

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

**Contributors**

Edmonton (London, England). Municipal Borough.

**Publication/Creation**

[1948?]

**Persistent URL**

<https://wellcomecollection.org/works/dxzred8g>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

439(1)

EDM 32

34/6/2.  
820

Borough of Edmonton



INSTITUTE OF SOCIAL  
MEDICINE  
  
10, PARKS ROAD,  
OXFORD

# REPORT

of the

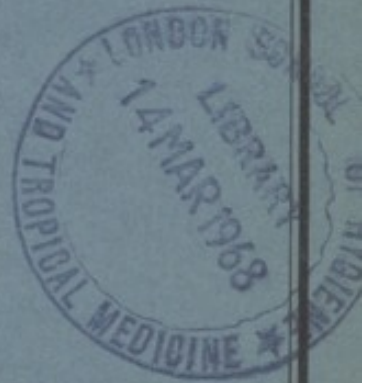
*Medical Officer of Health*

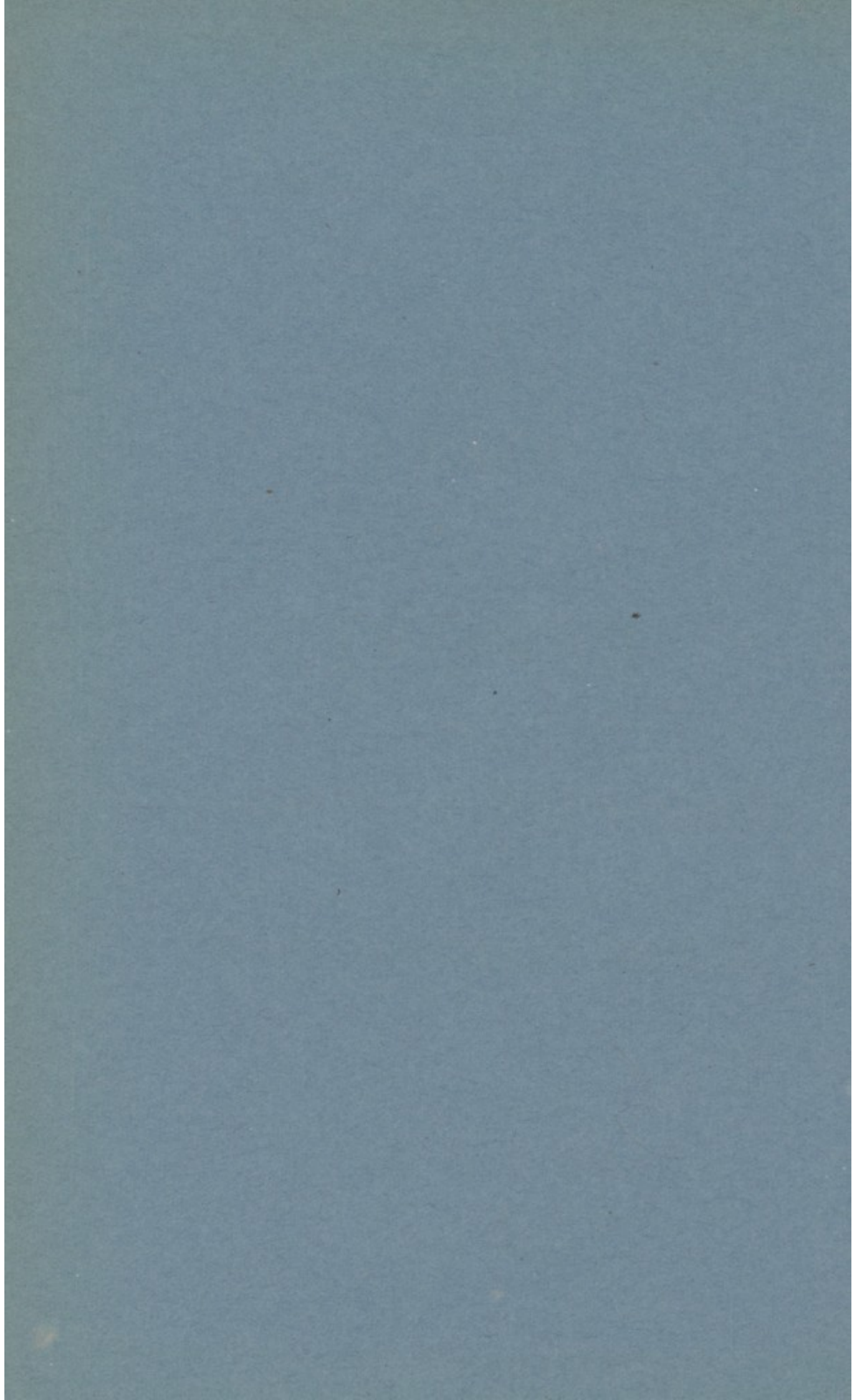
and

*School Medical Officer*

FOR THE YEAR

# 1947







Borough of Edmonton



INSTITUTE OF SOCIAL  
MEDICINE

10, PARKS ROAD,  
OXFORD

# REPORT

*of the*

*Medical Officer of Health*

*and*

*School Medical Officer*

FOR THE YEAR

1947



Journal of Anatomy

THE ANATOMICAL SOCIETY OF GREAT BRITAIN  
AND IRELAND  
TO PARKS ROAD  
OXFORD

REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1947

# Borough of Edmonton

## 1947

---

*Her Worship the Mayor* - - Alderman Mrs. E. A. YOUNG, J.P.  
*Deputy Mayor* - - - - Alderman Mr. H. GATWARD

---

### **PUBLIC HEALTH COMMITTEE.**

*Chairman* : Councillor Mrs. A. M. GLOVER.

#### *Members :*

Alderman Mrs. E. A. YOUNG, J.P. (Ex-Officio)  
,, H. GATWARD (Ex-Officio)  
,, W. PREYE  
Councillor L. E. BERRIDGE  
,, F. H. BROOKS  
,, Mrs. L. M. GEORGE  
,, Mrs. S. J. HALLIDAY  
,, Mrs. V. E. HINDELL  
,, A. J. TANNER



## PREFACE

PUBLIC HEALTH DEPARTMENT,  
TOWN HALL,  
EDMONTON, N.9.

HER WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF  
EDMONTON.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have much pleasure in presenting my Annual Report for the year 1947. It contains only a brief outline of the health circumstances relating to the Borough, and is compiled in accordance with Ministry of Health Circular 170/47.

On the whole this year was fairly successful in Public Health. There was still a great deal to contend with ; arranging for repairs to be done, getting permits for these repairs and contacting the people concerned was very difficult indeed and prolonged each task in turn. We have now replaced the absent members of our Sanitary Inspectors' staff, with the exception of one. This fact in itself brings some relief, but a great deal of difficulty and delay is experienced because of the absence of householders at their daily duties in London or elsewhere. It is a very prolonged task indeed to contact householders now, make arrangements for repairs, get permits granted, and obtain the necessary permission to put the work into effect. Notwithstanding the difficulties thus created, a good deal of useful work was accomplished during the year, although it was rather long drawn out.

**HOUSING.** The Department is very embarrassed from time to time on the question of overcrowding. It is becoming frequent in the Borough that when the Housing Committee have rehoused a family from an overcrowded house to have another family occupy the premises.

We are at present powerless to prevent such a thing happening. In some instances the overcrowding is very serious. It would be a good thing, therefore, if the powers of the Housing Act could be reintroduced in a modified form to prevent conditions of overcrowding arising out of future circumstances.

I am pleased to be able to report that there is no further increase in the incidence of Tuberculosis in the District. We are, however, as far removed from achieving our ideal in the detection and treatment of this disease as we were in other years. Hospital beds and beds in Sanatoria are still difficult to obtain. The public, however, are more alive to the necessity of early diagnosis, and consequently a tendency in this direction is most gratifying. We had the Mass Radiography Unit in the District for about six weeks from the end of May onwards. Quite a large number of people attended voluntarily, which was encouraging, and it is to be hoped that we will obtain this Unit, particularly for the Factory workers, annually in the future. There is, however, the difficulty of accommodation which must be overcome, and I hope the Public Health Committee and the Council will apply themselves to this task very soon.

It is also gratifying to note that the large majority of parents now seek immunisation against Diphtheria of their own accord. The numbers immunised, however, amongst the "under 5's" and school children are still far too few to stamp out Diphtheria altogether. It is significant, however, that as many cases now occur in the adolescent age as there are amongst school children—showing the beneficial effect that immunisation has amongst the younger population.



THE BIRTH RATE shows a very slight increase. The Death Rate shows an increase but continues to be low. The major feature of this is that extremely old make up the greater proportion.

INFANTILE MORTALITY RATE is higher this year than last. The figure compares very favourably with those for England and Wales.

PUERPERAL SEPSIS. In District Midwifery this is becoming unknown. In Institutional treatment, however, the instances are relatively high, but the death rate is nil.

It is to be regretted that the incidence of Poliomyelitis during this year rose to epidemic standard. Every effort was made at early diagnosis and removal to Hospital for treatment. Treatment, however, was somewhat hampered in the late stages by being unable to admit them to General or Orthopædic Hospitals for continued Physiotherapy treatment. In a few cases the physical defects are really serious. In the majority, however, good recovery was made, and in a few no serious physical disadvantage could be detected.

THE FOOT CLINIC, which was opened in 1946 on a part-time basis, proved to be far more popular than we expected. It is true to say that the patients came along in an avalanche, piling up into a long waiting list. This matter has not yet been attended to, mainly due to the lack of suitable premises. It is hoped that during the year 1948 this will, in part at least, be overcome.

Finally, I would say that this was a difficult year in most Departments. There was deficiency of staff and every Department was rendered restless by the return to their duties of those who were absent on war service. On the whole those men who were on National Service recovered their equilibrium rapidly and settled down to the usual routine of duties very effectively. This gave me great pleasure to see, as one would expect a certain amount of mental disturbance due to so great a strain for so long a time.

I would like to express my very best thanks to the members of my staff for the manner in which they have helped during this eventful year. It might be said that 1947 was a year of anticipation and change as well as some really very effective work being done. I would like to thank the members of the Council, and my Public Health Committee in particular, for very helpful efforts and good advice during the year.

I have the honour to be, Your Worship, Ladies and Gentlemen,

Your obedient Servant,

D. REGAN,  
Medical Officer of Health.



## GENERAL STATISTICS.

Area (in acres) ... ..	3,896
<b>Population—</b>	
Census of 1921 ... ..	66,809
Census of 1931 ... ..	77,652
Estimated by the Registrar-General for mid-year 1947 ...	106,760
Number of inhabited houses and tenements at the end of 1947 ...	28,063
Number of inhabited houses and tenements at the end of 1946 ...	27,976
<b>Rateable value, April, 1947</b> ... ..	<b>£753,549</b>
Estimated product of 1d. in the £ for the year ending March 31st, 1948 ... ..	£3,150
<b>Rates in the £ for the year ending March 31st, 1948</b> ... ..	<b>19s. 6d.</b>

## SOCIAL CONDITIONS.

The extent of unemployment may be estimated by the following figures relating to :—

- (1) the number of free dinners given to schoolchildren, and
- (2) the actual figures supplied by the Divisional Finance Officer.

No. 1 is given purely on economic grounds.

(1) Number of free dinners during 1946 ... ..	96,659
"    "    paid    "    "    1946 ... ..	1,067,472
"    "    free    "    "    1947 ... ..	71,101
"    "    paid    "    "    1947 ... ..	1,136,253

The average number of children receiving meals daily was 5,556 (48.1% of the children in school).

Under the Milk in Schools Scheme an average of 11,526 children (98.3% of the children in Junior and Infants' Departments and 78.4% in Secondary Schools), had milk daily.

(2) Figures <i>re</i> out relief :—	Amount.
For the year 1946—	
(a) Ordinary out-relief ... ..	£25,107
(b) Unemployed out-relief... ..	£4
	£25,111
For the year 1947—	
(a) Ordinary out-relief ... ..	£26,801
(b) Unemployed out-relief... ..	Nil
	£26,801

## VITAL STATISTICS.

Live Births.	M.	F.	Total.	Grand Total.
Legitimate ... ..	1,051	1,048	2,099	
Illegitimate ... ..	43	56	99	2,198
Birth-rate per 1,000 of population ... ..				20.58
<b>Stillbirths.</b>				
Legitimate ... ..	25	24	49	
Illegitimate ... ..	1		1	50
Total of live and stillbirths ... ..				2,248
Rate per 1,000 total births ... ..				22.24

Deaths.	M.	F.	Total.	Grand Total.
Number ... ..	543	483	1,026	
Rate per 1,000 population ... ..	...	...	...	9.61
<b>Deaths from Puerperal Causes.</b>			Rate per 1,000 total (live and stillbirths).	
Puerperal and post-abortive sepsis ... ..	...	...	0.00	
Other maternal causes ... ..	...	3	1.33	
		<u>3</u>	<u>1.33</u>	

**Death rate of infants under one year of age.**

	M.	F.	Total.	
Number ... ..	44	36	80	
All infants per 1,000 live births ... ..	...	...	...	36.39
Legitimate infants per 1,000 legitimate live births ... ..	...	...	...	36.68
Illegitimate infants per 1,000 illegitimate live births ... ..	...	...	...	30.30
Deaths from Cancer (all ages) ... ..	...	...	185	
"  "  Measles (all ages)... ..	...	...	2	
"  "  Whooping Cough (all ages) ... ..	...	...	2	
"  "  Diarrhoea (under 2 years of age) ... ..	...	...	15	

The following causes of death are supplied by the Registrar General and refer to deaths which were registered during the calendar year :—

Cause of Death.	M.	F.	Total
Typhoid and para-typhoid fevers ... ..	...	...	...
Cerebro-spinal fever ... ..	...	...	...
Scarlet fever ... ..	...	...	...
Whooping cough ... ..	...	2	2
Diphtheria ... ..	...	2	2
Tuberculosis of the respiratory system ... ..	38	24	62
Other forms of tuberculosis ... ..	6	4	10
Syphilitic diseases ... ..	3	1	4
Influenza ... ..	6	1	7
Measles ... ..	2	...	2
Acute Poliomyelitis and Polio-encephalitis ... ..	...	...	...
Acute infective encephalitis ... ..	...	3	3
Cancer of buccal cavity and oesophagus (M.) Uterus (F.) ... ..	3	13	16
Cancer of stomach and duodenum ... ..	12	14	26
Cancer of breast ... ..	1	13	14
Cancer of all other sites ... ..	83	46	129
Diabetes ... ..	1	4	5
Intra-cranial vascular lesions ... ..	41	51	92
Heart disease ... ..	120	126	246
Other diseases of the circulatory system ... ..	28	14	42
Bronchitis ... ..	48	35	83
Pneumonia ... ..	23	24	47
Other respiratory diseases ... ..	6	...	6
Ulcer of stomach or duodenum ... ..	6	2	8
Diarrhoea (under 2 years) ... ..	8	7	15
Appendicitis ... ..	1	2	3
Other digestive diseases ... ..	14	17	31
Nephritis ... ..	11	10	21
Puerperal and post-abortive sepsis ... ..	...	...	...
Other maternal causes ... ..	...	3	3
Premature birth ... ..	11	6	17
Congenital malformations, birth injuries, infant diseases ... ..	17	10	27
Suicide ... ..	6	8	14
Road traffic accidents ... ..	6	2	8
Other violent causes ... ..	10	6	16
All other causes ... ..	32	33	65
	<u>543</u>	<u>483</u>	<u>1026</u>



The two following tables give the deaths of those registered during the 52 weeks ended 27th December, 1947.

The slight difference between the following tables in respect of the causes of death and the one supplied by the Registrar General is that the Registrar General is in possession of additional information on the matter.

MALES.

Causes of Death	ALL AGES	AGES											
		— to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and over	
Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of the Respiratory System	43	...	1	...	...	3	7	7	11	9	5	...	
Other forms of Tuberculosis ...	2	1	...	...	1	...	...	...	...	...	...	...	
Syphilitic Diseases ... ..	3	...	...	...	...	...	...	...	...	2	...	1	
Influenza ... ..	6	...	...	...	...	...	...	...	...	2	2	2	
Measles ... ..	2	2	...	...	...	...	...	...	...	...	...	...	
Cancer of Buccal Cavity and Oesophagus	3	...	...	...	...	...	...	...	...	1	1	1	
Cancer of Stomach and Duodenum	11	...	...	...	...	...	...	...	2	3	4	2	
Cancer of all other sites ...	86	...	...	...	...	...	2	5	13	25	28	13	
Diabetes ... ..	2	...	...	...	...	...	...	...	...	...	1	1	
Intra-cranial Vascular Lesions	42	...	...	...	...	...	1	4	3	10	13	11	
Heart Disease ... ..	120	...	...	...	...	3	...	2	8	18	44	45	
Other Circulatory Diseases ...	29	...	...	...	...	...	...	...	...	1	15	13	
Bronchitis ... ..	47	...	...	...	...	...	...	...	4	10	10	23	
Pneumonia ... ..	22	8	...	...	1	...	...	2	2	3	3	3	
Other Respiratory Diseases ...	6	...	...	...	...	...	...	...	1	3	2	...	
Ulcer of Stomach or Duodenum	7	...	...	...	...	...	...	...	3	1	2	1	
Diarrhoea (under 2 years) ...	9	8	1	...	...	...	...	...	...	...	...	...	
Appendicitis ... ..	2	...	...	...	...	...	...	...	1	1	...	...	
Other Digestive Diseases ...	14	...	...	...	...	...	...	...	2	4	5	3	
Nephritis ... ..	11	...	...	...	...	...	...	1	1	3	3	3	
Premature Birth ... ..	11	11	...	...	...	...	...	...	...	...	...	...	
Cong. mal., birth injuries, infant dis. ... ..	15	15	...	...	...	...	...	...	...	...	...	...	
Suicide ... ..	6	...	...	...	...	...	...	1	1	3	1	...	
Road Traffic Accidents ... ..	6	...	...	...	2	1	1	...	...	...	1	1	
Other violence ... ..	9	1	...	...	...	...	...	1	4	...	1	2	
All other causes ... ..	33	...	...	...	...	1	1	5	...	5	3	18	
Totals ... ..	547	44	4	...	4	8	12	28	56	104	144	143	

FEMALES.

