

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

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# Borough of Ealing.



## ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

# 1948

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**WILLIAM G. BOOTH, M.D., B.S., D.P.H.,**

Medical Officer of Health,

Joint Area Medical Officer (M.C.C.) from  
5th July, 1948,

Medical Superintendent of the  
Isolation and Maternity Hospitals.





To the Mayor, Aldermen and

Councillors of the Borough of Ealing.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my first Annual Report to you, this being for the year 1948. I took up the duties of Medical Officer of Health on the 5th April, 1948, and on the 5th July, 1948, a great change took place in the Health Services of the whole country, as on that day, as we well know, the National Health Service Act, 1946, took effect and the administration of the personal health services passed from the local Councils to the County Councils and the hospitals to the Regional Hospital Boards.

The year 1948, therefore, saw the dismemberment of the Ealing Borough Council's health services. The Perivale Maternity Hospital, which had a national reputation as a near perfect small maternity home, and the Clayponds Isolation Hospital, which was a model of efficient yet economical hospital administration, were transferred on the 5th July to the administration of the North West Metropolitan Regional Hospital Board. Thus was lost the link between the maternity and infectious disease services and their co-ordination which I am afraid may be irretrievably gone.

Again on the 5th July the clinics, the home helps, the midwives, the district nurses and all the specialist provision made by the Ealing Council together with their buildings were handed over to the Middlesex County Council administration. The distant central control so essential under such an arrangement is ill fitted to the close intimate association of the local Town Hall to health problems. Unfortunately one of the problems before us is now not how will a scheme affect the ordinary resident of Ealing but how can the scheme be handled to enable us to see that Ealing is not going to gain benefits from it rather than some other parts of Middlesex. We have now to realise that what may rule is the lowest common denominator, and this is a part which Ealing has never had to play heretofore.

I am not in a position to give the history of the building up of the Ealing services, but I can from wide experience say that Ealing had services equal to any in the country and that the robbing of such a borough of its health services may have become inevitable under the Act but appeared to many of us to be a dis-service to the cause of Public Health not only in Middlesex, but throughout the country.



The figures for the year are given in the body of the report.

In the Annual Report for 1946, Dr. Leader was able to point out that the infant mortality rate for Ealing—and this rate is probably the best index we possess of the sanitary circumstances of an area—was the lowest recorded. I am pleased to say that this rate is even lower for 1948, being 26 per 1,000 births.

In conclusion I wish to thank the staff as a whole for their splendid help in a very difficult year.

I have the honour to be,

Your obedient Servant,

W. G. BOOTH,

*Medical Officer of Health.*

7th November, 1949.

# STAFF OF THE PUBLIC HEALTH DEPARTMENT

after 5th July, 1948.

WILLIAM G. BOOTH,			Medical Officer of Health
M.D., B.S., D.P.H.	...		(also Joint Area Medical Officer of Area 7 (Ealing and Acton) under Middlesex County Council)
			Medical Superintendent of the Isolation and Maternity Hos- pitals
GEO. W. STEVENS	...	...	Chief Sanitary Inspector
C. P. H. MEADOWS	...	...	Sanitary Inspector
G. T. H. BLACKIE	...	...	" "
E. BELFIELD	...	...	" "
E. H. EVANS	...	...	" "
J. A. CUMMINS	...	...	" "
C. W. BAXTER	...	...	" "
E. W. BUDD	...	...	" "
HARRY M. BIRRELL	...	...	Chief Administrative Assistant (also holds same rank in Area No. 7 under Middlesex County Council)
R. S. LEGGATT	...	...	Senior Clerk
J. J. RICE	...	...	Clerk
R. ANGELL	...	...	" "
Miss D. E. MCKENZIE	...	...	Shorthand-Typist
Mrs. M. G. BYFORD	...	...	" "
Mrs. D. BARKER	...	...	Clerk and Typist
R. S. COX	...	...	Rodent Operative



## SUMMARY OF STATISTICS

Area (in Acres)...	...	...	...	...	...	8,739
Population (Census, 1931)	...	...	...	...	...	117,707
Population (estimated middle of 1948)	...	...	...	...	...	187,200
Rateable Value, 1st April, 1948	...	...	...	...	...	£1,924,596
Net Product of a Penny Rate, 1948-49	...	...	...	...	...	£7,615

## Live Births :—

Legitimate Males	1,413	Females, 1,396	Total, 2,809
Illegitimate Males,	61	Females, 71	Total, 132
			— 2,941

Birth-Rate per 1,000 of Estimated Population	...	...	15.7
--	-----	-----	------

## Still-Births :—

Males, 35	Females, 32	...	...	...	Total	67
Rate per 1,000 total Births (Live and Still-Births)						22.3

Deaths : Males, 862	Females, 859	...	...	Total	1,721
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Death-Rate per 1,000 of Estimated Population	...	...	9.2
--	-----	-----	-----

## Deaths of Infants under one year of age :—

Legitimate Males	40	Females, 30	Total, 70
Illegitimate Males,	3	Females, 2	Total, 5
			— 75

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

All Infants per 1,000 Live Births	...	...	...	26
Legitimate Infants per 1,000 Legitimate Live Births	...	...	...	25
Illegitimate Infants per 1,000 Illegitimate Live Births	...	...	...	38

Deaths from Diseases and Accidents of Pregnancy and  
Childbirth :—

From Sepsis	1	Death-Rate 1,000 Total Births	0.34
From other Causes	3	„ „ „	1.02
	—		—
Total	4		1.36
	—		—

	Total Deaths
Measles ...	1
Whooping Cough	2
Diphtheria	1
Scarlet Fever	—
Influenza	6
Tuberculosis of Lungs...	61
Other Forms of Tuberculosis...	5
Diarrhoea (under 2 years of age)	4

## Causes of Death, 1948.

Cause of Death.	Deaths, 1948			Total Deaths 1947
	Male	Female	Total	
Typhoid and Paratyphoid Fevers ...	—	—	—	—
Cerebro-Spinal Fever ...	—	2	2	6
Scarlet Fever ...	—	—	—	1
Whooping Cough ...	1	1	2	3
Diphtheria ...	—	1	1	—
Tuberculosis of Respiratory System ...	40	21	61	59
Other Forms of Tuberculosis ...	1	4	5	11
Syphilitic Diseases ...	8	8	16	9
Influenza ...	4	2	6	11
Measles ...	—	1	1	1
Acute Poliomyelitis and Polio Encephalitis ...	—	1	1	7
Acute Infectious Encephalitis ...	—	—	—	2
Cancer of B. Cav. and Oesoph. (M.), Uterus (F.) ...	6	20	26	30
Cancer of Stomach and Duodenum ...	26	30	56	49
Cancer of Breast ...	—	36	36	53
Cancer of all other Sites ...	130	90	220	204
Diabetes ...	9	5	14	7
Intra-Cran. Vasc. Lesions ...	71	144	185	205
Heart Disease ...	231	243	474	526
Other Diseases of Circulatory System ...	31	45	76	98
Bronchitis ...	56	40	96	101
Pneumonia ...	34	38	72	118
Other Respiratory Diseases ...	13	12	25	27
Ulcer of Stomach or Duodenum ...	16	4	20	20
Diarrhoea (under 2 years) ...	3	1	4	11
Appendicitis ...	2	1	3	5
Other Digestive Diseases ...	8	16	24	35
Nephritis ...	23	10	33	32
Puerperal and Post-Abortive Sepsis... ..	—	1	1	—
Other Maternal Causes ...	—	3	3	3
Premature Birth ...	10	7	17	34
Congenital Malformations, Birth Injury, Infantile Diseases ...	22	13	35	58
Suicide ...	9	2	11	20
Road Traffic Accidents ...	16	5	21	16
Other Violent Causes ...	29	19	48	52
All other Causes ...	63	63	126	118
Total ...	862	859	1721	1932



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

<i>Period</i>	<i>Birth-Rate</i>	<i>Death-Rate</i>	<i>Infant Death-Rate</i>
1931—1935	14.2	10.1	46
1936—1940	14.7	10.1	45
1941	14.5	10.9	49
1942	17.2	10.3	48
1943	18.8	11.2	40
1944	19.4	10.9	41
1945	17.2	10.1	40
1946	19.7	10.1	27
1947	19.9	10.5	37
1948	15.7	9.2	26

Maternal Mortality per Thousand Births.

<i>Period</i>	<i>Ealing</i>	<i>England and Wales</i>
1931—1935	4.10	4.12
1936—1940	2.18	2.95
1941	1.53	2.23
1942	1.79	2.01
1943	2.95	2.29
1944	0.97	1.93
1945	—	1.79
1946	0.84	1.06
1947	0.80	1.17
1948	1.36	1.02

HOSPITALS.

ISOLATION HOSPITAL.

The Clayponds Isolation Hospital at South Ealing was under the control of the Ealing and Brentford & Chiswick Hospitals Committee until the 5th July, 1948, when it was transferred to the North West Metropolitan Regional Hospital Board.



### MATERNITY HOSPITAL.

The Perivale Maternity Hospital of 43 beds was under the control of the Ealing and Brentford & Chiswick Hospitals Committee until the 5th July, 1948, when it was transferred to the North West Metropolitan Regional Hospital Board.

Both these hospitals are now managed by the South West Middlesex Hospital Management Committee, 1, Churchfield Road, West Ealing, but the Medical Officer of Health, Dr. W. G. Booth, still continues as the Medical Superintendent of both hospitals.

### AMBULANCE FACILITIES.

The ambulance for infectious disease was provided by the Ealing and Brentford & Chiswick Hospitals Committee prior to the 5th July, 1948, and the Council's Accident Ambulance Service was maintained by the staff of my department until this date.

Both these services have now been transferred to the Middlesex County Council.

### MATERNITY AND CHILD WELFARE.

The year 1948 was a notable one as it saw the coming into operation of the National Health Service Act on the 5th July. So far as the Borough is concerned its effect was to deprive the Council of participation in a number of health activities in which their efforts in the past had been attended with considerable success.

These services have now become the responsibility of the Middlesex County Council. Ten Health Areas have been formed in Middlesex, Ealing and Acton forming Area No. 7. Most of the functions have been delegated to the Areas but the County Council controls policy.

As far as the Maternity and Child Welfare service is concerned I have, therefore, to include in this Report only information relating to the first six months of the year, when the work was under the control of the Borough Council.

In January a scheme was introduced for the training of pupil midwives for Part II of the Central Midwives Board Examination. This course consists of a further three months' hospital training followed by three months' district midwifery. Arrangements were made with the Luton Maternity Hospital by which four students would be accepted for training and four of the Ealing Council's midwives were approved as teachers by the Central Midwives Board. The first pupils were received on March 1st.



In conjunction with the Education Authority a scheme was introduced for a practical course of training in Mothercraft to be given to the pupils of Modern Secondary Schools by the Staff of the Day Nurseries. For an experimental period it was arranged for senior girls from Costons School to attend Stanhope Day Nursery. So successful was this that the scheme has now been extended to include all Secondary Modern Schools in the Borough.

Changes in the staff included the resignation of Dr. Dorothy Taylor, Senior Assistant Medical Officer, after 15 years' service, on her appointment as a Principal Assistant Medical Officer to the Middlesex County Council. Also the retirement of Miss Farrow, Senior Health Visitor, after 26½ years' service.

