

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

Contributors

Hendon (London, England). Municipal Borough.

Publication/Creation

[1938]

Persistent URL

<https://wellcomecollection.org/works/c2ffmau9>

License and attribution

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

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

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

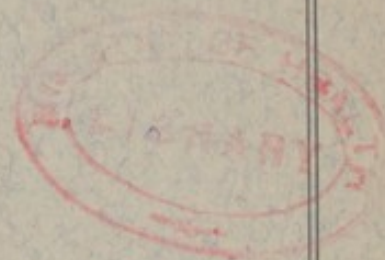


Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

LIBRARY

HEN 14

Borough of Hendon.



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

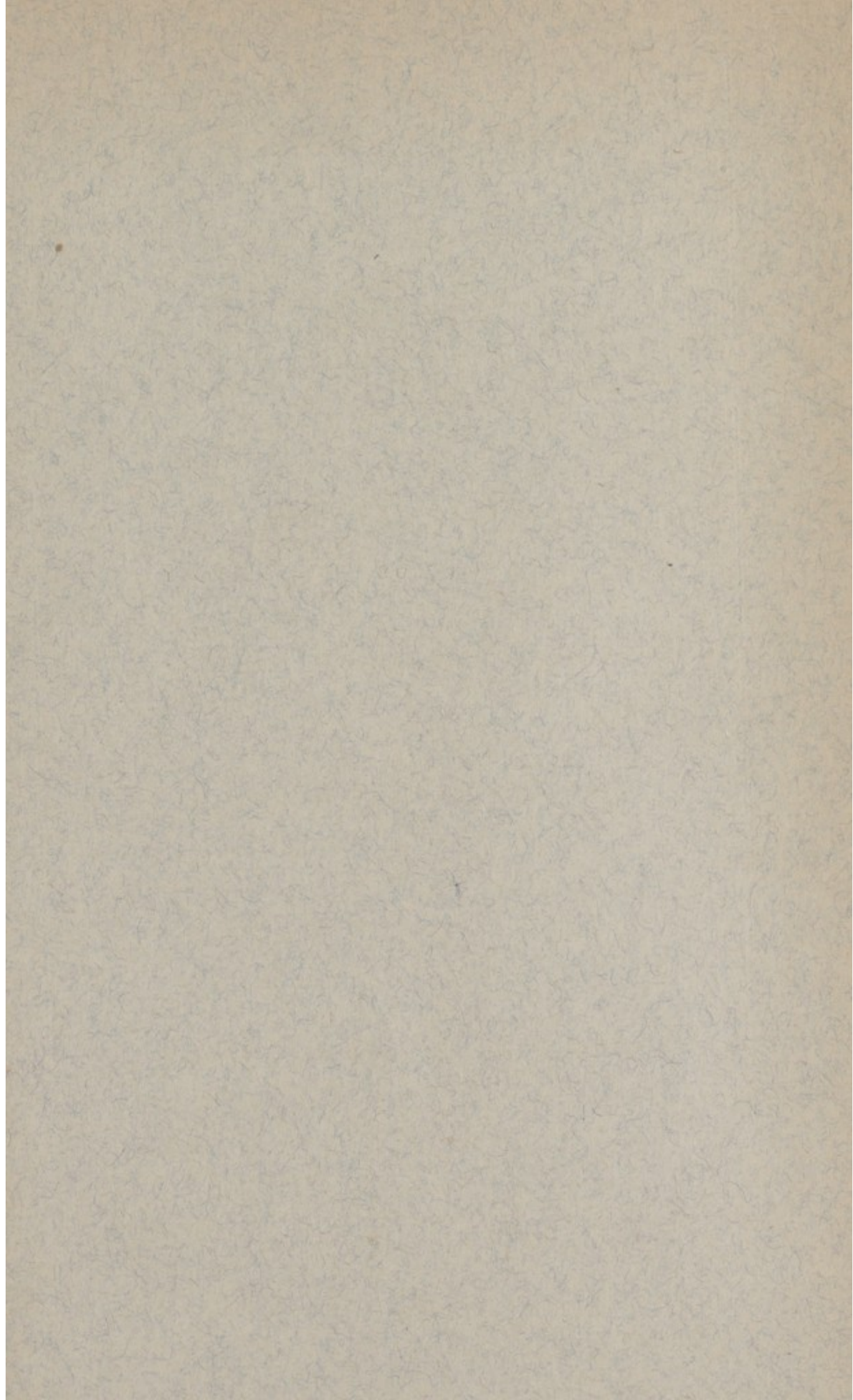
School Medical Officer

FOR THE YEAR

1937

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

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



Borough of Hendon.



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1937

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

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

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:*

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.

JEAN M. MACLENNAN, M.D., D.P.H.

<i>Obstetric Consultant</i>	†L. PHILLIPS, F.R.C.S.
<i>Orthopaedic Surgeon</i>	†H. J. SEDDON, F.R.C.S.
<i>General & Consulting Aural Surgeon</i>	†R. TREVOR JONES, F.R.C.S.
<i>Ophthalmic Surgeon</i>	†J. G. MILNER, F.R.C.S.
<i>Anaesthetist</i>	†G. MORIARTY, M.B., Ch.B., M.D.

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.

†T. WYNNE-JONES, L.D.S., R.C.S.

Teacher for Remedial Speech Classes:

†Miss M. E. BADCOCK.

Orthoptists:

†Miss J. WHICHELLO.

†Miss B. D. COGSWELL.

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.

1.2. E. D. NEWSON.

Chief Administrative Clerk:

C. C. KNUDSEN.

Clerks:

Miss H. WISE.	J. J. PINNOCK.
Miss D. HUDSON.	C. H. MACHIN.
Miss B. PARKER.	S. HENSER.
Miss K. A. HICK.	A. B. REYNOLDS.
Miss B. MAY.	E. F. HIGHAM.
Miss W. SELBY.	R. J. BETTERIDGE.
Miss K. BRADLEY.	G. P. PHIPPS.
Miss J. TAYLER.	G. J. GALE.
Miss W. BRADLEY.	

Matron, Isolation Hospital:

5.8.10. Miss M. MOTHERSHAW.

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

7.8.9. Mrs. M. E. BASCOM.	5.7.8.9. Miss C. A. FINN.
5.7.8.9. Miss F. CASE.	5.7.8.9.10. Miss P. M. TRICKETT.
3.6.7.8.9. Miss M. LAKE.	5.7.8.9.10. Miss A. HINDMARSH.
5.7.8.9. Miss D. V. ATKINSON.	5.7.8.9. Miss D. M. DRACASS.
5.8.9. Miss A. L. WHARTON.	5.7.8.9. Miss M. B. CLYNE.
5.7.8.9. Miss M. TRICKETT.	5.7.8.9. Miss D. M. RICHARDSON.
5.7.8.9. Miss C. HARROP.	5.7.8.9. Miss E. WILLIAMS.

Midwife:

9. Mrs. M. SHERMAN.

Masseuse:

†Miss CHAPMAN, C.S.M.M.G.

-
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. State Registered Nurse.
 9. State Certified Midwife.
 10. Fever Training Certificate.

†Part-time Officers.

Annual Report for the Year 1937
 OF THE
 Medical Officer of Health.

INDEX.

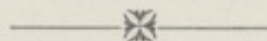
—o—

	Page.
SECTION A—Statistics and Social Conditions	9
„ B—General Provision of Health Services	21
„ C—Sanitary Circumstances	43
„ D—Housing	53
„ E—Inspection and Supervision of Food	61
„ F—Prevention of and Control over Infectious and other Diseases	69
„ G—School Medical Services	103

Annual Report for the Year 1937

OF THE

Medical Officer of Health.



May, 1938.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit my eighth Annual Report on the health conditions of the Borough for the year 1937.

There have been a number of important legislative developments affecting the public health, the most important of these being the Public Health Act, 1936, which came into operation on 1st October, 1937.

The Council were successful in their application to become the Supervising Authority under the Midwives Acts and their Scheme for the provision of a Domiciliary Midwifery Service has now received the approval of the Minister of Health and will be in operation in the near future.

It will be seen from the tables in the body of the report that there has been a steady increase in the numbers attending the Health Centres, partly accounted for by the continuous development of the Borough and partly by the fact that more publicity is being given to health matters, with a consequent growth of health consciousness on the part of the community.

The Council have been appreciative of this outlook and have continued their progressive policy in all matters affecting the public health and have given sympathetic consideration to every suggestion likely to result in an improvement of the services.

In conclusion I should like to take this opportunity of expressing my appreciation of the manner in which new duties and the increasing volume of work has been undertaken by the members of my staff.

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, 1937, was estimated as 162,079: 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 143,800 and for comparison purposes it is on the latter figure that the vital statistics are calculated.

TABLE I.

Estimated population 30th June.				
	Census 1921	Estimate of Registrar General.		Estimate of Medical Officer of Health.
		For calculation of Birth Rate.	For calculation of Death Rate.	
1921	56,013	55,500	55,500	56,045
1922	—	55,930	55,930	57,507
1923	—	56,690	56,690	60,495
1924	—	57,760	57,530	64,444
1925	—	59,330	59,150	66,922
1926	—	62,790	62,570	71,111
1927	—	66,370	66,060	75,747
1928	—	80,220	79,710	89,871
1929	—	83,540	83,190	101,671
1930	—	83,540	83,190	109,583
1931	Census 1931 115,682	114,370	113,980	
1932	—	123,200		124,477
1933	—	127,600		129,698
1934	—	131,075		138,643
1935	—	134,160		146,720
1936	—	140,650		155,800
1937	—	143,800		162,079

The estimated population of the district at 30/6/37 was as follows:—

TABLE II.

Ward.	Persons.	
	1936.	1937.
Burnt Oak	21,100	21,146
Central Hendon	17,493	18,266
Child's Hill	18,236	18,252
Garden Suburb	14,939	15,136
Golders Green	15,178	15,628
Mill Hill	22,518	23,618
Park	16,032	16,578
West Hendon	18,518	19,014
Edgware	11,786	14,441
Total	155,800	162,079

Number of inhabited houses 31/12/36	38,457
Total Rateable Value, reduced at 6/2/37	£1,901,459
Estimated Product of 1d. Rate	£7,438

CLIMATE.

The following particulars have been extracted from the Register of Rainfall, compiled by Mr. J. Burgess, Headmaster of the Bell Lane School, and kindly furnished to me by him:—

Total rainfall	28.93 inches.
Wettest month, February	4.34 inches.
Driest month, July .....	.50 inches.
Total number of rain days	166
(Days with .01 inches or more)	
Total number of dry days	199

SOCIAL CONDITIONS.

The Borough is being steadily developed, mainly residentially, and during the year 1261 houses were taken into occupation.

The unemployment figures at the end of the year had increased slightly as compared with those at the same period in 1936 there being 1795 men unemployed and 482 women as compared with 1431 and 476 respectively.

VITAL STATISTICS.

The main vital statistics are shown on pages 12 and 13 and the figures generally are very similar to those of the previous year, there being a slight increase in the death rate and a corresponding fall in the birth rate. Infantile mortality, which reflects the environmental condition of the area more truly than any other rate remained practically stationary, being 45 per 1000 live births as compared with 60 for London during the same period and 44 in Hendon during the previous year.

Attention should be drawn to the apparently high incidence of Puerperal Fever and Puerperal Pyrexia, but this figure does not reflect the actual facts as applied to the Borough but is due to the admission of many such cases to Redhill Hospital from outlying districts. When adjustment is made for this fact the rate is reduced from 33.4 to 15.6.

LIVE BIRTHS:—	Birth Rate per 1,000 of the estimated resident population.			
	Total.	Male.	Female.	
Legitimate	1704	876	828	
Illegitimate	88	44	44	12.46
	<hr/>	<hr/>	<hr/>	
	1792	920	872	
	<hr/>	<hr/>	<hr/>	

	Total.	Male	Female.	Rate per 1,000 total (live and still) births.
STILL BIRTHS	62	32	30	33
				Death Rate per 1,000 of the estimated resident population.
DEATHS	1291	618	673	10.59

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	4	2.15
No. 29—Puerperal Sepsis	1	0.54
Total	5	2.69

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	45
Legitimate infants per 1,000 legitimate live births.....	43
Illegitimate infants per 1,000 illegitimate live births	79
Deaths from Measles (all ages)	2
Deaths from Whooping Cough (all ages)	2
Deaths from Diarrhœa (under 2 years)	21

COMPARISON OF VITAL STATISTICS OF HENDON
WITH THOSE OF ENGLAND AND WALES, ETC., FOR
THE YEAR 1937.

Birth-rates, Death-rates, Analysis of Mortality, Maternal
Death-rates, and Case-rates for certain Infectious Diseases
in the year 1937.

**England and Wales, London, 125 Great Towns and 148
Smaller Towns.**

(Provisional Figures based on Weekly and Quarterly Returns).

TABLE III.

	England and Wales	125 County Boroughs and Great Towns (including London)	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London adminis- trative County	Hendon
Rates per 1,000 Population					
Births:—					
Live	14. 9	14. 9	15. 3	13. 3	12.46
Still	0.60	0.67	0.64	0.54	0.43
Deaths:—					
All Causes	12. 4	12. 5	11. 9	12. 3	10.59
Typhoid and Paratyphoid fevers	0.00	0.01	0.00	0.00	—
Smallpox	—	—	—	—	—
Measles	0.02	0.03	0.02	0.01	0.01
Scarlet fever	0.01	0.01	0.01	0.01	—
Whooping Cough	0.04	0.04	0.03	0.06	0.01
Diphtheria	0.07	0.08	0.05	0.05	0.05
Influenza	0.45	0.39	0.42	0.38	0.37
Violence	0.54	0.45	0.42	0.51	0.60
Notifications:—					
Smallpox	0.00	—	0.00	—	—
Scarlet fever	2.33	2.56	2.42	2.09	1.69
Diphtheria	1.49	1.81	1.38	1.93	0.84
Enteric fever	0.05	0.06	0.04	0.05	0.01
Erysipelas	0.37	0.43	0.34	0.44	0.31
Pneumonia	1.36	1.58	1.20	1.18	1.05

TABLE III.—Continued.