Causes of death	ALL AGES	AGES											
		— to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and over	
Whooping Cough ... ..	2	2	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ... ..	2	...	...	...	1	1	...	...	...	...	...	...	...
Cerebro-Spinal Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of the Respiratory System	25	...	...	...	1	9	7	4	1	1	2	...	...
Other forms of Tuberculosis ...	3	...	...	...	...	2	1	...	...	...	...	...	...
Syphilitic Diseases ... ..	1	...	...	...	...	...	...	1	...	...	...	...	...
Influenza ... ..	1	...	...	...	...	...	...	...	...	1	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	1	...	...
Acute Infective Encephalitis...	3	...	...	...	...	1	...	...	1	1	...	...	...
Cancer of Uterus ... ..	13	...	...	...	...	...	...	...	2	4	3	4	4
Cancer of Stomach and Duodenum	14	...	...	...	...	...	...	...	2	4	4	4	4
Cancer of Breast ... ..	12	...	...	...	...	...	...	2	3	3	2	2	2
Cancer of all other sites ...	47	...	...	...	...	...	2	3	5	15	16	6	6
Diabetes ... ..	4	...	...	...	...	...	...	...	...	1	2	1	1
Intra-cranial Vascular Lesions	52	...	...	...	...	...	1	1	2	4	18	26	26
Heart Disease ... ..	128	...	...	...	...	1	1	3	6	14	31	72	72
Other Circulatory Diseases ...	14	...	...	...	...	...	...	...	...	3	...	11	11
Bronchitis ... ..	35	1	...	...	...	...	...	...	2	4	9	19	19
Pneumonia ... ..	24	10	...	...	...	...	...	...	2	1	4	7	7
Other Respiratory Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulcer of Stomach and Duodenum	1	...	...	...	...	...	...	...	...	...	1	...	...
Diarrhoea (under 2 years) ...	7	7	...	...	...	...	...	...	...	...	...	...	...
Appendicitis ... ..	1	...	...	...	1	...	...	...	...	...	...	...	...
Other Digestive Diseases ...	17	...	...	...	...	...	...	1	2	1	6	7	7
Nephritis ... ..	9	...	...	...	...	...	...	...	1	...	3	5	5
Puerperal and Post-abortive Sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Maternal Causes ... ..	3	...	...	...	...	1	...	2	...	...	...	...	...
Premature Birth ... ..	6	6	...	...	...	...	...	...	...	...	...	...	...
Cong. mal., birth injuries, inf. dis.	10	10	...	...	...	...	...	...	...	...	...	...	...
Suicide ... ..	8	...	...	...	...	...	1	2	2	1	1	1	1
Road traffic accidents ... ..	2	...	...	...	1	...	...	...	...	...	...	...	1
Other violence ... ..	7	...	...	1	...	...	...	...	...	1	...	5	5
All other causes ... ..	33	...	...	...	2	2	3	2	1	2	4	17	17
Totals ... ..	484	36	...	1	6	17	16	21	32	61	106	188	188



## INFANTILE MORTALITY.

The deaths of infants under one year of age were as follows :—

	M.	F.	Total
Legitimate ... ..	44	33	77
Illegitimate ... ..	0	3	3
	—	—	—
	44	36	80
	—	—	—

The death rate of all infants per 1,000 live births was 36.39. The death rate of all infants under one month of age per 1,000 live births was 19.56.

A detailed sub-division of the causes, etc., of these DEATHS is as follows:—

### MALES.

Causes of Death	Under 1 week	Second Week	Third Week	Fourth Week	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Tuberculosis, other forms ... ..	..	..	..	..	..	..	..	1	..	1
Pneumonia ... ..	2	..	1	..	3	3	2	..	..	8
Congenital Malformations ... ..	3	..	1	..	4	1	1	..	..	6
Premature Birth ... ..	10	1	..	..	11	..	..	..	..	11
Atelectasis ... ..	3	..	..	..	3	..	..	..	..	3
Injury at Birth ... ..	1	..	..	..	1	..	..	..	..	1
Gastro-Enteritis ... ..	..	..	..	..	..	4	2	..	..	8
Other causes ... ..	3	..	..	..	3	1	..	1	..	5
Violence ... ..	..	..	..	..	..	..	1	..	..	1
<b>Totals ... ..</b>	<b>22</b>	<b>1</b>	<b>2</b>	<b>..</b>	<b>25</b>	<b>9</b>	<b>6</b>	<b>4</b>	<b>..</b>	<b>44</b>

### FEMALES.

Causes of Death	Under 1 week	Second week	Third week	Fourth week	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Whooping Cough ... ..	..	..	..	..	..	..	2	..	..	2
Bronchitis ... ..	..	..	..	..	..	..	1	..	..	1
Gastro-enteritis ... ..	..	..	..	..	..	3	2	..	2	7
Pneumonia ... ..	1	2	..	..	3	1	3	3	..	10
Premature Birth ... ..	4	2	..	..	6	..	..	..	..	6
Congenital Malformations ... ..	1	1	..	..	2	..	..	..	..	2
Other Causes ... ..	1	..	..	..	1	..	..	1	..	2
Atelectasis ... ..	3	..	..	..	3	..	..	..	..	3
Injury at Birth ... ..	3	..	..	..	3	..	..	..	..	3
<b>Totals ... ..</b>	<b>13</b>	<b>5</b>	<b>..</b>	<b>..</b>	<b>18</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>2</b>	<b>36</b>



## COMPARATIVE STATISTICS.

The Registrar-General has forwarded provisional figures relating to the country as a whole and to London, enabling comparisons to be made as follows :—

	Birth-rate per 1,000 population		Death-rate per 1,000 births.	
			From diarrhoea, etc., under 2 years	Total deaths under 1 year
	Live	Still		
England and Wales ...	20.5	0.50	5.8	41
London ... ..	22.7	0.49	4.8	37
<b>Edmonton</b> ... ..	20.58	0.46	6.82	36.39

### Annual Death Rate per 1,000 of Population.

	All Causes	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza
England and Wales	12.0	0.01	0.00	0.02	0.01	0.09
London ... ..	12.8	0.01	0.00	0.02	0.01	0.08
<b>Edmonton</b> ... ..	9.61	0.01	0.00	0.01	0.01	0.06

The following table gives the number of births and deaths (registered) sub-divided into the four Wards of the Borough. It should be remembered that births are only those which occurred in Edmonton of residents; these are registered in Edmonton. Births which take place outside the Borough are not included; this fact accounts for the difference between these figures and those supplied by the Registrar-General. The deaths include those taking place outside the Borough, the information being given quarterly by the Registrar-General.

Ward	Births		Deaths		Infant Deaths	
	M.	F.	M.	F.	M.	F.
Bury Street ... ..	251	234	158	153	10	7
Church Street ... ..	137	125	125	97	11	9
Angel Road ... ..	180	193	111	96	12	11
Silver Street ... ..	211	227	151	138	11	9
Vagrants ... ..	...	...	2	...	...	...
	779	779	547	484	44	36

## LABORATORY SERVICE.

The following examinations were carried out in the Bacteriological Laboratory :—

Nature of Examination.	Positive.	Negative.	Total.
Blood Counts ... ..	—	—	44
Blood—Bleeding Time ... ..	—	—	13
Breast Milk for Fat Content ... ..	—	—	20
Eye Smears for presence of organisms ... ..	—	—	23
Faeces for presence of Dysentery ... ..	—	51	51
Faeces for presence of Tubercle Bacilli ... ..	—	1	1
Sputa for presence of Tubercle Bacilli ... ..	1	8	9
Swabs for presence of <i>C. Diphtheriæ</i> —			
(a) From Suspect cases ... ..	3	268	271
(b) From Contacts ... ..	1	52	53
(c) From Carriers and old cases, etc. ... ..	—	4	4
Swabs for presence of Haemolytic Streptococci ... ..	38	238	276
Swabs (Post Nasal) for presence of Meningococci ... ..	—	3	3
Swabs for Vincent's Angina ... ..	2	22	24
Swabs for presence of other organisms ... ..	—	—	2
Urine—Bacteriological Examinations ... ..	—	—	29
Urine—Chemical Examinations ... ..	—	—	285
Urine—Microscopical Examinations ... ..	—	—	83
Vaginal Swabs for presence of Gonococci ... ..	—	4	4
Vaginal Swabs for <i>Trichomonas Vaginalis</i> ... ..	3	12	15
Vaginal Swabs for other organisms ... ..	—	—	10
Total Number of Examinations ...			1,220

Specimens were sent to the Central Public Health Laboratory, Colindale Avenue, Hendon, as follows :—

Nature of Examination.	Positive.	Negative.	Total.
Blood for Wasserman and Kahn reactions ... ..	—	1	1
Eye Smears for presence of Gonococci ... ..	—	3	3
Faeces for Pathogenic Organisms ... ..	3	24	27
Hair for presence of Ringworm ... ..	—	1	1
Sputa for presence of Tubercle Bacilli ... ..	—	5	5
Swabs for presence of <i>C. Diphtheriæ</i> ... ..	4	476	480
Swabs for presence of Hæmolytic Streptococci ... ..	191	286	477
Swabs for presence of Vincent's Angina ... ..	8	36	44
Urine—Bacteriological examinations ... ..	—	—	29
Vaginal Swabs for presence of <i>Tri. Vaginalis</i> ... ..	—	1	1
Virulence tests ... ..	—	3	3
Total Number of Examinations ...			1,071



## MILK (SPECIAL DESIGNATIONS) REGULATIONS 1936-1946.

76 Samples of Designated Milks were examined in the Laboratory. Results were as follows :—

### Pasteurised Milk.

25 Samples were examined by both the prescribed tests and found to be satisfactory.

6 Samples were examined by the Phosphatase test only and found to be satisfactory.

### Tuberculin Tested Milk.

21 Samples were examined, 16 satisfied both the prescribed tests.

4 Samples failed to pass both the Methylene Blue and Coliform tests.

1 Sample failed to pass the Coliform Test only.

### Tuberculin Tested (Pasteurised) Milk.

19 Samples were examined by both the prescribed tests and found to be satisfactory.

4 Samples were examined by the Phosphatase Test only and found to be satisfactory.

1 Sample failed to pass the Methylene Blue Test only.

### Ambulance Facilities.

The Council possesses four ambulances, and the following figures give some idea of the work carried out during the year :—

Private cases	...	...	...	...	...	13,736
Accident cases	...	...	...	...	...	894
Maternity cases	...	...	...	...	...	413
School Medical Dept. (Tonsils)	...	...	...	...	...	1
Maternity and Child Welfare (Tonsils)	...	...	...	...	...	196
Not required	...	...	...	...	...	280
False calls	...	...	...	...	...	8
Bedside Apparatus	...	...	...	...	...	86
Analgesia	...	...	...	...	...	269
Special services	...	...	...	...	...	847
						<hr/> 16,730 <hr/>

First Aid was rendered on 664 occasions. The resuscitating apparatus was in use on 23 occasions.

The total mileage of the vehicles was 66,687 miles.

During the year the Ambulance Service dealt with 228 Street Accidents, and in connection with these the main danger spots in the Borough were as follows :

Angel Road, between Fore Street and Woolmer Road.

Great Cambridge Road, from Roundabout to Westerham Avenue.

Hertford Road, from Cuckoo Hall Lane to Forest Road.

Motor cars were the chief cause of Street Accidents during the year. Church Street has a very bad record for cycle accidents.

Home Accidents—The number of scalding accidents to children between 6 months and 5 years of age, showed an alarming increase. It would appear necessary that some further attention to safety in the home should be given.



### **Nursing in the Home.**

This has been described in previous reports.

### **Hospitals.**

Infectious diseases are admitted into the Enfield, Edmonton and Potters Bar Joint Isolation Hospital, situated in Enfield.

Arrangements for the treatment of ear, nose, and throat disorders amongst school children are made with the Prince of Wales's Hospital and North Middlesex County Hospital.

### **Nursing Homes Registration.**

There is one Nursing Home registered by the Council. This is kept under supervision by the Medical Officer of Health. No new applications to be placed on the register were received during 1947.

## **SANITARY CIRCUMSTANCES OF THE AREA.**

The water supply of the Borough has at all times been satisfactory both in quality and quantity.

The Metropolitan Water Board is responsible for the supply which is piped direct to every dwelling-house throughout the Borough, and serves the entire population.

The co-operation of the Board has at all times been of the fullest.

## **SANITARY INSPECTION IN THE AREA.**

Five District Sanitary Inspectors and one woman Sanitary Inspector are engaged in the sanitary supervision of the Borough, working under the supervision of the Senior Sanitary Inspector. The Senior Sanitary Inspector supervises the work of the Borough and is Inspector under the Canal Boats Acts.

For at least six months during 1947 we were short of three District Inspectors owing to illness. Mr. G. Huckle, one of the District Inspectors, passed away on the 25th November, 1947. One new appointment was made at the end of the year.

### **Sanitary Conveniences.**

There are seven Public Conveniences in the Borough which are kept under constant supervision by the Public Health Department.

### **Rats and Mice (Destruction) Act, 1919. Infestation Order, 1943.**

Under this heading your Senior Sanitary Inspector, as Officer-in-Charge, Rodent Control, reports as follows :—

The Council have two Rodent Operatives and the part time services of a Junior Clerk, and appointed the District Sanitary Inspectors Rodent Officers. To comply with the Ministry's Circular, they appointed four Investigators and another three Assistant Rodent Operators, with Mr. Gaffney as Assistant Rodent Officer (which made a total of four Rodent Operators), to carry out the Survey of the District, which commenced in June and was nearing completion at the end of the year, so that for the period under review the staff comprised of one Assistant Rodent Officer, four Assistant Rodent Operators, four Investigators, and the part-time services of a Junior Clerk.



Up to the end of the year, 7,405 visits and re-visits have been made by the Rodent Operatives, in connection with complaints as to alleged rat infestation. Eight Intimation Notices and two Statutory Notices have been served—owing to the fact that the Occupiers did not appear to be taking effective measures to eradicate the vermin.

Defestation has been carried out on request at 1,882 premises as the result of the Survey, and at the end of the year 30 premises were in process of "Defestation."

The District Sanitary Inspectors in cases where there was a possibility of the infestation being due to defective drainage visited the premises and tested the drainage and any defects discovered were dealt with through the usual channels.

Of 109 cases of Rat Infestation referred to the District Inspectors, owing to the possibility of defects in the drainage, in 55% of the cases defects were discovered and as one can quite appreciate entailed quite a large amount of work.

During the year the second maintenance treatment of the sewers took place by the Borough Engineer,s Department.

#### **Middlesex County Council Act, 1944, Section 279, Hawkers, Etc.**

This Act came into operation on the 1st October, 1944, and Section 279 replaced Section 71 of the Act of 1938. Four persons were registered during the year.

#### **Rent and Mortgage Interest (Restrictions) Acts 1920-1933**

During the year your Senior Sanitary Inspector has issued 12 Certificates under the above Acts upon applications of Occupiers of dwelling-houses in the district.

#### **Disinfection and Disinfestation.**

The following table gives some idea of the work carried out :—

Number of journeys to collect bedding ... ..	230
" " " " return bedding ... ..	219
Rooms disinfected after infectious disease ... ..	492
" " " " phthisis ... ..	104
Rooms disinfected after other cases ... ..	106
Disinfestation carried out after vermin ... ..	279
Bedding, clothing, etc., disinfected after infectious disease ... ..	2,659 articles
Bedding, clothing, etc., disinfected after phthisis ... ..	749 "
" " " " " other cases ... ..	1,540 "

The Council distribute a disinfecting powder and fluid to residents who apply for same at the Town Hall Yard. During the year, the applicants numbered 6,214. One hour daily is allowed for such distribution with the exception of Fridays and Saturdays. A Formalin Chamber is used for the disinfection of books, leather goods, etc., articles that would be damaged by steam. The number of books and other articles thus disinfected was 410.

Seven Council properties and 68 other houses were found to be infested the total number of rooms disinfested was 279. The whole of the work is carried out by the Department, the materials used being Insecticides containing D.D.T. as a base.



