

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

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The Health of Ealing

in the year

1951

BEING THE

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

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

Medical Officer of Health.

Mr. Mayor, Aldermen and Councillors of the Ealing Borough Council.

The Annual Report of the Medical Officer of Health to the Borough for 1951 must necessarily be shorn of some of its former importance and interest since the National Health Service Act of 1948 took away the responsibility for the Maternity and Child Welfare services.

Much work remains for the Council to do and some of the activities of the Health Department are dealt with in outline in the pages of this report. It will be clear that the loss of the "Personal" health services has resulted in a lively development of those services left to the Borough, namely, those of "Environmental" health.

Such things as Food Hygiene, Old People's care, Nursing Homes supervision, Infectious disease control, River Pollution, Massage and Chiropody Establishments, and School Medical Services, have given us a great variety of work and opportunities to do much that is useful.

Your officers have also had the opportunity of co-operating in basic research into foot defects among children and the investigation carried out in 1951 by Dr. Hardy at Wood End and Greenford has resulted in an important advance in the tracking down of the cause of much foot trouble in later life. It is at least now certain that whatever the exact cause, these troubles definitely arise during the 5—15 year age group and the prevention of them will therefore fall largely to the lot of the school health service. A note of the work done in this connection during the year in Ealing is included from Dr. Craigmile.

During the year we had our share of the wave of Sonne Dysentery which crossed London after appearing to spread from the North of England. There were 542 notifications, which in view of the mildness of the condition and its occurrence almost entirely among school children, probably means that several thousands were affected. The active and thorough manner in which the outbreaks were tackled at the schools almost certainly helped to limit the spread.

It is pleasing to be able to record that only one case of Diphtheria occurred—this was in an adult—during 1951. This compares with 16 cases in 1949 and 48 in 1941. We may in fact say that Diphtheria has been defeated as far as Ealing is concerned and that it only remains for parents to take advantage of the immunising facilities available for the good results to continue indefinitely.

Another enemy is also losing his grip in the face of the relentless hammering of the preventive health services, namely, Tuberculosis. Whilst the number of notifications are not getting less, the number of deaths are dropping in a dramatic manner.

In 1949 there were 70 deaths, 1950 there were 48 deaths, and in 1951 there were only 30 deaths.

There are a number of factors to account for this, but credit must certainly in the main be given to the Mass X-ray scheme which is finding so many early cases in the treatable stage. The introduction of B.C.G. in an experimental form in Ealing may play a big part in the future attack on this dread disease and in conjunction with the new drugs that are being developed for the treatment of the disease. We may hope to see a position arising in the foreseeable future, not dissimilar to that at present found with Diphtheria.

A report on the school health service has been included for information since your school administration is dealt with by the Ealing Divisional Executive Committee. A full report on the developments in regard to your food hygiene scheme is also covered. The steady progress in connection with this is giving us cause for much satisfaction. We were prepared for this to be a long term policy, and it is gratifying to find that our plans are bearing fruit.

May I again place on record my appreciation of the services of the staff, who have worked in a most loyal and conscientious manner.

I have the honour to be,

Your obedient servant,

W. G. BOOTH,

Medical Officer of Health.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

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), Middlesex County Council)
H. BINYSH	Deputy Medical Officer
M.D., B.S., D.P.H., D.T.M. & H.	(appointed January, 1951)
G. T. H. BLACKIE	Chief Sanitary Inspector
E. BELFIELD	Deputy Chief Sanitary Inspector
E. H. EVANS	Sanitary Inspector
C. W. BAXTER	„ „
E. W. BUDD	„ „
E. S. HERBERT	„ „
D. J. HUGGINS	„ „
A. E. POOLEY	„ „
A. S. MUNCEY	„ „
(Appointed 27/3/51 ; Resigned 31/8/51)	
D. H. SMITH	„ „
(Appointed 10/4/51)	
HARRY M. BIRRELL	Chief Administrative Assistant
R. S. LEGGATT	Senior Clerk
J. J. RICE (Resigned 1/9/51) ..	Clerk
R. ANGELL	„
D. R. A. SMITH	„ (on National Service)
J. T. WOOLFORD	„
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)	..	..	..	..	..	8,783
Population (Census, 1951)	..	..	..	..	..	187,306
Population (estimated middle of 1951)	..	..	..	..	..	187,600
Rateable Value, 1st April, 1951	..	..	..	..	..	£1,905,980
Net Product of a Penny Rate, 1951-52	..	..	..	..	..	£7,850

Live Births :—

Legitimate Males, 1,140	Females, 1,140	Total	2,280
Illegitimate Males, 70	Females, 66	Total	136
			<hr/>
			2,416

Birth-Rate per 1,000 of Estimated Population 12.9

Still-Births :—

Males, 27	Females, 18	Total	45
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Rate per 1,000 total Births (Live and Still-Births) 18.3

Deaths : Males, 986 Females, 997 Total 1,983

Death-Rate per 1,000 of Estimated Population 10.6

Deaths of Infants under one year of age :—

Legitimate Males, 29	Females, 27	Total	56
Illegitimate Males 4	Females 1	Total	5
			<hr/>
			61

Death Rate of Infants under one year of age :—

All Infants per 1,000 Live Births	..	..	25
Legitimate Infants per 1,000 Legitimate Live Births	..	..	25
Illegitimate Infants per 1,000 Illegitimate Live Births	..	..	37

Deaths from Diseases and Accidents of Pregnancy and Childbirth :—

From Sepsis	—	Death-Rate 10,000 Total Births	—
From other Causes	—	"	—
			<hr/>
			Total Deaths

Measles ..	..	..	..	..	1
Whooping Cough	..	..	..	..	1
Diphtheria	..	..	..	..	—
Scarlet Fever	..	..	..	..	—
Influenza	..	..	..	..	26
Tuberculosis of Lungs	..	..	..	..	30
Other Forms of Tuberculosis	..	..	..	..	4
Gastro-Enteritis and Diarrhoea	..	..	..	..	12

THE CONTROL OF INFECTIOUS DISEASE

Notification is the essential preliminary to control of infectious disease. The diseases notifiable under the Public Health Act 1936 are smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus, typhoid, enteric and relapsing fever.

The Minister of Health has also made regulations whereby the following diseases are also notifiable: plague, poliomyelitis, tuberculosis, puerperal pyrexia, ophthalmia neonatorum, malaria, dysentery, acute primary pneumonia, acute influenzal pneumonia, measles, whooping cough, acute encephalitis and meningococcal infection.

Food poisoning is notifiable under the provisions of the Food and Drugs Act of 1938.

Exclusion of the Case.

School children with infectious disease are usually kept out of school for the following periods:

Scarlet Fever	Seven days after discharge from hospital or home isolation, unless there is a running nose or ear, sore throat or septic spots, in which case this may need to be extended.
Diphtheria	Depends on the clinical condition, but usually negative throat swabs are advisable before return to school.
Measles	14 days from the appearance of the rash.
German Measles	7 days from the appearance of the rash.
Whooping Cough	28 days from the appearance of the characteristic whoop.
Mumps	14 days from onset or 7 days after disappearance of all swelling.
Chickenpox	14 days after appearance of the rash.

Exclusion of Contacts.

With the present mild character of most of the infectious diseases, exclusion of contacts from work is only carried out in exceptional cases, where there is a serious risk of spread of infection to others.

School children are still excluded if they have been in contact with certain of the infectious fevers but the tendency is to keep this to the minimum to avoid unjustifiable loss of schooling.

Home Conditions.

When a case of infectious disease is notified the home is visited by the health visitor, or by the sanitary inspector in certain cases, *e.g.*, food poisoning, enteric fever, dysentery, or smallpox.

Advice is given as to isolation, disinfection, and home nursing, in order to help prevent spread to others in the household. An attempt is also made to identify the source of infection, that it may be removed where possible.

Early Diagnosis.

Since these diseases are as a rule most infective in the early stages, it is of prime importance that parents should put children to bed as soon as they appear "off colour" and call in their own family practitioner. It is most unwise to take a child with a rash or a spasmodic cough to a health clinic or doctor's surgery, where there is high risk of infecting others.

The family doctor may in doubtful cases call in a consultant from the isolation hospital—or send specimens for examination to the pathological department of the local hospital.

Routes of Spread.

The infectious diseases are caused by living organisms which pass from one person to another.

There are two main routes of transmission depending on the main habitat of germs in the body, *i.e.*, the bowels and the upper respiratory tract (the nose and throat).

The diarrhoeal diseases (enteric fever, dysentery, food poisoning and possibly poliomyelitis) are spread by contamination of food from the bowel, either by inadequate hand washing after the toilet, flies, or vermin.

The remedy is a higher standard of food hygiene.

The respiratory diseases are spread chiefly by droplets sprayed out when blowing the nose. "Coughs and sneezes spread diseases," especially when a handkerchief is not used; and if used, not frequently replaced.

Insect borne diseases and water borne diseases are now of comparatively minor importance in this country, thanks to the work of public health and engineering pioneers.

Disinfection.

In recent years far more importance has been attached to the role of the sick person convalescent and healthy carrier in the spread of disease—and far less to transmission of disease by inanimate objects. Recent contamination by a sufferer, however,

Terminal disinfection of rooms, bedding and blankets is not usually required after the common childhood diseases. A thorough spring clean with generous use of soap and water is now considered adequate.

In certain exceptional cases, smallpox, typhoid and tuberculosis terminal fumigation may still be required and this can be carried out by the staff of the department.

The number of cases of infectious disease notified in the Borough in the past twelve years is shown in the following table :

Cases of Infectious Diseases notified in the Borough.

Disease	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	33	48	28	13	17	14	29	11	13	16	3	2
Scarlet Fever ...	116	166	180	448	228	340	232	133	204	176	294	203
Enteric Fever (including Paratyphoid) ...	4	5	—	1	—	—	—	—	3	8	5	3
Puerperal Pyrexia ...	30	30	39	41	42	47	35	27	25	27	24	38
Pneumonia :												
Primary ...	66	97	105	123	142	110	114	127	189	163	173	162
Influenzal ...	10	27	17	40	9	14	16	3	6	10	6	38
Acute Poliomyelitis ...	1	9	2	2	2	3	4	46	10	34	42	10
Cerebro-Spinal Fever	7	15	5	1	—	6	6	10	2	14	9	2
Malaria ...	1	1	2	—	—	—	—	1	2	—	4	1
Dysentery ...	—	3	6	5	24	60	10	5	7	23	24	542
Erysipelas ...	29	26	36	41	30	26	31	38	32	13	24	17
Polio-Encephalitis ...	—	—	—	1	—	—	—	6	4	3	—	—
Tuberculosis :												
Pulmonary ...	156	195	223	233	173	194	275	204	206	205	209	210
Non-Pulmonary ...	30	28	38	51	30	23	33	25	27	32	41	24
Ophthalmia Neonatorum	5	2	8	4	3	3	3	5	—	5	3	6
Total ...	488	653	689	1004	700	840	788	641	730	706	869	1258

The number of cases of infectious disease originally notified sometimes varies due to changes of diagnosis and the following table is therefore given to show the final numbers after correction.

Disease	Disease
Smallpox ...	Cerebro-Spinal Fever ...
Diphtheria ...	Malaria ...
Scarlet Fever ...	Dysentery ...
Enteric Fever (including Para-	Erysipelas ...
typhoid) ...	Polio-Encephalitis ...
Puerperal Pyrexia ...	Tuberculosis :
Pneumonia :	Pulmonary ...
Primary ...	Non-Pulmonary ...
Influenzal... ...	Ophthalmia Neonatorum ...
Acute Poliomyelitis... ...	
	Total ...

Disinfection.