### Maternity and Child Welfare Services—Statistics.

(1st January, 1948—4th July, 1948).

#### Visits made by the Health Visitors

	(1947)	(1948) (six months)
Visits to children under 12 months :—		
First visits ... ..	3,656	1,625
Return visits ... ..	3,711	2,684
Visits to children 1 to 5 years of age ...	5,099	3,291
Visits to expectant mothers ... ..	1,588	503
Visits to investigate infant deaths and still-births... ..	13	6
Special visits or investigations ... ..	211	167
Visits to cases of Ophthalmia Neonatorum ...	6	—
Visits to cases of Measles and Whooping Cough ... ..	71	82
Visits to cases of Scarlet Fever on discharge from the Isolation Hospital ... ..	29	12
Visits to cases of Poliomyelitis ... ..	9	—
Inspections of Women's Lavatories ... ..	22	8
Visits to children under care of foster-mothers	294	148
Other visits ... ..	103	49
Total Visits ... ..	<u>14,812</u>	<u>8,575</u>

## Work at the Health Centres.

	(1947)	(1948)
<i>Mothers</i>		
<i>(six months)</i>		
Expectant Mothers attending Ante-Natal Clinics :—		
Attending for the first time ... ..	2,318	1,221
Total attendances ... ..	14,789	7,134
Nursing mothers attending Post-natal Clinics :—		
Attending for the first time ... ..	424	295
Total attendances ... ..	468	339
<i>Children.</i>		
Children attending Centres for the first time :—		
Under one year of age ... ..	3,024	1,451
One to five years of age ... ..	437	334
Total attendances made by children :—		
Under one year of age ... ..	38,028	20,522
One to five years of age ... ..	12,999	8,475

## DENTAL TREATMENT.

The number of expectant and nursing mothers seen and treated by the dentists during the half year totalled 271. For this number of mothers 1,545 attendances were made for all the treatment carried out. The treatment consisted of extractions, fillings and fitting of artificial dentures, also scaling and treatment of various mouth infections. Lectures and chair-side talks were given to the mothers on the care of their own and their children's teeth.

The number of extractions for these cases amounted to 811. The number of fillings inserted totalled 252. The number of mothers fitted with artificial dentures amounted to 111. Scaling of teeth was given to 30 mothers, and 76 mothers had various mouth infections treated.

The treatment given to children under five years of age consisted mainly of fillings, and extractions in cases of extreme caries. The number of fillings inserted in temporary teeth totalled 189. The total number of temporary teeth extracted amounted to 331. The number of attendances made to the centres for the complete treatment of these children amounted to 402.

## DAY NURSERIES.

<i>Nursery</i>	<i>Official capacity</i>	<i>Maximum bookings</i>	<i>Total attendances</i>	<i>Daily average</i>	<i>Highest on any one day</i>
Stanhope ...	90	108	10,417	66	99
Culmington Road	85	102	10,067	64	83
Cuckoo ...	70	84	8,244	62	77
Perivale ...	58	72	7,193	54	68
Northolt ...	40	48	5,300	40	48
St. Mark's ...	44	53	5,690	43	53
Oldfield ...	50	60	6,167	46	55



## CHILD LIFE PROTECTION.

Number of children on the register at the beginning of the year ... ..	38
(Number of fostermothers having care of the above children, 33).	
Number of children registered during the half year ... ..	15
Number of children removed from register during half year	24
Number of children on register at 4/7/48 ... ..	29
(Number of fostermothers having care of the above children, 28).	
Number of visits made by health visitors ... ..	148

## CARE OF PREMATURE INFANTS.

<i>Baby born at</i>	<i>No. of Premature Births</i>	<i>No. who died during first 24 hours</i>	<i>No. who died between 24 hrs. and 1 month</i>	<i>No. who survived at end of 1 month</i>
Home ... ..	7	2	—	5
In Hospital or Nursing Home	41	3	3	35

## MIDWIFERY SERVICE.

Number of cases attended by the midwives :—

(a) Attended as a Midwife... ..	280
(b) Attended as a Maternity Nurse ... ..	49
Total cases ... ..	329
Number of patients who received gas and air analgesia ... ..	224
Number of nursing visits ... ..	5,533
Number of ante-natal visits to patients' homes ... ..	727
Examination of patients at Ante-natal Clinics :	
First examinations ... ..	354
Re-examinations ... ..	1,654

## SUPERVISION OF MIDWIVES.

Number of Midwives practising in the Borough at the 4th July :—

Midwives in the service of the Council ... ..	14
Midwives at Perivale Maternity Hospital ... ..	12
Midwives in independent practice ... ..	4
Midwives in private nursing homes ... ..	9
Total ... ..	39

Number of cases attended in the half year :—

	<i>As midwife</i>	<i>As maternity nurse</i>
Midwives in service of the Council ... ..	280	49
Midwives at Perivale Maternity Hospital ... ..	550	72
Midwives in independent practice ... ..	9	5
Midwives in private nursing homes ... ..	69	323
	908	449

## SUPERVISION OF NURSING HOMES.

	<i>No. of Homes</i>	<i>No. of Beds</i>
Number of Nursing Homes on Register at beginning of year ... ..	14(5)	224(52)
Number of New Homes registered ... ..	—	—
Number of Homes discontinued ... ..	—	—
Number of Nursing Homes on Register at 4/7/1948 ... ..	14(5)	224(52)

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

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The number of cases of infectious disease notified in the Borough in the past twelve years is shown in the following table. The total number of cases notified in 1948 shows an increase over the preceding year, this being due to a higher incidence of Scarlet Fever and Primary Pneumonia.



## Cases of Infectious Disease occurring in the Borough.

Disease	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Smallpox .. ..	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria .. ..	123	142	92	33	48	28	13	17	14	29	11	13
Scarlet Fever ..	317	383	303	116	166	180	448	228	340	232	133	204
Enteric Fever (including Paratyphoid)	5	2	5	4	5	—	1	—	—	—	—	3
Puerperal Pyrexia ..	24	46	40	30	30	39	41	42	47	35	27	25
Pneumonia :												
Primary .. ..	60	83	50	66	97	105	123	142	110	114	127	189
Influenzal .. ..	37	18	26	10	27	17	40	9	14	16	3	6
Acute Poliomyelitis ..	7	6	1	1	9	2	2	2	3	4	46	10
Cerebro-Spinal Fever	1	1	—	7	15	5	1	—	6	6	10	2
Malaria .. ..	—	—	—	1	1	2	—	—	—	—	1	2
Dysentery .. ..	5	12	2	—	3	6	5	24	60	10	5	7
Erysipelas .. ..	27	41	37	29	26	36	41	30	26	31	38	32
Polio-Encephalitis ..	—	—	—	—	—	—	1	—	—	—	6	4
Tuberculosis :												
Pulmonary .. ..	178	142	149	156	195	223	233	173	194	275	204	206
Non-Pulmonary ..	37	33	38	30	28	38	51	30	23	33	25	27
Ophthalmia Neonatorum	7	15	16	5	2	8	4	3	3	3	5	—
Total ..	832	924	759	488	653	689	1004	700	840	788	641	730

DIPHTHERIA. During the year thirteen cases of this disease occurred. One death was recorded, a girl of eight years who was sent to King Edward Hospital by her medical attendant as a pyrexia and who died before admission. At a subsequent Coroner's Inquest a verdict of Laryngeal Diphtheria was returned. The child was immunized at the age of 2 years but did not have a booster dose at entrance to school.

SCARLET FEVER. The number of cases of Scarlet Fever notified during the year was 204 compared with 133 the preceding year, which although a higher number, compares favourably with previous years. Of the 204 cases, 93 were removed to hospital and the remainder nursed at home.

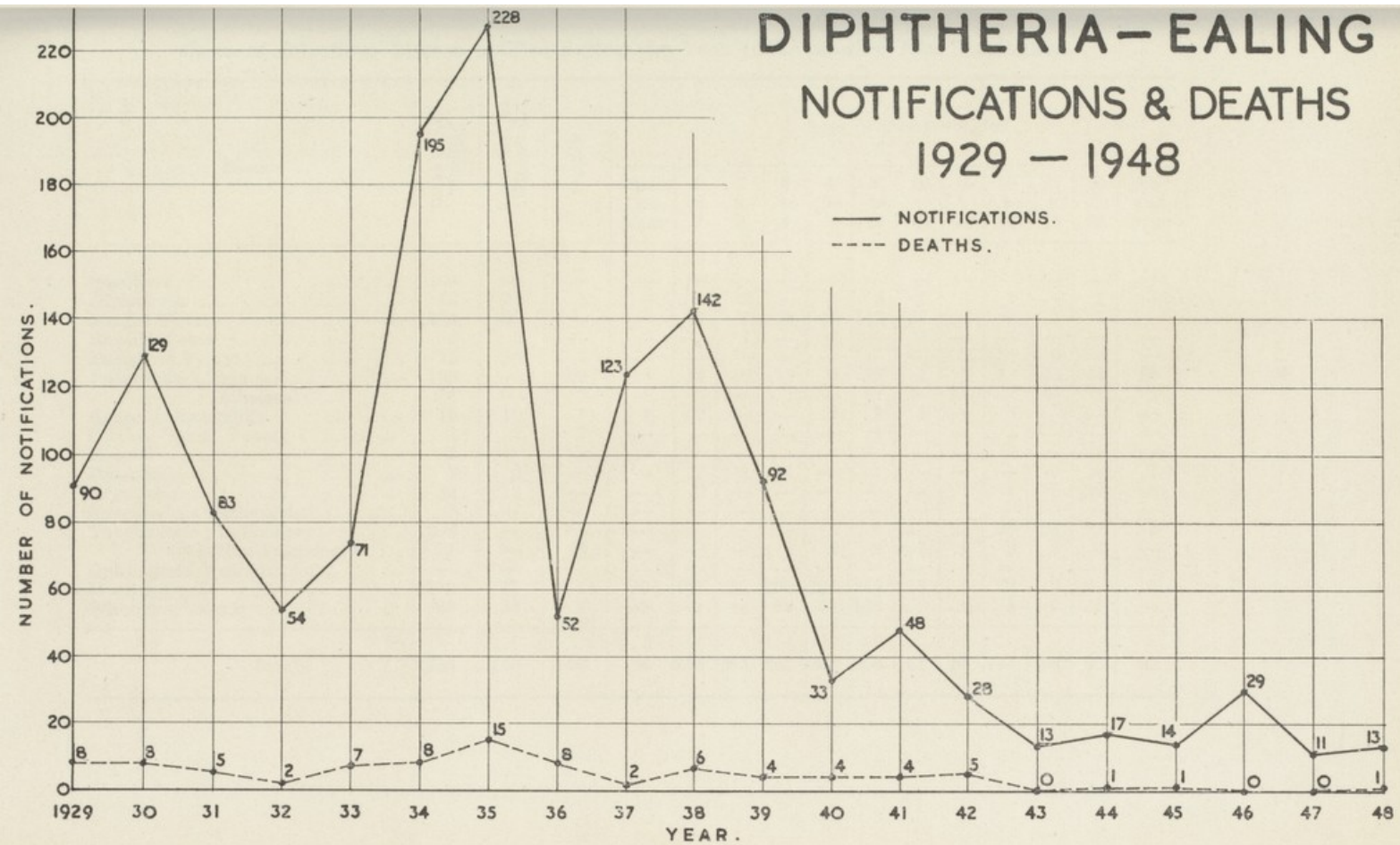
ENTERIC FEVER. There were three cases of Paratyphoid fever, two of which were treated in the Clayponds Isolation Hospital and one in the South Middlesex Fever Hospital.

