with glasses as recommended. "Very few children have been discovered who may be classed as progressive myopes. Actually, two new cases were labelled progressive myopes, and nine cases already so classified were reexamined.

"Thirteen children suffering from squint, whose defect was not showing signs of improvement by other methods, were referred for operative treatment, and in those cases where operations have been carried out, the results have been very satisfactory."

Eye Cases-1938.

Condition.	and the last	New Cases.	Re-Inspections.
Hypermetropia		52	41
Hypermetropic Astigmatis	m	200	174
Myopia	. \	94	96
Myopic Astigmatism		95	115
Mixed Astigmatism		32	35
Emmetropia		79	32
Squint		129	179
Eye Diseases		30	31
Children under 5		84	33
Progressive Myopes		2	9
Total	a1	797	745

(c) Nose and Throat Defects.—The arrangements for operative treatment of nose and throat defects at the King Edward Memorial Hospital were described in the report for 1934. During the year under consideration 58 children were treated, 34 being operated on for enlarged tonsils, 9 for adenoids, and 15 for enlarged tonsils and adenoids.

Defects of the nose and throat are found at routine medical inspections, at the inspection clinics or are referred for treatment from the infant welfare clinics.

Children in whom tonsils and adenoids are suspected of causing ill-health are kept under observation by the medical officers and may be referred for advice to Mr. Arthur Miller, the consulting oto-laryngologist. If the tonsils or adenoids require removal, the parents are advised and the children may be sent to the King Edward VII Memorial Hospital for this treatment. After the operation the children are inspected at the school medical inspection and the effects of the operation are noted. As a result of this "following up" and of greater care in the selection of cases it has been found possible to reduce the number of children recommended for tonsil and adenoid operation. It is now believed that the tonsils and adenoids play an important part in the prevention of infection and their wholesale removal is to be deprecated.

(d) Ear Defects.—The auriscope is employed to examine the ears of all children and all structural defects of the outer and middle ears can be discovered by means of it. Functional defects evidenced by deafness are noted at the school medical inspection by the medical officer or are brought to his notice by parents or the teachers. Hearing defects are in the majority of cases accompanied by recognisable physical signs detected by the auriscope. By these means it is considered that every case of deafness is discovered.

Treatment of Ear Conditions.

Children requiring simple treatment, for example, syringing the ears for wax and meatal boils are referred to the Health Centrel Most cases of otitis media are treated there also under medica supervision. Cases requiring specialized advice including those not responding satisfactorily to simple treatment, are referred to the special ear clinic which is attended by the consulting otolaryngologist. The special clinic is held once a month at Mattock Lane and at Ravenor Park Centres.

Cases sent to the special clinic were grouped by the Consultant according to the following classification:

- A. Chronic otitis media—Suppurative.
- B. " " with granulations.
- C. " " " " polypus.
- D. Dry perforation.
- E. Chronic catarrhal otitis media.
- F. Eustachian catarrh.
- G. Past otitis media—suppurative.
- H. Other conditions.

There were 151 cases seen during the year, who altogether attended 384 times.

Cases referred from-		Total all							
Sir Sum Stones	A	В	C	D	E	F	G	Н	defects
1. Routine school inspection	37	6	1	2	12	7	8	15	88
2. Inspection Clinics	20	4	2	1	6	1	4	13	51
3. Child Welfare Centres	9	_	_	_	1	_	1	1	12

The cases were ultimately	disposed	of	as follows	:	
Discharged as cured					53
Referred to hospital for special	treatment	or	operation		22
Still attending Clinic					54
Did not complete treatment					22

During the year special treatments were applied by means of ionization, politzerization, eustachian catheterization and diastolization. The last form of treatment was applied in 28 selected cases and proved conspicuously successful in catarrhal conditions of the nose and ear.

After the cases have been treated by the Surgeon they are kept under medical supervision and are seen at definite periods either at the school or at the Clinic. The parents are also advised regarding the importance of guarding against "colds," the value of an open air regime and are told of the dangers of bathing and allowing water to enter the ears.

(e) Dental Defects.—The report of Mr. C. Colenso, the Senior Dental Surgeon, 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 86, that dealing with mothers and pre-school children on page 22, while the section giving a description of the work among elementary school children follows:

"The Dental Inspection and Treatment of Elementary School Children in 1938.

"Dental inspections were carried out in all the schools in the Borough during the year, and the defective cases were treated at the five Health Centres established in the various areas. The total number inspected at the schools, and special inspections at the centres, was 17,527. This figure is greater by 1,039 than in the previous year.

"The number found to require treatment was 9,757 and is smaller by 393, than in 1937. Those not in need of treatment amounted to 7,770.

"The number actually treated was 6,903, an increase of 470 over the previous year.

"At the special examination of children about to leave school, which is held at the senior schools, it was found that out of 1,473, who were submitted for examination, 1,198 or 81 per cent. had sound dentitions, that is, rendered sound by fillings or naturally sound. This is a very satisfactory figure which shows how successful dental inspection and treatment is in the Borough.

"Orthodontic treatment was carried out in 28 new cases during the year. This number, including eleven cases from last year, makes a total of 39 children now fitted with regulation appliances.

"The work carried out for all the children treated included extractions, fillings, gum treatments, scaling and dressings to septic root canals.

"The number of fillings inserted in permanent teeth totalled 5,769. This figure is greater by 961 than in the previous year. This increase is due mainly to the increased number of children treated at the centres. Temporary fillings were inserted in 333 teeth of the temporary dentition. Therefore, the total number of fillings in all teeth was 6,102, being 900 greater than in 1937.

"The total number of extractions was less in the year. The extractions of permanent teeth totalled 1,927, an increase of 258 over the previous year. The total number of extractions of temporary teeth was 10,364, this figure being smaller by 513 than in the preceding year.

"As regards other treatments given during the year, dressings of silver nitrate, and root dressings of septic anterior teeth, were inserted in 705 teeth, 151 children had their teeth scaled, and gum treatments were given to 13 children. All the treatment given during the year, including those children referred for administration of gas, meant 9,900 attendances of children."

(f) Orthopaedic Treatment.—Prior to 1925 the only provision made by the Ealing Education Committee for physically defective children was massage and remedial treatment at the King Edward Memorial Hospital, Ealing. It was noted that "in many instances the treatment was far too late in being sought, and that repeated visits at the hospital for supervision and treatment were made in a haphazard and irregular fashion. Moreover attendance at school was irregular and the education of the child materially suffered."

In 1926 as a result of negotiations between the Ealing Education Committee and the Governors of the National Orthopaedic Hospital, Great Portland Street, a scheme was inaugurated as follows:

- (1) A Surgeon from the Orthopaedic Hospital to visit the Clinic once a month to examine the children, and advise as regards further operative and remedial treatment.
- (2) Children requiring operation to go to the Orthopaedic Hospital, Stanmore, where the necessary operation would be carried out and where the child's education would continue under special teachers.
- (3) Massage to be given at the Health Centre in cases where this was necessary by a masseuse provided by the National Orthopaedic Hospital.
- (4) Children not in need of hospital treatment, or after receiving treatment, to be kept under supervision in order to see that they regularly attend the Hospital or Health Centre.

In the annual reports of the School Medical Officer the good results which were accruing from the scheme were noted; the children benefitted physically and educationally, while the parents were saved expense through having the treatment provided locally and through having facilities for early treatment before serious incapacity occurred,

In 1929 a second session per month was started and a new building, semi-permanent in character, was opened at the Mattock Lane Centre in 1930 for massage and remedial exercises.

The following table shows the extent of the work performed at the Clinic during the years 1927-1938. As a result of the amalgamation with Hanwell and Greenford which occurred in 1926 the figures are only comparable from 1927 onwards as shown in the table. At the commencement of the scheme the cases met with were of a severe character but now, as they attend for treatment early, they tend to be milder and more amenable to remedial measures.

As the table shows, the majority of children are sent to the Centre from the child welfare centres, at an age when many of the deformities are very susceptible to treatment.

TABLE.
Children coming within the Orthopaedic Scheme in each Year.

	Sc	ноог, Сипды	REN.	INFANT WELFARE CHILDREN.				
Year.	Children on School Registers.	New Cases seen by Orthopaedic Surgeon.	Operations on School Children.	New Cases seen by Orthopaedic Surgeon.	Operations on Infant Welfare Children.	Total Operations		
1927	9,480	78	3	49	0	3		
1928	9,744	93	4	59	4	8		
1929	10,442	73	4	87	3	7		
1930	10,822	81	4	91	6	10		
1931	11,769	106	4	105	. 5	9		
1932	12,479	85	6	72	8	14		
1933	13,253	81	8	81	1	9		
1934	14,077	104	9	112	7	16		
1935	14,463	99	9	126	6	12		
1936	15,251	139	9	126	3	15		
1937	17,062	124	9	152	3	12		

Causes of Crippling.—Crippling may occur in the following ways:

- 1. Congenital defects and birth injuries.
- 2. Following acute diseases, such as poliomyelitis, acute inflammation of the bones and joints.
- Chronic diseases, e.g., tuberculosis, syphilis and rheumatism.
- 4. Nutritional diseases : rickets.
- 5. As a result of accidents.
- 6. Postural defects.