In recent years far more importance has been attached to the role of the sick person convalescent and healthy carrier in the spread of disease—and far less to transmission of disease by inanimate objects. Recent disinfection by a sufferer, however,

Infectious and Other Notifiable Diseases Classified in Age Groups

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis				Measles		Diphtheria	
					Paralytic		Non- Paralytic					
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified ...	107	96	272	278	2	2	4	2	1693	1603	1	1
Numbers corrected :												
Under 1 year ...	—	2	18	25	—	—	—	—	39	39	—	—
1—2 years ...	10	5	47	49	—	1	—	—	396	336	—	—
3—4 years ...	24	17	69	70	1	—	1	—	506	521	—	—
5—9 years ...	56	56	131	116	—	—	2	—	715	650	—	—
10—14 years ...	8	9	3	5	—	—	2	1	20	25	—	—
15—24 years ...	3	2	2	2	—	—	—	—	9	19	1	—
25 and over ...	1	3	2	11	—	1	—	1	7	13	—	—
Age unknown ...	—	—	—	—	—	—	—	—	1	—	—	—
Totals ...	102	94	272	278	1	2	5	2	1693	1603	1	—

	Acute Pneumonia		Dysentery		Small pox		Acute Encephalitis				Enteric or Typhoid Fever	
							Infective		Post- Infectious			
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified	111	89	277	265	—	—	—	—	—	—	—	—
Numbers corrected :												
Under 5 years ...	9	25	76	70	—	—	—	—	—	—	—	—
5—14 years ...	20	12	151	108	—	—	—	—	1	—	—	—
15—44 years ...	35	20	22	60	—	—	1	—	—	—	—	—
45—64 years ...	28	20	4	7	—	—	—	—	—	—	—	—
65 and over ...	18	10	1	2	—	—	—	—	—	—	—	—
Totals ...	110	87	254	247	—	—	1	—	1	—	—	—

	Para- typhoid Fever		Erysipelas		Menin- gococcal Infection		Food Poisoning		Other Notifiable Diseases			
									Original		Corrected	
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified ...	2	1	10	7	1	1	46	40	M	F	M	F
Numbers corrected :									Oph. Neonatorum (all under 1 year)			
Under 5 years ...	1	1	—	—	—	—	1	—	5	1	5	1
5—14 years ...	1	—	—	—	—	—	1	2				
15—44 years ...	—	—	—	2	—	1	5	1				
45—64 years ...	—	—	6	3	—	—	2	2	Malaria (3 years)			
65 and over ...	—	—	3	2	—	—	—	—	— 1 — 1			
									Puerperal Pyrexia			
									15-20 yrs. ... 1			
									20-35 yrs. ... 35			
									35-45 yrs. ... 2			
Totals ...	2	1	9	7	—	1	9	5	38			

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 ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Sepsis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia :													
Primary ...	—	1	2	—	—	—	—	—	7	6	30	41	87
Influenzal ...	—	—	—	—	—	—	—	—	—	—	4	2	6
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	1	—	—	—	1
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis :													
Pulmonary ...	—	—	—	—	—	—	—	1	8	7	6	8	30
Non-Pulmonary ...	—	—	—	—	—	—	—	—	1	—	2	1	4
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	1	—	—	—	—	—	—	1
Whooping Cough ...	1	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS ...	1	1	2	—	—	1	—	1	17	13	42	52	130

Diphtheria.

Only 2 cases of this disease were notified during the year—and this is the lowest number of notifications ever recorded (3 in 1950).

The first, a soldier aged 20, was a confirmed case (the first since 1949). The disease was not really contracted in Ealing, however, for he had been ill in barracks for four days before returning home.

The second case, a woman of 35, was admitted to hospital, but the diagnosis was not confirmed.

There have been no deaths from diphtheria in the Borough since 1947. We may compare this with 1935 when there were 228 cases, with 15 deaths.

The figures for England and Wales continue to show a steep decline in mortality with only 34 deaths in 1951.

The eradication of diphtheria as an endemic diseases is now a practical possibility—but one which can only be realised by unceasing vigilance.



Mr. Jackson Took
[Signature]

BOROUGH OF EALING

WITH THE COMPLIMENTS

of

THE MEDICAL OFFICER OF HEALTH

TOWN HALL,
EALING, W.5

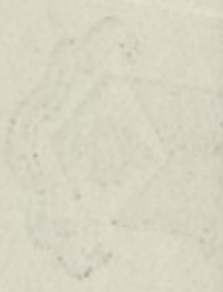
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БЕЛОРУССКАЯ
КОММУНИСТИЧЕСКАЯ
ПАРТИЯ

Министерство
Здравоохранения
и
Физической культуры
и спорта
Белорусской
ССР

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и спорта
Белорусской
ССР



There is a tendency among mothers to relax precautions once the danger becomes less immediate so that there has been a falling off of the number of immunisations throughout the country in recent months.

The table shows that during the year a total of 1,699 children received primary immunisation at the clinics (1,834 in 1950) and 571 (612) were immunised by the General Practitioners—a total of 2,270 (2,446).

This compares with 2,523 children who reached the age of 1 year in 1951.

There was thus a decline of 176 in the number of primary immunisations as compared to the previous year, possibly accounted for by the diminution of 137 in the number of children "at risk."

The campaign in the schools for "boosting doses" on entry has been a great success and the number has risen from 1,155 in 1950 to 2,692 in 1951, including 154 performed by General Practitioners.

The combined pertussis/diphtheria antigen is the type in general use throughout the Borough since it has the advantages of a smaller number of inoculations, 3 as against 5 if done separately, and there is some evidence that the combination produces a better antibody response. In a recent limited survey, after immunisation it was found that the Schick test—showing immunity—had become converted in every case.

A difficulty in the use of the combined vaccine has been that a number of the children appear to be sensitive to the alum which it contains. A test is being undertaken using a modified alum-free vaccine which is giving promising results.

Enteric Fever.

There were no cases of Typhoid Fever, but three cases of Paratyphoid B were notified.

Two of these, boys of 4 and 6 years, occurred in a Children's Hostel, where some 20 children live. No trace of the source of infection was found although faeces examinations of all the staff and the children were carried out.

The third case, a girl of 4 years, had come from another district to stay with relations in Ealing. Here again no trace of the source of infection could be found.

Enteric Fever Carriers.

There are now only 2 carriers in the district, one paratyphoid carrier having moved to another district. The remaining two, one typhoid and one paratyphoid carrier, are under the care of their own doctors as well as being kept under regular surveillance

by the Public Health Department. Both are intelligent, co-operative adults who understand their responsibilities with regard to hand washing and general hygiene.

The latest antibiotic treatment has greatly improved the prognosis of the disease—but appears to be of little value in the chronic carrier state. The most successful method of treatment to date has been removal of the gall-bladder and this produces satisfactory results in a large percentage of cases.

With the continuing emergence of new and potent remedies we may confidently expect some valuable method of chemotherapy to be evolved.

Erysipelas.

The number of cases of this disease fell from 24 in 1950 to 16 last year.

There were no deaths.

This disease is now readily controlled by chemotherapy and is no longer a major public health problem.

Food Poisoning.

There were 86 cases originally notified but in only 14 cases was the causative agent, *Salmonella Typhimurium*, identified. In three instances duck eggs were the suspected source of infection. There has been a great increase in the number of small domestic outbreaks during the year, mainly due to the use of left-overs and "made-up" meat dishes such as pies and sausages.

The severe risk inherent in the method of pre-cooking food and then re-heating before serving is still insufficiently appreciated, but the vigorous efforts of the "Clean Food" Campaign of posters, articles and lectures is helping to make the members of the food trade alive to the danger.

Dysentery.

There were 500 cases of Sonné Dysentery and 1 of amoebic dysentery during the year.

Outbreaks of Sonné Dysentery at five schools and two Day Nurseries accounted for the unusually large number of notifications.

Whenever a number of cases was reported at a school specimens were sent to the Laboratory from all children absent with symptoms, and from any of the teaching staff with symptoms. Specimens were always taken from the kitchen staff and any other persons engaged in the handling of food.

There was one explosive outbreak at a school in Northolt during the summer months—which was traced to a carrier among the kitchen staff.

With the simultaneous occurrence of over 50 cases in one week-end a great number of convalescent and healthy carriers appeared so that the infection smouldered on for many weeks before finally disappearing completely.

The hygiene of the school was initially extremely good—but intensified precautions in the way of hand-washing on entering school, after using the toilet and before meals were enforced—and there was an indirect beneficial effect in the heightened hygiene consciousness which this engendered.

Malaria.

Only one case of malaria was reported, a girl of 3 years, who was diagnosed as such upon her arrival from South Africa.

Measles.

This disease showed a great increase on the previous year, 3,296 against 1,016 in 1950.

The largest number of cases were notified in the first quarter of the year, 2,360, falling to 876 in the second quarter, and to 55 and 5 in the third and fourth quarters respectively.

1951 was an epidemic year in respect of Measles throughout the United Kingdom—but the disease maintained its mild character.

The disease is spread by a filtrable virus borne by droplet spray entering the nose and throat.

The intense coughing, sneezing and watering of the eyes in the early stages resembles the common cold, and the sufferer has many opportunities to spread the condition.

Children with these symptoms should be isolated, medical care obtained, and the blotchy rash looked for on the fourth day of illness.

Temporary protection can be obtained by use of “immune globulins” or “placental extracts” in special cases, such as a very ailing child exposed to severe risk of the disease, but no successful method of long term active immunisation has yet been discovered. There was one death during the year.

Pneumonia.

There was again a slight increase over the previous year. In 1951 197 cases were notified against 174 in 1950. Of the 197 cases 36 were notified as being Influenzal Pneumonia.

There were 87 deaths from primary pneumonia and 6 deaths from influenzal pneumonia. ~~There is a substantial decline from~~ the deaths in 1950 which were 77, due to acute primary pneumonia and 2 due to influenzal pneumonia.

There was a severe outbreak of epidemic influenza in the early months of 1951, which started from several centres in the North and spread throughout the country—but the disease appeared to lose some of its virulence in its passage and was comparatively mild by the time it reached the Borough.

Acute Anterior Poliomyelitis and Polioencephalitis.

Only 10 cases were notified, all of which were confirmed cases, as compared to 39 in 1951.

	PARALYTIC		NON-PARALYTIC	
	Male	Female	Male	Female
Under 1	—	—	—	—
1—2	—	1	—	—
3—4	1	—	1	—
5—9	—	—	2	—
10—14	—	—	2	1
15—24	—	—	—	—
25 plus	—	1	—	1
Totals	1	2	5	2

One of these, a paralytic case, a woman of 35 died in hospital six days after the onset of the symptoms.

It seems likely that Poliomyelitis is now an endemic disease and mild outbreaks may recur every summer.

We may hope that recent promising lines of research which have been opened up into the growth and spread of the virus may lead to some effective method of control and personal prophylaxis

Puerperal Pyrexia.

This condition was notified in 38 instances.

They occurred as follows :

Perivale Maternity Hospital	..	..	31
Central Middlesex Hospital	..	..	1
West Middlesex Hospital	..	..	1
Royal Free Hospital	..	..	1
Nursing Homes	..	..	1
Private Cases	..	..	3

38

During the year the regulations were modified in that the condition was defined as any rise in temperature to 100.4°F. in a woman within 21 days of childbirth. The temperature need not recur or be sustained as was the case previously. This wider definition has produced a rise in the number of notifications from 24 in 1950 to 38 in 1951. There have been no deaths in the Borough since 1949.

The differences in figures for the Maternity Hospitals in the locality can safely be ascribed to a more efficient system of notification among the staff rather than a true reflection of incidence.

Scarlet Fever.

There were 203 cases notified, 196 of which were confirmed cases. 42 of these were removed to hospital.

The number of cases shows a considerable drop compared with 1950, when 286 cases were notified and 61 required hospital treatment.

The disease continues to exhibit a very mild form—as indeed do all the infections due to the haemolytic streptococcus. While other infections due to the haemolytic streptococcus are not notifiable the value of notification as a method of control of Scarlet Fever is extremely limited.

Smallpox.

The continuing outbreaks of Smallpox imported from abroad and the recent discovery of a large focus of variola minor in Rochdale stress the great importance of a high vaccinal state among the general population.

Smallpox is still a common and highly virulent disease in the Far East. The incubation period of 12 days allows ample time for a patient to be infected while abroad—return by air—and not show signs or symptoms until several days after arrival in this country.

Although no cases occurred during the year, on two occasions a number of people were kept under surveillance who had arrived in Ealing after disembarking from ships from Bombay, in each of which a confirmed case had occurred.