	England and Wales	125 County Boroughs and Great Towns (including London)	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London administrative County	Hendon
	Rates per 1,000 Live Births				
Deaths under 1 year of age	58	62	55	60	45
Deaths from Diarrhœa and Enteritis under 2 years of age	5.8	7.9	3.2	12.0	11.71
Maternal Mortality:—					
Puerperal Sepsis	0.97				0.56
Others	2.26	Not available			2.23
Total	3.23				2.79
	Rates per 1,000 Total Births (i.e., Live and Still)				
Maternal Mortality:—					
Puerperal Sepsis	0.94				0.54
Others	2.17	Not available			2.15
Total	3.11				2.69
Notifications:—					
Puerperal fever				4.15	
Puerperal pyrexia	13.93	17.59	11.52	14.34	33.44

CAUSES OF DEATH IN 1937.

TABLE IV.

Cause of Death.	M.	F.
All Causes	618	673
1. Typhoid Fever, etc.	—	—
2. Measles	—	2
3. Scarlet Fever	—	—
4. Whooping Cough	2	—
5. Diphtheria	4	3
6. Influenza	28	25
7. Encephalitis Lethargica	—	—
8. Cerebro-spinal Fever	1	1
9. Respiratory Tuberculosis	31	25
10. Other Tuberculosis	7	5
11. Syphilis	—	1
12. General Paralysis of the Insane, etc.	4	2
13. Cancer	84	127
14. Diabetes	4	3
15. Cerebral Hæmorrhage	19	28
16. Heart Disease	134	153
17. Aneurysm	3	—
18. Other Circulatory Diseases	26	35
19. Bronchitis	22	14
20. Pneumonia	44	27
21. Other Respiratory Diseases	—	7
22. Peptic Ulcer	5	2
23. Diarrhœa, etc. (under 2 years)	11	10
24. Appendicitis	8	3
25. Cirrhosis of Liver	2	3
26. Other Liver Diseases	1	3
27. Other Digestive Diseases	8	16
28. Nephritis	22	18
29. Puerperal Sepsis	—	1
30. Other Puerperal causes	—	4
31. Congenital causes	23	18
32. Senility	15	30
33. Suicide	14	10
34. Other violence	34	29
35. Other defined causes	62	68
36. Ill-defined causes	—	—
Special causes (included in No. 35):—		
Smallpox	—	—
Poliomyelitis	1	—
Polioencephalitis	—	—
Diarrhœa (2 years and over)	—	—

PROFESSIONAL TRAINING IN THE HOME

Professional nursing in the home is carried out by eight district nursing associations which are separate entities and are different parts of the Borough but are associated in some extent under the General Committee for London District Nursing Associations on which the Council are represented by Aldermen W. M. Mitchell, J. P. Williams and the Public Health and Medical Services Committee, London Borough of South and the Medical Officer of Health.

The Council make a grant of £20 per annum to the Committee for distribution amongst the constituent societies for work carried out in the home and for the maintenance of the health of the community. The Council also make a grant of £100 per annum to the Council for the year.

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), Councillor T. J. Scott 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 VI.

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, 1937.

(In respect of children under 5 years of age and expectant and nursing mothers.)

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	4	34	22	145	9	169	3	82	7	99
Measles with Pneumonia	—	—	1	6	—	—	—	—	—	—
Measles	4	18	23	95	3	19	—	—	6	19
Whooping Cough	—	—	3	8	—	—	—	—	—	—
Epidemic Diarrhœa	—	—	5	13	—	—	—	—	—	—
Ophthalmia Neonatorum	1	21	—	—	—	—	1	17	—	—
Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—
Complications of Pregnancy.....	—	—	1	4	1	10	8	70	10	50
Puerperal Pyrexia & Puerperal Fever	—	—	—	—	—	—	—	—	—	—
Other complications occurring after childbirth	2	9	—	—	1	7	4	18	3	28
Influenza	13	73	45	141	13	49	19	172	32	159
Chicken Pox	1	1	9	23	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—
Nursing of any other diseases in children under 5 years of age not mentioned above	45	134	173	646	114	760	56	343	22	115

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	.....	778
Virulence tests	.....	93
Sputum for Tubercle Bacillus	.....	198
Other examinations	.....	187
Total	.....	1256

AT HENDON ISOLATION HOSPITAL:—

TABLE VII.

	Specimens from:—			
	Hospital.	Clinics.	Local Doctors.	Total.
1. Specimens examined for diphtheria bacillus:—				
(a) cultures	945	273	23	1241
(b) direct smears	10	—	2	12
2. Direct smears examined for Vincent's organisms	37	1	2	40
3. Specimens examined for cocci	10	5	2	17
4. Sputum specimens examined for tubercle bacilli	2	—	—	2
5. Blood films examined micro- scopically	2	—	—	2
Totals	1006	279	29	1314

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.

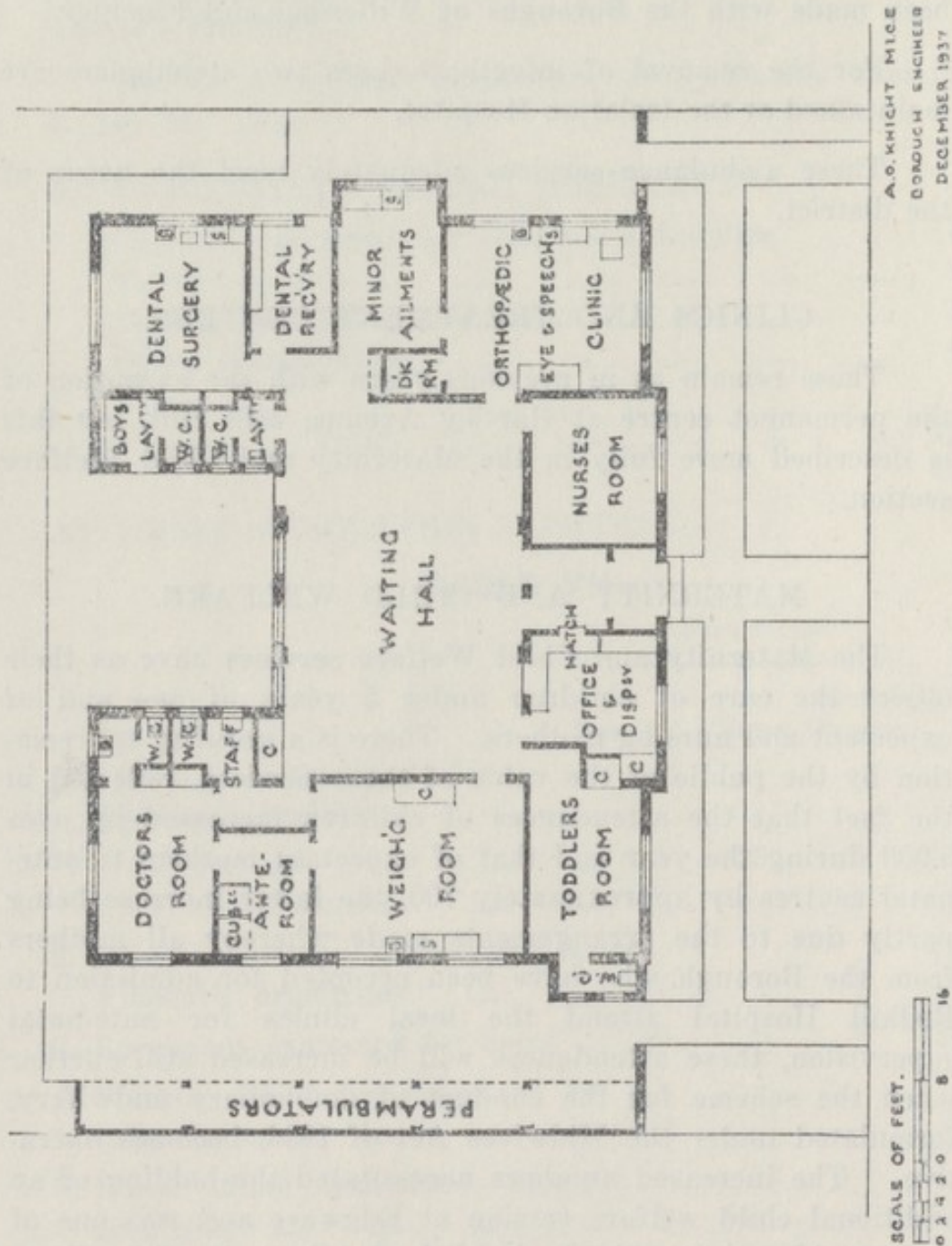
CLINICS AND TREATMENT CENTRES.

These remain as in previous years with the exception of the permanent centre at Hartley Avenue, Mill Hill, but this is described more fully in the Maternity and Child Welfare section.

MATERNITY AND CHILD WELFARE.

The Maternity and Child Welfare services have as their object the care of children under 5 years of age and of expectant and nursing mothers. There is a growing appreciation by the public of the value of these services, reflected in the fact that the attendances of children increased by over 5,000 during the year and that of expectant mothers to ante-natal centres by approximately 700, the latter increase being partly due to the arrangements made whereby all mothers from the Borough who have been accepted for admission to Redhill Hospital attend the local clinics for ante-natal supervision, these attendances will be increased still further when the scheme for the conduct of domiciliary midwifery, formulated under the Midwives Act of 1936, becomes operative. The increased numbers necessitated the holding of an additional child welfare session at Edgware and was one of the considerations which decided the Borough Council to provide a permanent health centre at Hartley Avenue, Mill Hill.

The centre was built at a cost of £4,619* and is essentially simple in construction but is capable of providing accommodation for the diversity of services to be carried out there. The following is a photograph of the plan of the interior:—



* exclusive of heating, the heating service being supplied by the Mill Hill Branch Library.

The main developments of the maternity and child welfare services during the year have been to make still further provision for the safeguarding of motherhood and the reduction of maternal mortality.

The Council made application to the Ministry of Health to become the supervising authority under the Midwives Acts and the application was granted. At the same time the County Council delegated to the Borough Council its powers under the Nursing Homes Registration Act, 1927, and from the 1st April the Council became responsible for carrying out the duties under these Acts.

The Midwives Acts of 1902—1926 place on local supervising authorities the duty of supervising all midwives practising in their areas. This work requires considerable sympathy and tact and a specialised knowledge of obstetric conditions, and it is demanded by regulation that the supervisor, amongst other qualifications, shall have held the appointment of resident Medical Officer in a maternity department for a period of not less than six months, and within a period of two years before the first appointment as a medical supervisor, had not less than one year's continuous experience in some branch of obstetric work.

The Council decided to nominate Dr. Jean MacLennan as the supervisor under the Acts and this nomination was approved by the Minister of Health.

The 1936 Midwives Act places upon the local supervising authorities the duty of securing for their areas an adequate number of whole-time midwives to act as midwives or maternity nurses.

The objects of the Act are summarised in the Ministry of Health Circular 1569 which reads as follows:—

“The principal object of the Act is to secure the organisation throughout the country of a domiciliary service of salaried midwives under the control of the local supervising authorities as an important step in the improvement of the maternity services and in the campaign

for reducing maternal mortality. At the same time, the whole status of the midwifery profession will be raised by providing adequate salaries and secure prospects for those midwives who enter the new service, and by compensating those who retire within a specified period and so reducing the present overcrowding in the ranks of the profession.

The Act provides for the establishment by local supervising authorities of a salaried midwives' service; the payment by those authorities of compensation to midwives who voluntarily retire from practice and to those who are required to retire owing to old age or infirmity; the payment by the Exchequer of grants towards the cost of the new service and towards the amounts expended in compensation; the prohibition of maternity nursing by unqualified persons in any area by order of the Minister as soon as he is satisfied that the new service in that area is adequate; and the periodical attendance at post-certificate courses of all practising midwives."

In order to carry out their duties under the Act the Council have decided to employ six full-time midwives and have entered into arrangements with the Watling District Nursing Association for the provision of midwifery by that body in a defined portion of the area which it is estimated will occupy the time of approximately two midwives.

The arrangement with the district nursing associations and the terms of employment of the midwives are set out at the end of this section on pages 37—41.

Consideration was also given to Circular 1622 of the Ministry of Health which contained the more important of the recommendations which appeared in a Command Report on an investigation into maternal mortality.

As a result the Council decided:—

- (1) That the Middlesex County Council be approached to ascertain whether they have given consideration to the provision of Emergency Units.

- (2) That the present Post-Natal Services be increased in order that each mother seen at an Ante-Natal Centre may be asked to attend for a post-natal examination.
- (3) That the Council's Scheme by which additional nourishment is obtainable be extended to provide for women at any stage of pregnancy whenever this appears necessary for the maintenance of health.
- (4) That a Scheme for Home Helps be formulated for consideration by the Public Health and Medical Services Committee.

Arising out of recommendation No. 1, the Middlesex County Council were approached and intimated that their Public Health Committee were of opinion that the scheme which has been in operation for some time between the County Council and the Enfield Urban District Council is the most suitable form of assistance which can be devised for an area such as Middlesex. Provision is made whereby Medical Officers at North Middlesex County Hospital are available to assist local Maternity and Child Welfare Authorities in a consultative capacity in connection with cases of obstetrical difficulty, puerperal fever and puerperal pyrexia, when arrangements can be made which will not seriously interfere with the work of the hospital.

The working arrangements of the scheme are as follows:—

- (a) Any doctor in attendance upon a confinement who desires a second opinion communicates by telephone with the North Middlesex County Hospital and discusses the case with the obstetrician on duty. If the symptoms are so urgent that immediate admission to hospital appears to be necessary in the patient's interest, the obstetrician makes suitable arrangements and an ambulance is sent for the case with the concurrence of the general practitioner in charge.