The defects vary from conditions that are so severe that they totally incapacitate the child to the milder defects such as knock knees and flat feet. It must be remembered, however, that these mild defects may, unless remedied, progress and cause the patient much distress and in some cases preclude him from entering certain occupations.

- (a) PREVENTION OF CRIPPLING.—The majority of crippling defects can be pievented and it has been truly stated by that great pioneer of orthopaedic treatment, Sir Robert Jones, that "the cripple is made not born." The following is a short summary of the methods that are employed to prevent crippling.
 - (i) Ante-natal care and care of the mother at childbirth. By this care injury to the mother and to the child at birth may be avoided.
 - (ii) Care of the Infant.—By stressing the importance of protective foods such as Milk, Cod Liver Oil, vegetables and fresh fruit juice it should be possible to prevent rickets and scurvy. The mother is advised to use pasteurised milk as in this way the risk of tuberculous infection is reduced. Rheumatism in its early stages may be detected and at the infant clinics the mother is advised to seek appropriate treatment.
 - (iii) The School Child.—The mother is again told of the importance of protective foods at medical inspection. Improvements in lighting of classrooms and in sitting accommodation for scholars have helped to reduce the minor degrees of deformities associated with faulty posture which unchecked might lead to much discomfort and even incapacity

of the child in later years. Physical education also helps to tone up the child's musculature and to correct early deformities.

- (iv) Prevention of Accidents—especially 10ad accidents by the inculcation of the ideas of the Safety First Organisation.
- (v) Improved care of tuberculous patients prevents dissemination of the disease. As a result there has been a marked reduction of crippling due to tuberculosis of the bones and joints while the improved treatment of syphilis had led to a reduction in the number of congenitally infected children who frequently showed marked deformities.
- (b) Care of the Cripple.—(i) Ascertainment.—Most children are under medical supervision from birth. Through the agencies of the midwife, health visitor, school nurse, medical officer at the Infant Welfare Centre or School Clinic, the school teacher the parents or the private practitioner it should be possible for any child who requires orthopaedic treatment to be ascertained and to be placed in the way of receiving appropriate treatment.
- (ii) Treatment.—(1) The Orthopaedic Clinic is held twice a month at the Mattock Lane Health Centre. Here the examination, diagnosis and supervision is carried out by the Orthopaedic Surgeon.
- (2) Hospital Treatment.—Children in need of operative treatment are referred by the Surgeon to the Orthopaedic Hospital at Stanmore. Attached to the Hospital there is a residential open air school so that the children, some of whom are obliged to spend long periods in the Hospital, may receive education at the same time as they are being treated for their disease.

The Surgeon who examines the children at the Orthopaedic Clinic is also in charge of the Hospital.

(3) Special Residential Schools.—Children who are so crippled as to be unable to attend an ordinary school are sent to a special residential school where they are educated and also taught a trade to enable them to become self supporting.

At the present time there are only six crippled children from the Borough of Ealing in Residential Schools. This small number is a testimony to the value of a complete orthopaedic scheme,

- (4) Massage and Remedial Treatment.—This is given at Mattock Lane Health Centre on five sessions each week. Special corrective exercises and massage prescribed by the surgeon are given to the children. Mothers are also shown these exercises and are urged to see that they are carried out at home by the children.
- (5) Orthopaedic Apparatus.—Arrangements are made for the supply of splints, special boots, etc., free of charge or at reduced cost according to the circumstances of the parents. Many of these special appliances are manufactured by the cripples at the workshops attached to the Orthopaedic Hospital.
- (6) Open Air Schools.—Many of the newer schools in the Borough of Ealing are built on open air lines and the children undoubtedly benefit from this arrangement, but as was pointed out in the Annual Report for 1937 many slightly crippled children who are now in ordinary schools and who do not require residential school education would benefit by attendance at an open air day school.
- (7) After Care.—The Juvenile Employment Committee endeavour to find suitable occupations for children who on account of their defects find it difficult to obtain occupation or are unable to compete in the open labour market.

The work of the Orthopaedic Clinic during the year may be summarized as follows:

Orthopaedic Clinic.

	School children.	Children under five.	Total
Attendances by Surgeon	12	13	25
Number of children seen for first time	158	171	329
Total number of children examined	653	553	1,206
Attendances by Masseuse	87	136	223
Number of cases treated	171	87	258
Number of attendances by children	1,744	754	2,498
Children admitted to hospital for	100		
special treatment Children supplied with special boots or	27	7	34
surgical appliances	20	10	30

ORTHOPAEDIC CASES, 1938. School Children seen by Surgeon during year.

School Children	seen	by S	urgeon	during	year.		
			Old C	Cases.	New	Cases.	
A State of the Sta			Boys	Girls	Boys	Girls	Total
Flat feet			14		8	9	31
Congenital Abnormality of toes			9	2		1	12
Pesplano valgus			10	10	6	4	30
Epiphysitis of oscalcis			_	2	-	-	2
Metatarsus varus			1	1	1	-	3
Intoeing			-	3	-	-	3
Exotosis of heels			-	1		-	1
Congenital equino-varus	***		3	_	-		3
Hallux valgus			_	1	-	1	2
Hallux rigidus			1	1	1	_	3
Hallux varus			1	-	1	-	2
Calcaneo valgus			3	3		-	6
Hammer toe		,	1		2	2	5
Plantar Warts			_	1	1	-	2
Loose body in knee	***		1		-		1
Genu valgum			49	45	8	10	112
Anterior Poliomyelitis			6	10	- 1	1	18
Muscular strain			-	1		_	1
Congenital Haemiplegia			1	4	-	-	5
Splastic Diplegia				2	_		2
Paresis of lower limbs			-	1	_	-	1
Congenital abnormality of finge			1	2	_		3
Fracture of elbow			-	1	-	-	1
Erb's Paralysis			-	4			4
Amputation of arm			1	3	1		5
Scoliosis			15	31	14	20	80
Lordosis				1	2		3
Kyphosis			5	8	1	7	21
Epiphysitis of spine		****	-	1		_	1
Osteomyelitis of leg			7	1	2		10
Strained ligament				1	_	1	2
Tuberculous disease of hip (quie			1	1	_	_	2
Congenital dislocation of hip				3		-	3
Limited movement of hip			1	1	1	-	3
Congenital absence of fibula			1				1
Torticollis			3	5		3	11
Tuberculous disease of spine (qu	iescen	t)	1	2		-	3
Genu Varum			5	1	_	1	7
Genu Varum, rickety			1				i
Congenital hemiatrophy				1	_	1	2
Perthe's Disease			3	-	1		4
Accessory scaphoids			-	1		1	
The street of tibert oning		***		i	-	Î	2 2
Bony deformity of foot	***		1	-		-	1
Prominent Coecyx	***	***	1			1	i
Talipes (Club foot)	***	***	-	(8)	1		i
Chronic Bursitis of Knee		***		-		1	i
Tenomilar too	***	***		1000	2	2	4
Multiple Exostoses of fibula					1	1	2
Clare Mass	***		7-30		1	.1	1
Doney amalling of oulde	***	***			1	1	2
	***	***			1	1	1
Painful hip joint	***	***		310	1	2	3
Pigeon chest Scar from burn of hand	***		-		1	1	1
Today the authorities of the	***		-		1	1	1
infective arthritis of leg							
Referred but no treatment			17	10	17	10	54

ORTHOPAEDIC CASES, 1938. Children under 5 years seen by Surgeon during year.

THE REAL PROPERTY OF THE PARTY			Boys	Girls	Total
Flat Feet	***		 3	4	7
Pes plano valgus			 14	7	_ 21
Intoeing			 5	5	10
Metartarsus varus			 4	5	9
Congenital calcano-valgu	S		 3	1	4
Congenital club foot			 100	1	1
Congenital abnormality t	oes		 9	1	10
Congenital pes cavus			 1		1
Genu Valgum (non-ricket	ty)		 56	43	99
Genu Varum (non-ricket)			 5	1	6
Genu Varum—rickety			 40	24	64
l'orticollis			 10	10	20
Congenital abnormality of	of fir	igers	 4	1	5
Erb's Paralysis				ī	1
Separation of lower femo	ral e	piphysis	 1		î
Congenital dislocation of	hip		 2	1	3
Anterior Poliomyelitis				3	3
Spastic Haemiplegia			 1		1
Flat Chest			î ·		1
Haematoma of ankle			 1	10 1001111	1
Assymetry of skull			 1	olln Salty	i
Injury to scapulae	***	***		1	1
		Total	 161	109	270
No treatment required			 7	6	13

(g) Defective Speech.—Speech defects are usually evident in the pre-school period. Whilst some children show no other abnormality many are of a nervious type. In others, physical defects, such as cleft palate, or constitutional disease, such as chorea and epilepsy, or the sequelae of an infection like meningitis, are contributory factors. Injury, where it is of the nature of mental shock, as in concussion, can determine the onset of a speech defect. In some few cases an hereditary influence or an imitative factor is traceable.

