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

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Borough of Hendon.

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1936

A. FAIRGRIEVE ADAMSON, M.D., D.P.H.,
Medical Officer of Health,
School Medical Officer and
Medical Superintendent of the
Isolation Hospital.

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BOROUGH OF HENDON.

COUNCIL OF THE BOROUGH, 1936/37.

The Mayor:
ALDERMAN A. J. REYNOLDS, J.P.

The Deputy Mayor:
ALDERMAN BROOK FLOWERS.

Aldermen:

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

Councillors:

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

PUBLIC HEALTH AND MEDICAL SERVICES COMMITTEE.

Chairman:
ALDERMAN W. M. MAUGHAN, J.P.

Aldermen:

W. R. CLEMENS, F.C.A.
J. J. COPESTAKE.

Councillors:

F. W. GILPIN.
G. H. HIGNETT.
L. HIRSHFIELD.
P. LIGHTFOOT.
C. PINKNEY.
G. R. RICHARDSON.
T. J. SCOTT.
H. P. SMALL.
(MRS.) M. THOMAS.

Co-opted Members:

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

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. (resigned 3/1/37).

Ethel M. L. Leitch, M.B., Ch.B.

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

S. L. Wright, M.D., M.R.C.P., D.P.H. (commenced 22/12/36).

Jean M. MacLennan, M.B., Ch.B., D.P.H. (commenced 1/10/36).

Obstetric Consultant	†L. Phillips, F.R.C.S.
Orthopædic Surgeon	†H. J. Seddon, F.R.C.S.
General and Consulting Aural Surgeon	†R. Trevor Jones, F.R.C.S.
Ophthalmic Surgeon	†J. G. Milner, F.R.C.S.
Anæsthetist	†G. Moriarty, M.B., Ch.B., M.D.
Orthoptist	†J. Whichello.

Senior Dental Officer:

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

Dental Officers:

K. C. B. Webster, L.D.S., R.C.S.

W. L. Cooper-Jones, L.D.S., R.C.S. (commenced 1/10/36).

†T. Wynne-Jones, L.D.S., R.C.S.

Teacher for Remedial Speech Classes:

†Miss M. E. Badcock.

Senior Sanitary Inspector:

1.2. G. E. Luck.

District Sanitary Inspectors:

1. A. H. Smith.
1.2.4. F. H. Day.
2.3. R. E. Young.
2.3. S. J. Masters.
1. E. D. Newson.

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.
Miss M. RIDOUT (resigned 28/3/36).
Miss L. LEAVER (commenced 4/5/36).
Miss W. SELBY (commenced 13/7/36).
J. J. PINNOCK.
S. HENSER.
C. H. MACHIN.
A. B. REYNOLDS.
E. F. HIGHAM.
R. J. BETTERIDGE.

Matron, Isolation Hospital :

5.9.11. Miss M. MOTHERSHAW.

Health Visitors, School Nurses and Infant Life Protection Visitors :

7.8.9. Mrs. M. E. BASCOM.
5.7.8. Miss F. CASE.
3.6.7.8.9. Miss M. LAKE.
5.7.8.9. Miss D. V. ATKINSON.
5.8.9. Miss A. L. WHARTON.
5.7.8.9. Miss M. TRICKETT.
5.8.9. Miss D. SNOW (resigned 31/8/36).
5.7.8. Miss C. HARROP.
5.7.8. Miss C. A. FINN.
5.7.8. Miss P. M. BANNER (resigned 3/7/36).
5.7.8. Miss P. M. TRICKETT.
5.7.8. Miss M. RYDER.
5.7.8. Miss E. N. GRANT (resigned 30/4/36).
5.7.10. Miss A. HINDMARSH (commenced 15/6/36).
5.7.8. Miss D. M. DRACASS (commenced 13/7/36).
5.7.10. Miss M. B. CLYNE (commenced 6/7/36).

Midwife :

8. Mrs. M. SHERMAN.

Masseuse :

†Miss CHAPMAN.

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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.
10. State Certified Midwife.
11. Fever Training Certificate.

†Part-time Officers.

INDEX.

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Annual Report for the Year 1936

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 7th Annual Report on the health conditions of the Borough for the year 1936.

The year has been one of steady development in the scope of the health services and in the numbers availing themselves of the facilities provided. It has also been one of marked legislative activity in matters affecting the public health, the most important measures passed being the 1936 Public Health Act designed to co-ordinate existing public health legislation, the Midwives Act which places on Local Supervising Authorities the duty of providing adequate domiciliary midwifery services and the Housing Act, 1936, consolidating existing housing legislation and repeating the main items of previous Acts as regards the maintaining of a survey of housing conditions, the abatement of overcrowding and the provision of accommodation for the working classes.

The Department suffered a serve loss by the death of Mr. Chapman, Senior Sanitary Inspector. Mr. Chapman was a man of great activity and during the course of his many years as a servant of this Council undertook responsibilities and work quite outside his normal sphere; but his most characteristic features were his tact and persuasiveness and he was particularly successful in obtaining the maximum amount of sanitary improvement without any resort to legal procedure and without in any way antagonising the particular property owners.

There were staff changes in all sections, a healthy influence up to a point, but one which if carried too far tends to disorganise a Department, especially as the medical services are in the main of a distinctly personal character and the popularity or otherwise of those coming in contact with the public has a marked bearing on their success.

In conclusion I would like to express my indebtedness to the Council for their unfailing interest and support of all measures framed to benefit the public health, and to the members of my staff for their zeal during a year of great activity.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

A. FAIRGRIEVE ADAMSON,

Medical Officer of Health.

SECTION A.

Statistics and Social Conditions of the Area.

1.—GENERAL STATISTICS.

AREA—10,370 acres.

POPULATION.

It will be seen that the population is steadily increasing mainly by migration into the area and at the 30th June, 1936, was estimated as 155,800. This estimate 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. The Registrar General's figure for the same period is 140,650 and for comparison purposes it is on the latter figure that the vital statistics are calculated.

TABLE I.

		Estimated population 30th June.		
		Estimate of Registrar General.		
	Census 1921	For calculation of Birth Rate.	For calculation of Death Rate.	Estimate of Medical Officer of Health.
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
1936	—	140,650		155,800

The estimated population of the district at 30/6/36 was as follows :—

TABLE II.

Ward.	Persons.	
	1935.	1936.
Burnt Oak	20,961	21,100
Central Hendon	16,124	17,493
Child's Hill	16,585	18,236
Garden Suburb	14,481	14,939
Golders Green	15,061	15,178
Mill Hill	21,270	22,518
Park	15,175	16,032
West Hendon	17,876	18,518
Edgware	9,187	11,786
Total	146,720	155,800

Number of inhabited houses 31/12/36	40,986
Total Rateable Value, reduced at 6/2/37	£1,858,245
Estimated Product of 1d. Rate	£7,236

SOCIAL CONDITIONS.

The development of Hendon continues to be mainly of a residential character and during the year 2,162 new houses were taken into occupation.

The unemployment figure continues low and at the end of the year 1,192 men and 350 women were unemployed, compared with 1,705 men and 421 women at the same period last year.

There has been no industrial development of note.

VITAL STATISTICS.

The main vital statistics are shown on page 13 and the comparison of those of England and Wales in Table III. There is no noteworthy feature in the vital statistics except that they are in all particulars lower than that of the country generally.

The infantile mortality rate, probably the best index of the environmental conditions of a population, is low, being 44 per 1,000 live births as compared with 66 for London and 50 in Hendon during the previous year.

Live Births.—	Total.	Male.	Female.	Birth Rate per 1,000 of the estimated resident population.
Legitimate	1744	904	840	
Illegitimate	91	60	31	13.04
	1835	964	871	

	Total.	Male.	Female.	Rate per 1,000 total (live and still) births.
Still Births	65	36	29	34

	Total.	Male.	Female.	Death Rate per 1,000 of the estimated resident population.
Deaths	1166	555	611	9.78

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. 30—Other puerperal causes	2	1.05
No. 29—Puerperal Sepsis	2	1.05
Total	4	2.10

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	44
Legitimate infants per 1,000 legitimate live births.....	42
Illegitimate infants per 1,000 illegitimate live births	77
Deaths from Measles (all ages)	4
Deaths from Whooping Cough (all ages)	5
Deaths from Diarrhœa (under 2 years)	7

TABLE III.

COMPARISON OF VITAL STATISTICS OF HENDON WITH THOSE OF ENGLAND AND WALES, ETC., FOR THE YEAR 1936.

	England and Wales	122 County Boroughs and Great Towns (including London)	London administrative County	Hendon
Rates per 1,000 population.				
Births :—				
Live	14.8	14.9	13.6	13.04
Still	0.61	0.67	0.53	0.46
Deaths :—				
All causes	12.1	12.3	12.5	9.78
Measles	0.07	0.09	0.14	0.02
Whooping Cough	0.05	0.06	0.06	0.03
Diphtheria	0.07	0.08	0.05	0.01
Scarlet Fever	0.01	0.01	0.01	0.00
Influenza	0.14	0.14	0.14	0.15
Rates per 1,000 live births.				
Deaths under 1 year of age	59	63	66	44
Deaths from Diarrhœa and Enteritis under 2 years of age	5.9	8.2	14.4	3.8

TABLE IV.

CAUSES OF DEATH.

Cause of Death.	M.	F.
All Causes	555	611
1. Typhoid Fever, etc.	—	1
2. Measles	3	1
3. Scarlet Fever	1	—
4. Whooping Cough	3	2
5. Diphtheria	1	1
6. Influenza	10	12
7. Encephalitis Lethargica	1	1
8. Cerebro-Spinal Fever	1	—
9. Respiratory Tuberculosis	33	28
10. Other Tuberbulosis	5	4
11. Syphilis	1	—
12. General Paralysis of the Insane, etc.	4	2
13. Cancer	96	106
14. Diabetes	3	12
15. Cerebral Hæmorrhage	12	31
16. Heart Disease	127	131
17. Aneurysm	4	2
18. Other Circulatory Diseases	18	38
19. Bronchitis	15	14
20. Pneumonia	26	34
21. Other Respiratory Diseases	3	9
22. Peptic Ulcer	6	2
23. Diarrhœa, etc. (under 2 years)	3	4
24. Appendicitis	8	6
25. Cirrhosis of Liver	5	1
26. Other Liver Diseases	5	4
27. Other Digestive Diseases	11	4
28. Nephritis	7	11
29. Puerperal Sepsis	—	2
30. Other Puerperal Causes	—	2
31. Congenital Causes, etc.	28	19
32. Senility	15	28
33. Suicide	6	11
34. Other Violence	40	21
35. Other Defined Causes	54	57
36. Ill-defined Causes	—	—
Special Causes (included in No. 35):—		
Small-pox	—	—
Poliomyelitis	—	—
Polioencephalitis	—	—
Deaths of Infants under 1 year:—		
Total	43	38
Legitimate	39	35
Illegitimate	4	3

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1936.

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	32	3	4	3	42	14	9	7	9	81
All Causes { Uncertified										
1. Small-pox										
2. Chicken-pox										
3. Measles							1			1
4. Scarlet Fever										
5. Whooping-Cough						3		1		4
6. Diphtheria										
7. Erysipelas										
8. Tuberculous Meningitis										
9. Abdominal Tuberculosis										
10. Other Tuberculous diseases										
11. Meningitis (not Tuberculous)							1	1		2
12. Convulsions	1				1					1
13. Laryngitis										
14. Bronchitis				1	1		1	2	1	5
15. Pneumonia			1		1	6	4	2	4	17
16. Diarrhœa										
17. Enteritis			1	1	2			1	1	4
18. Gastritis						1	1			2
19. Syphilis										
20. Rickets										
21. Suffocation, overlaying						1				1
22. Injury at birth	5				5					5
23. Atelectasis	5				5					5
24. Congenital Malformation	3	2	2		7	1			1	9
25. Atrophy, Debility and Marasmus, including premature birth	17			1	18	1				19
26. Other causes	1	1			2	1	1		2	6

TABLE VI.

Year.	Birth Rate.	Death Rate.	Infantile Mortality Rate.
1900	27.5	11.9	133
1910	22.1	7.7	80
1920	19.78	8.24	47
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
1936	13.04	8.29	44

SECTION B.

General Provision of Health Services for the Borough.

PROFESSIONAL NURSING IN THE HOME.

Professional nursing in the home is carried out by eight district nursing associations which are separate entities serving different parts of the Borough but are co-ordinated to some extent under the Central Committee for Hendon District Nursing Associations on which the Council are represented by Alderman W. M. Maughan, J.P. (Chairman of the Public Health and Medical Services Committee), Alderman J. J. Copestake and the Medical Officer of Health.

The Council make a grant of £200 per annum to this Committee for distribution amongst the constituent associates for work carried out under the Council's Maternity and Child Welfare Scheme. The following table shows the number of cases and visits made on behalf of the Hendon Borough Council for the year.

TABLE VII.

HENDON BOROUGH (NURSING ASSOCIATIONS) SCHEME, 1935.

Return showing No. of Cases and Visits made on behalf of the Hendon Borough Council for the year ended 31st December, 1936.

Name of Disease	Edgware and Little Stanmore		Watling		West Hendon and Colindale		Golders Green and East Cricklewood		Mill Hill	
	No. of Cases	No. of Visits	No. of Cases	No. of Visits	No. of Cases	No. of Visits	No. of Cases	No. of Visits	No. of Cases	No. of Visits
Pneumonia	1	20	39	450	6	146	10	102	5	97
Measles with Pneumonia	—	—	—	—	5	57	1	3	—	—
Measles (Children under 5 years) ...	1	3	114	471	7	43	2	16	—	—
Whooping Cough (Children under 5 years)	1	22	16	92	—	—	1	1	—	—
Epidemic Diarrhœa	—	—	1	6	—	—	—	—	—	—
Ophthalmia Neonatorum	1	17	1	2	—	—	1	14	—	—
Pemphigus Neonatorum	—	—	—	—	1	3	2	38	—	—
Complications of Pregnancy	8	51	—	—	1	6	2	10	3	15
Tuberculosis (all cases)	1	15	7	131	—	—	3	59	2	20
Puerperal Pyrexia & Puerperal Fever	—	—	—	—	—	—	—	—	—	—
Other complications occurring after childbirth	8	149	—	—	—	—	—	—	2	20
Influenza	9	39	22	77	14	68	1	8	28	265
Chicken Pox	3	7	29	64	—	—	3	3	—	—
Erysipelas	3	35	1	2	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	1	18
Nursing of any other diseases in children under 5 years of age not mentioned above	39	163	245	1387	63	268	34	207	7	91
Poor Law Cases	—	—	29	317	5	106	10	205	8	80

LABORATORY FACILITIES.