## Petroleum (Regulations) Acts, 1928 and 1936.

During the year seven new licences and 100 renewals were granted by the Council. The following is a list of particulars of quantities, etc., affected by these licences :—

Petroleum spirit	...	...	...	...	472,279 gallons.
Petroleum mixtures	...	...	...	...	6,923 „
Carbide of calcium	...	...	...	...	17 cwts. 78 lbs.
Rubber Solution	...	...	...	...	100 „

## Mortuary.

During the year 101 bodies were deposited in the Mortuary, 99 by order of the Coroner and 2 for sanitary reasons.

## Inspections.

The following tabular statement gives the number and nature of the inspections made during the year :—

Complaints	...	...	...	...	2,991
Infectious disease	...	...	...	...	335
Tuberculosis	...	...	...	...	29
House-to-House	...	...	...	...	—
Factories with mechanical power	...	...	...	...	131
Factories without mechanical power	...	...	...	...	5
Outworkers	...	...	...	...	137
Schools	...	...	...	...	2
Shops and Stalls	...	...	...	...	111
Shops Act (Primary)	...	...	...	...	6
Shops Act (Re-inspections)	...	...	...	...	2
Sanitary conveniences and urinals	...	...	...	...	210
Smoke observations	...	...	...	...	7
Rat Infestation	...	...	...	...	136
Petroleum	...	...	...	...	26
General inspections	...	...	...	...	313
Sundry Visits	...	...	...	...	1,320
Cinemas and Halls	...	...	...	...	10
Visits to canal	...	...	...	...	6
Gipsies	...	...	...	...	2
Re-inspections	...	...	...	...	6,816

## Inspection of Places where Food is Prepared.

Butchers	...	...	...	...	50
Fish shops	...	...	...	...	10
Coffee shops	...	...	...	...	12
Dairies and milkshops	...	...	...	...	27
Slaughterhouses	...	...	...	...	57
Bakehouses	...	...	...	...	9
Ice Cream Shops	...	...	...	...	11

## Number of Notices Served.

Preliminary or Informal Notices	...	...	...	...	2,761
Statutory Notices	...	...	...	...	721



### Defects Remedied.

Houses repaired, cleansed, etc.	...	...	756
D.W. cisterns repaired, covered	...	...	18
Water fittings repaired	...	...	98
Water taken off mains	...	...	—
Drains examined, tested, etc.	...	...	402
Drains cleared, trapped, repaired	...	...	337
Drains reconstructed	...	...	72
Chambers inserted	...	...	38
Chambers sealed down	...	...	31
Soil and vent pipes repaired	...	...	81
W.C.s repaired, cleansed, etc.	...	...	452
Flushing cisterns repaired	...	...	104
Waste pipes repaired, etc.	...	...	97
Sinks repaired or renewed	...	...	203
Roofs repaired	...	...	829
Gutters and R.W.P.s repaired	...	...	622
Yards paved or repaved	...	...	117
Scullery floors repaired	...	...	57
Spaces under floors ventilated	...	...	13
Dampness remedied	...	...	109
Floors repaired	...	...	101
Coppers and stoves repaired, etc.	...	...	221
New dustbins supplied	...	...	252
Accumulation of refuse removed	...	...	3
Nuisances from animals abated	...	...	2
Other nuisances abated	...	...	1326
Water supply restored	...	...	2
Dustbins supplied in default...	...	...	14
Dustbins supplied on request	...	...	45

### Canal Boats Acts.

During the year 6 visits were paid to the Canal and 2 boats were seen, but of this number none was fitted or used as a dwelling or registered under the Acts.

### Places of Public Entertainment.

Ten inspections of cinemas and other places of entertainment were made in accordance with the Circular of the Ministry of Health of 1920. Conditions were found to be generally satisfactory.

### FACTORIES ACT, 1937.

The following work has been carried out under the above Act :—

#### 1.—Inspections for the Purpose of Provisions as to Health.

Premises	Inspections	Written Notices	Occupiers Prosecuted
Factories with mechanical power	131	4	...
Factories without mechanical power	5	1	...
Other premises under the Act (including works of building and engineering and construction but not including out-workers' premises)	—	...	...
Totals	136	5	...

## 2.—Defects Found.

Particulars	Number of defects			No. of defects in respect of which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Want of cleanliness ... ..	5	5	...	...
Overcrowding ... ..	...	...	...	...
Unreasonable temperature ... ..	...	...	...	...
Inadequate ventilation ... ..	...	...	...	...
Sanitary Conveniences :				
Insufficient ... ..	3	3	...	...
Unsuitable or defective ... ..	2	2	...	...
Not separate for sexes ... ..	...	...	...	...
Other offences ... ..	1	1	...	...
(Not including offences relating to Home work or offences under Sections mentioned in the schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)				
Totals ... ..	11	11	...	...

## 3.—Outwork in Unwholesome Premises.

Nature of Work.	Instances.	Notices Served.	Prosecutions.
Wearing Apparel—			
Making, etc. ... ..	—	—	—
Cleaning and washing ... ..	—	—	—

### FACTORIES.

#### Defects Remedied.

W.C. walls cleansed ... ..	5
W.C. cisterns repaired ... ..	1
W.C. Seats repaired or renewed ... ..	2
W.C. Flush pipes repaired ... ..	—
W.C. doors repaired ... ..	—
W.C. pans replaced ... ..	—
Roofs repaired ... ..	—
Workrooms cleansed ... ..	—
Sanitary accommodation improved ... ..	2
"                    "                    for Sexes provided ... ..	—
Urinals cleansed ... ..	1
Unreasonable Ventilation ... ..	—



## HOUSING—HOUSING ACT, 1936.

### 1. Inspection of Dwelling Houses During the Year :—

(1)	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ...	2,991
	(b)	Number of inspections made for the purpose ...	5,643
(2)	(a)	Number of dwelling houses (including under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ...	—
	(b)	Number of inspections made for the purpose ...	—
(3)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation...	7
(4)		Number of dwelling houses (exclusive of those referred to above under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	1,876

### 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 ...	872
---	-----

### 3. Action under Statutory Powers During the Year.

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

(1)	Number of dwelling houses in respect of which notices were served requiring repairs ...	374
(2)	Number of dwelling houses which were rendered fit after service of formal notices :—	
	(a) By owners ...	301
	(b) By Local Authority in default of owners ...	12

#### B.—Proceedings under Public Health Acts :—

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied ...	328
(2)	Number of houses in which defects were remedied after service of formal notices :—	
	(a) By owners ...	156
	(b) By Local Authority in default of owners ...	6

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

(1)	Number of dwelling houses in respect of which demolition orders were made ...	—
(2)	Number of dwelling houses demolished in pursuance of demolition orders ...	3

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

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

One Clearance Area was dealt with during the year : i.e., eleven cottages, Nos. 2 to 22, Little Bury Street, and the property subsequently demolished.



## SLAUGHTERHOUSES.

Fifty-two visits were paid and the carcasses and organs of 333 pigs were inspected during or shortly after slaughter, permission for slaughter having been obtained from the Area Meat and Livestock Officer, and the following surrendered :—

- 3 Sets of lungs.
- 7 Plucks.
- 4 Hearts.
- 1 Head.
- 2 Livers.
- 1 Pig Carcase (approx. weight 158 lbs.).

## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

Various licences were granted as under :—

	Primary.	Supplementary.
Pasteurised ... ..	12	7
Tuberculin tested ... ..	8	5
	—	—
	20	12
	—	—

One of the above retailers is licensed to bottle Tuberculin tested milk and one firm is licensed to pasteurise and bottle milk on the premises ; one firm is licensed to bottle pasteurised milk on the premises.

Supplementary licences are granted to retailers who live outside the Borough but who sell milk in the Borough ; the primary licence is granted by the Authority in which they reside.

### Unsound Food.

The following is a list of the food surrendered for examination and retained as unfit for human consumption :—

2393 tins of milk.	5 stone plaice.
1852 „ canned meat.	10 „ megrims.
567 „ beans.	18 chickens.
628 „ canned fish.	15 cwts. rolled oats.
348 „ peas.	9½ lbs. sausages
131 „ soup.	76 lbs. confectionery.
45 „ peaches.	312 lbs. dried peas.
10 „ rhubarb.	3 cwts butter beans.
56 „ pears.	10 lbs chocolate caramels.
105 „ tomatoes.	25 lbs. dried peaches.
28 „ beetroot.	30 lbs. sausages.
300 pots of jam and marmalade.	142 lbs sugar.
112 lbs. prunes.	143 lettuces.
857 lbs. of rabbits.	62 lbs. dates.
17 stone of Dabs.	138 6-lb. tins piping jelly.
35 stone haddock.	68 tins Gaffelbiters
35 lbs. roes.	2-gallon tins of apples.
9 bags of whelks.	64 1-lb. packets of biscuits.
25 lbs. cutlets.	4 pots pickles.
10 stone hake.	17 56-lbs. onions.
5 boxes kippers.	15½ lbs. hindquarters of beef
5 stone halibut.	2 boneless hindquarters of beef
27 lbs. Dried Haddock.	(329 lbs).
11 stone skate wings.	1 boneless forequarter of beef
8 boxes fillets.	(172 lbs.).
5 stone mackerel.	

Together with various small consignments of miscellaneous foods.



## SHOPS ACTS.

Mr. A. Robinson was appointed Shops Acts and Street Trading Inspector in August, 1947.

### **Chemical and Bacteriological Examinations of Food.**

The only examinations carried out by the Council are those for designated milks. The matter has been discussed previously.

## PREVALENCE OF INFECTIOUS DISEASE.

### **Measles and Whooping Cough.**

These diseases were made compulsorily notifiable in October, 1939. 783 cases of Measles and 183 cases of Whooping Cough were notified during the year. There were two deaths from Measles and two from Whooping Cough.

### **Diphtheria.**

I am again happy to report the continued low incidence of this disease. There is a decrease compared with last year; 8 cases were notified during the year compared with 24 in 1946. There were 2 deaths—immunisation had not been carried out in either case.

### **Scarlet Fever.**

This disease continued to occur throughout the year in a mild form; there were 261 cases compared with 299 in 1946; there were no deaths.

“Return” cases numbered 2 allowing for an interval of 28 days between a patient returning home from the Isolation Hospital and the onset of the disease in another inmate of the house.

### **Smallpox.**

No cases of smallpox were notified during the year.

### **Dysentery.**

One case was notified during the year (Sonne type). Investigation failed to reveal the cause of infection.

### **Cerebro Spinal Fever.**

Four cases were notified during the year. These cases were carefully investigated and precautions taken to prevent the spread of infection. No deaths took place.

### **Puerperal Pyrexia and Ophthalmia Neonatorum.**

These are referred to later on under the heading of Maternity and Child Welfare.

### **Food Poisoning.**

No cases were notified during the year.

### **Pneumonia.**

Forty-nine cases were notified during the year.

## Diarrhoea and Enteritis under 2 years of age.

The death rate per 1,000 live births for London was 4.8 whilst that for Edmonton was 6.82 as compared with 4.2 and 5.21 respectively last year.

## Poliomyelitis.

During the year 18 confirmed cases of Poliomyelitis occurred in the Borough. Notifications were received from April to December (inclusive), but the peak period was August and September, when 6 and 4 cases respectively were notified.

The age distribution was as follows.—

0—5 years	...	7 cases.
5—15	„	4 „
15—20	„	1 „
20—35	„	5 „
35—45	„	1 „

The disease was not confined to any particular area of the Borough. Each case was thoroughly investigated, but in no instance was the source of infection discovered. All cases were admitted to the Hospital and where necessary patients were later transferred to the Royal National Orthopædic Hospital, Stanmore, for further remedial treatment.

There were no deaths. Three cases were notified in 1946

The following table gives the age, incidence, etc., of those suffering from notifiable diseases, excluding tuberculosis which is dealt with separately.

It must be noted that the figures in the second column "No. removed to hospital" includes those already under treatment at a hospital, for instance, the North Middlesex County Hospital.

This remark applies more particularly to the infections associated with parturition and includes puerperal pyrexia and ophthalmia neonatorum.

The number of deaths from Pneumonia includes all forms of this disease.

Disease	Total No. of Cases	No. Removed to Hospital	Deaths	Age Groups												65 and over
				— to 1	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		
Scarlet Fever	261	240	...	...	5	13	18	26	105	61	16	12	3	2	...	
Diphtheria	8	8	2	...	...	...	1	1	2	1	1	1	1	...	...	
Puerperal Pyrexia	77	77	...	...	...	...	...	...	...	...	5	59	12	1	...	
Pneumonia	49	6	47	...	1	...	3	1	3	...	3	6	7	18	7	
Erysipelas	34	15	...	1	...	1	...	...	1	...	1	7	7	12	4	
Ophthalm-Neonatorum	24	22	...	24	...	...	...	...	...	...	...	...	...	...	...	
Dysentery	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	
Whooping Cough	183	15	2	18	22	20	33	25	58	3	...	1	3	...	...	
Measles	783	33	2	41	79	98	105	130	305	15	4	5	1	...	...	
C.S.F.	4	4	...	...	...	1	...	1	...	1	...	...	...	...	1	
Poliomyelitis	18	18	...	...	1	3	3	...	2	2	1	5	1	...	...	



The following table indicates the Wards from which the various cases were notified :—

Disease	Bury Street Ward	Church Street Ward	Angel Road Ward	Silver Street Ward	N. Middx. C. Hosp.	Other Instns.	Total
Scarlet Fever ...	58	76	39	85	3	...	261
Diphtheria ...	2	2	...	4	...	...	8
Puerperal Pyrexia	...	...	2	1	70	4	77
Pneumonia ...	15	6	16	12	...	...	49
Erysipelas ...	9	5	6	12	2	...	34
Ophth-Neonatorum	1	...	2	...	20	1	24
Dysentery ...	...	...	...	...	1	...	1
Whooping Cough ...	36	14	44	84	5	...	183
Measles ...	167	118	221	259	18	...	783
C.S.F. ...	...	1	2	1	...	...	4
Poliomyelitis ...	5	5	2	5	1	...	18

### IMMUNISATION.

#### Diphtheria.

During the year, 1,760 appointments were made—1,498 children completed treatment under the Council's arrangements ; of these 1,366 were under 5 years of age. 24 children were Schick tested. In 1946, 2,088 children completed immunisation treatment. In addition 186 children received a re-inforcing injection. Up to 31st December, 1947, 47.92% of children under 5 years of age and 65.66% of children from 5—15 years of age had completed immunisation treatment.

#### Whooping Cough.

Edmonton children are immunised against Whooping Cough. The material used is "Glaxo Vaccine A.P.," and during the year, 886 appointments were made for this treatment—522 children completed treatment and 3 children were given re-inforcing injection.

### PREVENTION OF WHOOPING COUGH

Authority was given for the Medical Research Council to carry out Anti-Whooping Cough Inoculation Trials in the Borough, the object being to ascertain the preventive value of Whooping Cough Vaccine.

Inoculations are given by a Medical Research Council team at specially arranged sessions, and for the next two years each child will be visited monthly in its home by a special Health Visitor, who will keep a careful record of all coughs and colds and will be prepared to take post-nasal swabs as an aid diagnosis. A Medical Officer from the Medical Research Council will also visit doubtful cases to establish the diagnosis.

As a check on the value of the treatment some of the children will get an anti-catarrhal vaccine instead of pertussis antigen ; no-one engaged in the day-to-day work of inoculation and subsequent "follow-up" will know which vaccine any particular child has received.

Three injections are given at intervals of one month ; children between 6 and 18 months of age only will be included in the scheme, provided they have not already had whooping cough or have not already been inoculated against it. In addition if a child received any further inoculation against pertussis in the next two years, it will have to be excluded from the final statistic analysis.



During the latter part of the year the Medical Research Council intimated that a further supply of the vaccine was available, and as the response of Edmonton parents had been excellent, it was decided to continue the investigations in order to give more parents an opportunity of taking part in the scheme. The scheme is entirely voluntary.

Full details of the investigations carried out in the Borough are not yet to hand.

### CANCER.

The incidence of Cancer relative to the various organs of the body is given as under :—

	Males.	Females.
Breast ... ..	—	12
Uterus ... ..	—	13
Buccal cavity and oesophagus ... ..	3	—
Stomach and duodenum ... ..	11	14
All other sites ... ..	86	47
	—	—
	100	86
	—	—

### PREVENTION OF BLINDNESS.

Cases of ophthalmia neonatorum are promptly visited and, if thought necessary, are removed to hospital for treatment. No cases of blindness have arisen during the year due to this cause.

As provided by Section 176 (1) of the Public Health Act, 1936, arrangements exist with the Middlesex County Council for the treatment at the school clinics of adolescents who are ascertained at school to be suffering from defective vision.

### ESTABLISHMENTS FOR MASSAGE OR SPECIAL TREATMENT.

In 1941 the Council resolved that Part 7 of the Middlesex County Council Act, 1934, be put into operation in the Borough.

### TUBERCULOSIS.

The table below gives details of the ages and sex of new cases of Tuberculosis, also deaths from the disease ; this latter figure includes the deaths of non-notified cases.