- (b) On the other hand, if the case appears to be one which could or should be dealt with at the home, the County Council's obstetrician visits the patient in her home, in consultation with the general practitioner. If the need arises it is perfectly simple for an ambulance to be sent to the house with a nurse in attendance who can assist at the home if domiciliary operative interference is found necessary. No charge is made to the District Council unless the County Council's obstetrician actually visits the patient in her own home.

The Borough Council then made application for the provision of such a service with the substitution of Redhill County Hospital for the North Middlesex County Hospital, the Redhill County Hospital being the nearest County Hospital. The service will come into force when the additions at Redhill County Hospital have been completed.

With regard to the second resolution of the Council it has not been possible to put it into effect to any great extent because the numbers attending at the Ante-Natal sessions have precluded this, but it is hoped that with the advent of an additional Assistant Medical Officer more complete Post-Natal care will be available.

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:—

City of London Maternity Hospital	7
Queen Charlotte's Maternity Hospital	33
	—
	40
	—

NURSING HOMES REGISTRATION ACT, 1927.

The application of the Council to become the supervising authority under the Midwives Acts having been approved the Middlesex County Council delegated to the Borough Council its powers under the Nursing Homes Registration Act of 1927 and the Borough Council became the supervising authority from the 1st April.

The Middlesex County Council were, in this and in the Midwives Acts, most helpful in providing all information concerning these activities amplifying from personal knowledge the information contained in the files which were transferred.

It was decided that the appropriate person to carry out this supervision was the officer who was appointed as supervisor of midwives as many of these homes receive maternity cases, but to allow for sickness and holiday periods the remaining assistant medical officers were also nominated and the right of entry thus ensured.

Bye-laws were made under Section 190 of the Public Health Act of 1936, and these conform with the model bye-laws of the Ministry of Health.

At the period of taking over the duties under the Act there were 18 Nursing Homes registered in the area which have been kept under periodical supervision. One additional Nursing Home has been registered and the registration of two cancelled as they had not for some time been used for their original purpose.

MIDWIVES.

There is at present 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 1936 and 1937:—

	1936.	1937.
Number of Confinements attended	118	102
Number of Ante-natal visits	453	438
Number of ordinary working visits	1794	1914
Number of late visits (<i>i.e.</i> , visits paid after the normal period of 10 days)	193	193

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

TABLE VIII.

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	7620	5733	8332	8179	2740	8084	5251	3725	49664
Average attendances per session	75	56	53	52	55	78	57	71	61
Examinations by Medical Officer	2401	1885	2700	2291	713	1992	1441	1041	14464
New members admitted.....	211	209	331	312	95	306	210	151	1825
Under 1 year of age.....	161	152	225	162	67	234	152	105	1258
Over 1 year of age	50	57	106	150	28	72	58	46	567
Number of attendances of expectant mothers	358	817	596	620	—	—	—	—	2391

TABLE IX.
TABLE OF TOTAL ATTENDANCES SINCE 1922.

Year.	Centre.								Total
	Colindale	Edgware	Watling Estate	Central Hendon	West Hendon	Child's Hill	Temple Fortune	Mill Hill	
1922	—	—	—	1806	3114	4439	—	—	9359
1923	—	—	—	2159	4071	5295	—	—	11525
1924	—	—	—	2243	4595	5758	50	63	12709
1925	—	—	—	1948	5288	5935	376	384	13931
1926	—	—	—	2464	5984	5958	452	553	15411
1927	—	—	—	2871	5688	5492	418	672	15141
1928	—	—	1618	3364	5748	5272	556	1078	17636
1929	—	—	7941	3843	4820	5284	868	1626	24382
1930	—	—	10233	5163	3611	4755	1937	2717	28416
1931	—	—	10336	5915	4597	5155	1937	3064	31004
1932	—	690	10948	6519	5387	6118	2391	3131	35184
1933	—	2925	10183	6572	5791	8005	2028	3321	38825
1934	—	3093	9621	6338	6747	7750	2506	4212	40267
1935	253	3919	8393	6528	6641	7535	2654	5326	41249
1936	3105	4129	8083	6948	4670	8275	2648	6663	44521
1937	3725	5251	8179	7620	5733	8332	2740	8084	49664

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 X.

Number of children on the Register:—

(i) at the end of the year	.....	.....	149
(ii) who died during the year	.....	.....	1
(iii) on whom inquests were held during the year	.....	.....	.....
	.....	.....	Nil

NUTRITION.

Milk, as heretofore, was provided for expectant and nursing mothers and children under five years of age when the circumstances of the family were necessitous and came within the provisions of the Council's Economic Scale. The amount provided was 10,618 gallons liquid milk and 1,787 lbs. dried milk.

HOSPITAL PROVISION.

There is no change in the Hospital provision outlined in the Annual Report for 1935.

HOME VISITATION.

The following are 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	390	878
To children under 1 year of age	1444	5157
To children between the ages of 1 and 5 years	499	8555

METHOD OF FEEDING.

Breast	1094
Breast and bottle	130
Bottle	193

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.

The Ophthalmic, Orthopædic and Dental Services are extended to provide for the treatment of children under 5 years of age, and details of the numbers treated will be found in the School Medical Services Section of the report under the appropriate headings.

VOLUNTARY WORKERS.

In concluding this section of the report I should like to take this opportunity of paying tribute to those ladies who act as voluntary workers at the various child welfare sessions.

BOROUGH OF HENDON.

DOMICILIARY SERVICES OF MIDWIVES.

**PROPOSED ARRANGEMENTS WITH THE WATLING
AND DISTRICT NURSING ASSOCIATION.**

1. BOUNDARIES OF AREA TO BE SERVED:

On the North by Manor Park Crescent, New Road, and Hale Lane, on the West by Edgware Road, on the East by Hale Lane, and the L.M.S. Railway, and on the South by Colindale Avenue.

(The above to be subject to review at the expiration of a period of twelve months. The Association to be permitted to take cases outside the boundaries referred to subject to the approval of the Medical Officer of Health being first obtained.)

**2. NUMBER OF MIDWIVES TO BE PROVIDED BY
ASSOCIATION:**

Minimum of two full-time Midwives (to be increased as exigencies of the service demands).

3. AVAILABILITY OF MIDWIVES:

Midwives to be available either as Midwives or Maternity Nurses for **all** women, whether members of the Association or not.

4. TERMS OF APPOINTMENT:

(a) To be whole-time servants, and in addition to being a Qualified Midwife to be a State Registered Nurse.

(b) Salary:—

£200 per annum rising by annual increments of £15, and a final increment of £10 to £300 per annum.

(c) Allowance:—

Travelling—£5 per annum for bicycle, or ordinary travelling expenses.

Uniform and Laundry to be provided by the Association.

(d) Leave—subject to the exigencies of her duties each midwife shall be entitled to leave of absence as follows:—

Four weeks in every year. Alternate weekends as far as possible. Off duty periods during the week shall be dependent upon arrangements between the Midwives and subject to the approval of the Medical Officer of Health.

(e) Telephone:—To be provided by Association.

(f) Drugs and Equipment:—To be provided by Association.

5. RESIDENCE:

To be approved by the Borough Council, if unsuitable Council may require removal to other premises.

6. SUBSTITUTES:

The Association to provide the necessary relief Midwives to take the place of regular Midwives in times of absence from duty on account of suspension, ill-health, refresher course, leave, etc.

7. NEW APPOINTMENTS:

Any new appointments by the Association to be subject to the approval of the Borough Council.

8. FEES TO BE CHARGED FOR SERVICES:

£2 for midwifery case. 30/- for maternity case.

Reduction for Members:—

Lower fees may be charged for Members of Association.

9. FINANCIAL ARRANGEMENTS:

- (a) Patients' fees and contributions to be retained by Association and remitted or reduced in cases of necessity, by the Association in accordance with the attached economic scale, such remissions or reductions to be borne by the Association.
- (b) Borough Council to pay a subsidy at a flat rate of 30/- per case.

10. RECORDS:

Records to be kept as prescribed from time to time, and to be open to inspection by Officers of the Council, Financial and other returns to be supplied to Borough Council as required.

11. FORMAL AGREEMENT:

The arrangements to be incorporated in a formal agreement between the Borough Council and the Association.

* * * *

EXTRACT FROM COUNCIL'S ECONOMIC SCALE.

Where the net weekly income per head of family per week does not exceed the following amounts:—

No. in Family.						
2	.....	.....	10/6	14/-	16/-	18/6
3	.....	.....	9/6	12/-	14/-	16/-
4	.....	.....	8/6	11/-	13/-	15/-
5	.....	.....	7/6	9/6	11/6	13/6
6	.....	.....	7/-	8/6	10/-	11/6
7 or over	.....	.....	6/6	8/-	9/6	11/-
			-----	-----	-----	-----
			Free	25%	50%	75%
			-----	-----	-----	-----

CONDITIONS:—

- The net income per head of family shall be defined as the income after rent, rates (including payments for arrears) compulsory insurances and fares to and from work have been deducted.

2. Income shall be calculated under the following headings:—

(a) Wages. Parents' or Guardians' weekly — the average for four weeks being taken.

(b) Earnings of children. Two-thirds of the net wages with a maximum of 30/- per child.

(c) Income from lodgers to be reckoned on the following basis:—

Payment received from Lodgers	Proportion reckoned as income.
up to 12/- per week	Nil.
over 12/- per week	50 per cent, of surplus over 12/-.

(d) Any sum received from sub-letting to be included in the family income.

(e) The unborn child is counted as a member of the family.

TERMS OF APPOINTMENT OF MIDWIFE.

1. Applicants must possess the certificate of the Central Midwives Board. (After the 1st January, 1938, applicants must also be State Registered Nurses.)

2. The salary will be:—

(a) For midwives who are also State Registered Nurses —£200 rising to £300 by annual increments of £15. Less 5 per cent. deduction for superannuation purposes.

(b) For Midwives who are not State Registered Nurses —£180 rising to £280 by annual increments of £15. Less 5 per cent. deduction for superannuation purposes.

The appointment will be subject to passing a medical examination by the Council's Medical Officer.

3. The appointment will be terminable by one calendar month's notice on either side.
4. A Midwife appointed will be required to devote her whole time to the duties and not to engage in private practice or in any other occupation. She will be required to pay to the Council all fees or monies of any kind received in the course of her duties. She will be prohibited from receiving presents of any kind.
5. She will be required to act under the direction of the Medical Officer of Health and the Inspector of Midwives, who will at all times determine her duties.
6. A Midwife appointed may be required under special circumstances to undertake duties in connection with the Council's Maternity and Child Welfare and School Medical Services.
7. She will be required to reside within an area of the Borough to be determined by the Medical Officer of Health, and to provide at her home address suitable accommodation for the interviewing of patients, etc. An allowance of £13 per annum will be made in respect of the accommodation provided.
8. Travelling expenses incurred in the ordinary course of duty will be allowed or a bicycle allowance of £5 per annum will be made when the Midwife provides and uses her own bicycle.
9. The telephone will be provided but an account of all private calls must be kept and paid for by the Midwife at the current rates.
10. Uniform and equipment will be provided by the Council and laundry will be arranged for.
11. Holidays will be allowed to the extent of four weeks in the year. Alternate week-ends will, as far as possible, be allowed. The period of week-end off-duty will be from 5 p.m. on Friday until 10 p.m. on Sunday. Off-duty periods during the week will be dependent on arrangements between the Midwives and subject to the approval of the Medical Officer of Health.

The following is a brief summary of water supply—

(1) The Metropolitan Water Board supplies an area bounded on the West by the London Midland and Scottish Railway, on the East by a line along the Millers Brook in the East London Railway, and on the South by the London & South Western Railway. The remaining Eastern portion of the Borough is supplied by the Colney Valley Water Company.

The Metropolitan Water Board supplies selected houses in the area which has been reserved for purification by storage in the Millers Brook. The water is treated by the Colney Valley Water Company.

SECTION C.

Sanitary Circumstances of the Area.

The Colney Valley Water Company supplies the whole of the area reserved for purification by storage in the Millers Brook. The water is treated by the Colney Valley Water Company. The sanitary conditions of the area are satisfactory.

The Colney Valley Water Company supplies the whole of the area reserved for purification by storage in the Millers Brook. The water is treated by the Colney Valley Water Company. The sanitary conditions of the area are satisfactory.

The Colney Valley Water Company supplies the whole of the area reserved for purification by storage in the Millers Brook. The water is treated by the Colney Valley Water Company. The sanitary conditions of the area are satisfactory.

WATER SUPPLY.

The Borough has a dual source of water supply:—

(1) The Metropolitan Water Board supplying an area bounded on the West by the London Midland and Scottish Railway, on the North by a line along the Mutton Brook to Bridge Lane and on the East by the London North Eastern Railway. The remaining Northern portion of the Borough is supplied by the Colne Valley Water Company.

The Metropolitan Water Board supplies selected Thames water which has been subjected to purification by storage in Queen Mary Reservoir for two months, in which time it is freed of the bulk of organisms. It is filtered through rapid and then slow sand filters, attaining a degree of purity which compares favourably with the general supplies in Great Britain, but as a further safeguard, terminal chlorination is applied which ensures a first class water in every respect. The quality of standard water which Hendon has been receiving for a definitely prolonged period is negative to *Bact. coli* in 100 ml. and a colony count of less than 5 per ml. Sampling of raw water, filtered water, mains water and all filter beds in rotation are examined on every working day, and the condition of the water in the reservoir is also kept under similar surveillance.

(2) The Colne Valley Water Company derives the whole of its supply from deep wells sunk into the chalk and before distribution to the consumers the water is softened and chlorinated. The treatment the water receives and the purity of the supply are under the constant supervision of a resident chemical and bacteriological staff which carries out examinations in modern Laboratories situated at their Works.

The number of samples examined during the year by the Colne Valley Water Company were as follows:—

	Well Waters.	Waters softened and chlorinated sent into supply.	Total.
Chemical	138	150	288
Bacteriological	291	506	797
Mineral	66	63	129

Of the 506 samples of softened water which were examined, 97.2 per cent. showed the absence of *Bacillus coli* in 100 c.c.