Children are admitted to the speech class only after they have reached the age of seven years. Before entry to the class a complete medical examination of each child is made and advice offered, if necessary, regarding the general health. Thereafter the children attend the Health Centre twice weekly and receive instruction in rhythmical breathing exercises, the principles of relaxation, and speech exercises. This part-time method interferes very little with the ordinary school curriculum,

Periodically the children are examined by the Medical Officer to determine their progress, and comparisons are made with reports received from the school teachers and notes from the parents, often obtained at personal interviews.

There is little doubt that children derive much benefit from attendance at the speech class, many becoming greatly improved and much less self conscious of their speech defect, whilst in some a complete cure is obtainable although, even in mild cases, this may take a year or more.

The treatment of speech defects is undertaken at Mattock Lane and Ravenor Park Health Centres.

During the year there were in attendance a total of 43 children. Of these at the time of report, there were

(a)	still attending	34
	discharged as cured	6
	no longer resident in district	3

The method of classification and the results of treatment can be seen in the following table:

Observations	Tabulated	Tota	al Number	43.
Onservations	Lanulatou.	1000	of TAMESTER OF	TO.

Observations Tabulated.	Total Number 43.				
Defect.	"STAMMER"				
Degree of Defect		Slight	Marked	Severe	
No		19	22	2	
Related Influences.	orreger's		Man reli		
(a) None ascertained		13	9	2	
(1) 37		5	2	_	
(c) Nervousness and other defe	ects	1	3		
			1		
() Di			2		
(A) Tilesees			3	-	
(g) Injury			2	7	
Response to Treatment.	binto			- Appropriate	
(a) Cured		4	2	_	
(1) 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5	6	1	
() Distinctly improved		1	3	_	
(A) Tourneyard		5	10	-	
(e) Relapse		1	1	1	
(f) T oft distaint		3	_	-	

(h) Convalescent Treatment.—During the year 27 children were sent to the Russell Cotes School of Recovery, Parkstone, and 20 children were sent to Collington Manor, Bexhill. In addition, the King Edward Memorial Convalescent Home Fund provided 8 children with a holiday of two weeks' duration in the summer mouths at Collington Manor.

In the Annual Report for 1937 mention was made of steps being taken to secure a larger number of vacancies at convalescent homes and the increase in the number of children sent during 1938 has been found to be of great value.

Arrangements were made with the Invalid Children's Aid Association to reserve one bed at each of the Homes administered by them at Worthing, Broadstairs, Dover and Seaford.

Following these reservations 5 children were sent to Worthing, 4 to Broadstairs, 3 to Dover and 5 to Seaford.

On return to Ealing every child is examined by the Medical Officer and the result of the stay is noted.

INFECTIOUS DISEASE.

The returns forwarded each week by the head teachers giving particulars of all new cases of non-notifiable infectious disease coming to their knowledge included 2,539 cases of measles, 1,654 of whooping cough, 1,406 of chickenpox and 120 of mumps.

Children to the number of 443 were excluded under Article 20 (b) of the Education Code for the following conditions:

Impetigo	 ***	 306
Ringworm of body	 	 8
Scabies	 	 117
Other skin diseases	 	 10
Conjunctivitis	 	 1
Ringworm of head	 	 1
		-
		443

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

The following schools required certificates under Paragraph 15 (ii) of the Administrative Memorandum No. 51 issued by the Board of Education:

Bethams ... 2 weeks for measles.

Northfields Infants ... 4 weeks for measles.

Wood End Infants ... 1 week for measles and chicken pox; 2 weeks for measles.

The School Medical Officer, in virtue of his position as Medical Officer of Health, receives information regarding all cases of notifiable infectious disease and all school children who live in the same house are isolated in accordance with the recommendations of the Board of Education. Information is also sent to the School Medical Officer from the head teachers concerning all children excluded from school because of non-notifiable infectious diseases. These school notifications include diseases such as mumps, measles, chicken pox and whooping cough which, not being "notifiable infectious diseases," would not be notified to him by the general practitioner.

If there is a large number of cases of infectious diseases in a school an Assistant School Medical Officer visits the school. He makes inquiries regarding the health of the children in the affected classes and inspects any child who has been absent from school and whose explanation of absence is not satisfactory from a health point of view or who has any suspicious sores or discharges. In this way it is sometimes possible to discover a missed case of scarlet fever or a carrier of diphtheria.

When a case of notifiable infectious disease occurs in a house a visit is made by the Sanitary Inspector and an attempt is made to connect up the case with others that have occurred and to discover the source of infection. A pamphlet is left with the householder explaining what steps should be taken to prevent the spread of infection. It has frequently been possible to obtain information regarding doubtful cases and this information has been passed as a routine practice to the practitioner in charge of the case. A member of the Public Health Staff is always available for a second opinion in a case of infectious disease when requested by the general practitioner.

Immunization against Diphtheria.—Clinics for the immunization of children against diphtheria are held at the Health Centres. Parents are approached by means of leaflets or by short talks given to them at school medical inspections or during their attendance at the Child Welfare Centres. Children over five years of age are given a preliminary (Schick) test on account of the high percentage that are immune to the disease above this age. Those giving a positive reaction and thus requiring immunization are given two injections of Alum Precipitated Toxoid (A.P.T.), the interval between the injections being one month. Children over 12 years of age are given three injections of Toxoid Antitoxiu Floccules (T.A.F.) owing to reactious found after A.P.T. in the older children.

All children who have received the treatment are given a final test three months after the last injection to find out if they have become immune.

Immunization Work at Health Centres in 1938.

Preliminary Schick tests	 351
School children immunized	 279
Children under 5 years immunized	 519
Final Schick tests	 791

The total number of children immunized at the Health Centres during the year was 798, but although this is an increase on last year the number is so small as scarcely to affect the incidence of diphtheria in the district.

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

The co-operation of parents, teachers, school attendance officers and certain voluntary bodies is of great value in furthering the efficiency of the School Medical Service.

The great help given by the teachers in connection with school medical inspection and the treatment of defective children is greatly appreciated and there is no doubt that the contact which the teachers make with the parents is very effective in obtaining of the required treatment.

Acknowledgment of assistance must be made to certain voluntary bodies who have continued to co-operate in various ways, such as the Central Aid Society, the National Society for the Prevention of Cruelty to Children, and the School Attendance Aid Committee.

PHYSICAL EDUCATION.

Increasing interest is being shown in physical education. Two physical training organisers have been appointed, who, besides organising the physical training in the schools, gives courses of training to the teachers. Most schools have their own playing fields and there is no school without facilities for games. There are also well equipped gymnasia at the Modern and the Cuckoo Schools. The swimming bath for school children, which is specially constructed for teaching purposes, is so much in demand that the ordinary bath is sometimes pressed into service and the innovation of winter swimming was so popular in the previous year that it has been continued. A swimming gala was held in September and was a great success.

School games are organised by the physical training organisers according to the Handbooks issued by the Board of Education. Competitive games are held out of school hours and there is an annual inter-school sports day. These activities are arranged by a committee of the school teachers who devote a large amount of time out of school hours to this aspect of the children's development.

The Report of the Physical Training Organisers, Miss M. Evans and Mr. E. R. Holmes, is as follows:

" Physical Education."

"The period covered by this statement coincides with the first year the Physical Training Organisers have spent in Ealing. As is to be expected a proportion of that time has been spent in assessing the existing facilities and work, and while no sudden changes have been suggested, endeavours have been made to see that as far as possible the children receive the utmost benefit from their physical activities. With this intention, assistance has been given as frequently as has been practicable to ensure that the

children are given the type of instruction most suited to their age and ability. It has been established that children fail to gain maximum benefit from their exercise on account of excessive and unsuitable clothing, while the type of work given has, on many occasions, had to be modified as the children, for one reason or another, are not in possession of suitable footwear. In certain schools progress has been made in these directions and the adoption of suitable attire and footwear has become regular rather than exceptional, but in the majority of schools much improvement remains to be secured.