ACUTE POLIOMYELITIS. Ten cases of this disease were notified during the year compared with the 46 cases which occurred in the 1947 outbreak. There was one death, a woman of 27 years who was admitted to Clayponds Hospital and died four days after admission.

# DIPHTHERIA—EALING

## NOTIFICATIONS & DEATHS

### 1929 — 1948







Cases of Infectious Disease notified during the Year 1948, showing Age Distribution.

Disease	Total Cases Notified	Removed to Hospital	Deaths	Ages of Cases Notified											
				Under One Year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ... ..	13	13	1	—	—	2	—	1	5	1	2	1	—	1	—
Scarlet Fever ... ..	204	93	—	—	7	9	18	17	110	27	5	9	1	1	—
Enteric Fever ... ..	3	3	—	—	—	1	—	1	—	1	—	—	—	—	—
Puerperal Pyrexia ... ..	25	19	1	—	—	—	—	—	—	—	3	16	6	—	—
Pneumonia : Primary ... ..	189	—	69	10	14	16	12	9	25	1	7	13	28	34	20
Influenzal ... ..	6	—	3	1	—	—	1	—	1	—	—	—	—	1	2
Acute Poliomyelitis ... ..	10	10	1	1	2	—	—	1	2	1	—	3	—	—	—
Cerebro-Spinal Fever ... ..	2	2	2	—	—	—	—	—	1	—	—	1	—	—	—
Malaria ... ..	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Dysentery ... ..	7	6	—	—	2	1	1	—	1	—	—	—	—	1	1
Erysipelas ... ..	32	12	—	—	2	—	—	—	—	—	1	1	5	20	3
Encephalitis Lethargica ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis : Pulmonary ... ..	206	—	61	—	—	—	—	2	4	12	23	95	38	27	5
Non-Pulmonary ... ..	27	—	5	—	—	—	1	2	2	3	3	9	3	4	—
Ophthalmia Neonatorum ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	1379	77	1	39	165	212	200	200	519	13	9	19	2	—	1
Whooping Cough ... ..	383	25	2	33	41	44	59	54	138	3	2	5	3	1	—
Totals ... ..	2488	158	146	94	233	285	292	287	808	62	55	174	88	90	32

# Ages at Death from Notifiable Infectious Diseases.

Disease	Under One Year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up- wards	Totals
Diphtheria ...	—	—	—	—	—	1	—	—	—	—	—	—	1
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Sepsis ...	—	—	—	—	—	—	—	1	—	—	—	—	1
Pneumonia : Primary ...	11	2	—	—	—	1	1	—	2	3	9	40	69
Influenzal ...	—	—	—	—	1	—	—	—	—	—	1	1	3
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	1	—	—	—	1
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis : Pulmonary ...	—	—	—	—	—	—	1	2	13	14	23	8	61
Non-Pulmonary ...	—	—	—	—	—	—	—	—	2	1	2	—	5
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	1	1
Whooping Cough ...	2	—	—	—	—	—	—	—	—	—	—	—	2
TOTALS ...	13	2	—	—	1	2	2	3	18	18	35	50	144



**PUERPERAL PYREXIA.** The number of cases notified was 25 and of this number 20 occurred in Perivale Maternity Hospital, three in the patient's own home, one in a London hospital and one in a local nursing home. It is doubtful if this condition is notified as often as it should be.

**PNEUMONIA.** Notifications were received of 189 cases of Primary Pneumonia and 6 of Influenzal Pneumonia. There were 69 deaths from Primary Pneumonia and three from Influenzal Pneumonia.

**MALARIA AND DYSENTERY.** There were two cases of Malaria notified during the year, both of which were contracted abroad. Seven cases of Dysentery were notified, six of which were removed to Clayponds Isolation Hospital.

**ERYSIPELAS.** Thirty-two cases were notified, slightly less than in the previous year.

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

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulm'y		Pulmonary		Non-Pulm'y	
	Male	F'male	Male	F'male	Male	F'male	Male	F'male
0—1	—	—	—	—	—	—	—	—
1—5	—	2	3	—	—	—	—	—
5—10	1	3	1	1	—	—	—	—
10—15	2	12	1	2	—	1	—	—
15—20	7	16	2	1	1	1	—	—
20—25	19	26	2	2	—	2	—	1
25—35	25	26	3	2	5	5	—	1
35—45	19	18	1	1	6	6	—	1
45—55	9	8	1	2	11	2	—	1
55—65	8	—	2	—	11	1	1	—
65 upwards	2	3	—	—	6	3	—	—
Total ...	92	114	16	11	40	21	1	4

The number of new cases of Pulmonary Tuberculosis notified was 206 compared with 204 in the previous year, while the number of cases of Non-Pulmonary Tuberculosis was 27 compared with 25 in the previous year. There was a total of 66 deaths (61 Pulmonary, 5 Non-Pulmonary) compared with 70 (59 Pulmonary, 11 Non-Pulmonary) in the previous year.

**MEASLES AND WHOOPING COUGH.** During the year 1,379 cases of Measles were notified and 383 cases of Whooping Cough, an increase of about 200 cases of Measles and 35 Whooping Cough over the previous year. One death from Measles and two from Whooping Cough occurred during the year.



## SANITARY CIRCUMSTANCES OF THE BOROUGH.

**WATER.** (i) The water supply has been satisfactory both in quality and quantity. There are three sources of supply in the Borough. The Greenford North, Greenford South, Greenford Central and Perivale Wards are supplied by the Rickmansworth and Uxbridge Valley Water Company with the exception of five roads in Perivale Ward which are served by the Colne Valley Water Company. The rest of the Borough is supplied by the Metropolitan Water Board.

(ii) No samples were taken during the year from any pipe supply either for bacteriological or chemical analysis.

(iii) No plumbo-solvent action occurs in any of the water supplies.

(iv) No action was taken in respect of any form of contamination.

(v) Water from public mains is supplied to 49,034 houses with an estimated population of 187,200.

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. Four other deep borings exist but are at present unused.

**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 32 houses in Northolt Ward, one in Perivale Ward, three in Greenford North Ward, two in Hanger Hill Ward and three in Drayton Ward, all houses in the Borough are supplied with water closets and are connected to the sewerage system. During the year one house previously drained to a cesspool was connected to the sewer.

A new sewer is in course of construction in the old Ruislip Road at West End and it is hoped to connect some seventeen houses during 1949.

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	...	...	...	29	22	10	—	32
Perivale	...	...	...	1	1	—	—	1
Greenford North	...	...	...	3	2	1	—	3
Hanger Hill	...	...	...	1	—	2	—	2
Drayton	...	...	...	1	1	2	—	3
				35	26	15	—	41



SMOKE ABATEMENT.—387 Smoke observations were made by the Sanitary Inspectors and in three instances representations were made regarding the emission of black smoke for a longer period than that allowed by the byelaw.

Statutory Notice under Section 103 of the Public Health Act, 1936, was served in one 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 or offensive trades in the Borough and there are no byelaws with respect to houses let in lodgings.

SHOPS ACT, 1934.—In conjunction with the Shops Act Inspector improvements under Section 10 of the Shops Act, 1934, were carried out at 60 premises. Improved means of maintaining a reasonable temperature were carried out at 35 premises, improved sanitary accommodation was provided in 13 instances, lighting was improved in 2 cases and 10 improved washing facilities were installed.

BATHS AND SWIMMING POOLS.—Two of the Council's four swimming baths were in use during the year, namely, a first class mixed bath and a second class mixed bath.

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

There are three privately owned swimming pools in the Borough, two of which are maintained by the Staff Recreation Clubs of two large factories; the other is provided in connection with several blocks of flats. Chlorine treatment is carried out at each of them.

ERADICATION OF BED BUGS.—During the year 85 rooms were disinfestated of bed bugs.

The method employed is the use of a disinfestant with which D.D.T. is incorporated and the results were found to be satisfactory.

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

LEGAL PROCEEDINGS.—Legal proceedings were taken in the following 13 cases:

*Public Health Act, 1936, Section 93.*

*Non-compliance with Statutory Notices.*

66, Petts Hill, Northolt; 1a, Green Man Gardens, W.13; 22, Kirchen Road, W.13; 19, Halsbury Road West, Northolt; 8, Barmouth Avenue, Greenford; 33, Studland Road, W.7; 41, Wood End Lane, Northolt; and 114a, Darwin Road, W.5.



In each cases the Magistrate made an Order for the necessary work to be carried out in a stated period. A fine of £2 was imposed in each of two cases and costs amounting to £22 1s. 0d. were imposed.

*Food and Drugs Act, 1936. Section 9.*

Metal screw in loaf of bread. Case dismissed on payment of £5 5s. 0d. costs.

Wire nail in bun round. Fine £5.

Nail in loaf of bread. Fined £10 and £1 1s. 0d. costs.

Screw in loaf of bread. Fined £10 and £2 2s. 0d. costs.

Glass in bottle of milk. Fined £5 and £5 5s. 0d. costs.

**PUBLIC MORTUARY.**—The Public Mortuary formerly maintained by the Town Council was destroyed by enemy action during the war and arrangements were made with the Acton Council to deal with bodies when necessary. During the year under review 194 bodies were taken to Acton mortuary and post mortem examinations were carried out in 192 instances.

The provision of a Public Mortuary is an urgent necessity in a town the size of Ealing. Before the war the accommodation provided was far from satisfactory and the Council decided to build a new modern mortuary equipped with refrigeration and had even got so far as to decide to advertise for estimates.

The matter is again being considered by the Council but the whole question now seems to be linked up with the provision of a Coroner's Court which is being suggested by the Middlesex County Council. It is hoped that such a provision will not be long delayed.

**NATIONAL ASSISTANCE ACT, 1948.**—Section 50 of this Act, which came into force this year, places the duty of causing to be buried or cremated the body of any person found dead in their area where it appears that no suitable arrangements for the disposal of the body are likely to be made by any other person.

Under this section the burials of two persons were carried out. As there was no estate in either case on which to claim, the cost was borne by the Local Authority.

**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	...	...	2,847
Number of Nuisances observed by Inspectors	...	...	42
Number of Premises inspected in connection with Infectious			
Disease	...	...	363



Number of Premises visited by Periodical Inspection (Cow-sheds, Dairies, Slaughterhouses, Factories, etc.)	...	459
Number of Houses inspected under House-to-House Survey		2
Food Inspections	... ..	1,412
Total Number of Re-inspections	... ..	12,353
Other Inspections	... ..	2,662
Total Number of Inspections and Re-inspections	... ..	20,138
Number of Intimation Notices given	... ..	1,604
Number of other Letters written	... ..	2,066
Number of Statutory Notices served	... ..	327
Proceedings before Magistrates	... ..	14

#### CONTROL OF CIVIL BUILDING.

The Sanitary Inspectors dealt with all applications for building licences which involved work for which Statutory Notices under the Public Health Act could have been served.

In this connection Certificates of Essentiality were issued during the year in respect of 874 houses at an estimated cost of £68,158 15s. 8d.