Age Periods	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ... ..	...	...	1	1	...	...	1	...
1—5 years ... ..	4	4	1	...	1	...	...	...
5—15 „ ... ..	6	7	3	2	...	1	1	...
15—25 „ ... ..	17	33	3	1	3	9	...	2
25—35 „ ... ..	15	20	...	1	7	7	...	1
35—45 „ ... ..	10	8	1	1	7	4	...	...
45—55 „ ... ..	13	3	1	1	11	1	...	...
55—65 „ ... ..	9	1	...	...	9	1	...	...
65 years upwards	5	...	...	...	5	2	...	...
	79	76	10	7	43	25	2	3



In addition 16 cases of pulmonary tuberculosis and 1 case of non-pulmonary tuberculosis previously notified in other areas, moved into Edmonton.

The total number of names added to the Register for the first time during the year, excluding of course, non-notified deaths was :—

	Males.	Females.
New cases (respiratory) ... ..	79	76
(non-respiratory) ... ..	10	7
Transferred cases (respiratory) ... ..	6	10
(non-respiratory) ... ..	—	1
	95	94
	—	—

The cases dying of Tuberculosis and not previously notified were :—

	Males.	Females.
Respiratory ... ..	5	1
Non-respiratory ... ..	—	2

There were thus 8 non-notified deaths out of a total of 72 persons registered as dying of tuberculosis (Registrar's figures). Regarding the non-notification of the above cases, there was no suggestion of wilful neglect or of refusal to notify.

The non-respiratory forms of tuberculosis notified were :—

	Males.	Females.
Skin ... ..	—	—
Genito-urinary tract ... ..	—	1
Other bones and joints ... ..	3	—
Kidney ... ..	—	1
Glands ... ..	4	3
Spine ... ..	—	—
Abdomen ... ..	1	1
Liver ... ..	—	—
Brain ... ..	2	1
Miliary ... ..	—	—

The Public Health (Prevention of Tuberculosis) Regulations, 1925, relate to tuberculous employees in the milk trade ; whilst section 172 of the Public Health Act, 1936, gives power to the Local Authority to remove to hospital certain cases of tuberculosis which are dangerous to other people.

No occasion during the year had occurred in which it has been necessary to invoke those powers.

#### Public Health (Tuberculosis) Regulations, 1930.

The number of cases of tuberculosis on the Register at the end of 1947. was :—

	Males.	Females.	Total.
Pulmonary forms ... ..	369	321	690
Non-pulmonary forms ... ..	73	84	157
	442	405	847

The corresponding figures at the end of 1946 were :—

	Males.	Females.	Total.
Pulmonary forms ... ..	344	288	632
Non-pulmonary forms ... ..	73	87	160
	417	375	792



Corresponding figures for previous years were :—

				Males.	Females.	Totals.
1945	...	...	...	389	332	721
1944	...	...	...	370	319	689
1943	...	...	...	411	355	766
1942	...	...	...	348	304	652
1941	...	...	...	355	293	648
1940	...	...	...	349	313	662
1939	...	...	...	357	301	658
1938	...	...	...	363	297	660
1937	...	...	...	336	260	596
1936	...	...	...	315	252	567
1935	...	...	...	330	265	595
1934	...	...	...	339	281	620

### MASS RADIOGRAPHY

The Middlesex County Council Mass X-Ray Unit visited Edmonton during May and June, 1947, and set out below is the report of Dr. W. Pointon Dick, Physician-in-Charge :—

“ Since November, 1946, discussions have taken place regarding a visit of the Mass X-Ray Unit to Edmonton. Dr. Regan, Medical Officer of Health, was very keen that both the factories in the Borough (employing about 13,000 people) and the general public should be included in the scheme. Some Edmonton firms have already shown great interest and were on the County Council's waiting list, notably, The Klinger Manufacturing Company who offered accommodation to the Unit for an indefinite period. The space provided was, unfortunately, too small to examine more than a limited number of people, so after the Klinger Staff themselves had been X-Rayed, the machine was moved to the British Oxygen Company, which was very conveniently situated in the middle of the Angel Road Colony. The resident Director kindly agreed that other groups should attend at B.O.C. and altogether 2,721 were examined there, including 438 of the Borough Council staff. For the general public it was felt that the best centre would be in the town itself, if accommodation could be found. This proved to be a great difficulty, and the project was almost abandoned for lack of a suitable place to instal the apparatus. The situation was saved by Major Gibbons of 4/6 Battalion, Middlesex Regiment who agreed that application should be made to Lt.-Col. Pettman for the use of the Army huts in Church Street. The Edmonton Council agreed to pay for the use of the huts and also for some adjustments, such as a covered way from one hut to another. The accommodation thus adapted proved to be very suitable, although it would have been still better in the centre of the Borough.

An extensive publicity campaign was undertaken. Posters, notices in the local paper, a short film shown at the Regal, handbills to all Doctors in the Borough and Local Organisations and to 3,000 schoolchildren who took them home to their parents ; talks at Union Branches and other Meetings. Finally a loud-speaker van. County Councillor Mrs. Long, accompanied by several Councillors and Dr. Goggin, opened the first women's session—she addressed about fifty housewives who were waiting to be X-Rayed, and congratulated them on coming out on what turned out to be one of the very hottest afternoons of a sudden heat wave. The Member of Parliament for Edmonton, Mr. Evan Durbin, opened the evening session for men, and made some very helpful remarks on the need for supporting this public health measure—he showed his practical interest by being the first man to be X-Rayed. The



response from the public was very gratifying—a total of 2,990 were X-Rayed—this number was made up of 2,047 general public (804 men, 1,243 women), 754 schoolchildren (231 boys and 523 girls), 189 Factory workers (by appointment not included at B.O.C.).

It is interesting to note that of the 1,243 women, 680 were housewives, a group whom it would not be possible to include other than at a public session. The County Council are anxious that housewives should have the same facilities in this way as are offered to factory workers, when possible. The rest of the women were individuals working on their own or in small groups, such as shops, etc., who came on their own initiative and not by appointment with the Council through their place of work; the same description would apply to the men. On this occasion, the schoolchildren were X-Rayed with the adults, and some criticism was encountered on this score. In future, when organised groups of school children attend, they will be given separate sessions of their own.

A special arrangement was made with the Latymer School for 50 boys and 21 girls to have an X-Ray and a skin test. Unfortunately, a number of these did not return for the reading of the test, but of the 59 who did, the test showed that only 9 had been in contact with the tubercle bacillus. This is a very satisfactory proportion if it is also applicable to those who did not return.

Special thanks for their co-operation are due to Mr. Nash (Chief Clerk Public Health Department) Mr. Gilbert (Manager Director of Klinger Manufacturing Company), Mr. Livesey (Director of the Britain Oxygen Company), Mr. Harold Doherty (Chairman, Edmonton Manufacturers Association). Major Gibbons (4/6 Battalion Middlesex Regiment), and the Edmonton Red Cross.

The question of accommodation for this service, which it is hoped will be repeated in the Borough at some future date, is a point for the consideration of the Borough Council.

#### TOTALS X-RAYED

<b>Factory Workers :—</b>					
Klingers	.....	.....	.....	.....	1,195
B.O.C.	.....	.....	.....	.....	2,721
Huts	.....	.....	.....	.....	189
					4,105
<b>Public</b>	.....	.....	.....	.....	2,047
<b>Schoolchildren</b>	.....	.....	.....	.....	754
					6,906
<b>Total</b>	.....	.....	.....	.....	

The findings are shown in the table below. It will be seen that, as would be expected, the proportion of schoolchildren requiring further investigation is less than one-half of that found in the adult population. It should be pointed out that persons requiring further action are not necessarily suffering from Pulmonary Tuberculosis. The group includes heart cases, etc., and the ultimate diagnosis is not yet available."

	Factories	School Children	General Public
Total X-Rayed	4,105	754	2,047
Recalled for large film	222	28	115
	(5.4%)	(3.7%)	(5.6%)
Further Medical Action	83	7	57
	(2.1%)	(0.9%)	(2.8%)
Failed to return for large film	3	—	1



Particular attention is drawn for the need for suitable accommodation to be provided for any future visits of the Unit, especially is this necessary for dealing with members of the general public and schoolchildren. It will be noted "the project was almost abandoned for lack of a suitable place to instal the apparatus"—therefore every effort must be made to ensure such a situation does not arise in the future.

### COUNCIL'S EMPLOYEES.

During 1947 the Medical Officer of Health paid a total of 289 visits to those employees who had been on the sick list for longer than a fortnight and, when necessary, at fortnightly intervals. Of these 80 were "not at home" and 4 had already resumed duty.

Also, during the year, 87 persons were examined prior to appointment to permanent posts.

### MUNICIPAL FOOT CLINIC

This Clinic was opened to the Public on 5th November, 1946, with two sessions per week for men and two for women. The demand for treatment was immediate, and the number of sessions was doubled in an endeavour to cope with the waiting list; despite this, there were more than 250 persons awaiting treatment at the end of the year. It is hoped that the present clinic will be extended or an additional clinic established in order to cope with the demand for treatment.

A part-time temporary clerk was appointed to deal with the clerical side of this service. The charges were increased during the year.

#### Charges :—

2/-	per foot	per visit	for ordinary patients	for ordinary treatment.
6d.	"	"	old age pensioners	" "
2/-	"	"	ordinary patients	for infra red treatment.
6d.	"	"	old age pensioners	" " "

#### Sessions :—

MEN :	Tuesdays and Fridays	2—5 p.m. and 7—9 p.m.
WOMEN :	Mondays and Thursdays	2—5 p.m. and 7—9 p.m.

### Summary of Attendances and Treatment, 1947

During the year 1947, 482 patients made 1883 attendances, an average of 3.9 attendances per patient.

	New Cases	Subsequent Attendances	Total Attendances	Old Age Pensioners Attendances	
				Primary	Secondary
Men ... ..	173	708	881	71	394
Women ... ..	309	693	1002	102	289
Total ... ..	482	1401	1883	173	683



## Defects Treated—

Anidrosis	6	Hyperidrosis	22
Bursitis	88	Metatarsalgia	307
Callosities	1191	Nails, club	281
Corns, hard	1354	„ ingrowing	48
„ soft	199	Neuro vascular	12
„ minute	38	Osteoma	6
„ seed	19	Pes Cavus	26
„ under nail	70	„ Planus	33
„ in nail groove	138	Synovitis	11
„ vascular	8	Splayed Met. Bones	2
Exostosis	3	Verruca Pedis	26
Hallux Valgus	283	Infra Red	21
„ Rigidus	39		

1	Introduction	1
2	Chapter I	2
3	Chapter II	3
4	Chapter III	4
5	Chapter IV	5
6	Chapter V	6
7	Chapter VI	7
8	Chapter VII	8
9	Chapter VIII	9
10	Chapter IX	10
11	Chapter X	11
12	Chapter XI	12
13	Chapter XII	13
14	Chapter XIII	14
15	Chapter XIV	15
16	Chapter XV	16
17	Chapter XVI	17
18	Chapter XVII	18
19	Chapter XVIII	19
20	Chapter XIX	20
21	Chapter XX	21
22	Chapter XXI	22
23	Chapter XXII	23
24	Chapter XXIII	24
25	Chapter XXIV	25
26	Chapter XXV	26
27	Chapter XXVI	27
28	Chapter XXVII	28
29	Chapter XXVIII	29
30	Chapter XXIX	30
31	Chapter XXX	31
32	Chapter XXXI	32
33	Chapter XXXII	33
34	Chapter XXXIII	34
35	Chapter XXXIV	35
36	Chapter XXXV	36
37	Chapter XXXVI	37
38	Chapter XXXVII	38
39	Chapter XXXVIII	39
40	Chapter XXXIX	40
41	Chapter XL	41
42	Chapter XLI	42
43	Chapter XLII	43
44	Chapter XLIII	44
45	Chapter XLIV	45
46	Chapter XLV	46
47	Chapter XLVI	47
48	Chapter XLVII	48
49	Chapter XLVIII	49
50	Chapter XLIX	50
51	Chapter L	51
52	Chapter LI	52
53	Chapter LII	53
54	Chapter LIII	54
55	Chapter LIV	55
56	Chapter LV	56
57	Chapter LVI	57
58	Chapter LVII	58
59	Chapter LVIII	59
60	Chapter LIX	60
61	Chapter LX	61
62	Chapter LXI	62
63	Chapter LXII	63
64	Chapter LXIII	64
65	Chapter LXIV	65
66	Chapter LXV	66
67	Chapter LXVI	67
68	Chapter LXVII	68
69	Chapter LXVIII	69
70	Chapter LXIX	70
71	Chapter LXX	71
72	Chapter LXXI	72
73	Chapter LXXII	73
74	Chapter LXXIII	74
75	Chapter LXXIV	75
76	Chapter LXXV	76
77	Chapter LXXVI	77
78	Chapter LXXVII	78
79	Chapter LXXVIII	79
80	Chapter LXXIX	80
81	Chapter LXXX	81
82	Chapter LXXXI	82
83	Chapter LXXXII	83
84	Chapter LXXXIII	84
85	Chapter LXXXIV	85
86	Chapter LXXXV	86
87	Chapter LXXXVI	87
88	Chapter LXXXVII	88
89	Chapter LXXXVIII	89
90	Chapter LXXXIX	90
91	Chapter LXXXX	91
92	Chapter LXXXXI	92
93	Chapter LXXXXII	93
94	Chapter LXXXXIII	94
95	Chapter LXXXXIV	95
96	Chapter LXXXXV	96
97	Chapter LXXXXVI	97
98	Chapter LXXXXVII	98
99	Chapter LXXXXVIII	99
100	Chapter LXXXXIX	100
101	Chapter LXXXXX	101



# Maternity and Child Welfare Committee

1947

---

## COMMITTEE

*Chairman* : Alderman W. PREYE, J.P.

### *Members* :

Alderman Mrs. E. A. YOUNG (Mayor) Ex-Officio.

Alderman GATWARD (Deputy Mayor) Ex-Officio.

Councillor L. E. BERRIDGE.

„ F. G. DURHAM.

„ Mrs. L. M. GEORGE.

„ Mrs. A. M. GLOVER.

„ Mrs. S. J. HALLIDAY.

„ Mrs. F. JONG, J.P.

„ Miss. E. J. MATTOCKS.

## FOREWORD

It is with a sense of melancholy that I place on record the report of the activities for 1947—this year sees the end of an important phase in the life of the Maternity and Child Welfare Service which embraces its birth and subsequent expansion in Edmonton under the control of the local Borough Council. During 1948 we shall pass on to another era, when the Middlesex County Council will take over the responsibility under the National Health Service Act, and we shall see many changes; expansions of the present and the commencement of new schemes, old methods replaced by new. Let us hope that the new will achieve as much as the old.

At the moment the future appears obscure, but with bold and constructive planning, valuable steps forward can be taken in the work which is so essential and important to the welfare of mothers and children.

During 1947 the Midwifery Service continued to maintain its usual high standard with encouraging results and the record was again highly satisfactory. The attendances at the Ante-Natal Clinics were splendid and the table below will give some indication as to the growth of the work. An additional Clinic was opened in June, 1947 in the Weir Hall area, and it is proving very popular and relieving the congestion in the Brookfield House Clinic.

### Attendances at the Ante-Natal Clinic

1935	.....	.....	1,176
1938	.....	.....	3,801
1946	.....	.....	12,499
1947	.....	.....	13,185

These figures are practical evidence that the public realise the value of attention before the birth of a child, not merely to safeguard the actual confinement itself, but an appreciation on their part that an Ante-Natal Clinic means so much to the future of the unborn child.

The work has, however, put a severe strain on the staff who have been required to deal with such high numbers per session without incurring any risk to the patient. They have, however, borne the extra burden cheerfully and the confinements during the year 1947 were in nearly all instances without complications.

It is good to be able to report that no maternal death occurred in the Domicillary Midwifery Service this year, which is good testimony to the close observation and special interest that is given to these mothers by the staff.

The Flying Squad Service maintained by the North Middlesex County Hospital has proved itself of immense value and it is puzzling to imagine why such a simple method of assistance was not put into operation many years ago.

The gas and air service is also proving very popular with the mothers and is yet another proof of the assistance rendered by the Council which is being appreciated more and more by the women. The following figures will speak for themselves.

1942	.....	.....	18 had gas and air
1946	.....	.....	181 had gas and air
1947	.....	.....	236 had gas and air

Up to the present the Ambulance Service has been employed to convey the apparatus both night and day to the women who need this service. It is to be hoped with the change over of the ambulances from the Council to the Fire Brigade it will not in any way interfere with the carrying out of this good work.



Below is a table of the comparison of attendances at the Infant Welfare Centres which will give further proof of the work which has been carried out :

Attendances			
1935	.....	.....	27,188
1938	.....	.....	42,166
1946	.....	.....	40,944
1947	.....	.....	50,311

With increased knowledge regarding preventive measures to be adopted in Infant Welfare Centres this service is becoming quite a complicated one, and the amount of benefit which can be rendered to the developing child in his tender years is very great. The work done in the Maternity and Child Welfare Department is the surest foundation for a sound "School Medical Health Record" of the child. The more attention rendered to the Infant at this period of his life, the less necessary it is to supervise him from a health standpoint during the school years, a fact which has been forgotten in the past. The fact that this service concentrates on this particular aspect and period of child life can be seen from the School Health Reports of the last few years. The decline in serious Orthopædic and Dental defects is mainly due to the increased attention to Dietetics and correction made during the early years of the child's life.

