

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

**Contributors**

Hendon (London, England). Municipal Borough.

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III<sup>o</sup>. MR. HALLETT.

**Borough of Hendon.**



**ANNUAL REPORT**

OF THE

**Medical Officer of Health**

AND

**School Medical Officer**

FOR THE YEAR

**1935.**

**A. FAIRGRIEVE ADAMSON, M.D., D.P.H.,**

Medical Officer of Health,  
School Medical Officer and  
Medical Superintendent of the  
Isolation Hospital.





**Borough of Hendon.**



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Isolation Hospital.

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LONDON :

Hendon Printing Works Limited, 44, Victoria Road, Hendon, N.W. 4.



# Borough of Hendon.

## COUNCIL OF THE BOROUGH, 1935/36.

### *The Mayor :*

ALDERMAN A. J. REYNOLDS, J.P.

### *The Deputy Mayor :*

ALDERMAN BROOK FLOWERS, J.P.

### *Aldermen :*

BANNISTER, (Mrs.) S. J., L.L.A.*	FLOWERS, BROOK, J.P. (Chair-
CLEMENS, W. R., F.C.A.	man, Education Committee).
COPESTAKE, J. J.*	MAUGHAN, W. M.*
CARTWRIGHT, C. C. M.B.E., J.P.*	MONRO, B. J.*
EGAN, S. H., J.P., F.R.I.B.A.*	REYNOLDS, A.J., J.P.

### *Councillors :*

FORD, (Mrs.) D. L.*	NAAR, A. A., M.B.E.
THOMAS (Mrs.) M.*	PARVIN, W. S.
ARTER, E., M.C., M.I.A.E.*	PERKINS, W. A.
BATE, F. H.	PINKNEY, C.*
BROWNE, B. S.	POTTER, H. G., J.P., F.S.I.
CONNELL, H., J.P.*	PUGH, T.
COLLINS, F. J.	RICE, F. C.
CURTON, A. W.*	RICHARDSON, G. R.*
GILPIN, F. W.*	RODWAY, J. H.
GRIFFITHS, J.*	ROSS, W. J., F.A.I.*
HIRSHFIELD, L.	SCOTT, T. J.
JOHNSON, H. L. K.	SMALL, H. P.
LIGHTFOOT, P.*	TEARE, R. A. B., M.B.E.
	WINDUST, C. F.

## PUBLIC HEALTH AND MEDICAL SERVICES COMMITTEE.

### *Chairman :*

COUNCILLOR F. W. GILPIN.

### *Aldermen :*

J. J. COPESTAKE.	S. H. EGAN, J.P., F.R.I.B.A.
	W. M. MAUGHAN.

### *Councillors :*

H. CONNELL, J.P.	G. R. RICHARDSON.
(Mrs.) D. L. FORD.	T. J. SCOTT
L. HIRSHFIELD.	H. P. SMALL.
P. LIGHTFOOT.	(Mrs.) M. THOMAS.

### *Co-opted Members :*

Mrs. W. M. MAUGHAN.	The Rev. J. GOGGIN.
Mrs B. J. MONRO, J.P.	The Rev. J. S. POULTON.

\*Members of the Education Committee.

## PUBLIC HEALTH OFFICERS.

*Medical Officer of Health,  
School Medical Officer,  
Medical Superintendent, Isolation Hospital:*

A. FAIRGRIEVE ADAMSON, M.D., D.P.H.

*Assistant Medical Officers of Health and  
Assistant School Medical Officers:*

G. G. STEWART, M.R.C.S., L.R.C.P., D.P.H.

ETHEL M. L. LEITCH, M.B., Ch.B.

W. S. STALKER, M.D., D.P.H.

†MARY ROUTLEDGE, M.B. Ch.B., D.P.H.

Obstetric Consultant ...	...	†L. PHILLIPS, F.R.C.S.
Orthopædic Surgeon ...	...	†H. J. SEDDON, F.R.C.S.
Consulting Aural Surgeon ...	...	†DAN MCKENZIE, M.D., F.R.C.S.
Ophthalmic Surgeon ...	...	†J. G. MILNER, F.R.C.S.
Anæsthetist ...	...	†G. MORIARTY, M.B., Ch.B., M.D.

*Dental Officers:*

H. F. METCALF, L.D.S., R.C.S.

K. C. WEBSTER, L.D.S., R.C.S., commenced 18/9/35.

†T. WYNNE-JONES, L.D.S., R.C.S.

*Teacher for Remedial Speech Classes:*

†Miss M. E. BADCOCK.

*Senior Sanitary Inspector:*

1. S. J. CHAPMAN.

*District Sanitary Inspectors:*

1.2. GEO. E. LUCK.

1. A. H. SMITH.

1.2.4. F. H. DAY.

2.3. R. E. YOUNG.

2.3. S. J. MASTERS.

*Chief Clerk:*

C. C. KNUDSEN.

*Clerks:*

Miss E. STEPHENS.

Miss H. WISE.

Miss B. PARKER.

Miss K. A. HICK.

Miss D. HUDSON.

Miss C. WINGATE.

Miss B. MAY, commenced 19/8/35.

Miss M. RIDOUT, commenced 11/11/35.

J. J. PINNOCK.

1. E. D. NEWSON.

S. HENSER.

C. H. MACHIN.

A. B. REYNOLDS.

E. F. HIGHAM.

R. J. BETTERIDGE.

*Matron, Isolation Hospital :*

Miss F. HARVEY.

*Health Visitors, School Nurses and  
Infant Life Protection Visitors :*

7.8.9.	Mrs. M. E. BASCOM.	5.7.8.	Miss C. A. FINN.
5.7.8.	Miss F. CASE.	5.7.8.	Miss P. M. BANNER
3.6.7.8.9.	Miss M. LAKE.		(commenced 14/1/35).
5.7.8.9.	Miss D. V. ATKINSON.	5.7.8.	Miss P. M. TRICKETT
5.8.9.	Miss A. L. WHARTON.		(commenced 14/1/35).
5.7.8.9.	Miss M. TRICKETT.	5.7.8.	Miss M. RYDER
5.7.8.9.	Miss L. F. RAY		(commenced 24/1/35).
	(resigned 12/1/35).	5.7.8.	Miss E. N. GRANT
5.8.9.	Miss D. SNOW.		(commenced 25/2/35).
5.7.8.	Miss C. HARROP.		

*Midwife :*

8. Mrs. M. SHERMAN.

*Masseuse :*

†Miss CHAPMAN.

- 
1. Certificate of the Royal Sanitary Institute.
  2. Meat Inspectors' Certificate.
  3. Certificate San. Insp., Ex. Board.
  4. Smoke Inspectors' Certificate.
  5. General Training Certificate.
  6. Sick Children's Training Certificate.
  7. Health Visitors' Certificate.
  8. C.M.B. Certificate.
  9. State Registered Nurse.

†Part-time Officers.



Annual Report for the Year 1935  
 of the  
 Medical Officer of Health.

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# Annual Report for the Year 1935

OF THE

## Medical Officer of Health.



To the Mayor, Aldermen and Councillors  
of the Borough of Hendon.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit my 6th Annual Report on the health of the Borough for the year 1935, this being presented in accordance with the requirements of the Ministry of Health and Board of Education.

It will be seen from a perusal of this report that the work of the Public Health Department continues to grow, in some measure due to an increase in the scope of the services and of the population of the area, but in a larger measure to the fact that people are becoming more and more health-conscious.

In submitting this Report I should like to take the opportunity of thanking the members of the Council for the interest they have taken in all matters affecting the public health, and also the members of my staff for the efficient and successful manner in which they have carried through a growing volume of work.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

A. FAIRGRIEVE ADAMSON,

*Medical Officer of Health.*



# Annual Report for the Year 1935

of the

## Medical Officer of Health

In the year 1935 the Medical Officer of Health has been honoured to receive from the Local Authorities a number of reports and returns which have been carefully examined and the results of the examination are here set out.

The reports received from the Local Authorities are as follows:

1. The reports of the Local Authorities on the subject of the health of the population of the district, and the results of the examination of the reports are here set out. The reports of the Local Authorities on the subject of the health of the population of the district are here set out.

2. The reports of the Local Authorities on the subject of the health of the population of the district, and the results of the examination of the reports are here set out. The reports of the Local Authorities on the subject of the health of the population of the district are here set out.

3. The reports of the Local Authorities on the subject of the health of the population of the district, and the results of the examination of the reports are here set out. The reports of the Local Authorities on the subject of the health of the population of the district are here set out.

I am, Sir, very respectfully,

Yours faithfully,

W. H. H. H. H. H.

W. H. H. H. H. H.

W. H. H. H. H. H.

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1. GENERAL STATISTICS

AREA-1641

SECTION A.

It will be seen that the population of the area in 1965 was 1,000. The population in 1960 was 800. The population in 1955 was 600. The population in 1950 was 400. The population in 1945 was 200. The population in 1940 was 100. The population in 1935 was 50. The population in 1930 was 25. The population in 1925 was 12.5. The population in 1920 was 6.25. The population in 1915 was 3.125. The population in 1910 was 1.5625. The population in 1905 was 0.78125. The population in 1900 was 0.390625. The population in 1895 was 0.1953125. The population in 1890 was 0.09765625. The population in 1885 was 0.048828125. The population in 1880 was 0.0244140625. The population in 1875 was 0.01220703125. The population in 1870 was 0.006103515625. The population in 1865 was 0.0030517578125. The population in 1860 was 0.00152587890625. The population in 1855 was 0.000762939453125. The population in 1850 was 0.0003814697265625. The population in 1845 was 0.00019073486328125. The population in 1840 was 0.000095367431640625. The population in 1835 was 0.0000476837158203125. The population in 1830 was 0.00002384185791015625. The population in 1825 was 0.000011920928955078125. The population in 1820 was 0.0000059604644775390625. The population in 1815 was 0.00000298023223876953125. The population in 1810 was 0.000001490116119384765625. The population in 1805 was 0.0000007450580596923828125. The population in 1800 was 0.00000037252902984619140625. The population in 1795 was 0.000000186264514923095703125. The population in 1790 was 0.0000000931322574615478515625. The population in 1785 was 0.00000004656612873077392578125. The population in 1780 was 0.000000023283064365386962890625. The population in 1775 was 0.0000000116415321826934814453125. The population in 1770 was 0.00000000582076609134674072265625. The population in 1765 was 0.000000002910383045673370361328125. The population in 1760 was 0.0000000014551915228366851806640625. The population in 1755 was 0.00000000072759576141834259033203125. The population in 1750 was 0.000000000363797880709171295166015625. The population in 1745 was 0.0000000001818989403545856475830078125. The population in 1740 was 0.00000000009094947017729282379150390625. The population in 1735 was 0.000000000045474735088646411895751953125. The population in 1730 was 0.0000000000227373675443232059478759765625. The population in 1725 was 0.00000000001136868377216160297393798828125. The population in 1720 was 0.000000000005684341886080801486968994140625. The population in 1715 was 0.0000000000028421709430404007434844970703125. The population in 1710 was 0.00000000000142108547152020037174224853515625. The population in 1705 was 0.000000000000710542735760100185871124267578125. The population in 1700 was 0.0000000000003552713678800500929355621337890625. The population in 1695 was 0.00000000000017763568394002504646778106689453125. The population in 1690 was 0.000000000000088817841970012523233890533447265625. The population in 1685 was 0.0000000000000444089209850062616169452667236328125. The population in 1680 was 0.00000000000002220446049250313080847263336181640625. The population in 1675 was 0.000000000000011102230246251565404236316680908203125. The population in 1670 was 0.0000000000000055511151231257827021181583340541015625. The population in 1665 was 0.00000000000000277555756156289135105907916702705078125. The population in 1660 was 0.000000000000001387778780781445675529539583513525390625. The population in 1655 was 0.0000000000000006938893903907228377647697917567626953125. The population in 1650 was 0.00000000000000034694469519536141888238489587838134765625. The population in 1645 was 0.000000000000000173472347597680709441192447939190673828125. The population in 1640 was 0.0000000000000000867361737988403547205962239695953369140625. The population in 1635 was 0.00000000000000004336808689942017736029811198479766845703125. The population in 1630 was 0.000000000000000021684043449710088680149055992398834228515625. The population in 1625 was 0.0000000000000000108420217248550443400745279961994171142578125. The population in 1620 was 0.00000000000000000542101086242752217003726399809970855739375. The population in 1615 was 0.000000000000000002710505431213761085018631999049854278696875. The population in 1610 was 0.0000000000000000013552527156068805425093159995249271393484375. The population in 1605 was 0.00000000000000000067762635780344027125465799976246356967421875. The population in 1600 was 0.000000000000000000338813178901720135627328999881231784837109375. The population in 1595 was 0.0000000000000000001694065894508600678136644999406158924185546875. The population in 1590 was 0.00000000000000000008470329472543003390683224997030794620927734375. The population in 1585 was 0.000000000000000000042351647362715016953416124985153973104638671875. The population in 1580 was 0.0000000000000000000211758236813575084767080624925769865523193359375. The population in 1575 was 0.00000000000000000001058791184067875423835403124628849327615966796875. The population in 1570 was 0.000000000000000000005293955920339377119177015623144246638079833984375. The population in 1565 was 0.0000000000000000000026469779601696885595885078115721233190399169921875. The population in 1560 was 0.00000000000000000000132348898008484427797925390578606165951995849609375. The population in 1555 was 0.000000000000000000000661744490042422138989626952893030829759979248046875. The population in 1550 was 0.0000000000000000000003308722450212110694948134764465154148799896240234375. The population in 1545 was 0.00000000000000000000016543612251060553474740673822325770743999481201171875. The population in 1540 was 0.000000000000000000000082718061255302767373703369111628853719997406005859375. The population in 1535 was 0.0000000000000000000000413590306276513836868516845558144268599987030029296875. The population in 1530 was 0.00000000000000000000002067951531382569184342584227790721342999935150146484375. The population in 1525 was 0.000000000000000000000010339757656912845921712921138953606714999675750732421875. The population in 1520 was 0.0000000000000000000000051698788284564229608564605694776803574998378753662109375. The population in 1515 was 0.00000000000000000000000258493941422821148042823028473884017874991893768310546875. The population in 1510 was 0.000000000000000000000001292469707114105740214115142369420089374959468841552734375. The population in 1505 was 0.0000000000000000000000006462348535570528701070575711847100446874797344207763671875. The population in 1500 was 0.00000000000000000000000032311742677852643505352878559235502234373986721038818359375. The population in 1495 was 0.000000000000000000000000161558713389263217526764392796177511171869933605194091796875. The population in 1490 was 0.0000000000000000000000000807793566946316087633821963980887555859349668025970458984375. The population in 1485 was 0.00000000000000000000000004038967834731580438169109819904437779296748340129852294921875. The population in 1480 was 0.000000000000000000000000020194839173657902190845549099522188896483741700649261474609375. The population in 1475 was 0.0000000000000000000000000100974195868289510954227745497610944482418708503246307373046875. The population in 1470 was 0.00000000000000000000000000504870979341447554771138727488054722412093542516231536865234375. The population in 1465 was 0.000000000000000000000000002524354896707237773855693637440273612060467712581157684326171875. The population in 1460 was 0.0000000000000000000000000012621774483536188869278468187201368060302338562905788421630859375. The population in 1455 was 0.00000000000000000000000000063108872417680944346392340936006840301511692814528942108154296875. The population in 1450 was 0.000000000000000000000000000315544362088404721731961704680034201507558464072644710540771484375. The population in 1445 was 0.0000000000000000000000000001577721810442023608659808523400171007537792320363223552703857421875. The population in 1440 was 0.00000000000000000000000000007888609052210118043299042617000855037688961601816117763519287109375. The population in 1435 was 0.000000000000000000000000000039443045261050590216495213085004275188444808009080588817596435546875. The population in 1430 was 0.0000000000000000000000000000197215226305252951082476065425021375942224040045402944087982177734375. The population in 1425 was 0.00000000000000000000000000000986076131526264755412380327125010679711120200227014720439910888671875. The population in 1420 was 0.000000000000000000000000000004930380657631323777061901635625005398555601001135073602199554443359375. The population in 1415 was 0.0000000000000000000000000000024651903288156618885309508178125002692778005005675368010997772216796875. The population in 1410 was 0.00000000000000000000000000000123259516440783094426547540890625001346390025028376840054988861083984375. The population in 1405 was 0.0000000000000000000000000000006162975822039154721327377044531250006731950125141892002749443054419921875. The population in 1400 was 0.00000000000000000000000000000030814879110195773606636885222656250003365975125070960013747215272099609375. The population in 1395 was 0.000000000000000000000000000000154074395550978868033184426113281250001682987562503548000687360860498046875. The population in 1390 was 0.0000000000000000000000000000000770371977754894340165922130566406250000841493781250177400034368302490234375. The population in 1385 was 0.00000000000000000000000000000003851859888774471700829610652832031250000420746881250088700017191512451171875. The population in 1380 was 0.000000000000000000000000000000019259299443872358504148053264160156250000210373440625004435000085957562359375. The population in 1375 was 0.0000000000000000000000000000000096296497219361792520740266320800781250000105186720312500221750000429787791796875. The population in 1370 was 0.00000000000000000000000000000000481482486096808962603701331604003906250000052593360156250011087500002148938958984375. The population in 1365 was 0.00000000000000000000000000000000240741243048404481301850665802001953125000002629668007812500055437500010744694794921875. The population in 1360 was 0.00000000000000000000000000000000120370621524202240650925332901000976562500000131483400039062500027721875000053723473974609375. The population in 1355 was 0.000000000000000000000000000000000601853107621011203254626664505004882812500000065741700019531250001386093750000268617369873046875. The population in 1350 was 0.000000000000000000000000000000000300926553810505601627313332252502441406250000003287085000976562500006930468750001343086849365234375. The population in 1345 was 0.000000000000000000000000000000000150463276905252800813656666126251220703125000000164354250048828125000346523437500006715434246826171875. The population in 1340 was 0.000000000000000000000000000000000075231638452626400406828333063125610351562500000008217712500244140625000173261718750003357717123412890625. The population in 1335 was 0.0000000000000000000000000000000000376158192263132002034141665315625305257812500000004108856250012207031250000866308593750016788585617064453125. The population in 1330 was 0.000000000000000000000000000000000018807909613156600101707083265781265262890625000000020544281250006103515625000043315429687500083942928085322265625. The population in 1325 was 0.0000000000000000000000000000000000094039548065783000508535416328906326314453125000000010272140625000305175781250002165771484375000419714640426611328125. The population in 1320 was 0.00000000000000000000000000000000000470197740328915002542677081644531631572265625000000051360703125000152587890625000108288574218750002098573202133056640625. The population in 1315 was 0.00000000000000000000000000000000000235098870164457501271338540822265815786132812500000025680351562500007629394531250000541442871093750001049286601066528125. The population in 1310 was 0.000000000000000000000000000000000001175494350822287506356692704111329078930664062500000128401757812500038146972656250002707214355468750005246433005332640625. The population in 1305 was 0.0000000000000000000000000000000000058774717541114375317834635205566453946533203125000006420087890625001907348632812500135360717773437500026232165026663203125. The population in 1300 was 0.000000000000000000000000000000000002938735877055718765891731760278322697326660156250000321004394531250009536743164062500067680359375000131160825133316015625. The population in 1295 was 0.00000000000000000000000000000000000146936793852785937829586588013916134866333007812500016050219726562500476837158203125000338401796875000655804125666580078125. The population in 1290 was 0.0000000000000000000000000000000000007346839692639296891479329400695806743316650390625000802510986328125002384185791015625001677008984375000327902062833290625. The population in 1285 was 0.00000000000000000000000000000000000036734198463196484457396647003479033716583251953125000401255493164062500119207428957578125000654504464166453125. The population in 1280 was 0.00000000000000000000000000000000000018367099231598242228698323501739516858291625976562500200627746582031250005960371447889062500032725223220832265625. The population in 1275 was 0.000000000000000000000000000000000000091835496157991211143491617508697584291458129882812500100313873291015625000298018572394445312500016362611610416625. The population in 1270 was 0.00000000000000000000000000000000000004591774807899560557174580875434879214572906494140625000501569364550781250001490092861972265625000081813058052083125. The population in 1265 was 0.000000000000000000000000000000000000022958874039497802785872904377174396072864532470703125000250784822793812500007450464309861328125000409065290260415625. The population in 1260 was 0.00000000000000000000000000000000000001147943701974890139293645218858719803643226623535156250001253924114930625000372523215493066406250002045326451302078125. The population in 1255 was 0.000000000000000000000000000000000000005739718509874450696468226094293599018216133117675781250006269620574653125000186261607746532812500010226632256510390625. The population in 1250 was 0.00000000000000000000000000000000000000286985925493722534823411304714679950910806655883789062500031348102872656250000931308038726562500051133161282551953125. The population in 1245 was 0.0000000000000000000000000000000000000014349296274686126741170565235733997545540332794189453125000156740514362812500046565401936328125000255665806412759765625. The population in 1240 was 0.00000000000000000000000000000000000000071746481373430633705852826178669987727701663970947265625000783702571814062500117827009681640625001278329032063798828125. The population in 1235 was 0.000000000000000000000000000000000000000358732406867153168529264130893349938638508319854736328125000391851285907031250005891350484082031250006391645160318994140625. The population in 1230 was 0.0000000000000000000000000000000000000001793662034335765842646320654466749693192541599273681640625000195925642935156250002945675242041015625000319582258015949703125. The population in 1225 was 0.000000

**1.—GENERAL STATISTICS.**

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**AREA—10,471 acres.****POPULATION.**

It will be seen that the population is steadily increasing mainly by migration into the area and at the 30th June, 1935, was estimated as 146,720. The Registrar General's figure for the same period is 134,643 and for comparison purposes it is on the latter figure that the vital statistics are calculated. It is probable, however, that my estimate of the population is nearer the truth as it is based on the number of inhabited houses and an average population factor per house, the latter being arrived at from experience of the house distribution of the population throughout the Borough.