"Whenever possible physical activities are taken out of doors. The extent to which this can be done depends principally upon the weather and when this is unfavourable and there is no hall available the time is devoted either to restricted classroom lessons or to talks bearing on physical education, e.g., hygiene, games coaching, swimming, land drill, etc. In addition to physical training most children receive instruction in some form of games, dancing or swimming, according to their age. The difficulties with regard to playing fields for organised games have been alleviated by adjustment of the attendance at the playing fields concerned, but in the case of swimming this is not possible and activity in this direction is considerably curtailed, principally by the poor accommodation available and also by the situation of that accommodation in relation to the whole Borough.

"This brief outline of the initial activities of the Physical Training Organisers would not be completed without mention of the ready co-operation on the part of school staffs which has been given from the outset and without which a co-ordinated scheme of physical training throughout the Borough would not be possible."

MILK IN SCHOOLS.

The number of children receiving a daily supply of one-third of a pint of milk is again higher than the previous year.

It will be seen from the table that the Junior and Infants' Schools show the highest percentage having milk.

During October leaflets issued by the National Milk Publicity Council stressing the nutritive value of milk as a food and the benefit derived by children who receive a regular supply were sent to all schools for distribution to the parents through the children.

At the beginning of October before the leaflets were issued 11,967 children were receiving milk, while at the end of the month after the distribution of the leaflets this number had increased to 12,197.

At the present time milk is not supplied to children during the school holidays. Efforts are being made however to make arrangements for children to receive milk, commencing at the Easter holiday, and there is no doubt that the continuance of the daily supply, particularly to those children receiving free milk who cannot receive a sufficient amount while at home, will be especially valuable.

As a result of the report on the nutrition of school children submitted by the School Medical Officer in the previous year, a Sub-Committee was appointed by the Education Committee to consider the report and to make recommendations. The Committee decided that as an experiment meals should be supplied at Cuckoo School to necessitous children attending this school and also to those attending Hobbayne and St. Ann's Schools. An account of this experiment will be given in next year's report.

The following table shows the number of children having a daily supply of milk in school in 1938 and in the two previous years. Milk is supplied in bottles containing one-third pint under the Scheme of the Milk Marketing Board at a cost of one half-penny.

Date of Enquiry				Number on Registers	Number having milk	Percentage having milk	
1/10/1936				15,477	8,516	55.0	
1/10/1937	Light			17,709	10,987	62.0	
1/10/1938			.,.	18,124	11,967	66.0	

Number and Percentage of Children having Milk on the 1st October, 1938.

		No. of school departments in group.	No. of children on registers.	No. having milk.	Percentage having milk 1/10/37 .1/10/38		
Senior Mixed		1	447.	112	25.2	25.0	
Senior Boys		7	2,163	948	43.8	43.8	
Senior Girls		6	2,259	1191	46.0	52.7	
Mixed		1	351	257	66.0	73.2	
Junior Boys		1	372	213	-	57.2	
Junior Girls		1	368	297	-	80.4	
Junior Mixed		11	5,078	3,401	59.4	68.9	
Junior Mixed a	nd			The state of the s	A STATE OF		
Infants		10	3,593	2,720	70.8	75.6	
Infants		12	3,493	2,828	78.0	80.9	
		50	18,124	11,967	62.0	66.0	

The number of children supplied with milk free of charge under Section 82—85 of the Education Act, 1921, were as follows:

Number of children for whom a supply of	milk	was	
approved, 1st January, 1938			1,377
Number of children for whom a supply of	milk	was	
approved, 31st December, 1938			1,674
Daily average number of milk meals			1,448
Total number of bottles of milk supplied			304,018
Cost of milk supplied		aval. be	£633

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III gives the number of exceptional children in the area under each heading. It shows the number of these exceptional children in each category who are being maintained at certified schools, those who attend public elementary schools and those who are not attending any school as at the 31st December last year. It will be noted that 43 children were being maintained at certified schools by the Education Committee.

As regards mentally defective children the policy has been to notify as ineducable children who on attaining seven years of age have an Intelligence Quotient under 50 per cent. or who after attaining that age and having had a trial in school for one or two years have an Intelligence Quotient between 50 and 60 per cent.; and to keep in parallel or backward classes those with an I.Q. between 60 and 75 per cent. unless they prove "difficult," or in other words show anti-social tendencies, either at home or at school, when steps are taken to have them admitted to Special Residential Schools for the feeble-minded. There has therefore been no pressing need for the provision of a Special Day School for feeble-minded children.

NURSERY SCHOOLS.

There are three Nursery Schools in the Borough, attached to St. John's, St. Mark's and Stanhope Schools. There is also a class for children under five at Drayton Infants' School.

St. John's.—The Nursery School here has been in existence for some years, but it has recently been re-organised and is now accommodated in the main school building. There are two classes, one for children from three to four years, of whom there are 27, and one for those from four to five years, of whom there are 30. They occupy two large rooms on the ground floor, which communicate with each other, and there is a separate annexe of bathroom and water-closets, with necessary equipment for the washing of overalls, etc.

The children all have milk in school (four have free milk) and also cod liver oil emulsion.

The usual nursery school routine is adopted, with toothbrush drill, lessons in cleanliness, afternoon rest and opportunities for both individual play and collective games.

St. Mark's.—There are two classes here also, 30 children aged 3 to 4¹/₄, and 35 aged 4¹/₄ to 5 years. They are housed in two rooms adjoining, each opening direct on to the playground.

Each child has $\frac{1}{4}$ pint of milk with a biscuit for lunch in the morning, as it is found that the usual $\frac{1}{3}$ pint is rather much for very young children.

The same routine is followed here as at St. John's, the equipment being rather more ample and more modern as it is a newer school. Montessori methods are followed and the corresponding apparatus is used.

STANHOPE.—This Nursery School is the most recent one to be opened in the Borough and has now been in existence about eighteen months. It consists of only one class although there is rather a long list of children awaiting admission. There are 34 children in the class of whom 14 are three years of age.

All the children have milk, six of them having it free.

The class occupies an open-air type of schoolroom. There is an annexe comprising cloakroom with wash-hand basins, waterclosets and separate bathroom. There is also a large store room and an ample supply of toys and apparatus.

DRAYTON INFANTS.—There is a separate nursery class in this school consisting of 33 children aged 4 to 4½. It is run partly on nursery school and partly on infant school lines. There is no proper afternoon rest for the children, and the amount of toys and other equipment is limited.

All the children have milk in school.

It would be much more satisfactory if these young children could enjoy the full nursery school routine and not be treated merely as the lowest class of an infant school.

SECONDARY SCHOOLS.

Medical inspection was carried out as in former years on behalf of the Middlesex Education Committee in four County Schools in the Borough, 815 routine and 36 special inspections of pupils being made.

Ophthalmic treatment was given during the year to 100 pupils attending County Schools and for 76 of these spectacles were prescribed and supplied through the school medical department.

Dental inspection of all the pupils attending the County Schools was carried out on behalf of the Middlesex Education Committee and the following is the report of the School Dental Surgeon:

"Dental inspection of all the pupils attending the County Schools was carried out on behalf of the Middlesex Education Committee for the fourth successive year. It was found that, by the end of the year 412 pupils had been treated. This number is greater by 20 than in the previous year. The work carried out was chiefly conservative in character.

"The fillings inserted totalled 635, and this figure is greater by 91 than in the preceeding year. The number of extractions of permanent teeth performed was 250, a number greater by 68 than in the preceding year, and including the 21 temporary teeth, a total of 271 teeth were removed for these pupils. Other treatments given included dressings to 49 teeth, scaling was done for 7 children, temporary fillings were inserted in 17 teeth and two cases for orthodontic treatment attended for adjustment during the year. Altogether 602 attendances were made at the Mattock Lane and Cherington House Centres for the treatment given to these pupils."

HEALTH EDUCATION IN SCHOOLS.

The teaching of hygiene in the schools is modelled generally on the "Handbook of Suggestions on Health Education" of the Board of Education, and takes the form of formal talks with incidental teaching and demonstrations under the direction of the teachers.

Formal talks are not of great permanent value except in the case of the older children, and demonstrations are of necessity restricted to the older children.

The inculcation of healthy habits is ensured by the daily supervision of each child by the teacher; the hands and teeth are constantly examined and the fresh-air habit is fostered by the regular use of open windows. Talks on hygiene are looked upon as the most useful method of approach to the children. The school medical service assists in the teaching of older girls by means of lectures from the senior school nurses and also by demonstrations of the working of the health centres.

PAYMENTS BY PARENTS.

The following is a list of the various forms of treatment provided by the School Medical Service giving the maximum amount to be paid for each form of treatment.