RIVERS AND STREAMS.

Action was taken in connection with pollution of one water course.

DRAINAGE, SEWERAGE AND PUBLIC CLEANSING.

There is nothing further to add to the particulars given in last year's Report.

EARTH CLOSETS, PRIVIES AND CESSPOOLS.

There are no privies in the district, but 22 earth closets are still in use.

In addition there are 92 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	4337
Re-inspections after order or notice	8622
Complaints received and investigated	1479
Visits paid to infected houses	672
Rooms disinfected	665
Drains smoke or water tested	542
Drains uncovered for examination	28
Nuisances discovered and dealt with	4770

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	.....	.....	.....	.....	.....	16
Main drains repaired	.....	.....	.....	.....	.....	26
Branch drains relaid and constructed	.....	.....	.....	.....	.....	110
Branch drains repaired	.....	.....	.....	.....	.....	113
New gullies	.....	.....	.....	.....	.....	30
Gullies unstopped, provided with grids and cement work around repaired	.....	.....	.....	.....	.....	68
Manholes built	.....	.....	.....	.....	.....	21
Manholes repaired	.....	.....	.....	.....	.....	17
Manhole covers and frames provided	.....	.....	.....	.....	.....	41
Intercepting traps fixed	.....	.....	.....	.....	.....	4
Intercepting trap caps resealed	.....	.....	.....	.....	.....	10
Fresh-air inlets provided and repaired	.....	.....	.....	.....	.....	14
New soilpipes	.....	.....	.....	.....	.....	9
Soilpipes repaired	.....	.....	.....	.....	.....	10
New drain ventilators	.....	.....	.....	.....	.....	10
Ventilating pipes repaired	.....	.....	.....	.....	.....	—
New stackpipes provided	.....	.....	.....	.....	.....	16
Drains unstopped and cleansed	.....	.....	.....	.....	.....	160
Cesspools emptied	.....	.....	.....	.....	.....	136
Premises connected with sewer	.....	.....	.....	.....	.....	1

WATER CLOSETS.—

New provided	.....	.....	.....	.....	.....	14
New basins	.....	.....	.....	.....	.....	90
New flushing cisterns	.....	.....	.....	.....	.....	40
Flushing cisterns repaired	.....	.....	.....	.....	.....	37
Flushpipe joints repaired	.....	.....	.....	.....	.....	6
New seats	.....	.....	.....	.....	.....	59
Water closets unstopped and cleansed	.....	.....	.....	.....	.....	18
Floors paved and repaired	.....	.....	.....	.....	.....	3
Compartments cleansed	.....	.....	.....	.....	.....	11
Compartments repaired	.....	.....	.....	.....	.....	7
Compartments lighted and ventilated	.....	.....	.....	.....	.....	14

SINKS.—

New provided	.....	.....	.....	.....	.....	75
New wastepipes	.....	.....	.....	.....	.....	58
Wastepipes trapped or repaired	.....	.....	.....	.....	.....	67
Wastepipes unstopped	.....	.....	.....	.....	.....	4

BATHS AND LAVATORY BASINS.—

New provided	.....	.....	.....	.....	.....	132
Wastepipes repaired and unstopped	.....	.....	.....	.....	.....	8
New wastepipes provided	.....	.....	.....	.....	.....	70

WATER SUPPLY.—

Service pipes renewed and repaired	.....	.....	.....	.....	.....	2
Taps taken off rising main	.....	.....	.....	.....	.....	22
Drinking water cisterns covered, cleansed or repaired	.....	.....	.....	.....	.....	6
Supplies renewed to houses	.....	.....	.....	.....	.....	20

EXTERNAL WORK.

ROOFS.—

Repaired and made watertight	143
------------------------------	-------	-------	-------	-------	-------	-----

RAINWATER GUTTERING AND DOWNSPOUTING.—

New gutters and down spouts	.....	.....	.....	.....	.....	39
Repaired	.....	.....	.....	.....	.....	53
Unstopped	.....	.....	.....	.....	.....	16
Disconnected from drains	.....	.....	.....	.....	.....	3

YARDS.—

Paved and drained	.....	.....	.....	.....	.....	9
Repaved and drained	.....	.....	.....	.....	.....	37
Repaired	.....	.....	.....	.....	.....	30
Cleansed	.....	.....	.....	.....	.....	7

DUSTBINS PROVIDED	123
-------------------	-------	-------	-------	-------	-------	-----

INTERNAL WORK.

LIVING AND SLEEPING ROOMS.—

Walls and ceilings of rooms stripped and cleansed	1234
Plaster of walls and ceilings repaired	199
Window frames and sashes repaired, eased, etc.	140
Doors and Frames renewed, repaired, eased, etc.	23
Sashcords renewed	86
Dampness in house walls remedied	108
Rooms ventilated (windows made to open, etc.).....	3
Firegrates, kitcheners, coppers renewed and repaired	123
Staircases renewed or repaired	4

FLOORS.—

Repaired (new plates, joists and boards).....	65
Air space under ventilated	11

OTHER MATTERS.—

Back passageways cleansed	8
Ditches cleansed	8
Accumulations of refuse, manure, etc., removed.....	152
Nuisances from keeping of animals abated	2
New urinals provided	1
Urinals cleansed and repaired	3
Verminous houses disinfested	95
Walls re-pointed	180
Miscellaneous	462

NOTICES SERVED.

Informal or cautionary	858
Outstanding from 1936	259
	—————
	1117
Complied with	872
	—————
Outstanding, 1937	245
	—————

STATUTORY NOTICES.

Applied for	109
Served under the Public Health Acts, etc.	15
Outstanding from 1936.....	9

	24
Complied with	17

Outstanding, 1937	7

Served under the Infectious Disease (Prevention) Act	1
Complied with	1

SHOPS ACT, 1934.

212 inspections were made under Section 10 of this Act, relating to sanitary and other arrangements in shops. 18 notices were served where contraventions existed: 19 notices were complied with (including 11 outstanding from 1936), and in 6 cases where restricted accommodation or special circumstances existed, certificates of exemption were granted.

SMOKE ABATEMENT.

No. of observations made on chimney shafts	277
No. of chimney shafts on which observations were made	20
No. of nuisances observed	9
No. of notifications of nuisance given to occupiers (Public Health (Smoke Abatement) Act, 1926).....	9

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	.....	.....	85
Council houses	.....	.....	22

In all cases, the walls, floors, furniture, etc., were sprayed with the insecticide, "Xit," at intervals of from 7-10 days; woodwork and wall-coverings were removed, and blow-lamp was employed for burning out holes and crevices. 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 4 cases of privately-owned houses the owners themselves employed hydrocyanic acid gas for disinfestation purposes.

REMOVAL OF TENANTS INTO COUNCIL HOUSES.

Inspections were made at 24 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.

Work of disinfestation is carried out by the Local Authority and tenants are instructed regarding re-infestation and advised to report immediately on becoming aware of such.

MUSIC, DANCING STAGE PLAY AND
CINEMATOGRAPH LICENCES.

The 69 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, 1937:—

Number of Factories (including Factory Laundries)	110
*Number of Factory Bakehouses	22
	—
Total Factories	132
	—
Number of Workshops and Workplaces (including Workshop Laundries)	172
Number of Workshop Bakehouses	8
	—
Total	180
	—

* One Underground Factory Bakehouse.

Number of Inspections (Factories and Workshops)	147
Number of Notices served to remedy defects	24
Outstanding, 1936	4
Number of Notices complied with	22
Matters notified to H.M. Inspector	—
Matters notified by H.M. Inspector (remediable under the Public Health Acts)	8
Lists of Outworkers received	29
Nature of defects remedied at Factories and Workshops.—	
Sanitary accommodation	{
insufficient	1
unsuitable or defective	2
not separate for sexes	—
Want of cleanliness	26
Overcrowding	—
Improperly drained floor	—
Want of ventilation	—
Other nuisances	18

SWIMMING BATHS AND POOLS.

There are two public swimming baths owned by the local authority and one privately owned. These were described in my last annual report. Since then, however, the alterations at the West Hendon Swimming Bath have been completed, filtration and chlorination plant having been installed and arrangements made for pre-heating the water; in addition the dressing room accommodation has been completely overhauled and modernised.

SECTION D.

HOUSING.

INDIVIDUAL UNFIT HOUSES.

No Demolition Order was made 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.....					26
					<hr/>
			Total	.....	106
					<hr/>

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)	.....	1144
(b) Number of inspections made for the purpose	.....	3829
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	.....	209
(b) Number of inspections made for the purpose	.....	1460
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	.....	1
(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	.....	571

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	444	} 623
Note.—Informal notices in respect of 179 houses not complied with in 1936, complied with in 1937	179	

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

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	.....	.....	.....	.....	.....	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	.....	.....	.....	.....	.....	5
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—							
(a) By owners	.....	.....	.....	.....	.....	3
Note.—Formal notices in respect of 5 houses not complied with in 1936, complied with in 1937	5	} 8
(b) By Local Authority in default of owners	.....	.....	.....	.....	.....	Nil

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—		
(1) Number of dwelling-houses in respect of which Demolition Orders were made		Nil
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders		Nil
(d) Proceedings under Section 12 of the Housing Act, 1936:—		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made		Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit		Nil
4.—Housing Act, 1936—Part IV.—Overcrowding:—		
(a) (i) Number of dwellings overcrowded at the end of the year		309
(ii) Number of families dwelling therein		310
(iii) Number of persons dwelling therein		1986
(b) Number of new cases of overcrowding reported during the year		143
(c) (i) Number of cases of overcrowding relieved during the year		251
(ii) Number of persons concerned in such cases		1414
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding		Nil
(e) Number of cases of overcrowding in houses owned by the Local Authority which have been relieved during the year		4

HENDON CORPORATION HOUSING SCHEMES—1937.

TABLE XI.

Scheme	When Built	No. of Houses & Flats	FLATS		HOUSES			
			2 Bedrooms Living-room Bath, etc.	3 Bedrooms Living-room Bath, etc.	2 Bedrooms Living-room Bath, etc.	3 Bedrooms Living-room Bath, etc.	3 Bedrooms Living-room Parlour Bath, etc.	4 Bedrooms Living-room Parlour Bath, etc.
Child's Hill No. 1	1914	50	—	—	32	18	—	—
Child's Hill No. 2 (Assisted)	1920	37	—	—	—	23	14	—
Brent Hill No. 1 (Assisted)	1920	178	—	—	20	68	68	22
Bittacy Hill	1924	52	28	24	—	—	—	—
Kingsbury Road	1925	52	8	—	—	44	—	—
Brent Hill No. 2	1926	90	—	—	40	50	—	—
Child's Hill No. 3	1926	52	—	—	40	12	—	—
The Hyde	1927	156	—	—	88	60	—	8
Clitterhouse	1928	300	—	—	92	200	—	8
Clitterhouse Lane Flats	1931	21	21	—	—	—	—	—
Goldsmith Avenue Flats	1931	24	24	—	—	—	—	—
*Reets Farm	1934	138	—	—	106	22	10	—
†Dole Street (under construction)	1937-8	140	—	—	—	20	80	40
GRAND TOTAL		1290	81	24	418	517	172	78

* 82 houses of this Scheme were for re-housing in connection with Slum Clearance and the demolition of unfit houses under the Housing Act, 1930.

† This Scheme is for the purpose of relieving overcrowding under the Housing Act, 1936.

Number of New Houses erected during the year:—

(a) Total (including numbers given separately under (b) )	.....	.....	.....	.....	.....	948
(i) By the Local Authority	.....	.....				Nil
(ii) By other Local Authorities	.....	.....				Nil
(iii) By other bodies and persons						{ 693 houses. { 255 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

RENT AND MORTGAGE INTEREST RESTRICTIONS ACTS, 1920-1933.

1 certificate under these Acts was applied for during the year, and was issued.

HOUSES LET IN LODGINGS.

Number of Houses on Register at end of year 123

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 Preliminary	Served Statutory	Notices complied with Preliminary	Statutory
Victoria Road, Hendon (odd numbers)	18	97	27	11	—	8	—
First Avenue, Hendon	20	109	29	11	—	7	—
Belle Vue Road, Hendon	29	185	51	22	1	15	—
Herbert Road, Hendon	22	116	28	17	—	17	—
East Road, Burnt Oak	41	165	42	32	—	32	—
Granville Road, Child's Hill	79	407	115	71	—	14	—
	209	1079	292	164	1	93	—

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

SECTION E.

Inspection and Supervision of Food.

MILK SUPPLY.

DAIRIES, COWSHEDS AND MILKSHOPS.

No. of registered dairymen and retail purveyors of milk (inclusive of 7 cowkeepers occupying 12 cowsheds)	86
No. of registered premises	105

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. Five samples of ungraded milk examined for bacterial count received a satisfactory report.

DESIGNATED MILKS—MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

43 samples of Pasteurised Milk were examined for bacterial count and satisfied the prescribed test.

7 samples of Tuberculin Tested and 2 of Accredited Milk were examined and satisfied the methylene blue reduction test.

15 samples examined were free from tubercle bacilli.

MEAT INSPECTION.

Public Health (Meat) Regulations, 1924.

SLAUGHTER HOUSES.

	January, 1937.	December, 1937.
Registered	5	5
Licensed	4	4
	—	—
	9	9
	—	—

There is no Public Abattoir in the District.

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

176 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.

TABLE XIII.

CARCASSES INSPECTED AND CONDEMNED.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known).....	—	—	—	—	—
Number inspected	—	—	88	358	216
All diseases except Tuberculosis:—					
Whole carcasses condemned	—	—	—	—	—
Carcases of which some part or organ was con- demned	—	—	—	4	—
Percentage of the number inspected affected with disease other than tuber- culosis	—	—	—	1.11	—

TABLE XIII.—continued.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis only:—					
Whole carcasses condemned	—	—	—	—	1
Carcases of which some part or organ was con- demned	—	—	—	—	1
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.92

There are 82 butchers' shops in the District, to which 341 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.