TABLE I.

Estimated population 30th June.				
	Census 1921	Estimate of Registrar General.		Estimate of Medical Officer of Health.
		For calculation of Birth Rate.	For calculation of Death Rate.	
1921	56,013	55,500	55,500	56,045
1922	—	55,930	55,930	57,507
1923	—	56,690	56,690	60,495
1924	—	57,760	57,530	64,444
1925	—	59,330	59,150	66,922
1926	—	62,790	62,570	71,111
1927	—	66,370	66,060	75,747
1928	—	80,220	79,710	89,871
1929	—	83,540	83 190	101,671
1930	—	83 540	83,190	109,583
1931	Census 1931 115,682	114,370	113,980	
1932	—	123,200		124,477
1933	—	127,600		129,698
1934	—	131,075		138,643
1935	—	134,160		146 720

The estimated population of the district at 30/6/35 was as follows :—

TABLE II.

Ward.					Persons.	
Burnt Oak	...	...	...	...	20,961	
Central Hendon	...	...	...	...	16,124	
Child's Hill	...	...	...	...	16,585	
Garden Suburb	...	...	...	...	14,481	
Golders Green	...	...	...	...	15,061	
Mill Mill	...	...	...	...	21,270	
Park	...	...	...	...	15,175	
West Hendon	...	...	...	...	17,876	
Edgware	...	...	...	...	9,187	
Total	...	...	...	...	146,720	
Number of inhabited houses 31/12/35					...	35,206
Total Rateable Value 31/3/36					...	£1,799,744
Estimated Product of 1d. Rate					...	£7,100

## SOCIAL CONDITIONS.

Hendon continues to maintain its position as being in the main, residential, its easy access to London and its recognised amenities make it increasingly popular.

One feature of the development which is worthy of note is the number of flats in course of erection : 41 blocks containing 910 separate tenements having been erected between April, 1934, and December, 1935.

The unemployment figure continues low, at the end of the year 1,705 men and 421 women were unemployed, being 4 per cent. of those normally in employment as compared with 8 per cent. for London and 15 per cent. for the country generally.

There has been no industrial development of note during the year.



## VITAL STATISTICS.

The main vital statistics are shown on page 11 and the comparison for those of England and Wales in Table III.

The infantile mortality rate, *i.e.*, the death rate of children under one year of age per 1,000 live births has increased this year to 50 as compared with 57 for the country generally. An analysis of the cause of these infantile deaths is given in Table V. from which it will be seen that there was a total of 87. The deaths under headings 22, 23, 24 and 25 are responsible for 49 as compared to 34 last year and are causes which in our present state of knowledge it is not possible to take any active measures to prevent.

The number of deaths from gastro-enteritis in young children and children under one year of age was 19 as compared with 2 in the previous year. An analysis of these deaths show that there was no marked seasonal incidence, deaths being distributed throughout the year, the inference being that there was no increased number of deaths from infantile diarrhoea, that disease having its greatest incidence in July, August and September.

The birth rate is still low, being 12.85 per 1,000 population as compared to 14.7 for the country generally.

The death rate remains very low, being 8.54 per 1,000 population. A comparability factor given by the Registrar General has been used in adjusting this rate so that the conditions as regards the age distribution of the population may more closely approximate to that of the country generally, as it is obvious that a town with a young and vigorous population would compare favourably with another in which there is a large number of elderly people, unless the age of the population is taken into account in calculating the death rate. It is for this purpose, therefore, that the comparability factor of 1.18 is brought into use, bringing the corrected death rate for Hendon up to 10.07 as shown in Table III.

The maternal mortality has remained low, being 1.69 per 1,000 live and still births as compared with 3.93 for the country generally but this figure is further commented upon on page 27 of this report.



LIVE BIRTHS.—				Birth Rate per 1,000 of the estimated resident population.
Total.	Male.	Female.		
Legitimate ...	1637	845	792	
Illegitimate ...	87	44	43	12.85
	—	—	—	
	1724	889	835	
	—	—	—	
				Rate per 1,000 total (live and still) births.
Total.	Male.	Female.		
STILL BIRTHS ...	51	31	20	28
				Death Rate per 1,000 of the estimated resident population.
Total.	Male.	Female.		
DEATHS ...	1146	568	578	10.07

Deaths from puerperal causes (Headings 29 and 30 of the Registrar General's Short List):—

	Deaths.	Rate per 1,000 total (live and still) births.
No. 29—Puerperal Sepsis ...	2	1.13
No. 30—Other puerperal causes	1	0.56
	—	—
Total ...	3	1.69
	—	—

Death Rate of Infants under one year of age :—

All infants per 1,000 live births ...	50
Legitimate infants per 1,000 legitimate live births	45
Illegitimate infants per 1,000 illegitimate live births	137
Deaths from Measles (all ages) ...	Nil
Deaths from Whooping Cough (all ages) ...	3
Deaths from Diarrhoea (under 2 years) ...	20

TABLE III.

COMPARISON OF VITAL STATISTICS OF HENDON  
WITH THOSE OF ENGLAND AND WALES, ETC., FOR  
THE YEAR 1935.

	England and Wales	<sup>121</sup> County Boroughs and Great Towns (including London)	London adminis- trative County	Hendon
Rates per 1,000 population.				
Birth Rate ... ..	14.7	14.8	13.3	12.85
Death Rate ... ..	11.7	11.8	11.4	10.07
Measles Death Rate ... ..	0.03	0.04	0.00	Nil
Whooping Cough Death Rate	0.04	0.04	0.04	0.02
Diphtheria Death Rate ...	0.08	0.09	0.06	0.07
Scarlet Fever Death Rate ...	0.01	0.01	0.01	Nil
Influenza Death Rate ...	0.18	0.16	0.11	0.17
Rates per 1,000 live births.				
Deaths under 1 year of age ...	57	62	58	50
Deaths from Diarrhoea and Enteritis over 2 years of age	5.7	7.9	11.2	11.6

**TABLE IV.**  
**CAUSES OF DEATH.**

Cause of Death.							M.	F.
All Causes ... ..							568	578
1.	Typhoid Fever, etc.	...	...	...	...	...	—	1
2.	Measles	...	...	...	...	...	—	—
3.	Scarlet Fever	...	...	...	...	...	—	—
4.	Whooping Cough	...	...	...	...	...	1	2
5.	Diphtheria	...	...	...	...	...	5	5
6.	Influenza	...	...	...	...	...	15	8
7.	Encephalitis Lethargica	...	...	...	...	...	—	—
8.	Cerebro-Spinal Fever	...	...	...	...	...	—	—
9.	Respiratory Tuberculosis	...	...	...	...	...	46	29
10.	Other Tuberculosis	...	...	...	...	...	4	5
11.	Syphilis	...	...	...	...	...	1	1
12.	General Paralysis of the Insane, etc.	...	...	...	...	...	6	1
13.	Cancer	...	...	...	...	...	64	95
14.	Diabetes	...	...	...	...	...	7	8
15.	Cerebral Hæmorrhage	...	...	...	...	...	13	38
16.	Heart Disease	...	...	...	...	...	120	118
17.	Aneurysm	...	...	...	...	...	7	3
18.	Other Circulatory Diseases	...	...	...	...	...	26	32
19.	Bronchitis	...	...	...	...	...	12	2
20.	Pneumonia	...	...	...	...	...	36	29
21.	Other Respiratory Diseases	...	...	...	...	...	10	4
22.	Peptic Ulcer	...	...	...	...	...	13	1
23.	Diarrhœa, etc. (under 2 years)	...	...	...	...	...	13	7
24.	Appendicitis	...	...	...	...	...	2	6
25.	Cirrhosis of Liver	...	...	...	...	...	5	1
26.	Other Liver Diseases	...	...	...	...	...	—	11
27.	Other Digestive Diseases	...	...	...	...	...	6	15
28.	Nephritis	...	...	...	...	...	16	25
29.	Puerperal Sepsis	...	...	...	...	...	—	2
30.	Other Puerperal Causes	...	...	...	...	...	—	1
31.	Congenital Causes, etc.	...	...	...	...	...	34	17
32.	Senility	...	...	...	...	...	12	22
33.	Suicide	...	...	...	...	...	11	12
34.	Other Violence	...	...	...	...	...	27	20
35.	Other Defined Causes	...	...	...	...	...	56	57
36.	Ill-defined Causes	...	...	...	...	...	—	—
Special Causes (included in No. 35):—								
	Small-pox	...	...	...	...	...	—	—
	Poliomyelitis	...	...	...	...	...	—	—
	Polioencephalitis	...	...	...	...	...	—	—
Deaths of Infants under 1 year:—								
	Total	...	...	...	...	...	56	31
	Legitimate	...	...	...	...	...	48	27
	Illegitimate	...	...	...	...	...	8	4



TABLE V.

## INFANTILE MORTALITY DURING THE YEAR, 1935.

Nett deaths from stated causes at various ages under one year.

CAUSES OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Mths.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
All Causes { Certified Uncertified				32 ...	8 ...	2 ...	6 ..	48 ..	16 ..	13 ...	4 ...	6 ...	87 ...
1. Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
2. Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
3. Measles	...	...	...	...	...	...	...	...	...	...	...	...	...
4. Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping-Cough	...	...	...	...	...	...	...	...	2	...	...	...	2
6. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
7. Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...
8. Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	1	1
9. Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...
10. Other Tuberculous diseases	...	...	...	...	...	...	...	...	...	...	...	...	...
11. Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...
12. Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...
13. Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...
14. Bronchitis	...	...	...	...	...	...	...	...	...	1	...	...	1
15. Pneumonia	...	...	...	...	...	...	2	2	...	2	...	4	8
16. Diarrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...
17. Enteritis	...	...	...	...	...	...	2	2	4	8	4	...	18
18. Gastritis	...	...	...	...	...	...	1	1	...	...	...	...	1
19. Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...
20. Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...
21. Suffocation, overlaying	...	...	...	...	...	...	...	...	...	1	...	...	1
22. Injury at birth	...	...	...	1	...	...	1	2	...	...	...	...	2
23. Atelectasis	...	...	...	3	...	...	...	3	...	...	...	...	3
24. Congenital Malformation	...	...	...	6	3	1	...	10	2	...	...	1	13
25. Atrophy, Debility and Marasmus, including premature birth	...	...	...	20	5	1	...	26	4	1	...	...	31
26. Other causes	...	...	...	2	...	...	...	2	4	...	...	...	6

The following are the Birth Rates, Death Rates and Infantile Mortality Rates of Hendon since 1900 :—



TABLE VI.

Year.		Birth Rate.	Death Rate.	Infantile Mortality Rate.
1900	...	27.5	11.9	133
1901	...	27.4	10.6	117
1902	...	28.7	10.8	90
1903	...	28.7	10.2	102
1904	...	27.7	12.1	137
1905	...	27.7	11.7	115
1906	...	25.5	10.9	98
1907	...	24.4	10.3	88
1908	...	24.7	10.0	91
1909	...	22.9	8.2	70
1910	...	22.1	7.7	80
1911	...	24.66	10.29	93
1912	...	23.8	8.51	54
1913	...	24.64	10.44	85
1914	...	24.12	8.96	56
1915	...	21.23	10.44	73
1916	...	19.33	10.16	67
1917	...	15.97	9.72	74
1918	...	12.09	11.67	54
1919	...	15.69	9.07	73
1920	...	19.78	8.24	47
1921	...	17.9	7.9	61
1922	...	17.45	9.00	45
1923	...	15.29	7.8	46
1924	...	14.55	8.70	42
1925	...	13.77	8.38	39
1926	...	13.12	7.17	37
1927	...	13.41	8.48	41
1928	...	13.85	7.27	32
1929	...	14.83	8.61	44
1930	...	13.87	7.86	50
1931	...	14.41	7.72	37
1932	...	13.70	8.40	51
1933	...	13.11	7.93	38
1934	...	12.53	8.12	43
1935	...	12.85	8.54	50

## SECTION B.

# General Provision of Health Services for the Borough.

## PROFESSIONAL NURSING IN THE HOME.

Professional nursing in the home is provided by eight district nursing associations who are now co-ordinated under the Central Committee for Hendon Nursing Associations.

These nursing associations perform a most useful function in meeting the need for sick nursing in the homes of the people and in addition their activities permit of many cases being nursed at home who otherwise would have to be admitted to hospital and also allow of hospitals discharging cases at an earlier date than would otherwise be possible, thus saving to a considerable extent the need for additional hospital beds.

The Ministry of Health approved a scheme by which these nursing associations should be employed under the maternity and child welfare scheme for the nursing of certain diseases in young children and for such ante and post natal conditions as the Medical Officer of Health should desire, a payment being made for these services.

This scheme is now in operation and is working satisfactorily.

## LABORATORY FACILITIES.

These continue as in previous years the existing arrangements with the University College Hospital having been continued. These facilities have been largely used by the practitioners in the area as shown in Table XXIII.

The bacteriological examination of specimens taken by members of the Public Health Department is, as far as possible, undertaken at the Isolation Hospital.

## LIST OF ADOPTIVE ACTS.

Baths and Washhouses Acts, 1846-1925.

The Infectious Disease (Prevention) Act, 1890.

Public Health Acts (Amendment) Act, 1890.

Parts II., III. and V.



Public Health Acts (Amendment) Act, 1907.

Parts II. and III.

Part IV.—Sections 52 to 67.

Parts VI., VIII. and X.

Public Health Act, 1925.

Parts II., III., IV. and V.

Public Libraries Acts, 1892-1919.

Small Dwellings Acquisition Acts, 1899-1923.

Local Government and Other Officers' Superannuation Act, 1922.

Middlesex County Council Act, 1930. Section 53.

#### BYELAWS.

Nuisances.

Common Lodging Houses.

Pleasure Grounds.

Employment of Children.

Regulation of Advertisements.

Houses Let in Lodgings (under Housing Act).

Tents, Vans and Sheds.

Slaughterhouses.

New Streets and Buildings and Drainage, etc.

Street Trading.

Smoke Abatement.

School Attendance.

Public Libraries.

Petroleum Filling Stations.

Good Rule and Government and the Prevention of Nuisances.

#### AMBULANCE FACILITIES.

For general purposes two new ambulances were provided during the year, one is maintained at the Central Hendon Fire Station and the other at Mill Hill Fire Station. Staff is provided for a twenty-four hour service and reciprocal arrangements have been made with the boroughs of Willesden and Finchley.

For the removal of infectious cases two ambulances are maintained at the Isolation Hospital.

These ambulance services adequately meet the needs of the district.

#### CLINICS AND TREATMENT CENTRES. •

The Council provide four permanent health centres and sanction has been obtained from the appropriate Government Departments for the erection of a fifth to serve the needs of the northern portion of the Borough, this centre to be erected near the Broadway, Mill Hill.

The centre will be built of the same semi-permanent material as that used in the erection of the centre at Central Hendon which is proving satisfactory.

It will be seen from Table X. that the number of attendances has increased by approximately 2,000. This is mainly caused by increased attendances at the Mill Hill and Edgware Centres which are dealing purely with maternity and child welfare in the northern part of the area. The attendances at the Mill Hill Centre which is held in a church hall became so unwieldy that an additional session was commenced in May and two sessions are now held there each week. It is probable in the near future a similar arrangement will have to be made at Edgware.

A centre for a trial period was also established in a church hall at Colindale to suit the needs of that area, previously the mothers attended at the nearest permanent centre, mainly West Hendon.

The health visiting and maternity and child welfare centre facilities on the Woodside Park Estate still continue to present a difficult problem because of the inaccessibility at the present time of that portion of the Borough. The mothers from there now attend for maternity and child welfare purposes at one of the Finchley centres but it is probable that in the future a small sub-centre will have to be built adjacent to that area to serve its needs and also those of the south eastern portion of the Mill Hill ward. This has, however, been anticipated as shown in the following extract from His Worship the Mayor's annual report for 1934/35 :—



## THE BOROUGH OF HENDON (WOODSIDE PARK) COMPULSORY PURCHASE ORDER, 1935.

In order to deal with the services required for this rapidly growing portion of the Borough the Corporation made an Order under the Public Works Facilities Act of 1930 for the acquisition of land enabling it to provide for the following :—

1. A new road to connect Lullington Garth and Frith Lane.
2. Sites for the following adjacent to the new road :—
  - (a) An elementary school.
  - (b) A small Public Open Space.
  - (c) A Branch Library.
  - (d) A Maternity and Child Welfare Clinic.

### MATERNITY AND CHILD WELFARE.

There have been during the year several minor additions to your Maternity and Child Welfare Scheme which have had the effect of making improvement in detail.

Your Maternity and Child Welfare Services were inspected by an official of the Ministry of Health and as a result a report was received in which it was stated that—“*The Minister notes with satisfaction the steady development of the services co-incident with the growth of population of the Borough. The following matters are, however, suggested for the Council's consideration :—*

1. *That a greater co-operation of midwives with the work of the ante-natal clinics might be secured by the adoption of arrangements, similar to those made by other Local Authorities, for the payment of the compensation to midwives whose patients attend an ante-natal clinic on their advice and are subsequently admitted to a hospital or home for confinement on the recommendation of the medical officer of the clinic.*

As a result the Council decided that compensation of one guinea be paid to midwives under these circumstances.



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2. *Arrangements for the payment of the fees of midwives in necessitous cases, might be extended to include all pregnant women who are unable to afford the whole or part of the fee of the midwife.*

This suggestion has also been adopted, and with the other, has resulted in a closer co-operation with the midwives of the Borough, who now, to a greater extent than ever, avail themselves of the ante-natal services provided.

The report also went on to say that the provision of home nursing in connection with Maternity and Child Welfare Services is very desirable.

This was already being arranged, and arrangements have now been completed with the Central Committee of the Hendon District Nursing Associations for the nursing of Measles, Whooping Cough, Pneumonia, Infantile Diarrhoea and Ophthalmia Neonatorum, and such ante and post natal conditions as the Medical Officer of Health may desire.

I recapitulate here, very briefly, the services which now exist for the care of parturient women :—

1. Ante-natal clinics with a woman doctor in charge. These are well attended by the midwives for obtaining advice regarding their patients.
2. Compensation to midwives should a case be sent to hospital as a result of attendance at the ante-natal clinic.
3. Hospital provision :—
  - (a) Arrangements with the Middlesex County Council for admission to Redhill Hospital for cases in which the health of the woman renders that necessary, or where the housing conditions are unsatisfactory, similar arrangements also exist with certain London hospitals in the event of accommodation not being available at Redhill.
  - (b) Arrangements with Queen Charlotte's Hospital for such cases as are referred by the Council's Obstetric Surgeon.



(c) Arrangements with the Isolation Block of Queen Charlotte's Hospital for the admission of cases of puerperal pyrexia and puerperal fever.

4. Obstetric Specialist available and also an Anæsthetist should any practitioner require the services of either.
5. Outfits of sterile dressings provided, made to the specification of the Obstetric Specialist. These are available for all practitioners.
6. Maternity outfits for the use of women.
7. Milk provided for expectant and nursing mothers.
8. Dental treatment provided for expectant mothers.
9. There is a Municipal Midwife on the staff of the Public Health Department and District Nursing Associations are subsidised for ante-natal and post-natal care of cases referred by the Medical Officer of Health.
10. Domiciliary midwifery is provided in necessitous cases, either by the Municipal Midwife or by payment to a private midwife but it is assured that each woman can have the midwife of her choice.
11. Fees are reduced or remitted in accordance with the Council's economic scale.

It will be seen that the services are very extensive and have omitted nothing which lies in the power of a Local Authority to add to the safety of childbearing. The ante-natal clinics continued to grow in popularity and this year 449 women attended for examination and advice.

All midwives are welcomed at the clinics but if they should be unable to attend they are sent a letter recording the doctor's notes of the examination of their patients.