These people were visited daily by the Sanitary Inspectors who ensured that all had been vaccinated and were in good health.

The value of vaccination has been abundantly proved but for full protection a recent successful vaccination is essential.

Vaccination is performed free of charge by the General Practitioners.

Primary vaccination in the first year of life is a safe and simple procedure but in Ealing only one-third of infants were being vaccinated. Re-vaccination produces little general upset or complications.

It is highly desirable that every infant should be vaccinated not only to produce a high level of group immunity but also to avoid "emergency" primary vaccination in adult life which may be painful and temporarily disabling.

Whenever smallpox is introduced into Britain, there is a public demand for vaccination, but this may not protect those unvaccinated persons who first come in contact with the disease.

Hospital staff and laundry workers appear to be at special risk and should be re-vaccinated regularly.

Tuberculosis.

The number of new cases of Pulmonary Tuberculosis notified was 210, which was extremely similar to the numbers notified since 1946, 209 and 205 respectively in 1950 and 1949.

The number of deaths, however, has fallen from 70 in 1949 to 48 in 1950 and to 30 in 1951. Notification of non-pulmonary Tuberculosis has declined from 41 (6 deaths) in 1950 to 24 (4 deaths) in 1951.

The recent order making the pasteurisation of milk compulsory in urban districts will, I believe, further diminish the amount of non-pulmonary Tuberculosis.

The present outlook regarding tuberculosis is more hopeful than has ever been the case before, with a steeply declining death rate throughout the country.

This is due to many factors, one of the basic ones being full employment for many years and a scientific nutrition policy with regard to rationing, food subsidies and provision of vitamin supplements for expectant mothers and children. The provision of works canteens and school canteens has also led to a general improvement in nutritional standards.

Housing policy in giving a degree of priority for rehousing to members of tuberculous families where there is overcrowding has helped to reduce the risk of spread.

The general improved prognosis is known to the public so that there is a much greater willingness to undergo X-ray examinations and sanatorium treatment.

It has been suggested that the decline is in part because we are now at the end of a long drawn out pandemic of Tuberculosis but that is not the whole story as shown by the great increase in those continental countries whose welfare services were destroyed during the recent war.

The mass radiography unit visits the Borough regularly, and a recent innovation has been the policy of asking for an X-ray of the chest of all persons whose work brings them into contact with children, *e.g.*, teachers, health visitors, nursery nurses, and where possible, routine re-examination every year.

Dr. Dick's scheme for detection of school children who are Mantoux negative (*i.e.*, not sensitised or immunised against Tuberculosis) is being continued; and these children are offered vaccination with Bacille Calmette—Guerin (B.C.G.) and are then followed up with yearly X-ray examinations.

A survey is also being carried out of the children of 2—3 years of age in the Borough using the Tuberculin Jelly test to detect early infection.

The follow up of contacts of the disease is normally carried out by the staff of the chest clinic, but in a number of cases the public health department has carried out investigations of school contacts where no primary source of infection was obvious in the home.

It is a remarkable fact that in the years since the war we have seen the emergence of 5 new groups of drugs which are of some value in the treatment of this disease (Sulphones, Thio Semi-Carbasone—P.A.S.—Streptomycin and Iso-nicotinic acid) and

while it is far too early to see their eventual place in the scheme of treatment yet it seems likely that it will not be very many years before tuberculosis will cease to be one of the prime causes of death in young adults.

The following table shows the age and sex of the cases notified and the deaths in 1951.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulm'y		Pulmonary		Non-Pulm'y	
	Male	F'male	Male	F'male	Male	F'male	Male	F'male
0—1	—	—	—	—	—	—	—	—
1—5	5	4	1	1	1	—	—	—
5—10	—	3	2	1	—	—	1	—
10—15	—	1	—	—	—	—	—	—
15—20	8	8	2	—	1	—	—	—
20—25	16	18	4	4	1	2	—	1
25—35	20	25	1	2	2	4	1	—
35—45	26	12	2	1	—	5	—	—
45—55	21	16	—	3	2	1	1	—
55—65	18	1	—	—	6	—	—	—
65 upwards	8	—	—	—	5	—	—	—
Total ...	122	88	12	12	18	12	3	1

The number of new cases of Pulmonary Tuberculosis notified was 210 compared with 209 in the previous year, while the number of cases of Non-Pulmonary Tuberculosis was 24 compared with 41 in the previous year. There was a total of 34 deaths (30 Pulmonary, 4 Non-Pulmonary) compared with 48 Pulmonary, 6 Non-Pulmonary in the previous year.

Whooping Cough.

550 cases were notified during the year, the largest number since 1941. There was one death—in a child of nine months.

The disease is one of the spring months, between 10—20 cases weekly from April to June rising to a peak in mid-July and falling off again in September.

In spite of three years' intensive campaign in the Borough with combined Pertussis/Diphtheria vaccine, there has been no reduction in the overall number of cases. A recent report of the Medical Research Council suggests that the English vaccine has a "protective factor" of about 3.3 (the child after immunisation is only 1/3.3 times as likely to catch the disease as an unimmunised child).

The trial also showed that when an unimmunised child catches Whooping Cough, three times out of four the disease is severe; the immunised child only had a severe attack in one in four cases. This finding is borne out by the experience of our staff.

The General Practitioners are now being asked whether a child whom they notify with Whooping Cough has been immunised and an estimate is made of the severity of the attack. By this method it is hoped shortly to obtain local figures to indicate the value of immunisation.

The vaccine is constantly being modified and improved so that conclusions drawn regarding one batch of vaccine may not be true even a short time later. That we are on the right lines in the use of these vaccine; has been shown by the very excellent results obtained by the Michigan Public Health Department.

Immunisation in the Clinics.

January 1st to December 21st, 1951.

Age	Diphtheria	Combined	Whooping Cough	Re-inforcing
Under 1 year	9	182	—	—
Age 1 year	114	966	2	—
" 2 "	19	181	15	1
" 3 "	25	37	5	5
" 4 "	21	19	10	161
" 5 "	26	23	24	1,108
" 6 "	11	11	10	611
" 7 "	8	8	2	227
" 8 "	11	1	—	120
" 9 "	14	1	—	78
" 10 "	4	—	1	135
" 11 "	3	—	1	56
" 12 "	3	—	—	17
" 13 "	2	—	—	15
" 14 "	—	—	—	2
" 15 "	—	—	—	—
Total	270	1,429	70	2,536

CLINICS

	1951	1950
Diphtheria ...	270	111
Combined ...	1,429	1,501
Whooping Cough ...	70	210
Re-inforcing ...	2,536	1,155
Total ...	4,305	2,977

GENERAL PRACTITIONERS

	1951	1950
Primary ...	571	612
Boosters ...	154	—

Non-Notifiable Diseases.

Weekly returns are received from the head teachers of schools giving the number of children absent with certain non-notifiable diseases.

This report is necessarily incomplete since it only relates to children of school age—but it does give an indication of the prevalence of these conditions at different seasons and forms an index of the prevalence of infectious disease from year to year.

These figures represent between one-half and one-third of the true number of cases present in the Borough during the year.

Chickenpox . . 1,381 cases, but no school had more than 30 in any one week.

Mumps 857 cases

Ringworm 8 cases

Scabies 5 cases

It has been a remarkable feature of the post-war years to see the virtual disappearance of scabies (the itch) which was so great a nuisance during the war, especially in those using the public air raid shelters.

DEATHS

Causes of Death, 1951.

Cause of Death	Deaths, 1951			Total Deaths 1950
	Male	Female	Total	
Tuberculosis, Respiratory	18	12	30	48
Tuberculosis, Other	3	1	4	6
Syphilitic Disease	3	1	4	6
Diphtheria	—	—	—	—
Whooping Cough	—	1	1	—
Meningococcal Infections	—	—	—	2
Acute Poliomyelitis	—	1	1	3
Measles	—	1	1	—
Other Infective and Para-infectious Diseases	4	4	8	4
Malignant Neoplasm, Stomach	35	21	56	47
" " Lung, Bronchus	59	10	69	69
" " Breast	—	34	34	39
" " Uterus	—	7	7	23
Other Malignant Lymphatic Neoplasms	84	84	168	191
Leukaemia, Aleukaemia	2	3	5	6
Diabetes	2	10	12	9
Vascular Lesions of Nervous System	82	143	225	216
Coronary Disease, Angina	173	85	258	204
Hypertension with Heart Disease	36	36	72	71
Other Heart Disease	131	229	360	299
Other Circulatory Disease	26	40	66	70
Influenza	16	10	26	6
Pneumonia	48	45	93	79
Bronchitis	88	54	142	80
Other Diseases of Respiratory System	13	6	19	10
Ulcer of Stomach and Duodenum	14	3	17	21
Gastritis, Enteritis and Diarrhoea	4	8	12	10
Nephritis and Nephrosis	12	8	20	26
Hyperplasia of Prostate	12	—	12	17
Pregnancy, Childbirth, Abortion	—	—	—	2
Congenital Malformations	11	4	15	17
Other Defined and Ill-Defined Diseases	71	37	108	151
Motor Vehicle Accidents	11	10	21	20
All other Accidents	23	31	54	29
Suicide	6	2	8	7
Homicide and Operations of War	1	1	2	1
Total	986	997	1,983	1,789

MASSAGE AND SPECIAL TREATMENT ESTABLISHMENTS

In 1951 four new licences were granted and there were then 27 establishments in the Borough. In addition to these, four persons were granted exemption from licensing by virtue of being members of the Chartered Society of Physiotherapists.

Two applicants were refused on the grounds that they did not possess the necessary technical qualifications.

During the year the "Cope Committee" published its report on the qualifications required for medical auxiliaries to be employed in the National Health Service.

The Council took the view, with which I am in full agreement, that a physiotherapist or chiropodist in private practice having less medical supervision than one working in hospital requires to be at least as well qualified.

A draft Byelaw was drawn up embodying these recommendations and submitted to the Home Secretary for approval—with a clause exempting such persons who were already licensed and in practice.

The Home Secretary, however, was unable to agree to the making of such a Byelaw at present and it will be necessary to await further Government action in the matter.

Meanwhile each application for a new licence to open an establishment for massage and special treatment is considered carefully on its merits. By these means the general standing of such establishments in the Borough has been brought to a very high level.

Regular inspections are carried out by the staff of the Department.

HEALTH EDUCATION

In the past it has been the practice to display in the Department waiting rooms leaflets drawing attention to and giving advice on whatever infectious disease is prevalent at the time, such as influenza, measles, infantile paralysis, etc.

The interest shown by the public in these leaflets led to an extension of this means of health education and a display tray was made and placed in the vestibule of the Town Hall.

Various leaflets published by the Ministry of Health, the Central Council for Health Education, and other bodies, were obtained and the tray replenished daily with different leaflets.

These included the following :

- " Good Health."
- " Calling the Doctor."
- " Just Nerves."
- " Be Kind to your Stomach."
- " To Parents—Diphtheria Immunisation."
- " Burns and Scalds."
- " Elderly People—Looking after them."
- " Cafe Quiz—Clean Food Questions."
- " Influenza."
- " Infantile Paralysis."
- " Measles."

It soon became apparent from the demand that this was a valuable medium through which to reach the public, and to do so more widely six more trays were made, and with the co-operation and approval of the Borough Librarian, these were displayed in the six main libraries in the Borough.

There continues to be a steady call for these leaflets and it is felt that this is a very effective way of bringing before the public sound advice given clearly and simply.

NURSING HOMES

The supervision of all Nursing Homes in the Borough was carried out as in the previous year and all the Homes were inspected at regular intervals by the Deputy Medical Officer.

One Nursing Home was closed voluntarily and the application of a new owner for re-opening of the home had not come before the Public Health Committee by the end of the year.

In 1951 there were 12 Nursing Homes on the Register.

MEDICAL EXAMINATIONS.

Candidates for permanent appointment to the Council's service are required to pass a medical examination on appointment as are manual staff for admission to the Sickness Pay scheme of the National Joint Industrial Council for Local Authorities Non-Trading Services.