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

OTHER FOODS.

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

Meat:—

One hindquarter of Scotch Beef—Unsound.

Tinned Pork—3 tins Unsound.

Irish Rabbits (Frozen) 76 lbs.—Decomposition.

24 Chickens—Decomposition.

Fish:—

- 10 stone Cod—Unsound.
- 5½ stone Plaice—Unsound.
- 9 stone Skate (wings)—Unsound.

Fruit:—

- 3 lbs. Tomatoes—Unsound.

HENDON URBAN DISTRICT COUNCIL ACT, 1929.

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

Fried fish shops	.....	.....	.....	20
Premises used for the sale and/or manufacture of ice cream.....	.....	.....	.....	180
Premises used for the preservation of meats and fish	.....	.....	.....	35

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 ended 31st December, 1937.

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, 1937:—

Article.	Taken.	Adulterated.
Milk	120	—
Almonds, ground	2	—
Banana Curd	1	—
Brandy	1	—
Butter	11	—
Cocoa	2	—
Coffee	2	—
Cream	4	—
Cream Pastries	1	1
Hake	1	—
Jam	1	—
Lemon Curd	2	—
Meat	10	—
Peas, tinned	3	—
Rum	4	—
Sausages	12	4
Sheep's Liver	20	1
Sild	1	—
Vinegar	9	—
Whisky	1	—
	208	6
	—	—

CHEMICAL AND BACTERIOLOGICAL EXAMINATION
OF FOOD.

Examinations, other than those for adulteration, are conducted at the Laboratories of the University College Hospital Medical School, Gower Street, W.C. 1.

SHELL FISH (MOLLUSCAN).

There are no shell-fish beds or layings in the district.

Generally, crabs, lobsters, escallops and winkles are obtained in the open markets of Billingsgate and Fleetwood.

Oysters consumed in the district are from the beds at Faversham, Whitstable, Brightlingsea and the Duchy of Cornwall, and during the season in addition Dutch, American Blue Points and Brittany oysters.

DISEASES OF ANIMALS ACTS, 1894-1935.

FOOT-AND-MOUTH DISEASE.

During November an outbreak of this disease occurred at Nazeing, Essex, and the Foot-and-Mouth Disease (Infected Areas Restrictions) Order of 1925, became operative within the Borough.

Licences, where necessary, were granted for the removal of cattle, sheep, goats and pigs within or into the district.

TUBERCULOSIS ORDERS, 1925 AND 1931.

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

SECTION F.

Prevention of and Control over
Infectious and other Diseases.

INFECTIOUS DISEASES.

Table XVII. shows the incidence of notifiable infectious diseases and is mainly noteworthy for the continued low incidence of both Diphtheria and Scarlet Fever.

DIPHTHERIA.

The number of cases of Diphtheria notified during the year was 121 compared with 86 in the previous year, giving a rate, per 1,000 population, of 0.84 compared with 1.49 in the country generally and 1.93 for the administrative County of London. The disease was of moderate severity although a number of cases of the gravest type occurred as will be seen from the report on the work at the Isolation Hospital which appears later in this section.

Immunisation was continued and the following table gives particulars of the cases dealt with:—

TABLE XV.

Successfully immunised	186
No. who failed to complete attendances	15
No. removed from district	8
No. under treatment	115
Total attendances for treatment	980

Anti-toxin for the treatment of patients suffering from or suspected to be suffering from Diphtheria is supplied to practitioners in the area free of cost. Supplies of anti-toxin are obtainable from the Public Health Department, the Isolation Hospital and the Fire Stations and can be supplied at any time during the day and night so that there shall be no delay in its administration.

SCARLET FEVER.

The number of cases of Scarlet Fever notified was 244 compared with a total of 382 in the previous year, the total being equivalent to 1.69 per 1,000 population, as compared with 2.33 for England and Wales, and 2.09 for the administrative County of London.

DYSENTERY.

It will be seen that altogether 31 cases of Dysentery were notified compared with 10 in the previous year. These cases were all of a comparatively mild variety and in each bacteriological investigation was conducted. The affecting organism proved to be the Sonne bacillus and this disease appears now to be endemic in the country, reaching epidemic prevalence from time to time.

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.

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.

Towards the end of the year a National publicity campaign for the greater use of the Health Services was inaugurated for the country as a whole by Ministerial broadcast speeches, and for Hendon in particular by the opening of the new Mill Hill Health Centre.

The months of November and December were devoted chiefly to Maternity and Child Welfare facilities, and local propaganda included special posters, pamphlets and book marks, lectures, newspaper articles and cinematograph films.

As far as possible the special literature was distributed to the homes of the school children, thus concentrating on the section of the population—Mothers with children—chiefly concerned. The Campaign continues into 1938.

TABLE XVI.

TUBERCULOSIS.

New Cases and Mortality during 1937.

Age Periods	NEW CASES				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	1	—	—	—	—	1	—
1—5	—	1	3	1	—	—	1	1
5—10	2	—	3	1	—	—	1	—
10—15	5	4	4	—	—	1	2	—
15—20	4	4	2	3	5	—	—	—
20—25	11	14	3	3	1	3	—	1
25—35	26	30	1	4	7	9	1	1
35—45	14	17	—	—	7	8	—	—
45—55	13	3	1	1	6	1	—	—
55—65	6	1	—	—	2	—	1	—
65 and upwards	1	1	—	—	4	2	—	2
Totals	82	76	17	13	32	24	7	5

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths is 17.51.

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

Non-Pulmonary	.....	.....	.....	.....	222
Pulmonary	.....	.....	.....	.....	625

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.

NON-NOTIFIABLE INFECTIOUS DISEASES.

MEASLES, WHOOPING COUGH, CHICKENPOX, MUMPS, ETC.

The prevalence of these diseases cannot be accurately determined, the primary indicate being the number of cases occurring amongst elementary school children, as each week the head teachers supply a return of all known cases. The numbers reported during the year were as follows:—

Measles	.....	.....	.....	.....	.....	367
Mumps	.....	.....	.....	.....	.....	264
Whooping Cough	.....	.....	.....	.....	.....	126
Chickenpox	.....	.....	.....	.....	.....	309

DISINFECTION.

Disinfection of the bedding, clothing and premises is carried out after removal to hospital or recovery of a home-nursed case of a notifiable disease.

Bedding and clothing are removed from the infected houses before disinfection of the house itself is begun and are conveyed to the Disinfecting Station at the Isolation Hospital for treatment in a Thresh Patent Current—Steam Disinfecter.

Infected houses are disinfected with formalin diffused in the form of a spray.

The following statement shows the work carried out during the year:—

665 infected rooms and places disinfected.

15 infected rooms cleansed by stripping off wall papers and washing off ceilings.

623 library books collected of which number 598 were returned to houses or libraries from which they were issued and 25 were destroyed.

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 XVIII.

Number of births registered (1936)	1579
Successfully vaccinated	812
Insusceptible of vaccination	15
Exemptions	374
Dead, unvaccinated	72
Postponements by Medical Certificates	29
Removed to other districts, and cases not found	249
Number of births unaccounted for	28
Number at all ages vaccinated during the year (Primary) :—	
Born within district	646
Born out of district	205

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.

8 cases were notified during the year and of these 3 were removed to St. Margaret's Hospital for treatment. All cases were followed up by the Health Visitors and in each case the final report indicated that the condition had cleared up and that the child's vision was unimpaired.

HENDON ISOLATION HOSPITAL.

CASES TREATED DURING 1937.

On January 1st, 1937, there were 54 patients in hospital; during the year 484 cases were admitted, thus the total number of patients treated in the hospital during 1937 was 538. The total number of admissions was one more than in the preceding year, an increase in the number of Diphtheria and Erysipelas cases having been balanced by a decrease in the number of Measles and Scarlet Fever cases.

There were 20 deaths and 454 discharges during the year, leaving on December 31st, 1937, 64 patients in hospital.

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

TABLE XIX.

Notified Disease :—	In Hospital 1-1-37	Admitted during year.	Died during year.	Discharged during year.	In Hospital 31-12-37
✓ Diphtheria or ? Diphtheria	..... 14	134	4	112	32
✓ Diphtheria and Scarlet Fever	..... —	1	—	1	—
Diphtheria Carrier	..... —	3	—	2	1
✓ Scarlet Fever or ? Scarlet Fever	..... 34	196	1	207	22
✓ Scarlet Fever and Mumps	..... —	1	—	1	—
✓ Scarlet Fever and Chicken Pox	..... —	1	—	—	1
✓ Scarlet Fever and Measles	..... —	1	—	—	1
✓ Scarlet Fever Carrier.....	..... —	1	—	1	—
✓ Post-scarlatinal adenitis	..... —	2	—	2	—
✓ Erysipelas	..... 2	29	3	25	3
✓ Measles	..... —	39	2	35	2
✓ Whooping Cough	..... 2	16	3	15	—
✓ Chicken Pox	..... —	9	—	9	—
✓ Mumps	..... —	4	—	4	—
✓ Rubella	..... —	2	—	2	—
✓ Rubella and Tonsillitis	..... —	1	1	—	—
✓ ? Typhoid Fever	..... —	4	1	3	—
✓ Paratyphoid Fever	..... —	1	—	1	—
✓ Dysentery	..... —	9	—	8	1
Carrier of Bacillus Gärtner	..... —	3	—	3	—
✓ ? Meningitis	..... —	1	—	1	—
✓ Vincent's Angina	..... —	3	—	2	1
✓ Pneumonia	..... —	2	1	1	—

TABLE XIX.

Notified Disease :—	In Hospital 1-1-37	Admitted during year.	Died during year.	Discharged during year.	In Hospital 31-12-37.
Influenza	—	1	—	1	—
Tonsillitis	—	3	—	3	—
Streptococcal Throat	—	4	—	4	—
Infective Catarrhal Jaundice	—	1	1	—	—
Scabies	—	1	—	1	—
Impetigo	—	3	—	3	—
Streptococcal Dermatitis	—	1	—	1	—
Observation	2	7	3	6	—
Totals	54	484	20	454	64

N.B.—The admissions shown in Table XIX. include the following :—

Notified Disease :—	Out-District Cases	Members of Hospital Staff	Cases from Redhill Hospital
Diphtheria	12	2	—
? Diphtheria	—	1	—
Diphtheria Carrier	1	—	—
Scarlet Fever	1	—	8
Scarlet Fever and Chicken Pox	1	—	—
Measles	5	—	2
Whooping Cough	2	—	2
Chicken Pox	—	—	5
Mumps	—	—	1
Erysipelas	2	—	—
? Typhoid Fever	2	—	—
Influenza	—	1	—
Observation	—	1	—
Totals	26	5	18

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

TABLE XX.

Cases Notified as:—	Admissions.			Deaths.			Discharges.		
	1935.	1936.	1937.	1935.	1936.	1937.	1935.	1936.	1937.
Diphtheria (including ? Diphtheria)	154	95	134	11	6	4	160	94	115
Scarlet Fever (including ? Scarlet Fever)	296	220	196	—	2	1	333	209	207
Erysipelas	13	19	29	—	1	3	14	17	25
Measles	6	90	39	—	—	2	6	90	35
Whooping Cough	12	23	16	1	4	3	9	19	15
Mumps	5	4	4	—	—	—	5	4	4
Other Diseases	27	32	66	—	1	7	26	32	53
Totals	513	483	484	12	14	20	553	465	454

The distribution within the district of cases of **notifiable** disease is shown in Table XXI.

TABLE XXI.

Notified as:—	Total	Mill Hill	Burnt Oak	West Hendon	Central Hendon	Park	Golders Green	Garden Suburb	Child's Hill	Edgware
Scarlet Fever	244	29	51	57	14	17	16	11	30	19
Diphtheria	121	14	48	19	9	11	4	3	9	4
Erysipelas	45	3	2	9	2	6	5	5	8	5
Typhoid Fever	2	2	—	—	—	—	—	—	—	—
Dysentery	31	4	11	3	1	—	2	1	8	1
Cerebro Spinal Fever	2	1	—	—	—	—	1	—	—	—
Totals	445	53	112	88	26	34	28	20	55	29

TABLE XXII.

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

Disease Notified:	TOTAL	Cases removed to:—			Home treated cases	Percentage of cases removed to Hendon Isolation Hospital
		Hendon Isolation Hospital	Other Hospitals Council's arrangements	Private arrangements		
Scarlet Fever	244	189	—	7	48	77.5%
Diphtheria	121	111	—	6	4	91.7%
Erysipelas	45	26	—	3	16	57.8%
Typhoid Fever	2	1	—	—	1	50.0%
Dysentery	31	9	—	2	20	29.0%
Cerebro Spinal Fever	2	—	—	2	—	Nil

N.B.—Tables XXI. and XXII. 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 474 completed cases was as follows:—

	Recovered.	Died.	Total.
Diphtheria	68	4	72
Diphtheria (Bacteriological)	5	—	5
Diphtheria and Scarlet Fever.....	1	—	1
Scarlet Fever	191	1	192
Scarlet Fever and Chicken Pox	1	—	1
Scarlet Fever and Measles	1	—	1
Scarlet Fever and Mumps	1	—	1
Post-scarlatinal adenitis	1	—	1
Post-scarlatinal rhinitis	1	—	1
Measles	30	2	32
German Measles	4	—	4
Chicken Pox	8	—	8
Chicken Pox and ruptured appendix	1	—	1
Whooping Cough	14	2	16
Whooping Cough and Marasmus	—	1	1
Mumps	3	—	3
Erysipelas	18	2	20
Erysipelas and Scarlet Fever	1	—	1
Cellulitis	2	1	3
Staphylococcal Septicæmia	—	1	1
Myeloid Leukæmia	—	1	1
Agranulocytosis	1	1	2
Acute hæmolytic anæmia	—	1	1
Encephalitis and broncho pneumonia	—	1	1
Streptococcal pneumonia	—	1	1
Broncho pneumonia	1	1	2
Bronchitis	3	—	3
Paratyphoid Fever (B)	1	—	1
Dysentery (Sonne)	7	—	7
Dysentery (Sonne) Carrier	1	—	1
Enteritis	1	—	1
Gastritis	1	—	1
Vincent's Angina	7	—	7

			Recovered.	Died.	Total.
Simple laryngitis	.....	.....	2	—	2
Streptococcal throat	.....	.....	45	—	45
Oedema Glottidis	.....	.....	1	—	1
Adenitis	.....	.....	2	—	2
Rhinitis	.....	.....	1	—	1
Mastoiditis	.....	.....	1	—	1
Influenza	.....	.....	1	—	1
Pyrexia of unknown origin	.....	.....	1	—	1
Dermatitis	.....	.....	3	—	3
Scabies	.....	.....	1	—	1
Impetigo	.....	.....	4	—	4
Tinea cruris	.....	.....	1	—	1
Allergia	.....	.....	2	—	2
Erythema	.....	.....	2	—	2
Septic wounds	.....	.....	2	—	2
No observed disease	.....	.....	11	—	11
			<hr/>	<hr/>	<hr/>
Totals	.....	.....	454	20	474
			<hr/>	<hr/>	<hr/>

DIPHThERIA.