The use in the last year of the sphygmomanometer has resulted in the earlier detection of toxæmia in pregnancy by the increase of blood pressure. All these cases were immediately dieted, meat and eggs being excluded and rest recommended, as a result about half the cases never developed any untoward symptoms. If definite symptoms appeared, the women were at once referred to their own doctor or to hospital. One case was admitted for treatment during pregnancy. All were given the option of being confined in hospital. In only one case did the symptoms persist after parturition and this turned out to be a case of chronic nephritis.

It is very necessary that a liberal supply of milk should be available for pregnant mothers especially when meat and eggs are excluded. During the last months of the year a dried milk with the addition of iron has been tried for ante-natal mothers. As many of the women are anæmic this addition of iron should be very valuable and since the preparation is unsuited for general use, it ensures the mother getting the whole amount to herself. Unfortunately it is not so palatable as fresh milk and its success remains to be seen.

I should like to emphasise the great value of dental treatment during pregnancy. Apart from the hygienic result and the possible prevention of "droplet" infection, many mothers with bad carious teeth showed increased blood pressure and toxæmia. The result of extractions was often remarkable, within a few weeks of treatment the blood pressure fell within normal limits and the mothers felt better than they had done for many months.

The effect of ante-natal clinics on maternal mortality is difficult to assess but I am convinced that there is much less ill-health and misery during pregnancy when the advice and simple remedies that can be given at the clinic are available.

In this connection the following table will no doubt be of great interest :—



Ante-natal Mothers who attended the Clinics in the years  
1933, 1934 and 1935.

**TABLE VII.**

Clinic		Number attended	Referred to Hospital	<i>Reasons</i>		Deaths
				Medical	Social	
Central Hendon	...	189	70	15	55	—
Child's Hill	...	300	112	17	95	—
West Hendon	...	330	83	30	53	—
Watling	... ..	243	65	21	44	—
TOTAL		1062	330	83	247	—

Maternal mortality has also remained consistently low and the following table shows the maternal mortality rate in Hendon for the past three years as compared with that of the country generally :—

**TABLE VIII.**

Year.	Hendon.	England & Wales.
1933	1.74	4.23
1934	1.77	4.41
1935	1.69	3.93

The deaths of mothers occurring in the area are carefully investigated and it is exceptional to find any case which in the present state of knowledge it could with certainty be said that any measures which might have been taken, would have affected the issue. I emphasise this because there is a great deal of publicity about preventable maternal mortality and I am sure, as a result a feeling of alarm in many expectant mothers which can do no good and may be definitely harmful.

#### MIDWIVES.

There is one Municipal Midwife whose work lies mostly in West Hendon, but a number of demands for her services are also being made from the Colindale area.



The following are the particulars of her work during the years 1934 and 1935 :—

	1934.	1935.
Number of Confinements attended ...	113	110
Number of Ante-natal visits ...	407	423
Number of ordinary working visits ...	1698	1655
Number of late visits ( <i>i.e.</i> , visits paid after the normal period of 10 days)	296	216

The total number of Midwives registered for practice in the district and resident in the district during the year was 33.

#### MATERNITY CENTRES AND HOME VISITATION.

It will be seen that there is a steady increase in the numbers attending the centres, the total having increased from 40,267 to 42,491. This is due to the services becoming better known and to the fact that the Borough is still developing rapidly.

**TABLE IX.**  
NUMBER ATTENDING THE CENTRES.

	Central Hendon Centre	West Hendon Centre	Child's Hill Centre	Watling Estate Centre	Temple Fortune Centre	Mill Hill Centre	Edgware Centre	Colindale Centre	Total
Total attendances of children	6528	6641	7535	8393	2654	5326	3919	253	41249
Average attendances per session ... ..	65	65	49	49	51	65	75	50	57
Examinations by Medical Officer ... ..	2535	1782	3067	3087	779	2116	1396	62	14824
New members admitted ...	244	297	354	396	78	217	172	26	1784
Under 1 year of age ...	181	216	221	246	57	172	125	14	1232
Over 1 year of age ...	63	81	133	150	21	45	47	12	552
Number of attendances of expectant mothers ...	263	457	269	253	—	—	—	—	1242

TABLE X.

TABLE OF TOTAL ATTENDANCES SINCE 1922.

Year.	Centre								Total
	Colindale	Edgware	Watling Estate	Central Hendon	West Hendon	Child's Hill	Temple Fortune	Mill Hill	
1922	—	—	—	1806	3114	4439	—	—	9359
1923	—	—	—	2159	4071	5295	—	—	11525
1924	—	—	—	2243	4595	5758	50	63	12709
1925	—	—	—	1948	5288	5935	376	384	13931
1926	—	—	—	2464	5984	5958	452	553	15411
1927	—	—	—	2871	5688	5492	418	672	15141
1928	—	—	1618	3364	5748	5272	556	1078	17636
1929	—	—	7941	3843	4820	5284	868	1626	24382
1930	—	—	10233	5163	3611	4755	1937	2717	28416
1931	—	—	10336	5915	4597	5155	1937	3064	31004
1932	—	690	10948	6519	5387	6118	2391	3131	35184
1933	—	2925	10183	6572	5791	8005	2028	3321	38825
1934	—	3093	9621	6338	6747	7750	2506	4212	40267
1935	253	3919	8393	6528	6641	7535	2654	5326	41249



## HOME VISITATION.

The following table shows particulars of the visits of health visitors to the homes of mothers and children under 5 years of age and the method of feeding; as far as possible all mothers are encouraged to breast feed children up to the age of six months after which the child is gradually weaned.

## VISITS.

	First Visits.	Total Visits.
To expectant mothers ... ..	407	901
To infants under one ... ..	1407	5562
To children one to five ... ..	585	7687

## METHOD OF FEEDING.

Breast ... ..	1076
Breast and bottle ... ..	146
Bottle ... ..	185

## VOLUNTARY WORKERS.

Before concluding this section of the report I should like to take this opportunity of thanking the voluntary workers for the valuable services they have rendered during the year.

INSTITUTIONAL PROVISION FOR UNMARRIED  
MOTHERS, ILLEGITIMATE INFANTS AND  
HOMELESS CHILDREN IN THE DISTRICT.

There is no special provision of this nature available for the district apart from that made by the Public Assistance Committee.

CHILDREN ACT, 1908, AND CHILDREN AND  
YOUNG PERSONS ACT, 1932.

## INFANT LIFE PROTECTION.

The supervision of foster children entails a considerable amount of work. The health visitors who have all been designated infant life protection visitors, visit each foster child at least once per month and in addition numerous enquiries relating to this

work have to be dealt with at the Public Health Department and the various health centres. Each new foster mother is visited by Dr. Leitch who reports on the environmental conditions and on the fitness of a foster mother to take care of young children and she also visits all cases in which the infant life protection visitors are encountering any difficulties. A record of visits to these foster children is kept and submitted for inspection each month, in addition the foster mothers are encouraged to bring the children to the centres so that supervision may also be maintained there.

**TABLE XI.**

The number of persons receiving children for reward, on the Register at the end of the year, was 134.

Number of children on the Register :—

(i) at the end of the year	...	...	...	186
(ii) who died during the year	...	...	...	3
(iii) on whom inquests were held during the year	...	...	...	Nil

No proceedings under the Act were taken by the Local Authority during the year.

#### DENTAL TREATMENT.

All women attending the ante-natal centres who are found to have septic teeth are encouraged to avail themselves of dental treatment, because of the fact that such treatment improves the general health and in addition reduces the danger of puerperal infections following the confinement.

Very little conservative work can actually be done for these mothers as the condition of the teeth in most cases necessitates extractions, this is carried out under a general anæsthetic and dentures are provided after the treatment has been completed. During the year 113 mothers were treated under this scheme.

Dental treatment is also available for children under school age attending the maternity and child welfare centres and while no routine dental inspection is carried out such as is done in the



schools, any septic process is dealt with, thus ensuring that the second dentition will not be prejudiced by the presence of sepsis amongst the remaining primary teeth. A considerable amount of conservative dentistry is also carried out as it is important to retain certain of the primary teeth as long as possible because of their effect on the formation of the jaws and mouth. During the year 245 children under five years of age were treated at the dental clinics and made 557 attendances.

### NUTRITION.

The Council have a scheme for the provision of milk, free of charge to expectant and nursing mothers and to children under 5 years of age where the family circumstances are necessitous. This additional milk to expectant and nursing mothers heightens their resistance to puerperal infections and also makes it more probable that they will be able to breast feed, and for the young children the fresh elements in the milk are those most likely to be lacking in their dietary, thus having an effect on growth and in the prevention of early rickets. The amount of free milk issued during the year was 65,273 pints and the total cost to the Local Authority was £879 0s. 11d.

### ORTHOPÆDIC TREATMENT.

Children under 5 years of age suffering from orthopædic defects are admitted to the general scheme of orthopædic treatment which is in force for the elementary school children of the area and which is described in page 103 of this report. 194 children suffering from orthopædic defects were treated under the scheme and made 1138 attendances.

### HOSPITAL PROVISION.

The Borough Council maintain a hospital of 120 beds for the isolation of infectious diseases.

In addition the following arrangements have been made with other hospitals :—



1. With Redhill Hospital for the operative treatment of children suffering from diseased tonsils and adenoids and for the admission of maternity cases referred from the ante-natal clinics.
2. With Hendon Cottage Hospital for the operative treatment of children suffering from diseased tonsils and adenoids.
3. With the City of London Maternity Hospital for the admission of maternity cases referred from the ante-natal clinics.
4. With Queen Charlotte's Hospital for such cases as are referred by the Council's obstetric consultant and with the isolation block of that hospital for the in-patient treatment of cases of puerperal infections.
5. With St. Margaret's Hospital for severe cases of ophthalmia neonatorum.

## SECTION C.

# Sanitary Circumstances of the Area.

## WATER SUPPLY.

The area is supplied with water by the Metropolitan Water Board and the Colne Valley Water Company.

## RIVERS AND STREAMS.

It was not found necessary to take any official action during the year in connection with the pollution of streams.

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I am indebted to Mr. A. O. Knight, the Borough Surveyor and Engineer, for the following notes on Sewage Disposal, Sewerage and Scavenging :—

## SEWAGE DISPOSAL.

The works of the Middlesex County Council for dealing with the sewage of Hendon and other districts in the Brent Valley will be in operation early in 1936 and the treatment of sewage locally will then cease.

## MAIN SEWERAGE.

The only work carried out during the year consists of minor extensions of the main drainage scheme to deal with new development. The Corporation has authorised the construction of a flood relief sewer in the Edgware area, which it is hoped to put in hand at an early date.

## SCAVENGING OF HIGHWAYS.

No alteration has been made in this service except necessary extensions to deal with the increased mileage of roads.

## REFUSE DISPOSAL.

The working of the refuse disposal plant has continued to be satisfactory during the year.

The total quantity of refuse dealt with for the year 1935 was 30,479 tons.



## ARRANGEMENTS FOR THE REMOVAL AND DISPOSAL OF HOUSE REFUSE.

The Corporation has continued its policy of providing vehicles specially designed for dustless loading. The present type in use are completely enclosed, and are loaded from the back, the bin being taken inside the vehicle for the purpose of emptying.

## EARTH CLOSETS, PRIVIES AND CESSPOOLS.

There are no privies in the district, but 28 earth closets are still in use.

In addition there are 93 cesspools which are emptied periodically by the Council's vacuum emptier.

## SANITARY INSPECTION OF THE AREA.

The following summary of the inspection work performed by the Sanitary Inspectors has been submitted to me by Mr. S. J. Chapman, Chief Sanitary Inspector :—

Inspections made	...	...	...	...	...	...	4559
Re-inspections after order or notice	...	...	...	...	...	...	7765
Complaints received and investigated	...	...	...	...	...	...	1554
Visits paid to infected houses	...	...	...	...	...	...	900
Rooms disinfected	...	...	...	...	...	...	864
Drains smoke or water tested	....	...	...	...	...	...	536
Drains uncovered for examination	...	...	...	...	...	...	16
Nuisances discovered and dealt with	...	...	...	...	...	...	2427

The following list shows the work carried out as the result of interviews, the sending of letters and service of notices :—

## DRAINS AND SANITARY FITTINGS.

### DRAINS.—

Main drains relaid	...	...	...	...	...	...	34
Main drains repaired	...	...	...	...	...	...	36
Branch drains relaid and constructed	...	...	...	...	...	...	219
Branch drains repaired	...	...	...	...	...	...	90
New gullies	...	...	...	...	...	...	47

Gullies unstopped, provided with grids and cement work around repaired	...	...	...	...	62
Manholes built	...	...	...	...	42
Manholes repaired	...	...	...	...	45
Manhole covers and frames provided	...	...	...	...	131
Intercepting traps fixed	...	...	...	...	14
Intercepting trap caps resealed	...	...	...	...	43
Fresh-air inlets provided and repaired	...	...	...	...	14
New soilpipes	...	...	...	...	10
Soilpipes repaired	...	...	...	...	5
New drain ventilators	...	...	...	...	25
Ventilating pipes repaired	...	...	...	...	5
New stackpipes provided	...	...	...	...	20
Drains unstopped and cleansed	...	...	...	...	140
Cesspools emptied	...	...	...	...	153
Premises connected with sewer	...	...	...	...	1

## WATER CLOSETS.—

New provided	...	...	...	...	...	25
New basins	...	...	...	...	...	142
New flushing cisterns	...	...	...	...	...	77
Flushing cisterns repaired	...	...	...	...	...	35
Flushpipe joints repaired	...	...	...	...	...	10
New seats	...	...	...	...	...	66
Water closets unstopped and cleansed	...	...	...	...	...	18
Floors paved and repaired	...	...	...	...	...	9
Compartments cleansed	...	...	...	...	...	47
Compartments repaired	...	...	...	...	...	11
Compartments lighted and ventilated	...	...	...	...	...	11

## SINKS.—

New provided	...	...	...	...	...	122
New wastepipes	...	...	...	...	...	125
Wastepipes trapped	...	...	...	...	...	9
Wastepipes repaired	...	...	...	...	...	6

## BATHS AND LAVATORY BASINS.—

New provided	...	...	...	...	...	168
Wastepipes repaired and unstopped	...	...	...	...	...	4
New wastepipes provided	...	...	...	...	...	162



## WATER SUPPLY.—

Service pipes renewed and repaired ... ..	7
Taps taken off rising main ... ..	26
Drinking water cisterns covered, cleansed or repaired	6
Supplies renewed to houses ... ..	9

## EXTERNAL WORK ON HOUSES.

## ROOFS.—

Repaired and made watertight ... ..	96
-------------------------------------	----

## RAINWATER GUTTERING AND DOWNSPOUTING.—

New gutters and down spouts ... ..	21
Repaired ... ..	92
Unstopped ... ..	6
Disconnected from drains ... ..	3

## YARDS.—

Paved and drained ... ..	11
Repaved and drained ... ..	12
Repaired ... ..	23
Cleansed ... ..	11

DUSTBINS PROVIDED ... ..	57
--------------------------	----

## INTERNAL WORK ON HOUSES.

## LIVING AND SLEEPING ROOMS.—

Walls and ceilings of rooms stripped and cleansed ...	1230
Plaster of walls and ceilings repaired ... ..	170
Window frames and sashes repaired, eased, etc. ...	175
Doors and frames renewed, repaired, eased, etc. ...	45
Sashcords renewed ... ..	85
Dampness in house walls remedied ... ..	124
Rooms ventilated (windows made to open, etc.) ...	17
Firegrates, Kitcheners, coppers renewed and repaired	106
Staircases renewed or repaired ... ..	22



## FLOORS.—

Repaired (new plates, joists and boards) ...	56
Air space under ventilated ...	9

## OTHER MATTERS.—

Back passageways cleansed ...	5
Ditches cleansed ...	3
Accumulations of refuse, manure, etc., removed ...	149
Nuisances from keeping of animals abated ...	2
Gipsy vans, tents, etc., removed ...	3
New urinals provided ...	--
Urinals cleansed and repaired ...	10
Verminous houses disinfected ...	142
Miscellaneous ...	282

## NOTICES SERVED.

Informal or cautionary ...	997
Outstanding from 1934 ...	248
	<hr/>
	1245
Complied with ...	1031
	<hr/>
Outstanding, 1935 ...	214
	<hr/>

## STATUTORY NOTICES.

Applied for ...	137
Served under the Public Health Acts, etc. ...	28
Outstanding from 1934 ...	15
	<hr/>
	43
Complied with ...	38
	<hr/>
Outstanding, 1935 ...	5
	<hr/>
Served under the Infectious Diseases ... (Prevention) Act ...	11
Complied with ...	12

(1 outstanding  
from 1934).

## SUMMONSES.

It is satisfactory to record that no applications for summonses were necessary during the year.

In three instances, however, the persons responsible failed to comply with notices served upon them, and the work specified in such notices was executed in default by the Council: the expenses so incurred are recoverable by the Council from the defaulters.

## SMOKE ABATEMENT.

No. of observations made on chimney shafts ... ..	210
No. of chimney shafts on which observations were made	23
No. of nuisances observed ... ..	14
No. of verbal notifications of nuisance given to occupiers (Public Health (Smoke Abatement) Act, 1926) ...	3
No. of written notifications sent to occupiers (Public Health (Smoke Abatement) Act, 1926) ... ..	11

It was not found necessary to take any Summary action to enforce the abatement of nuisances, as recommendations made regarding alteration to plant, stoking and fuel were adopted.

## DISINFESTATION.

## CLEARANCE AREA.

The 22 houses comprising the Child's Hill Clearance Area were thoroughly sprayed with insecticide prior to demolition, in order to ensure, as far as possible, that vermin and their eggs were destroyed, so minimising the risk of infestation of any premises in which materials obtained from the demolished houses might be used.

## TREATMENT OF VERMINOUS HOUSES.

The following houses have been successfully treated :—

Privately-own houses ...	106
Council houses ... ..	29



In all cases, the walls, floors, furniture, etc., were sprayed with an insecticide at intervals of from 7-10 days, woodwork and wall-coverings were removed, and a blow-lamp was employed for burning out holes and crevices: in some cases fumigation by sulphur was also employed. The tenants of the affected houses were advised to cleanse the premises with soap and water, and disinfectants were supplied. All bedding from infested premises was sterilized in the Council's disinfector, at the commencement of disinfestation and again when it appeared that vermin had been eradicated.

In addition to the above, in 15 cases owners of private houses employed Hydrocyanic acid gas for disinfestation purposes: upon inspection of the treated houses after completion of the process, no vermin were found.

#### REMOVAL OF TENANTS INTO COUNCIL HOUSES.

Inspections were made at 16 houses from which tenants were removing into Council houses, and, where necessary, bedding was sterilized by steam and furniture, etc., sprayed with an insecticide, to prevent the conveyance of vermin to Council houses.

#### MUSIC, DANCING, STAGE PLAY AND CINEMATOGRAPH LICENCES.

The 59 premises in the district licensed by the Middlesex County Council for public entertainments have been inspected in accordance with Circular 120 of the Ministry of Health (Public Health—Theatres, Music Halls, etc.—Sanitary Condition of).

The sanitary conditions and conveniences thereat were found to be satisfactory and were reported upon to the Licensing Authority accordingly.

#### FACTORY AND WORKSHOP ACT, 1901.

The following is the number of Factories and Workshops as recorded on the Factory and Workshop Register, 1934:—



Number of Factories (including Factory Laundries) ...	105
* Number of Factory Bakehouses ... ..	20
	<hr/>
Total Factories ... ..	125
	<hr/>
Number of Workshops and Workplaces (including Workshop Laundries) ... ..	159
Number of Workshop Bakehouses ... ..	8
	<hr/>
Total ... ..	167
	<hr/>

\* One Underground Factory Bakehouse.

Number of Inspections (Factories and Workshops) ...	92
Number of Notices served to remedy defects ... 17	} 19
Outstanding, 1934 ... .. 2	
Number of Notices complied with ... ..	15
Matters notified to H.M. Inspector ... ..	—
Matters notified by H.M. Inspector (remediable under the Public Health Acts) ... ..	5
Lists of Outworkers received ... ..	36

Nature of defects remedied at Factories and Workshops.—

Sanitary accommodation	{	insufficient ... ..	3			
		unsuitable or defective	3			
		not separate for sexes	—			
Want of cleanliness	...	...	...	...	...	12
Overcrowding	...	...	...	...	...	—
Improperly drained floor	...	...	...	...	...	—
Want of ventilation	...	...	...	...	...	—
Other nuisances	...	...	...	...	...	4



**SECTION D.**

## HOUSING.



## CHILD'S HILL CLEARANCE AREA.

The 22 houses comprising this area were demolished, steps having been taken to clear the premises and site of vermin of all kinds and in this work the co-operation of the Rat Destruction Officer of the Middlesex County Council was obtained.