Throat and Nose Operations		£1	1	0
X-Ray Treatment for Ringworm		£1	1	0
Artificial Sunlight Treatment	1/6 per	Trea	tme	nt
Massage	1/- per	Trea	tme	nt
Dental Treatment	1/-, plus	1/- fe	or G	as
Ophthalmic Treatment	Cost of	Spec	ctac	les
Convalescent Home Treatment	Assessed	d acco	ordi	ng
and Orthopaedic Hospital	to Spe	ecial S	cale	9

Payment for the various forms of treatment is determined by a scale based on the average income per head. This average is calculated on the income remaining after deductions have been made for rent, insurances and travelling expenses.

The scale is as follows:

Where the average income per head

is under 10/-	 	No Charge
From 10/- to 15/-	 	One Third
From 15/- to 20/-	 	Two Thirds
Over 20/	 	Full Charge

In cases where residential hospital treatment or convalescent home treatment is required the amount to be paid weekly is determined by the same scale as that used by the Education Committee for residential treatment in special schools and proves very satisfactory.

The arrangements with the Hospital Saving Association continue to prove very satisfactory and the fact that the Association becomes responsible for the payment for treatment of its members' children has induced many parents to join the Association.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

CHILDREN.—The number of children examined in connection with their employment out of school hours was 314 and of this number 20 were found to be unfit for employment. The nature of the employment of those certified as fit was:

Boys.	Errand Boys	 	133	
	Milk Round	 	37	
	Newspaper Round	 	59	
	Baker's Round	 	37	
	Order Boy	 	2	
	Others	 	25	
				293
Girls.	Domestic Help	 	1	
				1
				-
				294

These children are submitted to re-examination when routine medical inspection is being carried out 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 to be necessary in 4 instances. At routine inspection one child under the permitted age was found to be working out of school hours, and 37 children were found who had not obtained the necessary permission.

Forty 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.

Young Persons.—There is intimate co-operation between the Juvenile Employment Department and the School Medical Service in regard to the supervision of juveniles after leaving school. Such information as is available in the records is passed over to the Juvenile Employment Officer and advice on particular boys and girls sought by that officer is most readily given, Intormation from the school medical records is given on application by medical practitioners under the National Health Insurance (Juvenile Contributors & Young Persons) Act, 1937, Section 6.

MISCELLANEOUS.

It is usual to group under this heading the medical examinations which are made of candidates prior to their appointment on the teaching staff of the Education Committee and of other candidates on appointment to various branches of the Council's technical and clerical staff and of manual workers. All these examinations are carried out by the school medical staff assisted by the school nurses. During the year 61 teachers and 214 other candidates were examined.

School Medical Officer and Medical Officer of Health,

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 :-
--------	----	-------------	----	-----	------------	-----------

T-4 (
Entrants	***	***			***	2,528
Second Age Group		***				2,638
Third Age Group						2,130
			Total			7,296
Number of other Routin	e Inspe	ections				
В	-Other	Inspec	tions.			
Number of Special Inspe						6,505
Number of Re-Inspection	ns			***	***	5,193
			Total			11,698

C .- Children Found To Require Treatment.

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

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table IIA.	Total.
Entrants	15	179	194
Second Age Group	197	128	316
Third Age Group	152	107	254
Total (Prescribed Groups)	364	414	764
Other Routine Inspec-	ut Departure		dept tour
tions	_	-	_
Grand Total	364	414	764

TABLE II.—A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1938.

		NA COLUMN			Routin	e Inspections	Specia	l Inspections
					No.	of Defects.		of Defects.
	DEFECT OR DISI	EASE			Requiring	Requiring to be kept under observation, but net requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
			10000	-				
-	Ringworm, Scalp		***		_	-	4	_
	,, Body					_	16	
kin .	Scabies	***	***	***	5		130	-
	Impetigo		***		9	-	360	Since of the last
		n-Tub	perculous	8)	5	4	391	6
	Blepharitis	***	***	***	12	6	77	-
	Conjunctivitis Keratitis	***	***	***	8	1	134	-
ye .		***		***	1	-	1	_
,,-	Corneal Opacities Other Conditions	***	***	***	6	-	100	-
	Defective Vision (e	voludi	no Sani	114)	364	5 7	136 228	8
	Squint	ACTUO!	mg oqui	110)	59	8	48	10
	Defective Hearing				9	9	14	-5
ar .	Otitis Media			***	20	11	163	1
	Other Ear Diseases				50	12	182	4
Tose	(Chronic Tonsillitis	only			33	411	65	122
nd	Adenoids only				1	8	10	6
hroat	Chronic Tonsillitis	and A			- 10	2	18	4
moat	Other Conditions				5	48	197	35
nlarge	d Cervical Glands (N	Jon-Ti	uberculo	us)	1	103	48	40
efectiv	e Speech				5	20	19	8
Ieart	Heart Disease :							
nd	Organic	***	***		-	-	-	6
ircu-	Functional				1	56	- '	13
ation	Anaemia	***	***	***	1	19	6	19
ungs	Bronchitis				9	40	38	30
	Other Non-Tubercu	llous 1	Diseases		5	26	22	14
	Pulmonary : Definite						-	
		***	***	***		_	1	1
uber-	Suspected Non-Pulmonary:	***	***		-	9	-	32
ulosis	/313-				3	4		
HIUDID	Bones and Joints		***		1	*	1	4
	Skin				_		1	
	Other Forms				_		1	1
er-	Epilepsy				2	8	i	1
	Chorea				1	4	3	1
	Other Conditions				3	7	3	25
	Rickets	***	***		- 1	1	_	_
	Spinal Curvature				36	32	15	11
	Other Forms	***	***		98	220	85	38
ther]	Defects and Diseas	ses (e	excludin	g				
44.0	incleanliness and D	ental	Diseases	()	48	71	2184	205
U								

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

Age-Groups.	Number of Children Inspected.	A. (Excellent). (No		1	B. C. (Slightly sub-normal).		htly b-	D. (Bad).	
	Inspected.	No.	%	No.	9/0	No.	%	No.	%
Entrants	2,528	297	11.7	2,189	86,6	42	1.7	-	-
Second Age- group	2,638	180	6.8	2,393	90.7	64	2.4	1	.003
Third Age- group	2,130	171	8.	1,873	87.9	85	4.	1	.004
Other Routine Inspections	_	-	-	_	_	_	_	_	-
Total	7,296	648	8.9	6,455	88.5	191	2.6	2	.002

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.
2	-4880		-	2

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
-	3	11	-	_	14

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
19	772-	16 -		19

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.
_	_	23	-	_	23

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.	
6	78	-	2	86	

EPILEPTIC CHILDREN.

Children suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
4	_		State Burnel	4

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
-	_	3	1	4

II .- Children suffering from Non-Pulmonary Tuberculosis.

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

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
_	110	_	_	110

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
9	21		_	30

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	10	Linespee	2	14

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.
Nil	_	_	_	_	

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR. TREATMENT TABLE.

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

	Number of Defects treated, or und treatment during the year.				
DISEASE OR DEFECT	Under the Authority's S cheme	Otherwise	Total		
SKIN :— Ringworm—Scalp	September 1	TEATER-			
X-ray treatment	_	1	1		
Other treatment	3	-	3		
Rongworm—Body	13	3	16		
Scabies	128	7	135		
Impetigo	339	30	369		
Other Skin Disease	239	157	396		
MINOR EYE DEFECTS (External and other, but excluding cases					
falling in Group II)	290	85	375		
0	The same of the sa				
MINOR EAR DEFECTS	363	75	438		
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	1,536	696	2,232		
TOTAL	2,911	1.054	3,965		

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

	No.	of Defects dealt	with.
DEFECT OR DISEASE	Under the Authority's Scheme	Otherwise	Total
errors of Refraction (including Squint)	1533	45	1578
ther Defect or Disease of the Eyes	9	BIO	9
TOTAL	1542	45	1587
umber of Children for whom Spectacles were :—		ON AUTRO	
(a) Prescribed	1000	45	1045
(b) Obtained	987	45	1032

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

Received					
Under the Authority's Scheme in Clinic or Hospital	By Private Prac- titioner or Hospital, apart from the Authority's Scheme	Total	Received other forms of Treatment	Total number Treated	
58	3	61		61	

Group 4.—Orthopaedic and Postural Defects.