These continued as in previous years by arrangements with the University College Hospital but the bacteriological examination of specimens taken by members of the Public Health Department is, as far as possible, undertaken at the Isolation Hospital.

The following are particulars of specimens examined during the year :—

AT UNIVERSITY COLLEGE HOSPITAL :—

Cultures examined for Diphtheria Bacillus	621
Virulence tests	94
Sputum for Tubercle Bacillus	195
Other examinations	100
Total	1010

AT HENDON ISOLATION HOSPITAL :—

Cultures examined for Diphtheria Bacillus :—		
(i) Hospital cases	647	
(ii) Swabs from school clinics	129	
(iii) Swabs sent by local practitioners	10	
		786
Direct smears examined for Diphtheria Bacillus		3
Direct smears examined for Vincent's Organisms :—		
(i) Hospital cases	35	
(ii) Specimen sent by M.O.H.	1	
		36
Specimens of sputum examined for Tubercle Bacillus		3
Vaginal smears examined for Cocci		2
Total		830

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.

BYE-LAWS.

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 ambulances are provided, one is maintained at the Central Hendon Fire Station and the other at the 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 to serve different portions of the area and a fifth is at present in course of construction in the Mill Mill Ward.

The original intention was to build this latter Centre of semi-permanent material as this had been used successfully in the building of the Central Hendon Centre, but it was eventually decided to build in permanent material in view of the fact that the difference in the estimated costs was so small.

In addition to these permanent Centres, the Council provide four subsidiary Centres in Church Halls for the conducting of Child Welfare sessions.

Table IX. shows the Maternity and Child Welfare attendances at these Centres for the year and Table X. a comparison of these attendances since the year 1922.

It will be observed that an increasing number of the public avail themselves of these services.

MATERNITY AND CHILD WELFARE.

The services for the care of expectant and nursing mothers and for children up to five years of age are in effect identical with those tabulated in last year's Annual Report. Children attend the various Child Welfare Centres and the Health Visitors visit the home to advise on diet, up-bringing, hygiene,

etc. This supervision of the young child is so designed that it is carried on when the child enters school, and a complete liaison has been established between the School Medical Services and the Child Welfare Services made more complete by the same staff being employed in both.

Certain specialised forms of treatment have been made available for children under five years of age, namely, orthopædic, visual and dental. The services for the care of the expectant and nursing mother, which are already comprehensive, have been modified only in detail. The existing arrangements with Redhill County Hospital for the admission of women for their confinement on medical grounds or because of unsatisfactory environmental conditions were modified and cases are now referred direct to that Authority, who assess the contribution payable. It was also agreed, for the convenience of the mother, that routine ante-natal supervision of cases to be admitted to Hospital should be continued at the Council's Ante-natal Clinics. During the year the demand for accommodation at Redhill County Hospital became so great that it was only possible to admit cases on medical grounds, this necessitated other accommodation being found for women whose home conditions were unsatisfactory, and arrangements were made for their admission to one or other of the London Hospitals. The following table shows the admissions during the year :—

Redhill County Hospital	58
City of London Maternity Hospital	14
Queen Charlotte's Maternity Hospital.....	1
Queen Mary's Maternity Hospital	1
St. Pancras Hospital	1
	75

A measure which will profoundly affect the midwifery of the country, namely the Midwives Act, 1936, was passed. This Act places on Local Supervising Authorities the responsibility of providing an adequate service of domiciliary midwifery by salaried midwives and makes provision for

compensation for those midwives who are not appointed as full time employees, and who therefore may wish to surrender their Certificates. The Council decided to take advantage of section 62 of the Local Government Act, 1929, and make application to the Ministry of Health to become the Local Supervising Authority under the Midwives Acts. This application has now been approved so that the Borough Council becomes responsible for the supervision of all midwives practising in the area and for the provision of a domiciliary service of salaried midwives in compliance with the 1936 Act. At the same time the Middlesex County Council delegated to the Borough Council its powers and duties under the Nursing Homes Registration Act of 1927. Under this Act the Borough Council is now responsible for the registration and supervision of all Nursing Homes in its area.

A gratifying feature of the year's working was the steady increase of women taking advantage of the facilities which are provided for Ante-natal supervision.

VOLUNTARY WORKERS.

As in previous years a number of ladies have assisted in a voluntary capacity at the Child Welfare sessions and their valuable services have contributed materially towards the smooth running and efficiency of this service and without their aid it would have been quite impossible to cope with the numbers attending at many of the sessions.

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 1934, 1935 and 1936.

TABLE VIII.

Year	Number attended	Referred to Hospital	*Reasons* Medical	Social	Deaths
1934	378	23	6	17	—
1935	449	43	11	32	—
1936	576	75	27	48	—

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 1935 and 1936 :—

	1935.	1936.
Number of Confinements attended	110	118
Number of Ante-natal visits	423	453
Number or ordinary working visits	1655	1794
Number of late visits (*i.e.*, visits paid after the normal period of 10 days)	216	193

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 42,491 to 44,521. 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 MATERNITY AND CHILD WELFARE SESSIONS AT THE HEALTH 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	6948	4670	8275	8083	2648	6663	4129	3105	44521
Average attendances per session	70	45	53	51	52	68	81	58	58
Examinations by Medical Officer	2469	1466	3243	2658	722	2706	1243	1042	15549
New members admitted.....	224	208	337	357	88	268	137	180	1799
Under 1 year of age	162	160	221	215	70	217	101	115	1261
Over 1 year of age	62	48	116	142	18	51	36	65	538
Number of attendances of expectant mothers	313	535	363	481	—	—	—	—	1692

TABLE X.

TABLE OF TOTAL ATTENDANCES SINCE 1922.

Year.	Centre								
	Colindale	Edgware	Watling Estate	Central Hendon	West Hendon	Child's Hill	Temple Fortune	Mill Hill	Total
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
1936	3105	4129	8083	6948	4670	8275	2648	6663	44521

INFANT LIFE PROTECTION.

The scheme for the supervision of foster children continues to work satisfactorily and no modification has been found necessary.

The following Table gives the position at the end of the year :—

TABLE XI.

Number of children on the Register :—

(i) at the end of the year	179
(ii) who died during the year	4
(iii) on whom inquests were held during the year	1

Proceedings were taken during the year and an Order from a Court of Summary Jurisdiction was obtained under Section 67 of the Act of 1932 for the removal of a child to a place of safety.

NUTRITION.

Milk, as heretofore, was provided for expectant and nursing mothers and children under five years of age where the circumstances of the family were necessitous and came within the provisions of the Council's Economic Scale. The amount provided was 8,783 gallons liquid milk and 903 lbs. dried milk.

HOSPITAL PROVISION.

There is no change in the Hospital provision outlined in last year's Report.

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	424	972
To infants under one	1511	5994
To children one to five	455	8564

METHOD OF FEEDING.

Breast	1173
Breast and bottle	133
Bottle	187

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.

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.

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.

In March, 1936, the Middlesex County Council's Sewage Disposal Works for dealing with the whole of West Middlesex came into operation and since then the Hendon Sewage Disposal Works have ceased to operate.

MAIN SEWERAGE.

The main sewers of the Borough have been maintained in good condition throughout the area and a few minor extensions have been made to deal with new development.

Certain schemes are under consideration for the provision of relief sewers in the northern part of the area where development is proceeding.

SCAVENGING OF HIGHWAYS.

The scavenging of the highways in the Borough is still carried out on the "beat" system. The Corporation has equipped a considerable proportion of its area with a new and improved type of orderly truck.

The total length of highways at present being scavenged is approximately 122 miles.

REFUSE DISPOSAL.

The total quantity of refuse dealt with at the Works during the year 1936 was 33,620 tons.

The plant has worked in a satisfactory manner and no complaints have been received. It is probable that, in the near future, an extension of the plant will be required to deal with the ever-growing increase in the quantity of refuse received at the Works.

ARRANGEMENTS FOR THE REMOVAL AND DISPOSAL OF HOUSE REFUSE.

During the year further vehicles have been acquired for dealing with this service. They are all of the type specially designed for dustless loading. The collection is based on once per week, except in those portions of the area where the development has been at a rather high density. In these districts a collection is made twice weekly.

EARTH CLOSETS, PRIVIES AND CESSPOOLS.

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

In addition there are 94 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. G. E. Luck, Chief Sanitary Inspector :—

Inspections made	4630
Re-inspections after order or notice	8397
Complaints received and investigated	1525
Visits paid to infected houses	754
Rooms disinfected	637
Drains smoke or water tested	666
Drains uncovered for examination	10
Nuisances discovered and dealt with	4094

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	43
Main drains repaired	31
Branch drains relaid and constructed	183
Branch drains repaired	81
New gullies	36
Gullies unstopped, provided with grids and cement work around repaired	82
Manholes built	29
Manholes repaired	40
Manhole covers and frames provided	93
Intercepting traps fixed	7
Intercepting trap caps resealed	14
Fresh-air inlets provided and repaired	17
New soilpipes	9
Soilpipes repaired	3
New drain ventilators	7
Ventilating pipes repaired	1
New stackpipes provided	17
Drains unstopped and cleansed	171
Cesspools emptied	160
Premises connected with sewer	3

WATER CLOSETS.—

New provided	38
New basins	115
New flushing cisterns	47
Flushing cisterns repaired	31
Flushpipe joints repaired	7
New seats	51
Water closets unstopped and cleansed	12
Floors paved and repaired	1
Compartments cleansed	37
Compartments repaired	10
Compartments lighted and ventilated	3

SINKS.—

New provided	83
New wastepipes	86
Wastepipes trapped or repaired	19
Wastepipes unstopped	11

BATHS AND LAVATORY BASINS.—

New provided	141
Wastepipes repaired and unstopped	4
New wastepipes provided	121

WATER SUPPLY.—

Service pipes renewed and repaired	10
Taps taken off rising main	39
Drinking water cisterns covered, cleansed or repaired	5
Supplies renewed to houses	5

EXTERNAL WORK ON HOUSES.

ROOFS.—

Repaired and made watertight	146

RAINWATER GUTTERING AND DOWNSPOUTING.—

New gutters and down spouts	16
Repaired	39
Unstopped	14
Disconnected from drains	1

YARDS.—

Paved and drained	21
Repaved and drained	13
Repaired	20
Cleansed	6

DUSTBINS PROVIDED	103

INTERNAL WORK ON HOUSES.

LIVING AND SLEEPING ROOMS.—

Walls and ceilings of rooms stripped and cleansed	1145
Plaster of walls and ceilings repaired	162
Window frames and sashes repaired, eased, etc.	166
Doors and frames renewed, repaired, eased, etc.	9
Sashcords renewed	80
Dampness in house walls remedied	115
Rooms ventilated (windows made to open, etc.)	5
Firegrates, kitcheners, coppers renewed and repaired	158
Staircases renewed or repaired	6

FLOORS.—

Repaired (new plates, joists and boards)	65
Air space under ventilated	7

OTHER MATTERS.—

Back passageways cleansed	10
Ditches cleansed	2
Accumulations of refuse, manure, etc., removed	163
Nuisances from keeping of animals abated	1
Gipsy vans, tents, etc., removed	—
New urinals provided	—
Urinals cleansed and repaired	4
Verminous houses disinfested	127
Miscellaneous	401

NOTICES SERVED.

Informal or cautionary	1157	
Outstanding from 1935	214	
		1371
Complied with	1112	
Outstanding, 1936	259	

STATUTORY NOTICES.

Applied for	175
Served under the Public Health Acts, etc.	37
Outstanding from 1935	5
	42
Complied with	33
Outstanding, 1936	9
Served under the Infectious Disease (Prevention) Act	1
Complied with	1

SUMMONS.

One summons was applied for and issued during the year. The Court made an order requiring execution of work necessary to abate nuisances, and awarded £5 5s. 0d. Costs to the Corporation.

SHOPS ACT, 1934.

342 inspections were made under Section 10 of this Act, relating to sanitary and other arrangements in shops. 53 notices were served where contraventions existed: 64 notices were complied with (including 22 outstanding from 1935), and in 3 cases where restricted accommodation or special circumstances existed, certificates of exemption were granted.

SMOKE ABATEMENT.

No. of observations made on chimney shafts	295
No. of chimney shafts on which observations were made	23
No. of nuisances observed	15
No. of notifications of nuisance given to occupiers (Public Health (Smoke Abatement) Act, 1926)	15

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.

Treatment of Verminous Houses.

The following houses have been successfully treated :—

Privately-owned houses	74
Council houses	53

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 suphur was also employed. The tenants of the affected houses were advised to cleanse the premises with soap and water, and disinfestants were supplied. All bedding from infested premises was sterilized in the Council's disinfector where considered necessary.

In addition to the above, in 5 cases owners of private houses employed Hydrocyanic acid gas for disinfestation purposes.

Removal of Tenants into Council Houses.

Inspections were made at 38 houses from which tenants were removing into Council houses, and, where necessary, bedding was sterilized by steam and furniture and other articles sprayed with an insecticide, to prevent the conveyance of vermin to Council houses.

MUSIC, DANCING, STAGE PLAY AND CINEMATOGRAPH LICENCES.

The 61 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, 1936 :—

Number of Factories (including Factory Laundries)	107
*Number of Factory Bakehouses	21
Total Factories	128
Number of Workshops and Workplaces (including Workshop Laundries)	167
Number of Workshop Bakehouses	7
Total	174

* One Underground Factory Bakehouse.

Number of Inspections (Factories and Workshops)		163
Number of Notices served to remedy defects	26	30
Outstanding, 1935	4	
Number of Notices complied with		26
Matters notified to H.M. Inspector		—
Matters notified by H.M. Inspector (remediable under the Public Health Acts)		9
Lists of Outworkers received		30

Nature of defects remedied at Factories and Workshops.—

Sanitary accommodation	insufficient	—
	unsuitable or defective	10
	not separate for sexes	1
Want of cleanliness		16
Overcrowding		—
Improperly drained floor		—
Want of ventilation		—
Other nuisances		4

SWIMMING BATHS AND POOLS.

In the area there are two public swimming baths owned by the Council.

One of these, at West Hendon, is at present being modernised and a filtration plant installed, so that it is not at present in use. The other is situated in the Mill Hill Ward and was fully described in last year's Annual Report. It was opened in 1935 and embodies the best features of swimming bath construction. To ensure that water is being maintained in a satisfactory condition, daily tests are made for the alkalinity and free chlorine content. If these are found satisfactory it can be assumed that the water is maintaining a good degree of purity, but this is further checked by a periodical bacteriological examination of the water.