During the year the following examinations were carried out :

Administrative, Technical and Clerical Staff	..	47
Manual Staff	.. .. .	7
Sickness Pay Scheme	.. .. .	113
Superannuation Scheme (Servants)	.. .. .	86
Total	.. .. .	253

SANITARY CIRCUMSTANCES OF THE BOROUGH

Water.

There are three sources of supply in the Borough. The Greenford North, Greenford South and Perivale Wards are supplied by the Rickmansworth & Uxbridge Valley Water Company, with the exception of five roads in the Perivale Ward which are served by the Colne Valley Water Company. The remainder of the Borough is supplied by the Metropolitan Water Board. These supplies are not subject to plumbo-solvent action and have been satisfactory both in quantity and quality. Water from public mains is supplied to 50,974 houses with an estimated population of 187,600.

Thirteen samples were taken from wells at eight factories in the Borough using water from deep borings ranging in depth from 300 to 600 feet. The analysis of these samples showed the supplies were wholesome in character.

Rivers and Streams.

Several complaints were received during the year regarding alleged pollution of the River Brent, especially in the Perivale area. A series of samples were taken from the River at various points and the results of the analysis indicated that although the stream was polluted before entering the Borough, additional pollution was occurring within the Borough. The Middlesex County Council were informed of the results of the analyses and were requested to take all possible steps to deal with the pollution of the river prior to its entering the Borough. We were informed by the Middlesex County Council that the question of the pollution of the River Brent was receiving attention in collaboration with the authorities through whose area the river flows prior to entering Ealing.

Regarding the added pollution within the Borough, copies of the Analyst's reports were supplied to the Borough Surveyor, and by the end of the year some sources of pollution had been ascertained and the necessary steps taken to prevent further pollution from these sources. Further investigations are proceeding.

Complaints were also received regarding the overflow from one of the Council's surface water sewers which enters the River Brent in the Hanwell area. Samples were taken and the analysis showed that the surface water was contaminated with sewage. Investigations were carried out and it was found that the soil drains from four houses in the area were wrongly connected to the Council's surface water sewer. These four houses have now been re-drained to the soil sewer.

Drainage.

One house previously connected to a cesspool was connected to the Council's sewer during the year. There are now 27 permanent houses in the Borough (of which 17 are in the Northolt Ward) not connected to the Council's sewers.

Atmospheric Pollution.

Seventy-six smoke observations were made by the Sanitary Inspectors and in four instances it was necessary to make representations regarding the emission of black smoke.

One case related to a factory in the area of a neighbouring Authority, the smoke from which was causing annoyance to the residents in the Hanwell South Ward. Representations were made to the neighbouring Authority and as a result of action taken by them, alterations were carried out to the boiler plant which has resulted in a marked improvement.

In another case the trouble was caused by a defective chimney flue and by the use of unsuitable fuel. The flue has now been raised and repaired and a supply of a more suitable fuel has been allocated by the Ministry of Fuel and Power. Further observations are being kept on this chimney.

Several complaints were received during the year regarding sooty particles being discharged from the chimney of a factory using oil burning furnaces. Arrangements were made with the management for the installation of photo-electric cell equipment which will indicate to the engineer the presence of black smoke and enable him to take the necessary action to prevent its emission. This equipment has now been delivered and should be installed in the near future.

In a further case improved methods of stoking effected an improvement but observations are still being kept on this factory and further action will be taken if found to be necessary.

Movable Dwellings.

There has been no reduction during the year in the number of complaints received regarding the nuisances caused by gypsy caravans in the Northolt area. For many years gypsies have been using open land in Northolt as camping grounds for their caravans and notwithstanding unceasing action by the Sanitary Inspector they still continue to do so. The rapid urbanisation of the Northolt area has accentuated the problem as the remaining pieces of open land in this area are now, in the majority of cases, in the vicinity of occupied dwellings, whereas in the past the caravans have been parked in the open country.

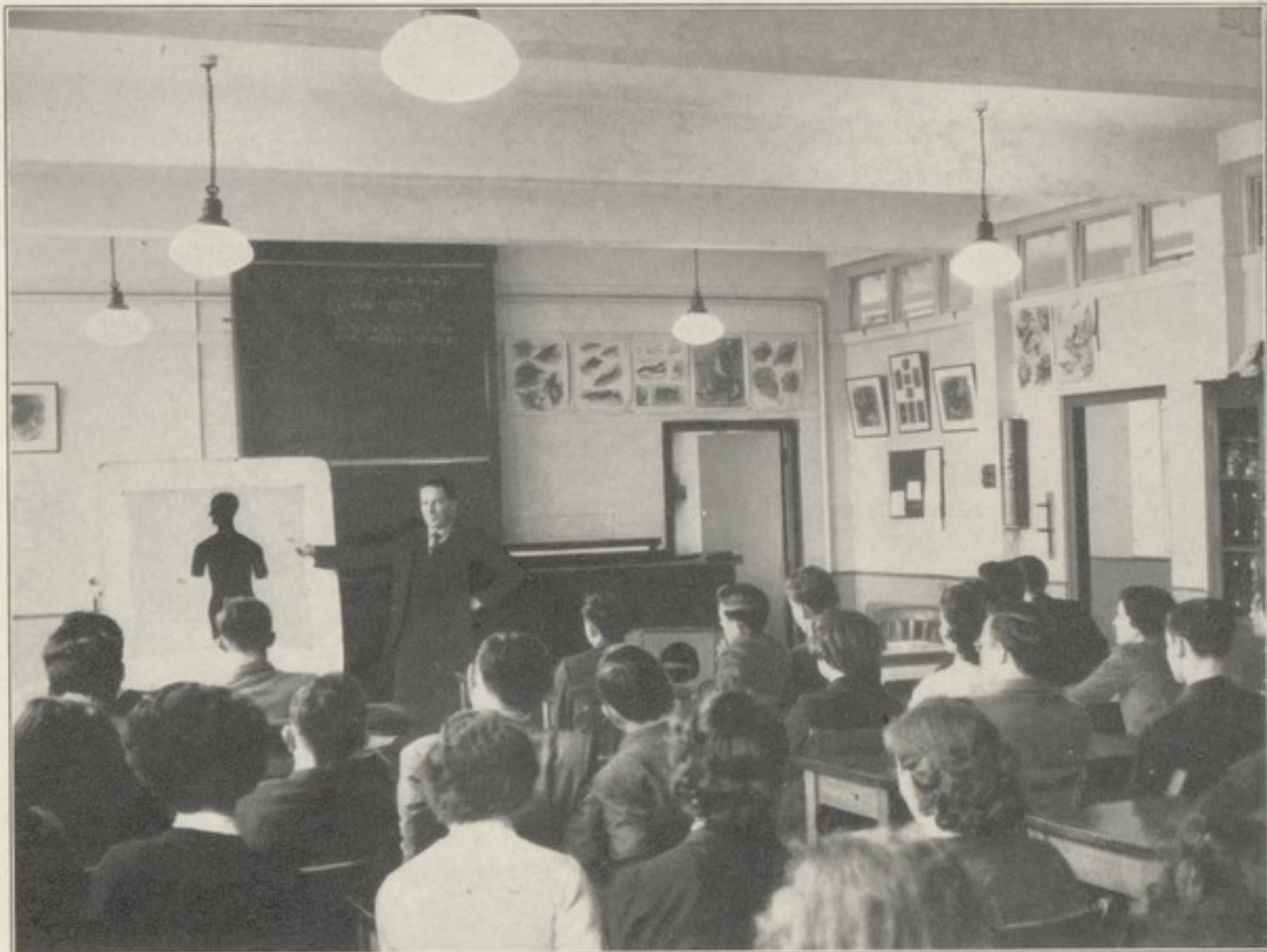
The proximity of these caravans to dwellings and the nuisances caused by lack of sanitation, water supply, etc., and the refuse left behind by the gypsies when vacating the sites, have naturally led to a very great increase in the number of complaints by residents regarding these nuisances.

The amount of a Sanitary Inspector's time necessary to deal with this may be estimated when it is realised that during the year no less than 611 caravans were moved by the Sanitary Inspectors from land in Northolt, either by informal action or by pulling them off the land on to the roadway by tractor with the assistance of the police. In addition, 16 were removed after action had been taken by the Sanitary Inspector in the local Magistrates Court and Orders obtained for their removal. Neither Police Court action nor the forcible removal of caravans from the land appear to deter the gypsies. I would again emphasise that the large number of caravans dealt with does not give a true indication of the number of separately occupied caravans coming into the district as, with a few exceptions, the majority belong to about 20 to 30 gypsies who, after having been removed from a site in the District to a site outside the District, return after a lapse of a few days or weeks to another site in the Northolt area and so, in fact, we are constantly dealing with the same gypsies. Summonses issued against them for not observing Court Orders result in fines being inflicted by the Court but this does not appear to have any permanent deterrent effect.

Several sites in the Northolt area have been fenced to prevent access by gypsy caravans and this, together with the continued building on land in this area will eventually solve the problem, but I am afraid that until all waste land in Northolt is either built upon or fenced, the nuisances caused by gypsy caravans will still occur and a large amount of one Sanitary Inspector's time, which would be better utilised on other duties, will have to be employed in abating the nuisances caused by the presence of gypsy caravans in the Northolt area.

Semi-Permanent Caravans.

In 1949/50 I reported upon twenty semi-permanent caravans in the Northolt area. As a result of action taken this number has been reduced at the end of 1950 to four. Further action taken during the year resulted in the removal of two more of these caravans and of the two remaining caravans, one is the subject of a Demolition Order and action is being taken to enforce compliance with this Order, and the other has been given until the end of May to remove his caravan from the site.



FOOD HYGIENE LECTURE IN SCHOOL.



Photo: Middlesex County Times

PRESENTATION OF CERTIFICATES OF HYGIENE BY THE MAYOR

During 1951, however, nine more caravans of a semi-permanent type were reported by the Sanitary Inspector to have established themselves in the Northolt area. Of these nine, two were caravan dwellers who had previously occupied caravans in the Northolt area but had removed after action had been taken by the Council. These two have now returned to sites in the Northolt area and are under Notice to leave within a specified period. Three were removed after action had been taken by the Council and of the remaining four, one was summoned at the Local Magistrates Court and the case was adjourned and the other three cases will be the subject of legal proceedings.

FOOD HYGIENE.

The Council's scheme for encouraging a high standard of Food Hygiene in the Borough has made considerable progress during the year.

Our experience shows that once food traders and food handlers fully understand the reasons for observing hygienic practices in the preparation and handling of food they are for the most part anxious to co-operate. Our lecture scheme is designed to give them this understanding and it is encouraging to report that throughout the year the attendance of food traders and food handlers at lectures has shown no sign of falling off. During the year 75 lectures were given to the following groups :

Food Traders	.. .. .	35
School Meals Service	.. .. .	28
Factory Canteens	.. .. .	10
Day Nursery Staff	.. .. .	2

447 of those engaged in the preparation and handling of food completed the course and were awarded Certificates of Attendance, making a total of 848 certificates issued since the lecture scheme commenced in December, 1949.

In addition, we inaugurated in the early part of the year with the co-operation of the Borough Education Officer and the Head Teachers, a scheme for giving instruction on Food Hygiene to the School leavers at the Secondary Grammar and Secondary Modern Schools in the Borough. Thirty-three talks were given during the year by the Sanitary Inspectors, each talk being illustrated by visual aids and a film. Approximately 1,400 children, many of whom will be entering the food trades or will become the housewives of tomorrow, received this instruction, and it is gratifying to report that the Head Teachers were favourably impressed by the manner in which the material was presented and by the children's response. In co-operation with the Head Teachers, arrangements have been made for the series of talks to be continued throughout 1952 at all the Secondary Grammar and Secondary Modern Schools in the Borough.

On the inspection side, 1935 inspections were made and 443 improvements to food premises were carried out. This very necessary work has been handicapped to some extent by a shortage of staff, but the work has proceeded satisfactorily and a further large number of improvements were in hand at the end of the year.