#### MILK AND DAIRIES ACT, ETC.

Number of Retail Purveyors of Milk on Register	...	76
Number of Inspections of Retail Purveyors' Premises	...	182
Contraventions of Act or Orders	... ..	—
Proceedings before Magistrates	... ..	—

#### SLAUGHTERHOUSES.

Number of Registered Slaughterhouses	... ..	2
Number of Inspections made	... ..	—
Contraventions of Regulations	... ..	—
Proceedings before Magistrates	... ..	—

#### FACTORIES AND WORKSHOPS.

Factories with Mechanical Power	... ..	424
Factories without Mechanical Power	... ..	124
Number of Inspections of Factories and Workplaces	...	275
Number of Defects concerning which Notices were sent	...	13
Proceedings before Magistrates	... ..	—

#### DISINFECTION.

Rooms Disinfected by Spray :—

(a) Ordinary Infectious Disease	... ..	9
(b) Tuberculosis	... ..	82
(c) Other Conditions	... ..	93
Rooms treated for Vermin	... ..	85
Articles Disinfected by Steam at Disinfector :—		
(a) Ordinary Infectious Disease	... ..	43
(b) Tuberculosis	... ..	130
(c) Other Conditions	... ..	213
Articles voluntarily destroyed	... ..	147

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

Water Closets repaired or supplied with water or otherwise improved ... ..	211
Drains cleared and cleansed ... ..	183
Defects in drains repaired ... ..	159
Drains reconstructed ... ..	24
Dust-bins provided ... ..	153
Accumulations of refuse removed ... ..	28
Nuisance from fowls and other animals abated ... ..	4
Damp-proof courses inserted in walls ... ..	45
Ventilation under floors provided ... ..	38
Other forms of dampness remedied ... ..	376
Yards paved and repaired ... ..	21
Floors repaired ... ..	261
Roofs, gutters and rain water pipes repaired ... ..	926
New soil and ventilating pipes provided ... ..	8
Sinks and waste-pipes repaired or renewed ... ..	111
Draw taps fixed to main supply ... ..	10
Dirty walls and ceilings stripped and cleansed ... ..	2,517
Other defects or nuisances remedied ... ..	1,437
Cisterns cleansed, renewed and covered ... ..	142
Water supply re-instated ... ..	29
Ventilated food cupboards provided ... ..	2

**FACTORIES, WORKSHOPS AND WORKPLACES.**

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH  
(Including Inspections made by Sanitary Inspectors).

Premises	Number of		
	Inspections	Written Notices	Occupiers Prosecuted
<b>Factories</b> with mechanical power	206	9	—
<b>Factories</b> without mechanical power	69	2	—
<b>Other Premises</b> under the Act (including works of building and engineering construction but not including outworkers premises) ... ..	—	—	—
Total ...	275	11	—



## 2.—DEFECTS FOUND.

Particulars	Number of Defects			Number of defects in respect of which Prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Want of cleanliness ... ..	3	3	—	—
Overcrowding ... ..	1	1	—	—
Unreasonable temperature ...	—	—	—	—
Inadequate ventilation ...	—	—	—	—
Ineffective drainage of floors ...	—	—	—	—
Sanitary Con- veniences { insufficient unsuitable or defective not separate for sexes	3	3	—	—
	5	5	—	—
	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).	—	—	—	—
Total ... ..	13	13	—	—

## OUTWORK IN UNWHOLESOME PREMISES, SEC. 108.

Nature of Work	Instances	Notices Served	Prosecutions
Wearing Apparel Making, etc. ...	—	—	—
Others ... ..	—	—	—

HOUSING.—During the year two houses were represented under Section 11 of the Housing Act, 1936, as unfit for human habitation. These houses were empty and in a damp, dilapidated and dangerous condition and the owner submitted an offer to carry out works which was accepted by the Council and further action is pending.



## HOUSING STATISTICS.

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

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	3,321
(b) Number of inspections made for the purpose	3,321
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Act, 1936...	2
(b) Number of inspections made for the purpose	4
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	2
(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 ... ..	2,913

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

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ... ..	2,591
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## 3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR.

## A.—Proceedings under Section 9, 10 and 16 of the Housing Act, 1936 :

(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 ... ..	274
(2) Number of dwelling-houses in which defects were remedied after service of formal notice :	
(a) by Owners ... ..	268
(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   | ... | ... | 2 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders  | ... | ... | — |
| (3) Number of houses concerning which action has been taken by the Local Authority under Section 19, and with respect to which owners have given an undertaking that they will not be used for human habitation | ... | ... | — |

D.—Proceedings under Section 12 of the Housing Act, 1936 :

- |   |     |     |     |   |
|---|-----|-----|-----|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made  | ... | ... | ... | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... | ... | ... | — |

During the year 198 houses were built in the Borough by private enterprise, the majority of these being houses which were reinstated after destruction by enemy action.

The Town Council completed 491 permanent dwellings, comprising 45 with four bedrooms, 343 with three bedrooms, 26 with two bedrooms, 55 with one bedroom and 22 bed sittingroom flats. In addition to these 109 pre-fabricated bungalows were erected.

### INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.—There are now no cowkeepers in the Borough, the last cowshed having been destroyed by enemy action. This was the only producer-retailer in Ealing and the retail business was sold to a multiple company.

At the end of the year, after a revision of the register, there were 76 purveyors of milk. Eighteen of these registrations were in respect of premises owned by one company and twelve by another and are used as places for the storage and distribution of bottled pasteurised milk received from central depots in another district. No new retailers were registered during the year.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936 TO 1946.—Under these Regulations 66 licences were granted during the year, 20 for the sale of Tuberculin Tested Milk and 46 for Pasteurised Milk.

Forty-one samples of pasteurised or heat treated milk were taken and submitted to the Pathological Laboratory for the methylene blue and phosphatase tests. Six samples failed the phosphatase test, all of which were processed in other Boroughs.



The Local Authorities concerned were communicated with and appropriate action was taken. Subsequent samples from the retailers concerned were satisfactory.

ICE CREAM.—During the year 87 samples of ice cream were taken and submitted for bacteriological examination and the methylene blue test. Unsatisfactory reports were received regarding 26 of these samples. Of these 2 were Grade I but contained staphylococci in one instance and coliforms (Intermediate Type II) in the other. Of the remainder one contained foecal coli and 17 contained coliforms (Aerogenes). Twenty-four failed the methylene blue test.

Representations were made to other Authorities in those cases where the ice cream was manufactured outside the Borough and advice was given to our own manufacturers and retailers as to improvements in their technique. This advice produced good results as subsequent samples proved satisfactory.

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 two registered private slaughterhouses but no killing has been done in these since 1939.

The following table indicates the amount of various foodstuffs which have been condemned by the Sanitary Inspectors as unfit for food in the course of their inspections at the meat depot and at the various food premises in the Borough :—

	lbs.
Beef ... ..	276 $\frac{3}{4}$
Mutton ... ..	30
Veal ... ..	6
Offal ... ..	17
Bacon ... ..	116
Fish ... ..	10,129
Sausage Meat ... ..	373 $\frac{1}{2}$
Tinned Meat ... ..	3,903
Fruit and Vegetables ... ..	769
Confectionery ... ..	11,557 $\frac{1}{4}$
Cocoa ... ..	2,848 $\frac{1}{2}$
Cereals ... ..	1,385 $\frac{1}{2}$
Assorted Food ... ..	8,020 $\frac{1}{2}$
Meat (tins) ... ..	1,052
Milk (tins) ... ..	5,957
Fish (tins) ... ..	1,169
Assorted Articles ... ..	3,827
Eggs ... ..	2,637
Assorted tins, jars and packets ... ..	2,720
Tinned Fruit and Vegetables... ..	13,799



## RATS AND MICE DESTRUCTION (ACT) 1919.

### INFESTATION ORDER, 1943.

The following is a summary of the work carried out by the Rodent Operative, acting under the direct supervision of the Chief Sanitary Inspector :

Complaints	...	...	...	...	...	508
Premises inspected	...	...	...	...	...	771
Premises found to be infested with :						
(1) Rats	...	...	...	...	...	486
(2) Mice	...	...	...	...	...	178
Actual number caught and recovered :						
(1) Rats	...	...	...	...	...	662
(2) Mice	...	...	...	...	...	738
Fees received for treatment	...	...	...	...	£446 6s. 0d.	
Premises treated free of charge	...	...	...	...	...	90
Re-visits to infested premises	...	...	...	...	...	1,072

Following on the comprehensive treatment of the soil sewers in the Borough carried out in 1947 a maintenance treatment, in accordance with the requirements of the Ministry of Agriculture and Fisheries, Infestation Control Division was carried out during the year.

All manholes found to be infested during the first comprehensive treatment together with adjacent manholes to the number of 820 were dealt with.

The result of the treatment was satisfactory as 265 manholes, or 32·31 per cent., of those baited were found to be rat infested, and from observations of the takes of poison baits it was evident that the rat population would have been considerably reduced.

### SCHOOL HEALTH SERVICE.

Apart from two important administrative modifications, the service continued to function on the same lines as in previous years.

The first modification consisted in the transfer of the responsibility for medical treatment of school children from the Ealing Education Divisional Executive to the new local Area Health Committee set up by the County Council as part of their scheme for implementing the provisions of the National Health Service Act, 1946. The object of this change, which dated from July 5th, 1948, was to ensure that the treatment provided for school children at Health Clinics should be co-ordinated with the local health service provided under the National Health Service which came into force on that date. All matters of routine medical inspection,



dental inspection, inspection of uncleanness, ascertainment of pupils requiring special educational treatment, all matters dealt with under Section 57 of the Education Act, and the provision of Child Guidance Services (other than specialist treatment) remain the responsibility of the Divisional Executive.

The second important change, which came into operation on September 6th, 1948, was connected with the Ophthalmic Services for school children. For many years the Divisional Executive had maintained a contract with a firm of dispensing opticians for the supply and repair of spectacles for school children.

Prescriptions issued by the Ophthalmic Surgeon at the health clinics were fulfilled by the firm within the space of a fortnight or three weeks, and the spectacles were then issued to the children at the Health Clinics.

By arrangement with the Maternity and Child Welfare Committee, this service was extended to pre-school children and expectant and nursing mothers.

Under the National Health Service Act it is intended that Ophthalmic Services shall ultimately become the responsibility of the Hospital and Specialist Services of the Regional Hospital Boards. As an interim measure, however, the National Health Service (Supplementary Ophthalmic Services) Regulations, 1948, were issued. These regulations insofar as they apply to school children, require that the prescription for spectacles issued by the Ophthalmic Surgeon at the Health Clinic shall be to a dispensing optician of his own choice. This involved the cancellation of the Divisional Executive's special arrangements for the supply and repair of spectacles, and it was also found that it was no longer permissible to extend the School Ophthalmic Service to mothers and young children.

It will thus be seen that school children, pre-school children, and expectant and nursing mothers have been deprived of the priority ophthalmic arrangements which they enjoyed before the advent of the National Health Service, for there are now no official arrangements by which they may be afforded priority in the dispensing of their prescriptions. Many cases of hardship have arisen as a consequence, and school children have been severely handicapped in their work by having to wait for several months without suitable spectacles. It is also being found that frame measurements are outgrown by the time the spectacles are supplied.