The value of the Post Natal Clinic is becoming increasingly evident to the women and it is anticipated that another session will be opened in the Weir Hall area early in 1948 to enable more mothers to be seen, and the necessary treatment carried out.

The following figures need no comment :—

Attendances			
1938	.....	.....	348
1946	.....	.....	1,576
1947	.....	.....	1,485

In the past the Post-Natal Clinics under Local Authorities were mainly of a supervisory nature—a check-up was given at certain times in the Post-Natal period of a mother and then according to the findings she was referred on for treatment. The desirability of attending to minor conditions and pursuing them to their ultimate goal is now being recognised as a very important factor. The major conditions are readily recognised and dealt with accordingly, but the minor infections and abrasions are inclined to be overlooked. This is particularly so because the immediate consequences to the individual are not serious, but the remote consequences may be very serious indeed. It is for this reason that every attention must be focused on the minor form of complaint to a far greater extent than in the past.

The Consultant Service is a very important one and women from the Ante-Natal and Post-Natal Clinics are referred to this Clinic for expert advice from any source in the Borough though they are usually referred from the Council's own Ante-Natal and Post-Natal Clinics.

The Orthopædic Clinic plays a very important part in the life of the child under five years of age, and has a most encouraging record of services rendered. It is the oldest Specialist Clinic in Edmonton and during the long term of years it has served the child population of Edmonton well. Difficulties have been experienced, mainly associated with accommodation, and these difficulties must continue on until new and properly equipped premises are obtained. There are extensions needed from the point of view of equipment



which cannot be adopted in property utilised for other purposes. The understanding and assistance which has been given by the Authorities at the Methodist Central Hall should be placed on record—it has been very much appreciated. Every effort has always been made to meet our requests, often to the detriment of their own work.

For the last ten years major forms of defects seem to be completely disappearing from the child population. Poliomyelitis is one outstanding condition which seems to remain outside our reach, and leaves major defects. If such cases are brought to the Clinic early, and treatment in Hospital has been afforded, the amount of defect from this ugly disease can be greatly reduced. The time factor is very important, as indeed it is in most other diseases.

There is a decline in the major type of orthopædic defect. Marked defects which formerly needed the attention of the Orthopædic Surgeon are more rarely seen and the less serious cases can now be treated by class exercises in the Clinic. Even some of the minor defects due to developmental conditions are disappearing altogether.

The position with regard to children under five years of age awaiting operation for tonsillectomy and adenoidectomy is not satisfactory. All operations were suspended during the epidemic of Poliomyelitis, but as the year came to its close the shortage of hospital beds, and the long waiting list which accumulated owing to the ban, has presented a problem. There had been a weekly allocation of beds from the Royal Waterloo Hospital, but the Authorities there were compelled to cancel the arrangements, and at the present time the position is far from satisfactory. There is little prospect in the near future of the waiting list being reduced, and the children receiving the treatment which they require. It is high time that an extension of service in this direction was established. It is also apparent that a children's Unit is very necessary either alone or in conjunction with a General Hospital and should be developed in the North Middlesex area.

The Day Nurseries have been well attended and the very long waiting list of children proves that more establishments of this nature are required.

It is still a very difficult problem to obtain suitable probationers for Day Nurseries. There is a tendency in this Service from the applicants standpoint that if a girl cannot get suitable work elsewhere, then she will try a Day Nursery—such girls very quickly realise that the duties in a Day Nursery are more exacting than they imagine. Great credit is due to the young people who adopt this work as a career and carry on and see it through. The care rendered to children in a Day Nursery is one of constant attention and concentration on detail, in diet, training and character development. Compliments have been received from the teaching staffs of Edmonton Schools as to how well the Day Nursery children fit in to school life.

The Services rendered at the Technical College are very good and appreciated by the probationers, but de-centralisation of training away from the Nurseries has not had a good effect. It tends to minimise the importance of the practical training, and raises in the minds of a pupil the desire of obtaining a certificate in a theoretical manner. The future, however, may see greater attention given to the practical work in a Day Nursery, and being brought into closer co-operation with the teaching side.

A shortage of nursing staff, especially Heath Visitor/School Nurses has made it necessary to employ part-time State Registered Nurses to assist, and it will be some time before this difficulty can be overcome.



There are certain factors in this service which should be stated : (1) the retiring age of Health Visitors is earlier now than it used to be. (2) There is a great difficulty in obtaining new staff, as the demand is very much greater than the supply.

Within the next five or six years a number of your staff will retire, and if the supply position does not improve it will be very serious for the district.

It is desirable that facilities for training should be made available in the district for Health Visitor Pupils in order to widen the scope through which candidates can obtain instructions.

It is now apparent from the National Health Service Act that district nursing will have to become a part of the Health service of the future. In passing, I would like to pay tribute to the good service and excellent attention that has been given to the sick in the neighbourhood by the local branch of the Queen's Nursing Association. This Organisation has experienced the same difficulties as ourselves in obtaining the necessary staff to carry out the nursing duties in the district. Great credit is therefore due to the efforts that have been made by those who have remained, in maintaining their usual high standard. It is to be hoped that a place will be found for this Organisation in the Health Service of the future.

It is easy to control, it is effective in application, and efficient in its work, and altogether a condition of complete satisfaction is established amongst the General Practitioners, local Hospitals and our own Department.

When necessary the Speech Clinic is available for children under five years of age by arrangement with the Education Committee. This service has proved of great value in teaching children of tender years to speak correctly, and it is extraordinary how quickly children of about three years of age and upwards, can accept the correction given to them. Through this medium, habit formation is curbed and the difficulties which would occur in the later life of the child are avoided.

The dental sessions are held weekly by the School Dentists who devote this period to the attention of mothers and children under five years of age. This is not enough, but the restriction is due to the lack of premises to extend, and until building facilities become available again, it will have to remain a limited service.

I should like to place on record once again, and for the last time under the old regime, my appreciation of the work carried out by the staff of the Maternity and Child Welfare Department whose co-operation has made it possible to plan and carry out the schemes for the mothers and children of which the district may be justly proud. The service rendered by this Department is performed so quietly, so efficiently and effectively that little attention is ever attracted towards it. The self-sacrifice and devotion to duty of the medical, nursing and clerical staff is a fact about which I am very proud.

My thanks must also be recorded to the Chairman and all Members of the Maternity and Child Welfare Committee for their sympathy and understanding during the year.



The following information gives details of the Maternity and Child Welfare Clinics at the end of 1947 :—

- (1) Ante-Natal Clinic at Brookfield House, Fore Street (adjoining the Town Hall). Six sessions weekly.  
Ante-Natal Clinic at Weir Hall, Silver Street. One session weekly.
- (2) Child Welfare Centres :—
  - (a) Brookfield House. Three sessions weekly.
  - (b) Methodist Church Hall, Bush Hill Park. Two sessions weekly.
  - (c) St. Edmund's Church Hall. Two sessions weekly.
  - (d) Weir Hall. Two sessions weekly.
  - (e) St. John's. One session weekly.
- (3) Post-Natal and Advisory Clinic at Brookfield House. One session weekly.
- (4) Dental Clinic at Pymmes Park. Two sessions weekly.
- (5) Orthopaedic Clinic at Methodist Central Hall, Fore Street. Orthopaedic Surgeon attends once a month.
- (6) Obstetric Surgeon attends once a fortnight at Brookfield House.

### Births.

The total number of births notified during 1947 was as follows :—

Live births notified by midwives	...	...	...	...	3,027
" " " " doctors and parents	...	...	...	...	71
Still-births " " midwives	...	...	...	...	114
" " " " doctors	...	...	...	...	3
					3,215

These figures include births which have taken place in the North Middlesex County Hospital, both of Edmonton and non-Edmonton residents ; excluding these latter the notified births of Edmonton residents are :—

Live births notified by midwives	...	...	...	...	1,506
" " " " doctors and parents	...	...	...	...	67
Still-births " " midwives	...	...	...	...	38
" " " " doctors	...	...	...	...	...
					1,611
Number of live Edmonton babies born in outlying institutions	...	...	...	...	582
Number of still-born Edmonton babies born in outlying institutions	...	...	...	...	9

The following table includes births of Edmonton residents and those born and registered in other districts :—

	Male.	Female.	Total.
Live Births	290	292	582
Still-births	8	1	9
	298	293	591



### Premature Babies.

Arrangements have been made for additional care and supervision to be given and special records are kept. Premature children in need of hospital care are admitted to the North Middlesex County Hospital, as in the past.

No. of babies notified during 1947 who weighed  $5\frac{1}{2}$  lbs. or less :—

(a) Born at home	...	...	53
(b) Born in hospital	...	...	61
			<hr/>
			114
			<hr/>

### VISITS PAID BY THE HEALTH VISITORS.

The following table gives details as to the visits paid by the Health Visitors :—

To children under 1 year of age :—							
First visits	...	...	...	...	...	2,236	
Total visits	...	...	...	...	...		9,993
To children between 1 and 5 years of age	...	...	...	...	...		9,062
Infant Protection visits to children 5-9 years	...	...	...	...	...		73
Visits re adoption	...	...	...	...	...		237
Futile visits	...	...	...	...	...		2,507
							<hr/>
Total visits paid	...	...	...	...	...		21,872
							<hr/>

### CLINICS

#### Ante-Natal Clinic.

The clinic at Brookfield House was held six times weekly (one session being for new patients only), and a new clinic session was commenced at Weir Hall in June, 1947. The following are the figures for the year :—

Number of general sessions in the year	...	...	...	286
Number of prospective mothers	...	...	...	2,233
Number of consultations	...	...	...	*10,621
Total number of attendances	...	...	...	13 185
Average number of attendances :—				
(a) Per session	...	...	...	39.01
(b) For consultation	...	...	...	37.13
Clinic for New Patients :—				
(a) No. of sessions	...	...	...	52
(b) New cases	...	...	...	1,534
(c) Total number of attendances	...	...	...	1,661

\* Included in this total are 651 referred from the North Middlesex County Hospital under the scheme of co-operation with that hospital.

The Ante-Natal Clinics are under the supervision of the Non-Medical Supervisor of Midwives, with the help of the Midwifery Staff.

### POST—NATAL AND ADVISORY CLINIC

The Deputy Medical Officer of Health is responsible for the Post-Natal Clinic and the following will give some indication of the work carried out :—

“ The Post-Natal Clinic plays an important part in the work of the Borough. Its aim is the prevention of the many ills that woman is prone to, particularly those following child-birth.



Associated with it is the Advisory Clinic which caters mainly for the older woman, but also for the younger woman who is childless and seeks advice.

In the past six years I have seen a steady growth in the popularity of the clinic, so much so that to cope with the numbers a second clinic will be opened in Weir Hall.

The ideal times for a Post-Natal examination is the sixth week or the third month following the birth of the baby. Unfortunately owing to the large number of confinements this standard cannot be maintained. It is further complicated by the many women who do not seek advice until a year or two has elapsed after their confinements. These people of necessity will require prolonged treatment, and therefore impede the passage of other patients through the Clinic. The waiting list is very long at present, but it is hoped that 1948 will see the work extended.

It has been noticeable, that in the case of mothers who ask for the examination at the proper time, and are found to need treatment, they respond far more readily and make a quick recovery.

Regarding the types of cases seen, they may be classified thus :—

- (1) Displacements of the uterus and to appendages.
- (2) Cervical erosions and lacerations.
- (3) Deficient Perinii.
- (4) Cystocles and rectoceles.
- (5) Lax abdominal muscles. The latter may not seem in itself to be of great importance, but the resultant visceroptosis may lead to chronic ill health.
- (6) Psychological conditions.

Cases which require operative treatment and those making poor progress are referred to Mr. Dodds, F.R.C.S., who attends fortnightly, and where necessary he makes the arrangements for operations at the Samaritan Hospital. We are fortunate in having the laboratory at hand as immediate examination of troublesome discharges can be undertaken, in many cases giving the lead to the correct treatment.

Miss Jeans, Organiser of Physical Education, who was approached with the suggestion of special classes for remedial exercises for slack abdominal muscles and uterine displacements has been most helpful in arranging these classes weekly in different parts of the Borough, namely Oakthorpe School, Raglan School, and Raynham School, and they are much appreciated and well attended. Her co-operation has been very valuable."

The Clinic is held twice weekly and the following are the figures for the year :—

#### Post-Natal Clinic.

Number of sessions	...	...	...	...	...	...	46
Actual number of mothers who attended	...	...	...	...	...	...	423
Number of consultations	...	...	...	...	...	...	1,475
New cases	...	...	...	...	...	...	362
Total attendances at clinic	...	...	...	...	...	...	1,485
Average attendance per session	...	...	...	...	...	...	30.32

#### Advisory Clinic.

New Cases	...	...	...	...	...	...	57
Total attendances	...	...	...	...	...	...	96
Number of mothers seen by Doctor	...	...	...	...	...	...	96

**Specialist's Clinic.** The consulting Specialist made 26 visits during the year and saw 159 cases, making an average of 6.11 per session.



## Child Welfare Clinics.

The figures relating to attendances are :—

	Brookfield House.	Methodist Hall.	St. Edmunds.	Weir Hall.	St. Johns.
Number of sessions ... ..	151	100	103	101	51
New cases—(a) Under 1 year	665	253	364	418	221
(b) 1—5 years ... ..	93	45	67	70	29
<u>Attendances—</u>					
(a) Under 1 year	11,066	5,638	7,866	8,378	4,740
(b) 1—5 years	2,859	2,039	3,087	3,499	1,159
Total Attendances	13,925	7,677	10,933	11,877	5,899
Average attendances ... ..	92.21	76.77	106.14	117.58	115.66
Average doctor's consultations	33.44	20.30	23.23	25.48	26.49
Doctor's consultations ... ..	3,950	2,030	2,393	2,574	1,351

## ORTHOPÆDIC CLINIC

The following report from the Surgeon will provide a testimony which needs no further comment :—

“ This is one of the most satisfying of all clinics. Cases are seen in their early stages, when simpler forms of treatment are successful in curing them, and preventing permanent damage occurring. Long stays in hospital and operations are thus avoided in later years, and schooling and careers are not interfered with.

The type of case we are particularly anxious to see in the first few weeks of the child's life is the ' club foot,' wry neck, and dislocated hip. These cases are serious if left untreated, and the sooner treatment is commenced, the better the ultimate result will be. Early treatment will minimise surgical operations at a later stage of the child's life.

After the child had commenced walking, the postural deformities, such as flat feet and knock knee are common. On the whole these are easy to treat provided the co-operation of the parents is obtained in bringing the children to the clinic regularly.

It is particularly pleasing to see cases on their second or third examination showing marked improvement.

Facilities are available for giving the majority of the treatments at the clinic. The clinic is associated with the Royal National Orthopædic Hospital who supply any instruments or special footwear and also cases requiring operation are admitted to the Royal National Orthopædic Hospital.

Cases requiring operations are, however, very few.

Vitamin deficiencies are now practically unknown and as a consequence rickets is no longer an orthopædic problem.

We hope that in the future with more and more attention being directed towards prophylactic medicine, that all infants will be seen and treated at the earliest possible stage, and thus reduce to a minimum deformities which remain with them through adult life.”



The Clinic is held twice weekly and the following are the figures for the year :—

### Attendances.

Surgeon's days ... ..	354
Treatments given ... ..	962
No. of children attending for treatment ... ..	748
No. of wedges fitted ... ..	130
No. of surgical instruments ... ..	3

### In-patient Treatment.

Three children were admitted to Stanmore during 1947.

### Dental Clinic.

Details of the work carried out are :—

	Mothers.	Children.
Number of sessions ... ..	105	102
Number of attendances ... ..	1,220	618
Number of new cases ... ..	395	317
Actual number treated ... ..	609	372
Total number treated—General Treatment	714	585
Dentures	410	—
(Average of 4.55 visits each denture).		
Fillings ... ..	131	—
Dressings ... ..	37	1046
Scalings ... ..	43	—
Extractions (Number of teeth)—		
(a) Under Gas ... ..	1,594	323
(b) Local Anaesthetic ... ..	22	—
Number of gas cases ... ..	504	215

### Dentures.

Number supplied—90 of whom 89 paid the full cost, and 1 free of charge.

### Sunlight Clinic.

427 children were referred during the year for sunlight treatment and 1,851 treatments were given. The work of this Clinic had to be curtailed in order to devote more time to the orthopaedic side.

### Ophthalmic Clinic.

123 children under 5 years of age attended this clinic during the year. 79 attendances were made for Refraction, 27 for examination and 104 for re-examination.

The examinations consist of cases other than refractions who on their first visit to the Clinic were suffering from persistent discharge of the eyes, styes, Tarsal cysts, blinking, ptosis, etc. The re-examinations refer to the follow-up visits of children who have already attended once for refractions or examinations.

### Speech Clinic.

Arrangements are made with the Education Committee for children under five years of age to attend the Speech Clinic and 12 children were referred during the year. No charge is made to the parents.