By the middle of the year five food establishments had fully complied with the Council's stringent conditions governing the issue of Food Hygiene Certificates and the first Certificates to be awarded were duly presented by the Worshipful the Mayor, Alderman Mrs. L. S. Stowell, O.B.E., J.P., at the Council meeting held on the 19th June, 1951. By the end of the year a further nine food establishments had qualified for this Certificate, and the Certificates were presented to the recipients at meetings of the Public Health Committee by the Chairman, Councillor S. Allenby. Consideration of a further number of applications was deferred pending full compliance with the Council's conditions.

I am confident that we have made considerable progress in our campaign for safe food in this Borough, and the Council's policy of the education of the food handler and the encouragement of the food traders to attain a high standard of Food Hygiene on their premises is the correct one for achieving our ultimate objective.

BATHS AND SWIMMING POOLS.

The Council's swimming baths are equipped with pressure filters for continuous filtration and the water is treated with chlorine under strict supervision. Tests for the efficiency of chlorination are taken daily.

There are three privately owned swimming pools in the Borough, one of which is not at present in use.

One is maintained by the Staff Recreation Club at a large factory and the other is provided in connection with several blocks of flats. Chlorine treatment is carried out at each of them.

PUBLIC MORTUARY

The arrangement with the Acton Council for the use of the Acton Mortuary was continued during the year. 209 bodies were taken to this Mortuary and post-mortem examinations were carried out in every case.

NATIONAL ASSISTANCE ACT 1948.

Under Section 50 of the Act the burials of nine persons were carried out. In two cases part of the expenses of the burials was recovered and in seven cases the cost was borne by the Local Authority.

Under Section 47, an application was made to the Local Magistrates Court for an Order for the removal of an elderly person who was living alone under very insanitary conditions and was unable to devote to herself proper care and attention. Every effort was made to persuade this person voluntarily to enter a suitable Home but without avail. Efforts were also made to trace relatives who might have been able to care for her but these efforts met with no success. After full consideration of the circumstances the Court made an Order for removal for a period of three months to Redhill House.

Subsequently the house which the elderly person had occupied and which was the subject of a Demolition Order, was pulled down and the site cleared.

THE WORK OF THE SANITARY INSPECTORS IN 1951.

I append a report to the Medical Officer of Health by the Chief Sanitary Inspector.

For the greater part of the year the Sanitary Inspectors' Staff has been below establishment. This has resulted in some reduction in the number of re-inspections of works in progress and in the number of regular routine inspections of food premises, etc.

The following tables give details of the work of the Sanitary Inspectors during the year :

Public Health Act 1936.

Inspections.

Premises inspected on complaint	2,643
Other nuisances observed by Inspectors	156
Premises inspected in connection with infectious disease ..	1,340
Smoke observations	76
Houses without water supply	6
Inspections of movable dwellings	1,137
Other inspections	1,012
Re-inspections	6,487
Intimation Notices served	1,004
Statutory Notices served	428
Letters written	1,891
Proceedings before magistrates	39

Legal Proceedings.

Public Health Act 1936, Section 93.

Non-compliance with Statutory Notices.

In 17 cases legal proceedings were taken to enforce compliance with Notices requiring the abatement of nuisances. In 14 of these cases Orders were made by the Magistrates for the necessary work to be carried out within a stated period and costs amounting to £22 1s. 0d. were awarded. In two cases the summonses were adjourned and later withdrawn as the work was largely completed before the hearings. One case, relating to a nuisance caused by excessive condensation, was dismissed by the Magistrates.

A further 16 cases were taken against the owners of gypsy caravans. In 12 cases Orders were made by the Magistrates for the abatement of nuisances and costs amounting to £3 1s. 0d. were awarded. In the other 4 cases fines amounting to £3 3s. 0d. were imposed on the occupants of the caravans for non-compliance with Court Orders.

Public Health Act 1936, Section 44.

One case was taken against an owner for non-compliance with a Notice to execute works under this Section. A fine of £2 was imposed.

Public Health Act, 1936, Section 75.

The owners of three properties upon whom Notices were served to provide dustbins appealed against these Notices to the Ealing Magistrates Court. In all three cases the appeals were disallowed by the Magistrates.

Middlesex County Council Act 1944, Section 345.

The occupants of two caravans of a semi-permanent type in the Northolt area were summoned for continuing to occupy land in the Borough as sites for their movable dwellings after the Ealing Council had refused them permission to do so. Fines amounting to £3 5s. 0d. were imposed by the Court.

Food and Drugs Act 1938.

Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.

Milk and Dairies Regulations, 1949, Etc.

Complaints received	23
Inspections of Milk Purveyors' Premises	89
Contravention of Regulations	2
Inspections of Ice Cream Premises	500
Food Inspections	1,055
Inspections of Food premises	1,939
Contraventions found	382
Notices served	325
Proceedings before Magistrates	3
Samples of Milk taken	63
Samples of Ice Cream taken	103
Samples of Synthetic Cream taken	30
Samples of other foods taken	21

Legal Proceedings.

Food and Drugs Act 1938, Sec. 9.

The following three cases relating to the sale of unsound food were the subject of legal proceedings :

1. Glass in milk—a fine of £5 was imposed and £5 5s. 0d. costs were awarded.

2. Hairclip in pastry—a fine of £2 was imposed and £1 1s. 0d. costs were awarded.

3. Finger bandage in loaf—the case against the firm was dismissed but the responsible employee was fined £5.

Milk Supply.

There are 77 registered distributors of milk in the Borough.

During the year licences for the sale of milk under the Milk (Special Designation) Regulations were granted as follows :—

	<i>Dealers' Licences</i>	<i>Supplementary Licences</i>	<i>Total</i>
Tuberculin Tested Milk ...	48	10	58
Pasteurised Milk	46	12	58
Sterilised Milk	42	12	54

The Milk (Special Designations) (Specified Area) Order 1951 came into operation on the 1st October, 1951, and from that date all milk sold by retail in the Borough must be "designated milk," i.e., Tuberculin Tested, Pasteurised or Sterilised Milk.

Sixty-three samples of milk and cream were taken and submitted to the Methylene Blue and Phosphatase Tests at the Public Health Laboratory, Ealing.

The results were as follows :

<i>Designation</i>	<i>Samples</i>	<i>Phosphatase</i>		<i>Methylene Blue</i>	
		<i>Passed</i>	<i>Failed</i>	<i>Passed</i>	<i>Failed</i>
Pasteurised ...	49	46	3	49	—
T.T. Pasteurised	2	2	—	2	—
Heat Treated ...	5	4	1	5	—
Undesignated ...	5	4	1	5	—
Cream ...	2	2	—	2	—
	63	58	5	63	—

Subsequent samples were taken from the suppliers of the 5 samples which failed the Phosphatase Test, and these proved satisfactory.

In addition, 250 samples of Pasteurised Milk from processing plants in the Borough were taken by the Officers of the County Council who are the licensing authority under the Milk (Special Designations) Regulations. Of these 12 failed the Methylene Blue Test and 2 failed the Phosphatase Test.

Ice Cream.

The 293 registered ice cream premises in the Borough were all visited during the year and the source of supply checked. It was found that their ice cream is obtained from one of the 7 registered manufacturers in the Borough or of the 24 manufacturers from outside the Borough. Samples from each of these 31 manufacturers were taken once or more during the year, a total of 103 samples of ice cream, ice cream constituents and ice lollies being submitted for bacteriological examination.

The results were as follows :

Commodity	Samples	1	Grade		4	Not Graded
			2	3		
Ice Cream— Local Manufacture	45	29	3	10	3	—
Ice Cream— Other Manufacturers	52	27	8	12	5	—
Ice Cream Constituents	4	—	—	—	—	4
Ice Lollies	2	—	—	—	—	2
	103	56	11	22	8	6

Nineteen of these samples were reported to be unsatisfactory—nine from local manufacturers, nine from other manufacturers and one of the ice cream constituents.

Unsatisfactory samples were followed up, either by investigation at the producer's plant in the Borough or by notification to the Authorities concerned where the manufacturer's premises were outside the Borough.

Synthetic Cream.

Thirty samples of synthetic cream were taken from local manufacturers, all of which received satisfactory bacteriological reports.

Inspection of Meat and Other Foods.

The following foodstuffs were condemned by the Sanitary Inspectors as unfit for human food in the course of their inspections of the various food premises in the Borough :

	lbs.
Bacon	159
Bakery Waste	25,416
Beef	2,029 $\frac{1}{4}$
Biscuits	803 $\frac{1}{2}$
Brawn	8
Butter	10
Cake	3
Cheese	67 $\frac{1}{4}$
Chopped Pork	27
Cocoa Sweepings	2,296
Confectionery	23,208
Corned Beef	603 $\frac{1}{4}$

Corned Mutton	..	..	..	..	..	121 $\frac{1}{2}$
Custard Powder	..	..	..	..	..	140
Dates	..	..	..	..	..	20
Dried Apricot Pulp	..	..	..	..	..	110
Dried Egg	..	..	..	..	..	8
Dried Milk	..	..	..	..	..	540
Fish	..	..	..	..	..	1,271
Flour	..	..	..	..	..	291
Ground Rice	..	..	..	..	..	16
Ham	..	..	..	..	..	157 $\frac{1}{2}$
Haricot Beans	..	..	..	..	..	25
Jam and Marmalade	..	..	..	..	..	461 $\frac{1}{2}$
Lamb	..	..	..	..	..	8 $\frac{1}{2}$
Lentils	..	..	..	..	..	80
Liver	..	..	..	..	..	12 $\frac{1}{2}$
Luncheon Meat	..	..	..	..	..	4 $\frac{1}{2}$
Macaroni	..	..	..	..	..	34
Minced Meat	..	..	..	..	..	46
Mincemeat	..	..	..	..	..	2
Nuts	..	..	..	..	..	895
Oatmeal	..	..	..	..	..	232
Oats	..	..	..	..	..	6
Offal	..	..	..	..	..	20
Peanut Butter	..	..	..	..	..	3
Pearl Barley	..	..	..	..	..	126
Pork	..	..	..	..	..	2
Prunes	..	..	..	..	..	72
Rissole Meat	..	..	..	..	..	30
Roe	..	..	..	..	..	96
Sago	..	..	..	..	..	8
Sauce Powder	..	..	..	..	..	114 $\frac{3}{4}$
Sausage sand Sausage Meat	..	..	..	..	..	231 $\frac{1}{4}$
Soya	..	..	..	..	..	28
Split Peas	..	..	..	..	..	136
Steak	..	..	..	..	..	77
Sugar	..	..	..	..	..	1
Sweepfat	..	..	..	..	..	7
Tapioca	..	..	..	..	..	5
Tea	..	..	..	..	..	2,524
Veal	..	..	..	..	..	99 $\frac{1}{2}$
Vegetable Rusks and Tomato Links	..	..	..	..	..	86

In addition, the following other articles of food were also condemned :

Eggs (shell)	..	..	..	..	..	3,016
Assorted Articles	..	..	..	..	..	336
Assorted tins, jars and packets	..	..	..	..	..	28,382

There are two private slaughter-houses in the Borough, but no slaughtering has been carried out in them since 1939.

Housing Statistics.

1. Inspection of dwelling-houses during the year :

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	2,101
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Act, 1936	6
(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	1,504

2. Remedy of defects during the year without service of formal notices :

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers... ..	1,094
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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 Act :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	363
(2) Number of dwelling-houses in which defects were remedied after service of formal notice :	
(a) by Owners	317
(b) by Local Authority in default of owner	—

C.—Proceedings under Section 11 and 13 of the Housing Act, 1936 :

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

Factories Acts, 1937 and 1948.

Part I of the Act.

1. Inspections for the purposes of provisions as to health (including inspections made by Sanitary Inspectors) :

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	244	127	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	365	246	16	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	—	—	—	—
Total ...	609	373	22	—

2. Cases in which defects were found :

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspect'r	By H.M. Inspect'r	
Want of cleanliness ...	6	6	—	5	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature ...	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors ...	—	—	—	—	—
Sanitary Conveniences :					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective ...	8	8	—	6	—
(c) Not separate for sexes ...	1	1	—	1	—
Other offences against the Act (not including offences relating to out-workers ...	11	11	—	—	—
Total ...	26	26	—	12	—

Part VIII of the Act.
Outwork.
 (Sections 110 and 111).