						37	h
UNDER THE AUTHORITY'S SCH	EME-						ber of treated
Residential treatment wit	th educ	cation					27
Residential treatment with Non-residential treatment	t at an	orthon	on aed	ic clini	c	***	171
		Т		- Cilli			***
O THERWISE—							
Residential treatment with Residential treatment with	thout e	ducatio	011				
Non-residential treatment	t at an	orthop	aedi	e clini	c		-
Total number of children	, troot	. 1					in the same
rotal number of emidien	i treat	.ea		•••	***		186
Group	5	Dental	De	efects.			
Number of Children who	were '-						
(a) Inspected by the							
(ii) impreced by the	Denti	Age	d				
		, 5			1,661	1	
		6			1,981	350	
		7 8			2,063 1,935	18 70	
		9			1,881		
Routine Age Gro	oups	10			1,802		
		11 12		•••	1,706	Total	17,296
		13			1,580		
		14			1,040		
		15			152		
Specials		1 16			12	1	0./1
erceas		***	***			***	231
	Gra	and To	tal				17,527
(b) Found to require	treatn	ient					9,757
(c) Actually treated							6,903
Attendances made by child	lren fo	r treats	men	t			9,900
Half-days devoted to :— Inspection					121		
Treatment					4404	Total	1,282
Fillings :							
Permanent Teeth Temporary Teeth					000	Total	6 100
		***		***	000	Total	6,102
Extractions :— Permanent Teeth					1 007		
Temporary Teeth			***		1,927 10,364	Total	12,291
Administrations of General	Anaes	thetics	for	Extra	ctions	***	2,446
Other operations :-							
Permanent Teeth					1397		
Temporary Teeth		***			_	Total	1397

Group 6.—Uncleanliness and Verminous Conditions.

(1)	Average number of visits per School made du	ring	the year	by	
	the School Nurses				3
(2)	Total number of examinations of children in	the	Schools	by	
	School Nurses				43,372
(3)	Number of individual children found unclean				1,200
(4)	Number of children cleansed under arrangeme	nts 1	made by	the	
	Local Education Authority				
(5)	Number of cases in which legal proceedings v	vere	taken :-		
	(a) Under the Education Act, 1921				-
	(b) Under School Attendance Byelaws				18

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1938, TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

TOTAL NUMBER OF CHILDREN NOTIFIED ... 7

ANALYSIS OF THE ABOVE TOTAL.

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

Ealing and Brentford & Chiswick Bospitals Committee.

CLAYPONDS ISOLATION HOSPITAL.

PERIVALE MATERNITY HOSPITAL.

ANNUAL REPORT

OF THE

MEDICAL SUPERINTENDENT

FOR THE YEAR ENDING

31st MARCH, 1939

THOMAS ORR, M.D., D.Se.,

Medical Superintendent.

Perry & Routleff Ltd., Printers, Ealing and Uxbridge

EALING AND BRENTFORD & CHISWICK HOSPITALS COMMITTEE.

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Resident Medical Officer, Isolation Hospital— JOHN C. AITKEN, M.B., Ch.B., D.P.H.

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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 Obstetricians-

JOHN W. RAIT BELL, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. ARNOLD WALKER, M.A., M.B., B.Ch., F.R.C.S., M.G.O.G.

Consulting Ophthalmic Surgeon— Graeme G. Talbot, M.B., Ch.B., F.R.C.S.

> Matron, Isolation Hospital— Miss I. Gregory.

Matron, Maternity Hospital—
Miss M. P. B. GARDNER.

Clerk to Committee—HARRY BIRRELL.

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EALING AND BRENTFORD & CHISWICK HOSPITALS COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the work of the Hospitals from the 1st April, 1938, to the 31st March, 1939.

CLAYPONDS ISOLATION HOSPITAL.

The total number of cases admitted to the hospital was 687; this is 38 more than in the previous year. The highest number under treatment on any day was 97 on the 25th November, and the lowest number 44 on the 24th July. The average daily number in Hospital was 69.

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

Disease	Remaining in Hospital 31st March, 1938	Admitted during year	Discharged during year	Died during year	Remaining in Hospital 31st March, 1939
Scarlet Fever	38	382	364	1	55
Diphtheria	31	226	234	4	49
Measles	9	37	46	-	
Pneumonia	-	2	2	-	-
Pneumonia and					
Whooping Cough		4	3	1	1
Whooping Cough	-	3 3	2 3	-	1
Typhoid Fever	-	3	3	1000	
Paratyphoid		2	9	LOW MANY TO	Bul _ i
Fever B.		7	2 7		
Dysentery	_	7 2 2	1		1
Influenza		2	2		
Poliomyelitis Tonsillitis		ĩ	1		-
Ophthalmia					
Neonatorum	_	1	1	-	MILL
Mumps and					
Pyelitis	-	1	1		_
Pemphigus	-	1	1	-	-
Encephalitis and					
Chicken Pox	_	1	1	-	1 1 1 1
Chicken Pox	1	4	4	1	-
German Measles	-	1	1	-	Mal -
Puerperal Pyrexia	-	5	5	WARD IN	
Septic Throat	-	1	1	-	
No ascertainable disease	_	1	1	Marine Control	-
	79	687	683	7	76

SCARLET FEVER.—Of the 382 cases admitted as scarlet fever 87 were from Brentford and Chiswick, 284 were from Ealing and 11 from Southall. Of this total, 20 were found not to be suffering from the disease and were ultimately diagnosed as follows:—

Rubella 9, measles 4, septic sore of ear 1, tonsillitis 1, influenza 1, lobar pneumonia 1, tonsillitis and septic rash 1, erythema 1, no apparent disease 1.

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

Scarlet fever and whooping cough 2, scarlet fever and chicken pox 1.

The incidence of the actual cases of scarlet fever in the various age groups was as follows:—

-5 y	TS.	5-15 yrs.	15-25 yr	rs. 25-	35 yıs.	35-45	yrs. c	ver 45	VIS.
85		230	23		17	(1	
T	he co	mplications	occurri	ng amo	ng the	cases v	ver∈ as	follows	
	Rhi	nitis and rh	inorrhoe	a				60	
		vical Adenit	is					57	
								27	
-		toiditis						2	
		ond attacks						12	
	-	tic sores						14	
		hritis and A	Albuminu	aria		***		6	
								4	
		nritis and rl		m		***		4	
		liac irregula	Section 1					3	
		pura simple						2	
		inal dischar						2	
		gular attack	s of pyr	exia				2	
		sillitis						1	
		asy						1	
		ntal sinusiti				• • • •		1	
		ulitis of pop						1	
		ocarditis						1	
		ro pharynge						1	
		eolar abscess						1	
		ingitis				***		1	
		al Systolic					***	1	
	Boll	s on legs		***				1	

Return Cases.—Of the 364 cases discharged during the year 11 gave rise to "return" cases of scarlet fever. This gives a return case rate of 3.0 per cent.

Duration of Stay.—The average duration of stay in hospital of all cases of scarlet fever was 33.6 days.

Deaths.—There was one death from scarlet fever. An infant aged nine months was admitted to hospital with a moderately severe attack of scarlet fever but developed meningitis and died on the sixth day after admission.

DIPHTHERIA.—The number of cases admitted as diphtheria was 226, 98 from Brentford and Chiswick and 128 from Ealing. This is 23 more than in the previous year. Of the total number, 44 were ultimately diagnosed as follows:—

Tonsillitis 36, scarlet fever 1, rhinitis 1, rhinitis and impetigo 1, rhinorrhoea 1, peri-tonsillar abscess 1, catarrhal laryngitis 1, no apparent disease 2.

Two cases were found to have another disease in addition to diphtheria, one having rubella and one scabies.

The incidence of the actual cases of diphtheria 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.
45	88	24	12	13	THE SALES

The following complications were observed :-

All the second s				
Palatal paresis		 	***	15
Ocular paresis		 ***		3
Pharyugeal paresis		 		2
Lower limb paresis		 		1
Carditis		 		9
Cardiac irregularity		 		8
Tachycardia		 		2
Otitis media and otori	rhoea	 		3
Mastoiditis		 		1
Septic Sores		 		4
Cervical adenitis		 		4
Nephritis		 		2

Bronchitis				0
	***	 ***	***	2
Secondary Tonsillitis		 		1
Rhinitis		 		1
Pharyngeal abscess		 		1
Alveolar abscess		 		1
Corneal ulceration		 		1
Catarrhal jaundice		 		1
Second attack of dipht	heria	 		1

Laryngeal Diphtheria.—Three cases were admitted with this diagnosis. One child, as described below, died, and the two other cases were diagnosed as peritonsillar abscess and catarrhal laryngitis respectively.

Deaths from Diphtheria.—There were four deaths from this disease, all occurring in children under six years of age. All four were severe cases on admission and all had over 60,000 units of anti-toxin. One died on the day of admission and two others in four days and eight days respectively. The fourth case suffered from diphtheria of the trachea and bronchial tubes and tracheotomy was performed but the child died from septic pneumonia after a stay in hospital of almost seven weeks.

Return cases.—There were two return cases from children discharged after the usual three negative swabs had been obtained. One child was in hospital for 34 days and two days after his discharge his brother was admitted with diphtheria. A girl of 12 years was sent in as diphtheria and was in hospital for 85 days; fourteen days after her discharge her mother was admitted with diphtheria.