## Details of Distribution of Free Dried Milk, Cod Liver Oil, etc.

Distributed by the Maternity and Child Welfare Department apart from any scheme of the Ministry of Food.

Trufood	...	...	...	...	...	18 tins.
Ostermilk	...	...	...	...	...	105 „
Cow and Gate	...	...	...	...	...	286 packets.
Cod Liver Oil and Malt	...	...	...	...	...	20 cartons.
Halycalcyne	...	...	...	...	...	6 packets.
Glucose	...	...	...	...	...	50 „

### Convalescent Cases.

One child was sent away under the contract with the Invalid Children's Aid Association.

### Tonsils and Adenoids.

One hundred and ninety-five children were referred for operation during 1947, and 49 children had operative treatment.

## INFECTIOUS DISEASES.

### Ophthalmia Neonatorum.

Twenty-four cases were notified during the year and of these 20 occurred in the North Middlesex County Hospital, 9 of which were Edmonton cases. Of 4 cases which occurred in the district, one was removed to hospital.

### Puerperal Pyrexia.

Seventy-seven cases were notified during the year and of this number 74 occurred in the North Middlesex County Hospital of which 19 were Edmonton cases. Two cases occurred in the district and 1 was removed to the Isolation Hospital. It must be understood that the more serious cases of midwifery are referred to the Hospital, and therefore complications are more likely to occur.

## MIDWIFERY SERVICE.

### Analysis of work.

Actual confinements attended by midwives	...	...	...	...	981	(Of this number 887 as midwives and 94 as Maternity Nurses.)
Attended by midwives, but women admitted to hospital before or during confinement	...	...	...	...	218	(Sixty of these women were discharged from Hospital after the fourth day and attended by the Council's Midwives for the nursing period.)
Left district before confinement or mothers evacuated through L.C.C. scheme, etc.	...	...	...	...	40	(Attention and supervision given by Municipal midwives during Ante-Natal period.)

In addition to the actual 981 confinements attended, a total of 19,691 visits were paid by midwives as under :—

Ante-Natal visits to homes	...	...	...	...	2,283
Post-Natal Visits	...	...	...	...	14,871
Additional evening visits	...	...	...	...	96
Visits after fourteenth day	...	...	...	...	58
False alarms...	...	...	...	...	630
Special Visits	...	...	...	...	989
Second Nurse for Gas and Air Analgesia	...	...	...	...	4
Miscellaneous	...	...	...	...	758

### **Medical Aid.**

The number of claims made by doctors for Medical Aid during the year 1947 was 184, of this number 7 cases were granted free of charge, 3 at half cost and the remainder paid the full fee.

### **Gas and Air Analgesia.**

Two hundred and thirty-six women had gas and air analgesia during the year.

### **Blood Transfusion Service.**

Under an arrangement with the North Middlesex County Hospital, Medical Practitioners can now call upon the Blood Transfusion Service, and one case was attended during the year.

### **Home Helps.**

One hundred and thirty-four women had the services of a Home Help during, 1947, all of whom paid full cost.

### **Ante-Natal Scheme of Co-operation between the Council and the North Middlesex County Hospital.**

Under an arrangement with the Middlesex County Council 399 homes were visited during the year where women applied to the North Middlesex County Hospital for admission and the Authorities desired to have a report on the home circumstances. A further 27 were visited for the Mothers' Hospital, Clapton.

### **Sterilised Maternity Outfits.**

Five hundred and ninety-nine sterilised maternity outfits were issued during the year, 590 were paid for, 3 paid half cost, and 6 were given free of charge.

### **X-Rays.**

Two mothers were referred to the hospital for X-Ray Examination during the year, both of whom paid the full cost.

### **PRIORITY DOCKETS FOR SHEETS.**

Priority dockets for sheets are issued to mothers having their confinement at home, and during the year 1,109 were issued.

### **ILLEGITIMATE CHILDREN.**

Every effort is made to assist the women, and a contract has been made with the Middlesex County Council for the admission of women and babies to suitable Hostels. Two were admitted during 1947.

### **INFANT LIFE PROTECTION.**

Each Health Visitor employed by the Council is an Officer for Infant Life Protection and great care is taken by them in supervising this part of the work. The number of persons on the register at the end of 1947 was 8 and the number of children 11. The Deputy Medical Officer of Health also makes periodic visits of inspection to the homes.



### Adoption of Children (Regulation) Act, 1939.

The Health Visitors are now responsible for the carrying out of this work, viz. :—

Number of persons who gave notice under Section 7 (3) during the year ... ..	31
Number of children in respect of whom notice was given ...	31
Number of children under supervision at the end of the year...	12

### Day Nurseries.

Attendances for the whole year were :—

Fore Street ... ..	16,733
Hertford Road ... ..	12,466
Florence Road ... ..	13,758
Silver Street ... ..	12,972

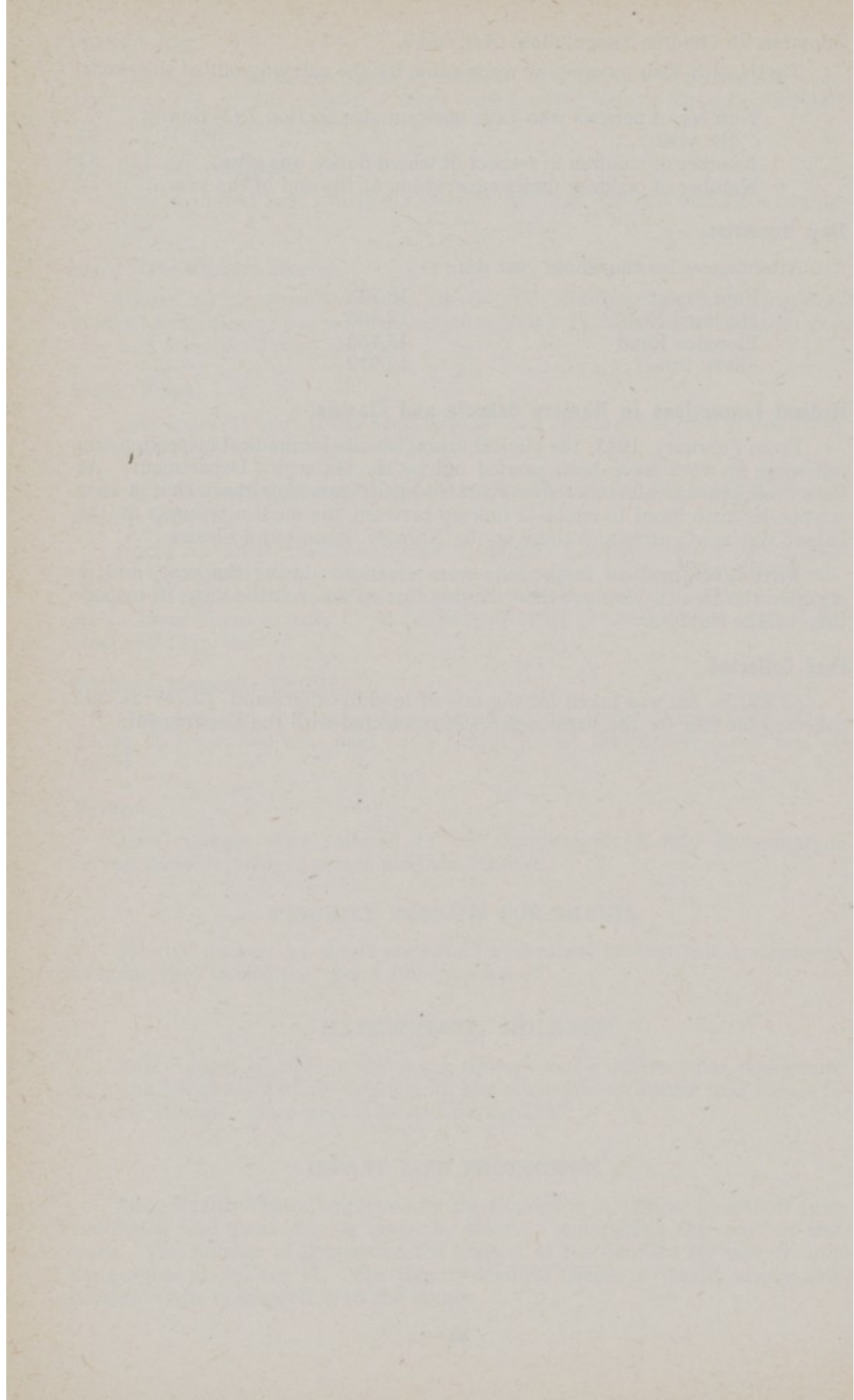
### Medical Inspections in Nursery Schools and Classes.

From February, 1945, the clerical arrangements for medical inspection and following up work have been carried out by the Maternity Department. As these children are all under five years of age it was important that a new scheme be introduced to enable a link up between the medical records at the Infant Welfare Centres and those at the Nursery Schools and Classes.

Fifty-seven medical inspections were arranged during the year, and in addition the Health Visitor/School Nurses carried out routine visits of inspection to the children.

### Fees Collected.

£3,830 5s. 8d. was taken for the sale of food in Clinics and £2,749 2s. 3d. collected for fees for the various services connected with the Department.





COUNTY COUNCIL OF MIDDLESEX

BOROUGH OF EDMONTON

## Education Committee

1947

---

*Chairman* - - - - - Alderman A. J. G. HOLLYWOOD

*Vice-Chairman* - - - - - Councillor Mrs. F. LONG, J.P.

Aldermen : W. T. GREEN, W. PREYE, J. REID, J.P., R. W. RICKETTS and Mrs. E. A. YOUNG, J.P.

Councillors : J. A. G. BEATTIE, S. W. CREASEY, Mrs. L. M. George, R. J. GRANT, Mrs. S. J. HALLIDAY, W. C. HUMPHRIES, E. JONES, C. G. LACEY, M. SIMPSON, C. F. WATKINSON and A. WRIGHT.

County Councillor : T. H. JOYCE.

County Alderman : Mrs. L. R. ITHELL, J.P.

Co-opted Members : E. G. COLE, Mrs. M. A. LANGFORD, A. J. SMITH and E. S. TAYLOR.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE :

LADIES AND GENTLEMEN,

I beg to submit my Annual Report on the School Health Service for the year 1947. The report is compiled in respect of the health and well-being of the school children of Edmonton in accordance with the wishes of the Ministry of Education conveyed to me through the medium of the Middlesex County Council.

We have now grown accustomed to the operation of the 1944 Education Act in the School Health Service, and accordingly have developed our Services more efficiently and in some ways more effectively. Coupled with the benefits that will undoubtedly accrue from the National Health Service Act, a further more detailed improvement will be brought about. It is to be hoped that more speedy and effective treatment of the children under the new circumstances will add considerably to their health and happiness in the course of their School life.

The conditions with regard to tonsils and adenoids have improved a good deal since last year, but we are still experiencing some difficulty in getting patients into Hospital for operations. In some instances the waiting list becomes so tedious that the patients proceed to have the operations carried out privately. I am glad to be able to report that those children who have been treated have in the main shown a great improvement in their health, and parents are satisfied that the best thing had been done for the children.

I am happy to report that serious deformities are now the exception rather than the rule in the Orthopædic Clinic. There are, however, quite a number of minor deformities which still need the attention of the Surgeon, and this type of deformity seems to be on the increase. We have also had the services of two Remedial Gymnasts. These Officers are to work under the direction of the Orthopædic Surgeon or the School Medical Officer, but we had not been able to arrange this mainly because the problem involves administrative difficulties as well as technical ones. Unless there are sufficient number of Gymnasts appointed it is impossible to make a definite return concerning the whole Borough. We have, however, used the Officers in question as far as possible in a number of schools, and we are satisfied that benefits have been given to the children.

We have had a setback this year in Child Guidance. Our Medical Psychiatrist, Dr. Fordham, left the Staff, and it has been very difficult to replace him. The result is that some of the benefits that one would expect from Child Guidance had to be set aside and both parents and teachers showed some annoyance at the delay in having their children examined and treated.

The Dental service has continued to give good results, but the number of Dentists employed by the Borough is not yet sufficient to deal with the problems of dentistry throughout all the schools. We are hampered here, and indeed in other departments too, by the lack of suitable premises in order to expand our services and give immediate treatment to all who need it.

Parents are showing an added interest in the Asthma Clinic. In some instances we have acquired a great degree of success while in others the results are somewhat disappointing. We combine the services of the Inoculation Department of St. Mary's Hospital with suitable exercises and, in many instances, admission to the Open Air School.



The Ophthalmic service for the last two years has shown a great expansion and in order to meet this we have had to establish two extra sessions every fortnight. It would, however, be desirable for an orthoptic department to be established in association with this in order to relieve many of the minor conditions associated with errors of refraction.

The Aural Clinic continues to give great satisfaction especially in those conditions that are allied to diseased tonsils and adenoids. A greater degree of examination and consequently a greater degree of treatment helps to restore the child to normal health more rapidly.

The Open Air School continues its good work. One wonders why authorities have been so long without Open Air Schools, and why more of them are not established in order to afford a wider and more thorough restoration to health of even the slightly abnormal. The Headmaster and his Staff are enthusiastic in the work they are doing, and consequently the work left for the Medical Department becomes easier and more easily accomplished. The popularity of this school is now well-known in the district. Formerly, when it was first opened, we had great difficulty in getting parents to allow their children to go to the School. Now we have an equal difficulty in getting them to leave.

The mentally sub-normal children in the district are presenting quite a problem. A number of borderline cases of educationally sub-normal children are causing difficulties mainly because of the overcrowded nature of the classes in school. Sufficient attention cannot be given to these cases, as the particular types of teacher is not available, and it would appear that it will be some time before they are. Special attention to the education of such children (I.Q. 70-85) in special classes in the ordinary schools can bring tremendous benefit to the children in this category. It is our duty in the Medical Department to discover and classify these children. Having done so it oftentimes is a year or more before they are admitted to the Special School. This is due to the lack of accommodation in the School itself. The benefits to such children are very well established, and to anyone in doubt about the conditions, both of health and education to the pupils of this school, should visit the premises particularly when the school is in session. The improvement in most of the children's outlook is very marked indeed. Some, however, are perturbed when their friends outside can leave school at the age of 15 and they cannot. A good deal of the burden of the Special School can be eased by the establishment of special classes in the ordinary schools for the education of some of these children. The borderline cases present a great difficulty which I hope will soon receive attention to a greater degree than at present.

The Rheumatic Clinic seems to be steadily finding its own sphere. The help and assistance to parents is undoubtedly beneficial, and in many instances the pupil is saved unnecessary worry at school by a timely diagnosis. There should, however, be some form of treatment associated with the clinic, particularly of a hospital nature. This would be exercised if "Rheumatism" were made a notifiable disease and reports went to the private practitioner concerning the child.

We are very pleased indeed to see the good progress, and better still the good results, obtained in our Orthodontic Clinic. We are doubly proud of this fact because the clinic was started during the early years of the War, when it was difficult to obtain appliances and to achieve continuous treatment on account of evacuation. Nevertheless the parents perceive the good results,



and there are now some 800 cases under treatment. The æsthetic effect on the children concerned is a matter of great satisfaction.

The Speech Clinic as usual presents very satisfactory results. This Clinic has always given very good results in a very high percentage of cases. The parents, children and Clinic workers seem to co-operate beautifully, and the children who otherwise are mostly hesitant and nervous seem to fall into line with other treatment and sometimes to accomplish what appears to be the impossible.

It is to be regretted that throughout most of the services quite an effective part of treatment in all departments is lost on account of failure to keep appointments. This also means that the School Nurses and Welfare Officers have to spend quite a considerable time in rounding up the defaulters. It is true that the numbers involved are not as great as they used to be, but they are still large enough to weaken the services.

I would like to express my thanks to the members of the Education Committee for their help and assistance during the year. I would like also in a special way to thank the Head Teachers and Staffs for their kindly co-operation and friendly assistance at all times.

To my Staff I owe a great deal for the effective way in which they set about their duties, their timely attendance and personal interest in the work of the various Departments in which they operate.

I have the honour to remain, Ladies and Gentlemen,

Your obedient Servant,

D. REGAN,

*School Medical Officer.*

---

## 1. CO-ORDINATION.

I am pleased to report that every assistance is given by head teachers, private practitioners, the Chest Clinic, local and Metropolitan Hospitals, social services and various departments of the County Council, thus enabling the co-ordination to run smoothly as in previous years.

## 2. MEDICAL INSPECTION.

During the year 1947, 5,881 children attending Primary and Secondary Schools were given a full routine medical inspection and the analysis of the age groups was as follows :—

Entrants	.....	.....	.....	.....	2,124
Second Age Group	.....	.....	.....	.....	2,490
Third Age Group	.....	.....	.....	.....	1,213
Other Periodic Inspections	.....	.....	.....	.....	54

Special inspections and re-inspections totalled 17,779 during the year.



### 3. FINDINGS OF MEDICAL INSPECTIONS.

(a) **Classification of the Nutrition of Children** inspected during the year :—

Number	A	B	C
Inspected	(Good)	(Fair)	(Poor)
5,881	2,097	3,386	398

(b) **Cleanliness.**

The total number of examinations carried out in the schools by the school nurses was 43,620 and the total number of individual pupils found to be infested 918, in respect of whom cleansing notices under Section 54 (2) of the Education Act, 1944, were issued. The number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3)) was 144.