The site is now being converted into an open space.

## INDIVIDUAL UNFIT HOUSES.

During the year 12 houses have been inspected under the Housing Act, 1930, with a view to having them made fit for human habitation or demolished, as circumstances indicated: demolition orders were made in respect of 9 of these houses: the remaining three were dealt with during 1936, demolition orders being made in two cases, and a closing order on certain rooms in the other.

25 houses were demolished during the year and 14 were rendered fit for human habitation, and the following table shews the position at the end of the year in relation to houses dealt with in the clearance area and individually since the passing of the Housing Act, 1930:—

Houses demolished	...	...	...	...	72
House closed for human habitation	...	...	...	...	1
Houses rendered fit for human habitation	...	...	...	...	24
Houses in respect of which necessary action is nearing completion	...	...	...	...	9
Total					106

## 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)	...	...	...	...	930
(b) Number of inspections made for the pur- pose	...	...	...	...	3701

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	Nil
(b) Number of inspections made for the purpose ... ..	260
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	12
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	312

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 ... ..	229	} 342
NOTE.—Informal notices in respect of 113 houses not complied with in 1934, complied with in 1935 ... ..	113	

3.—Action under Statutory Powers during the year :—

(a) Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners ... ..	6
(b) By Local Authority in default of owners ... ..	Nil



## (b) Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	... ..	11
--	--------	----

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—		
---	--	--

(a) By owners	... ..	6	}	11	
NOTE.—Formal notices in respect of 5 houses not complied with in 1934, complied with in 1935					5
(b) By Local Authority in default of owners	... ..				Nil

## (c) Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	9
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	24

## (d) Proceedings under Section 20 of the Housing Act, 1930 :—

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

4.—Number of houses owned by the Local Authority distinguishing those built in the last two years and held under (1) Part III. of the Housing Act, 1925, (2) Part II. of the Housing Act, 1925, and (3) other powers :—



(1) Number of houses owned by Local Authority ... ..	1150
(2) Number of houses built during the last two years (Housing Act, 1930) ... ..	138

Number of New Houses erected during the year :—

(a) Total (including numbers given separately under (b) ) ... ..	2208
(i) By the Local Authority ... ..	---
(ii) By other Local Authorities	{ 122 houses. 168 flats.
(iii) By other bodies and persons	{ 1178 houses. 740 flats.
(b) With State assistance under the Housing Acts :—	

(i) By the Local Authority :—

(a) For the purpose of Part II. of the Act of 1925 ... ..	Nil
(b) For the purpose of Part III. of the Act of 1925 ... ..	Nil
(c) For other purposes (Housing Act, 1930) ... ..	Nil
(ii) By other bodies or persons ... ..	Nil

#### HOUSES LET IN LODGINGS.

Number of houses on Register at end of year ... ..	120
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#### HENDON HOUSING SCHEMES.

No additional housing accommodation was provided by the Local Authority during the year.

#### OVERCROWDING SURVEY—HOUSING ACT, 1935.

Additional temporary staff was appointed to assist in carrying out the survey which had to be undertaken under the provisions of this Act, the survey being commenced in November, 1935.

## RENT AND MORTGAGE INTEREST RESTRICTIONS ACTS, 1920-1933.

No certificates under the above Acts were applied for or issued during the year.

## SHOPS ACT, 1934.

218 inspections were made under Section 10 of the above Act, relating to sanitary and other arrangements in shops.

67 notices were served in respect of contraventions found to exist: 27 notices have been complied with and 29 certificates of exemption were granted in cases where restricted accommodation or special circumstances justified their issue.

## SWIMMING BATHS AND POOLS.

The Council provided a Swimming Pool at Mill Hill which was opened in the Spring of 1935, and was largely used during the hot summer of that year.

The dimensions of the pool are as follows:—Length 165 feet, breadth 75 feet. The maximum depth of the water, which is 8 feet 6 inches, is in the central section of the pool. The minimum depth is at each end of the pool where the water is 2 feet 6 inches deep.

Provision is made for sun bathing on three shingle beaches and the spaces between and adjacent to the beaches are laid out as flower gardens. In addition, there is a large refreshment pavilion opening out on to a sun terrace.

The method adopted for the treatment of the water in the pool is known as purification by continuous pressure filtration.

The pool has a capacity of 365,000 gallons and the mechanical plant has been so designed that during normal bathing periods the whole of the water is circulated through the various processes and returned to the pool within a period of six hours which can



be reduced to a four hourly period when the number of bathers renders that desirable. The chemical process provided consists of adding small quantities of ammonia gas to the water immediately after its passage through the sand filters, followed by the introduction of chlorine gas solution. The effect of filtration is intensified by adding sulphate of alumina and soda crystals in carefully regulated quantities, thus maintaining the requisite alkalinity of the water and ensuring the coagulation of impurities.

Adequate aeration has been provided by two specially designed cascades over which the water falls previous to chlorination and its entry to the pool. The water was maintained in a high standard of purity throughout the whole of the season.

The Council have in addition decided to modernise the swimming pool at West Hendon and for this purpose the surrounds of the bath and the dressing accommodation are being greatly improved and an up-to-date filtration plant installed.

There is one private swimming pool in the area.





## SECTION E.

# Inspection and Supervision of Food.

## MILK SUPPLY.

## DAIRIES, COWSHEDS AND MILKSHOPS.

No. of registered dairymen and retail purveyors of milk (inclusive of 10 cowkeepers occupying 15 cowsheds)	...	...	...	...	...	...	88
No. of registered premises	...	...	...	...	...	...	110

The bulk of the milk produced at dairy farms is sold wholesale, and no bottling is done at these farms.

The main supply of milk used for local consumption is derived from the multiple Dairy Companies' central depôts, whence it is delivered to the retail branch shops in sealed bottles ready for distribution.

There is one pasteurising depôt in the Borough licensed and supervised by this Authority. This depôt is equipped with all modern appliances employed in the pasteurisation of milk, approximately 17,500,000 gallons being treated annually. The reports on samples of milk taken periodically indicate that the milk is pasteurised in a satisfactory manner.

There are only a few retail dairies at which bottling is performed on the premises, entailing cleansing of milk vessels.

All premises used for the supply of milk are inspected periodically to ensure proper conduct of the business from the public health aspect.

## DESIGNATED MILKS—MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

64 samples were taken and submitted for bacteriological examination during the year.

3 of the samples failed to comply with the standard required by the Order: appropriate action was taken, and subsequent samples examined were found to be satisfactory. The remaining 61 samples complied with the Order.

16 of the samples were also examined for tubercle bacilli, but in no case were these found.

In addition, 8 samples of raw milk were taken, 3 of these being examined for tubercle bacilli with negative results.



## MEAT INSPECTION.

Public Health (Meat) Regulations, 1924.

## SLAUGHTER HOUSES.

		1920.	January, 1935.	December, 1935.
Registered	...	6	5	5
Licensed	...	2	3	4
		—	—	—
		8	8	9
		—	—	—

There is no Public Slaughter House in the District.

At 4 of the Slaughter Houses no slaughtering has been performed throughout the year.

180 visits have been paid to the Slaughter Houses on the days fixed for the slaughter of animals or upon the receipt of notice from the occupiers on other occasions.

Most of the meat supplies are obtained by the local butchers from the London Meat Markets, so that only a small number of animals is slaughtered at the private Slaughter Houses.

The following table shows the number of animals slaughtered and examined :—

TABLE XIII.

Slaughtered and Examined.			Condemned and Destroyed.	
Cattle.	Sheep.	Pigs.	Description.	Cause.
—	447		3 livers ...	Cirrhosis
		247	2 pigs with offals	Peritonitis & general emaciation
			2 livers ...	Necrosis
			1 head ...	Tuberculosis
			3 plucks ...	
			2 livers ...	Cirrhosis

There are 83 butchers' shops in the District, to which 121 recorded visits have been paid. These and other premises within the scope of the Public Health (Meat) Regulations, 1924, have been kept under constant observation. In the course of these inspections several notices have been served upon occupiers, calling their attention to breaches of the Regulations; such notices were conformed to, and further action was found unnecessary.

### SLAUGHTER OF ANIMALS ACT, 1933.

13 slaughter-men employed in slaughter houses within the Borough were licensed under the above Act as fit and proper persons to slaughter or stun animals.

### OTHER FOODS.

The following foodstuffs, which were voluntarily submitted to the Inspectors for examination, were condemned as unfit for consumption and destroyed :—

#### MEAT :—

2 tins and 11½ lbs. loose, cooked ham—unsound.

#### FISH :—

238 lbs. codling fillets—unsound.

39 lbs. skate—unsound.

6¾ stone cod—unsound.

#### FRUIT :—

49 tins cherries—blown.

182 oranges—unsound.

### HENDON URBAN DISTRICT COUNCIL ACT, 1929.

The following table shews the number of premises used for the preparation, storage, and sale of foodstuffs, which are registered in pursuance of the above Act :—

Fried fish shops	...	...	...	...	20
Premises used for the sale and/or manufacture of ice cream	...	...	...	...	166
Premises used for the preservation of meats	...	...	...	...	23



These premises are inspected periodically to ensure the maintenance of hygienic conditions.

#### FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The Administrative body under these Acts is the Middlesex County Council, and their Inspectors have taken the following samples in the district for the year ending 31st December, 1935.

The following Table, showing the articles purchased, with the result of their analysis, was kindly forwarded to me by Mr. R. Robinson, Chief Officer of the Public Control Department.

**TABLE XIV.**

#### COUNTY COUNCIL OF MIDDLESEX.

##### BOROUGH OF HENDON.

List of samples taken during the year ended 31st December, 1935 :—

Article.	Taken.	Adulterated.
Milk ... ..	214	3
Milk, sterilised ...	2	—
Almonds, ground ...	1	—
Cherries, tinned ...	1	—
Cream pastry ...	4	—
Flour, self-raising ...	1	—
Gin ... ..	6	2
Jam ... ..	2	—
Minced beef ... ..	5	—
Peas, tinned ... ..	1	—
Rum ... ..	5	—
Sausages ... ..	4	—
Sugar ... ..	1	—
Sweets ... ..	1	—
Whisky ... ..	4	—
	<hr/> 252	<hr/> 5



## DISEASES OF ANIMALS ACTS, 1894-1927.

## FOOT AND MOUTH DISEASE.

No case of this disease occurred in Hendon during the year nor was the Borough included in any order made by the Minister of Agriculture and Fisheries in connection with the disease.

## TUBERCULOSIS (TUBERCULOSIS ORDERS, 1925 AND 1931).

Two cows were dealt with under the provisions of the above Orders.

## SWINE FEVER (REGULATION OF MOVEMENT OF SWINE ORDER, 1922).

20 licences, relating to the movement of 511 swine into the district, have been received: inspections were made during the detention period prescribed by the Order, to ensure satisfactory isolation of the animals.

SECTION F.

Prevention of and Control over  
Infectious and other Diseases.

---

## INFECTIOUS DISEASES.

The number of infectious diseases notified during the year is as shown on Table XVI.

## DIPHTHERIA.

The number of cases of Diphtheria notified decreased slightly from the previous year, from 158 in 1934, to 138 in 1935, but the type of disease was generally more severe and 9 deaths occurred. Every effort is made to draw the attention of Medical Practitioners to the advisability of the early administration of Antitoxin to all such patients as are suspected to be suffering from Diphtheria and supplies of Antitoxin are available at the Town Hall, Fire Stations and at the Isolation Hospital. This is provided free of charge and can be obtained at any time of the day or night.

It has now been amply demonstrated that the resistance of children to diphtheria can be greatly increased artificially, most of those immunised escaping altogether from the disease and those who do contract it having a much less severe attack than would otherwise have been the case; and as a result a report on the question was submitted to the Public Health and Medical Services Committee on 20th May, 1935, and the following recommendations were approved :—

1. That this facility be provided for children between the ages of 1 and 14 years (bearing in mind, however, that immunisation gives its best results in children under 6 years of age).
2. That a suitable request form be signed by the parent or guardian of each child.
3. That the necessary testing and inoculation be carried out by your medical staff.
4. That the choice of agent and the method of immunisation be left to the discretion of your Medical Officer of Health.
5. That a preliminary Schick Test be only performed in the case of children over 9 years of age.
6. That a final Schick Test be performed in all cases three to four months after the completion of the course.



7. That propaganda be confined to the distribution of suitable leaflets at the health centres, and to occasional articles in the " Better Health " Journal.
8. That no charge be made for this immunisation.

It will be understood that the immunisation is purely permissive and no pressure is brought to bear on any parent to have his child immunised so that only those who are really interested have made application.

Since the Scheme started 33 children have been immunised and 186 attendances have been made for immunisation and Schick testing. This latter test demonstrates whether or not immunisation has been successful and should not be dispensed with in any case, otherwise the non-immunised child may be regarded as immune and subsequent events may then bring the method into disrepute.

#### SCARLET FEVER.

There was a marked decrease in the incidence of Scarlet Fever, the numbers falling from 785 in 1934 to 378. The character of the disease was also generally mild and no deaths occurred.

#### PUERPERAL FEVER AND PUERPERAL PYREXIA.

46 notifications were received of these diseases but of this number 24 were notifications of cases which were admitted to the Redhill County Hospital from districts outside the Borough.

#### TUBERCULOSIS.

The number of cases of Tuberculosis notified during the year and the number of deaths which occurred are shown in the following Table :—

TABLE XV.

## TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1935.

Age Periods	NEW CASES				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	1	—	—	—	1
1—5	1	—	2	2	—	—	—	1
5—10	—	4	2	3	—	—	—	1
10—15	3	1	7	4	—	1	—	—
15—20	9	10	2	1	1	5	2	—
20—25	15	15	1	5	8	7	—	—
25—35	18	22	3	2	10	7	—	1
35—45	13	14	2	2	12	5	2	1
45—55	10	4	—	1	6	1	—	—
55—65	9	3	—	—	9	2	—	—
65 and upwards	2	—	—	—	—	1	—	—
TOTALS	80	73	19	21	46	29	4	5

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths is 14.84.

The number of cases remaining on the Tuberculosis Register was :—

Non-Pulmonary	...	...	...	216
Pulmonary	...	...	...	565

Care is taken to ensure that this Register contains the latest information and constant touch is maintained with the local Tuberculosis Dispensary which is provided by the Middlesex County Council. I am indebted to Dr. Dobson, the Tuberculosis Officer, for the following information regarding patients coming under his supervision during the course of the year :—



" Total new Tubercular cases put on my Register ...	103
Tubercular transfers into Hendon ... ..	50
Total Non-Tubercular new cases, including contacts	171
Total Tubercular cases, of all years, under super- vision at or from the dispensary during year ...	561
Tubercular cases, removed or lost sight of ...	72
Tubercular cases cured ... ..	28
Tubercular cases died ... ..	62
Tubercular cases on my register on 31/1/35 ...	399
Undiagnosed on 31/12/35 ... ..	1."

#### TYPHOID FEVER.

14 cases of Typhoid infection were notified. An investigation as to the probable source of infection was made in each case with negative results, excepting in one case in which the ascertained facts strongly suggested that this disease had been contracted abroad.

#### FOOD POISONING.

4 cases were notified but these were of a mild character and made uninterrupted recovery, but apart from those cases notifiable in the area, an intimation was received from the Public Health Department, St. Pancras, that a suspected case of botulism had occurred in Mill Hill. The patient was removed to a nursing home in St. Pancras before the condition was diagnosed. The suspected source of infection was a nut meat brawn purchased from a shop in the Tottenham Court Road.

This department was asked if the house could be entered and a sample of the nut meat brawn obtained. The house was unoccupied and it was, therefore, necessary to apply for a coroner's order for right of entry, this was obtained by the St. Pancras Borough Council, the house was entered and a sample of the food forwarded to the Ministry of Health for examination.

A sister of the patient, normally a resident in Kensington, had also partaken of the food in question and was admitted to the same nursing home, both women ultimately died and the verdict at the inquest was that they had died from the effects of eating nut meat brawn which had caused the type of food poisoning



known as botulism. A brother, resident in the City of London, also became ill but ultimately recovered. Antitoxin was given to all the cases as soon as the condition was suspected.

The son of the Mill Hill resident was at about the same time admitted to Redhill Hospital, where he died, and was diagnosed after post mortem examination as having died of tubercular meningitis. The symptoms of tubercular meningitis and botulism are closely allied and while the post mortem revealed a definite tubercular infection of the lining membrane of the brain, it is possible that food poisoning was a contributory factor in this case.

The St. Pancras Authority took all possible steps to stop further supplies of the food being distributed and to recall any which had been sold and could be traced, and I obtained the authority of His Worship the Mayor to issue the Ministry of Health official warning in the local press. No further cases have been reported.

#### MALARIA.

3 cases of this disease were notified during the year, the primary infection, however, in each case having been contracted abroad.

TABLE XVI.

Cases of Infectious Disease Notified during the Year 1935, showing Age and Ward Distribution.

Disease.	Total Cases Notified.	Removed to Hospital.	Deaths.	Ages of Cases Notified.																Ward Distribution.							
				Under one year.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 and over.	Mill Hill.	Burnt Oak.	West Hendon.	Central Hendon.	Park.	Golders Green.	Garden Suburb.	Child's Hill.	Edgware.			
Scarlet Fever	...	...	378	284	—	2	4	20	23	33	174	55	28	18	15	6	—	70	79	41	32	20	60	11	39	26	
Diphtheria	...	...	138	137	9	4	3	7	9	12	54	20	6	16	3	4	—	13	52	17	4	9	26	2	12	3	
Pulmonary Tuberculosis	...	...	122	—	75	—	—	—	1	—	2	2	17	54	23	23	—	11	21	22	12	15	16	6	11	8	
Other Forms Tuberculosis	...	...	29	—	9	1	—	—	—	2	2	7	2	11	2	1	1	2	6	5	3	—	3	2	4	4	
Pneumonia	...	...	112	—	65	1	1	2	3	5	14	5	7	18	19	30	7	16	26	24	7	9	12	3	13	2	
Puerperal Fever	...	...	31	31	2	—	—	—	—	—	—	—	1	26	4	—	—	2	21	2	2	—	1	—	1	2	
Puerperal Pyrexia	...	...	15	13	—	—	—	—	—	—	—	—	3	12	—	—	—	—	4	3	1	3	1	1	1	1	
Erysipelas	...	...	40	80	5	—	—	—	—	—	2	1	—	7	10	16	4	4	10	7	6	1	7	—	2	3	
Ophthalmia Neonatorum	...	...	3	2	—	3	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	—	
Typhoid or Enteric Fever	...	...	14	12	1	—	—	—	—	—	2	3	3	2	2	2	—	1	3	1	3	—	3	1	2	—	
Food Poisoning	...	...	4	—	1	—	—	—	—	—	—	—	—	1	2	1	—	—	1	—	2	—	—	1	—	—	
Undulant Fever	...	...	2	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	1	—	—	—	—	
Malaria	...	...	3	2	—	—	—	—	—	—	—	—	—	3	—	—	—	2	—	1	—	—	—	—	—	—	
Cerebro-Spinal Fever	...	...	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
Dysentery	...	...	3	2	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	1	—	2	—	
Polio-Encephalitis	...	...	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	





TABLE XVII.

AGES AT DEATH FROM NOTIFIABLE INFECTIOUS DISEASES.

DISEASE	Under one year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 65	65 and upwards	TOTALS
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	1	1	—	—	4	3	—	—	—	—	—	—	9
Pulmonary Tuberculosis ...	—	—	—	—	—	1	1	6	32	17	17	1	—	75
Other Forms Tuberculosis ...	1	—	—	—	1	—	—	2	1	3	1	—	—	9
Pneumonia ...	8	2	—	—	1	—	—	—	3	6	21	24	—	65
Puerperal Fever ...	—	—	—	—	—	—	—	—	2	—	—	—	—	2
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	5	5
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid or Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Undulant Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	9	3	1	—	2	5	4	8	38	26	41	30	—	167

Table showing the monthly incidence of Scarlet Fever and Diphtheria during the year 1935 :—

TABLE XVIII.

				Scarlet Fever.	Diphtheria.
January	...	...	34	19	
February	...	...	46	17	
March	...	...	60	15	
April	...	...	23	9	
May	...	...	33	5	
June	...	...	49	5	
July	...	...	14	6	
August	...	...	14	8	
September	...	...	15	17	
October	...	...	16	7	
November	...	...	48	15	
December	...	...	26	15	
Total			378	138	

TABLE XIX.

Disease.		Case rate per 1,000 population.	
		Hendon.	England & Wales.
Scarlet Fever	...	2.81	2.96
Diphtheria	...	1.02	1.60

The following are the number of cases of Diphtheria and Scarlet Fever notified during the last five years :—

TABLE XX.