Stricter standards have been applied in the selection of children for ascertainment as handicapped. Ascertainment is not now restricted to children whose degree of handicap warrants education in a special school, but is extended to all those children whose handicap requires any departure from the normal school educational routine.



In conjunction with the Ealing, Brentford & Chiswick Hospitals Committee, and, from July 5th, 1948, with the South West Middlesex Hospital Management Committee, arrangements were made for a number of children to receive operative treatment for tonsils and adenoids at the Clayponds Isolation Hospital. 301 cases were dealt with in this way.

### *Staff.*

Since the coming into force of the National Health Service Act, all the staff of the School Health Service, with the exception of the non-specialist child guidance personnel, have been transferred to the establishment of the Local Area Health Committee. This establishment covers the needs of the Borough of Acton as well as those of Ealing.

### *Medical Inspection.*

Periodic medical inspection of pupils in the entrants, second and third age groups was carried out at all maintained schools in the Borough.

The usual examinations of pupils in other groups than those mentioned above were carried out, and statistics relating to these inspections will be found in the tables at the end of this report. The figure of 5,082 found under the heading of "special inspections" refers to children kept under observation or referred by Health Visitors, Heads of Schools, or School Welfare Officers.

### *Findings of Medical Inspection.*

The statistics relating to periodic medical inspections and other inspections will be found at the end of this report in Table I (a) and (b) on page 00, and the number of pupils found at periodic inspection to require treatment is shown under Section (c) of the same table. In Table II, page 00, will be found a summary of defects found at periodic and special inspections. It will be observed from an examination of the statistics mentioned above that the defect for which the largest number of children were referred for special examination was infection of the skin, while defects of the ears, nose and throat accounted for the bulk of the remainder.

### *General Condition of Pupils Inspected.*

The use of only three classifications of general conditions of children examined at periodic inspection is continued. This is in accordance with Ministry of Education requirements, emphasis being placed on physical fitness rather than nutritional standard. Under this classification children are recorded as :

A—better than normal.

B—normal or "fair."

C—below normal or "poor."



### *Treatment of Defects.*

The minor ailments clinics which were held at all the six health clinics in the Borough dealt with most of the children referred for treatment of conditions classified in Table III, Group 1 of the statistical tables. 9,505 attendances were made during the year.

### *Defective Vision and Squint.*

Eye Clinics continued to be held at the Mattock Lane and Ravenor Park Health Clinics under the direction of the Ophthalmic Surgeon, Mr. Freeman Heal. As has already been mentioned, the revised arrangements in connection with the coming into effect of the National Health Service Act on July 5th, 1948, necessitated the abolition of the special arrangements for the expeditious supply and repair of spectacles for school children, and the cessation of the treatment hitherto provided for Maternity and Child Welfare cases.

1,480 errors of refraction were dealt with. This figure includes cases of squint but does not include other defects or diseases of the eyes.

In addition the following cases were referred to hospital :

For squint operation ...	...	...	...	2
For Wasserman ...	...	...	...	1
Corneal Ulcer ...	...	...	...	1
Corneal Opacities ...	...	...	...	1

### **TREATMENT OF DEFECTS OF NOSE AND THROAT.**

At the commencement of the year there were well over two hundred children on the waiting list for the operative treatment of tonsils and adenoids. As has been mentioned in the opening remarks of this report, arrangements were made with the Ealing and Brentford & Chiswick Hospitals Committee, and, after July 5th, with the South West Middlesex Hospital Management Committee, for these operations to be performed at the Clayponds Isolation Hospital, and 301 cases were dealt with in this way. The ear, nose and throat clinics were conducted as usual at two of the main health centres in the Borough by the Otologist, Mr. Arthur Miller, F.R.C.S., and a summary of his work for the year is set out below.

During 1948, 1,104 attendances were made at the Mattock Lane and Ravenor Park Ear Clinics. Of these, 980 attendances were made by school children referred from the Minor Ailment Clinics and school inspection, and 124 from the Child Welfare Centres.



The treatment advised by the surgeon was carried out at the various health centres and included ionization and diastolisation, instillation of ear drops and insufflation of iodised boric acid, politzeration and cauterisation.

A number of cases were treated for diseases of the sinuses. 30 of these were referred by the surgeon to West Middlesex Hospital for X-Ray diagnosis and for surgical interference.

### **ORTHOPAEDIC AND POSTURAL DEFECTS.**

The Orthopaedic Surgeon attended the Mattock Lane Health Centre three times a month until December, 1948, when orthopaedic treatment was commenced at the Ravenor Park Health Centre ; the Surgeon, (Mr. Cholmeley from the Royal National Orthopaedic Hospital), attending then, twice monthly at Mattock Lane, and once a month at Ravenor Park. The Physiotherapy Sessions were increased from five to eight, five sessions being worked at Mattock Lane, and three at the Ravenor Park Health Centre.

Mr. Cholmeley saw 339 new cases during the year, 171 of pre-school age and 168 school children. The Physiotherapist treated 157 cases, 67 pre-school children and 90 school children.

Seven cases were admitted to the Royal National Orthopaedic Hospital, Stanmore, for surgical treatment, and 1,599 attendances were made at the Health Centres for treatment by the Physiotherapist.

The work at the clinics included the supply of special boots and surgical appliances, and all orthopaedic facilities were made available to pre-school children. School children made 1,050 attendances for massage and remedial treatment, and 549 attendances were recorded in respect of pre-school children.

### **CHILD GUIDANCE TREATMENT.**

The report of the psychiatrist, Dr. P. Holman, on the year's work at the Centre is as follows :

The completion of the third full year of the Ealing Child Guidance Clinic seems a moment for reporting more comprehensively than before on the nature of the work of our clinic.

#### **The Functions of a Child Guidance Clinic.**

To the workers in a Child Guidance Clinic their functions often seem multitudinous and miscellaneous. The majority can, however, be classified under three headings : Therapy, Prevention and Research.



(1) *Therapy.* The first purpose of a Child Guidance Clinic is to deal with the individual cases actually referred to its care.

(2) *Prevention.* A second important task is to have dealings with all those who are concerned with the upbringing and welfare of children to acquaint them on the one hand with therapeutic functions of the clinic, but on the other, to bring to their notice a body of knowledge aimed at preventing psychological disturbances in childhood, and maintaining mental health.

(3) *Research.* A third function is to add to and clarify this body of knowledge.

The therapeutic function is the main topic of this report.

### **The Maladjusted Family.**

Children are sent to the Child Guidance Centre because some aspect of their behaviour gives cause for anxiety to someone in their environment—the family doctor may feel perplexed by repeated attacks of asthma not yielding to medical treatment, the teacher may be concerned about poor progress or unruly behaviour at school, the parents may be in distress over a child's state of fear, or at their wits end because of his temper and destructiveness. Finally, Probation Officer or Magistrate may ask for further elucidation in some case of frank delinquency. All these persons are apt to approach a Child Guidance Clinic saying, in effect, "There is something wrong with this child, can you put it right?" To this question there is no simple answer. The Clinic sees itself presented with two problems:

(1) Diagnosis.

(2) Disposal.

### **Diagnosis.**

The typical Child Guidance Case is described as a "maladjusted" child. "Maladjusted" is a word that has only recently been used in its present sense, but it now has official status granted it by the Ministry of Education. No very exact definition has ever been attempted from the Child Guidance point of view, but its value lies in the emphasis placed on the *social* aspects of the problem. When we speak of a child as maladjusted we are concerned not with the state of his soul or even with his mental health, but with the fact that he is at variance with his environment—not merely with his own family but with the social group to which his family belongs. Similarly, when we say that a family is maladjusted we have in mind the standard conventions and behaviour of the appropriate social group, and the failure of that family to conform to them. No moral judgment is implied; the family may deviate from the norm for the most admirable reasons. The Child Guidance



Clinic, however, is concerned with those whose deviation is due to misfortune. When we come to speak of *readjustment* we shall also have a purely social ideal in view. We are not thinking in absolute terms of "cure" or perfection, but are aiming at acceptability. To say that a family is "readjusted" means that its standards, habits and behaviour are nearer than before to those of its neighbours, and the readjusted child will be acceptable to the majority of his social equals, although, if his family remains maladjusted, he may not be acceptable to it.

### **Maladjustment and Mental Ill-Health.**

The first task of the Child Guidance Clinic is to determine whether the term "maladjusted" can properly be applied to the child. The second task is to determine the causes of the maladjustment. Finally, it has to be determined whether the child is also suffering from what may be called mental ill-health.

The point should be made that maladjustment and mental ill-health are not synonymous. This may perhaps be made clear by analogy. A child may be attacked by disease—a severe disease such as pneumonia. In the course of the illness his body may behave in an abnormal way, but the child does not on this account cease to be healthy. In fact, very often the healthier the child the more violent the reaction. A less healthy child may emerge from the illness with a "damaged lung." Similarly, if a child is treated badly and reacts by behaving badly, he is *maladjusted*. His behaviour may, however, be both justified and healthy. If the particular strain is removed he may return to normal and acceptable behaviour. Another child, either because of inherent defects or because of the nature of the strain to which he has been exposed, may develop a "damaged personality," and in his case only prompt and expert assistance will avert chronic and progressive mental ill-health, the worst effects of which may not be seen until adult life.

### **Disposal.**

One of the important tasks of the Child Guidance Clinic is to provide "treatment." Treatment comprises two elements: (1) relieving the strain (which in simple maladjustment may be sufficient), and (2) undoing as far as possible the damage done to the personality. In practice these elements are combined. The severity of the case is estimated in terms of the extent and reversibility of the damage to the child's personality. Treatment, therefore, consists of no set routine applicable in every case, but must vary from simple and "common-sense" measures to intensive psycho-therapy or, if need be, to admission to hospital.



To Child Guidance workers abnormal bodily reactions or unacceptable behaviour are symptoms pointing to a general disturbance, in the same way as, to a physician, a cough is not important in itself, but as a sign pointing to derangement of the lungs and respiratory system. The basis principle is that a child does not present abnormal symptoms unless he is unhappy and that a child is not unhappy unless his environment makes him unhappy. It must be acknowledged that, mentally, some children are more robust than others, that some succumb to slight strain and others remain comparatively unscathed in almost intolerable conditions. Nevertheless, trivial or serious, moderate or severe, every case of "maladjustment" in a child implies maladjustment in some person or persons in close contact with him; more often than not, in his whole family. Therefore, the problem, presented to us in terms of a "symptom" in one child converts itself into the problems of the maladjusted family. To rid one child of one symptom presents the task of readjusting the relationships of the whole group.