Much misapprehension arises in the public mind about the possibility of transmission of infections by the water of swimming baths. This mainly concerns ear infections. It should be borne in mind that many of the cases reported are probably due to the hydrostatic pressure forcing pathogenic germs, already carried by the patient, into the middle ear, but even bearing this possibility in mind, it is remarkable how few cases are reported.

The Ministry of Health in a memorandum on the purification of waters of Swimming Baths sums up the possibilities of infection in the following conclusions :—

1. Although other factors are important, transmission of infection by polluted water can, and does, occur.

2. Pathogenic bacteria can live in dirty bath water for considerable periods.

3. It is desirable that the water of swimming pools should be free from pathogenic germs, and that its bacteriological count should approximate to that of drinking water. This standard of purity can best be main-

tained by the system of continuous purification — a combination, that is, of efficient continuous filtration, with continuous and accurately controlled chlorination.

4. There is no evidence to support the alarmist rumours which appear from time to time, indicating that disease in epidemic form has its origin in swimming baths in this country.

There is one privately maintained swimming bath in the area. This was inspected during the year and appeared to be in a satisfactory condition.

SECTION D.

HOUSING.

INDIVIDUAL UNFIT HOUSES.

During the year demolition orders were made in respect of 2 houses and a closing order on certain rooms in respect of one house.

6 houses were demolished during the year and 1 was rendered fit for human habitation, and the following table shows 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	78
Houses closed for human habitation	2
Houses rendered fit for human habitation	25
Houses in respect of which necessary action is nearing completion	1
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)	968
(*b*) Number of inspections made for the purpose	4502
(2) (*a*) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	199
(*b*) Number of inspections made for the purpose	840
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	3

(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 481

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 302

Note.—Informal notices in respect of 83 houses not complied with in 1935, complied with in 1936 ..... 83 } 385

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 .... Nil

(*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	
Note.—Formal notices in respect of 5 houses not complied with in 1935, complied with in 1936	5	11
(*b*) By Local Authority in default of owners		1
(*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		2
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders		6
(*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		1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit		Nil

4.—Housing Act, 1935—Overcrowding :—

(*a*) (i) Number of dwellings overcrowded at end of the year	417
(ii) Number of families dwelling therein	419
(iii) Number of persons dwelling therein	2724
(*b*) Number of new cases of overcrowding reported during the year	56
(*c*) (i) Number of cases of overcrowding relieved during the year	184
(ii) Number of persons concerned in such cases	1168

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)	Nil

Number of New Houses erected during the year :—

(*a*) Total (including numbers given separately under (b))	1547
(i) By the Local Authority	Nil
(ii) By other Local Authorities	Nil
(iii) By other bodies and persons	947 houses. 600 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	121

HENDON HOUSING SCHEMES.

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

RENT AND MORTGAGE INTEREST RESTRICTIONS ACTS, 1920–1933.

2 certificates under these Acts were applied for during the year : one certificate was issued : in the other case the necessary work was done prior to issue of the certificate,

TABLE XII.

HOUSING (CONSOLIDATED) REGULATIONS, 1925 and 1932.

The following Table gives particulars of the house-to-house inspection work completed during the year :—

Street or Road Inspected	No. of Houses or Flats	No. of Rooms	No. of Tenements	Notices Served		Notices complied with	
				Preliminary	Statutory	Preliminary	Statutory
Victoria Road, Hendon	54	281	74	39	1	30	1
Stratford Road, Hendon	31	195	53	23	—	23	—
Yew Grove, Cricklewood	24	134	24	16	—	12	—
South Road, Burnt Oak	35	154	38	24	—	21	—
North Road, Burnt Oak	14	79	19	8	—	1	—
East Road, Burnt Oak	41	163	41	32	—	—	—
	199	1006	249	142	1	87	1

Note.—In the cases of the outstanding notices, the necessary work is in progress and nearing completion.

OVERCROWDING SURVEY—HOUSING ACT, 1935.

A Housing Survey was made in accordance with the provisions of the Housing Act, 1935; 13,292 dwelling-houses were visited for enumeration purposes; 545 were found overcrowded and 12,747 uncrowded, apportioned as follows:—

Privately owned dwelling-houses:—	
Overcrowded	154
Uncrowded	7705
Hampstead Borough Council's Westcroft Estate:—	
Overcrowded	1
Uncrowded	265
London County Council's Watling Estate:—	
Overcrowded	306
Uncrowded	3711
Hendon Borough Council's Housing Estates:—	
Overcrowded	84
Uncrowded	1066

On an examination of graphs which were prepared for every street surveyed it was seen that there was a large number of uncrowded houses where the accommodation was in excess of the standard requirements, and that by a process of interchange of tenancies overcrowding could be substantially reduced and the housing needs modified accordingly.

Your Housing Committee immediately proceeded to reduce overcrowding on the Council's Estates by this method.

The London County Council were approached with a view to ascertaining what action they proposed taking with regard to overcrowding on their Watling Estate, and a summary in connection with the overcrowding survey of houses on their estate and a suggestion regarding the interchange of tenancies, together with a list of names and addresses where the survey revealed that tenants appeared to have accommodation in excess of their requirements, were forwarded to them,

The London County Council intimated that every endeavour would be made to secure the abatement of the overcrowding by transfer of the families to larger accommodation.

The following Table shows the progress made in the abatement of Overcrowding on these Estates to the 31st December :—

Estates	No of Overcrowded Houses Overcrowding Survey	At 31/12/36	Abatements
Hendon Borough Council	84	12	72
London County Council (Watling Estate)	306	244	62

As a result of the survey, the Council decided to erect 260 houses, 140 of these on the Dole Street Site at Mill Hill, having the following accommodation :—

for 6 persons	.....	20 houses.
for 7 persons	.....	80 houses.
for 8 persons	.....	40 houses.

25 acres of land in the vicinity of Sturgess Avenue, Hendon, were allocated for the erection of the remaining 120 houses.

Overcrowding—Ascertainment of Permitted Number for Rent Books.

In September a further Report was submitted on the requirements of the Housing Act, 1935, regarding Overcrowding, and the duty of the Local Authority upon application of the landlord, or of the occupier, of a dwelling-house to inform the applicant in writing of the number of persons constituting the permitted number in relation to the house.

The Ministry of Health recommended that to perform this function it would be necessary for the Local Authority to measure the rooms in that house, and for that purpose this Council, in October, appointed a temporary staff consisting of four persons to undertake this work.

It was estimated that 13,204 houses would have to be dealt with, but this estimate has already been exceeded by applications from landlords of the more recently built semi-detached villa type of house, whose houses had been, or were likely to be, sub-let.

Many Certificates of the Local Authority as to the number constituting the Permitted Number of Persons in relation to a house have already been issued and a pamphlet for the assistance of landlords and occupiers as to their rights and duties under the overcrowding provisions is enclosed with such a Certificate.

Landlords are responsible for the placing in rent books or similar documents a summary in the prescribed form of the provisions of the Act, as to overcrowding which affects occupiers; also a statement of the permitted number of persons for the house.

The Housing Act, 1936, an Act to consolidate the Housing Acts, 1925 to 1935, and certain other enactments relating to housing will come into force on the 1st January, 1937.

The Local Authority will then have the duty of enforcing the overcrowding provisions of that Act and prosecuting for offences, and, consequently the obligation to offer or assist the overcrowded tenant or occupier to find suitable alternative accommodation.

I would like to record the ready assistance given by occupiers of houses generally throughout the district to the members of the temporary staff engaged in the work of measuring rooms.

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) 90

No. of registered premises 115

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, a large volume 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 and 1936.

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

4 of the samples failed to comply with the standard required by the Orders: appropriate action was taken, and subsequent samples examined were found to be satisfactory. The remaining 78 samples complied with the Orders.

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

In addition, 2 samples of raw milk were taken.

MEAT INSPECTION.

Public Health (Meat) Regulations, 1924.

SLAUGHTER HOUSES.

	January, 1936.	December, 1936.
Registered	5	5
Licensed	4	4
	9	9

There is no Public Slaughter House in the District.

At 6 of the Slaughter Houses no slaughtering has been performed throughout the year.

137 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.
6 Calves			—	—
	411		5 livers	Cirrhosis
			3 livers	Degenerated Cysts
		191	1 spleen	Inflammation
			1 head	Tuberculosis

There are 82 butchers' shops in the District, to which 305 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.

15 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 :—

Fish :—

15 stones skate—unsound.

31 stones cod—unsound.

4 boxes kippers—unsound.

Fruit :—

28 lbs. damsons—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	21
Premises used for the sale and / or manufacture of ice cream	172
Premises used for the preservation of meats and fish	33

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, 1936.

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, 1936:—

Article.	Taken.	Adulterated.
Milk	156	3
Milk, separated	2	—
Almond oil	3	—
Brandy	1	—
Bread	1	—
Butter	3	1
Cream pastry	1	—
Gin	7	1
Lard	1	—
Lemon sole	1	—
Meat	3	—
Meat paste	1	—
Minced beef	2	—
Pepper	1	—
Rum	1	—
Sausages	4	—
Whisky	13	2
	201	7

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).

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

Swine Fever.

Swine Fever (Regulation of Movement of Swine Order, 1922).

7 licences, relating to the movement of 215 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.

Swine Fever Order, 1908.

Notice of an outbreak of Swine Fever was received and was confirmed by the Ministry of Agriculture and Fisheries.

A notice placing the premises under movement restrictions was served upon the occupier of the infected premises.

Three pigs died from the disease and were buried in accordance with the requirements of the Order.

The notice was withdrawn on 28th August.

Infected sties were cleansed and disinfected.

SECTION F.

Prevention of and Control over Infectious and other Diseases.

INFECTIOUS DISEASES.

Table 17 shows the number of infectious diseases notified under the Notification of Infectious Diseases Act, during the year.

The remarkable feature is the continued low incidence of Diphtheria and Scarlet Fever. Only 86 cases of Diphtheria have been notified with 2 deaths, compared with 138 cases notified in the previous year. Scarlet Fever notifications fell from 378 to 282. Of the non-notifiable infectious diseases, Measles was prevalent and as far as can be ascertained from school notifications, 314 cases occurred as compared with 121 in the previous year.

Immunisation against Diphtheria.

Applications continue to be received for children to be immunised against Diphtheria and the following Table shows the numbers immunised :—

TABLE XV.

No. of applications received	148
Successfully immunised	133
No. who failed to complete attendances	8
No. removed from district	5
No. under treatment	2
Total attendances for treatment	498

Health Education.

Every opportunity is taken by the members of the staff of the Public Health Department to give individual instruction in health education as a normal part of their routine work, as I believe that this continuous effort is of the first importance. This is supplemented by the distribution of 2,000 copies each month of the Better Health Journal, to which the following articles were contributed during the year by your Medical Officer of Health and his Assistants :—

"Our Diet."
"Protection against Diphtheria."
"Measles."
"Summer."
"The Swimming Season."
"Games and Exercises,"

"Health in Childhood."
"The Maintenance of Health."
"Don'ts for Fond Mothers."
"The Common Cold."
"Treatment of Wounds."
"Whooping Cough."

In addition to this the Health Visitors at the Centres make a practice of exhibiting posters and articles of topical interest in the waiting rooms of the Centres, and leaflets are distributed.

This year again, we were fortunate in securing for the schools a Lecturer from the Dental Board, who gave interesting and instructive lectures to the senior children on the subject of dental hygiene.

TABLE XVI.

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1936.

Age Periods	NEW CASES				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	—	—	—	—	—
1—5	—	1	1	1	—	—	—	1
5—10	3	—	4	—	—	—	2	—
10—15	—	3	2	1	1	—	1	—
15—20	16	8	1	3	1	3	—	—
20—25	12	21	3	1	3	3	1	1
25—35	20	26	2	3	5	12	—	—
35—45	12	11	1	1	4	6	—	1
45—55	16	3	2	—	6	2	1	—
55—65	3	2	1	—	10	—	—	—
65 and upwards	3	1	—	2	2	1	—	1
Totals	85	76	17	12	32	27	5	4

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths is 7.68,

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

Non-Pulmonary	208
Pulmonary	585

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.

TABLE XVII.

Cases of Infectious Disease (other than Tuberculosis) Notified during the year 1936, showing Age and Ward Distribution.

Disease.	Total Cases Notified.	Removed to Hospital.	Deaths.	Analysis of cases notified under age groups.												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	282	218	1	7	4	12	18	22	108	47	19	32	8	10	2	46	84	42	26	19	27	10	23	5
Diphtheria	86	85	2	—	7	6	13	3	27	7	7	12	2	2	—	20	32	10	4	5	7	1	6	1
Pneumonia	119	—	61	—	2	3	1	2	15	7	3	30	15	31	10	22	17	20	10	17	11	5	12	5
Erysipelas	45	32	—	1	2	2	—	2	1	—	—	9	5	18	5	3	7	7	10	4	4	2	4	4
Puerperal Fever	40	40	2	—	—	—	—	—	—	—	2	29	9	—	—	3	29	3	2	1	—	1	—	1
Puerperal Pyrexia	20	18	—	—	—	—	—	—	—	—	1	16	2	1	—	4	8	2	—	2	1	—	1	2
Typhoid or Enteric Fever ...	9	5	1	—	1	1	—	—	—	1	1	3	2	—	—	1	1	—	2	3	1	1	—	—
Cerebral Spinal Fever ..	2	2	3	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—
Dysentery	10	7	—	1	1	—	1	—	3	1	—	3	—	—	—	—	—	1	—	—	2	1	5	1
Ophthalmia Neonatorum ...	11	6	—	11	—	—	—	—	—	—	—	—	—	—	—	2	3	2	—	—	3	—	1	—
Acute Poliomyelitis	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Food Poisoning	10	—	—	—	—	—	—	—	1	3	1	1	2	2	—	—	7	—	—	—	1	—	—	2

TABLE XVIII.

Disease.	Case rate per 1,000 population. Hendon.	England & Wales.
Scarlet Fever.....	2.00	2.53
Diphtheria	0.61	1.39

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

TABLE XIX.

Disease.	1932.	1933.	1934.	1935.	1936.
Scarlet Fever	217	442	785	378	382
Diphtheria	143	157	158	138	86

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 32 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 1,177 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 shows the work carried out during the year :—

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

10 infected rooms were cleansed by stripping of wall-papers from walls and washing of ceilings ; 9 as the result of informal notices and 1 in compliance with a notice 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.