Disease.	1931.	1932.	1933.	1934.	1935.
Scarlet Fever	265	217	442	785	378
Diphtheria	193	143	157	158	138

## NON-NOTIFIABLE INFECTIOUS DISEASES.

Information regarding the prevalence of these diseases is mainly obtained from the weekly returns supplied by the head teachers of elementary schools, the incidence as far as is known is shown in Table XXXII. of the school medical report.

Advantage is taken of the information to visit certain of these cases, particularly where it is known that no doctor is in attendance and during the year your school nurses made 1,194 visits in connection with these diseases.

## DISINFECTION.

Disinfection of the clothing, bedding and premises is done after removal of each case of practically all notifiable diseases, and the following statement shews the work carried out during the year :—

864 infected rooms and places disinfected by spraying with a solution of Formalin, or by vaporising of Formaldehyde Tablets.

44 infected rooms were cleansed by stripping of wall-papers from walls and washing of ceilings; 30 as the result of informal notices and 14 in compliance with notices served under the Infectious Disease Prevention Act, 1890.

The disinfection of bedding, etc., was done at the Disinfection Station by steam in a " Thresh " apparatus; all articles were returned after disinfection in a covered van.

605 Library Books were collected from infected houses, 67 were destroyed and 538 disinfected and returned to houses or libraries from which issued.

## VACCINATION.

The Vaccination Acts are administered by the Middlesex County Council and I am indebted to Mr. A. E. Taylor, the Vaccination Officer, for the table of vaccination which follows :—



**TABLE XXI.**

Number of births registered (1934)	...	...	1445
Successfully vaccinated	...	...	819
Insusceptible of vaccination	...	...	8
Exemptions	...	...	344
Dead, unvaccinated	...	...	44
Postponements by Medical Certificates	...	...	19
Removed to other district, and cases not found	...	...	172
Number of births unaccounted for	...	...	39

Number of children under 14 vaccinated during the year (Primary):—

Born within district	...	...	820
Born out of district	...	...	236

#### OPHTHALMIA NEONATORUM.

Arrangements have been made with the London County Council for the admission of children suffering from this disease to be admitted to St. Margaret's Hospital, where the severity of the symptoms render hospital treatment a necessity.

The following table shows the particulars of the cases which occurred:—

**TABLE XXII.**

Cases of Ophthalmia Neonatorum.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital.				
3	1	2	3	—	—	—

#### BACTERIOLOGICAL EXAMINATIONS.

The Council have made an arrangement with the University College Hospital for the investigation and reporting upon pathological and bacteriological specimens forwarded by the practitioners in the area. This provision is largely used, as the table which follows very clearly shows:—

TABLE XXIII.

	Total Number.	Positive.	Negative.
Throat swabs for Diphtheria			
Bacillus ... ..	982	83	899
Typhoid Fever, Blood			
Examinations ... ..	14	4	10
Typhoid Fever, etc.,			
Agglutination Culture	5	—	5
Tuberculosis, Sputum ...	137	13	124
Hairs ... ..	—	—	—
Fæces for Typhoid, etc. ...	11	5	6
Urine for Bacteriological examination, Typhoid, etc. ... ..	8	—	8
Cerebro Spinal Fluid for Meningococci ...	—	—	—
Other examinations ...	—	—	—
Urine for Tuberculosis ...	1	—	1
Virulence tests ... ..	147	21	126
Swabs for Hæmolytic			
Streptococci ... ..	36	13	23
Swabs for Bacteriological examination ... ..	7	—	—
Urine Chemical examina- tion ... ..	3	—	—
Typing of Diphtheria Bacilli	2	—	—
Blood count ... ..	1	—	—
Milk Chemical examination	1	—	—
Water for Bacteriological and Chemical Examina- tion ... ..	1	—	—

## HENDON ISOLATION HOSPITAL.

## CASES TREATED DURING 1935.

On January 1st, 1935, there were 102 patients in Hospital; during the year 513 cases were admitted, thus the total number of patients treated in the hospital during 1935 was 615. Due chiefly to the decreased incidence of Scarlet Fever, this figure is substantially lower than that for the previous year. The number treated is, however, slightly higher than in 1933.



There were 553 discharges and 12 deaths during the year, leaving, on December 31st, 1935, 50 patients in Hospital.

The above facts, classified according to the disease notified on admission are shewn in the following table:—

TABLE XXIV.

Cases Notified as:—	In Hospital beginning of year.	Admitted during year.	Died during year.	Discharged during year.	Remaining in Hospital at end of year.
Diphtheria or ? Diphtheria	33	154	11	160	19
Diphtheria Carrier ...	1	—	—	1	—
Scarlet Fever or ? Scarlet Fever ... ..	62	296	—	333	25
Erysipelas ... ..	2	13	—	14	1
Typhoid or Paratyphoid Fever ... ..	—	4	—	3	1
Measles ... ..	—	6	—	6	—
German Measles ... ..	—	2	—	2	—
Whooping Cough ... ..	—	12	1	9	2
Mumps ... ..	—	5	—	5	—
Chicken Pox ... ..	—	2	—	2	—
Diphtheria and Whooping Cough ... ..	—	1	—	1	—
Scarlet Fever and Mumps	—	1	—	1	—
Scarlet Fever and Chicken Pox ... ..	—	2	—	1	1
Scarlet Fever and Erysipelas ... ..	—	2	—	2	—
Scarlet Fever and Measles	1	—	—	1	—
Polio Encephalitis ... ..	—	1	—	1	—
Observation ... ..	—	11	—	10	1
Infant, admitted with mother (for nursing purposes) ... ..	—	1	—	1	—
Totals ... ..	102	513	12	553	50

N.B.—The admissions shewn above include the following:—



				Out District Cases	Members of Hospital Nursing Staff
Diphtheria	...	...	...	15	2
Scarlet Fever	...	...	...	19	2
Scarlet Fever and Chicken Pox...				1	—
Erysipelas	...	...	...	2	—
Whooping Cough	...	...	...	3	—
Observation	...	...	...	—	10
Totals			...	40	14

The number of admissions, deaths and discharges during the year, compared with those of the two preceding years, are shewn below :—

**TABLE XXV.**

Cases Notified as :—	Admissions.			Deaths.			Discharges.		
	1933.	1934.	1935.	1933.	1934.	1935.	1933.	1934.	1935.
Diphtheria (including ? Diphtheria)...	149	151	154	3	5	11	135	143	160
Scarlet Fever (including ? Scarlet Fever) ... ..	346	632	296	—	1	—	310	626	333
Erysipelas ... ..	25	24	13	—	—	—	23	25	14
Measles ... ..	7	22	6	—	—	—	7	22	6
Whooping Cough ... ..	10	4	12	3	1	1	7	3	9
Mumps ... ..	1	1	5	1	—	—	—	1	5
Cerebro-Spinal Meningitis ... ..	—	1	—	—	—	—	—	1	—
Other Diseases ... ..	23	21	27	—	1	—	22	22	26
Totals ... ..	561	856	513	7	8	12	504	843	553

The distribution of cases of notifiable disease within the district is shewn in Table XXVI. :—

**TABLE XXVI.**

Notified as :—	Total	Mill Hill	Burnt Oak	West Hendon	Central Hendon	Park	Golders Green	Garden Suburb	Child's Hill	Edgware
Scarlet Fever ... ..	378	70	79	41	32	20	60	11	39	26
Diphtheria ... ..	138	13	52	17	4	9	26	2	12	3
Erysipelas ... ..	40	4	10	7	6	1	7	—	2	3
Typhoid or Paratyphoid Fever	14	1	3	1	3	—	3	1	2	—
Polio-Encephalitis ... ..	1	1	—	—	—	—	—	—	—	—
	<u>571</u>	<u>89</u>	<u>144</u>	<u>66</u>	<u>45</u>	<u>30</u>	<u>96</u>	<u>14</u>	<u>55</u>	<u>32</u>



**TABLE XXVII.**

(Showing percentage of cases removed to Hendon Isolation Hospital).

Disease Notified:	TOTAL.	Cases removed to:—			Home treated cases	Percentage of cases removed to Hendon Isolation Hospital
		Hendon Isolation Hospital	Other Hospitals Council's arrangements	Private arrangements		
Scarlet Fever ... ..	378	274	—	10	94	72.5%
Diphtheria ... ..	138	129	—	8	1	93.5%
Erysipelas ... ..	40	11	—	19	10	27.5%
Typhoid or Paratyphoid Fever...	14	4	—	8	2	28.6%
Polio-Encephalitis ... ..	1	1	—	—	—	100.0%

N.B.—Tables XXVI. and XXVII. do not include:—

- (a) Out-district cases.
- (b) Observation cases in respect of which no definite notification was received.

## FINAL DIAGNOSIS.

The final diagnosis arrived at in connection with the 565 completed cases was as follows :—

Scarlet Fever	...	...	...	...	325
Diphtheria	...	...	...	...	129
Diphtheria (Bacteriological)	...	...	...	...	8
Measles	...	...	...	...	6
Rubella	...	...	...	...	2
Whooping Cough	...	...	...	...	11
Chicken Pox	...	...	...	...	3
Mumps	...	...	...	...	5
Erysipelas	...	...	...	...	14
Paratyphoid Fever	...	...	...	...	1
Tubercular Peritonitis	...	...	...	...	1
Myasthenia	...	...	...	...	1
Tonsillitis	...	...	...	...	17
Pharyngitis	...	...	...	...	4
Laryngitis	...	...	...	...	1
Laryngismus Stridulus	...	...	...	...	2
Vincent's Angina	...	...	...	...	6
Bronchial Catarrh	...	...	...	...	3
Lobar Pneumonia	...	...	...	...	1
Streptococcal Rhinitis	...	...	...	...	1
Post-Scarlatinal Rhinitis	...	...	...	...	1
Adenoids	...	...	...	...	1
Thrush	...	...	...	...	1
Allergia	...	...	...	...	2
Influenza	...	...	...	...	4
Adenitis of neck	...	...	...	...	1
Erythema	...	...	...	...	1
Burnt mouth	...	...	...	...	1
Arthritis of knee	...	...	...	...	1
Contusion of back	...	...	...	...	1
Infant admitted with mother	...	...	...	...	1
No observed disease	...	...	...	...	4
*Mixed Infections :—					
Scarlet Fever and Diphtheria	...	...	...	...	2
Scarlet Fever and Whooping Cough	...	...	...	...	1
Scarlet Fever and Chicken Pox	...	...	...	...	1
Scarlet Fever and Mumps	...	...	...	...	1
					5

---

565

\* Both present on admission.

## DIPHTHERIA.

	1933.	1934.	1935.
Cases discharged or died, notified			
Diphtheria or ? Diphtheria...	139	148	154
Cases found to be suffering from			
Diphtheria on admission			
(including Bacteriological			
Diphtheria) ... ..	135	114	137*
Deaths from Diphtheria ...	3	3	11
Case mortality rate (calculated			
on number of cases of <b>Clinical</b>			
Diphtheria) ... ..	2.2%	2.9%	8.5%

\* 129 Clinical Diphtheria; 8 Bacteriological  
Diphtheria only.

Of the 11 deaths from Diphtheria, one was due to the laryngeal type of disease. The patient was admitted on the 2nd day of disease, tracheotomy being performed upon admission; death from pulmonary complications occurred after 5 days in hospital.

In another case death was due to late cardiac paralysis, following nasal diphtheria, and occurred after 52 days in hospital. In this instance, the patient was admitted on the 6th day of disease.

A third case died, after 8 days in hospital, from acute myocarditis due to diphtheria, the patient having been admitted on the 2nd day of disease.

Eight further deaths occurred from general toxæmia due to diphtheria, two within 2½ hours and 10 hours of admission respectively, and the remainder after periods varying between 2 and 8 days. One of these patients was admitted on the 6th day of disease, one on the 4th, two on the 3rd, and the remaining four on the 2nd day of disease.

In none of the 11 cases was antitoxin administered before admission to hospital.



## DOUBLE INFECTIONS.

One case was notified upon admission as suffering from concurrent Diphtheria and Whooping Cough, but the case was diagnosed as one of Bacteriological Diphtheria only.

Eight cases of Diphtheria developed Scarlet Fever and one developed Whooping Cough whilst in hospital.

## CONDITION ON ADMISSION.

Table XXVIII. shews, with regard to the completed cases of Diphtheria, the number of patients admitted after a positive swab result had been obtained, the number of cases in which antitoxin had been administered before admission, and the day of disease on which the patients were admitted:—

TABLE XXVIII.

Day of Disease	Admitted on swab result		Admitted without swab result		TOTAL
	Had Antitoxin	Not had Antitoxin	Had Antitoxin	Not had Antitoxin	
1st	—	—	—	3	3
2nd	4	6	4	31	45
3rd	1	11	1	21	34
4th	2	6	—	6	14
5th	1	1	—	2	4
6th	—	7	1	—	8
7th	1	4	—	2	7
8th	1	2	—	1	4
10th	—	—	—	3	3
13th	—	—	—	1	1
15th	—	1	—	—	1
Unknown	—	4	—	1	5
	10	42	6	71	129

N.B.—Table XXVIII. does not include the 8 cases of Bacteriological Diphtheria.

## COMPLICATIONS.

Following are the complications encountered among the completed cases of Diphtheria :—

Paresis, cardiac	...	...	...	...	2
Paresis, palatal	...	...	...	...	4
Strabismus	...	...	...	...	2
Otitis	...	...	...	...	4
Adenitis	...	...	...	...	4
Albuminuria	...	...	...	...	2
Myocarditis	...	...	...	...	1
Pharyngeal Paresis	...	...	...	...	1
Mastoiditis	...	...	...	...	1
Ophthalmia	...	...	...	...	1
Vaginal discharge	...	...	...	...	1
*Sores	...	...	...	...	3

\* Present on admission.

AVERAGE STAY IN HOSPITAL of recovered cases of true Diphtheria was 66.1 days, an increase of 9.6 days compared with the corresponding figure of 56.5 days for 1934, and 6.9 days more than the average over the five-year period, 1930-1934 inclusive, of 59.2 days.

## TYPE OF DISEASE.

The type of disease admitted during the year 1935 was, in the main, of a much more serious nature than that of the two preceding years. The gravis type preponderated, and this is accountable for the much higher death rate recorded. In this type of affection it would appear that the administration of antitoxin, if delayed beyond the first or second day, is of little effect in combating this very grave form of illness, even if very large doses are administered.

## RETURN CASES.

No return cases of Diphtheria occurred during the year.



## SCARLET FEVER.

	1933.	1934.	1935
Cases discharged or died, notified Scarlet Fever or ? Scarlet Fever ... ..	310	627	333
Cases found to be suffering from Scarlet Fever on admission	302	599	330
Deaths from Scarlet Fever ...	—	1	—
Case mortality rate (calculated on true cases of Scarlet Fever)	Nil	0.16%	Nil

## DOUBLE INFECTIONS.

Five cases were found, on admission, to be suffering from the following concurrent infections :—

Scarlet Fever and Diphtheria ...	2
Scarlet Fever and Whooping Cough ...	1
Scarlet Fever and Chicken Pox ...	1
Scarlet Fever and Mumps ...	1

Two further cases were notified as concurrent Scarlet Fever and Erysipelas; one was diagnosed as Erysipelas only, and the other as Scarlet Fever and Cellulitis of arm. Another, notified during the latter part of 1934 as a case of Scarlet Fever and Measles, was discharged during 1935, having been found to be suffering from Scarlet Fever only.

During their stay in Hospital four cases of Scarlet Fever developed Whooping Cough, and one developed Chicken Pox.

## COMPLICATIONS.

The following complications were met with among the completed cases of Scarlet Fever :—

Albuminuria ... ..	6
Secondary Adenitis ... ..	19
Otitis ... ..	18
Rhinitis ... ..	23
Rheumatism ... ..	3
Scarlatinal Relapse ... ..	9



Mastoiditis	...	...	...	...	7
*Scabies	...	...	...	...	3
*Burns	...	...	...	...	2
Cellulitis of Arm	...	...	...	...	1
Toxic Jaundice	...	...	...	...	1
Labial Herpes	...	...	...	...	1
Mental Symptoms	...	...	...	...	1
Vaginal Discharge	...	...	...	...	2
Sores	...	...	...	...	2
Boils	...	...	...	...	1
Abscess of thigh	...	...	...	...	1
Various sepsis	...	...	...	...	6
Glossitis	...	...	...	...	1

\* Present on admission.

AVERAGE STAY IN HOSPITAL of true cases of Scarlet Fever was 37.1 days, an increase of 2.7 days compared with the figure of 34.4 days for the previous year, but almost identical with the average of 37.3 days over the five year period 1930—1934 inclusive.

#### TYPE OF DISEASE.

The great majority of Scarlet Fever cases had a mild affection, and in the few cases of a sharper nature the administration of Anti-Scarlet Fever Serum was followed by rapid abatement of fever.

#### RETURN CASES.

Sixteen return cases of Scarlet Fever occurred during the year. Three of these were occasioned by a patient being prematurely withdrawn from hospital, on the responsibility of his parents and against medical advice. Within a fortnight of the patient's removal, both parents and another inmate of the house were admitted to hospital suffering from Scarlet Fever.

#### ERYSIPELAS.

Thirteen cases notified as Erysipelas were admitted during the year; two further cases were in hospital at the commencement of the period. Fourteen of these patients were discharged during the year, leaving one in hospital on December 31st, 1935, the latter having since made a satisfactory recovery.

One of the fourteen completed cases was found to be suffering from adenitis of neck. In the remaining thirteen cases the diagnosis was confirmed, and as one other case (notified as Scarlet Fever and Erysipelas) was found to have Erysipelas only, the total number of completed cases of Erysipelas was 14. The average stay in hospital of these patients was 16.3 days—6 days less than the average for the previous year.

#### WHOOPING COUGH.

Twelve cases notified as Whooping Cough were admitted during the year; one of these was found to be suffering from Bronchial Catarrh. Of the eleven cases in which the diagnosis was confirmed, one died after 4 days in hospital from acute bronchitis complicating the initial disease, eight were discharged during the year, and the remaining two patients, who were still in hospital at December 31st, 1935, have since been discharged.

The average stay in hospital of the eight cases of Whooping Cough discharged during 1935, was 42.4 days.

#### MEASLES.

Six cases were admitted; all recovered and were discharged during the year, the diagnosis being confirmed in each case.

The average stay in hospital was 19.6 days.

#### GERMAN MEASLES.

Two cases of this disease were admitted during the year. Both recovered and were discharged, one after 5 days', and the other after 12 days' treatment.

#### TYPHOID FEVER.

Four cases were admitted, notified as Typhoid or Paratyphoid Fever. Three of these were discharged during 1935; the first, diagnosed as Gastro-Intestinal Influenza returned home after 22 days' detention, the second, found to be a case of Tubercular Peritonitis, was transferred to Redhill Hospital after 6 days' treatment, and the third case, in which the diagnosis was Paratyphoid Fever, was discharged after 50 days in hospital.



The fourth case, which remained in hospital at December 31st, 1935, was also one of Paratyphoid Fever. The patient has since recovered and returned home after 106 days in hospital.

#### MUMPS.

Five cases of mumps were admitted during the year and were discharged after an average stay in hospital of 20 days.

#### CHICKEN POX.

Two cases were admitted during the year and were discharged after 19 days and 24 days in hospital respectively.

#### POLIO-ENCEPHALITIS.

One case notified as Polio-Encephalitis was admitted during the year. After 11 days' observation the patient was transferred to Redhill County Hospital where a diagnosis of Myasthenia was arrived at.

#### CROSS INFECTION :

Eight cases of Diphtheria developed Scarlet Fever.

One case of Diphtheria developed Whooping Cough.

Four cases of Scarlet Fever developed Whooping Cough.

One case of Scarlet Fever developed Chicken Pox.

#### SCHICK TEST.

The Schick test was performed in 21 cases. In three instances the result was " positive " and the subjects of the test were subsequently immunised against diphtheria.

#### AURAL SURGEON.

Following is a list of the combined attendances during 1935 of the late Dr. Dan McKenzie and the deputy aural surgeon, Mr. Miller :—

Examinations (including post-operative examinations)	...	...	...	9
Operations :—				
Mastoidectomy	...	...	7	
Paracentesis of drum	...	...	1	
Incision of glands of neck...			3	
			—	11



## GENERAL SURGEON.

During the year Mr. Trevor Jones was consulted with regard to six patients. Twelve attendances at the hospital in connection with these cases were necessitated, one operation (for drainage of septic knee) being performed and eleven examinations carried out. X-ray photographs were taken in the case of two of these patients.

## INFECTIOUS ILLNESS AMONGST STAFF.

One Probationer Nurse developed Diphtheria; later in the year the same nurse contracted Scarlet Fever. Two others, also Probationers, contracted Scarlet Fever during the year.

I cannot conclude this section of the report without reference to the death of Dr. Dan McKenzie who carried out the ear, nose and throat work at your hospital since its beginning.