Nature of Work	SECTION 110	SECTION 111
	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of instances of work in unwholesome premises
Wearing apparel :		
Making, etc. ...	110	—
Cleaning and Washing ...	1	—
Furniture and upholstery ...	6	—
Artificial flowers ...	1	—
Paper bags ...	3	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper ...	7	—
Carding, etc., of buttons, etc.	2	—
Feather sorting ...	1	—
Stuffed toys ...	25	—
Cosaques, Christmas crackers, Christmas stockings, etc. ...	4	—
Lampshades ...	2	—
Total ...	162	—

Shops Act, 1950.

In co-operation with the Shops Act Inspector, improvements under Section 38 of the Shops Act, 1950, relating to the health and comfort of shop workers were carried out in twenty-seven instances :

Ventilation improved	2
Heating improved	11
Sanitary accommodation improved	14

Prevention of Damage by Pests Act, 1949.

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

Complaints	723
Premises inspected	893
Premises found to be infested with :	
1. Rats	581
2. Mice	193
Re-visits to infested premises	1,806
Fees received for treatment	£731 8s. 0d.
Premises treated free of charge	100

Rodent Control in Sewers.

In accordance with the requirements of the Ministry of Agriculture and Fisheries (Infestation Control Division), maintenance treatments of the soil sewers in the Borough were carried out during February and August.

A total of 1,102 sewer manholes were dealt with and of these 474 were found to be rat infested. Poison baits were used in the infested manholes.

Rag Flock and Other Filling Materials Act, 1951.

This Act became operative on the 1st November, 1951, and requires premises, where certain prescribed filling materials are used in the work of upholstery, etc., to be registered with the Local Authority. Seven applications for registration were received during the year and these premises were duly registered.

Disinfection.

Number of houses where disinfection was carried out	203
Number of houses disinfested of vermin	81
Number of articles disinfected by steam	114
Number of articles voluntarily destroyed	201

Summary of Sanitary Defects remedied as a result of Notices Served and Letters written.

Animals—nuisances from abated	8
Caravans—nuisances from abated	627
Cesspools—abolished	1
Cesspools—cleansed	1
Damp proof courses inserted in walls	35
Dampness—other forms remedied	294
Drains—connected to sewer	5
Drains—cleared and cleansed	421
Drains reconstructed	37
Drains—repaired	163
Drains—new soil and ventilating pipes provided	19
Dustbins provided	151
Firegrates—repaired or renewed	90
Floors—sub-floor ventilation provided	11
Floors—repaired or renewed	202
Food cupboards ventilated	2
Rainwater eaves, gutters, downpipes repaired	391
Refuse—accumulations removed	37
Roofs repaired	645
Sinks repaired or renewed	25
Sink waste pipes repaired or renewed	51
Staircases repaired	25

Walls and ceilings repaired or cleansed	1,201
Water supply reinstated	45
Water supply—draw taps fixed to main supply	9
Water closets—repaired, reconstructed or improved	159
Windows and doors repaired	197
Yards paved or repaired	32
Other defects remedied or nuisances abated	330

Summary of Work Done and Improvements carried out at Food Premises.

Walls and ceilings repaired and cleansed	141
Floors repaired	25
Lighting and ventilation improved	22
Washing facilities provided	20
Hot water provided	89
Sinks provided	8
Storage accommodation improved	15
Water supply provided	5
Water closets cleansed or repaired	28
Refrigeration installed or improved	6
Other defects remedied	84

HOUSING PROGRESS.

The Borough Surveyor informs me that a total of 191 permanent dwellings were completed during 1951 at the following Corporation Estates :

<i>Northolt Grange</i>	54 dwellings, comprising—
	14—3 bedroom houses
	40—2 bedroom flats
<i>Carr Road, Northolt</i>	8 dwellings, comprising—
	8—3 bedroom houses
<i>Medlar Farm, Northolt</i>	61 dwellings, comprising—
	15—3 bedroom houses
	10—2 bedroom houses
	36—2 bedroom flats
<i>Ravenor Park</i>	54 dwellings, comprising—
	27—3 bedroom houses
	1—2 bedroom house
	26—2 bedroom flats
<i>Gifford Gardens, Hanwell</i>	14 dwellings, comprising—
	8—1 bedroom flats
	6—2 bedroom flats.

The Ministry of Housing and Local Government recently published a booklet illustrating 20 different plans with the object of preserving essential housing standards while reducing capital costs and rents.

These plans keep the minimum room sizes of the Housing Manual 1949 and they also give an "aggregate living space" on the ground floor of at least 320 sq. ft. for a three-bedroom house for five persons, or 280 sq. ft. for a two-bedroom house for four persons.

The "aggregate living space" is the combined area of the ground floor living room, sitting room and kitchen. It does not include a wash-house or a utility room if contained in a separate outbuilding.

Subject to these standards the aim is to reduce the overall size of the house as far as can reasonably be done, and to plan a house in which the circulation space taken up by hall, passage and lobbies is reduced to a minimum.

The Council have 19 of the 20 types under construction at Northolt Park Estate at the moment. Comparison of the various types can therefore be made, in the near future, with houses built before, or designed, before January, 1952.

There are three broad groups of these two and three bedroom houses :

Group 1. Plans on orthodox lines, with reduced circulation space.

Group 2. Plans on orthodox lines, with variations in the method of access from the front to the back of the house.

Group 3. The "Dining Hall" House, with stairs rising from the dining space.

Group 4. The "Large Living Room" House with stairs rising from the living room and whole house heated by radiators.

All the plans are based on varying factors :

(a) Whether separate access from the entrance hall to the kitchen is provided.

(b) How access is to be given from the front to the back of the house.

(c) Whether storage is outside or within the house ; and

(d) The use of a particular type of heating installation,

SCHOOL HEALTH SERVICE.

The administration of the School Health Service continues to be the function of the Middlesex County Council. Ealing Divisional Executive as an "excepted district" makes the arrangements for medical examinations and the Area Health Committee arranges for treatment and disposal of the children.

The number of inspections and re-inspections is very much the same as in previous years :

	1950	1951
Routine inspections	6,630	6,686
Re-inspections	2,320	2,256
Special inspections	3,511	4,009

In some quarters it has been suggested that the School Health Service should concentrate mostly on the entrants and leavers and that with the greatly improved facilities for obtaining medical care in recent years the intermediate examination is not so important. Be that as it may, the fact that 4,009 special examinations have been asked for by the parents and teachers shows that the school medical service continues to play an essential role in maintaining the health of the school child.

Not only does the school doctor by his routine examinations detect deviations from health in an early stage while they are still easily corrected, but he serves as an adviser to the Education Authorities on methods of preventing the spread of infectious diseases and the maintenance and improvement of the standards of school premises.

The system whereby one medical officer was made responsible for each area of the Borough has proved most successful in practice and is being continued.

There are many advantages to all concerned in that co-operation between teacher, doctor and parent is greatly improved.

The doctors welcome the scheme in that it brings greater variety into their work and helps them to know the children better ; the parent too quickly comes to know the local doctor at the welfare clinic and school clinic—and the teacher knows that the school doctor is always working somewhere in the vicinity in case of need.

Ninety seven pupils seen during the year were classified as physically poor as against seventy-nine in the previous year. This is a small number, *i.e.*, 1.50% and compares favourably with other areas of Middlesex.

The co-operation of parents in the area continues to be most satisfactory. At the infant and intermediate examinations a very large percentage of the parents attend with the children and it is unusual to find a case in which treatment advised is not carried out.

The total of children found at routine medical inspection to be requiring treatment rose slightly from 537 in 1950 to 630 in 1951.

The appended table shows a moderate rise in the number of defects found at routine and special examinations to approximately the level of 1949—after the very low figures of 1950.

There has been a large apparent rise in the figure of chest diseases—but this is only because a “breathing exercise” clinic in the area has produced such good results that a large number of children known to be suffering from asthmatic conditions have been encouraged to attend.

The number of attendances at minor ailment clinics rose very substantially from 3,299 in 1950 to 5,515 in 1951. A large number of children receive treatment from General Practitioners and Hospital out-patient departments, but some of the minor infectious conditions of childhood such as warts and impetigo can be treated successfully and economically—helping to save the time of the child, doctor and hospital.

In many cases where some defect is found at a routine examination, the child is referred to the minor ailment clinic for a fuller examination.

The minor ailment clinic is now a centre where the children who present some problem may be seen and treated or referred for general practitioner or specialist advice or treatment where required.

	1949	1950	1951
Skin diseases	901	617	695
Defective vision	409	358	433
Squint	51	24	49
Defects of hearing	45	36	51
Middle ear disease	42	33	26
Nose and throat	589	350	389
Speech	70	33	47
Enlarged glands	11	5	10
Heart and circulation	14	5	13
Lung diseases	101	35	111
Hernia	15	1	4
Postural defects	34	17	30
Flat foot	114	86	91
Epilepsy	—	—	3

HANDICAPPED CHILDREN.

The Education Act, 1944, provides that children shall be educated in conformity with their age, ability and aptitude.

An important function of the school health service is to ascertain which children are so handicapped by reason of mental or physical defect as to require special educational treatment.

At the end of 1951 the following numbers of children in Ealing had been so ascertained :

Blind	...	...	...	...	...	...	2
Partially sighted	...	...	...	...	...	...	11
Deaf	...	...	...	...	...	...	15
Partially Deaf	...	...	...	...	...	...	16
Delicate	...	...	...	...	...	...	205
Diabetic	...	...	...	...	...	...	8
Educationally sub-normal	...	...	...	...	...	...	98
Epileptic	...	...	...	...	...	...	7
Maladjusted	...	...	...	...	...	...	62
Physically handicapped	...	...	...	...	...	...	35
Speech defects	...	...	...	...	...	...	4
Multiple defects	...	...	...	...	...	...	3

Of these 156 had been placed in special residential schools, 43 in special day schools, 6 in independent schools, 9 received home tuition and 252 were in maintained primary and secondary schools.

The Delicate children comprise by far the largest group—and this group is apparently increasing in number as the parents appreciate the excellent facilities provided at the open air schools. Many of the children do not require to go away to a special school but are helped by extra nutrients and close supervision in their ordinary school.

The Educationally Subnormal group vary greatly in their capabilities, ranging from those who are unsuitable for any type of formal schooling through those who need special day or residential schools to those children who can manage in special "opportunity classes" in the ordinary schools. The waiting list for these special schools remains as long as ever.

The number of maladjusted children might appear large in comparison with those of other authorities, but this is due solely to the excellent facilities provided in the Borough by the Child Guidance Centre for the detection, investigation and treatment of the milder degrees of maladjustment which would otherwise go untreated. This is preventive psychological medicine in its truest aspect, since these children if left untreated would otherwise go from one crisis to another and often end as burdens on the community.

The Physically Handicapped group comprise a miscellaneous group mostly suffering with orthopaedic defects such as poliomyelitis, birth injuries or severe rheumatic disease of such a degree as to be unsuitable for an ordinary school. In several cases, with the teacher's co-operation, it has been possible to keep these children at a normal school with their ordinary playmates.

A very small but tragic group are the children with multiple defects, *e.g.*, children with severe physical disabilities or epilepsy plus some degree of mental retardation. A further difficulty in these cases is the very limited number of schools willing to accept such children and the great difficulty of placement.

SCHOOL DENTAL SERVICE.

Staff.

The year 1951 has seen a slight improvement in the staffing position in this area.

At 31st December, 1951, the position was as follows :

- 1 Area dental officer.
- 3 Full-time dental officers.
- 2 Part-time dental officers.

These figures represent in terms of full-time operating strength 4 1/11ths dental officers. In addition, there were 2 part-time orthodontists, whose combined sessional attendances represented 9/11ths of a full-time orthodontist.

The figures for the corresponding period in 1950 stood at : 1 Area dental officer, 3 full-time dental officers and 1 part-time dental officer, the total being equivalent to 3 10/11ths dental officers and 1 part-time orthodontist equal to 5/11ths full-time.

Restricted Scheme.