Duration of stay.—The average duration of stay in Hospital for cases of diphtheria was 47.2 days.

Measles.—Thirty-seven cases of measles, mostly with complications, were admitted for treatment. There were no deaths.

Whooping Cough.—Seven cases of this disease were admitted. One infant was brought in moribund suffering from whooping cough and broncho-pneumonia and died one and a half hours after admission.

Poliomyelitis.—Two cases of poliomyelitis (infantile paralysis) were admitted. Both were adults and both showed extensive paralysis on admission. The lower limbs in both cases were completely paralysed and there was a severe paralysis of the upper limbs also. In one case, however, there was a remarkable degree of recovery and the patient was able to walk on leaving hospital, the only noticeable loss of power being in the wrists. The other case showed very little improvement after a stay in hospital.

Both patients were transferred to the National Orthopaedic Hospital when they were considered free from infection.

Arrangements were made when the patients were admitted to obtain on loan a respirator ("iron lung") but the use of this instrument was not required. Through the generosity of Lord Nuffield the Hospital now possesses its own artificial respirator.

CHICKEN POX.—Two unusual cases of this disease were admitted.

- (1) Chicken Pox and Encephalitis.—A boy of 14 years developed symptoms of encephalitis about 10 days after the onset of chicken pox. He was admitted to the Hospital and showed signs and symptoms of cerebellar disease all of which cleared up and he left the hospital in apparently perfect health after four weeks' stay.
- (2) Haemorrhagic Chicken Pox.—This was in a child aged 7 years. It was known that this child was suffering from splenomedullary leuchaemia previous to her admission. She suffered from a very severe attack of chicken pox and was semi-conscious when she was brought to the hospital. The Chicken Pox was of the severe haemorrhagic type with haemetemesis and she died within 24 hours of admission.

Enteric Fever.—Five cases were sent into hospital with the diagnosis of enteric fever. Three cases were found not to be enteric fever; one cleared up quickly in hospital; one proved to be pneumonia and the third was sent to the West Middlesex Hospital for further investigation of his abdominal symptoms. The two proved cases were brothers and had each a mild attack of paratyphoid fever. Both cases made a complete recovery.

Dysentery.—There were seven cases admitted as dysentery, all occurring in the same family. Each was verified bacteriologically, the organism isolated being the same, namely, Sonne bacillus.

The cases ran a mild clinical course without incident. Three however were re-admitted one month after discharge, on account of reported recurrence of the symptoms, but in only one of these was the presence of the organism again proved.

ILLNESS OF STAFF.—The following cases of illness of the staff occurred during the year :

Influenza				 	1
Pelvic peritoniti	S			 11881	1
Tonsillitis				 	5
Scarlet Fever				 	1
Diphtheria				 	1
Dermatitis				 	1
Influenza and br	onchi	al cata	rrh	 	1

Medical Staff.—Dr. Miller, the Consulting Oto-Laryngologist, made 15 visits during the year and performed 6 mastoid operations and 16 operations for the removal of tonsils and adenoids.

Mr. Gordon Bryan, the Consulting Surgeon, made 2 visits to the hospital during the year and performed an operation for resection of rib and Mr. G. G. Talbot, the Consulting Ophthalmologist, made one visit for examination of an eye showing severe corneal ulceration.

PERIVALE MATERNITY HOSPITAL.

MOTHERS.

The 803 cases, including booked and emergency cases, admitted to the Hospital during the period 1st April, 1938, to 31st March, 1939, from the two districts were as follows:

		Brentford and	
Month	Ealing	Chiswick	Total
April	 64	10	74
May	 59	12	71
June	 53	12	65
July	 58	15	73
August	 47	11	58
September	 45	12	57
October	 50	16	66
November	 49	15	64
December	 59	15	74
January	 54	9	63
February	 52	7	59
March	 61	18	79
		-	-
	651	152	803
			-

The greatest number of patients in the hospital on any day was 50. This was on the 16th and on the 20th October, 1938. The average period of stay in the hospital was 16.64 days.

Emergency Cases.—During the year 14 emergency cases were admitted to the hospital. This is a very much larger number than in any previous year. The increase is due to the fact that the medical practitioners in the Borough are now able to obtain immediate admission of their abnormal cases upon application to the Resident Medical Attendant. Of these 14 cases, 10 resulted in normal deliveries and all the mothers were discharged in a satisfactory condition. The cases were as follows:—

- 1. Breech with extended legs sent in for delay in first stage. Normal delivery followed.
- Patient admitted for delay in first stage. Normal delivery followed

- 3. Patient admitted with ante-partum haemorrhage, due to lateral placenta praevia. The infant (32 weeks maturity) was delivered as a breech. Infant survived eight hours. Puerperium uneventful.
- 4. Impacted shoulder. Attempts at delivery by own doctor unsuccessful. Prolapsed arm on admission. Delivered of a still-born infant.
- 5. Ante-partum haemorrhage. Membranes ruptured artificially. Normal delivery.
- 6. Admitted for delay in 1st stage. Patient looked very ill on admission. Persistent occipito-posterior manually rotated and forceps applied. Delivered of a macerated infant. Patient transferred on ninth day of puerperium to King Edward Hospital.
- 7. Breech with extended legs sent in for delay in 1st stage. Normal delivery followed.
- 8. Retained placenta manually removed at home by own doctor. Patient exsanguinated and shocked on admission. Intravenous gum acacia and two small blood transfusions given. Developed pyelitis which soon responded to treatment. Discharged home in very satisfactory condition.
- 9. Admitted at request of own doctor because of premature labour (34 weeks pregnant) and no preparations made at home. Normal delivery followed.
- Patient admitted for delay in 1st stage. Normal delivery followed.
- 11. Admitted for toxaemia of pregnancy. Good response to treatment and normal delivery followed in a few days after medical induction. Infant seemed quite normal at first, but on the fourth day had a few convulsions with cyanosis. When no response to treatment, Dr. Alan Moncrieffe called in for consultation and diagnosed congenital hydrocephalus.
- 12. Admitted for toxaemia of pregnancy. Elderly primigravida. Normal delivery followed in a few days. Mother and infant did well and were discharged home in satisfactory condition.

- 13. Admitted for delay in 1st stage. Normal delivery of an infant weighing 13 lb. 5 oz. Mother and baby discharged in very satisfactory condition.
- 14. Admitted at request of own doctor for delay in 2nd stage. Normal delivery of an anencephalic infant followed. Mother discharged, quite satisfactory.

Ante-Natal Cases.—A hundred and twenty ante-natal cases were admitted for treatment. Of these cases, sixty-three recovered sufficiently to be discharged to await at home the onset of labour. The conditions from which they were suffering were as follows:

Ante-Natal Cases in Hospital until De	elivery	:	
Toxaemia			35
Ante-partum haemorrhage (accidenta	al)		3
Suspected disproportion			8
Pyelitis			3
For rest (poor general condition)			1
Pleurisy			1
Thrombosed varicose veins			2
Post maturity			1
Chronic bronchitis and asthma			1
Mitral stenosis — for rest			1
Hypertension			1
and the second and the second			_
	Total		57
			-
Ante-Natal Cases discharged Home to a	wait I	eliver	v:
			w .
Toxaemia			18
Toxaemia Suspected disproportion			-
			18
Suspected disproportion			18 6
Suspected disproportion Pyelitis			18 6 6
Suspected disproportion Pyelitis Thrombosed varicose veins			18 6 6 2
Suspected disproportion Pyelitis Thrombosed varicose veins Ante-partum haemorrhage (accidental			18 6 6 2 2
Suspected disproportion Pyelitis Thrombosed varicose veins Ante-partum haemorrhage (accidenta Rest from home cares			18 6 6 2 2 4
Suspected disproportion Pyelitis Thrombosed varicose veins Ante-partum haemorrhage (accidental Rest from home cares Threatened abortion			18 6 6 2 2 4 2
Suspected disproportion Pyelitis Thrombosed varicose veins Ante-partum haemorrhage (accidental Rest from home cares Threatened abortion Admitted not in labour	 ech		18 6 6 2 2 4 2 18 1
Suspected disproportion Pyelitis Thrombosed varicose veins Ante-partum haemorrhage (accidental Rest from home cares Threatened abortion Admitted not in labour Admitted for external version of bree	 eeh		18 6 6 2 2 4 2 18 1
Suspected disproportion Pyelitis Thrombosed varicose veins Ante-partum haemorrhage (accidental Rest from home cares Threatened abortion Admitted not in labour Admitted for external version of bree Hyperemesis	 eeh		18 6 6 2 2 4 2 18 1 3
Suspected disproportion Pyelitis Thrombosed varicose veins Ante-partum haemorrhage (accidental Rest from home cares Threatened abortion Admitted not in labour Admitted for external version of bree Hyperemesis Admitted for investigation	 eeh		18 6 6 2 2 4 2 18 1 3