525 Library Books were collected from infected houses, 58 were destroyed and 467 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 XX.

Number of births registered (1935)	1568
Successfully vaccinated	819
Insusceptible of vaccination	8
Exemptions	398
Dead, unvaccinated	65
Postponements by Medical Certificates	18
Removed to other districts, and cases not found	229
Number of births unaccounted for	31
Number at all ages vaccinated during the year (Primary) :—	
Born within district	768
Born out of district	243

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 XXI.

Cases of Ophthalmia Neonatorum.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.	Removed from District.
Notified.	Treated.						
	At Home.	In Hospital.					
11	5	6	9	—	—	—	2

HENDON ISOLATION HOSPITAL.

CASES TREATED DURING 1936.

On January 1st, 1936, there were 50 patients in hospital; during the year 483 cases were admitted, thus the total number of patients treated in the hospital during 1936 was 533. The total number of admissions was 30 less than in the previous year, a decrease in the number of Scarlet Fever and Diphtheria cases having been to some extent offset by an increase in the number of Measles and Whooping Cough cases.

There were 14 deaths and 465 discharges during the year, leaving on December 31st, 1936, 54 patients in hospital.

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

TABLE XXII.

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	19	94	5	94	14
Diphtheria and Measles	—	1	1	—	—
Diphtheria Carrier	—	1	—	1	—
Post-diphtheritic paralysis	—	1	—	1	—
Scarlet Fever or ? Scarlet Fever	25	220	2	209	34
Scarlet Fever and Chicken Pox	1	—	—	1	—
Scarlet Fever and Whooping Cough	—	2	—	2	—
Erysipelas	1	19	1	17	2
Typhoid group	1	10	1	10	—
Measles	—	90	—	90	—
Measles and Whooping Cough	—	6	—	6	—
Measles and Chicken Pox	—	1	—	1	—
German Measles	—	1	—	1	—
Whooping Cough	2	23	4	19	2
Mumps	—	4	—	4	—
Chicken Pox	—	1	—	1	—
Observation	1	7	—	6	2
Infants admitted with mother (for nursing purposes)	—	2	—	2	—
Totals	50	483	14	465	54

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

	Out District Cases	Members of Hospital Nursing Staff
Diphtheria	2	6
Scarlet Fever	3	1
Scarlet Fever and Whooping Cough	2	—
Measles	—	1
Measles and Whooping Cough	1	—
Typhoid Fever	1	—
Erysipelas	2	—
Mumps	1	—
Whooping Cough	4	—
Observation	—	3
Totals	16	11

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

TABLE XXIII.

	Admissions.			Deaths.			Discharges.		
Cases Notified as :—	1934.	1935.	1936.	1934.	1935.	1936	1934.	1935.	1936.
Diphtheria (including ? Diphtheria)	151	154	95	5	11	6	143	160	94
Scarlet Fever (including ? Scarlet Fever)	632	296	220	1	—	2	626	333	209
Erysipelas	24	13	19	—	—	1	25	14	17
Measles	22	6	90	—	—	—	22	6	90
Whooping Cough	4	12	23	1	1	4	3	9	19
Mumps	1	5	4	—	—	—	1	5	4
Cerebro-Spinal Meningitis	1	—	—	—	—	—	1	—	—
Other Diseases	21	27	32	1	—	1	22	26	32
Totals	856	513	483	8	12	14	843	553	465

The distribution within the district of cases of **notifiable** disease is shown in Table XXIV. :—

TABLE XXIV.

Notified as:—	Total	Mill Hill	Burnt Oak	West Hendon	Central Hendon	Park	Golders Green	Garden Suburb	Child's Hill	Edgware
Scarlet Fever	282	46	84	42	26	19	27	10	23	5
Diphtheria	86	20	32	10	4	5	7	1	6	1
Erysipelas	45	3	7	7	10	4	4	2	4	4
Typhoid Group	19	1	1	1	2	3	3	2	5	1
Totals	432	70	124	60	42	31	41	15	38	11

TABLE XXV.

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

Disease Notified:	TOTAL	Cases removed to :— Hendon Isolation Hospital	Other Hospitals Council's arrangements	Private arrangements	Home treated cases	Percentage of cases removed to Hendon Isolation Hospital
Scarlet Fever	282	206	—	12	64	73.4%
Diphtheria	86	81	—	4	1	94.2%
Erysipelas	45	16	—	16	13	35.5%
Typhoid Group	19	5	—	7	7	26.3%

N.B.—Tables XXIV. and XXV. do not include :—

(*a*) Out-district cases.

(*b*) Cases in respect of which no definite notification was received.

FINAL DIAGNOSIS.

The final diagnosis arrived at in connection with the 479 completed cases was as follows :—

	Recovered.	Died.	Total.
Diphtheria	48	3	51
Diphtheria (Bacteriological)	2	—	2
*Laryngeal Diphtheria and Measles	—	1	1
Post-diphtheritic Palatal Paresis	1	—	1
Scarlet Fever	197	1	198
*Scarlet Fever and Naso-pharyngeal Sarcoma	1	—	1
*Scarlet Fever and Carcinoma	—	1	1
*Scarlet Fever and Anterior Poliomyelitis	1	—	1
*Scarlet Fever and Measles	2	—	2
*Scarlet Fever and Chicken Pox	1	—	1
*Scarlet Fever and Whooping Cough	1	—	1
Measles	90	—	90
*Measles and Whooping Cough	3	—	3
*Measles and Chicken Pox	2	—	2
Rubella	2	—	2
Whooping Cough	18	4	22
Mumps	4	—	4
Chicken Pox	1	—	1
Erysipelas	16	—	16
*Erysipelas and Pulmonary Tuberculosis	—	1	1
Acute Streptococcal Pneumonia	—	1	1
Acute Lymphatic Leukæmia	—	1	1
Typhoid Fever	—	1	1
Paratyphoid Fever	2	—	2
Tubercular Peritonitis	1	—	1
Colitis	1	—	1
Gastro Enteritis	2	—	2
Cystitis	1	—	1

	Recovered.	Died.	Total.
Dysentery	3	—	3
Vincent's Angina	6	—	6
Septic Throat	32	—	32
Pharyngitis	5	—	5
Rhinitis	2	—	2
Influenza	2	—	2
Syphilis	1	—	1
Dermatitis	4	—	4
Bronchitis	2	—	2
Bronchial Catarrh	1	—	1
Dyspepsia	1	—	1
No observed disease	7	—	7
Infants, admitted with mothers for nursing purposes	2	—	2
	465	14	479

* Both present on admission.

DIPHTHERIA.

	1934.	1935.	1936.
Cases discharged or died, notified as Diphtheria or ? Diphtheria	148	154	100
Cases found to be suffering from Diphtheria on admission (including Bacteriological Diphtheria)	114	137	54*
Deaths from Diphtheria	3	11	4
Case mortality rate (calculated on number of cases of **clinical** Diphtheria)	2.9%	8.5%	7.5%

* 52 Clinical Diphtheria ; 2 Bacteriological Diphtheria.

The above figures include in respect of 1936 one case which died from concurrent Laryngeal Diphtheria and Measles. This patient, a boy aged 5 years, was sent in on the 4th day of disease suffering from Measles and Broncho-Pneumonia,

together with a condition of Laryngeal obstruction which was found to be of diphtheritic origin. Tracheotomy was performed on the day following admission, but the patient slowly sank and died the following day.

Of the three other deaths from Diphtheria, the first was a boy of 5 years, who, having remained in a very grave condition from the time of his admission, finally died from toxæmia on the 36th day in hospital.

The other two cases were both Wembley U.D. residents who had been sent to Redhill Hospital Out-patients' Department and were from there sent on to this hospital. One of these was a girl aged 1 year—an extremely toxic case in the 5th day of disease—who died on the 2nd day in hospital: the other was a boy of 1 year 5 months suffering from laryngeal diphtheria and admitted in a moribund condition on the 2nd day of disease. Tracheotomy was performed immediately but the patient died within half an hour of admission.

In none of the above cases had antitoxin been administered prior to admission.

Two further deaths occurred among the cases in respect of which the notified diagnosis of Diphtheria was not confirmed. One was a boy, aged 6 years, who died on the 4th day in hospital, and the other a girl of 5 years who died on the 6th day. A post mortem examination was carried out in both cases and it was established that the boy's death was due to "Acute Streptococcal Pneumonia" and that the little girl died of "Acute Lymphatic Leukæmia."

Double Infections.

Apart from the case of Laryngeal Diphtheria and Measles already referred to, there was one other instance of dual infection among the diphtheria admissions during the year. This was a child, who, on admission, was suffering from Diphtheria and incubating Measles, the latter disease developing shortly afterwards.

CONDITION ON ADMISSION.

Table XXVI. shows, 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 XXVI.

Day of Disease	Admitted on a + swab result		Admitted without swab result	
	Had Antitoxin	Not had Antitoxin	Had Antitoxin	Not had Antitoxin
1st	—	—	—	2
2nd	—	—	1	12
3rd	—	6	1	5
4th	—	2	—	5
5th	1	2	—	2
6th	—	1	—	2
7th	1	—	—	—
10th	—	1	—	1
13th	—	1	—	—
14th	—	—	—	1
Unknown	—	2	—	3
	2	15	2	33

N.B.—Table XXVI. does not include the 2 cases of Bacteriological Diphtheria.

COMPLICATIONS.

The following are the complications encountered among the completed cases of Diphtheria :—

Palatal, Pharyngeal, and Intestinal Paresis	1
Strabismus	1
Otitis	1
Mastoiditis	2
Broncho-Pneumonia	1

Average Stay in Hospital of recovered cases of true Diphtheria was 62.2 days, a decrease of 3.9 days compared with the corresponding figure of 66.1 days for 1935, but 2.7 days more than the average of 59.5 days over the six-year period 1930–1935 inclusive.

Type of Disease.

On the whole the type of disease was severe, allowing for the fact that Diphtheria is always an alarming malady on account of the uncertainty as to the issue in any particular case.

The admission of severe cases in an advanced stage of the illness and from whom antitoxin has been withheld, from one cause or another, is one of the disappointments with which fever hospitals have to contend, for fatal results which might have been averted are too frequently the institution's contribution to vital statistics.

The administration of antitoxin to any patient in whom a clinical diagnosis of diphtheria is a possibility presents no financial obstacle to donor or recipient, nor does it raise any question of the propriety of administration before a confirmatory bacteriological report is received.

Cases from other Hospitals.

An added responsibility is occasioned by the presence in the area of a large General Hospital, namely, Redhill County Hospital, which serves a much larger area than that of the Borough, as any infectious case occurring at that Hospital, or a missed diagnosis before admission, is sent to the Hendon Isolation Hospital.

In addition, a considerable amount of work is entailed in consultations for doubtful cases and last year, owing to sporadic cases of Scarlet Fever occurring, an investigation was carried out at the Redhill County Hospital in an effort to segregate any of the nursing staff who might be carriers of hemolytic streptococci.

During the year 16 cases suffering from, or suspected to be suffering from, infectious diseases, were admitted from that Hospital where the home address of the patient was outside the boundaries of this Authority.

RETURN CASES.

No return cases of Diphtheria occurred.

SCARLET FEVER.	1934.	1935.	1936.
Cases discharged or died, notified Scarlet Fever or ? Scarlet Fever	627	333	222
Cases found to be suffering from Scarlet Fever on admission (including dual infections).....	599	330	205
Deaths from Scarlet Fever	1	—	1
Case mortality rate	0.16%	Nil	0.5%

The case which died was a man, aged 68 years, who, having developed Scarlet Fever, was transferred to this hospital from the Redhill County Hospital where he was being treated for a carbuncle. This patient developed pulmonary congestion and died on the 13th day in hospital.

Another patient (a woman aged 40) who died on the 30th day in this hospital was admitted suffering from Scarlet Fever and Cancer. As the latter condition was the primary cause of death the case has not been taken into account in arriving at the Scarlet Fever death rate.

DOUBLE INFECTIONS.

The following cases were found on admission to be suffering from dual infections :—

Scarlet Fever and Measles	2
Scarlet Fever and Whooping Cough	1
Scarlet Fever and Chicken Pox	1
Scarlet Fever and Anterior Poliomyelitis	1

During their stay in hospital two cases of Scarlet Fever developed Measles and another developed Whooping Cough, the disease, in the case of the latter, having been in the incubation stage when the patient was admitted.

COMPLICATIONS.

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

Albuminuria	2
Nephritis	1
Mastoiditis	10
Otitis	8
Rhinitis	26
Rheumatism	2
Secondary Adenitis	11
Naso-Pharyngeal Sarcoma	1
Endocarditis	1
Pulmonary Congestion	1
Vaginal Discharge	5
Labial Herpes	1
Local Septic Conditions	2
Burns (present on admission)	1
Scarlatinal Relapse	7
Acute conjunctivitis	1
Serum Joint Sickness	1

AVERAGE STAY IN HOSPITAL of recovered cases of Scarlet Fever (including those with dual infections) was 35.8 days. This is a decrease of 1.3 days compared with the corresponding figure of 37.1 days for the previous year, and is 1.5 days less than the average of 37.3 days over the six-year period 1930–1935 inclusive.

TYPE OF DISEASE.

The cases on the whole were mild, but towards the end of the year a number of particularly septic cases were admitted, and the following account of what is the most recent research into cross infectivity in Scarlet Fever cases nursed in common in wards, is of interest, the more particularly as admission of septic cases with apparent discharges—mainly of the nasal variety—may be followed at an interval of time by an outcrop of complications in children who up to that point had been free from complications of any kind,

Recent Investigation on Cross Type Infection in Scarlet Fever.

It may be assumed that the basic idea in the establishment of fever hospitals was protection of the public from spread of infection, with a secondary but not less important consideration, *i.e.*, protection of the patient by the provision of hygienic surroundings and skilled nursing.

The examination of these principles in the light of modern knowledge establishes some conflict with a concept of their merit in so far as Scarlet Fever is concerned.

The association of the streptococcus pyogenes with Scarlet Fever has been known for some time, but only in recent years has this particular organism been shown, by means of serum tests, to be possessed of types responding differently to reactions employed in their identification.

Assuming that a patient on admission to a ward is infected by a certain type of streptococcus pyogenes, it is not to be expected now that during the course of isolation in common with other patients he will preserve that type and that type only.

*Of 100 patients in a London Fever Hospital whose type of organism was established on admission, no less than 57 were found on discharge to be harbouring a different type of organism and the only reasonable conclusion is that they acquired the other type, or even types, of organism, as the result of their association with other patients.