The system of restricted dental treatment which was introduced in Ealing in 1950, as a direct result of the shortage of staff, has been continued with certain modifications. These modifications were the alteration of the age group eligible for routine treatment from the 5 to 7 year old group to children of the 8 to 10 year old group, in order that the conservative work should be on permanent teeth. All other school children outside this age group are eligible for emergency treatment only.

The emergency treatment given was limited as follows :

1. Cases reporting with toothache.
2. Cases referred by a medical officer who are waiting to be admitted to hospital for tonsils and adenoids operations.

3. Cases referred by a medical officer and who are about to be sent to a special school or convalescent home.

4. Cases of acute oral sepsis.

5. Cases of injury.

The one exception to the above categories is the condition in which, following an accident, a front tooth is damaged beyond conservative aid. In this case a denture is normally supplied to replace the extracted tooth, in order that the cost shall not fall on the parent. This would be the case if the denture were supplied under the General Dental Service.

Orthodontic Service.

The demands placed upon this section of the School Dental Service are very heavy, therefore inevitably there is a long list of patients seeking treatment. The appointment of an additional part-time orthodontist which was effected at the end of the year should ease the burden considerably in this direction.

In addition to the orthodontic work undertaken by the orthodontists appointed exclusively for this type of work, a small proportion of the time of the dental officers is devoted to orthodontic cases. The overall figures show that 148 fixed appliances were inserted compared with 199 removable appliances. 170 of these removable appliances were supplied by the good offices of the Royal Dental Hospital of London, without cost.

X-Ray Scheme.

The X-ray department commenced operation at Cherington House Clinic in September. This was a very much needed service as many patients had long journeys to make previously, when the majority of the X-ray work was referred to the Hillingdon Hospital and to a lesser degree to the Central Middlesex Hospital, Park Royal.

In order that the dental officers' time should be devoted entirely to those operations in dentistry which it is not possible to delegate to an ancillary worker, a dental attendant was trained in the taking and processing of dental radiographs at the Hillingdon Hospital. This dental attendant commenced X-ray duties in September. In November an additional dental attendant, who had extensive experience in radiography, was appointed to assist the new part-time orthodontist. These two radiographers had taken 632 radiographs by the end of the year.

New Clinics.

Two new dental clinics were opened during the year.

Laurel House Clinic serves South Ealing and was opened in June.

Abbey Parade Clinic, West Twyford, serves the north-east part of the Ealing Borough. This clinic was also opened in June.

Shortage of staff makes it only possible to run these clinics on a very limited part-time basis. The former clinic is open for one session per week whilst the latter is attended two sessions per week. These new clinics are extremely well equipped and are furnished to unit standard.

The opening of these new clinics has considerably reduced the travelling time for children whose schools are in the vicinity of these centres.

Statistical Survey and Interpretation.

The child/dental officer ratio works out at appreciably over 7,000 to 1 in this area and accounts for a very high percentage of attendances of emergency cases. 55% of the attendances made were by these special cases which accordingly reduced the number of routine cases that could receive treatment. The restricted scheme, however, enabled a semblance of ordered inspection and treatment to be undertaken. This is a system upon which, as a factor in the wider field of preventive medicine, the school dental service is based and a system to which it is hoped it will one day return.

The alteration of policy with regard to the restricted scheme in order to bring it into line with the recommendations of the Ministry of Education has resulted in a marked increase in the number of fillings in permanent teeth as compared with the year 1950. These recommendations are that the accent of conservative effort should be on the permanent dentition where the staffing position is insufficient to provide a full service. The total number of fillings in permanent teeth in 1950 was 3,308. The comparable figure for 1951 is 5,518. This increase is balanced by the corresponding decrease in the number of fillings done in temporary teeth which are as follows: 1950, a total of 4,570 fillings; 1951, a total of 2,081 fillings. This latter figure would have been substantially lower but for the fact that the alteration of the age group for routine treatment did not commence until 1st April, 1951.

EAR, NOSE AND THROAT SERVICE.

Mr. Arthur Miller, F.R.C.S., D.L.O., Consulting Otologist, conducts special Ear, Nose and Throat Clinics at the Mattock Lane and Ravenor Park Health Centres.

Cases are referred to him from local doctors, minor ailment clinics, school nurses and teachers, on account of ear, nose and throat trouble, including deafness and affections of the para-nasal sinuses, and speech defects.

The service of testing children's hearing at school, which began in 1950, has continued during 1951, as well as "pure tone audiometric tests" for precise evaluation of hearing defects. By this means the early stages of deafness have been ascertained even before it was manifest to the teachers.

Appropriate treatment was administered at these Clinics with gratifying results, as the subsequent control tests have shown.

The tonsil waiting list is still a long one and only the most urgent cases have been done. Some of the children, with conservative treatment administered at the Clinics, did eventually improve to such a degree that operation is no longer required.

Altogether 75 have been operated on during 1951. The number of new cases seen was 231, total attendances 726, re-inspections 495, operations advised 163, treatment advised 220.

Audiometry Survey.

No. of schools visited	...	...	...	33
No. of children examined	...	...	...	8,039
No. of children with hearing loss	...	...	...	280
No. of "pure tone" tests	...	...	...	188
No. seen by Mr. Miller	...	...	...	53

FOOT HEALTH

Dr. Craigmile reports

"The routine foot examinations of children in maintained schools continued throughout the year. It should be possible for each child to be seen by the school nurse once every two years. While the first years have found a large number of children requiring advice, it is hoped that succeeding examinations will prove the benefit of this supervision.

The Ealing Contributory Shoe Scheme came to an end in October, 1951 amid the expressed regret of the parents who participated. 175 children were included in the scheme and the final report of the two years' work gave some interesting facts. The following points were of general interest :

1. Three pairs of strong shoes and one pair of sandals are sufficient to carry most children through the year, provided the shoes are made and fitted to allow for growth.
2. 98% of children can be fitted from a range of shoes where there are three fittings to each half-size, but less than 50% of children are adequately fitted by shoes where there is only one "average" fitting to each size.
3. Minor foot defects will correct by themselves when the foot is shod to allow free growth.

In November the Royal College of Nursing ran a Refresher Course for Health Visitors and made a request that a talk on the Shoe Scheme should be given to a group of their members. Accordingly, an afternoon programme was arranged and included a report of the methods and results of the Shoe Scheme, demonstrations of early foot defects, and of suitable and unsuitable footwear.

During the year Dr. R. Hardy, the Research Scholar of the British Boot Shoe and Allied Trades Research Association, made a special study of the cause of bunions. After making a survey on adults he wished to study the early causes of bunions in children and was given facilities to examine and to X-ray some of our school children. In his results published in *The Lancet* he disposes of the idea that certain types of inborn foot defects are the main causes of bunions and stresses the fact that the cause must be sought for elsewhere. This finding agrees with our own work which points to bad footwear as one of the main causes of bunions and indicates a fruitful field for future preventive action."

FOOT CARE SERVICES.

Treatment for foot complaint is given by :

- (a) Chiropody Clinic (five sessions per week).
- (b) Special Minor Ailment Clinic.
- (c) In certain cases by the Orthopaedic and Physiotherapy Clinics.

Chiropody Clinic.

This was attended by patients referred from the Ante-Natal, Welfare and School Clinics. Preference is given to the children and only mothers complaining of foot trouble are sent.

The number and type of cases dealt with are as follows :

<i>Classification</i>			<i>No. of visits per year</i>	<i>New Cases</i>
A.N. Mothers	...		23	4
0—5 years	...	...	58	10
5—15 years	...	...	1,798	187
Total	...		1,879	201

Number of new patients ... 201

Average number of visits per patient 9.4

<i>Type of Case</i>	<i>No. of visits per year</i>	<i>No. of new cases per year</i>	<i>Average No. of treatments</i>
Corns and callouses ...	142	36	4
Verrucae ...	1,280	140	8.3
Fungus infection ...	2	1	2
Nail defects ...	60	20	3
Other ...	28	4	7

Most cases of fungus infection are treated at the general minor ailment clinics.

Special School Foot Clinic.

This is held for treatment and advice of school children who are referred from the routine school foot inspections.

Number of sessions (per year) ... 22

First visits ... 519

Return visits ... 104

Number referred to Orthopaedic Specialist 47

<i>Type of case</i>	<i>Number seen per year</i>
Hallux Valgus	48
Hallux Rigidus	20
Hammer toes	8
Curled and cramped toes	36
Pes cavus... ..	8
Painful heels	24
Pain in exostosis	12
Pes planus	48
Everted ankles	200
Inverted ankles	72
Knock knees	24
Old fracture	1
Total	519

OPHTHALMIC SERVICE.

Children with defects of vision are referred from the school doctors and minor ailment clinics to the care of the Consultant Ophthalmologist, Mr. Freeman Heal.

The total number of cases seen was 1,214, of which 468 were new cases and 746 re-inspections. The number of glasses prescribed was 797.

Abnormal eye conditions other than errors of refraction were as follows :

CONGENITAL ABNORMALITIES.

	<i>New cases</i>	<i>Old cases</i>
Squint... ..	62	258
Congenital Nystagmus	3	12
Progressive or Malignant Myopia	6	2
Obstruction of nasal ducts	1	1
Congenital cataracts... ..	1	2
Congenital defect oculo-motor nerves	—	1
Coloboma uveal tract	1	1
Dermoid cyst... ..	—	1

ABNORMALITIES DUE TO INFECTION.

Blepharitis	6	—
Styes	4	—
Follicular conjunctivitis	2	—
Sub-acute conjunctivitis	1	—
Uveitis (old scars)	—	1
Optic atrophy following cerebral abscess	—	1

ABNORMALITIES DUE TO TRAUMA.

Loss of eye from accident	—	1
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ABNORMALITIES OF UNKNOWN ETIOLOGY.

Corneal opacities	3	3
Optic atrophy	1	1
Central retino-choroiditis	—	1
Coat's Disease	1	—

Number of children sent to Special Schools 2 —

Number of children sent for Squint operation... .. 4 —

ORTHOPAEDIC SERVICE.

The Orthopaedic Consultant, Mr. J. A. Cholmeley reports :

" For some years the School Medical Department of Ealing has been particularly interested in the prevention of orthopaedic disabilities in children and has concentrated largely on foot disorders caused or exaggerated by unsuitable footwear.

The shoe scheme experiment showed for example that many early foot and toe deformities could often be corrected by the fitting of proper shoes, but it was found that there were too many practical difficulties even for the scheme to become universal throughout the Borough. These difficulties included the distribution of footwear in many varieties of fittings and the high cost of the better class of children's shoes which many parents were unable to afford.

An alternative simpler method of dealing with the problem of ill-fitting shoes has been the supervision of the school children's footwear regularly by one member of the School Department Nursing Staff and the provision of regular chiropody where required by a whole-time qualified chiropodist under the supervision of the School Medical Officers.

The above schemes have been developed in consultation with the Orthopaedic Surgeon attending the Borough clinics, and by these simple means many minor foot disabilities have been adequately dealt with without the necessity of the child attending the School Orthopaedic Clinics.

There are, however, always cases requiring more specialised supervision and treatment than can be obtained at the schools or the ordinary school clinics. These are referred by the School Medical Officers to the School Orthopaedic Clinics at Mattock Lane, Ealing, and Ravenor Park, Greenford. At these clinics during the year 1951, 152 new cases and 573 re-inspections were carried out, totalling 725, which compares with 560 for 1950 and 617 for 1949, showing that the advent of the National Health Service has certainly not reduced the number of school children requiring examination and supervision by an orthopaedic specialist. In addition to these examinations during 1951, 252 cases were referred for treatment by the clinic physiotherapists and these school children made a total of 1,910 attendances. Here again there has been a considerable increase in the number of cases and attendances during the past three years.

A service such as is available in Ealing keeps down the number of children requiring in-patient orthopaedic hospital treatment, but where this is required the patients are admitted under the care of the visiting clinic orthopaedic surgeon to the Royal National Orthopaedic Hospital, thus providing continuity of treatment and

supervision. The workshops of this hospital also make any surgical boots and instruments that are prescribed.

Recently, in order that the general practitioners of the children attending the clinics shall be kept informed, letters have been sent about each new case both to the School Medical Officer referring the case and to the general practitioner concerned. This of course increases the clinic work but, I am sure, is well worthwhile for all concerned.