#### **A Typical Case.**

Bertie J., aged 7½, was seen at one of our clinics at the request of his mother, whose complaint was that he was abnormally shy and at the same time intolerably rude to people, *e.g.*, if he were given a present and told he must thank the donor, however pleased he might be, he would refuse to go into the street for days, in case he met her and were faced with the embarrassment of having to express gratitude. Another instance was of a neighbour asking if he were better after an illness, and Bertie replying "Get out of my way, you silly old chump." He also had many fears, was unable to mix with other children except to kick or punch them. When first seen he was found to be an unusually intelligent child but was large for his age and very clumsy. He had an odd, strained, unchildlike look. He was not hostile, but cold and withdrawn, and it was not possible to make any contact with him. The family seemed reasonably happy and united. The material conditions were satisfactory and there were no financial anxieties. The family consisted of Father, Mother, Bertie and Alice, aged 4½, who had been, the Mother said, adopted 4 years before "to be a companion to Bertie." The home was, however, shared with Bertie's maternal Grandfather and Aunt. The Aunt, in the Mother's opinion, had always been a domineering and possessive woman, who had taken on the mothering of Bertie, much to her sister's resentment. Moreover, she had spoilt him and indulged him and encouraged him to "show off," and had lost no opportunity of undermining Mrs. J.'s authority. The Grandfather also had "made a great fuss of him," and lavished toys and presents on the child. There had been open conflict between Father and Grandfather on the one hand, Mother and Aunt on the other. The parents had felt it necessary to counteract the unwise indulgence of the others and had erred on the side of over-strictness.



In the course of treatment it became clear that Bertie was still emotionally at a very primitive stage of development. In the confusion between so many "parents" he had failed to form a real attachment to any one. The normal child forms his character on his conception of his parents' character, and, because he loves them, he wants to be like them, and for the most part *wants* to do what they want. In Bertie, this essential step in development had been left out. He had not loved anybody and was left with a welter of hostility and no way of subduing or canalising it. It appeared that what came out as sporadic attacks on strangers and other children was really directed against his parents, particularly against his father. At this point it was discovered that the father had had a very unhappy childhood in which he was brutally treated and that, although he controlled his behaviour, he often felt very savagely towards Bertie and, though he never did, his impulse was to thrash him unmercifully. He compensated for these feelings by an over-protective attitude by which, with the appearance of sheltering Bertie from dangers, he made him terrified, *e.g.*, training the boy in road safety, he dwelt in lurid detail on the possible injuries that could occur in road accidents, and got the child into a state of being unable to cross the road even with an adult. It was also found out that the J.'s had not adopted Alice, as they had said. The true story was that she was the "illegitimate" child of a neighbour whose husband had been away in the Army at the time of Alice's birth. This neighbour had been terrified of her husband's reaction to her infidelity and had taken steps to get the child adopted. Mrs. J. had answered the advertisement, been horrified by the neglected appearance of the child, but taken to her immediately and felt "she must have her." She had wanted to adopt legally but the mother had begged her not to as her husband would then have had to know about Alice's existence and parentage. Mrs. J. had agreed to this but had lived in dread and anxiety ever since, lest she should lose the child who was not legally hers. Bertie had been jealous of Alice and had undoubtedly sensed the uneasiness and anxiety in Mrs. J.'s relationship to the little girl.

The factors in this case have been described at length as a typical Child Guidance "treatment case." It is a case where several people have got into severe difficulties, but because of their good characters and good intentions, the ultimate outlook is favourable. The relationships which have to be straightened out in their case are (1) Bertie to his parents; (2) His parents (particularly his Father) to him; (3) of Bertie to his "sister"; (4) of Mrs. J. to her sister and her father. In addition, the practical problem of how the adoption difficulty can be overcome without Mrs. J. breaking faith with Alice's mother has also to be solved. What presents itself as inexplicable behaviour on the part of a child



in a "good" home, becomes explicable, but brings to the surface a whole host of buried difficulties.

There is always an explanation for the disturbed behaviour of children; the aim of treatment is to elucidate the problem and help the people concerned to understand their contribution to the family difficulties and to acquire a new attitude to one another. It will be obvious that even in the most favourable cases this is a slow and laborious business. Both the adults and the children are being asked to talk about matters which they find extremely painful, or topics which for various reasons they have kept secret. Few patients, whether adults or children, will embark on these matters until they have built up a relationship and gained a sense of trust in the person to whom they are being asked to give their confidence.

### Methods of Treatment.

There is no one prescribed type of treatment applicable to all Child Guidance cases. Just as maladjustment is not synonymous with mental illness so "readjustment" is not synonymous with psychiatric treatment. Treatment can be said to begin with the referral to the Child Guidance Clinic. Sometimes the fact that the family is being brought to focus on the problem is enough to solve it. In others the fact that the difficult child and his mother are coming to the clinic plays the biggest part. That there is one day each week where the child and his mother go out together for a special occasion gives both a new attitude. On other cases "advice" has to be given to the mother. A rule in Child Guidance Clinics is to avoid direct advice but to leave the mother (parents) to reach her (their) own conclusions, *e.g.*, an intelligent mother brought James, her 6-year-old only child, complaining that he would not mix with others. As her story unfolded she explained that the father had never allowed James to visit other children's homes or to invite boys to his own house. Urged to develop this point, she suddenly said, "Of course, I see that as he'd never met any children before going to school, school must have been an awful shock to him—he *ought* to get to know a few children outside school." She there and then decided that she would tackle the father to allow a limited amount of social intercourse at times when the children would not be in his way. This was her own spontaneous decision. What the clinic had done was to help her to formulate the problem for herself. Fear of her difficult husband had prevented her seeing it before, but she now saw for herself that the husband was being unfair to the child, and gained the strength to stand up for a view opposed to his. Later she went on to say that James was bullied and attacked by his school fellows, and she "did not like" to tell him to hit back as she was a Christian Pacifist. This attitude was discussed with



her and again she herself was able to put into words the dilemma of the child caught between two conflicting ethical systems. As she was intelligent she was pleased to get on to the discussion of the general problem of aggression in social life and came to see that she was over-simplifying a very complex issue. What was important here was that her sincerely held views were treated with absolute sympathy and respect and that she was encouraged to clarify a set of ideas which previously she had not dared to express for fear of ridicule. Her feeling that we would meet her on her own ground and allow her to reach conclusions that followed from her own premises gave her great confidence. Eventually she was able to see that her perpetual preoccupation with moral values imposed a heavy strain on a young child and that her anxiety to make him what he *ought* to be interfered with her capacity to see him as he was. Finally there was a very much improved relationship between all three members of the family. A brief description cannot do justice to the gradual unfolding of a case of this sort. One or two significant features have been singled out to try to show the nature of the work that is done with the mother. Few cases can be treated on such an "intellectual" level as this one, but the aim in every case is to assist the mother to see for herself how her difficulties have arisen and to see for herself how much she can do to resolve them.

Treatment of the child has the same aims, though often they must be only partially realised because words are not the child's medium of expression. 'The child's problems are, however, usually simpler than the adults'. He loves, he hates, he fears, he suffers from loss of love, he feels wicked. These intense crude emotions have been expressed in the behaviour which brought him to the clinic. In the clinic they can be expressed in games, in drama, in pictures or in stories. An elaborate symbolism is often used to cover up the meaning of the child's activities. A skilled therapist can discover the hidden meaning, but a big part of the therapist's skill is in knowing when and where and how much to interpret in plain words to the child. It will also be obvious that it is only in a proportion of cases that treatment along these lines can be successful. In about a quarter of the cases it is impossible to re-establish good child/parent relationships because, owing to death, illness or other misfortune, there is no effective parent to whom the child could make a relationship.

To sum up, the manifestations of maladjustment in children dealt with are in every case the outcome of an interaction between the child's innate endowment and the misfortunes to which he has been subjected in the course of his life. There are three ways in which he can re-act to his misfortunes :

(1) By aggression. The so-called "behaviour problems" all resolve themselves into acts of rebellion and hostility against the



adult world—violence and temper, stealing, truanting, destruction of property are all, in effect, acts of revenge. It is from this group that future delinquents are drawn.

(2) By Submission. The child may have his spirit broken by dominant adults. The timid, inaccessible, withdrawn child may be less trouble than his aggressive brother, but is likely to have an empty and inadequate adult life. Many members of this group will find their way into mental hospital in later life.

(3) By "Conversion." The patient develops a symptom which symbolises his attitude of attack or flight. This type of patient "drives out nature with a pitchfork" and finds it flying back through the window. They want to put unpleasant ideas "out of" their minds, but succeed only in putting them into the bottom of their minds, *e.g.*, a little boy of 7 witnessed an unpleasant scene of violence between his parents. A few days later he developed a facial tic. When he was seen at the age of 10, a moment's observation showed that the essence of the tic was shutting the eyes and turning the face away. His muscles remembered the incident which his mind appeared to have forgotten. In this group we see the hospital-haunters in the making.

Treatment will vary with these reactions. In the first group the problem is to release the child's love. On the whole, provided the child is young, this is the easiest group to treat. Children naturally love their parents and naturally *want* to love their parents. If the strain on them is eased they can forgive their parents, and themselves.

In the second group the problem is to release aggression. These children are terrified of their own hostile feelings and, as it were, drain themselves of energy in preventing their hostile feelings from coming to the surface.

The child with conversion symptoms must relive the painful experiences he has repressed and come to terms with his own excessive reactions. This may be a rapid or may be a lengthy and slow-moving process, but once the buried memory is unearthed and displayed, the symptom vanishes dramatically.

No attempt has been made to cover all the work of the Child Guidance Clinic. Many aspects of the work, such as the procedures of diagnosis and the many functions of the different members of the team, must be dealt with at a later date. The purpose of this report is to give some idea of Child Guidance treatment. It is hoped that this account, inadequate though it must inevitably be, will give some idea of the value of the work. Its aim is to make plainer the technique and methods applied in the solution of the problems, often tragic, but always fascinating, with which a Child Guidance Clinic is confronted.



Appendix I gives the statistics for 1948, the same as in previous years, and needs little comment. The most significant point is, that at the end of the year 100 cases remained on the waiting list. That is to say the Child Guidance Centre was not able to keep pace with the referrals from the Educational Psychologist, the waiting list having increased by 48 in the year.

It would not be possible for us to deal with these cases without an increase of personnel, and it is hardly possible for us to add any extra workers in the premises we occupy at 70, Uxbridge Road. For this reason it was proposed in the course of the year that additional premises should be found elsewhere and to make it possible to add the staff necessary to cope with the increasing work, and also to decentralise the Centre to some extent.

### **Changes in Staff.**

In August, 1948, Miss Lewis, the Educational Psychologist, resigned. Her going was greatly regretted, and the co-operation and help that she gave the Centre in working with the schools was very much appreciated. At the end of the year no successor had been appointed and it is therefore probable that the Centre's waiting list will not increase so rapidly in 1949 as in 1948, so that it may be possible to catch up with the arrears.

In the course of 1948 the Child Guidance Centre lost the services of Dr. Bick, Play Therapist, and Miss M. Browne, Psychiatric Social Worker. Both were outstanding in their own spheres and their departure was very much regretted.

In August, 1948, Miss Maisie Holt was appointed as Play Therapist, and at the beginning of October, Miss J. A. Game took up the post of Psychiatric Social Worker.

The long interval between the resignation of one member of the staff and her replacement has led to a slowing down in the possibility of treatment. Particular difficulties were experienced because of the long period with only one Psychiatric Social Worker, but the Centre was fortunate in being able to get the part-time services of Mrs. Louise Bruce to help with arrears of work that had accumulated.

Great difficulty is still experienced in obtaining residential treatment for many cases. There was some improvement in this respect in 1948.

### **Children of Primary School Age.**

The County's own school, the Red House, Tadworth, should give a little help in the placement of maladjusted children of primary school age, of moderate ability and attainment; but the places available to any one Clinic will not be more than one or two a year. The allocation of places to Middlesex at the Mulberry



Bush School, Standlake, Oxon, has been a valuable addition to our resources. This school takes severe cases and provides treatment. It is, in effect, a residential clinic for cases who cannot be treated in their own homes, and the period of treatment is relatively short. Even so, there are very few vacancies for any given area of the County, and there are always many more waiting than can be accommodated. This school also takes children of primary school age.