Further, it has been proved that more than 80 per cent. of patients discharged from fever hospitals carry in their naso-pharynx streptococcus pyogenes, although clinically they present no abnormal condition, and it has been found even, during the course of investigation in a London Fever Hospital already referred to,* that 48 patients in whom the type of streptococcus on admission was ascertained by serological tests, were possessed on discharge of a type, or types, varying from that they harboured on admission.

* The figures in this connection are those of Drs. Allison and Brown of the Ministry of Health.

Again, there is not wanting evidence that the complications of Scarlet Fever, nasal discharge and middle ear disease, when occurring in the later stages of isolation—that is, after the end of the second week—are not at the instance of the streptococcus the patients originally harboured, but are occasioned by other types they have acquired as the result of their association with other affected patients in the common ward. Affections of the nose and ear in the earlier stages of Scarlet Fever—that is, in the first fortnight—are in all likelihood, due to the original type of organism.

What deductions is it permissible to draw from these recent findings, first as regards protection of the community from spread of infection and second, as regards the ideal of protection of the patient himself?

Take the former—there can be little doubt that the early diagnosis and consequent facility for immediate removal to hospital of Scarlet Fever cases, where home conditions render adequate isolation an impossibility, affords immediate protection for those members of the household who are not themselves in process of incubating the malady. But what of the risk attendant upon the return of the patient after isolation in wards full of other cases? The figure already quoted (80 per cent.) of streptococcal carriers in discharged patients—and carriers, not only of their original type, but of other types, acquired in hospital wards—looks, on the face of it, a rather alarming one from the point of view of the home's protection and it is somewhat remarkable that the number of "return" cases (*i.e.*, cases developing in the house soon after the patient's return) is so small. This, one is inclined to think, is evidence that invasion by streptococcus pyogenes is not the be all and end all of Scarlet Fever and that its presence is incidental to the activity of an unknown filterable virus. In this connection it is pertinent to ask, if streptococcus pyogenes be the sole virus in the causation of Scarlet Fever, why it should usually confer permanent immunity, whereas no permanency whatever is conferred by it when causing Erysipelas, Tonsillitis and other affections?

Take now the other consideration, *i.e.*, protection of the patient. There can be little doubt, as a result of accumulating experience, that the nursing of Scarlet Fever patients in common, where no barrier system exists, particularly when there is an aggregation of cases complicated by discharges from the nose and ears, is undesirable, however hygienic the ward; in fact, one is compelled to the unorthodox belief that the nursing of uncomplicated Scarlet Fever cases in homes capable of affording ample isolation is, in the patient's interest, a wholesome influence.

As already stated, investigation has provided not unconvincing proof that complications arising after the second week of detention are at the instigation of fresh infection acquired in the common ward. It has been experienced over and over again in the Hendon Isolation Hospital that, notwithstanding the excellent hygienic conditions there, given a few cases of septic discharges in a ward, the outlook as regards the other patients has been one of apprehension, and when cases occur it is the practice to isolate them separately from their fellows when accommodation for such a procedure is available, or when multiple septic cases exist in a ward, to arrange separate accommodation for the uncomplicated cases. Such procedure is only possible when the number of cases is considerably below the maximum of occupiable beds.

It may be asked what procedure could be adopted to combat this transference of complications. Whether the actual initial symptoms which characterise a typical case of scarlet fever be due to the streptococcus pyogenes or not, there can be little doubt that the complications are at the instance of this particular organism.

In a study of ward infections, Drs. Allison and Brown in an investigation carried out in a London Fever Hospital, exposed plates containing nutrient media in wards when patients were asleep, and during the day when ward activities were at their maxima. They found that colonies of streptococci grown on the media exposed during the night were negligible in number and those grown during the day were abundant, showing direct contamination induced by ward activities, such as cleansing and making of beds.

In discussing then the procedures which should be adopted to prevent (a) patients carrying home multiple types of streptococci, and (b) patients acquiring in the common ward types of streptococci other than their own and possibly leading to complications, a remedy immediately suggests itself which will only be available if and when fresh hospital accommodation becomes necessary with increase of population.

The cubicle system can combat the acquiring of types of organism other than the original type. The patient will still go home with streptococci in his throat and he will still have complications, but he will go home with only one type—his own—and his complications, if unfortunately he should have such, will be at the instance of his own organisms and not by reason of those acquired in hospital and will occur in the earlier stages of his illness, and not in the later stages, thus unduly prolonging his stay in hospital.

In the absence of sufficient cubicles for separate accommodation of cases of Scarlet Fever, a suggested practice is that of the invisible barrier system of nursing. This, in effect, is the individual nursing of each case of Scarlet Fever in a common ward, each affected person being treated as if he were completely detached from his fellows, as is the case in cubicle nursing.

The transmission of Scarlet Fever by air despite experimental evidence may be regarded as of low or even doubtful incidence. Infection is carried almost entirely by utensils, books, toys, and by the hands, the clothing and the air passages of nursing staff. Also it is undoubtedly carried by close contact of convalescent cases.

If, therefore, each case were nursed under a system whereby contamination by any vehicle which might be expected to carry the virus of one patient to another patient in the same ward were avoided, the machinery for eradication of much, if not all, of the crossed type infection would be put in motion.

This, of course, would involve a most exacting nursing regime, embracing as it would immediate sterilisation, not only of all utensils, but the hands and forearms of doctors and nurses after each patient has been dealt with. It would mean the wearing of a separate gown for those in attendance on each patient, the employment of dust allaying methods, and it would mean that each patient would be a unit within his own barrier, both within the ward and outside during his exercise. This may seem a spartan mode of treatment but it can be said without equivocation that if patients are to be nursed in common in multi-bedded wards, it is the only method likely to achieve the avoidance of crossed infection by the different strains of streptococci in the common ward. This method is being operated with success in a number of Isolation Hospitals and has even been introduced to the ear, nose and throat wards of general hospitals, and it would be no more spartan—even less so—than is the cubicle system.

Now that different types of this organism are recognisable it would be possible to identify the infecting type of organism at the time of the patient's admission and the rigid confinement of each affected person within the confines of his barrier could be relaxed, at least during his exercise in the open air. In other words, types could be segregated in common.

Another method of avoidance of complications particularly those complications which arise from the patient's own original type of streptococcus—for as already said no form of isolation will obviate this cause of complications—suggests itself by the employment of the new drug, Prontosil album, which has proved so effective in treatment of streptococcal infection following childbirth.

(Note :—As a result of a subsequent report upon this subject to the Public Health and Medical Services Committee, all the necessary equipment has been approved in order to carry out this system.)

Return Cases.

There were 7 return cases of Scarlet Fever during the year as compared with 16 during 1935.

MEASLES.

During 1936 90 cases, notified as Measles, were admitted. All recovered and were discharged during the year, the diseases from which they were actually suffering on admission being :—

Measles	85
Measles and Whooping Cough	1
Measles and Chicken Pox	1
Scarlet Fever and Measles	1
Scarlet Fever and Anterior Poliomyelitis	1
Whooping Cough	1
	90

A further six cases notified as Measles and Whooping Cough were admitted; all recovered and were discharged during the year. In two of these cases the diagnosis was confirmed, the others were found to be suffering from Measles only. Another patient who was sent in as a case of Measles and Chicken Pox was discharged after 27 days, the diagnosis of dual infection having been confirmed.

COMPLICATIONS.

The following complications were encountered during the year among the Measles cases :—

Broncho Pneumonia	4
Bronchitis	4
Albuminuria	1
Otitis	2
Mastoiditis	2
Laryngitis	1
Burns (present on admission)	1
Local Septic Conditions	2

Whilst in hospital one case of Measles developed Whooping Cough and another developed Chicken Pox. Both, when admitted, were incubating the secondary infection. Another Measles patient contracted Chicken Pox in hospital.

AVERAGE STAY IN HOSPITAL of Measles cases was 23.8 days.

ERYSIPELAS.

One case of Erysipelas was in hospital at the beginning of 1936 and 19 cases were notified during the year. There were 17 discharges and 1 death, leaving 2 cases in hospital at the end of the year.

The patient who died was a man aged 33 years, who was found, when admitted, to be suffering from Pulmonary Tuberculosis in addition to Erysipelas. His resistance was very low and he died of pneumonia on the 6th day in hospital.

Of the 17 discharges, one patient had had Furunculosis only ; the remaining 16 cases who had all had Erysipelas were released after an average stay in hospital of 15.9 days.

TYPHOID AND PARATYPHOID FEVER.

11 cases of supposed infection of the Typhoid or Paratyphoid group were dealt with during 1936, one of the patients having been in hospital at the beginning of the year. One death occurred and the remaining 10 patients were discharged during the year.

The patient who died was a woman, aged 27 years, admitted from the Harrow Urban District, suffering from a severe attack of Typhoid Fever. Death occurred on the 10th day in hospital. She probably incurred her infection in Bournemouth during the time of epidemic there.

The 10 patients who were discharged were found to be suffering from the following diseases :—

Paratyphoid Fever (B)	2
Dysentery	3
*Tubercular Peritonitis	1
Gastro-Enteritis	2
Colitis	1
Cystitis	1
	10

* Transferred to Redhill Hospital after 10 days' treatment.

WHOOPING COUGH.

Two cases of Whooping Cough were in hospital at the beginning of 1936 and during the year 23 patients notified as suffering from this disease were admitted.

There were 4 deaths and 19 discharges, leaving 2 patients in hospital on 31st December, 1936. Of the four deaths, three were infants under 1 year of age—the other was a boy aged 9 years. All four were suffering from Whooping Cough with extensive broncho-pneumonia and the disease was in an advanced stage when they were removed to hospital. The first was admitted on the 10th day of disease, the second on the 9th day, the third on the 8th day, while in the fourth case the date of onset was uncertain.

Of the 19 cases discharged, one had been found to be suffering from Influenza, another from Bronchial Catarrh, a third from Bronchitis, while in a further case no disease was diagnosed.

The remaining 15 discharged patients were suffering from Whooping Cough when admitted, two cases being complicated by Broncho-Pneumonia and a third by Marasmus. In addition, three other cases of Whooping Cough were treated during the year; the first of these was sent in as an observation case, the second was a case which had been notified as Scarlet Fever and Whooping Cough and was found to have Whooping Cough only, while the third had been notified as Measles. Thus there were, in all, 18 patients discharged during 1936 who had actually suffered from Whooping Cough.

Average Stay in Hospital of these cases was 48 days.

MUMPS.

Four cases of Mumps were admitted during the year; all made satisfactory recoveries and were discharged after an average stay in hospital of 27.2 days.

RUBELLA.

One case, notified as German Measles, was admitted during 1936. The patient, who was found to have been suffering from a septic rash, was discharged after 13 days in hospital.

CHICKEN POX.

One case of Chicken Pox was admitted and was discharged after 34 days' treatment. While in hospital the patient developed a swelling of a gland in the thigh which required to be incised.

OBSERVATION CASES.

Eight observation cases were treated during 1936, one of these having been in hospital at the commencement of the year. Six patients were discharged, two remaining in hospital at the end of the year.

The diagnosis in respect of the completed cases was :—

Tonsillitis	1
Whooping Cough	1
Bronchitis	1
Peritonsillar Abscess	1
Dyspepsia	1
No Observed Disease	1

CROSS INFECTION.

2 Scarlet Fever cases contracted Measles in Hospital.
1 Measles case contracted Chicken Pox in Hospital.

SCHICK TEST.

The Schick test was performed in 15 cases. In 5 instances the result was "positive" and the subjects of the test were subsequently immunised against Diphtheria.

AURAL AND GENERAL SURGEON.

The following is a summary of Mr. Trevor Jones' attendances during 1936 :—

OPERATIONS :—

Laparotomy	1
Double Mastoidectomy	3
Double Mastoidectomy (re-opening of previous operation)	1

Mastoidectomy (left) and re-opening of previous right Mastoidectomy	1	
Double Mastoidectomy and removal of Adenoids	1	
Mastoidectomy	13	
Mastoidectomy (re-opening of previous operation)	3	
Mastoidectomy (re-opening of previous operation) and removal of Adenoids	1	
Mastoidectomy (right) and Paracentesis (left)	1	
Incision of Neck (under general anæsthesia)	2	
Incision of Hæmatoma (under general anæsthesia)	1	
Incision of Hand (under general anæsthesia)	3	
Tracheotomy	1	
Blood Transfusion	2	
	—	34

EXAMINATIONS :—

Examination of Larynx under general anæsthetic	1	
Other examinations (including post-operative examinations)	84	
	—	85

In addition Mr. Trevor Jones provided the services of a radiologist on two occasions, two X-ray photographs being taken in each case.

ANÆSTHETICS.

Thirty of the above operations and one laryngoscopic examination were carried out under general anæsthesia, while spinal anæsthesia was used for one operation.

ORTHOPÆDIC CONSULTANT.

Mr. Seddon made two examinations of a Scarlet Fever patient affected with serum joint pains.

OCULIST.

Mr. Milner attended the hospital on one occasion in connection with a case of Scarlet Fever which had developed acute conjunctivitis.

POST-MORTEM EXAMINATIONS.

Two post-mortem examinations were carried out during the year.

INFECTIOUS ILLNESS AMONGST HOSPITAL STAFF.

During the year three probationer nurses and two ward-maids developed diphtheria, a probationer nurse and an ambulance driver developed scarlet fever and another probationer nurse developed measles.

CONSULTATIONS.

The practice of seeing doubtful cases of infections at the request of Medical Practitioners in the area was continued and during the year 39 such consultations were made in respect of the following :—

Query	Scarlet Fever	17
,,	Diphtheria	4
,,	Rash	7
,,	Erysipelas	2
,,	Smallpox	4
,,	Typhoid Fever	2
,,	Chickenpox	1
,,	Measles	1
,,	Cerebro Spinal Fever	1
		39

LOCAL GOVERNMENT AND OTHER OFFICERS' SUPERANNUATION ACT, 1922.

During the year 54 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, 1936, 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 XXVII.

		Total Cost. £ s. d.	Grant in Aid. £ s. d.	Nett Cost to Rates. £ s. d.	Rate in £. pence.
Nuisance abatement, sanitation and general cost of Health Department	1935	6083 16 7	— — —	6083 16 7	1.0
	1936	7038 15 9	— — —	7038 15 9	1.0
Isolation Hospital	1935	18860 7 7½	— — —	18860 7 7½	2.9
	1936	18183 13 10	— — —	18183 13 10	2.6
Maternity and Child Welfare Services	1935	6451 9 1	2300 0 0	4151 9 1	.6
	1936	8058 7 9	2300 0 0	5758 7 9	.8
School Medical Services	1935	9212 13 7	4606 6 9	4606 6 10	.7
	1936	9940 1 6	4970 0 9	4970 0 9	.7

SECTION G.