It might be considered that the work done at these Orthopaedic Clinics could be carried out by the local hospitals under the National Health Service, but I am of opinion that it is much better not to add these children to the already overworked hospital out-patient and physiotherapy departments and as far as possible to reduce the amount of time spent in travelling by both parents and children to hospitals. This gives the busy housewife relief and interferes as little as possible with the children's education."

SPEECH THERAPY.

Speech Therapy treatment has been carried out at the following centres :

Mattock Lane		Greenford Green		Perivale	
Cherington House		Ravenor Park		Islips Manor	
Laurel House		Oldfield School		Northolt School	
	<i>Discharged</i>	<i>Transferred</i>	<i>New</i>	<i>Total treated</i>	
Stammer ...	4	3	12	20	
Dyslalia and					
Aphasia	39	3	32	80	
Cleft Palate ...	—	—	1	5	
Cerebral P. ...	—	2	2	4	

Interviews.—Approximately 96 new cases were seen during the year. Many of these do not appear in the figures given above as they only attended two or three times.

Schools.—In September 57 Primary and Junior schools were visited. 408 speech defective children were discovered and of those 105 were receiving treatment. The remainder had not been referred as they were less defective and it was known that there were few vacancies for treatment.

Waiting List.—The waiting list of children referred (as distinct from those in schools not referred) stands at 15, but as will be seen above, this is not a true guide to the need for treatment.

General.—Closer liaison with medical officers, through Dr. Lilliott, and with Mrs. Chambers, the Audiometer Operator, has resulted in a speed up of surgical treatment, transfer to special schools, and early detection of hearing loss with subsequent action,

Case discussions have also been held with Head Teachers and the Child Guidance Centre.

Treatment has ranged over children from $2\frac{1}{2}$ years to 16 years, those under 5 years being treated indirectly in play groups. The play groups have been in existence long enough to prove their usefulness in preparing emotionally disturbed or speech-retarded children for school. As a result of this period of adjustment, they take their place in school life without giving anxiety to the teacher and shock to themselves.

EALING CHILD GUIDANCE CENTRE.

Dr. Holman reports :

" In 1951 209 new cases were referred to the Child Guidance Centre, 31 more than were referred in 1950. Rather fewer were withdrawn before investigation and fewer were investigated by the Psychiatric Social Worker. The Psychiatrist found it possible only with considerable effort to see the same number of new cases as in the previous year, consequently, whereas the waiting list for interview at the Centre was 50 at the beginning of 1951, it had risen to 74 by the end.

Of the new cases seen at the Centre, 90 were recommended for treatment, as against 73 in 1950. Rather fewer cases were carried over to the treatment list from 1950 and rather more were taken on for treatment in the current year. Consequently the number on the waiting list for treatment in 1952 was 18, the same as at the beginning of 1951. This was in spite of the fact that the Child Psycho-Therapist, Dr. Carey, had seven weeks' sick leave and we had a locum to replace only part of the time thus lost. It can be hoped, therefore, that in a normal year a few more cases could be taken on for treatment, but it is clear that we are very nearly reaching the limits of what the present staff can do.

In the report for 1951 we have made a few changes in the presentation of the statistics in the hope of making the information clearer. It is impossible to translate all the work that is done in the Clinic into statistical form. The figures given refer only to the individual cases seen in the Clinic. They are an attempt to classify the various types of help that can and have been given to them, but do not give an adequate account of the amount of time that this may take or of the many general activities undertaken by members of the Clinic staff in preventive and educational work.

We have tried to change the classification of Table III (Table of Symptoms). As was pointed out last year, we have been using a classification that was introduced many years ago and is in many ways unsatisfactory. We believe that we now have a

somewhat more satisfactory grouping of symptoms. Although we are still of the opinion that the symptoms for which the children are referred are the least important part of their problems, we have not so far attempted an analysis in terms of the more fundamental disturbances, but roughly speaking, those treated in the Clinic as out-patients can be regarded as mild cases, those recommended for special treatment away from home are severe. As was pointed out last year, the children from the more satisfactory homes are the ones taken on for treatment or given some help as out-patients in this Clinic and those where the child-parent relationship is bad or non-existent are for the most part those who are the subject of special recommendations for special schools or boarding schools.

Special Educational (Residential) Treatment.

Reference was made last year to the great difficulty in finding suitable placement for children recommended for special educational treatment away from home and to the time and effort consumed in making the arrangements for their placement. There have been 19 recommendations for special educational treatment away from home made in 1951, of whom 16 had been placed by the end of the year. It has become even more difficult to find and arrange suitable placements. This is not a local problem but is a difficulty experienced by Child Guidance workers throughout the country, owing to the failure of the establishment of schools to keep pace with the need.

The volume of work in this Clinic is increasing continually. The increase in the number of new cases only partially accounts for the increase, since once children have attended this clinic they become the responsibility of the Clinic and many are followed up for the remainder of their school lives. As the average age of referral is now 9, it follows that children may remain on the books of the clinic for approximately six years. Many cases do not, of course, return to us once their regular treatment has been completed, but in a very large number of cases some contact is kept either with the child and the home or the school throughout those six years. Similarly, when children are placed in boarding schools away from home, an effort is made by the Child Guidance staff to keep in contact with the home and, as far as possible, with the child and school. In the 6 years of this Clinic's existence we have seen 1,125 children, of whom more than 50 per cent. are still of active interest to us.

Clerical Staff.

In spite of repeated requests and a full statement of the value of increasing the clerical staff, we have not had additional help in 1951.

Premises.

Reference was made in the 1950 report to the inadequacy and unsatisfactory nature of the present premises and we were very much encouraged to learn that in the course of 1951 new premises had been bought for the Child Guidance Centre.

Staff.

In 1951 there was one change in the staff of the Clinic, in that Mrs. Halmos, Psychiatric Social Worker, after six weeks' sick leave in the autumn, asked to be put on to part-time work with a view to giving up altogether early in 1952.

We were fortunate in securing the services of Miss Grove as full-time Psychiatric Social Worker from the middle of October."

TABLE I

I.—Analysis of Work.

Total number of cases referred to the Centre in 1951	...	209	
Total number of cases brought forward from 1950			
waiting list	...	50	
			259
Total number of new cases dealt with by the Psychiatrist :			
Boys	...	86	
Girls	...	40	
			126
Cases withdrawn before investigation	...	33	
Cases investigated by Psychiatric Social Worker and advised by her	...	26	
Remaining on waiting list for interview at Centre	...	74	
			259

II.—Analysis of New Cases seen at Centre.

Total number of new cases seen by the Psychiatrist	...	126	
A.—1. Not put on treatment list	...	14	
2. Special recommendations	...	19	
			33
B.—Treatment.			
1. Psychiatrist	...	10	
2. Play therapists	...	36	
3. Remedial teaching	...	11	
4. Play Group	...	15	
			72
5. Improved while on treatment waiting list and therefore not taken on for treatment		3	
On waiting list for treatment in 1952	...	18	
			21
			126

III.—Analysis of all Treatment Cases.

1. Number of cases carried over from 1950	...	...	...	21	
2. Play group for under 5's (1950)	...	...	...	12	
				<hr/>	33
3. Number of cases taken on in 1951	...	...	...	57	
4. Play group for under 5's (1951)	...	...	...	15	
				<hr/>	72
					<hr/>
					105
Discharged much improved	...	...	...	23	
Discharged improved	...	...	...	15	
Treatment broken off	...	...	...	11	
				<hr/>	49
Number of cases current on December 31st, 1951	...	...	...	...	99
Special recommendations of old cases	...	...	...	...	8
Special recommendations 1951 cases	...	...	...	...	19

TABLE II**TABLE OF SYMPTOMS**

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

I.—Primary Behaviour Disorders.

Fears and anxiety	...	...	...	...	...	36
Solitariness and unsociability	...	...	...	...	...	2
Depression and lethargy	...	...	...	...	...	5
Difficult to manage at home	...	...	...	...	...	56
Difficult to manage at school	...	...	...	...	...	15
Temper tantrums	...	...	...	...	...	13
Direct aggression	...	...	...	...	...	13
					<hr/>	140

II.—Psycho-Somatic Disorders.

Enuresis	...	...	...	...	...	30
Sleep disorders	...	...	...	...	...	6
Habit spasms...	...	...	...	...	...	3
Feeding difficulties	...	...	...	...	...	2
Hysterical symptoms	...	...	...	...	...	7
Speech disorders	...	...	...	...	...	7
Asthma	...	...	...	...	...	3
					<hr/>	58

III.—Delinquent Behaviour.

Stealing	...	...	...	...	...	38
Truancy and absconding	...	...	...	...	...	13
					<hr/>	51

IV.—Educational Difficulties.

Backwardness	...	...	...	...	...	33
School failure	...	...	...	...	...	14
					<hr/>	47

V.—Miscellaneous.

?—Pre-psychotic	...	...	...	...	...	5
					<hr/>	5
					<hr/>	301

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

No child is permitted to be employed under the age of 13 years, and more than $3\frac{1}{2}$ hours on any school day, or five hours on a holiday.

226 pupils were medically examined to determine if they were fit for employment outside school hours. In 2 cases permission was not granted.

Fifteen children were examined and found to be fit to take part in entertainments.

EXAMINATION OF TEACHERS.

36 teachers were medically examined on appointment to determine their physical fitness for their duties.

INFESTATION WITH VERMIN.

There has been a further improvement during the year in the standard of head hygiene.

In the course of 49,480 examinations only 338 pupils were found to be infested, i.e., .7%. This is a marked improvement over last year's figure of 493 and reflects the improved hygiene standards found generally.

In one case a compulsory cleansing order was served, the first in many years. This is only done when the child has been repeatedly found to be verminous and all efforts to help and educate the parent have failed.

The school nurses are always willing to advise any parent as to the best methods of treatment and prevention of infestation, and stocks of insecticidal lotions are kept at the clinics.

SUPPLEMENT—FOR GENERAL INFORMATION.

Health Services provided by the Local Health Authority.

In Middlesex the Local Health Authority under the National Health Service Act is the Middlesex County Council. They have formed ten Areas in the County, Ealing and Acton forming Area No. 7. 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.

(Interviews by Appointment).

<i>Address</i>	<i>Times</i>
Cherington House, Cherington Road, Hanwell	Tues. Wed. Fri. mornings
Greenford Green, Wadham Gardens, Greenford	Tues. Fri. mornings
Islips Manor, Eastcote Lane, Northolt	Mon. Thurs. mornings
Mattock Lane, 13, Mattock Lane, Ealing	Wed. Thurs. Fri. mornings
Perivale, Horsenden Lane, Greenford	Mon. Thurs. mornings
Ravenor Park, Oldfield Lane, Green- ford	Mon. Wed. Fri. mornings
Laurel House, Windmill Road, Ealing	Thurs. mornings
Abbey Parade, North Circular Road, Ealing	Tues. mornings

Child Welfare Clinics.

Cherington House, Cherington Road, Hanwell	Mon. Tues. Thurs. Fri. 2—4 p.m.
Greenford Green, Wadham Gardens, Greenford	Tues. Fri. 2—4 p.m.
Islips Manor, Eastcote Lane, Northolt	Mon. Thurs. 2—4 p.m.
Mattock Lane, 13, Mattock Lane, Ealing	Mon. Wed. Thurs. Fri. 2—4 p.m.
Perivale, Horsenden Lane, Greenford	Mon. Wed. Thurs. 2—4 p.m.
Ravenor Park, Oldfield Lane, Green- ford	Mon. Tues. Wed. Fri. 2—4 p.m.
Kingshill Community Centre, Northolt	Tues. 2—4 p.m.
St. Christopher's Church Hall, Bordars Road, Hanwell, W.7	Thurs. 2—4 p.m.
Laurel House, Windmill Road, Ealing	Tues. Thurs. 2—4 p.m.
Abbey Parade, North Circular Road,	Tues. 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 is made for this service, although this is reduced in cases 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 need to go out to 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.

Applications for admission should be made to the Area Medical Officer, Town Hall, Ealing.

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