Dr. McKenzie was a leader of his particular branch of the medical profession for many years, a position he attained by his uncompromising honesty of outlook and gifts of acute observation which added to his wide experience made his clinical opinion on any case of the utmost value.

His loss will be felt by a large body of patients and by those members of the medical profession who had the benefit of his judgement and operative skill in the carrying out of their work.

The Council decided to appoint in his place Mr. Trevor Jones, M.B., B.Sc., F.R.C.S., who had been carrying out for some years any general surgery which was required at the hospital and who had also had excellent experience in ear, nose and throat work. This arrangement is a particularly happy one as Mr. Jones lives in the district and is easily accessible and can be obtained without delay when a surgical opinion is required.

## CONSULTATIONS.

The practice of seeing doubtful cases of infections at the request of Medical Practitioners in the area was continued and during the year 45 such consultations were made in respect of the following :—

Query	Scarlet Fever	...	...	...	23
„	Diphtheria	...	...	...	7
„	Rash	...	...	...	7
„	Erysipelas	...	...	...	2
„	Smallpox	...	...	...	3
„	Typhoid Fever	...	...	...	2
„	Sore Throat	...	...	...	1
					<hr/>
					45
					<hr/>

### HEALTH EDUCATION.

Much of the work of a health department, especially in maternity and child welfare and the school medical services, is educational in nature and designed to instruct the parents upon the healthy upbringing of their children. This is very largely done by talking to the individual parent either at the centres or at routine medical examinations, but in addition various pamphlets on many subject are distributed and posters are exhibited at the centres. A blackboard, on which each week a particular subject is dealt with, is exhibited in the waiting room so that the parents may have an opportunity of reading and discussing it with the staff at the centre.

During the year 2,000 copies of the journal " Better Health " were circulated each month, mainly through the senior departments of the schools, but a certain number are also given out at the maternity and child welfare sessions, and those households which secure a copy are asked to pass it on; in this way the journal reaches many homes. An article dealing with health matters was contributed each month by your Medical Officer of Health and dealt with the following subjects :—

- " School Medical Services Routine Medical Examinations."
- " Visit of the Mayor and Mayoress."
- " Vitamins."
- " Cleanliness."
- " The Swimming Season."
- " First Aid in the Home."
- " Holidays."
- " Protection Against Diphtheria."
- " Winter."
- " The Value of Milk."
- " Dental Exhibit and Lectures in Schools."



# LOCAL GOVERNMENT AND OTHER OFFICERS' SUPERANNUATION ACT, 1922.

During the year 106 medical examinations were made of candidates previous to admission to the Council's Staff.

## COSTS OF THE HEALTH SERVICES.

I am indebted to the Borough Treasurer for the following summary of the costs of health services for the financial year ended 31st March, 1935, and have included costs for the previous year for comparison purposes.

In view of the additions to the scope of the services made during the year, by the increasing use which is being made of them by the public and also the demands made by the rapidly growing population, it is gratifying to note that it has been possible to maintain the cost of these services at their present level :—

TABLE XXIX.

		Total Cost.			Grant in Aid.			Nett Cost to Rates.			Rate in £. pence.
		£	s.	d.	£	s.	d.	£	s.	d.	
Nuisance abatement, sanitation and general cost of Health Department	1934	6075	1	9	—	—	—	6075	1	9	1.0
	1935	6083	16	7	—	—	—	6083	16	7	1.0
Isolation Hospital	1934	18112	18	7	—	—	—	18112	18	7	3.0
	1935	18860	7	7½	—	—	—	18860	7	7½	2.9
Maternity and Child Welfare Services	1934	6557	9	1	2300	0	0	4257	9	1	.7
	1935	6451	9	1	2300	0	0	4151	9	1	.6
School Medical Services	1934	8296	0	8	4148	0	4	4148	0	4	.7
	1935	9212	13	7	4606	6	9	4606	6	10	.7





## SECTION G.

# SCHOOL MEDICAL SERVICES.

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The following table shows the number of children on the rolls and their school distribution at the end of the year :—

## SCHOOLS.

PROVIDED.—						No. of children on rolls, 31/12/35.
Algernon Road	...	...	...	...	...	819
Bell Lane	...	...	...	...	...	389
Burnt Oak	...	...	...	...	...	282
Child's Hill	...	...	...	...	...	826
Colindale	...	...	...	...	...	471
Garden Suburb	...	...	...	...	...	598
The Hyde	...	...	...	...	...	867
Wessex Gardens	...	...	...	...	...	853
Barnfield	...	...	...	...	...	1108
Woodcroft	...	...	...	...	...	1254
Goldbeaters	...	...	...	...	...	1268
Meads	...	...	...	...	...	628
Deansbrook	...	...	...	...	...	692
Edgware	...	...	...	...	...	602
Orange Hill Central	...	...	...	...	...	704
Sunnyfields	...	...	...	...	...	266
Clitterhouse	...	...	...	...	...	436
NON-PROVIDED.—						12063
All Saints' C.E.	...	...	...	...	...	234
St. Agnes' R.C.	...	...	...	...	...	228
St. John's C.E.	...	...	...	...	...	144
St. Mary's C.E.	...	...	...	...	...	502
St. Mary's R.C.	...	...	...	...	...	127
St. Paul's C.E.	...	...	...	...	...	155
St. Vincent's R.C.	...	...	...	...	...	181
The Annunciation R.C.	...	...	...	...	...	336
St. James' R.C.	...	...	...	...	...	319
						2226
Total	...	...	...	...	...	14289

It is noteworthy that despite the increase in the general population the number on the school rolls has only increased by 93 as compared with the previous year.



## CO-ORDINATION.

Particulars of the arrangements for the co-ordination of the work of the School Medical Services with that of other health services are as shown on page 67 of the Annual Report for the year 1933, no alteration has been made during the year 1935.

THE SCHOOL MEDICAL SERVICE IN RELATION TO  
PUBLIC ELEMENTARY SCHOOLS.

## SCHOOL HYGIENE.

The hygienic conditions of the Public Elementary Schools in the area are generally very good as many of the buildings are of recent construction.

The following works of improvement have been carried out during the year :—

ALGERNON ROAD INFANTS' SCHOOL.—An additional exit door provided in cloakroom.

BARNFIELD SENIOR BOYS' SCHOOL.—Alterations to drainage from basins in Handicraft Room.

BELL LANE SENIOR SCHOOL.—The Cookery Centre was entirely modernised. Water pipes in children's lavatories thoroughly overhauled and made good. New taps provided to all wash basins in cloakrooms.

CHILDS HILL COUNCIL SCHOOL.—New taps provided to all wash basins for children's use in Infants' Department. Flushing arrangements in lavatories of Senior Department thoroughly overhauled.

MEADS INFANTS' SCHOOL.—Roof provided over boys' urinals and covered way made from school to lavatories.

CRESSINGHAM ROAD PLAYING FIELD.—Shower baths and electric lighting were installed in the Pavilion.

VARIOUS SCHOOLS.—Pin rails provided for displaying children's work. Stepped galleries removed from several classrooms and floors made good. New sun blinds provided in eleven classrooms. Additional shelves provided in Craft Rooms. Bicycle sheds and racks installed in Senior Schools.

GOLDBEATERS SENIOR SCHOOL.—Additional storeroom accommodation provided.

DEANSBROOK INFANTS' SCHOOL.—Window sills provided in eight classrooms for display of flowers, etc.

RE-DECORATIONS.—Eleven schools were re-decorated either internally or externally during the Midsummer Holidays.

PLAYGROUNDS.—A number of school playgrounds were topped and dressed.

PROJECTED IMPROVEMENTS.—Plans are now in course of preparation for the following :—

BELL LANE SCHOOL.—Re-roofing the whole of the existing buildings.

CHILDS HILL COUNCIL SCHOOL.—Alterations, additions and improvements to existing sanitary accommodation.

VARIOUS SCHOOLS.—Removal of stepped galleries from twenty classrooms and floors made good.

#### ADDITIONAL SCHOOL ACCOMMODATION.

##### BRENT MODERN SCHOOL, STURGESS AVENUE.

This school was completed in December, 1935, and will be ready for occupation after the Christmas Holidays. There is accommodation for 400 Senior Mixed Children. In addition to the usual classroom accommodation and assembly hall, the following special rooms have been provided :—Science Laboratory, Arts and Crafts Room, Domestic Science Centre and Manual Instruction Centre for Woodwork and Metalwork.

The school is of the open air type. The classroom walls opening on to covered verandahs are sliding glazed partitions. All windows open and cross ventilation is arranged up to ceiling level. Gardens and shrubberies are laid out around the playgrounds and in the central court and the whole effect is very pleasing.

##### ALGERNON ROAD COUNCIL SCHOOL.

Consequent upon the opening of Brent Modern School, the Algernon Road Council School will be re-organised into Junior Mixed and Infants' Departments after the Christmas Holidays.



#### EDGWARE COUNCIL SCHOOL.

The Education Committee have approved in principle plans for the re-organisation of this school. The scheme provides for the demolition of the existing old building and the erection of an entirely new building for 450 Junior and Infant children. With regard to the existing Senior School it is proposed to enlarge this building by the addition of the following :—four additional Class-rooms; Science Laboratory; Arts and Crafts Room; Medical Inspection and Waiting Rooms; Wood and Metal Stores, etc. The scheme also provides for the provision of a gymnasium with changing rooms.

#### WOODSIDE PARK ESTATE.

The Board of Education have approved the proposal to erect a new School to serve the needs of this Estate and neighbouring areas. Plans and estimates are at present being prepared for the erection of a School to accommodate 400 Junior and Infant children.

#### SCHOOL SITE.

Negotiations are in progress for the acquisition of a site at Edgware for the erection of an Elementary School in due course.

#### MEDICAL INSPECTION.

The inspections carried out in the schools of the Borough consisted of :—

##### 1. ROUTINE INSPECTIONS.—

- (a) Entrants—all children admitted to school for the first time during the year.
- (b) Intermediates—all children of approximately 8 years of age.
- (c) Leavers—children of 12 years and over.

##### 2. NON-ROUTINE INSPECTIONS.—

- (a) Special Inspections—these are carried out at the health centres and are generally of children referred to the School



Medical Officer either by the teacher, the parent or health visitor, for investigation of some suspected defect.

- (b) Children supervised on account of some defect found at a previous examination.

### 3. RE-EXAMINATION OF THE PHYSICALLY AND MENTALLY DEFECTIVE CHILDREN.—

Particulars of all inspections are found in the Board of Education Statistical Tables at the end of this report.

### FINDINGS OF MEDICAL INSPECTION.

A detailed summary of defects found at both routine and special inspections is contained in the Board of Education Statistical Table II. at the end of this report. Of the 4,709 children examined at routine medical inspections there were, excluding uncleanliness and dental disease 725 defects found to require treatment and 853 requiring to be kept under observation, there were also 3,839 special examinations and as a result of these 1,806 defects were found to require treatment and 258 requiring to be kept under observation.

Of the number of children examined at routine inspections 717 were found to require treatment for one or more defective conditions giving a percentage of 15.28 as compared with 17.3 for the country generally during 1934.

### NUTRITION.

As in previous years the possibility of malnutrition amongst the school children has been constantly kept in mind by the staff of the Public Health Department, in addition the school teachers have co-operated in this work and at the latter part of the year arising out of Circular 1443 of the Board of Education, the Committee resolved that the attention of the head teachers should again be drawn to the importance of their reporting all suspected cases of sub-nutrition to the School Medical Officer. Arrangements are thereupon made for these children to be medically examined and where, as a result of this examination undernourishment is confirmed, the children are supplied with additional nourishment in the form of milk and cod liver oil, the reason for these foods

being chosen is that they both contain a high proportion of first class proteid which is the element of diet most likely to be lacking where the family circumstances fall below a certain level, though it must be borne in mind that sub-nutrition is not necessarily allied to poverty.

It is interesting to note the figures which are contained in Table II.B. at the appendix of this report from which it will be seen that out of 4,709 children examined at routine medical inspections only 17 could be regarded as badly nourished.

In addition to these found at routine examinations 160 children were found, as a result of special examinations, to be suffering from varying degrees of sub-nutrition, where the condition appeared to be due to a faulty dietary, advice was given and if considered necessary additional nourishment was prescribed and during the year 285 grants for additional nourishment were made and 170 children received this additional nourishment, free of charge, where the economic circumstances of the family fell within the prescribed scale.

#### UNCLEANLINESS.

From Board of Education Statistical Table VI. it will be seen that 40,217 inspections were made by the school nurses as regards uncleanliness and 894 children were found to fall below a reasonable standard of cleanliness.

Notices were sent in all cases drawing attention to the condition of the child and it was only necessary in one case for a child to be cleansed under official arrangements. No legal proceedings were taken in this connection.

#### MINOR AILMENTS AND DISEASES OF THE SKIN.

Minor ailments are treated daily by the health visitors at all the permanent health centres and in addition doctors' sessions are held weekly and in the case of the Watling Centre, they are held twice each week owing to the large number of children requiring treatment.

It will be seen that of the 4,648 defects which required treatment during the year, 4,265 were treated at the health centres and the remaining 383 were either referred to hospital or to a private practitioner.



The following Table shows the number of attendances made by the children at the minor ailment clinics for treatment during the year :—

**TABLE XXX.**

CLINICS.				1935.
Central Hendon	...	...	...	1755
Child's Hill	...	...	...	3388
West Hendon	...	...	...	4247
Watling Estate	...	...	...	17142
TOTAL				26532

**VISUAL DEFECTS.**

The eyesight of each child is examined at routine medical inspections and those suffering from any degree of defect of vision are referred to the ophthalmic surgeon for examination. If as a result of his examination, glasses are considered necessary, these can be obtained through the Council's scheme, as there is an optician in attendance at each session who makes and fits glasses according to the prescription of the ophthalmic surgeon, which are then submitted to the latter for his approval.

The children are re-examined at varying intervals by the ophthalmic surgeon, depending on the nature and extent of the defect.

During the year the number of cases referred to the ophthalmic surgeon for refraction was 548, glasses were prescribed in respect of 237 of these children and by the end of the year 228 had obtained them.

**ATTENDANCES AT EYE CLINICS.****CENTRAL HENDON.—**

School Medical Service Cases	...	...	1069
Maternity and Child Welfare Cases...	...	...	125

**WATLING.—**

School Medical Service Cases	...	...	928
Maternity and Child Welfare Cases	...	...	70

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2192

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Total School Medical Service Cases	1997
Total Maternity and Child Welfare	
Cases      ...      ...      ...      ...	195
	<hr/>
	2192
	<hr/>

### ORTHOPTIC TREATMENT OF SQUINT.

The following report was submitted to the Council on the 9th September, 1935 :—

This treatment consists in training the squinting eye to co-ordinate with the good eye.

In many cases although the squint has to all outward appearances been corrected it is found that no real co-ordination between the two eyes is taking place and that while the æsthetic result is excellent, the practical result falls short of it and the child has not achieved normal bi-focal vision, the lack of which is a disability.

A technique has been evolved by which the defective eye can be trained to co-ordinate with the good eye, this training has in addition an advantage that it of itself tends to cure many squints by strengthening the external eye muscles and in certain cases eliminates the necessity for operative interference.

The value of this additional method of treatment is becoming increasingly recognised so much so that the eye hospitals are training women to carry out this work under the supervision of the ophthalmic surgeons.

The Council's Ophthalmic Surgeon, Mr. J. G. Milner, is anxious that facilities for this form of treatment should be made available for the elementary school children in the Borough who are suffering from squint as he feels that he cannot otherwise do the best possible for these children.

There are over 130 cases which require this treatment and approximately 50 new cases of squint are discovered each year amongst school children. While it is possible to send a few selected cases to Ophthalmic Hospitals, and this is in fact being done, it does not give an adequate solution to the problem as the

treatment necessitates the child attending three times a week for approximately three months.

After investigation of this form of treatment and the results achieved, I am of opinion that it would be a valuable adjunct in the treatment of cases of squint occurring amongst the elementary school children and I therefore submit the following recommendations for your consideration :—

#### RECOMMENDATIONS.—

1. That an Orthoptic Clinic be established and equipped.
2. That there be three sessions per week, each of three hours duration.
3. That a trained woman be engaged and paid at the rate of 10/6d. per session and that she be assisted by an unqualified student, the latter to be paid at the rate of 5/- per session.
4. That this scheme be submitted to the Board of Education for approval.
5. That the necessary financial provisions be made.

#### COSTS.—

The initial cost of the equipment would be approximately £170 and the annual cost for a full year would be approximately £121.

The Council approved the recommendations and the authority of the Board of Education for the establishment of this clinic was received on 1st November, 1935, and treatment was commenced in February, 1936.

I believe that Hendon is the first local authority to actually establish such a clinic.

#### TREATMENT OF DEFECTIVE SPEECH.

The treatment of defective speech has now been in operation for a little over a year, two sessions being held each week at the Central Hendon Centre. The following is briefly a statement of the results achieved :—



No. of children treated at the clinic	...	...	58
No. of children discharged as cured	...	...	10
No. of children who ceased to attend	...	...	20
No. of children attending December, 1935	...	...	28

Of the 20 who have ceased to attend 3 left the district, 3 were transferred to secondary schools, greatly improved, and 2 left with almost normal speech at the age of 14 on leaving school. The remaining 12 made attendances which were so irregular as to be valueless.

The 28 children under treatment in December, 1935, can be divided into the following categories :—

Markedly improved	...	...	...	...	10
Improved	...	...	...	...	27
Not improved (a mentally defective child)	...	...	...	...	1

The total number of attendances for treatment was 1,214.

In addition to the two sessions per week which were held at the Central Hendon Health Centre, 22 sessions were devoted to visiting the schools and homes of the children.

A report of the progress made was submitted to the Council in November, 1935, and it was decided that the results were sufficiently encouraging to warrant the establishing of a second speech clinic at the Watling Estate Health Centre, the instructress to attend there also on two sessions per week.

The treatment of speech defects is of its nature tedious and requires the co-operation of the parent, child and the teacher, but the benefits to those children who do respond to treatment are of great value removing, or at least mitigating, a defect which is liable to be a severe hindrance in the industrial world, moreover nearly all stammering children are nervous children, the underlying reason for the defect in most cases being a psychological one, and there again the course of instruction is of marked benefit to the child in the elimination of the underlying neurosis.

#### NOSE AND THROAT DEFECTS.

The number of children suffering from defects of the nose and throat is shown on Table IV., Group 3 at the end of this report,



The operation for the removal of Tonsils and Adenoids is carried out by arrangement with the Cottage Hospital and the Redhill County Hospital, the child being admitted the night before the operation and retained in Hospital at least one night after the operation has been performed, thus giving the operating Surgeon an opportunity of seeing the child and having him properly prepared for his operation and also the opportunity of having the child under his care beyond the period when alarming symptoms, such as excessive bleeding, are likely to occur. Should the Surgeon consider it necessary, the child is retained for more than one night after the operation.

Instructions were given to the Medical Staff to assess the condition of each child most particularly before making any recommendation for operative treatment, and the conditions contained in the following extract from the Report of the Chief Medical Officer of Health of the Board of Education for 1929 are carefully observed in the selection of cases :—

- (a) That the condition is of such character or degree as to require operative treatment.
- (b) That no form of treatment other than removal will be equally beneficial.

School Medical Officers are again urged to satisfy themselves that the condition of the throat and nasopharynx is such that has a detrimental effect on the child's health or is practically certain to produce such an effect in the future. Some of the patients likely to benefit by operation are set out in tabular form by Dr. Priestman, School Medical Officer of Folkestone, in his report for 1929.

- (1) Where there is the obvious syndrome of deafness, mouth breathing and chronic rhinorrhœa.
- (2) When there are fairly frequent recurrences of tonsillitis.
- (3) When there are fairly frequent headaches and the child is frequently hard of hearing.
- (4) When common colds are invariably accompanied by deafness.

- (5) When otorrhœa fails to respond to conservative treatment within four weeks, and after the teeth and mouth have been excluded as a source of sepsis.
- (6) When the tonsils are pitted or baggy and the child has the white, unhealthy appearance of chronic toxæmia, accompanied by lethargy.
- (7) When enuresis is accompanied by snoring or restless sleep.
- (8) Sleep walking and other neuroses with no discoverable psychic origin.
- (9) Cases of chronic blepharitis or conjunctivitis in children who are not the subjects of ametropia.

During the year 188 children were operated upon, under the Council's Scheme, for either diseases of the tonsils or adenoids.

#### EAR DISEASES AND DEFECTIVE HEARING.

During the year 19 children were discovered to be suffering from various degrees of defective hearing, but 16 of these cases were not of as serious a character as to preclude their being educated in a public elementary school. The remaining 3 cases, however, were found to be suffering from such a degree of deafness as necessitated their being educated at a special school for deaf children, and arrangements have been made accordingly. The Council now maintain 11 children at Special Schools for the Deaf or Partially Deaf.