### **Children of Secondary School Age.**

For children in this group the provision has somewhat improved for those of high intelligence. In addition to the schools for maladjusted children on the Ministry's list the Centre has been able to make use of a certain number of independent schools under Section 9 (a) of the Education Act. There is a distinct limitation, as many independent schools will not take children presenting severe problems, or from homes whose educational and cultural standards are very different from those of their other pupils. Thus it is the children most in need who are the most difficult to place, and there is almost no provision for children from Secondary Modern Schools, particularly if they are at all backward. There is a crying need for the development of schools and hostels for maladjusted children in this group.

### **Co-operation with other Departments.**

Reference has already been made to the co-operation with the Education Department that has been possible through our close relationship with the Educational Psychologist. Friendly relations with all the schools in the area have continued, and thanks should be expressed to the Head Teachers and Class Teachers for the invaluable help that they have given in dealing with difficult problems.

During the year the Centre was particularly fortunate in its relationship with the Children's Department. Many maladjusted children are also deprived and it would be obvious that both the Children's Department and Child Guidance Centre are concerned in dealing with their referral. Miss Brazier, the Area Children's Officer, has always been found helpful and ready to put the services of her department at our disposal. The contact with this Department has been most valuable, and the Centre is much indebted to them for all they have done.

TABLE I.

**Analysis of Work.**

Total number of cases referred to the Centre in 1948	...	257	
Total number of cases brought forward from 1947 waiting list	...	52	
		<hr/>	309
Total number of new cases dealt with by the Psychiatrist :			
(Boys)	...	65	
(Girls)	...	50	
		<hr/>	115
Cases withdrawn before investigation	...	16	
Cases investigated by Psychiatric Social Worker and advised by her	...	78	
Remaining on waiting list for interview at Centre	...	100	
		<hr/>	309

**Analysis of New Cases seen at Centre.**

Total number of new cases seen by Psychiatrist	...	...	115
A. Diagnosis and advice	...	...	43
Special recommendations	...	...	19
Further hospital investigation	...	...	3
B. TREATMENT—			
(1) Psychiatrist	...	...	10
(2) Play Therapist	...	...	29
(3) Remedial Teaching	...	...	4
On waiting list for treatment in 1949	...	...	7
		<hr/>	115

**Analysis of all Treatment Cases.**

Number of cases carried over from 1947	...	...	28
Number of cases taken on in 1948	...	...	45
		<hr/>	73
Discharged, much improved	...	...	13
" improved	...	...	9
Treatment broken off	...	...	8
		<hr/>	30
Number of cases current on December 31st, 1948	...	...	43
		<hr/>	73
Special recommendation of old cases from 1947	...	12	



**TABLE II.**  
**Table of Symptoms.**

(Including those for which the children were referred and others which were discovered at the diagnostic interview).

<b>1. Nervous Disorders.</b>							
Fears and anxiety ...	...	...	...	...	...	...	38
Solitariness and unsociability ...	...	...	...	...	...	...	4
Depression and lethargy ...	...	...	...	...	...	...	4
							<hr/> 46
<b>2. Habit Disorders.</b>							
Enuresis ...	...	...	...	...	...	...	36
Sleep disorders ...	...	...	...	...	...	...	9
Habit spasms ...	...	...	...	...	...	...	13
Feeding difficulties ...	...	...	...	...	...	...	4
Epilepsy ...	...	...	...	...	...	...	—
Hysterical symptoms ...	...	...	...	...	...	...	13
Speech disorders ...	...	...	...	...	...	...	6
Asthma ...	...	...	...	...	...	...	11
Faecal incontinence ...	...	...	...	...	...	...	8
Migraine ...	...	...	...	...	...	...	1
							<hr/> 101
<b>3. Behaviour Disorders.</b>							
Delinquency (including stealing and lying) ...	...	...	...	...	...	...	48
Difficult to manage at home ...	...	...	...	...	...	...	32
Difficult to manage at school ...	...	...	...	...	...	...	28
Aggression ...	...	...	...	...	...	...	15
Truancy and absconding ...	...	...	...	...	...	...	15
Sex difficulties ...	...	...	...	...	...	...	4
Temper tantrums ...	...	...	...	...	...	...	5
Bizarre symptoms ? pre-psychotic ...	...	...	...	...	...	...	2
							<hr/> 149
<b>4. Educational Difficulties.</b>							
Backward ...	...	...	...	...	...	...	36
School failure ...	...	...	...	...	...	...	19
Advise on school placement ...	...	...	...	...	...	...	4
Advice on school work ...	...	...	...	...	...	...	—
							<hr/> 59
							<hr/> 355

**TABLE III.**  
**Home Conditions—63 Cases.**

<b>MOTHER.</b>				<b>FATHER.</b>			
Dead ...	...	...	6	Dead ...	...	...	7
Very dull or defective ...	...	...	1	Delinquent ...	...	...	2
Psychotic or borderline...	...	...	2	Psychotic or borderline...	...	...	2
Chronically neurotic ...	...	...	6	Chronically neurotic ...	...	...	4
<b>STEPMOTHER.</b>				<b>PARENTS.</b>			
Psychotic ...	...	...	—	Divorced ...	...	...	9
Cruel ...	...	...	2	Separated ...	...	...	8
<b>CHILD.</b>				Pronounced marital dis-	...	...	7
Illegitimate ...	...	...	8	harmony ...	...	...	
Adopted ...	...	...	6				
Care and Protection or							
Care of County ...	...	...	2				
In a Home ...	...	...	3				

**TABLE IV.****Analysis of Intelligence of 257 Children.**

50-59	60-69	70-79	80-89	90-99	100-109	110-119
1	3	6	45	62	43	37
	120-129	130-139	140-149	150-159		
	24	13	9	4		
2—untestable.		8—awaiting test.		Average I.Q. 101		

**TABLE V.****Analysis of Ages of Children Referred.**

1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9
2	2	7	14	13	32	46	24
9-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17
22	22	22	22	15	6	5	1
			17-18	18-19			
			1	1			
Total, 257.				Average age, 8.81 years.			
20 pre-school.		164 primary.		38 secondary.		18 Grammar.	
						13 Private.	
				4 aged 15 plus.			

**TABLE VI.****Special Recommendations—31 Children.**

Number recommended for schools or hostels for maladjusted children	9
Number recommended for ordinary boarding schools ...	1
Number recommended for schools for educationally sub-normal children ...	—
Number recommended for—	
Camp Schools ...	4
Change of Day School ...	4
Farm Training ...	1
Care of County ...	8
School for Physically handicapped ...	4
	<hr/>
	31

**SPEECH THERAPY.**

The report of the full-time Speech Therapist, Miss J. Sawkins, for the year's work is as follows :

Treatment was given at the following Centres :

Mattock Lane	Ravenor Park
Cherington House	Little Ealing School
Greenford Green	Oldfields School
Northolt School	Perivale

The following received treatment :

Stammer ...	87
Cleft Palate ...	5
Dyslalia ...	61
Other defects ...	3
	<hr/>
Total ...	156



**New Patients.**

62 (Receiving regular treatment).

30 (Attending irregularly for advice re home treatment).

**Discharges.**

72

**School Visits.**

37 Schools visited.

**General.**

Looking at 1948 in retrospect two salient features stand out; the struggle to reduce a long waiting list and, consequently, the need to pass children through the therapist's hands as quickly as was consonant with adequate treatment.

The outcome may be regarded as fairly successful. The waiting list is down to under 30 cases waiting regular treatment from approximately 150 at the beginning of the year, and the quicker flow of cases in and out of the clinics is due to a reduction of group work and concentration upon individual treatment. (Group work is a valuable part of treatment, particularly with maladjusted children, but it should always be supported by individual treatment. The therapist, therefore, hopes to reinstate it again, if only at irregular intervals, for those who need it most).

The work of Miss Lane, the part-time Speech Therapist, during the year was valuable in relieving the congestion at two busy centres, Mattock Lane and Cherington House. This made it possible for the full-time Therapist to use more of her time at these centres for interviews with parents who were working at home with their children.

## **DENTAL INSPECTION AND TREATMENT**

Dental inspections were carried out at all schools during the year. Unfortunately the treatment for the children selected was not completed; this fact being accounted for partly by the increase in the amount of work required for each child and partly by the fact that it was not possible to put into operation the proposals for new dental clinics in the South Ealing and West Twyford areas.

The treatment carried out was, as usual, fillings, extractions, orthodontic treatment, other operations, and certain specialist work. This work was carried out by three full-time Dental Officers at five Health Clinics situated in various parts of the Borough.

The dental inspections were carried out in the schools, and a certain number of special examinations were also carried out at the clinics.



The total number of children inspected in the periodic age groups was 22,278. From this number 11,601 were inspected as non-routine or special cases. The total number inspected is greater for the year by 1,667, to that of 1947.

The number of children found to require treatment and actually given treatment, totalled 9,014 and 6,771 respectively. These figures are again greater than those of the preceding year; when 6,105 were treated. 12,154 attendances were required to complete the treatment.

The number of sessions devoted to inspections and treatment were  $135\frac{1}{2}$  and 1,145 respectively.

The number of permanent teeth filled amounted to 3,746 and the number of temporary teeth filled totalled 952. The number for the previous year for this work was 4,830 and 866 respectively. The total number of fillings for the present year amounted to 4,698.

The total number of extractions for both permanent and temporary teeth amounted to 7,714; of this number 1,085 were permanent and 6,629 were temporary.

Other operations include, dressings of many kinds, chiefly zinc oxide and silver nitrate. Of these 2,313 were inserted in teeth of both dentitions. Scaling and gum treatments were given to 146 children, and 79 received gum treatment.

The number of children receiving orthodontic appliances totalled 176. The total attendances for old and new cases receiving this treatment during the year amounted to 1,099 visits. In the previous year 135 children were fitted with appliances.

In addition to this work four children were fitted with artificial dentures and six children had fractured incisor teeth restored with artificial crowns.

The treatment of malocclusion, fitting of artificial dentures, and crown restorations is specialised treatment, and it requires a great amount of time to complete the case satisfactorily.

The opening of the new orthodontic centre during 1949 and the employment of a specialist in the work, will give dental officers more time for routine work, such as fillings and extractions and other operations.



### SCABIES.

The treatment of scabies was continued during the year with benzyl benzoate. The number of school children treated has for the past five years gradually decreased, as will be seen from comparison with the figures given below :

Number of school children treated for scabies :

<i>Year</i>						<i>No. of cases</i>
1943	...	...	...	...	...	622
1944	...	...	...	...	...	473
1945	...	...	...	...	...	345
1946	...	...	...	...	...	348
1947	...	...	...	...	...	343
1948	...	...	...	...	...	148

The school health service also undertakes the treatment of other cases of scabies and these are referred to the health centres by general practitioners and factory medical officers. All who attend the health centres are encouraged to bring their relatives or others living in contact with them if there is any likelihood that they are suffering from the same condition.