SCHOOL MEDICAL SERVICES.

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

SCHOOLS.

	No. of children on rolls, 31/12/36.	
PROVIDED.—		
Algernon Road	615	
Bell Lane	371	
Burnt Oak	252	
Child's Hill	793	
Colindale	514	
Garden Suburb	593	
The Hyde	796	
Wessex Gardens	893	
Barnfield	1033	
Woodcroft	1210	
Goldbeaters	1200	
Meads	576	
Deansbrook	710	
Edgware	672	
Orange Hill Central	724	
Sunnyfields	297	
Clitterhouse	442	
Brent Modern	229	
	——	11920
NON-PROVIDED.—		
All Saints' C.E.	214	
St. Agnes' R.C.	237	
St. John's C.E.	141	
St. Mary's C.E.	510	
St. Mary's R.C.	148	
St. Paul's C.E.	155	
St. Vincent's R.C.	187	
The Annunciation R.C.	332	
St. James' R.C.	360	
	——	2284
Total		14204

CO-ORDINATION.

The School Medical Services Schemes are designed to give complete co-ordination with the other health services.

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 :—

Bell Lane School.—The whole of the roofing was stripped and entirely re-tiled.

Child's Hill School.—The children's lavatories were remodelled and augmented and additional staff lavatory accommodation was provided.

Burnt Oak School.—The children's lavatories were reconstructed, augmented and brought up-to-date.

Meads Junior School.—Provision of covered way from school to lavatories.

Various Schools.—Pin rails provided for displaying children's work. Stepped galleries removed from several classrooms and floors made good. Sun blinds provided in several classrooms. Additional drinking fountains in playgrounds.

Redecorations.—Five schools were redecorated either internally or externally during the Midsummer Holidays.

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

ADDITIONAL SCHOOL ACCOMMODATION.

Edgware Council School.

The Board of Education have approved in principle plans for the re-organisation of this school. Tenders will shortly be invited for the erection of an entirely new building for 450 Junior and Infant children.

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. Tenders will shortly be invited for the erection of this school to accommodate 400 Junior and Infant children.

Colindale Council School.

Plans are at present in course of preparation for the provision of additional accommodation at this school.

Dole Street Housing Estate.

Arrangements are being made for the acquisition of a site for the purpose of erecting an elementary school to serve the needs of this Estate.

Broadfields Avenue, Edgware.

Negotiations are proceeding for the acquisition of a school site for the purpose of erecting an elementary school thereon to serve the needs of the area.

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. Physically defective children are re-examined periodically as required and mentally defective children are re-examined annually and their mental quotient re-assessed.

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.

NUTRITION.

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 5,497 children examined at routine medical inspections only 27 could be regarded as badly nourished.

In addition to these found at routine examinations 213 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 301 grants for additional nourishment were made and 195 children received this additional nourishment, free of charge, where the economic circumstances of the family fell within the prescribed scale.

The question of nutrition of the children of the nation has ceased to be purely medical and is now being carefully considered by statesmen and economists, and it is a healthy sign that this is now being viewed from the angle of optimum nutrition and is not being confined to the assessment of obvious malnutrition. There is, however, a degree of loose thinking on this subject and it would be well to endeavour to define what one means by malnutrition, and I suggest the following : *A failure to achieve optimum development due to insufficiency of some essential.*

It may be said that no precise standard for the assessment of malnutrition can be defined and if the investigation is purely medical a divergence of results will be obtained in any group of children, depending on the views of the examining doctor.

Confining the question to the insufficiency of essential food stuffs, though that is by no means the only cause of malnutrition, it is possible to divide that insufficiency into two main groups :—

(i) Through provision of insufficient or unsuitable food.

(ii) Failure to eat or assimilate food provided, though adequate, through physical, mental or environmental defect.

It is only in Group I. that the provision of extra nourishment is the true remedy. It may prove beneficial in other groups, if the parents fail through ignorance or indolence, but is clearly the wrong course of action. .

The selection of children coming under Group I., by medical examination, is both unfair and inefficient.

Children vary so extensively in the rate and type of their bodily and mental development that all systems of physical measurement or examination are accurate only in determining the presence or absence of gross malnutrition.

For example, a family of children may be examined for suspected malnutrition, one or two are under weight, pale and lethargic, and classed as mal-nourished; the remainder may appear up to the average weight for age, of fair muscular tone, and moderately good colour: they are all receiving the same adequate or inadequate diets. The explanation is that the apparently "normal" children are superior physical types debased to the average level; the ill-nourished are average physiques, revealing readily the effects of under-nourishment. Is it policy to feed the one and not the other?

Again, children may be examined from families in which financial stringency is great and yet attain the average standard of physical development by reason of parental sacrifice.

If the need for assistance is to be judged by examination of the food available it is necessary to define an adequate diet.

It may be accepted as the result of numerous investigations that diets adequate for growth and development at differing age periods are available, and their present cost easily computed. It is therefore unquestionably more accurate to determine the need for assistance by an arithmetical examination of the family income, than by a physical examination of the child.

Milk and Cod Liver Oil.

There are certain substances essential for the needs of the body which must be present in the ingested food. Unfortunately these are found mainly in foods which are least satisfying in bulk and most expensive in price. They include roughly, milk, butter, eggs, cheese, meat and fish, and are needed particularly during those years in which active growth of the body should be taking place.

When the available income begins to diminish the housewife's first concern is to relieve the immediate hunger of her children and this is effected by the purchase of such foods as bread, potatoes, porridge and the like, which readily fill the stomach, but do not build a healthy body.

Of all these body-building foods, milk contains the largest number of desirable properties, if, therefore, the financial lack is definite but not great, the provision of milk fulfils a double function, it restores the diet to an adequate level as regards essential food properties and relieves the family budget of an expensive but poor "hunger satisfying" food. In winter it may lack vitamins, hence the addition of cod liver oil and malt.

After long and careful consideration of the whole question of nutrition, I am of opinion that medical assessment alone gives results which are in many instances fallacious and that the need for extra nourishment can best be judged on a purely economic basis.

UNCLEANLINESS.

From Board of Education Statistical Table VI. it will be seen that 38,378 inspections were made by the school nurses as regards uncleanliness and 884 children were found to fall below a reasonable standard of cleanliness.

Notices sent to the parents drawing attention to the condition of the children were in all cases complied with and it was not necessary for any cases to be cleansed under official arrangements.

MINOR AILMENTS AND DISEASES OF THE SKIN.

Minor ailments are treated daily by the health visitors at all the permanent health centres, 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 4,178 defects which required treatment during the year, 3,940 were treated at the health centres and the remaining 238 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 XXVIII.

CLINICS.	1936.
Central Hendon	1475
Child's Hill	4918
West Hendon	4833
Watling Estate	16016
Total	27242

I am indebted to the Ophthalmic Surgeon, Mr. J. G. Milner, F.R.C.S., for the following report on the treatment of defective vision at the Eye and Orthoptic Clinics.

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 the extent of the defect.

During the year the number of cases referred to the ophthalmic surgeon was 593, compared with 548 last year. Glasses were prescribed in respect of 278 of these children and by the end of the year 249 had obtained them.

ATTENDANCES AT EYE CLINICS.

CENTRAL HENDON.—

School Medical Service Cases	941
Maternity and Child Welfare Cases	95
Secondary Schools	193

WATLING.—

School Medical Service Cases	1013
Maternity and Child Welfare Cases	54
	2296

During the year a number of major eye operations have been performed, by the ophthalmic surgeon, at the Royal Westminster Ophthalmic Hospital. Most of these operations were for the correction of squint, and will be referred to again in the orthoptic section. Two cases of congenital cataract and one case of dermoid cyst have been operated upon.

Several cases are seen during the year with inflammation of one, or both eyes and these are treated at the Welfare Centres under the direction of the ophthalmic surgeon. If it is considered necessary such cases are sent to the Royal Westminster Ophthalmic Hospital.

ORTHOPTIC SECTION.

This clinic, for the treatment of squint, opened on February 1st. It is the first of its kind to be run by a local authority, the only others in existence at the time of opening being at Eye Hospitals.

During the year 98 patients were examined. Eleven were refused treatment.

1 mentally unsuitable.

2 "lazy" eyes. Sight not good enough for training.

5 for operation.

3 treatment not necessary.

Of the remaining 87 :—

61 received treatment.

26 awaiting treatment.

Of the 61 :—

26 were discharged as "cured."
4 were discharged as improved.
12 are awaiting operation.
10 are on treatment (occlusion).
5 are being watched at intervals.
4 failed to complete treatment.

At the time of writing there are 74 children on the waiting list, 48 of whom have not yet been seen by the orthoptist at all. There is, therefore, ample material to justify the extra session which was begun in April.

The first year's working is very satisfactory, 42.6 per cent. being discharged cured, which is a high percentage, and would be higher if the twelve awaiting operation were included as these will probably be "cured" after operation and a few more exercises.

During the year 17 operations were performed for squint.

TREATMENT OF DEFECTIVE SPEECH.

The Speech Clinic has been in operation at Central Hendon Health Centre for a little over two years and two sessions per week were established at the Watling Estate Health Centre in January, 1936.

No. of Children Treated at the Health Centres :—

Central Hendon	51	Watling	60

No. of Children Discharged as Cured :—

Central Hendon	12	Watling	13

No. of Children who Ceased to Attend :—

Central Hendon	12	Watling	11

No. of Children Attending in December, 1936 :—

Central Hendon	27	Watling	36

Health Centre—Central Hendon.

Of the 12 children who ceased to attend, 2 were transferred to Secondary Schools and 2 left at the age of 14 on leaving school; in these 4 cases the speech was greatly improved. 5 made irregular attendances and failed to carry out the treatment at home. 2 were discharged as unsuitable—one suffering from mental retardation and the other from organic deafness.

The 27 children receiving treatment in December, 1936, can be divided into the following categories:—

Markedly improved	13
Improved	14
Not improved	—

The total number of attendances for treatment was 1,147. Thirteen sessions were devoted to visiting the schools and homes.

Health Centre—Watling.

Of the 11 children who ceased to attend, 2 left the district, 5 left school, 1 left to attend Hospital, 1 left as unsuitable for further treatment owing to malformation of the mouth, 1 had treatment suspended while attending the Child Guidance Clinic and 1 was removed from the register owing to irregular attendances. The 36 children under treatment in December, 1936, may be classed as follows:—

Markedly improved	14
Improved	22
Not improved	—

The total number of attendances for treatment was 1,642. 9 sessions were devoted to visiting the schools and homes.

The children are treated individually and in groups. Some group work is desirable, but it is also necessary that every child should receive individual attention in order to discover each one's particular difficulty and to gain his confidence.

With the younger children the monotony of exercises is mitigated to a certain extent by taking them in some form of game. The older children soon become interested in their own progress and, with few exceptions, practise regularly and carefully.

In order to obtain satisfactory results in the treatment of speech disorders it is essential that school, home and clinic should work together and in most cases this co-operation is most generously given.

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. 165 children were successfully operated upon for either diseases of the tonsils or adenoids, under the Council's scheme.

EAR DISEASES AND DEFECTIVE HEARING.

At the suggestion of the Board of Education and in co-operation with the Medical Research Council, it was agreed to institute an enquiry into Middle Ear Disease in a selected group of school children, the work being carried out by Mr. Maxwell Ellis, F.R.C.S., who holds a Research Scholarship from University College Hospital, and by Dr. Phyllis Kerridge.

I am indebted to Mr. Maxwell Ellis for the following memorandum :—

> "Most people who are interested in the subject of deafness agree that many of the hearing defects of adult life originate in middle ear disease in childhood, and also that many cases of ear discharge persist for months or years in spite of medical attention. This is especially true in the case of children from the poorer classes. It seems probable, therefore, that the reason for the present unsatisfactory position is more the general physical condition of these children than the medical treatment.

The general plan is to study intensively, over a period of at least two years, a group of children with discharging ears. Regular Specialist treatment of the aural condition will be given, and the prognosis correlated with the medical histories, general physical conditions and home environments of the children. Accurate tests of hearing with modern apparatus will be carried out periodically.

The Watling Estate was selected as being a suitable circumscribed area, and the work was carried out at the Watling Schools and the Clinic in Cressingham Road, the staff of which we thank sincerely for their energetic and enthusiastic co-operation. An aural examination was made on :—

(1) all children who had attended the Minor Ailments Clinic within the last two years for any aural trouble ;

(2) children noted by the School teachers to be deaf or to have running ears :

(3) children between seven and twelve years old failed by Dr. Phyllis Kerridge when she tested them with the gramophone audiometer in the schools.

Altogether, the hearing of about 3,000 children was tested in the schools by Dr. Kerridge, and 522 were examined by me, of whom 18 were found to be suffering from chronic otorrhœa. The cases have so far been observed at weekly intervals and treated at the Clinic as well as at home. Cleansing treatments are being tried first of all. If some of the cases are resistant, other forms will be instituted. Operative measures such as the removal of diseased tonsils and adenoids may be necessary, and X-ray examinations of the temporal bones and sinews will precede and follow such procedures. The cases will be followed up throughout the Summer, Autumn and Winter, and the number (if any) of relapses noted. It was originally hoped to have enough cases to try the effect of sending half of them away to the country for a

mouth in the following Summer, and again comparing the incidence of cures and relapses. With the small number of cases actually found, it is doubtful if this will yield useful information.

The enquiry will undoubtedly be the first to combine in so complete a fashion the qualities of rapid analysis of an area for cases of otorrhœa, specialist treatment, investigations and observation, and a carefully worked-out history of the disease, and as a piece of clinical research it should be valuable both to educationists and aurists."

DENTAL SERVICES.

The School Dental Service is at present staffed by three full-time Dental Officers and one part-time Officer, the latter attending for three sessions weekly. Mr. Cooper-Jones, L.D.S., Eng., was appointed to the staff during the year 1936 and commenced his duties on October 1st.

The new appointment of Mr. Cooper-Jones is materially assisting in the reduction of the congestion of cases awaiting inspection and treatment. Since his appointment it has been decided to raise the standard of inspection of individual children with the object of producing a correspondingly higher standard of dental fitness, especially for those children who would shortly be leaving school. As a result it is being found at subsequent inspections that a progressively diminishing number require treatment.