#### OTITIS MEDIA.

In addition to these numbers 106 children were discovered to be suffering from ear discharge, due to middle ear disease and these were treated either at the Health Centres or were referred to the Ear, Nose and Throat Departments of certain Hospitals.

In this connection I would like to express my gratitude to Dr. Deacon for the work which has been carried out at the Redhill County Hospital, where an Out-Patient Department has been established and fully staffed and equipped for this particular type of work. All cases referred have been carefully treated and admitted for in-patient treatment where that seemed desirable,



## DENTAL SERVICES.

An increased amount of work has been carried out by your dental officers during the year. It has been possible to examine over thirteen thousand of the elementary school children and to treat approximately 5,000.

The dental staff, which at the beginning of the year consisted of one part-time and one full-time dentist could not adequately cope with the work, particularly because of the number of children coming under the scheme and because of the fact that the percentage of those accepting treatment was steadily growing. The Council decided, therefore, to appoint an additional full time dentist and he commenced his duties in September, 1935.

It soon became evident, however, that with this additional staff, the work could not be adequately overtaken as there had been an increase in the amount of dentistry carried out under the maternity and child welfare scheme, and in addition, it was decided to undertake the dental examination and treatment of all secondary school children in the Borough.

As about 50 per cent. of the school children are centred on the Watling Estate and the surrounding area, it was necessary to equip a second dental surgery as a temporary measure at the Watling Health Centre, this equipment will ultimately be permanently established at the Mill Hill Health Centre when that is completed.

A gratifying feature is the increased percentage of acceptances of treatment, this is due to various factors and is likely to go on increasing. The first of these factors is the excellent work which is carried out by your dental staff and which is greatly appreciated by the parents.

In addition at each inspection a parent is invited to be present so that the dental officer may have an opportunity of explaining the necessity for treatment and what precisely requires to be done.

During the year a system of following up refusals of treatment by letter was inaugurated and this also had the effect of many cases being treated who would have otherwise let the treatment go by default.



In this matter of propaganda the Dental Board of the United Kingdom was also most helpful and provided a speaker to visit the schools, address the children and show models of the process of dentition and what happens when teeth decay, how it could be prevented and treated. These lectures stimulated the interest of the children and were most beneficial.

There is a certain number of parents who will only avail themselves of the dental services for their children when the child is actually suffering from toothache, then, of course, it is generally too late to do any real preventive work.

While it cannot be denied that the extraction of a septic tooth is of benefit to the patient, to permit the remaining teeth to become septic is neither scientific nor rational and is contrary to preventive principles. If the attitude of such parents cannot be altered, it is doubtful whether it is not better to exclude them from the dental service altogether so that the children whose parents are willing to have early treatment may thus receive full benefit.

There are certain defects which it is not possible to treat with the present staff these are malocclusion of the teeth and deformities of the dental arch. When these are discovered they are referred to appropriate dental hospitals or the offending teeth extracted, but when the dental staff is complete I hope that it will be possible to inaugurate an orthodontic scheme to deal more adequately with cases of this nature.

#### ORTHOPÆDIC TREATMENT.

The scheme for the treatment of orthopædic defects is very complete, dealing with school children and with children under five years of age referred from the Maternity and Child Welfare Centres. It is run in conjunction with the Royal National Orthopædic Hospital and arrangements are made for an Orthopædic Surgeon to be in attendance at 2 sessions per month or more often, as required, and a Masseuse attends 7 sessions per week to carry out such remedial exercises, massage, etc., as are prescribed by the Surgeon.

In-patient treatment, where that is necessary, is carried out at the Royal National Orthopædic Hospital's Country Branch at Stanmore. This arrangement has the advantage of the child being under the care of the same Surgeon throughout the whole of his treatment.

The following Table summarises the work of the Orthopædic Clinic during the year :—

- 428 School Medical Service cases attended, and made 4,569 attendances.
- 194 Maternity and Child Welfare cases attended, and made 1,138 attendances.
- Total cases ... 622. Total attendances ... 5,707.
- 222 School Medical Service cases attended for the first time.
- 115 Maternity and Child Welfare cases attended for the first time.
- 1206 Examinations were made by the Orthopædic Surgeon.
- 15 Cases were sent to the Royal National Orthopædic Hospital at Stanmore.
- 622 Cases received treatment or were kept under observation at the clinic.

#### SUMMARY OF DEFECTS AMONGST SCHOOL CHILDREN.

	Under Treat- ment.	Under Observa- tion.	Cured, Discharged, or Left School.	Left District, or Ceased Attending.
CONGENITAL DEFECTS :—				
Club Foot ...	—	3	2	—
Dislocation of the Hip	—	1	—	—
Spastic Paralysis...	1	7	—	—
Hammer Toes ...	—	—	1	—
Other Conditions...	2	7	2	—
BIRTH INJURIES :—				
Nerve Injuries ...	—	1	1	—
Other Conditions...	1	—	—	—
RICKETY DEFORMITIES :—				
Knock Knees ...	—	—	2	—
Other Conditions...	—	1	—	—



	Under Treat- ment.	Under Observa- tion.	Cured, Discharged, or Left School.	Left District, or Ceased Attending.
KNOCK KNEES (non- rickety) ... ..	19	23	7	6
POSTURAL DEFECTS OF THE SPINE ... ..	103	49	46	31
STRUCTURAL CURVATURE OF THE SPINE ... ..	5	—	—	—
FLAT FEET ... ..	12	12	16	7
PES CAVUS ... ..	3	—	—	—
HALLUX VALGUS ... ..	3	3	—	—
INFANTILE PARALYSIS ... ..	5	5	2	1
SEQUELÆ OF ACUTE FEVERS :—				
Septic Arthritis ... ..	—	2	—	—
FRACTURES ... ..	—	—	2	2
INJURIES ... ..	1	—	7	—
RUPTURED TRACHIAL FLEXES ... ..	1	—	—	—
TUBERCULOUS JOINTS ... ..	—	2	—	—
OTHER BONE DISEASES (Non-Tuberculous) :—				
Apophysitis of the Os Calcis ... ..	—	2	1	—
Hyperostosis ... ..	—	1	—	—
Exostosis ... ..	—	1	—	—
OSTEOMYELITIS ... ..	—	2	1	1
OTHER CONDITIONS ... ..	3	5	5	—
NON-ORTHOPÆDIC CONDITIONS ... ..	—	1	3	—



SUMMARY OF DEFECTS AMONGST CHILDREN  
UNDER 5 YEARS OF AGE.

	Under Treat- ment.	Under Observa- tion.	Cured, Discharged, or Left School.	Left District, or Ceased Attending.
CONGENITAL DEFECTS :—				
Club Foot ...	2	—	—	—
Spastic Paralysis...	1	2	—	—
Congenital Pes				
Calcanus Valgus	1	—	—	—
Metatarsus Varus...	—	1	—	—
Bilateral Calc.				
Valgus ...	1	—	—	—
Other Conditions...	4	7	1	—
BIRTH INJURIES :—				
Nerve Injuries ...	1	1	—	—
Torticollis ...	1	1	1	2
Other Conditions...	1	—	—	1
RICKETY DEFORMITIES :—				
Bow Legs ...	2	14	2	1
Knock Knees ...	—	2	—	—
Other Conditions...	—	—	—	—
KNOCK KNEES (non- rickety) ...				
...	26	39	5	16
POSTURAL DEFECTS OF THE SPINE ...				
...	—	—	—	2
STRUCTURAL CURVATURE OF THE SPINE ...				
...	—	—	—	—
FLAT FEET ...	1	23	3	2
INFANTILE PARALYSIS ...	1	1	—	—
? INFANTILE PARALYSIS	—	1	1	—
FRACTURES ...	—	1	—	—
OTHER CONDITIONS ...	4	7	2	4
NON-ORTHOPÆDIC CONDITIONS ...				
...	2	4	—	—

N.B.—The reason that the number of defects treated is greater than the number of cases that attended the Clinic is due to some cases suffering from more than one defect.

I am indebted to the Orthopædic Surgeon, Mr. H. J. Seddon, F.R.C.S., for the following notes on the in-patient cases in the Royal National Orthopædic Hospital, Stanmore :—

CASE NO. 1. Aged 14, was admitted on 7/12/34 with an increasing curvature of the spine (scoliosis). Partial correction of the deformity was obtained by continuous suspension and on 9/5/35 a bone grafting operation was performed. The child was discharged on 27/9/35 and her condition since that date has been excellent.

CASE NO. 2. Aged 4, was admitted on 4/6/35 for operative correction of wry-neck, and was discharged on 18/7/35. His treatment at the Clinic has been continued since that date and there is every prospect of the deformity being completely corrected.

CASE NO. 3. Aged 9, was admitted on 4/4/35 with an abscess in the groin. As she had previously had tuberculosis of the hip it was suspected that there might be some connection between the abscess and the joint condition. However, it was proved that the abscess was non-tuberculous and it healed rapidly after incision. The patient was discharged on 27/5/35.

CASE NO. 4. Aged 10, was admitted on 25/2/35 with a tumour of the bony pelvis. She was transferred to the Middlesex Hospital for X-ray treatment and her condition when re-examined recently appeared to be satisfactory.

CASE NO. 5. Aged 10, was admitted on 22/8/35. She suffered from infantile paralysis as an infant which left her with a paralysed right foot. A stabilising operation was performed and she was discharged on 30/10/35, re-admitted for final treatment on 5/2/36 and discharged on 11/3/36. The result is excellent.

CASE NO. 6. Aged 8, is a similar case. He was admitted on 28/11/35 and discharged on 6/2/36.

CASE NO. 7. Aged 7, was admitted on 14/10/35 with pes cavus, the result of a mild attack of infantile paralysis. The deformity was corrected by operation and the child was discharged on 7/2/36.



CASE No. 8. Aged 13, was admitted on 27/5/35 with a minor deformity of the foot which was corrected by operation. She was discharged on 25/6/35.

CASE No. 9. Aged 12, was a similar case admitted on 1/11/35 and discharged on 28/11/35.

CASE No. 10. Aged 9, was admitted on 19/8/35 for the removal of a foreign body just posterior to the elbow joint. He was discharged on 11/9/35.

CASE No. 11. Aged 9, was admitted on 19/7/35 with a bony tumour of the tibia. This was removed by operation and the child was discharged on 19/8/35.

CASE No. 12. Aged 13, was admitted on 25/6/35 with recurrence of a left knock-knee deformity. Operation was performed and the child was discharged on 6/12/35 wearing a splint to prevent any further recurrence. It will not be necessary for the child to wear this instrument permanently.

CASE No. 13. Aged 4, was admitted on 13/9/35 with a severe knock-knee deformity. Correction was obtained by operation and the child was discharged on 11/3/36 walking well.

CASE No. 14. Aged 6, was admitted on 1/4/35 with complete destruction of the os calcis (heel bone), the result of osteomyelitis. As he was walking badly it was proposed to make a new heel for him. The upper end of the fibula was excised and grafted into the bone below the ankle. The immediate result appeared excellent but unfortunately a deep infection of the wound developed.

This is not uncommon after osteomyelitis, but it was particularly disappointing in this case. We had waited for more than the usual time before embarking on this operation, and there was every reason to suppose that the original infection of the bone had disappeared. The infected graft had to be removed but it is possible that a second attempt to re-construct the heel may be worth considering in three or four years' time. The child was discharged on 11/10/35.

CASE No. 15. Aged 9, was admitted on 22/8/35 with osteomyelitis of the tibia. All infected bone was removed and the child was discharged on 17/4/36. The wound is completely healed.



In November a course of Orthopædics for School Medical Officers was inaugurated by Mr. H. J. Seddon, meetings being held at the Town Hall Centre, Hendon, by permission of His Worship the Mayor and also at the Royal National Orthopædic Hospital, Stanmore.

The course was designed for the information of School Medical Officers in dealing with such orthopædic defects as they are likely to meet in the course of their work and I had the honour to be asked to deliver an opening address on "Orthopædics in Relation to Public Health." The following synopsis of my address appeared in "Public Health," the official Journal of the Society of Medical Officers:—

"In an opening address to a course on 'Public Health in Relation to Orthopædics,' recently held in Hendon, Dr. A. Fairgrieve Adamson, the Medical Officer of Health of the Borough, drew attention to a number of points connected with the subject that are deserving of more general notice. The emphasis he laid upon the importance of extending the scheme not only to school children but to children under five years of age, for example, is noteworthy, since undoubtedly a considerable number of orthopædic defects are found in the latter group, and treatment, if given early, may lead to saving of time and trouble when the child arrives at school age. The question of the prevention of orthopædic defects, naturally was noted, and the importance of those engaged in maternity and child welfare work being always observant of any slight deviation from the normal in the gait and carriage of a child, as indicating possibly an early rickets, was stressed. In this connection the marked decrease in tuberculous lesions of bones and joints was brought out and the hope expressed that other infective conditions, such as infantile paralysis, might ultimately come within the field of practical preventive medicine. Postural defects of children attending the public elementary schools and the need for the careful supervision of their physical training were referred to, and regret expressed at the neglect of the adult cripple and the lack of adequate facilities either for supervision or treatment of these unfortunates. Many of these, as children attending the elementary schools, have been under continuous treatment, but although it would be to their benefit and, incidentally, to the benefit of the community if treatment could be con-



tinued, actually nothing was done. The suggestion offered was that those who have already established orthopædic centres should make the premises available for these adult cripples, the cost of in-patient and other treatment possibly being met from poor law or other sources. By way of stressing the need and the existing neglect, Dr. Adamson pointed out that the tuberculous cripple was actually the only one who was adequately cared for in later life. Another need emphasised was that of making provision for the vocational training of cripples, the example of Shropshire being cited and a hint given that a comprehensive scheme might at no distant date come into force in the County of Middlesex."

Mr. Seddon is to be congratulated on the able manner in which this course was conducted and his careful selection of material which was of such a nature as to be of the greatest interest to all those engaged in the work of the School Medical Services.

#### HEART DISEASE AND RHEUMATISM.

During the year there were found in the course of routine special inspections 15 children suffering from organic heart disease and 81 from functional conditions of the heart. In the great majority of cases of organic disease of the heart, there is a history of previous attacks of rheumatism. These children are dealt with according to the degree of severity of the heart condition. Acute and sub-acute cases in which there is obvious damage to the heart still being done, are sent to a heart home where adequate treatment and supervision can be provided. By this means the ultimate damage to the heart can be minimised.

With regard to the others they are all kept under periodical observation at the centres and the necessary modifications made in the school curriculum to suit the individual case.

#### TUBERCULOSIS.

A Routine Medical Inspection revealed one case of Pulmonary Tuberculosis and one case of Tuberculosis of the Glands. These two cases were referred to the Tuberculosis Officer at the Middlesex County Council Dispensary, it being the usual procedure to refer children who require to be kept under observation or receive treatment.

I should like to take this opportunity to express my indebtedness to Dr. Dobson for his co-operation in any cases which have been referred to him for his opinion.

#### FOLLOWING UP.

The work of the School Medical Services would not be complete without well organised arrangements for ensuring that the defects discovered receive appropriate treatment. For this purpose the parent is invited to be present at all inspections so that an opportunity may be had of explaining any defect discovered and in addition a notice is sent informing the parent of the particular defect discovered and advising how the appropriate treatment can be obtained in each case.

Visits are then made to the home by the School Nurses in all cases where parents fail to secure treatment, to impress them of its necessity, and in certain cases which have been referred for treatment to outside sources to ascertain if that has been obtained. The total number of visits made to the home by the School Nurses during the year was 4,054.

#### INFECTIOUS DISEASES.

The following Tables show the incidence of infectious diseases in public elementary schools.

These are accurate as regards Scarlet Fever and Diphtheria, but as regards Measles, Chickenpox and Whooping Cough they are only approximately correct, as these diseases are not notifiable and the information is derived from particulars which are supplied to the Head Teachers by the parents, but they are sufficiently accurate to give a reasonable indication of the incidence of these diseases in the schools.

It will be seen that the incidence of Scarlet Fever was low, as was also that of Measles, Table XXXIII. giving an excellent illustration of the biennial periodicity of this disease.

The number of cases of Measles and Whooping Cough also increased during the year.



TABLE XXXI.

NOTIFIABLE INFECTIOUS DISEASES.  
1935.

School.	Disease.				
	Scarlet Fever	Diphtheria	Smallpox	Typhoid	Erysipelas
St. Mary's C.E. ..	5	—	—	—	—
St. Mary's R.C. ..	2	—	—	—	—
Central Hendon ...	5	1	—	—	—
St. Paul's C.E. ...	12	—	—	—	1
St. Vincent's R.C. ...	1	1	—	—	—
St. John's C.E. ...	2	—	—	—	—
The Hyde ...	7	6	—	—	—
Algernon Road ..	5	4	—	—	—
All Saints' C.E. ..	—	1	—	1	—
Child's Hill ..	6	2	—	—	—
Clitterhouse ...	5	7	—	—	—
Garden Suburb ...	—	—	—	—	—
St. Agnes' R.C. ...	1	3	—	—	—
Wessex Gardens ...	8	1	—	—	—
Woodcroft ...	16	12	—	1	—
Barnfield ...	6	4	—	—	—
Burnt Oak ...	—	1	—	—	—
Goldbeaters ...	15	17	—	—	—
Meads ...	6	2	—	—	—
Orange Hill ...	1	1	—	1	—
Edgware ...	9	1	—	—	—
Deansbrook ...	2	1	—	—	—
Annunciation ...	6	—	—	—	—
Colindale ..	6	3	—	—	1
St. James' ...	—	—	—	—	—
Sunnyfields ...	5	—	—	—	—
Totals ...	131	68	—	3	2

TABLE XXXII.

NON-NOTIFIABLE INFECTIOUS DISEASES.  
1935.

School.	Disease			
	Measles	Mumps	Whooping Cough	Chicken-pox
St. Mary's C.E. ... ..	—	—	1	—
St. Mary's R.C. ... ..	—	—	—	1
Central Hendon ... ..	2	41	21	—
Algernon Road ... ..	—	—	—	19
The Hyde ... ..	—	1	7	59
St. John's C.E. ... ..	—	7	—	—
Colindale ... ..	—	—	4	7
St. Paul's C.E. ... ..	—	—	—	11
St. Vincent's R.C. ... ..	—	—	—	—
St. Agnes' R.C. ... ..	—	—	—	—
Child's Hill ... ..	30	19	27	40
All Saints' C.E. ... ..	28	—	7	2
Wessex Gardens ... ..	15	12	31	11
Garden Suburb ... ..	44	6	43	3
Meads ... ..	—	59	17	4
Orange Hill ... ..	—	—	—	—
Deansbrook ... ..	—	74	4	84
Burnt Oak ... ..	—	7	12	38
Goldbeaters ... ..	2	87	14	5
Woodcroft ... ..	—	55	26	6
Barnfield ... ..	—	—	—	—
Annunciation ... ..	—	—	—	—
Edgware ... ..	—	—	—	4
Sunnyfields ... ..	—	2	39	1
Totals ... ..	121	370	253	295



TABLE XXXIII.

The following table shows the incidence of infectious diseases in the Hendon Public Elementary Schools during the past five years :—

	Small Pox	Scarlet Fever	Diph- theria	Measles	Chicken Pox	Mumps	Whooping Cough
1930	16	124	82	634	268	191	87
1931	—	124	106	140	444	92	68
1932	3	84	77	927	261	247	245
1933	—	235	82	66	130	243	267
1934	—	425	68	797	265	79	31
1935	—	131	68	121	295	370	253

#### OPEN AIR EDUCATION.

No special open air school has been established in the area, but all the new schools which are being erected are on semi-open air lines, as has already been referred to in the section under School Hygiene.

#### SUMMER CAMPS.

The Juvenile Organisations Committee organise Summer Camps each year. In 1935 it was possible to send 200 necessitous school children for one week's holiday to the seaside as under :—

100 girls	...	...	Dymchurch.
100 boys	...	...	Walmer.

During the period May to October approximately 678 boys and 138 girls from 42 organisations made use of the Mote Mount Camp Site as compared with 392 boys and 65 girls in 1934.

#### PHYSICAL TRAINING.

The physical training in the schools is carried out by the teachers in accordance with the syllabus of the Board of Education.

All the children in the Elementary Schools participate, with the exception of those who are excluded by the School Medical Staff. Any child suffering from a degree of deformity requiring special remedial exercises is referred to the Orthopædic Clinic,

Facilities are also provided for organised games and school sports in the following places :—

The Burroughs and Cressingham Road Playing Fields,  
owned by the Education Authority.

The following schools have playing fields attached :—

The Hyde,  
Deansbrook,  
Colindale,  
Clitterhouse,

and in addition use is made of certain of the Council's open spaces.