(c) **Minor Ailments and Diseases of the Skin.**

The total attendances at the two Minor Ailments Clinics during the year were 26,910, as follows :—

Pymmes Park Clinic	.....	.....	.....	13,013
Croyland Road Clinic	.....	.....	.....	13,897

(d) **Visual Defects and External Eye Diseases.**

The Ophthalmic Surgeon has submitted the following report :—

“ The progressive increase in the number of school children and children under school age, which has been going on since the Ophthalmic Clinic commenced, is even more marked than in previous years, and the total attendances have reached the very large figure of 3,697, which is a record.

There can be little doubt that in comparison with other clinics of this kind the parents attending this clinic show much more interest and enthusiasm in the matter of the children's eyesight than is found elsewhere. The merit in this matter is due to the doctors in the Edmonton Clinics and in some cases to the general practitioners in the neighbourhood.

The number of children referred for Refraction during the year has amounted to 1,358. It will be appreciated that glasses are frequently ordered for children whose vision is in fact not defective but as a result of such children suffering from headaches or from styes or from eyestrain and sometimes from the child's inability to keep its writing on a straight line, and that it is not showing progress in school. This, of course, in many instances has to be explained to the parents who otherwise would not understand why glasses are ordered when there is no defect in vision, though it is usually due to their own descriptions of their child's symptoms. It would be safe to state that of all these cases practically 100% are rapidly cured by the wearing of the glasses prescribed, and, the difficulties caused by the headaches, styes and eye-strain disappear almost immediately.

One of the outstanding benefits of this clinic is that congenital defects are dealt with in the earliest stage. This has always been earnestly desired by Ophthalmic Surgeons so that treatment can be commenced before school age, thereby preventing the conditions becoming more difficult or even impossible to remedy. In cases of squint and congenital cataract this early treatment at the youngest age is of paramount importance.



It will be readily understood that Ophthalmic treatment, where required, has considerable effect in improving the child's intelligence and outlook. This is noticeably observed when the children come for re-examination.

In conclusion, the work of the Ophthalmic Clinic has been rendered more comprehensive and efficient by the assistance and co-operation by the doctors of the Edmonton Clinics and also the nurses attached thereto and by the careful attendance of the nurses in the Ophthalmic Clinic and in all the other clinics concerned. Credit in this respect is further due to the teachers for their careful observation of the children. It is only proper that credit should be given to the optician as the prescriptions are made up with great care and accuracy and more speedily than in other clinics."

(e) **Ear, Nose and Throat Defects.**

The Aural Clinic is held at Croyland Road twice each month. The yearly attendances were :—

New Cases : 153. Old Cases : 382. Total 535.

The Specialist reports as follows :—

THE CASES.

" Nasal Catarrh—10 Cases, 5 cured. Argylol or Sulfex used.

(*Per Se*) 3 much improved.  
1 sent to Speech Clinic.  
1 with Diseased Teeth, not yet treated.

Pathological Nasal Septal Deflection—16 Cases.

5 cured or greatly improved.  
7 not yet operated on.

In some of these 16 cases, Diseased Teeth were treated, but the other causes present as well have not yet received operative help, and are still waiting for such.

Nasal Sinusitis with Diseased Teeth—1 Case, operated on with great improvement.

Aphonia—2 Cases, one associated with Pathological Nasal Septal Deflection.

Diseased Tonsils and (generally) Nasopharyngeal Adenoid Excess—59 Cases, majority awaiting operation.

Sixteen of these cases also had a Pathological Nasal Septal Deflection, and showed a good result after treatment.

Another had, besides the above, active Nasal Sinusitis. He was cured by operative treatment.

A further 36 Cases suffered with Diseased Tonsils and Adenoid Excess, associated with Chronic Tympanico-Mastoid Suppuration, several of which cleared up well with treatment.

Another Series of Cases—numbering 27—showed Diseased Tonsils and Adenoid Excess with Diseased Teeth, several of which have undergone Dental Treatment with very satisfactory results, but most of these children are awaiting operation.



A further Series—12 in number—were cases of Nasal Sinusitis, with Diseased Tonsils and Adenoid Excess, many of which were operated on.

Four cases of Diseased Tonsils and Adenoid Excess complicated by Acute Tympanic Suppuration were treated.

There were 5 Cases with Chronic Tympanico-Mastoid Suppuration and Diseased Teeth.

There were 9 Cases of Chronic Tympanic Catarrh, mostly associated with Diseased Tonsils and Adenoid Excess.

One Case of Tympanic Deafness was sent to the Speech Clinic, but is not yet cured.

There was 1 Case with Nerve-deafness, Diseased Tonsils and Adenoid Excess, and Diseased Teeth, who underwent operation, and then Eustachian Catheterisation, and was definitely improved.

Another Case showed Acute Tympanico-Mastoid Suppuration with Diseased Tonsils and Adenoid Excess.

One Case suffered with Nasal Sinusitis, and complicated by Acute Tympanic Suppuration.

Six Cases showed Nasopharyngeal Adenoid Excess without Diseased Tonsils.

Sixteen other Cases including the following :—

1 Asthma—greatly relieved by surgical Diathermy to the Inferior Turbinals that were very swollen.

1 Foreign Body in the Left Ear, with Diseased Tonsils and Adenoid Excess.

1 Congenitally deaf child, almost a mute.

## GENERAL REMARKS

It is a very common experience to find that great relief in nasal breathing is obtained after small puncture and lavage of one or both infected Maxillary Sinuses . . . and, as regards the Sinusitis itself, this method of treatment once, or twice in some cases, using very temporary general anæsthesia, has given very encouraging results.

I have noticed that, in several instances, the Notes of Hospital Out-patient Treatment, such as the above, have not been entered on the Aural Clinic documents.

Of the various methods of relieving nasal obstruction in children, due to mechanical faults, I have found none so efficacious as that of 'Straightening of the nasal septum.' This, carried out with a pair of special forceps, consists in simple intra-nasal septal fracture, rarely needing the subsequent help of splints. The manœuvre occupies about one minute, causes no, or very slight hæmorrhage, and does not alter the external configuration of the nasal organ.



A few cases require a more extensive operation, involving removal of some of the obstructing tissue, together with 'Straightening,' but these latter are few and far between. In spite of the adverse criticism levelled at these procedures, I have been unable to find any evidence that they seriously interfere with the subsequent growth of the nasal tissues, whilst the advantages gained are very obvious.

No Tonsillectomy and Adenoidectomy will cure nasal obstruction due to bony or cartilaginous deviation . . . and, if this be left untouched, the Tonsillectomy and Adenoidectomy will have lost a great part of its value, with serious consequences to the physical and mental development of the child.

I would point out that many cases of nasal catarrh are cured by Tonsillectomy and Adenoidectomy.

I still find that nasal guttae Sulfex provides the best type of treatment for nasal catarrh, especially when acute—suppurative or otherwise, and where there is no Tonsillar disease or excessive Adenoid growths—but it must be used with caution, as it contains Sulphathiazole—and where this latter drug is inadvisable, Argyrol or Argotone are helpful. In all Cases requiring operation, where the Teeth are diseased, I have always urged prior Dental treatment, except in urgent conditions. Some patients shew marked Tonsillar improvement after Dental treatment has been carried out. In one Case where Tonsillar operation had been performed (elsewhere), Tonsillar remains were found on one side, which looked very unhealthy, but recovered their healthy state after removal of Dental sepsis.

The epidemic of Acute Poliomyelitis, during the late summer and autumn, prevented a large number of operations being performed within a reasonable period, and so has protracted the pathological state of these little patients—thus rendering the task of cure more difficult. I am still of the opinion that a second Adenoidectomy should not be performed unless non-operative treatment has failed; so very often does nasopharyngeal adenoid excess diminish to a great extent when the active infection has disappeared—this Adenoid excess being one of Nature's methods of resistance to bacterial invasion. A large majority of children with recurrent Adenoid excess shew great improvement with the use of Nasal guttae Argyrol—5 per cent.—or some other similar drug. I feel sure that this excess is often encouraged by nasal obstruction, especially when this has been chronic.

During this last year I have had further confirmatory proof of the great value of our Speech Clinic in Cases where there is no mechanical obstruction (often previously removed), thereby promoting the habit of nasal breathing—and thus indirectly aiding hearing.

It is not an easy matter to distinguish between some Cases of Deafness due to an aural lesion per se, and those due to cerebral lack of appreciation—often in combination, for deaf patients gradually lose that "qui vive" so vital to acute hearing. Some of these children shew great lack of attention and power of concentration—often with no obvious aural lesion, and these latter are more successfully treated by Mental rather than Physical means.

The treatment of early Cases of Acute Tympanic suppuration with Systemic, and sometimes, local Penicillin, is proving successful, and is often aided by Myringotomy, when there is definite membranous bulging, with lack of necessary drainage. The value of Penicillin in these Cases must not be



over-estimated, however, as often it seems to confer but temporary amelioration, thus producing an unjustifiable sense of security. I have found that in Cases of Acute Mastoiditis, where before the days of M. & B. products and Penicillin (combined or separate), I should have operated, the results seem to have been quite as satisfactory as with their use—whilst in recent Cases of this disease, even though these drugs have been administered, operation has had to be resorted to after all. However, there is no question that these drugs have proved of very great value in some very severe Cases, and seem to have aborted the onset of serious complications in mild acute conditions.

The sensitivity, or its opposite to these chemical products—and the type of bacteria that are chiefly attacked by them, are two problems that necessitate much careful investigation.

In Cases of Eustachian infection that is maintaining Tympanic suppuration, as evidenced by the persistence of a thin, muco-purulent discharge, can often be successfully treated by Eustachian Catheterisation, with the injection into the tube of the following oil, viz. :—

Iodum Resublimat .....	gr. 2	Ol. Eucalypti .....	m. 3
Menthol .....	gr. 5	Ol. Sassafras .....	m. 3
Camphor .....	gr. 3	Liq. Paraffin .....	ad. 1

It can be truthfully said that Chronic Tympanico-Mastoid suppuration is much easier to cure where no diseased Tonsils or Adenoid excess are present.

Among the list of cases was one of Enuresis, which was definitely improved after Tonsillectomy and Adenoidectomy.

I have found it very difficult to estimate many results of treatment in these children, as so large a number have failed to keep their appointments."

#### (f) Speech Defects.

Cases of speech defects were dealt with by the Speech Therapist and the following is an account of the year's work :—

"The work of the Clinic has continued steadily with five sessions per week throughout the year. Our new premises have proved most useful and we feel really happy and at home there. We should, however, like some more equipment—toys, books, etc., and one or two gay pictures would make our quarters more attractive to the children.

The clinic was first opened in 1937 and looking back over ten years' work through the stress and strain of war and post-war conditions we feel reasonably satisfied. In all 833 school children have been seen, this year we have a record high number of discharges (70) and a record low number of children awaiting treatment (14). A pleasant aspect of our work at Pymmes Park has been the friendly calls we have received from parents of old cases who were visiting other departments in the building. We have always held the view that happy co-operation with the parents is one of the essentials of successful speech therapeutic work among children and we have been gratified that busy mothers should find a few minutes to come and thank us for work done in the past.



We are pleased to report that only 17 out of 90 new cases were aged ten or over but we would again emphasise that children should be referred as early as possible in their school life. A little advice to the mother, watching and guidance at 5 or 6 may save prolonged treatment for a true stammer later on. Of the 90 new cases only 14 were diagnosed as stammerers, by far the greater number being dyslalics. 182 children have received treatment during the year. We still feel that the number of defaulters (22) is too high; having almost eliminated a waiting list we hope to make the reduction in the number of defaulters one of our main tasks for 1948.

Of the 14 children on the waiting list 3 are awaiting surgical treatment, 2 are awaiting the eruption of second teeth, and the remaining 9 will be called in January.

The figures for 1947 are as follows :—

1/1/47	144 children on the books.
	90 new cases.
	7 re-admissions.
Total	..... 241
Discharged	..... 70
Deleted	..... 46 (includes defaulters, left school, etc.)
Waiting	..... 14
Treatment	..... 111
Total	..... 241

The number of children on the books 1/1/48 is 125.  
Five years' comparison :—

	1943	1944	1945	1946	1947
New cases	74	92	52	90	90
Treated	125	143	144	153	182
Discharged	61	51	38	40	70
Waiting	49	44	22	42	14

WELFARE.—During the year 8 old and 8 new cases have been seen making a total of 16.

Discharged 1, transferred to school 6, treatment 4, being kept under observation (3 monthly) 5.

#### (g) Dental Defects.

The Senior Dental Officer reports as follows :—

“ There were three full time Dental Clinics in operation throughout the year for the first time since 1938. It may therefore be of some interest to compare the work carried out in these 2 years. The following table sets out the most important details of Inspection and treatment during 1938 and 1947.

	1938	1947
Routine Inspection	11,886	4,731
Specials	2,051	1,481
Total	13,937	6,394



Number Referred for Treatment .....	10,894	4,422
Actually Treated .....	5,760	4,456
Permanent Fillings Inserted .....	7,255	3,875
Permanent Teeth Extracted .....	1,922	972
Temporary Teeth Extracted .....	9,107	4,946
Other Operations .....	6,450	8,838

The percentage of children referred for treatment in 1938 was 78%. The same figures for 1947 show a drop to 71%. I should point out here that these figures include the specials for whom a much higher percentage are referred.

Although considerably under half the number were inspected and referred during 1947 than in 1938, the corresponding ratio of actually treated is more than three quarters. This would appear to indicate a much higher rate of acceptance although not necessarily a true one which can only be assessed over the whole school population.

Comparison of numbers of fillings and extractions of permanent teeth shows approximately as follows :—

Per 100 children :—

1938	1947
126 fillings	87 fillings
33 extractions	22 extractions

These figures are consistent with the generally noticeable decrease in caries recorded during the War years.

Of the 972 permanent extractions during the present year, 377 were for orthodontic purposes. Temporary extractions also show a similar decrease.

Two other factors have to be borne in mind with regard to the pre-war years and the present. In 1938 one session per week was devoted to M. & C.W. whereas now two sessions are the rule. Orthodontic work before the War was confined to the extraction of misplaced teeth.

The fuel cut early in the year put a stop to filling work while it lasted.

Mr. McCallin gave 929 consultations during the year, of which 258 were new cases. About 150 cases were closed. There are in the region of 800 cases under treatment. The following table gives a rough idea of the work involved :—

Appliances fitted .....	841	X-rays taken .....	450
Impressions taken .....	1,724	Attendances .....	about 7,500
Adjustments, etc. ....	4,194		

I am to some extent adopting the principle of making and fitting space retaining appliances where temporary teeth are lost too early, in order to avoid more complicated treatment at a later age in those cases which may be reasonably attributed to this cause.

In presenting this report, I hope that I have been able to give a clear picture of the efforts of myself and my colleagues in the School Dental Service. There is a great deal more that we, with more help, desire to achieve. We want all our children to have the opportunity of being cared for at least once a year.



I am well aware of the efforts you are making for us in that direction, and I would like to take this opportunity of officially expressing my appreciation of your sympathetic understanding of our problems, and readiness to help us in whatever way possible."

### **Orthodontic Clinic.**

Herewith report on the activities of the Orthodontic treatment for Edmonton school children.

"Since reporting at the end of 1946, Orthodontic treatment for the school children of the Borough has been carried out by the three dental officers with the assistance of the specialist.

During this year the specialist has attended each of the three clinics once each month, which has meant that not only has it been possible for more children to come under treatment, but it has been possible to devote more time to the consideration of each problem. This has meant an increase in the number of children under treatment and must have thrown a heavier burden on the dental officers, as more appliances have required to be watched. As in the past these officers have shown great interest in the work and credit for any results obtained is due to them.

The mechanical work has been carried out with patience and skill by Mr. Gittus, who also has been invaluable on clinic mornings, shepherding the children around, so that the minimum of time is lost between each patient.

It is difficult to assess the results obtained as there is no reliable yardstick, but it is true to say, that in many cases considerable improvement has been effected and that in some cases pleasing aesthetic results can be shown.

The only difficulty that has been encountered through the year is the problem of the broken appointment. Patients have a way of slipping through the net of the system of recall as it stands at present. It is realized that the problem of keeping track of each of these children is a great burden to the assistants, and that in any event the parents should feel a responsibility to see that the children attend, but experience shows that quite a large number of them do not. That the breaking of appointments is unavoidable on occasions is realized, but it is possible that the system of recall when this happens might be studied to see if anything could be done to tighten it up and avoid having to start cases a second time with the inevitable expense and waste of time that this involves.

On the whole it has been a good year, and I hope these details will give you some idea of how we have fared."

### **(h) Orthopædic and Postural Defects.**

Orthopædic Defects, were, as in previous years, treated at the Special Clinic held at the Central Hall, Fore Street, N.9.

The following report has been submitted by the Orthopædic Specialist :—

"Examining the returns of the orthopædic clinics, it is noted that flat feet, knock knee, and postural spinal deformities composed the major part



of the work. The large majority of these were in the early stages, and have on the whole, responded well to treatment. Success to a large extent, depends on the co-operation and enthusiasm of the parents, in encouraging the children in regular remedial exercises at home as well as regular attendances at the clinic for supervised treatment. With a few exceptions, this has been easily obtained.