It is regrettable that there still exists a number of children whose parents constantly refuse to avail themselves of the Scheme, but under the present conditions of staffing these children are necessarily the last to receive attention in virtue of the fact that maximum efforts are devoted towards those who desire and in addition appreciate what is done for them. In time, these so called "bad record cases" it is hoped, will gradually discover that dental treatment is important and will take advantage of the dental services.

The appointment of two Dental Attendants, which was primarily made to relieve the time of the Health Visiting staff, has been fully justified and they have been of the utmost assistance to the Dental Officers, and as a result, the services of a third Dental Attendant have been provided for in the Estimates of 1937.

The school population in the elementary schools was at the end of the year 14,204, in addition dental services are being provided for 1,057 secondary school children and for mothers and children referred from the Ante-natal and Child Welfare Centres.

It has been found from experience that the dental treatment of a secondary school child, has, on the average, occupied approximately twice as long as that of an elementary school child and based upon the present acceptance of treatment rate it is likely that to effectively complete the services, a fourth full-time Dental Officer will be required. Provision has therefore been made for this appointment in the forecast of Estimates submitted to the Board of Education.

Difficulties were encountered in certain cases due to the lack of X-ray facilities. An experienced officer, by the usual methods of investigation, can in nearly all cases decide the best course of action to pursue in the interests of the patient, but there are occasional cases in which, without an X-ray photograph, it is impossible to be quite certain of the existing condition, this is especially so with children where the clinical picture is often confused by the presence in the gum of teeth of the second dentition.

Judging from experience, only a small number of cases will require X-ray investigation, probably not more than 50 each year.

This matter has subsequently received the consideration of the Committee, who have approved a Scheme for these facilities to be provided at a local Hospital.

It is probable that only a small number of cases will require this special form of investigation but should the Council decide later to carry out orthodontic treatment, which

is the correction of irregularities of the teeth, many more X-ray investigations would be required and the question of the purchase of an X-ray apparatus would then arise.

Of the 6,800 fillings, over 400 consisted of porcelain restorations in front teeth, which were inserted with the aid of a rubber dam, thus rendering the field of operation absolutely dry, the process is rather protracted, but the results achieved are excellent.

During the year only three front teeth have been treated with a devitalising agent, which renders the tooth dead and shortens its period of usefulness. In all other cases a procedure has been adopted known as "pulp capping," which consists in capping an exposed nerve in a special way and after a period has elapsed, of finally filling the tooth over this, in the usual way, thus preserving the life of the tooth. Over 100 cases have so far been treated in this manner and there has been only one apparent failure.

The following amplification of the Dental Section of the Board of Education Statistical Table V. will be of interest :—

TABLE XXIX.

ANALYSIS.

(1) Number of children who were—		
(*a*) Inspected—Routine Age Groups :—		
Aged 5	1149	
,, 6	1090	
,, 7	1042	
,, 8	928	
,, 9	909	
,, 10	1016	
,, 11	903	
,, 12	887	
,, 13	935	
,, 14	252	
,, 15	26	
,, 16	1	
		9138
Specials ...		1153
		10291
Secondary School		591
Specials		34
		10916

TABLE XXIX.—continued.

(*b*) Found to require treatment	7351	
Secondary School	413	
	7764	
(*c*) Actually treated ...	4506	
Secondary School ...	194	
	4700	
(2) Half days devoted to—		
(*a*) Inspection	83	Represents an average of 117 inspected per session. Parents are present at these inspections.
(*b*) Treatment	1317	
(3) Attendances made by children for treatment	13081	
Secondary School ...	903	
	13987	
(4) Fillings :—		
Permanent teeth ...	5357	
Temporary teeth ...	885	
	6242	Including 415 porcelain fillings and 112 pulp capping treatments.
Secondary School :—		
Permanent teeth ...	591	
	6833	
(5) Extractions :—		
Permanent teeth ...	1824	Includes 310 orthodontic extractions.
Temporary teeth ...	7557	
	9381	
Secondary School :—		
Permanent teeth ...	208	Includes 21 orthodontic extractions.
Temporary teeth ...	44	
	252	
(6) Administrations of general anæsthetics	2640	
Secondary School ...	92	
	2732	
(7) Other operations ...	2355	Consisting of dressings, silver nitrate treatment and scaling.
Secondary School ...	367	
	2722	

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 8 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 :—

TABLE XXX.

468 School Medical Service cases attended, and made 5,201 attendances.

199 Maternity and Child Welfare cases attended, and made 1,232 attendances.

Total cases ..... 667. Total attendances 6,433

193 School Medical Service cases attended for the first time.

101 Maternity and Child Welfare cases attended for the first time.

1207 Examinations were made by the Orthopædic Surgeon.

20 Cases were sent to the Royal National Orthopædic Hospital at Stanmore.

667 Cases received treatment or were kept under observation at the clinic.

TABLE XXXI.

SUMMARY OF ORTHOPÆDIC DEFECTS.

(1) School Medical Services.

	Under Treatment.	Under Observation.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
1. Congenital Defects :—				
Club Foot	2	2	2	—
Dislocation of the Hip	1	1	—	—
Spastic Paralysis.....	3	3	—	—
Irregular Toes	3	1	—	3
Metatarsus Varus.....	—	1	—	—
Other Conditions.....	8	—	4	2
2. Birth Injuries :—				
Nerve Injuries	1	1	—	—
Fractures	—	—	—	—
Torticollis	1	1	—	1
3. Rickety Deformities :—				
Bow Legs	—	2	2	2
Knock Knees	—	3	—	—
Other Conditions.....	1	—	2	—
4. Knock Knees (non-rickety)	23	14	24	12
5. Postural Defects of the Spine	83	39	48	50
6. Structural Curvature of the Spine	5	—	1	—
7. Flat Feet	22	16	16	8
Pes Cavus	5	1	1	1
Hallux Valgus	3	4	3	1
8. Infantile Paralysis.....	3	3	—	—
? Infantile Paralysis	1	2	—	—

TABLE XXXI.—continued.

	Under Treatment.	Under Observation.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
9. Sequelæ of Acute Fevers :—				
Post-encephalitic.....	—	1	—	—
Septic Arthritis	—	2	—	1
10. Fractures	1	1	2	1
Other Injuries	1	2	6	1
11. Tuberculous Joints	2	3	1	—
12. Other Bone Diseases (non-Tuberculous) :—				
Exostosis	1	2	—	—
Apophysitis of Os Calcis	—	1	—	1
13. Osteomyelitis	—	3	—	—
14. Other Conditions	2	1	7	1
15. Non-Orthopædic Conditions	—	2	6	1

TABLE XXXII.

SUMMARY OF ORTHOPÆDIC DEFECTS.

(2) Maternity and Child Welfare Services.

	Under Treatment.	Under Observation.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
1 Congenital Defects :—				
Club Foot	—	—	—	1
Dislocation of the Hip	1	1	—	—
Spastic Paralysis.....	2	2	—	2
Irregular Toes	10	1	—	2
Metatarsus Varus	—	1	—	—
Other Conditions.....	8	5	—	5
2. Birth Injuries :—				
Nerve Injuries	1	—	—	1
Fractures	—	—	—	—
Torticollis	—	1	—	—
3. Rickety Deformities :—				
Bow Legs	14	12	6 + 1 died (pneumonia)	9
Knock Knees	10	1	—	1
Other Conditions.....	—	2	—	2
4. Knock Knees (non-rickety)	46	8	9	18
5. Postural Defects of the Spine	1	—	—	—
6. Structural Curvature of the Spine	—	—	—	—
7. Flat Feet	10	2	—	3
Pes Cavus	—	—	—	—
Hallux Valgus	—	—	—	—
8. Infantile Paralysis.....	1	1	—	—
? Infantile Paralysis	—	2	—	—
9. Tuberculous Joints	—	—	1	—
10. Other Conditions	5	1	1	—
11. Non-Orthopædic Conditions	—	—	1	—

The following are the observations of Mr. H. J. Seddon, F.R.C.S., the Council's Orthopædic Surgeon :—

"It is encouraging to report that the incidence of severe crippling defects among children examined at the Hendon clinics remains low. The actual incidence in the total child population may be somewhat higher, since Hendon is within easy reach of a number of London Hospitals, and many parents still imagine that a serious condition always demands investigation within the walls of a hospital Furthermore, there is a not unnatural tendency for general practitioners to refer patients to a London Hospital, and our own in Great Portland Street seems to attract a number of cases. It comes as a surprise to doctor and patient to find that the hospital treatment is often carried out at Stanmore, and that exactly the same treatment could have been obtained a little more conveniently through the Hendon orthopædic clinics.

Yet even after making a generous allowance for cases that may have gone elsewhere, the smallness of the list of serious conditions encountered during the past year is most satisfactory.

The enormous number of children with postural defects of the spine at once attracts attention, and their distribution is interesting; no fewer than 128 school children are under observation or treatment for this condition, but only *one* child of pre-school age. If there were some anatomical abnormality of the spine, it would probably have attracted attention when the children now attending school were examined as infants; but there is nothing to suggest that the actual structure of the spine has been or is faulty. Neither has there been any widespread change in home conditions; things are much the same at home when the child is seven as when he was four. Nor, again, are we dealing with a period of sudden growth that might upset the muscular control of the spine.

In this roundabout way one is forced to the conclusion that the one new factor, school, is to blame. In the past,

the desks have been accused. This is a reasonable possibility and it requires little imagination to see that a bad desk would predispose to the development of a postural defect. But improvement in the construction of desks has not abolished postural deformities, and there is some more potent, and more obscure, factor at work. Mr. Philip Wiles, who has paid considerable attention to this subject, is of the opinion that the loss of muscular control seen in cases of postural deformity is often of nervous origin, and it is probable that the hours of sedentary work, the sudden diminution in the hours of play that occur when a child goes to school, and the burden of home work are all to blame.

The whole problem calls for thorough investigation, and it is possible that ultimately drastic alteration in hours of work at school may have to be made, at least in certain cases.

Fortunately, most of these cases respond well to remedial exercises, though it should not be forgotten that improvement may, in some cases, be due to the cutting down of hours at school necessitated by the treatment.

In the near future the question of additional facilities for exercises, remedial and otherwise, will be coming under consideration and it is to be hoped that further provision will be made at an early date. There is much to be said for children with postural defects being under the care of a physical exercise instructor provided that the child has passed a preliminary inspection at the orthopædic clinic, and organic disease has been excluded. These children should not be allowed to think that they are considered as cripples, which, indeed, they are not.

Hospital Work.

I regret to report that one child, aged 18 months, died in hospital. When she first attended the clinic she was suffering from rickets and bronchitis. As she failed to improve, admission to hospital was advised. Her general

condition was very poor, she developed pneumonia which did not respond to treatment, and died twenty days after admission.

The remaining nineteen cases have all done exceedingly well."

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 3,215.

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.

TABLE XXXIII.

NOTIFIABLE INFECTIOUS DISEASES.
1936.

School.	Disease.				
	Scarlet Fever	Diphtheria	Smallpox	Typhoid	Erysipelas
Woodcroft	24	7	—	—	—
Deansbrook	6	1	—	—	—
Clitterhouse	5	—	—	—	—
Barnfield	14	1	—	—	—
St. Mary's C.E.	1	—	—	—	—
Orange Hill	3	—	—	—	—
Algernon Road	4	4	—	—	—
Burnt Oak	—	1	—	—	—
Goldbeaters	4	2	—	—	—
Colindale	10	—	—	—	1
Wessex Gardens	6	1	—	—	—
St. Vincent's R.C.	2	1	—	—	—
Meads	2	6	—	—	—
Annunciation	—	1	—	—	—
All Saints' C.E.	1	—	—	—	—
St. Paul's C.E.	7	—	—	—	—
Child's Hill	2	1	—	—	—
The Hyde	4	1	—	—	—
St. John's C.E.	1	—	—	—	—
Edgware	3	—	—	—	—
St. James'	2	—	—	—	—
St. Mary's R.C.	2	2	—	—	—
St. Agnes' R.C.	2	—	—	—	—
Bell Lane	1	—	—	—	—
Sunnyfields	5	—	—	—	—
Garden Suburb	1	—	—	—	—
Totals	112	29	—	—	1

TABLE XXXIV.

NON-NOTIFIABLE INFECTIOUS DISEASES.
1936.

School.	Disease			
	Measles	Mumps	Whooping Cough	Chicken-pox
St. Paul's C.E.	—	1	—	22
Burnt Oak	20	1	1	1
Wessex Gardens	205	5	13	39
Algernon Road	—	8	—	24
Child's Hill	71	63	25	27
Garden Suburb	162	—	16	9
Goldbeaters	90	—	14	29
Bell Lane	35	—	—	1
The Hyde	62	2	14	—
All Saints' C.E.	30	3	—	—
Colindale	105	52	17	1
Woodcroft	46	6	15	39
Barnfield	31	—	—	30
St. Mary's C.E.	—	—	—	1
St. John's C.E.	6	—	—	2
Meads	36	5	24	24
Deansbrook	24	4	35	21
Clitterhouse	10	2	—	44
Edgware	4	3	—	7
Sunnyfields	77	14	33	1
Totals	1014	169	207	322

TABLE XXXV.

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
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
1936	—	112	29	1014	322	169	207

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.

SUMMER CAMPS.

The Juvenile Organisations Committee organise Summer Camps each year. In 1936 it was possible to send 120 necessitous school children for a fortnight's holiday to the seaside as under :—

60 girls .... Dymchurch.
60 boys .... Walmer.

During the period April to September approximately 384 boys from 7 organisations made use of the Mote Mount Camp Site as compared with 678 boys and 138 girls in 1935.

PHYSICAL TRAINING.

Physical training in the schools continues to be carried out by the teachers in accordance with the syllabus of the Board of Education, but as a result of Educational Circular 1445 a Scheme has been formulated for the provision of Area Organisers in physical education. The Hendon Education Authority is participating in this Scheme.

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, 1936, 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 $\frac{1}{3}$ 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 1936. All schools participated in the scheme and at 1st October, 1936, nearly 7,000 bottles were being issued daily to the scholars.

CO-OPERATION BETWEEN THE SCHOOL MEDICAL SERVICES AND THE JUVENILE EMPLOYMENT COMMITTEE.

The Board of Education in Memorandum 137 called attention to the desirability of co-operation between the School Medical Services and the Juvenile Employment Committee

suggesting that the Education Authority should transmit to the latter Committee the names of any children leaving school who were considered to be unfit to take their place in any particular type of industry. A system has therefore been evolved by which a special record is kept of any child having such a defect, the child being kept under periodical observation until he leaves school.