### SWIMMING INSTRUCTION.

During the months May to September, 1935, arrangements were made for approximately 1,400 elementary school children (900 boys and 500 girls) to attend for swimming instruction at the West Hendon and Mill Hill Open-Air Pools, and at the Squires Lane Baths, Finchley. Groups of from 20 to 40 children in charge of teachers attended for half-hour periods weekly, and lessons were given by competent Instructors.

### PROVISION OF MEALS.

The Milk Marketing Board's Scheme, for the provision of  $\frac{1}{8}$  pint of milk at a cost of  $\frac{1}{2}$ d. to children attending public elementary schools in the area, which came into operation on 1st October, 1934, has been continued during 1935. All schools participated in the scheme and at 1st October, 1935, 7,550 bottles were being issued daily to the scholars.

### CO-OPERATION OF PARENTS AND TEACHERS.

I have mentioned in various previous reports the extremely valuable help which is received from the Director of Education and his staff. The interest of the parents at the various inspections was well maintained as shown by the numbers attending at the Routine Medical and Dental Inspections, and the increasing percentage of acceptances of treatment.



The National Society for the Prevention of Cruelty to Children has also co-operated in the work of the School Medical Services in connection with difficult cases of children of school age whose non-attendance at school was alleged to be due to neglect in the home. During the financial year 1935/36, officers of this Society, at the direct request of the Authority, paid 42 visits to 12 families in respect of 20 children, the majority of whom were absent from school owing to the above cause. The intervention of the Society's officers had beneficial results in each case and dispensed with the necessity for Police Court Proceedings being taken by the Authority against the parents. The Local Education Authority made a contribution of £5 5s. 0d. to the Society for these services.

Particulars of the above cases for the year in question are as follows :—

No. of children of school age in family.	Ages of such children.	Nature of complaint.	No. of visits made by officers of N.S.P.C.C.
4	11, 9, 7 and 5 years	Parental neglect	3
2	10 and 7 years	do.	4
1	12 years	do.	5
1	9 years	do.	6
1	13 years	do.	4
1	12 years	do.	3
1	12 years	do.	3
1	9 years	do.	2
1	5½ years	Advice sought	3
2	13 and 11 years	Parental neglect	3
3	13, 7 and 6 years	do.	3
2	7 and 6 years	do.	3

## BLIND, DEAF AND EPILEPTIC CHILDREN.

Board of Education Statistical Table III. indicates the number of children of each category who have been maintained at Certified Schools and also those who attend public elementary schools, etc. Figures are compiled from the list of exceptional children on the last day of the year and show that 26 were maintained at Special Certified Schools by the Education Committee.

## CONVALESCENT HOME TREATMENT.

The Council maintain 10 beds at the Russell Cotes School of Recovery, Parkstone, Dorset and children are selected from the public elementary schools whose physical condition makes a period of convalescence desirable. These children are sent away for a period of six weeks and are examined before and after their period of convalescence.

In addition 20 children were sent to other Convalescent Homes where their physical condition necessitated more specialised treatment than is available at the Russell Cotes School of Recovery, and this especially applied to children suffering from acute rheumatic affection of the heart, these being admitted to recognised Heart Homes where appropriate treatment could be obtained.

## MENTALLY DEFECTIVE CHILDREN.

27 feeble minded children are in attendance at the Special School for Educable Mentally Defective Children, Oak Lodge, Finchley. The number of children notified to the Local Mental Deficiency Authority during the year is shown on Table XIII.

These children are conveyed to and from school by a char-a-banc, and the necessary meals are provided at the School.

The children are re-examined annually by the Council's medical staff to ascertain what progress they are making, and prior to their reaching the age of 16 years, at which age they are due to leave the Special School, are examined with a view to ascertaining whether or not they should be notified to the Local Supervising Authority for after care and supervision.



## SECONDARY SCHOOLS.

The School Medical staff undertake on behalf of the Middlesex Education Committee the medical inspection of pupils attending the Henrietta Barnett, Hendon County and Mill Hill County Schools.

The children are examined annually, the parents being notified of the time and date of the examination, invited to be present and notified of any defects which may be found.

In addition the Council agreed to undertake the Ophthalmic treatment of secondary school children and also Dental Inspection and treatment. Particulars of the work carried out will be found in the Statistical Tables for Secondary Schools at the end of this Report.

## EMPLOYMENT OF CHILDREN.

In accordance with the Bye-Laws made by the Council, all children are medically examined to ascertain whether or not the proposed employment will be prejudicial to their health or physical condition or to their educational progress. In compliance with this, the following Table gives particulars of children who have been examined :—

**TABLE XXXIV.**

## EMPLOYMENT OF CHILDREN.

	Boys.	Girls.
Children examined and employment certificates granted ... ..	161	10
Children re-examined and certificates granted ...	3	—
Certificates granted provisionally ... ..	3	1
Certificates refused ... ..	—	1
Examined for employment under Entertainment Rules, 1920 (Certificates Granted) ...	8	33

All employed children are examined once a year to ensure that the conditions of employment have no retrograde effect on the child's health.

## STATISTICAL TABLES.

The Statistical Tables prescribed by the Board of Education in respect of Secondary Schools and Public Elementary Schools are appended.

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN)  
REGULATIONS, 1928.

Statement of the number of children notified during the year ended 31st December, 1935, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 13.

**Analysis of the above Total.**

DIAGNOSIS.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots ... ..	—	—
(b) Imbeciles ... ..	6	3
(c) Others ... ..	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives ... ..	—	1
(b) Others ... ..	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ...	1	1
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases ... ..	—	—
4. Children who in addition to being mentally defective were blind or deaf ... ..	—	1
GRAND TOTAL ... ..	7	6



STATISTICAL TABLES.

## Public Elementary Schools

## MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1935.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING  
PUBLIC ELEMENTARY SCHOOLS.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	1668
Second Age Group	...	...	...	...	...	1700
Third Age Group	...	...	...	...	...	1341
<hr/>						
Total	...	...	...	...	...	4709
Number of other Routine Inspections	...	...	...	...	...	Nil
<hr/>						
Grand Total	...	...	...	...	...	4709

## B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	3839
Number of Re-Inspections	...	...	...	...	3007
<hr/>					
Total	...	...	...	...	6846

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL  
INSPECTION TO REQUIRE TREATMENT (**excluding Uncleanliness and  
Dental Diseases**).

Prescribed Groups :—

Entrants	...	...	...	...	...	183
Second Age Group	...	...	...	...	...	274
Third Age Group	...	...	...	...	...	260
<hr/>						
Total (Prescribed Groups)	...	...	...	...	...	717
Other Routine Inspections	...	...	...	...	...	Nil
<hr/>						
Grand Total	...	...	...	...	...	717

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

Defect or Disease.		Routine Inspections.		Special Inspections	
		No. of Defects.		No. of Defects	
		Requir- ing treatment.	Requiring to be kept under observa- tion but, <i>not</i> re- quiring treatment.	Requir- ing treatment.	Requiring to be kept under observa- tion but <i>not</i> re- quiring treatment.
(1).		(2)	(3)	(4)	(5)
Skin	(1) Ringworm—Scalp ...	—	—	4	—
	(2) Ringworm—Body ...	—	—	21	—
	(3) Scabies ...	4	1	67	—
	(4) Impetigo ...	1	—	111	—
	(5) Other Diseases (Non-Tuberculous) ...	4	6	654	—
	TOTAL (Heads 1 to 5)...	9	7	857	—
Eye	(6) Blepharitis ...	7	4	24	—
	(7) Conjunctivitis ...	8	2	83	—
	(8) Keratitis ...	—	—	—	—
	(9) Corneal Opacities ...	—	—	—	—
	(10) Other Conditions (ex- cluding Defective Vision and Squint) ...	15	16	37	4
	TOTAL (Heads 6 to 10)	30	22	144	4
Ear	(11) Defective Vision (ex- cluding Squint) ...	267	104	188	11
	(12) Squint ...	25	31	31	5
	(13) Defective Hearing ...	7	11	1	—
	(14) Otitis Media ...	8	7	98	4
Nose and Throat	(15) Other Ear Diseases ...	4	5	78	2
	(16) Chronic Tonsillitis only	33	111	30	72
Nose and Throat	(17) Adenoids only ...	9	28	12	5
	(18) Chronic Tonsillitis and Adenoids ...	40	72	175	36
	(19) Other Conditions ...	5	53	—	3
(20) Enlarged Cervical Glands (non-Tuberculous) ...		—	27	—	17



TABLE II.—continued.

Defect or Disease.				Routine Inspections.		Special Inspections.	
				No. of Defects.		No. of Defects.	
(1).				Requir- ing treatment.	Requiring to be kept under observa- tion but <i>not</i> re- quiring treatment.	Requir- ing treatment.	Requiring to be kept under observa- tion but <i>not</i> re- quiring treatment.
				(2)	(3)	(4)	(5)
(21) Defective Speech ... ..				10	14	13	4
Heart and Circula- tion	Heart Disease :—						
	(22) Organic	...	...	1	7	—	7
	(23) Functional	...	...	1	63	1	16
	(24) Anæmia	...	...	2	9	5	2
Lungs	(25) Bronchitis	...	...	2	1	4	1
	(26) Other Non-Tuberculous Diseases	...	...	3	9	2	—
Tuber- culosis	Pulmonary :—						
	(27) Definite	...	...	—	1	—	—
	(28) Suspected	...	...	—	—	—	—
	Non-Pulmonary :—						
	(29) Glands	...	...	—	1	—	—
	(30) Bones and Joints	...	...	—	—	—	—
	(31) Skin	...	...	—	—	—	—
	(32) Other Forms	...	...	—	—	—	—
TOTAL (Heads 29 to 32)				—	1	—	—
Nervous System	(33) Epilepsy	...	...	—	1	—	2
	(34) Chorea	...	...	—	3	—	2
	(35) Other Conditions	...	...	2	8	2	6
Deformi- ties	(36) Rickets	...	...	—	2	—	—
	(37) Spinal Curvature	...	...	28	9	4	5
	(38) Other Forms	...	...	219	139	134	22
(39) Other Defects and Diseases (exclud- ing Uncleanliness and Dental Diseases) ... ..				20	108	27	32
Total ... ..				725	853	1806	258

B.—Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age Groups.	Number of Children Inspected.	Excellent.		Normal.		Slightly sub-normal		Bad.	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1668	120	7.2	1431	85.8	107	6.4	10	.6
Second Age Group ...	1700	133	7.8	1419	83.5	144	8.5	4	.2
Third Age Group ...	1341	156	11.7	1104	82.3	78	5.8	3	.2
Other Routine Inspections ...	Nil	—	—	—	—	—	—	—	—
Total ...	4709	409	8.7	3954	83.9	329	7.0	17	.4

TABLE III.

## BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

## PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	—	—	—	—	6

## DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
8	—	—	—	8



TABLE III.—continued.

## PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	—	—	—	—	3

## MENTALLY DEFECTIVE CHILDREN.

## FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
27	1	—	—	28

## EPILEPTIC CHILDREN.

## CHILDREN SUFFERING FROM SEVERE EPILEPSY.

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

## PHYSICALLY DEFECTIVE CHILDREN.

## A. TUBERCULOUS CHILDREN.

## I.—Children Suffering from Pulmonary Tuberculosis.

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

TABLE III.—continued.

## II.—Children Suffering from Non-Pulmonary Tuberculosis.

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

## B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	3	—	3

## C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	2	1	1	8

## D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	2	1	1	4

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Totally Blind and Mentally Dull ...	2	—	—	—	2
Mentally Defective Cripple ...	1	—	—	—	1



TABLE IV.

## TREATMENT TABLES.

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

DISEASE OR DEFECT.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total (4)
Skin :—			
Ringworm-Scalp—			
(i) X-Ray Treatment ...	—	—	—
(ii) Other ...	4	2	6
Ringworm-Body ...	17	2	19
Scabies ...	71	5	76
Impetigo ...	282	6	288
Other Skin Disease ...	226	14	240
Minor Eye Defects—	280	27	307
(External and other, but excluding cases falling in Group II.).			
Minor Ear Defects ...	300	52	352
Miscellaneous ...	3085	275	3360
(e.g. minor injuries, bruises, sores, chilblains, etc.)			
<b>Total ...</b>	<b>4265</b>	<b>383</b>	<b>4648</b>

TABLE IV.—continued.

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

Defect or Disease.  (1).	No. of Defects dealt with.		
	Under the Authority's Scheme.  (2).	Otherwise.  (3).	Total.  (4).
Errors of Refraction (including Squint) ... ..	548	—	548
Other defect or disease of the eyes (excluding those recorded in Group I.) ...	—	—	—
Total ... ..	548	—	548

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	237
(b) Otherwise	...	...	—

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	228
(b) Otherwise	...	...	—



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

## NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
21	11	156	—	—	—	5	—	21	11	161	—	—	193

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.  
(iv) Other defects of the nose and throat.

## GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme (1)			Otherwise (2)			Total number treated
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-Residen- tial treatment at an orthopædic clinic (iii)	Residential treatment with education (i)	Residential treatment without education (ii)	Non-Residen- tial treatment at an orthopædic clinic (iii)	
Number of children treated.	17	Nil	428	Nil	Nil	Nil	428

TABLE V.

## DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :—				(5) Half-days devoted to :—			
(a) Routine age groups :—				Inspection ... .. 101			
Aged 5 ... .. 1479				Treatment ... .. 891			
" 6 ... .. 1093				Total ... .. 992			
" 7 ... .. 1145				(6) Fillings :—			
" 8 ... .. 1124				Permanent Teeth ... 3881			
" 9 ... .. 1416				Temporary Teeth ... 689			
" 10 ... .. 1406				Total ... .. 4570			
" 11 ... .. 1191				(7) Extractions :—			
" 12 ... .. 1199				Permanent Teeth ... 1952			
" 13 ... .. 1285				Temporary Teeth ... 7691			
" 14 ... .. 355				Total ... .. 9643			
— 11693				(8) Administrations of general			
(b) Specials ... .. 1774				anæsthetics for extrac-			
(c) Total (Routine and				tions ... .. 2892			
Specials) ... .. 13467				(9) Other Operations :			
(2) Number found to require				Permanent Teeth ... } 1473			
treatment ... .. 7538				Temporary Teeth ... }			
(3) Number actually treated 4795				Total ... .. 1473			
(4) Attendances made by							
children for treatment... 8588							

TABLE VI.

## UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses ... ..					19.8
(ii) Total number of examinations of children in the Schools by School Nurses ... ..					40217
(iii) Number of individual children found unclean ...					894
(iv) Number of children cleansed under arrangements made by the Local Education Authority ... ..					1
(v) Number of cases in which legal proceedings were taken :—					
(a) Under the Education Act, 1921 ... ..					Nil
(b) Under School Attendance Bye-Laws ... ..					Nil



TABLE V.

THE STATE EXPERIMENTAL SCHOOL FOR THE DEAF, 1903-1904.

The Deaf		The Blind	
Number	Percentage	Number	Percentage
100	100	100	100
95	95	95	95
90	90	90	90
85	85	85	85
80	80	80	80
75	75	75	75
70	70	70	70
65	65	65	65
60	60	60	60
55	55	55	55
50	50	50	50
45	45	45	45
40	40	40	40
35	35	35	35
30	30	30	30
25	25	25	25
20	20	20	20
15	15	15	15
10	10	10	10
5	5	5	5
0	0	0	0

TABLE VI.

THE STATE EXPERIMENTAL SCHOOL FOR THE DEAF, 1903-1904.

The Deaf		The Blind	
Number	Percentage	Number	Percentage
100	100	100	100
95	95	95	95
90	90	90	90
85	85	85	85
80	80	80	80
75	75	75	75
70	70	70	70
65	65	65	65
60	60	60	60
55	55	55	55
50	50	50	50
45	45	45	45
40	40	40	40
35	35	35	35
30	30	30	30
25	25	25	25
20	20	20	20
15	15	15	15
10	10	10	10
5	5	5	5
0	0	0	0

STATISTICAL TABLES

Secondary Schools

TABLE I.

STATISTICAL TABLES

in respect of

SECONDARY SCHOOLS.



**STATISTICAL TABLES.**

## Secondary Schools

**TABLE I.**

Number of pupils inspected—1st January, 1935, to 31st December, 1935.

A.—ROUTINE MEDICAL INSPECTION.

(i) Cases in which a full examination has been made (see Paragraph 4, Circular 1153, Board of Education) :—

Age	9	10	11	12	13	14	15	16	17	18	19	Total
Boys	—	—	—	—	9	6	45	8	1	—	—	69
Girls	29	17	30	9	34	11	28	2	—	—	—	160
Total	29	17	30	9	43	17	73	10	1	—	—	229

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

Defect or Disease.		Routine Inspections.	
		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.
(1)		(2)	(3)
Skin	Ringworm :		
	Scalp ...	—	—
	Body ...	—	—
	Scabies ...	—	—
	Impetigo ...	—	—
Eye	Other Diseases ...	2	2
	(non-Tuberculous)		
	Blepharitis ...	—	—
	Conjunctivitis ...	—	—
	Keratitis ...	—	—
Ear	Corneal Opacities ...	—	—
	Defective Vision ...	32	1
	(excluding Squint)		
	Squint ...	—	—
	Other Conditions ...	—	—
Nose and Throat	Defective Hearing ...	—	—
	Otitis Media ...	1	—
	Other Ear Diseases...	—	—
	Enlarged Tonsils only	—	13
	Adenoids only ...	—	—
Enlarged Cervical Glands (non-Tuberculous)	Enlarged Tonsils and Adenoids ...	—	—
	Other Conditions ...	—	1
		—	—



TABLE II.—continued.

Defect or Disease.		Routine Inspections.	
		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation but <i>not</i> requiring treatment.
(1)		(2)	(3)
Defective Speech	...	—	—
Heart and Circulation	Heart Disease:		
	Organic	—	2
	Functional	—	3
Lungs	Anæmia	—	2
	Bronchitis	—	—
	Other Non-Tuberculous Diseases	—	—
Tuberculosis	Pulmonary:		
	Definite	—	—
	Suspected	—	—
	Non-Pulmonary:		
	Glands	—	—
	Bones and joints	—	—
Nervous System	Skin	—	—
	Other Forms	—	—
	Epilepsy	—	—
Deformities	Chorea	—	—
	Other Conditions	1	—
	Rickets	—	—
Other Defects and Diseases	Spinal Curvature	5	—
	Other Forms	28	4
		2	1

CLASSIFICATION OF THE NUTRITION OF PUPILS  
INSPECTED DURING THE YEAR, IN AGES.

Ages.		Number of Pupils Inspected.	Excellent.	Normal.	Slightly Sub- normal.	Bad.
9	...	29	2	25	2	—
10	...	17	4	12	1	—
11	...	30	7	23	—	—
12	...	9	2	7	—	—
13	...	43	5	36	2	—
14	...	17	2	15	—	—
15	...	73	5	67	1	—
16	...	10	1	8	1	—
17	...	1	—	1	—	—
		—	—	—	—	—
Total		229	28	194	7	—
		—	—	—	—	—

TABLE IV.

Return of Defects treated during the year ended  
31st December, 1935.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness).

Nil.



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

Defect or Disease.  (1).	No. of Defects dealt with.		
	Under the Authority's Scheme.  (2)	Otherwise.  (3)	Total.  (4)
Errors of Refraction (including Squint) ... ..	19	1	20
Other defect or disease of the eyes (excluding those recorded as minor ailments) ... ..	—	—	—
Total ... ..	19	1	20

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... .. 12

(b) Otherwise ... .. —

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... .. 11

(b) Otherwise ... .. 1

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

Nil,

## DENTAL DEFECTS.

(1) Number of pupils who were:—				(3) Attendances made by pupils for treatment ... 120			
(a) Inspected by the Dentist:—				(4) Fillings:—			
Aged 9	...	...	—	Permanent Teeth	...	78	
" 10	...	...	—	Temporary Teeth	...	1	
" 11	...	...	—	Total	...	79	
" 12	...	...	7				
" 13	...	...	55				
" 14	...	...	56				
" 15	...	...	91				
" 16	...	...	32				
" 17	...	...	10				
" 18	...	...	—				
" 19	...	...	—				
			251				
Specials	...	...	—				
Grand Total	...	...	251				
(b) Found to require treatment ... 138				(5) Extractions:—			
(c) Actually treated ... 51				Permanent Teeth	...	47	
				Temporary Teeth	...	5	
				Total	...	52	
(2) Half-days devoted to:—				(6) Administrations of general anæsthetics for extractions ... 23			
Inspection	...	...	3	(7) Other operations:—			
Treatment	...	...	*—	Permanent Teeth	...	14	
Total	...	...	3	Temporary Teeth	...		
				Total	...	14	

\* Inapplicable: The secondary school cases requiring treatment are included in elementary school clinics in order to obviate the treatment being delayed until there are sufficient cases for a full clinic.