Of the ailments usually treated in an infectious diseases hospital there is none which causes more anxiety to those concerned in nursing and treatment than diphtheria and to give a prognosis in any particular case is a hazard.

The milder cases if received in hospital in the early days of the malady and given adequate dosage of antitoxin—that is, dosage appropriate to the period of the affection—usually proceed to complete recovery, leaving no permanent trace of the malady. Even such cases require unremitting care and experienced observation throughout their period of convalescence.

However, there come to hospital even mild cases of diphtheria in which a diagnosis of the malady for one reason or another has not been made until the toxin has become fixed and had a definitely damaging effect on the circulatory or nervous system, or both, and a long period of anxiety is the result.

It has to be remembered that there are early and late heart lesions in diphtheria, and that the former having been successfully combated, the latter may supervene when convalescence seems in process of being reasonably well established. The earlier circulatory failure is due to toxic degeneration of heart muscle and the later circulatory failure is a consequence of damage sustained in the early period.

Then there are the grave forms of diphtheria which are desperate from the onset and despite massive dosage of anti-toxin proceed rapidly to a fatal issue, or if surviving for a time, seldom give any hopeful sign of recovery. But even here the making of a prognosis is a hazard, for it has been one's experience that cases of this nature do recover after a period of grave and prolonged illness during which for a time all hope was abandoned.

The selective action of the toxins of diphtheria on the heart muscle gives rise to anxiety when the decision has to be made as to whether or not a child is fit to leave the hospital and also whether his normal activities should be limited and for how long. This assessment is made mainly on the history of the illness and on general clinical grounds but in this connection an electro cardiographic examination, which gives a more precise estimate of the condition of the heart muscle, would in certain cases prove a valuable adjunct. It is certain that a proportion of heart conditions in later life owe their origin to one or other of the acute specific fevers of childhood.

An advance in treatment for the more prolonged cases of diphtheria would be provided by the part-time employment of a masseuse, as after a prolonged period in bed suffering from a disease which is always markedly debilitating, there is in many cases a marked lowering of muscular tone which in turn prolongs convalescence.

Diphtheria cases treated—comparison with previous two years.

	1935.	1936.	1937.
Total discharged or died, notified as diphtheria or ? diphtheria	154	100	119
Cases found to be suffering from diphtheria on admission (in- cluding bacteriological diphtheria)	137	54	78*
Deaths from diphtheria	11	4	4
Case mortality rate (calculated on number of cases of clinical diphtheria)	8.5%	7.5%	5.1%

*72 diphtheria; 1 diphtheria and scarlet fever;
5 bacteriological diphtheria.

It will be seen that four deaths due to diphtheria occurred during the year. Three of these were children between 9 and 12 years of age who were admitted on the 4th, 5th, and 7th day of disease respectively and had "bull-neck" development on admission. The fourth case was that of a man, aged 27 years, admitted on the 5th day of disease. This patient's condition was aggravated by violent delirium and he died within a few hours of admission.

In none of the four cases had antitoxin been administered before admission.

DOUBLE INFECTIONS.

On admission one patient was found to have scarlet fever in addition to the notified disease of diphtheria. Another case, notified as concurrent diphtheria and scarlet fever, proved to be one of scarlet fever only.

TRACHEOTOMY.

Tracheotomy was successfully performed in the case of a patient who had been admitted with a notification of diphtheria; actually the laryngeal obstruction in this instance was due to a condition or œdema glottidis. Two further cases of laryngeal obstruction (due to diphtheria) recovered without necessitating tracheotomy.

CONDITION ON ADMISSION.

Table XXIII. shows, with regard to the completed cases of true 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 XXIII.

Day of Disease	Admitted with + swab result		Admitted without swab result	
	Had Antitoxin	Not had Antitoxin	Had Antitoxin	Not had Antitoxin
1st	—	—	—	3
2nd	1	—	—	11
3rd	2	—	2	8
4th	1	8	—	6
5th	1	4	—	7
6th	1	1	—	3
7th	—	1	—	3
9th	—	—	—	1
10th	—	1	—	—
11th	—	—	—	1
12th	—	—	—	1
13th	—	1	—	—
14th	—	—	—	1
Unknown	—	2	—	2
Totals	6	18	2	47

Of 119 cases notified as diphtheria and dealt with to completion—that is, discharged well or died—during the year, 72 were true clinical and bacteriological diphtheria, 5 were bacteriological diphtheria without any clinical symptoms, and one was a mixed infection of scarlet fever and diphtheria.

It might be asked why some 35 per cent. of the cases sent in were not diphtheritic in origin. In this connection it is well to remember that if there be any suspicion of diphtheria

in any particular case it is a far safer procedure to treat it as a case of diphtheria until it is proved not to be diphtheritic in origin.

Many of these cases which prove on investigation to be non-diphtheritic are sent in as cases of laryngeal diphtheria on account of there being some difficulty in breathing. There can be no cavil at the precautionary step taken whereby a case of difficult breathing is sent in to hospital on suspicion of diphtheritic laryngeal obstruction, for those who have experience of laryngeal obstruction of this nature in an infant know with what alarming rapidity the case may get beyond preventive agency and reach the operating table.

If there be any cavil it is at the withholding of antitoxin in any case where even a remote suspicion of diphtheria exists.

In connection with laryngeal diphtheria, there is a tendency in some quarters to regard any obstructive condition involving the larynx and trachea of a child as due to diphtheritic membranous exudate. This is too positive a view. There are cases of simple laryngitis giving rise to symptoms not unlike the early stages of diphtheritic obstruction. Then there are the cases of laryngeal spasm and the laryngeal symptoms which not infrequently are the harbingers of measles and whooping cough. In this latter connection there is an administrative risk attendant upon the admission of such cases to a diphtheria ward. Finally, there are the cases of mechanical obstruction from foreign bodies, and recent literature on this subject is not wanting in evidence of the part played in respiratory obstruction by this element.

COMPLICATIONS.

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

Palatal paresis	.....	.....	.....	.....	.....	1
Strabismus	.....	.....	.....	.....	.....	1
Otitis media	.....	.....	.....	.....	.....	1
Adenitis	.....	.....	.....	.....	.....	9

Mucous colitis	.....	.....	.....	.....	.....	1
Vaginal discharge	.....	.....	.....	.....	.....	2
Furunculosis	.....	.....	.....	.....	.....	1
Facial acne	.....	.....	.....	.....	.....	1
Seborrhœic dermatitis	.....	.....	.....	.....	.....	1
*Labial herpes	.....	.....	.....	.....	.....	1
*Impetigo	.....	.....	.....	.....	.....	1
*Septic finger	.....	.....	.....	.....	.....	1

* Present on admission.

AVERAGE STAY IN HOSPITAL of recovered cases of true diphtheria was 65.1 days, an increase of 2.9 days compared with the figure of 62.2 days for 1936, and 5.5 days more than the average of 59.6 days over the 7-year period, 1930-1936 inclusive.

SCARLET FEVER.

The trend of thought respecting scarlet fever has altered so much within the last few years that the former narrow field of prevention, concerned only with the typical case, the destiny of which was a period of isolation, has now widened to cover a much larger area of operation in which are concerned the varied clinical entities brought about by the activities of the streptococcus hæmolyticus.

From the wider consideration there have emerged conflicting considerations. For example, what is the relationship to each other of the hæmolytic streptococci found in the various conditions thought to be produced by their influence, *i.e.*, scarlet fever, erysipelas, puerperal septicæmia, and epidemic sore throat?

One view is that the various streptococci producing the clinically differing factors have no distinctive pathogenic properties and that their effects are dependent on distinctive physiological endowment of the affected individual, conferring scarlet fever in one case, erysipelas in another, and so on.

Opposed to this view is that which regards the hæmolytic streptococci as possessing distinct pathogenic groups, one such

group being concerned in the causation of scarlet fever. This latter view is fortified by the knowledge that the streptococci found in scarlet fever and those found in erysipelas have distinctive cultural and other characteristics and that the diseases do not overlap and have epidemiologically nothing in common.

This latter view may, of course, be quite acceptable and from observation is quite acceptable as regards scarlet fever and erysipelas, but what of the relationship between the cases of scarlet fever (clinical) and those of sore throat without other manifestations of scarlet fever found in households, schools and hospitals, occurring simultaneously and from which the same type of hæmolytic streptococcus is isolated? Is not the individual with the absence of clinical signs of scarlet fever save one, *i.e.*, the rash, possessed of potentialities for dissemination as potent as are those of the individual possessing the undoubted text-book clinical picture, and if so the further question arises as to the desirability of regarding such persons as potentially infectious.

It has been advanced as a tenable theory that the rash in scarlet fever is due to a particular susceptibility on the part of the individual, and this is supported by the fact that other members of a household, in which there is a case of scarlet fever, often suffer from sore throat and other symptoms but do not develop the rash with which the disease is associated.

Scarlet Fever cases treated—comparison with previous two years.

	1935.	1936.	1937.
Cases discharged or died, notified as Scarlet Fever or ? Scarlet Fever	333	222	208
Cases found to be suffering from Scarlet Fever on admission (including dual infections)	330	205	195
Deaths from Scarlet Fever	—	1	1
Case mortality rate	Nil	0.5%	0.5%

It will be remembered that in last year's report occasion was taken to refer to evidence that existed of cross-type infection in scarlet fever, in wards where the communal type of isolation was in practice.

The research carried out by Drs. Allison and Brown had furnished incontestible proof that children nursed in common were under risk of acquiring types of streptococci other than those of their original infection, with resultant development of so-called relapses and complications arising so late in their illness as to be attributable to a new factor. This new factor the investigators found was the irruption of other types of hæmolytic streptococci than those found in their throats at the time of their admission to hospital, and that as other children in the common ward carried these freshly invading types it was probable that the isolation in common of scarlet fever cases required some modification in order to obviate the hazard of late complications and relapses.

The obvious remedy, of course, would be cubicle nursing, but cubicle nursing in any hospital built before the present day is possible to only a few patients.

A scheme of bed isolation was therefore suggested as an alternative, and authority for expenditure on certain necessary equipment having been obtained, the system was put into operation at the beginning of the present year (1938). Details of the results of this method of isolation belong to future annual reports.

Besides the actual nursing, there has been undertaken a mass of bacteriological investigation, for the hæmolytic streptococci of each patient have been typed weekly, and oftener, were any deviation from the malady's normal course observed.

This latter type of work is for the expert bacteriologist only, and Hendon has been fortunate in having the voluntary service of Dr. Joyce Wright of University College, London, and Dr. S. P. Elliott of the University of Cambridge in carrying out this very important work, the delicate technique of which is an earnest of the remarkable advance in modern scientific methods.

As a preliminary to typing in connection with bed isolation, Dr. Joyce Wright did a considerable amount of investigation during 1937 of types found in patients nursed in ordinary conditions of communal isolation and subjoined is a short report on her work which she has been good enough to submit.

“Since March, 1937, a study of cross infection by the various hæmolytic streptococci types has been in progress in the scarlet fever wards of the Hendon Isolation Hospital. The procedure has been as follows:—from all patients and nurses in these wards swabs have been taken from the throat and from any suppurative lesion found (a) on admission, (b) at a routine weekly swabbing, (c) at the onset of any other possible streptococcal infection, *e.g.*, rhinitis, otitis media, cervical adenitis. The bacteriological work has been performed at University College Hospital Medical School, all hæmolytic streptococci isolated being typed by the Griffith slide agglutination method.

The work in 1937 has been along the same lines as that of Drs. V. D. Allison and W. A. Brown, described in their paper ‘Re-infection as a cause of complications in scarlet fever wards,’ *Journal of Hygiene*, 1937.

A considerable degree of change of streptococcal type has been observed, particularly in the autumn months when the number of scarlet fever patients was high.

The work has been preliminary to a comparative study of the incidence of streptococcal cross-infection and clinical complications in patients in scarlet fever wards where (a) routine nursing, and (b) bed isolation nursing are in use. A detailed report of the entire work is to be made at a later date.”

AVERAGE STAY IN HOSPITAL of recovered cases of scarlet fever (including those with dual infections) was 37.5 days. This represents an increase of 1.7 days compared with the corresponding figure for the previous year 35.8 days and is 0.4 days more than the average of 37.1 days over the seven-year period 1930-1936 inclusive.

ERYSIPELAS.

Two cases of erysipelas were in hospital at the beginning of 1937 and 29 notified as suffering from this disease were admitted during the year. There were three deaths and 25 discharges, leaving three cases in hospital at the end of the year.

One of the patients who died (a woman aged 37 years) was not suffering from erysipelas but from cellulitis and gangrene. Three blood transfusions were given in this case but the patient died of general toxæmia on the 7th day in hospital.