As the last routine examination takes place from 12 years of age onwards a certain number of children may develop such defects between the time of their last examination and their leaving school. Facilities are, however, provided for special examinations, and as the parents and teachers are encouraged to refer for examination any child whom they suspect of suffering from a defect, the risk of such a child being missed is slight.

A most careful assessment is made of the child's physical condition, medical history, and probable future capacity, before a recommendation is made as it is obviously a serious matter for a child's future if any industrial outlet is barred to him because of an adverse medical report.

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 children of school age whose non-attendance at school was alleged to be due to neglect in the home. During the financial year 1936/37, officers of this Society, at the request of the Authority, paid 30 visits to 8 families in respect of 14 children. 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. In addition, the Society has placed its Ambulance at the disposal of the Authority, free of charge, for the purpose of conveying a child to a Heart Home. 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 :—

TABLE XXXVI.

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.
2	11 and 9 years	Parental neglect	3
2	7 and 6 years	do.	7
1	6 years	do.	3
1	8 years	do.	4
1	5 years	do.	2
4	14, 11, 7 and 6 years	do.	4
2	7 and 5 years	do.	2
1	10 years	do.	5

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 26 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.

As in previous years, many children whose educational progress was retarded, were referred by the Teacher for mental grading. Certain of these were found to be of such a low mental calibre as to be ineducable in a public elementary school and these were admitted to the Special School for Educable Mentally Defective Children, Oak Lodge, Finchley, or notified to the County as being ineducable. A number were continued at the public elementary schools but in a class suitable to the mentality of the particular child.

At the end of the year 30 feeble minded children from this area were in attendance at the Special School at Finchley.

SECONDARY SCHOOLS.

Medical and Dental Inspections of pupils attending Secondary Schools in the area is undertaken on behalf of the Middlesex Education Committee, and ophthalmic and dental treatment given. 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 XXXVII.

EMPLOYMENT OF CHILDREN.	Boys.	Girls.
Children examined and employment certificates granted	157	14
Children re-examined and certificates granted	—	—
Certificates granted provisionally	—	—
Certificates refused	—	1
Examined for employment under Entertainment Rules, 1920 (Certificates Granted)	5	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.

IN CONCLUSION.

I should like to draw attention to the whole-hearted co-operation which I have received from the Director of Education and his staff, as many of the problems regarding individual children are not only medical but have a distinctly educational bearing, this includes the School Teachers, who have at all times co-operated in the work of the routine inspections at the schools, in calling attention to any defects which they felt existed and in urging that the treatment recommended should be carried out.

The parents have also, as a whole, shown great interest in the work, and this is particularly so in the Infants' Departments and is reflected by the attendances of parents at the Routine Medical Inspections.

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

Statement of the number of children notified during the year ended 31st December, 1936, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 12.

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	1	—

Diagnosis.	Boys.	Girls.
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(*a*) Moral defectives	—	—
(*b*) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	2
3. Feeble-minded children notified under Acticle 3, *i.e.*, "special circumstances" cases	—	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
Grand Total	7	5

STATISTICAL TABLES.

Public Elementary Schools.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1936.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	1777
Second Age Group	2019
Third Age Group	1701
Total	5497
Number of other Routine Inspections	Nil
Grand Total	5497

B.—OTHER INSPECTIONS.

Number of Special Inspections	4007
Number of Re-Inspections	3094
Total	7101

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

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

NOTE.—No individual child is counted more than once in any column of this Table ; for example, a child suffering from defective vision and from adenoids should appear once in Column 2, once in Column 3 and once only in Column 4. Similarly a child suffering from two defects other than defective vision should appear once only in Column 3 and once in Column 4.

Group (1)	For defective vision (excluding squint) (2)	For all other conditi ns recorded in Table II. A. (3)	Total (4)
Entrants	15	218	231
Second Age Group	171	114	275
Third Age Group	173	132	292
Total (Prescribed Groups)	359	464	798
Other Routine Inspections	—	—	—
Grand Total	359	464	798

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

Defect or Disease.		Routine Inspections. No. of Defects.		Special Inspections No. of Defects	
		Requiring treatment.	Requiring to be kept under observation but, *not* requiring treatment.	Requiring treatment.	Requiring to be kept under observation but *not* requiring treatment.
	(1).	(2)	(3)	(4)	(5)
Skin	(1) Ringworm—Scalp ...	—	—	6	—
	(2) Ringworm—Body ...	—	—	23	—
	(3) Scabies	—	1	92	—
	(4) Impetigo	—	—	141	—
	(5) Other Diseases (Non-Tuberculous)	—	8	832	—
	TOTAL (Heads 1 to 5)...	—	9	1094	—
Eye	(6) Blepharitis	7	12	34	3
	(7) Conjunctivitis	6	3	140	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities ...	—	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	12	20	63	4
	TOTAL (Heads 6 to 10)	25	35	237	7
	(11) Defective Vision (excluding Squint) ...	359	214	129	4
	(12) Squint	48	36	26	9
Ear	(13) Defective Hearing ...	10	18	6	1
	(14) Otitis Media	9	13	94	—
	(15) Other Ear Diseases ...	7	6	77	2
Nose and Throat	(16) Chronic Tonsillitis only	40	226	26	51
	(17) Adenoids only	3	24	16	10
	(18) Chronic Tonsillitis and Adenoids	48	79	140	30
	(19) Other Conditions ...	14	48	1	3
(20) Enlarged Cervical Glands (non-Tuberculous)		—	20	—	6

TABLE II.—continued.

Defect or Disease.	Routine Inspections. No. of Defects. Requiring treatment.	Routine Inspections. No. of Defects. Requiring to be kept under observation but *not* requiring treatment.	Special Inspections. No. of Defects. Requiring treatment	Special Inspections. No. of Defects. Requiring to be kept under observation but *not* requiring treatment.
(1).	(2)	(3)	(4)	(5)
(21) Defective Speech	25	28	20	3
Heart and Circulation — Heart Disease:—				
(22) Organic	1	15	—	8
(23) Functional	4	61	2	12
(24) Anæmia	7	24	4	8
Lungs — (25) Bronchitis	—	26	2	1
(26) Other Non-Tuberculous Diseases	1	5	1	4
Tuberculosis — Pulmonary:—				
(27) Definite	—	1	—	—
(28) Suspected	—	—	—	—
Non-Pulmonary:—				
(29) Glands	—	—	—	—
(30) Bones and Joints ...	—	—	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	—	—	—
TOTAL (Heads 29 to 32)	—	—	—	—
Nervous System — (33) Epilepsy	1	5	—	—
(34) Chorea	—	5	—	2
(35) Other Conditions ...	1	29	—	5
Deformities — (36) Rickets	—	—	—	—
(37) Spinal Curvature ...	31	11	4	1
(38) Other Forms	187	89	94	19
(39) Other Defects and Diseases (excluding defects of Nutrition, Uncleanliness and Dental Diseases) ...	38	133	27	30
Total	859	1060	2000	216

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

Age Groups.	Number of Children Inspected.	Excellent. No.	%	Normal. No.	%	Slightly sub-normal No.	%	Bad. No.	%
Entrants ...	1777	114	6.41	1509	84.92	148	8.33	6	.34
Second Age Group ...	2019	106	5.25	1716	84.99	178	8.82	19	.94
Third Age Group ...	1701	119	7.00	1508	88.65	72	4.23	2	.12
Other Routine Inspections ...	Nil	—	—	—	—	—	—	—	—
Total ...	5497	339	6.17	4733	86.1	398	7.24	27	.49

TABLE III.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
3	—	—	—	3

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.
6	—	—	—	6

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.
4	—	—	—	—	4

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.
30	1	—	—	31

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

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

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.
—	—	—	—	—

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	5	—	—	5

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
3	2	—	—	5

D. Children with Heart Disease.

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

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 ...	1	—	—	—	1
Mentally Defective Cripple ...	1	—	—	—	1
Epileptic and Feeble-minded ...	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	3	5	8
Ringworm-Body	12	2	14
Scabies	79	2	81
Impetigo	239	4	243
Other Skin Disease ..	80	10	90
Minor Eye Defects— (External and other, but excluding cases falling in Group II.).	446	7	453
Minor Ear Defects ...	241	62	303
Miscellaneous ... ... (*e.g.* minor injuries, bruises, sores, chilblains, etc.)	2840	146	2986
Total	3940	238	4178

TABLE IV.—continued.

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

Defect or Disease.	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1).	(2)	(3)	(4)
Errors of Refraction (including Squint)	593	—	593
Other defect or disease of the eyes (excluding those recorded in Group I.) ...	2	—	2
Total	595	—	595

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme 278

(*b*) Otherwise .... —

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme 249

(*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)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
32	11	122	—	1	—	5	—	33	11	127	—	—	171

(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-Residential treatment at an orthopædic clinic (iii)	Residential treatment with education (i)	Residential treatment without education (ii)	Non-Residential treatment at an orthopædic clinic (iii)	
Number of children treated.	20	Nil	454	Nil	Nil	Nil	454

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist:—		
(*a*) Routine age groups:—		
Aged 5	1149	
,, 6	1090	
,, 7	1042	
,, 8	928	
,, 9	909	
,, 10	1016	
,, 11	903	
,, 12	887	
,, 13	935	
,, 14	252	
,, 15	26	
,, 16	1	
		9138
(*b*) Specials		1153
(*c*) Total (Routine and Specials)		10291
(2) Number found to require treatment		7351
(3) Number actually treated		4503
(4) Attendances made by children for treatment		13081

(5) Half-days devoted to:—		
Inspection	74	
Treatment	1317	
Total		1391
(6) Fillings:—		
Permanent Teeth	5357	
Temporary Teeth	885	
Total		6242
(7) Extractions:—		
Permanent Teeth	1824	
Temporary Teeth	7557	
Total		9381
(8) Administrations of general anæsthetics for extractions		2640
(9) Other Operations:		
Permanent Teeth / Temporary Teeth		2355
Total		2355

TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	22
(ii) Total number of examinations of children in the Schools by School Nurses	38378
(iii) Number of individual children found unclean	884
(iv) Number of children cleansed under arrangements made by the Local Education Authority	Nil
(v) Number of cases in which legal proceedings were taken:—	
(*a*) Under the Education Act, 1921	Nil
(*b*) Under School Attendance Bye-Laws	Nil

STATISTICAL TABLES

in respect of

SECONDARY SCHOOLS.

STATISTICAL TABLES.

Secondary Schools.

TABLE I.

Number of pupils inspected—1st January, 1936, to 31st December, 1936.

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	—	—	43	62	42	40	16	9	2	—	—	214
Girls	18	29	188	224	93	116	93	54	14	6	—	835
Total	18	29	231	286	135	156	109	63	16	6	—	1049

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

Defect or Disease.		Routine Inspections. No. of Defects. Requiring treatment.	Routine Inspections. No. of Defects. Requiring to be kept under observation but *not* requiring treatment.
(1)		(2)	(3)
Skin	Ringworm: Scalp ...	—	—
	Ringworm: Body ...	—	—
	Scabies	—	—
	Impetigo	—	—
	Other Diseases (non-Tuberculous) ...	6	6
Eye	Blepharitis	1	6
	Conjunctivitis ...	1	4
	Keratitis	—	
	Corneal Opacities ...	—	—
	Defective Vision (excluding Squint) ...	111	32
	Squint	1	3
	Other Conditions .	1	4
Ear	Defective Hearing ...	1	—
	Otitis Media ...	—	—
	Other Ear Diseases...	—	2
Nose and Throat	Enlarged Tonsils only	3	55
	Adenoids only ...	—	—
	Enlarged Tonsils and Adenoids	1	—
	Other Conditions ...	1	8
Enlarged Cervical Glands (non-Tuberculous)		—	6

TABLE II.—continued.

Defect or Disease.		Routine Inspections. No of Defects.	
		Requiring treatment.	Requiring to be kept under observation but *not* requiring treatment.
(1)		(2)	(3)
Defective Speech		—	1
Heart and Circulation	Heart Disease:		
	Organic ...	—	—
	Functional ...	—	28
	Anæmia	16	21
Lungs	Bronchitis	—	—
	Other Non-Tuberculous Diseases	—	—
Tuberculosis	Pulmonary:		
	Definite ...	—	—
	Suspected ...	—	—
	Non-Pulmonary:		
	Glands ...	—	—
	Bones and joints	—	—
	Skin	—	—
	Other Forms	—	—
Nervous System	Epilepsy	—	—
	Chorea	—	—
	Other Conditions ...	1	16
Deformities	Rickets	—	—
	Spinal Curvature ...	23	12
	Other Forms ...	108	54
Other Defects and Diseases ...		9	16

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

Ages.	Number of Pupils Inspected.	Excellent.	Normal.	Slightly Sub-normal.	Bad.
9	18	2	13	3	—
10	29	2	23	4	—
11	231	18	198	15	—
12	286	35	231	20	—
13	135	13	118	4	—
14	156	26	122	8	—
15	109	15	91	3	—
16	63	7	52	4	—
17	16	6	9	1	—
18	6	1	5	—	—
Total	1049	125	862	62	—

TABLE IV.

Return of Defects treated during the year ended 31st December, 1936.

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.	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1).	(2)	(3)	(4)
Errors of Refraction (including Squint)	110	—	110
Other defect or disease of the eyes (excluding those recorded as minor ailments)	—	—	—
Total	110	—	110

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme 53

(*b*) Otherwise .... —

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme 42

(*b*) Otherwise .... —

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

Nil.

DENTAL DEFECTS.

(1) Number of pupils who were:—

(*a*) Inspected by the Dentist:—

Aged 9	12	
,, 10	8	
,, 11	132	
,, 12	237	
,, 13	111	
,, 14	71	
,, 15	15	
,, 16	5	
,, 17	—	
,, 18	—	
,, 19	—	
		591
Specials		34
Grand Total		625

(*b*) Found to require treatment ... 413

(*c*) Actually treated ... 194

(2) Half-days devoted to:—

Inspection	9
Treatment	*—
Total	9

(3) Attendances made by pupils for treatment ... 906

(4) Fillings:—

Permanent Teeth	591
Temporary Teeth	—
Total	591

(5) Extractions:—

Permanent Teeth	208
Temporary Teeth	44
Total	252

(6) Administrations of general anæsthetics for extractions ... 92

(7) Other operations:—

Permanent Teeth ... / Temporary Teeth ...	367
Total	367

* 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.

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