Surgical Induction was done in the following case	es :	
Hypertension	1	
Toxaemia	18	
Post maturity with multiple pregnancy	1	
Post maturity with disproportion	1	
Post maturity	1	
Accidental haemorrhage	1	
Lateral placenta praevia	4	
	_	
Total	27	
to to would be selver granting arms well notice from the		
Abnormalities in Mothers —		
Central placenta praevia: Caesarean Section	2	cases
During labour :—		
Perineal tears requiring more than one suture	187	
Episiotomy	13	
Breech with extended legs—unassisted delivery	8	
Breech with extended legs—assisted delivery	12	
Breech with extended arms—assisted delivery	1	
Forceps for delay in 2nd stage	15	
Manual rotation and forceps delivery of per-		
sistent occipito-posterior position	4	
Central placenta praevia	2	
Lateral placenta praevia	3	
Perforation of skull and forceps delivery of		
infant which had died during labour	1	
Perforation of hydrocephalic foetus	1	
Forceps delivery of brow presentation	1	
Forceps delivery for foetal distress	1	
Manual removal of retained placenta	4	
Moderate post-partum haemorrhage	22	
Eclampsia (fits starting during labour)	2	
Prolapsed arm	1	
Severe post-partum haemorrhage	4	
Footling presentation	3	
Infant born before admission, 3rd stage com-		
pleted in hospital	3	
Delivery completed before admission	1	

The total number of forceps deliveries was 22, giving a rate per thousand of 27.2. This figure is about the average for the past 5 years.

During puerperium :-

Thrombosed varicose ve	ins				11
Cracked nipples					5
Severe anaemia					1
Urinary infection					2
Urticarial rash					5
Endocervicitis with vagi	inal dis	scharg	ge .	***	3
Cystadenoma of thyroid					1
Rheumatism of ankles					1
Quiescent pulmonary tu	bercul	osis			1
Bartholin's cyst (left)					1
Retention of urine					2
Small superficial abscess					1
					-
			Total		34
					-

There were 30 cases of puerperal pyrexia of a notifiable degree. These cases were suffering from :—

Breast abscess					2
Urinary infection					7
Suspected uterine sep	sis				1
Uterine infection (haemol	ytic s	treptoc	occi,	
Group A)					2
Uterine infection (1	haemol	ytic st	treptoc	occi,	
Group C)					1
Breast abscess and thi	rombos	is in fer	noral v	eins,	
both legs					1
Femoral thrombosis					2
Acute mastitis					7
Parametritis					1
Pulmonary embolism					2
Retained products					1
Bad " cold "					1
Sloughing perineum					1
Urinary infection and	mastit	is	***	***	1

Patients transferred to other hospitals :-

To Clayponds Isolation Hospital			7
Queen Charlotte's Isolation Block		***	2
King Edward's Hospital, Ealing		****	1
West Middlesex Hospital			1
	Total		11

The cases were as follows:--

- Mother transferred to Clayponds Isolation Hospital. Suspected uterine sepsis. Infant still-born.
- 2. Mother transferred to Clayponds Isolation Hospital. Suspected gonococcal infection. Infant still-born.
- 3. Mother transferred to Clayponds Isolation Hospital on fourth day of puerperium. Uterine infection with haemolytic streptococci, Group A. Infant still-born.
- 4. Mother and infant transferred to Clayponds Isolation Hospital. Uterine infection with haemolytic streptococci, Group A.
- Mother and infant transferred to Clayponds Isolation Hospital. Uterine infection which haemolytic streptococci, Group B.
- Mother transferred to Clayponds Isolation Hospital with acute bilateral mastitis and bronchitis. Infant accompanied patient.
- Mother transferred to Clayponds Isolation Hospital with acute mastitis, right breast, which later developed into an abscess. Infant accompanied patient.
- 8. Mother transferred to Queen Charlotte's Isolation Block. Local uterine infection (B. coli) after caesarean section. Infant sent home.
- Mother transferred to Queen Charlotte's Isolation Block with parametritis. Infant discharged home.
- Mother transferred to King Edward's Hospital for full investigation. Infant still-born.

11. Mother transferred to West Middlesex Hospital, Isleworth. Patient had been in this hospital for four months with (a) breast abscess and (b) double femoral thrombosis. Infant discharged home.

Maternal Deaths.

There were three maternal deaths during the year. Of these, two were due to pulmonary embolism and one to concealed accidental haemorrhage. The cases were as follows:

- This patient developed thrombosis in the left internal saphenous vein on the fifth day of puerperium after a normal delivery. Sudden death from pulmonary embolism occurred on the ninth day of the puerperium.
- 2. This patient developed thrombosis the whole length of right internal saphenous vein on third day of puerperium after normal delivery. Pulmonary embolism occurred on ninth day of puerperium. Patient survived this, and was progressing favourably, when on the eighteenth day of puerperium, she had another embolism and died very suddenly.
- 3. This patient was admitted with history of a 'heavy show.' No evidence of toxaemia, no pains on admission. Weak contractions began, but her general condition gradually deteriorated. Patient collapsed and died undelivered after an attack of vomiting, which brought on further bleeding. Death due to concealed accidental haemorrhage. The Consulting Obstetrician saw the patient on admission, and was present throughout.

INFANTS.

Number of	Infants born	 		 807
	Males	 	401	
	Females	 	406	

Still Born Infants.—Total 32, giving a still birth rate of 39.6 per thousand.

Fresh.						
Full term					7	
D					4	
Miscarriage (25 we	eeks)				1	
Anencephalic .					2	
Hydrops foetalis					1	
Macerated.						
Full term	no file and				7	
D					10	
37	ay moult		wik.		7 72	
Neo-natal deaths.—Total						
per thousand, as compa and 21 per thousand in 1		27.3 p	er thou	isand	m 1936-3	57,
			***		13	
After precipitate l	abour	*** .		***	1	
Premature Infants born as	live :-					
33-37 weeks .					18	
34 weeks					8	
32 weeks					3	
28 weeks					2	
Twins (26 babies) .					13	
Abnormalities of surviving	g infants :-	and and				
Pyloric spasm .					3	
Haemorrhage of the	he new born	1	***		3	
Cephal-haematoma	a				3	
Severe jaundice .					2	
Mongol					3	
· Mild talipes calcar	ieo-valgus				1	
Upper respiratory	tract infect	ion			1	
Sign of intra crani	al injury				2	
Fibroid polypus ri	ght upper a	lveolu	s		1	
Right septic thum	b				1	
Dehydration fever			1		1	
Intertrigo with sep	otic spots na	apkin a	area		1	
Hare lip and cleft					1	
Congenital hydroc	ephalus				1	

Telangiectasis of forehead and nose	1
Meningo-myelocoele lower lumbar region	1
Syndactyly and polydactyly toes and polydactyly left hand	1
Pedunculated fibromyoma attached to proximal phalanx fourth finger of left hand	1
Ophthalmia neonatorum	2
Total	30
the Hirell the Chap to the Committee with highly	pho)
Infants Weaned.—'Total 14.	
Weaned on account of mothers' breast conditions	9
Weaned on account of mothers' poor general condition	5

Infants transferred to other Hospitals :-

- Infant transferred to West Middlesex Hospital, Isleworth, suffering from debility following bronchopneumonia (premature infant). Mother discharged home.
- Infant and Mother transferred to Infants' Hospital, Vincent Square. Infant with pyloric spasm.
- 3. Infant transferred to Infants' Hospital, Vincent Square, with pyloric stenosis. Mother discharged home.
- 4. Infant transferred to Infants' Hospital, Vincent Square, with haemolytic anaemia. Mother discharged home.

Consulting Obstetrician.—Dr. J. W. Rait Bell was called to the hospital on forty-one occasions during the period under review.

Training of Pupils.—Up to 31st March, 1939, 36 pupils completed their course of training and entered for the examination of the Central Midwives Board. Of these pupils, all except one were successful.

During the year Dr. Aitken, the Resident Medical Officer at the Isolation Hospital, received promotion by being appointed Assistant Medical Officer in the Ealing Public Health Department,

his place being taken by Dr. M. Kelly. Dr. Williams-James, the Resident Medical Officer at the Maternity Hospital, resigned on account of her marriage and Dr. N. L. Lewis was appointed in her stead.

As in previous Annual Reports, I take the opportunity of expressing my appreciation of the excellent work carried out by the Medical Staff and by the Matrons of the two hospitals and my gratitude to Mr. Birrell, the Clerk to the Committee, and to Mr. Owen, the Treasurer, for their unfailing courtesy and assistance.

I am, Ladies and Gentlemen,
Your obedient Servant,
THOMAS ORR,

Medical Superintendent.



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Spoles