Of the other two deaths, the first was that of a man aged 54 years who was suffering from erysipelas on admission and who had a cerebral hæmorrhage on the 4th day in hospital and died within a few hours. In the remaining case (that of a woman aged 38 years who died on the 2nd day in hospital) there was a history of the patient having received a blow prior to the onset of her illness and the case was accordingly referred to the Coroner, who decided to hold an inquest. A verdict of "death due to erysipelas" was recorded.

Of the 25 discharged patients, 18 had been suffering from erysipelas and one from concurrent erysipelas and scarlet fever. The remaining 6 had been found on admission to be suffering from the following conditions:—

Cellulitis	.....	.....	.....	.....	.....	.....	2
Erythema	.....	.....	.....	.....	.....	.....	1
Impetigo	.....	.....	.....	.....	.....	.....	1
Tinea cruris	.....	.....	.....	.....	.....	.....	1
Septic leg wound	.....	.....	.....	.....	.....	.....	1

The average stay in hospital of the recovered cases of erysipelas (including the case of dual infection) was 20.8 days.

TYPHOID AND PARATYPHOID FEVER.

Five cases of supposed infection of the typhoid or paratyphoid group were admitted during the year. One of these patients who was found to be suffering from myeloid leukæmia

died on the 4th day in hospital, and the remainder were discharged after an average stay of 22.7 days, the conditions from which they had been suffering being as follows:—

Paratyphoid fever (B)	.....	.....	.....	.....	1
Dysentery (Sonne)	.....	.....	.....	.....	1
Broncho pneumonia	.....	.....	.....	.....	1
Pyrexia of unknown origin	.....	.....	.....	.....	1

DYSENTERY.

9 cases notified as suffering from bacillary dysentery were admitted during the year and 8 of these were discharged, leaving one in hospital on December 31st. Of the discharged patients one had been suffering from enteritis, while another was found to be a carrier of Sonne bacilli. The remaining six were found to be suffering from bacillary dysentery (Sonne) and as there was a further case of this infection among the patients notified as ? Typhoid Fever, there were in all 7 cases of dysentery discharged during 1937, the average stay in hospital being 28 days.

MEASLES.

39 cases notified as measles were admitted during the year. Two died and 35 were discharged, leaving two in hospital at the end of the year.

In the case of one of the deaths—that of an out-district patient who died within a few hours of admission—a post mortem examination was carried out. This confirmed that the cause of death was measles complicated by broncho pneumonia. The other death, which occurred on the 7th day of the patient's stay in hospital, was also due to measles and broncho pneumonia.

The diagnosis arrived at in connection with the 35 discharged cases was:—

Measles	.....	.....	.....	.....	.....	29
Scarlet fever	.....	.....	.....	.....	.....	2
Dermatitis	.....	.....	.....	.....	.....	1
Allergic rash	.....	.....	.....	.....	.....	1
No observed disease	.....	.....	.....	.....	.....	2

One further case of measles was found among those notified as scarlet fever, thus bringing the total number of measles cases discharged during the year up to 30. Average stay in hospital of these cases was 22.7 days.

Complications encountered among measles cases:—

Broncho pneumonia	.....	.....	.....	.....	.....	4
Otitis	.....	.....	.....	.....	.....	2
Rhinitis	.....	.....	.....	.....	.....	1

Measles occurs in epidemic waves every two years and 1937 should have been without an outbreak of epidemic proportions. However, measles cases began to occur in the latter part of the year in large numbers and this outbreak has continued into 1938. There has consequently been a demand for beds for cases of this disease not only from Hendon but from neighbouring districts.

In its complications lies the danger of measles, particularly those affecting the respiratory system. In this connection has to be recorded the great advantage which has been derived from the availability of oxygen tent nursing. Since the outbreak of the measles epidemic the tent has been in almost continuous use and there are at least two children alive to-day who could not have survived had it not been available.

GERMAN MEASLES.

Two cases notified as suffering from German Measles were admitted during the year and two further cases of the disease were found among those notified as scarlet fever. All recovered satisfactorily and were discharged after an average stay in hospital of 12½ days.

Another case which was notified as one of German measles and tonsillitis died four days after admission. The patient (a male aged 23 years) was very seriously ill on admission and appeared to be suffering from encephalitis. A post mortem examination was carried out which revealed that death was due to encephalitis and broncho pneumonia.

VINCENT'S ANGINA.

Three cases of this infection were notified during the year and a further four cases were found among those notified as diphtheria and "observation." All 7 were discharged during the year after an average stay of 19 days.

MUMPS.

Four cases notified as mumps were admitted during the year. One of these was found to be suffering from suppurative adenitis and was discharged after 19 days. The remaining three all had mumps on admission and were discharged after 16, 23, and 57 days respectively, the last-mentioned period of detention being prolonged because the patient, before admission, had sustained a severe cut by a fall on broken glass.

WHOOPIING COUGH.

Two cases notified as whooping cough were in hospital at the beginning of 1937 and 16 more were admitted during the year. Three of these patients died and the remaining 15 were discharged.

Of the deaths, one was due to whooping cough and convulsions, another to whooping cough and broncho pneumonia, while the third death was due to broncho pneumonia and convulsions, the diagnosis of whooping cough in this instance not being confirmed. All three (two of whom were from the Harrow District) were desperately ill on admission, and all were very young children, the eldest being $2\frac{1}{2}$ years.

Another death, due to whooping cough and marasmus, occurred among the patients admitted for observation. This patient was a baby, aged 5 months, who was very weak on admission and who later developed streptococcal pneumonia.

Of the 15 discharges, 14 had been suffering from whooping cough and one from bronchial catarrh.

Complications encountered among whooping cough cases were:—

Otorrhœa	.....	.....	.....	.....	.....	1
Broncho pneumonia	.....	.....	.....	.....	.....	5
Streptococcal pneumonia	.....	.....	.....	.....	.....	1
Convulsions	.....	.....	.....	.....	.....	1
Marasmus	.....	.....	.....	.....	.....	1
Bronchitis	.....	.....	.....	.....	.....	2

CHICKEN POX.

Nine patients notified as suffering from chicken pox were admitted and discharged during the year. In one instance there was no evidence of chicken pox but the patient had mastoiditis which necessitated the performance of a double mastoidectomy. The other eight patients were all suffering from chicken pox, one of them having in addition a ruptured appendix for which he was operated upon on the day of admission. Average stay in hospital of these case was $24\frac{3}{4}$ days.

OTHER DISEASES.

26 cases, chiefly of an "observation" character, complete the record of patients dealt with during the year. Following are the conditions diagnosed:—

	Recovered.	Died.	Total.
Agranulocytosis	1	1	2
Streptococcal pneumonia	—	1	1
Staphylococcal septicæmia	—	1	1
Acute hæmolytic anæmia	—	1	1
Impetigo	3	—	3
Streptococcal throat	6	—	6
Post-scarlatinal adenitis	1	—	1
Influenza	1	—	1
Adenitis	1	—	1
Bronchitis	1	—	1
Scabies	1	—	1
Dermatitis	1	—	1
Septic wound	1	—	1
Gastritis	1	—	1
No observed disease	3	—	3
	<hr/> 21	<hr/> 4	<hr/> 25
	<hr/>	<hr/>	<hr/>

It will be seen that there were two cases of agranulocytosis. One (a woman aged 44 years sent in for observation) died on the 2nd day in hospital. The other, a less severe case— notified as ? tonsillitis—recovered and was discharged after 31 days.

Another patient, a male aged 15 years notified as “infective catarrhal jaundice,” was found to be suffering from acute hæmolytic anæmia of which he died on the day following his admission.

A further death was caused by streptococcal pneumonia in a female patient, aged 26 years who died on the 2nd day in hospital.

The fourth death was that of a girl aged 8 years and occurred on the day of the child's admission. A post mortem examination revealed that the cause of death was staphylococcal septicæmia.

An interesting feature of the type of case admitted to hospital appears in the table of final diagnosis. It is to be expected in a district where the relationship between the Local Authority and the general practitioners is one of cordial liaison, that cases of obscure illnesses which might appear to have some relationship with infective processes are sent for observation and diagnosis to this hospital, the more particularly as the hospital is possessed of a cubicle system of accommodation for the separation of the unidentified cases from the commoner forms of infection, such as scarlet fever, diphtheria and measles.

It thus came about that during 1937, cases of such rarer maladies as leukæmia, hæmolytic anæmia, agranulocytosis, encephalitis and staphylococcal septicæmia were admitted to hospital.

This diversity of conditions and the advance of knowledge make it necessary that specialists in various branches should be available as consultants, and I believe that the County

Hospitals will in the future form the basis of such a consultative service as this is now being done in obstetrics and is capable of further useful extension. It also suggests that isolation hospitals should be of such a size as to make the provision of such services a reasonably economical proposition. The perpetuation of the smaller hospitals is neither in the interests of economy nor efficiency and the provision of the larger unit was doubtless one of the aims of Section 63 of the 1929 Local Government Act, which placed a duty on County Councils of surveying existing accommodation and formulating a scheme for the adequate isolation of infectious diseases within their areas.

CROSS INFECTION.

One diphtheria patient contracted scarlet fever whilst in hospital.

SCHICK TEST.

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

POST MORTEM EXAMINATIONS.

Three post mortem examinations were carried out during the year.

INFECTIOUS ILLNESS AMONGST HOSPITAL STAFF.

During 1937, one ward sister and one probationer nurse contracted diphtheria.

AURAL AND GENERAL SURGEON.

Following is a summary of Mr. Trevor Jones' attendances during the year:—

OPERATIONS :—

Laparotomy	.....	.....	.....	.....	.....	1
Double mastoidectomy	.....	.....	.....	.....	.....	1
Mastoidectomy	.....	.....	.....	.....	.....	7
Mastoidectomy (re-opening of previous operation)	.....	.....	.....	.....	.....	1
Removal of tonsils and adenoids and antral lavage	.....	.....	.....	.....	.....	1
Removal of tonsils and adenoids	.....	.....	.....	.....	.....	1
Antral lavage	.....	.....	.....	.....	.....	1
Leg incision	.....	.....	.....	.....	.....	1
Gland incision	.....	.....	.....	.....	.....	1
Blood transfusion	.....	.....	.....	.....	.....	4
Removal of foreign bodies from nose and ear.....						1
						— 20

EXAMINATIONS :—

Laryngoscopy and application of intra-tracheal suction	.....	.....	.....	.....	.....	1
Other examinations (including post-operative examinations)	.....	.....	.....	.....	.....	72
						— 73
						— 93

PHYSICIAN CONSULTANT.

Dr. Stevenson was consulted with regard to six patients, ten visits to the hospital being made during the year.

ORTHOPAEDIC SURGEON.

Mr. Seddon visited the hospital on one occasion in connection with a crippled child who was admitted suffering from scarlet fever.

THROAT SPECIALIST.

Mr. Cawthorne attended the hospital on one occasion for the purpose of carrying out direct laryngoscopic and bronchoscopic examination of an infant patient.

X-RAYS.

During the year, six patients were X-rayed, 15 films in all being made.

CONSULTATIONS.

The practice of seeing doubtful cases of infections at the request of Medical Practitioners in the area was continued and during the year 19 such consultations were made in respect of the following:—

Query	Scarlet Fever	.....	.....	.....	14
„	Diphtheria	.....	.....	.....	3
„	Smallpox	.....	.....	.....	1
„	Typhoid Fever	.....	.....	.....	1

LOCAL GOVERNMENT AND OTHER OFFICERS'
SUPERANNUATION ACT, 1922.

During the year 64 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, 1937, and have included costs for the previous year for comparison purposes.

When comparing these costs, the growth of the district and the increasing use of the services by the public should be taken into consideration. If this is done, it will be appreciated that having regard to the size and diversity of the services, they are provided at a comparatively low cost to the community:—

TABLE XXIV.

		Total Cost.		Grant in Aid.		Nett Cost to Rates.		Rate in £.
		£	s. d.	£	s. d.	£	s. d.	pence.
Nuisance abatement, sanitation and general cost of	1935	6083	16 7	— — —		6083	16 7	1.0
Health Department	1936	7038	15 9	— — —		7038	15 9	1.0
	1937	7095	8 10	— — —		7095	8 10	1.0
Isolation Hospital	1935	18860	7 7½	— — —		18860	7 7½	2.9
	1936	18183	13 10	— — —		18183	13 10	2.6
	1937	17911	5 5	— — —		17911	5 5	2.5
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
	1937	8250	17 9	2300	0 0	5950	17 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
	1937	10696	8 5	5348	4 2	5348	4 3	.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.

Provided.—	No. of children on rolls, 31/12/37.
Algernon Road	610
Bell Lane	380
Burnt Oak	256
Child's Hill	789
Colindale	534
Garden Suburb	610
The Hyde	735
Wessex Gardens	898
Barnfield	1007
Woodcroft	1137
Goldbeaters	1104
Meads	550
Deansbrook	685
Edgware	686
Orange Hill Central	744
Sunnyfields	321
Clitterhouse	407
Brent Modern	267
St. Andrew's Temporary	75
	11795
Non-Provided.—	
All Saints' C.E.	236
St. Agnes' R.C.	277
St. John's C.E.	144
St. Mary's C.E.	534
St. Mary's R.C.	147
St. Paul's C.E.	155
St. Vincent's R.C.	140
The Annunciation R.C.	298
St. James' R.C.	380
	2311
Total	14106

THE SCHOOL MEDICAL SERVICE IN RELATION
TO PUBLIC ELEMENTARY SCHOOLS.

SCHOOL HYGIENE.

The hygienic conditions of the Public Elementary Schools are generally very good, many of the buildings are of recent construction but certain of the non-provided schools have been in existence for many years and do not, therefore, attain to the high standard of the modern school.

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

GARDEN SUBURB SCHOOL.

A plot of land was acquired immediately in front of the school, which has been suitably laid out for Physical Education purposes.

BELL LANE SCHOOL.

Additional heating facilities were provided in three classrooms.

DEANSBROOK SCHOOL.

An adequate drainage scheme was carried out in the playing field during the Autumn.

VARIOUS SCHOOLS.