Postural deformities of the spine occur mostly in the older children between eight and fourteen years of age and treatment is helped considerably as the patient is old enough to take an interest in curing their disability.

The past year has been notable for the very severe epidemic of infantile paralysis, and several in this district have been affected.

In spite of the difficulties in obtaining good children's footwear, I have been impressed with the good relative standard of boots and shoes seen at the clinics and this has helped considerably in the treatment of foot conditions.

The almost total absence of rickets amongst the children reflects credit on the health welfare of the borough, as does the absence of new cases of tuberculous joints.

The Specialist saw 289 New Cases and 460 Old Cases—making a total of 749. The following is an analysis of the new cases seen during the year :—

	Boys	Girls
1. Congenital Defects	13	8
2. Birth Injuries	2	—
3. Rickety Deformities	1	—
4. Knock-knees (non-rickety)	8	18
5. Postural Defects of the Spine	12	13
6. Structural Curvature of the Spine	—	2
7. Flat Feet	33	32
8. Infantile Paralysis	2	1
9. Sequelæ of Acute Fevers	—	—
10. Fractures	2	1
11. Tuberculous Joints	—	—
12. Other Bone Diseases	2	6
13. Other Conditions	35	39
14. Non-Orthopædic	4	4
15. Normal	23	28
	137	152

The attendances for treatment by the physiotherapist during the year were 1,896.

The Ultra-Violet Light Clinic was held on four afternoon sessions weekly. The total attendances for the year were 2,100.



### (i) Heart Diseases and Rheumatism.

The Rheumatic Clinic is held once monthly at Croyland Road for the purpose of examining children suffering from rheumatism and diseases of the heart.

The specialist reports as follows :—

“During the year 1947 altogether 251 children attended the Rheumatic Clinic, of which 187 were old cases and 64 new.

It is interesting to note that only 3 of the number of children seen were of the arthritic type, thus emphasizing the important truth, that childish rheumatism differs essentially from the adult form.

It is not surprising that in past years the absence of joint involvement in children led to the failure to detect the presence of juvenile rheumatism, with the result that many young people did not receive proper treatment and guidance until they presented cardiac symptoms and signs—the too often dramatic results occurring in missed childish rheumatism.

The picture of the rheumatic child, is as already stated, different from the arthritic form seen in adults. In children rheumatism may assume many guises—as for example—listlessness, irritability, pallor with or without real anæmia, nervous twitchings and vague aches and pains in different parts of the body, more particularly in the lower limbs. Such types of rheumatism are common, and are best designated as “subacute cases,” ninety-five of these being diagnosed at the Clinic during the year.

A considerably large group of cases, namely, 36 in our series came under the heading of “Fascial type.” The word, fascia, denotes a sheet or band of tissue which invests and connects the muscles. Inflammation of this band of tissue is prone to occur in rheumatic infection, and gives rise to an ache or even severe pain in such places where fascia exists, e.g., the thighs or the abdomen. In the latter situation, if the pain be located chiefly to the right lower region of the abdomen, the diagnosis of appendicitis may wrongly be made.

Apart from the irritability and muscle twitchings already referred to in connexion with the subacute cases, a more severe and haphazard type of jerky movements are often met with in rheumatic children, and denote either a choreic tendency or a definite chorea.

Forty-five chorea examples were noted in our cases. The importance of recognising chorea at an early stage of the disease, lies in the fact that this form of juvenile rheumatic trouble leads more often to heart complication than any other variety of rheumatism.

I am convinced that the early recognition of those somewhat indefinite nervous symptoms as manifestations of childish rheumatism, and the appropriate advice given to the parents, and the limiting of the patient's activities, must have resulted in the lesser incidence of rheumatic heart disease in later life.



Children exhibiting nervous symptoms, unless some definite cause otherwise, is apparent, should be suspected as sufferers of rheumatism.

Of the 38 cases in the series showing heart involvement, a history of vague nervous symptoms, or chorea, was obtained oftener than that of rheumatic fever.

When a child suffers from definite rheumatic fever, it is obvious that all care and precautions will be taken to avoid, if possible, cardiac complications in the future, but unless chorea, or indeed, nervous manifestations are recognised as being of rheumatic origin, the same care and precautions will too often be neglected.

Of the children seen by me at the Clinic during the period under consideration, 7 were recommended for the "open air school."

I have been greatly impressed with the great improvement in the condition of those who were fortunate enough to be admitted to such schools. I hope, and wish, that it may be possible in the future to be able to extend such privileges to a greater number of children suffering from early, and even mild rheumatic tendencies.

During the year only 20 were discharged, and this may seem a very small percentage, but in my opinion, one of the great advantages of the rheumatic clinic, is that one can observe the cases over a protracted period, and guarantee for them, as far as is reasonably possible, an assurance that in later life they will have no recurrences, or complications of the disease."

#### **(j) Open Air School.**

The headmaster has submitted the following report :—

"The number on roll has remained constant at 140. 91 children were discharged in the course of the year and this number is considerably above the average. 91 children were admitted.

The weather during the early part of the year was very severe and for days on end the temperature was below 32 degrees. The children stood up to this remarkably well and, in fact, appear to have thrived in the cold but dry conditions.

There are 125 children admitted under category 'E' and 15 under category 'J'."

#### **(k) Educationally Subnormal Children.**

The following is the headmaster's report :—

"There are at present 58 Edmonton children attending the School. Enfield children number 66.



On the waiting list there are eight Edmonton children and nineteen Enfield children. The above figures indicate that the number of children from Edmonton attending the school is increasing. During 1947 25 Edmonton children were admitted and 6 Enfield.

The proportion of Edmonton and Enfield children in the school is approximately equal. In 1943 the ratio was 3 Enfield to 1 Edmonton. This does not necessarily indicate that in recent years there has been an increase in Educational Subnormality, but rather that more children are being detected in the normal schools.

It is most important that we should receive these children at about the age of eight years so that we have them over a period of eight years before they reach the age of 16. Children who are sent to us at the ages of 12, 13, 14 are at a grave disadvantage. They have lost the groundwork and take a very long while to settle down in their new surroundings and also they create a problem in the school from the administrative standpoint.

Since September, 1947, most of the children have been brought to school by private coach from various picking-up points in the Edmonton district. This arrangement is certainly a great improvement upon the old method of public service transport. As the children grow and become more responsible they are allowed to travel on their own after consultation with Dr. Regan."

#### (1) School Meals and Milk.

During the year 1,207,354 dinners were supplied to school children in Edmonton. Of these 71,101 were provided free of charge to necessitous cases. The average number of children receiving meals daily at the end of the year was 5,556 (48.1% of the children in school).

The increased demand for school meals during the year placed a heavy strain on the kitchens and as it had not been possible to make a start on the scheme to increase and improve the canteen facilities in schools, it became necessary to restrict the output of dinners to 5,300 daily and to limit the number of children commencing dinners to those coming within certain priority categories, e.g., neither parent at home during the day, living a long distance from school, etc. Later in the year the supply of dinners was supplemented when the neighbouring authority of Southgate agreed to supply up to 250 meals daily.

The number of children receiving milk daily under the Milk in Schools scheme was 11,526 (98.3% of the children in Junior and Infants Departments and 78.4% in Secondary Schools).

#### General Information.

Average Number on rolls—1.1.47 to 31.12.47	.....	13,924
Number of permits issued for Employment of Children	.....	5



Number of Licences issued for Children in Entertainments .....	5
Number of Children supplied with Clothing .....	134
Number of Children supplied with Footwear .....	293
Number of Children who had Footwear Repaired .....	139
Number of cases undertaken under Adoption of Children Act, 1926, during 1946 .....	55

### ARRANGEMENTS FOR TREATMENT

The arrangements for treatment at the various clinics were as follows:—

- (1) Minor Ailments: Pymmes Park Clinic and Croyland Road Clinic—Doctor and Nurse in attendance every morning.
- (2) Rheumatic: Clinic held once monthly—the third Thursday. By appointment only.
- (3) Aural: Clinic held twice monthly—the second and fourth Friday. By appointment only.
- (4) Ophthalmic: Held at Pymmes Park Clinic every Monday and alternate Tuesdays. New cases by appointment only.
- (5) Orthopædic: Surgeon attends on the second and fourth Friday in each month. Treatment carried out every morning at Central Hall, Fore Street, N.9.
- (6) Dental: Clinics held at Hazelbury Road, Pymmes Park and Croyland Road.
- (7) Orthodontic: The Specialist attends on the first, second and third Monday each month, one session at each clinic. By appointment only.
- (8) Speech: Held at Pymmes Park Clinic on five sessions a week. By appointment only.
- (9) Ultra Violet Light: This Clinic is held at the Orthopædic Clinic, Central Hall, on four afternoons per week. By appointment only.
- (10) Asthma: Held at Pymmes Park Clinic every Thursday afternoon. Cases are first referred to Dr. Freeman at St. Mary's Hospital, Paddington, who examines them and recommends the necessary vaccine.

# MINISTRY OF EDUCATION

## Medical Inspection Returns

YEAR ENDED 31st DECEMBER, 1947

Table I.

### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

#### A.—Periodic Medical Inspections

Number of Inspections in the Prescribed Groups :—

Entrants ... ..	...	...	...	...	...	...	...	...	2,124
Second Age Group	...	...	...	...	...	...	...	...	2,490
Third Age Group	...	...	...	...	...	...	...	...	1213
									5,827
									54
									5,881

#### B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	...	...	6,711
Number of Re-Inspections	...	...	...	...	...	...	...	...	11,068
									17,779

#### C.—Pupils Found to Require Treatment.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL  
INSPECTION TO REQUIRE TREATMENT (excluding Dental Diseases and  
Infestation with Vermin).

Group		For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total of individual pupils
(1)		(2)	(3)	(4)
Entrants .. ..	..	6	942	942
Second Age Group	...	202	961	1,065
Third Age Group	..	94	553	603
		302	2,456	2,610
Other Periodic Inspections	..	—	19	19
		302	2,475	2,629



Table II.

A RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDED 31st DECEMBER, 1947.

Detect Code No.	Defect or Disease  (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring Treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin .. .. .	192	9	285	23
5	Eyes—				
	a. Vision .. .. .	298	46	56	8
	b. Squint .. .. .	32	5	7	1
	c. Other .. .. .	105	12	97	5
6	Ears—				
	a. Hearing .. .. .	31	7	42	3
	b. Otitis Media .. .. .	2	—	7	—
	c. Other .. .. .	58	9	132	15
7	Nose or Throat .. .. .	529	515	641	327
8	Speech .. .. .	32	13	19	3
9	Cervical Glands .. .. .	24	173	15	45
10	Heart and Circulation .. .. .	40	70	29	33
11	Lungs .. .. .	176	79	87	43
12	Developmental—				
	a. Hernia .. .. .	—	—	—	—
	b. Other .. .. .	—	1	—	—
13	Orthopaedic—				
	a. Posture .. .. .	235	19	187	10
	b. Flat foot .. .. .	320	25	276	13
	c. Other .. .. .	371	63	423	41
14	Nervous system—				
	a. Epilepsy .. .. .	3	1	5	1
	b. Other .. .. .	43	29	56	27
15	Psychological—				
	a. Development .. .. .	12	8	43	15
	b. Stability .. .. .	7	1	15	4
16	Other .. .. .	967	293	1854	725

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED  
DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. .. .	2124	805	37.90	1190	56.03	129	6.07
Second Age Group .. .. .	2490	818	32.85	1485	59.64	187	7.51
Third Age Group .. .. .	1213	459	37.84	675	55.65	79	6.51
Other Periodic Inspections .. .. .	54	15	27.78	36	66.67	3	5.55
Total .. .. .	5881	2097	35.66	3386	57.57	398	6.77

Table III—Treatment Tables

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE V).

Number of Defects treated, or under treatment during the year

(a) SKIN—

Ringworm—Scalp—									
(i) X-Ray treatment. If none, indicate by dash	..	..	..	..	..	..	..	..	—
(ii) Other treatment	..	..	..	..	..	..	..	..	3
Ringworm—Body	..	..	..	..	..	..	..	..	18
Scabies .. .. .	..	..	..	..	..	..	..	..	33
Impetigo .. .. .	..	..	..	..	..	..	..	..	144
Other Skin Diseases	..	..	..	..	..	..	..	..	1058
Eye Disease .. .. .	..	..	..	..	..	..	..	..	693
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)									
Ear Defects .. .. .	..	..	..	..	..	..	..	..	621
(Treatment for serious diseases of the ear (e.g., operative treatment in hospital should not be recorded here but in the body of the School Medical Officer's Annual Report)									
Miscellaneous .. .. .	..	..	..	..	..	..	..	..	7560
(e.g., minor injuries, bruises, sores, chilblains, etc.)									
Total .. .. .	..	..	..	..	..	..	..	..	10130

b) Total number of attendances at Authority's minor ailments clinics .. .. 26910

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING EYE DISEASE TREATED AS MINOR AILMENTS—GROUP I)

								No. of defects dealt with
Errors of Refraction (including squint)	..	..	..	..	..	..	..	1,358
Other defect or disease of the eyes (excluding those recorded in Group I.)	..	..	..	..	..	..	..	1
Total .. .. .	..	..	..	..	..	..	..	1,359

Number of pupils for whom spectacles were :—

(a) Prescribed .. .. .	..	..	..	..	..	..	..	1,300
(b) Obtained .. .. .	..	..	..	..	..	..	..	1,300

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

								Total number treated
Received operative treatment—								
(a) for adenoids and chronic tonsillitis	..	..	..	..	..	..	..	224
(b) for other nose and throat conditions	..	..	..	..	..	..	..	4
Received other forms of treatment	..	..	..	..	..	..	..	4
Total .. .. .	..	..	..	..	..	..	..	232



GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals or hospital schools ... ..	..	..	18
(b) Number treated otherwise, e.g., in clinics or out-patient departments .. ..	..	..	487

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

Number of pupils (a) under Child Guidance arrangements .. ..	..	..	142
(b) under Speech Therapy arrangements .. ..	..	..	182

Table IV.

DENTAL INSPECTION AND TREATMENT.\*

(1) Number of pupils inspected by the Authority's Dental Officers —								
(a) Periodic Age Groups... ..	...	...	...	...	...	...	...	4,713
(b) Specials .. ..	...	...	...	...	...	...	...	1,481
(c) Total (Periodic and Specials) .. ..	...	...	...	...	...	...	...	6,194
(2) Number found to require treatment .. ..	...	...	...	...	...	...	...	4,118
(3) Number actually treated .. ..	...	...	...	...	...	...	...	4,436
(4) Attendance made by pupils for treatment .. ..	...	...	...	...	...	...	...	11,110
(5) Half-days devoted to :—								
(a) Inspection .. ..	...	...	...	...	...	...	...	31
(b) Treatment .. ..	...	...	...	...	...	...	...	1,288
Total (a) and (b) .. ..	...	...	...	...	...	...	...	1,319
(6) Fillings :—								
Permanent Teeth .. ..	...	...	...	...	...	...	...	3,875
Temporary Teeth .. ..	...	...	...	...	...	...	...	112
Total .. ..	...	...	...	...	...	...	...	3,987
(7) Extractions :—								
Permanent Teeth .. ..	...	...	...	...	...	...	...	941
Temporary Teeth .. ..	...	...	...	...	...	...	...	4,937
Total .. ..	...	...	...	...	...	...	...	5,878
(8) Administrations of general anaesthetics for extractions .. ..	...	...	...	...	...	...	...	2,977
(9) Other Operations :—								
(a) Permanent Teeth .. ..	...	...	...	...	...	...	...	1,298
(b) Temporary Teeth .. ..	...	...	...	...	...	...	...	7,540
Total (a) and (b) .. ..	...	...	...	...	...	...	...	8,838

\* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme

Table V.

INFESTATION WITH VERMIN

NOTES — A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils should appear in the body of the School Medical Officer's Report.

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

1. Total number of examinations in the schools by the school nurses or other authorised persons .. ..	..	..	..	..	..	..	..	43,620
2. Total number of individual pupils found to be infested .. ..	..	..	..	..	..	..	..	918
3. Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. ..	..	..	..	..	..	..	..	918
4. Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. ..	..	..	..	..	..	..	..	144

Details Required for the Ministry of Education Return and School Medical  
Officer's Report for 1947

**Employment of Children and Young Persons.**

- |  |     |
|--|-----|
| (1) Number of children medically examined, in order to ascertain whether they were physically fit to undertake employment of a light nature outside school hours ..... | 5   |
| (2) Number of instances in which the state of health was found to be such that certificates were withheld .....  | Nil |
| (3) Number of children examined as to fitness to take part in entertainments .....   | 5   |
| (4) Number of cases in which certificates to take part in entertainments were withheld .....   | Nil |

**Medical Examination of Teachers and First Appointments.**

- |   |    |
|---|----|
| (a) Number of Teachers examined as to fitness for appointment .....       | 21 |
| (b) Number of Students examined as to fitness for first appointment ..... | 6  |