### INFESTATION WITH VERMIN.

The Borough's excellent record in respect of cleanliness of children was well maintained, and out of 48,488 examinations made, it was not found necessary to issue a single compulsory cleansing order. The number of children found to be infested was the lowest on record. The cleanliness surveys were conducted as usual on three occasions during the year and statistics relating to this section will be found on page 52 Table V of this report.

### INFECTIOUS DISEASES.

A summary of the returns submitted by the heads of schools giving particulars of all new cases of infectious disease which came to their knowledge is set out below :

<i>Condition</i>						<i>No. of cases</i>
Measles	...	...	...	...	...	681
Whooping Cough	...	...	...	...	...	337
Chicken Pox	...	...	...	...	...	949
Mumps	...	...	...	...	...	983
Ringworm	...	...	...	...	...	10
Scabies	...	...	...	...	...	12
Sore Throat	...	...	...	...	...	323
Others	...	...	...	...	...	186

### Employment of Children and Young Persons.

The number of children examined in connection with their employment out of school hours was 197, and of these 4 were found to be unfit for employment. The nature of employment of those considered fit was :

#### Boys.

Errand Boys	...	...	...	...	46
Milk Round	...	...	...	...	17
Newspaper Round	...	...	...	...	39
Bakers Round	...	...	...	...	5
Others	...	...	...	...	13
					<hr/> 120 <hr/>

#### GIRLS.

Shop Assistants	...	...	...	...	65
Others	...	...	...	...	8
					<hr/> 73 <hr/>

These children are kept under observation and are submitted for re-examination at periodical medical inspection in school. If it is found that employment has proved detrimental to their health, sanction to employment out of school hours is withdrawn.



**STATISICAL TABLES**

The tables required by the Ministry of Education are as follows :

**TABLE I.**  
**MEDICAL INSPECTION OF PUPILS ATTENDING**  
**MAINTAINED PRIMARY AND SECONDARY SCHOOLS**  
 (Including Special Schools).

**A. Periodic Medical Inspections.**

Number of Inspections in the prescribed Groups :

Entrants ... ..	2,394
Second Age Group ... ..	2,352
Third Age Group ... ..	2,010
Total ... ..	6,756
Number of other Periodic Inspections ... ..	—
Grand Total ... ..	6,756

**B. Other Inspections.**

Number of Special Inspections ... ..	5,082
Number of Re-Inspections ... ..	2,108
Total ... ..	7,190

**C. Pupils found to Require Treatment.**

Number of Individual Pupils found at Periodic Medical Inspection (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants ... ..	4	283	286
Second Age Group ... ..	95	104	199
Third Age Group ... ..	120	167	287
Total (prescribed groups) ...	219	554	772
Other Periodic Inspections	—	—	—
Grand Total ...	219	554	772

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1948.

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of defects		No. of defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin ... ..	43	8	1190	102
Eyes—				
(a) Vision ... ..	209	3	153	17
(b) Squint ... ..	21	6	21	6
(c) Other ... ..	8	—	323	49
Ears—				
(a) Hearing ... ..	6	6	25	4
(b) Otitis Media ...	4	15	95	4
(c) Other ... ..	1	3	154	56
Nose and Throat ...	146	307	481	131
Speech ... ..	20	9	24	4
Cervical Glands ...	5	32	48	10
Heart and Circulation	1	46	3	26
Lungs ... ..	50	97	90	109
Developmental—				
(a) Hernia ... ..	19	18	2	5
(b) Other ... ..	32	107	83	9
Orthopaedic				
(a) Posture ... ..	16	32	15	7
(b) Flat foot ... ..	40	54	28	7
(c) Other ... ..	55	44	94	29
Nervous system—				
(a) Epilepsy ... ..	1	5	—	3
(b) Other ... ..	22	35	39	6
Psychological—				
(a) Development ...	—	—	—	—
(b) Stability ... ..	—	—	—	—
Other ... ..	66	137	1171	429



### B. CLASSIFICATION OF GENERAL CONDITIONS OF PUPILS INSPECTED.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	2,394	687	28.7	1,630	68.1	77	3.2
Second Age Group	2,352	497	21.1	1,803	76.7	52	2.2
Third Age Group	2,010	445	22.1	1,541	76.7	24	1.2
Other Periodic Inspections	—	—	—	—	—	—	—
Total	6,756	1,629	24.1	4,974	73.6	153	2.3

### TABLE III.

#### TREATMENT TABLES.

#### GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

see Table 17.

(a)	Number of Defects treated or under treatment during the year					
<hr/>						
SKIN.						
Ringworm—Scalp :						—
(i) X-Ray Treatment	...	...	...	...	...	—
(ii) Other treatment	...	...	...	...	...	34
Ringworm—Body	...	...	...	...	...	148
Scabies	...	...	...	...	...	67
Impetigo	...	...	...	...	...	500
Other skin diseases	...	...	...	...	...	220
Eye Disease	...	...	...	...	...	
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)						
Ear Defects	...	...	...	...	...	263
Miscellaneous	...	...	...	...	...	895
(e.g., minor injuries, bruises, sores, chilblains, etc.)						
						<hr/>
Total	...	...	...	...	...	2,127
(b) Total number of attendances at Authorities' minor ailments clinics	...	...	...	...	...	9,505

**GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye****Disease treated as Minor Ailments—Group I.).**

	No. of defects dealt with
ERRORS OF REFRACTION (including squint) ... ..	1,480
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	30
Total ... ..	<u>1,510</u>
No. of Pupils for whom spectacles were :	
(a) Prescribed ... ..	1,380
(b) Obtained ... ..	1,111

**GROUP III.—TREATMENT OF DEFECTS OF NOSE AND  
THROAT.**

	Total number treated
Received operative treatment :	
(a) for adenoids and chronic tonsillitis ... ..	301
(b) for other nose and throat conditions ... ..	—
Received other forms of treatment ... ..	27
Total ... ..	<u>328</u>

**GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

(a) Number treated as in-patients in hospitals or hospital schools ... ..	7
(b) Number treated otherwise, e.g., in clinics or out-patient departments ... ..	157

**GROUP V.—CHILD GUIDANCE TREATMENT AND  
SPEECH THERAPY.**

Number of pupils treated—				
(a)	Under Child Guidance arrangements	...	...	116
(b)	Under Speech Therapy arrangements	...	...	201



**TABLE IV.—DENTAL INSPECTION AND TREATMENT.**

(1) Number of Pupils inspected by the Authority's Dental Officers :							
(a)	Periodic age groups	...	...	...	...	...	20,677
(b)	Specials	...	...	...	...	...	1,601
(c)	Total (Periodic and Specials)	...	...	...	...	...	22,278
(2)	Number found to require treatment	...	...	...	...	...	9,014
(3)	Number actually treated	...	...	...	...	...	6,771
(4)	Attendances made by pupils for treatment	...	...	...	...	...	12,154
(5) Half-days devoted to :							
(a)	Inspection	...	...	...	...	...	135½
(b)	Treatment	...	...	...	...	...	1,145
	Total (a) and (b)	...	...	...	...	...	1,280½
(6) Fillings :							
	Permanent Teeth	...	...	...	...	...	3,746
	Temporary Teeth	...	...	...	...	...	952
	Total	...	...	...	...	...	4,698
(7) Extractions :							
	Permanent Teeth	...	...	...	...	...	1,085
	Temporary Teeth	...	...	...	...	...	6,629
	Total	...	...	...	...	...	7,714
(8)	Administration of general anaesthetics for extraction	...	...	...	...	...	2,667
(9) Other Operations :							
(a)	Permanent Teeth	...	...	...	...	...	4,850
(b)	Temporary Teeth	...	...	...	...	...	13
	Totals (a) and (b)	...	...	...	...	...	4,863

**TABLE V.****INFESTATION WITH VERMIN.**

(1)	Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	48,488
(2)	Total number of individual pupils found to be infested	...	...	...	768
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	...	...	...	—
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	—

## SUPPLEMENT—FOR GENERAL INFORMATION.

### Health Services provided by the Local Health Authority.

In Middlesex the Local Health Authority under the Act is the Middlesex County Council. They have formed ten Areas in the county and delegated to them most of the functions for which they are responsible. Ealing and Acton form Area No. 7 and in Ealing the local administration is carried out at the Town Hall, Ealing.

### Maternity and Child Welfare Clinics.

The following are the addresses of the Maternity and Child Welfare Clinics in Ealing :

#### *Ante-Natal Clinics.*

<i>Address</i>	<i>Times</i>
Cherington House, Cherington Road, Hanwell	Mon., Tues., Wed., Fri., 10 a.m.
Greenford Green, Wadham Gardens, Greenford	Tues., Fri., 10 a.m.
Islips Manor, Eastcote Lane, Northolt	Mon., Thurs., 10 a.m.
Mattock Lane, 13 Mattock Lane, Ealing	Mon., Wed., Thurs., Fri., 10 a.m.
Perivale, Horsenden Lane, Greenford	Tues., Thurs., 10 a.m.
Ravenor Park, Oldfield Lane, Green- ford	Mon., Wed., Fri., 10 a.m.

#### *Child Welfare Clinics.*

Cherington House, Cherington Road, Hanwell	Mon.-Fri., 2-4 p.m.
Greenford Green, Wadham Gardens, Greenford	Tues., Wed., Fri., 2-4 p.m.
Islips Manor, Eastcote Lane, Northolt	Mon., Wed., Thurs., 2-4 p.m.
Mattock Lane, 13 Mattock Lane, Ealing	Mon.-Fri., 2-4 p.m.
Perivale, Horsenden Lane, Greenford	Mon., Wed., Thurs., 2-4 p.m.
Ravenor Park, Oldfield Lane, Green- ford	Mon.-Fri., 2-4 p.m.
Kingshill Community Centre, Northolt	Tues., 2-4 p.m.
St. Mary's Church Hall, West Twyford	Tues., 2-4 p.m.
St. Christopher's Church Hall, Bordars Road, Hanwell, W.7	Thurs., 2-4 p.m.



### **Domiciliary Midwifery Service.**

An expectant mother can obtain the services of a "general practitioner obstetrician" for her confinement in her own home. As an alternative she can obtain the services of a County Council midwife who will attend her in the home either as a midwife, delivering the child herself, or as a maternity nurse when the mother is arranging for her doctor to attend the confinement. If the services of one of these midwives is needed, application should be made through the Maternity and Child Welfare Clinic.

### **Home Nursing Service.**

Free nursing service in the home to cover all types of sickness is now available for everyone for as long as it is necessary. There are a number of nurses in the Area whose services are made available at the request of the medical practitioner and they work under his instruction. Further details regarding this service can be obtained from the Area Medical Officer, Town Hall, Ealing.

### **Home Help Service.**

In addition to the arrangements made to provide domestic help during confinement at home domestic help is also provided in other cases of emergency such as sickness, aged people in need of help, cases of tuberculosis and sickness in the home where there are very young children. Applicants needing Domestic Help should apply to the Area Health Office, Town Hall, Ealing. A charge of 2s. per hour is made for this service, although this may be reduced in case of hardship.

### **Day Nurseries.**

There are seven Day Nurseries in the Ealing portion of the area for the care of children under five years of age. Admission is restricted as a general rule to children whose mothers are at work, although in exceptional circumstances a child can be admitted during the mother's illness or other emergency. The nurseries are open from 7.30 to 6 p.m. and the charge for admission is 1s. per day.