Pin rails provided for displaying children's work. Existing stepped galleries were removed from all classrooms and floors made good. Sun blinds were fixed in several classrooms. Additional and up-to-date drinking fountains were installed in playgrounds.

BARNFIELD INFANTS' SCHOOL.

Instructions have been given for the preparation of plans and estimates for the provision of a Nursery Class at this school.

REDECORATIONS.

Ten 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.

A new building to accommodate 450 Junior and Infant children is now in course of erection, and will, it is anticipated, be ready for occupation after the Midsummer holidays, 1938.

WOODSIDE PARK ESTATE.

Tenders have been received for the erection of a School for 400 Junior and Infant children to serve the needs of this Estate and neighbouring areas. It is expected that work will be commenced early in 1938.

COLINDALE COUNCIL SCHOOL.

The Board of Education have approved in principle plans for providing additional accommodation at this School. Tenders for carrying out the work will shortly be invited.

DOLE STREET HOUSING ESTATE.

The Board of Education have approved preliminary plans for the provision of a School to accommodate 440 Junior and Infant children (including a Nursery Class for 40 children under 5 years of age) to serve the needs of this Estate and neighbouring areas. Bills of Quantities are being prepared and tenders will be invited at an early date.

BROADFIELDS AVENUE, EDGWARE.

Preliminary plans are in course of preparation for the erection of an Elementary School at Broadfields Avenue.

MEDICAL INSPECTION.

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

1. Routine Medical 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. The special inspection of children referred by the Head Teachers, School Nurses, School Attendance Officers or parents.
3. Annual inspection of physically and mentally defective children.
4. The periodical re-inspection of children in receipt of additional nourishment.
5. The annual inspection of children attending Secondary Schools, on behalf of the Middlesex County Council.

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.

The nutrition of the children is still being carefully assessed and the results will be found in Table II. B. and on the whole can be regarded as satisfactory, differing very little from last year's findings, a gratifying feature being the small percentage of children whose nutrition was definitely bad.

The assessing of the nutritional standards of the children in the slightly sub-normal group presents the greatest difficulties and is liable to vary with the personal views of the examining officer, but generally speaking a wide basis has been taken for this group and all children were included whose general standards of health were considered to be below normal; nevertheless it is important that the most careful assessment of nutritional standards should be maintained, as

while it is not suggested that lack of adequate food stuffs is by any means the only cause of faulty nutrition, the fact remains that in any area where working class rents are high, difficulty may be experienced in providing a family with a diet sufficiently varied and with an adequate supply of the more expensive protective foods, such as milk, butter, eggs, fresh vegetables and fruit.

The policy, therefore, was continued of providing sub-nourished children with milk, cod liver oil, Virol, etc., and during the year 405 grants were made in respect of 260 children.

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 1937. All schools participated in the scheme and at 1st October, 1937, approximately 7,000 bottles were being issued daily to the scholars.

UNCLEANLINESS.

A continuous supervision by the School Nurse is maintained of all children attending public elementary schools and it will be seen from Board of Education Statistical Table IV. that 39,589 inspections were made and 957 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.

Arrangements are made for the treatment of minor ailments and diseases of the skin at all the permanent Health Centres.

The number of attendances at these Clinics decreased slightly, being 25,714 as compared with 27,242 in the previous year. 4,466 defects were dealt with under the Council's Scheme and 278 were referred to private medical practitioners or hospitals.

VISUAL DEFECTS.

Arrangements for the examination and treatment of visual defects remain as in the previous year, children being referred to your Ophthalmic Surgeon, generally as a result of defects found at Routine Medical Examinations, but occasionally as a result of special examinations, the defect having been suspected by the Teacher who is in a favourable position to realise the child's disability at an early stage.

It will be seen from Table IV. that altogether 662 children were examined during the year because of suspected eye defects, this being an increase of 30 over those examined in the previous year. Glasses were prescribed in 411 cases and for the remainder it was not considered necessary to provide any mechanical aid to sight as the conditions were such, that improvement could be expected normally.

A certain number of cases requiring operative treatment are met with each year and it has been the practice to refer these to the Royal Westminster Ophthalmic Hospital, at which Hospital your Ophthalmic Surgeon is a member of the Honorary staff. The Council have therefore now entered into arrangements with that Hospital to pay 6/- per day for each child admitted for treatment from this Authority. 16 cases were admitted during the year and successfully operated upon by your Ophthalmic Surgeon, 13 for squint, 2 for congenital cataract and 1 for ptosis.

The number of children attending the Eye Clinics during the past year is as follows:—

ATTENDANCES AT EYE CLINICS.

CENTRAL HENDON.—

	1936.	1937.
School Medical Service Cases	941	1154
Maternity and Child Welfare Cases	95	153
Secondary School Cases	193	267
	—	—
Total	1229	1574
	—	—

WATLING.—

	1936.	1937.
School Medical Service Cases	1013	900
Maternity and Child Welfare Cases	54	54
	—	—
Total	1067	954
	—	—
Grand Total	2296	2528
	—	—

The following new cases were referred for examination:—

School Medical Service			
Cases	662	Glasses prescribed for	411
Maternity and Child			
Welfare Cases	61	Glasses prescribed for	31
Secondary School Cases	84	Glasses prescribed for	71
	—		—
Total	807		513
	—		—

ORTHOPTIC TREATMENT.

During the past few years the practice of orthoptics, by which is meant the treatment of binocular imbalance and squint has become of great importance, and it is generally recognised that a big advantage is to be gained by starting treatment at the earliest possible age at which co-operation with the patient may be obtained, at the same time making allowances for the fact that prolonged exercises with young children may cease to have much beneficial effect, and a postponement of treatment may be the wiser course. Various factors should be taken into account when considering treatment, the mental capacity of a child as well as the psychological effect of a squint being hardly less important than the more technical considerations. Though a cure—by which is meant normal vision with no imbalance and stereoscopic vision (sense of perspective) is aimed at each time, in many cases this is not obtained, either it is not possible or on the other hand it may be economically impracticable, for it is probably as well to aim at the greatest good for the greatest number, in a Public Health or Hospital Clinic.

In April, 1937, the number of sessions was increased from three to four half days a week, twelve patients receiving 30 minutes each session, the children attending when possible three times a week, gradually reducing the number of attendances with improvement of angle.

During the year 91 new cases were seen, 10 of which were refused for being either mentally unsuited, treatment unnecessary, having had previous operations or as in one case the parents refusing operation.

58 children received treatment.

The following were the results of treatment:—

(a) NON-OPERATIVE.—

6 were discharged as perfect results with or without glasses. (*i.e.*, Single Binocular vision).

10 were discharged as perfect with glasses.

14 were discharged as improved. Cosmetic results. (*i.e.*, looking straight but showing imbalance on various tests).

4 failed to show any signs of improvement after 12 treatments.

3 failed to attend.

2 left the district and were transferred to other Clinics, where possible.

(b) OPERATIVE.—

Generally speaking a large and constant angle of squint will not be cured by exercises only, and in many cases only a few attendances for pre-operative treatment were made, the final result being obtained by operation.

5 were discharged as perfect with glasses.

7 were discharged as Cosmetic results(looking straight).

1 was postponed awaiting further operation.

While the word "discharged" is used, in actual practice no child has been discharged in the full sense of the word as while treatment has been discontinued, periodical observation is still being maintained so that treatment may be commenced should the necessity arise.

This periodical observation is also of value as a check upon the degree of permanency of the results obtained.

TREATMENT OF DEFECTIVE SPEECH.

The Speech Clinic continues to be well attended and the results achieved are highly satisfactory when it is considered that in the majority of cases attendances must be spread over a long period and that the ultimate cure of the condition is to a considerable extent in the hands of the child himself.

In this connection, however, sympathetic Teachers and parents are of the greatest value, and the Teachers especially have been throughout most helpful and interested.

A gratifying feature in nearly all cases is that not only is the speech improved but there is a corresponding, though not so obvious, improvement in the mental health of the child and his general attitude towards life.

No. of Children Treated at the Health Centres:—

Central Hendon	49	Watling	48
----------------	-------	----	---------	-------	----

No. of Children Discharged as cured:—

Central Hendon	7	Watling	11
----------------	-------	---	---------	-------	----

No. of Children who Ceased to Attend:—

Central Hendon	7	Watling	6
----------------	-------	---	---------	-------	---

No. of Children attending in December, 1937:—

Central Hendon	35	Watling	31
----------------	-------	----	---------	-------	----

HEALTH CENTRE, CENTRAL HENDON.

Of the 7 children who ceased to attend, 1 left as unsuitable for further treatment; 2 left the district with speech very much improved, and 4 had their names removed from the Register owing to irregular attendance.

Of the 35 children attending in December, 1937, 19 showed a marked improvement and 5 were speaking quite normally and only attended the Clinic for purpose of observation. The remaining 16 were making satisfactory progress.

The total number of attendances for treatment was 1,040. Twelve sessions were devoted to visiting the schools and homes.

HEALTH CENTRE, WATLING.

Of the 6 children who ceased to attend, 2 left on leaving school. Both had been admitted suffering from stammering, in one case speech appeared to be normal but as he still stammered occasionally at school it was impossible to discharge him as "cured." 3 children left the district and 1 left the Clinic as unsuitable for further treatment owing to retarded mental development.

Of the 31 children attending in December, 1937, 13 showed a marked improvement, 4 of them being almost ready for discharge. The remaining 18 were all making satisfactory progress.

The total number of attendances for treatment was 1,230. Ten sessions were devoted to visiting the schools and homes.

Two cases of interest are quoted. The second demonstrates the improvement in the mental outlook, which so often accompanies successful treatment.

Case: "R.C."

Date of birth: 16/9/31.

Admitted to Watling Clinic, November, 1936.

His speech was quite unintelligible and he expressed himself in noises and signs. Hearing was normal but he was unable to imitate speech sounds accurately without great difficulty. He appeared pale and listless and was very obstinate and unmanageable during the first six months of treatment. He can now speak quite normally and is only attending the clinic for observation.

Case: "J.H."

Date of birth: 4/3/29.

Admitted to Hendon Clinic, August, 1935.

Stammer was very severe, especially at school. He was painfully shy and very conscious of his lisp; slept badly and had night terrors. He did not mix happily with other children and seemed to think that the whole world was "against" him.

The lisp was easily cured and this did much to give him confidence. His stammer responded to treatment by general relaxing and suggestion and he was discharged in April, 1937, with normal speech. He was sleeping well and had lost all his terrors.

EAR DISEASES AND DEFECTIVE HEARING.

The enquiry into middle ear disease amongst school children which is being carried out by the Medical Research Council is now nearing completion and I am indebted to Mr. Maxwell Ellis, F.R.C.S., for the following memorandum:—

"During the past year the twenty children who were found to be suffering from chronic otorrhœa have been carefully treated and studied. It was found that a certain number of them dried up and remained dry following the institution of simple cleansing measures. A few more required removal of diseased tonsils and adenoids before the otorrhœa ceased. Several cases, including some in whom the tonsils and adenoids had previously been removed, were rather stubborn and it was found that a more direct attack upon the disease in the middle ear was necessary. This was provided in the form of the iodine and boric acid powder treatment which proved successful in all except one case. The investigation is only to be carried on for a year, as the numbers are too small to allow of precise statistical information.

To the clerical and nursing organisation of the Clinic is due the regular attendances of the children and parents, and the excellent and systematic way in which the Clinic is run has rendered possible the successful issue of the investigation. Only two children have lost touch, in both cases due to

domestic circumstances, and throughout the spirit of co-operation evinced by the parents was very noticeable."

SCHOOL DENTAL SERVICES.

It is pleasing to be able to report that there has been a further improvement in certain directions in the results of the work carried out by your Dental Officers.

An increasing percentage of parents whose children have been inspected and who require treatment are anxious to avail themselves of the conservative work offered and a correspondingly smaller percentage remains who are averse to the filling of teeth.

The most interesting fact is that the fillings per 100 children treated have increased whilst the extractions for a similar number have decreased. The figures below relate to children attending the public elementary schools and secondary schools:—

			Fillings per 100 children.	Extractions per 100 children.
1936	.....	.....	145	205
1937	.....	.....	156	184

In addition, the actual number of extractions of permanent teeth has dropped from 2,032 to 1,826, giving a final analysis of one permanent extraction to every three children treated.

The technique of pulp capping has been continued with success and over 100 teeth have been treated in this way, with only two apparent failures and these occurred in teeth which from the start gave little hope of success. This treatment is adopted in cases of extensive dental caries where the only alternative consists in killing the nerve, with a consequent lessening of the life of the tooth.

Vinyl Ether, a comparatively new anæsthetic, was used for the first time at the clinics this year. When used in conjunction with Oxygen it produces a longer anæsthesia for multiple extractions and difficult cases, together with a complete muscular relaxation. The recovery period is quick

with practically no after effects, such as vomiting, headache, slow recovery, etc. This anæsthetic has to a very large extent replaced Ethyl Chloride and Oxygen, which up to now had been the anæsthetic of choice where a longer anæsthesia was required than could be obtained by Gas and Oxygen. The following table is of interest in this connection:—

ANÆSTHETIC CASES (250).

Average Induction period.	Average number of teeth removed.	Length of Anæsthesia.	After Effects.
78 seconds	6	40 seconds	96% normal. 4% slight headache and vomiting.

Attention should be drawn to the figures for the last three years of the total number of children inspected and those actually treated:—

	Inspected.	Actually treated.
1935	13718	4846
1936	10916	4700
1937	11917	4998

From these figures it will be seen that whereas in 1935 a larger number were inspected yet actually only a similar number were treated, the explanation being that "bad record cases" are being gradually excluded and a greater number of those who are now inspected consist of children whose parents wish for treatment. The increased number of fillings per 100 is a further recommendation of the usefulness of this method.

The work at the new Mill Hill Centre is progressing satisfactorily and it has been found expedient to treat there the children who attend the Mill Hill Secondary School instead of, as in the past, treating all Secondary School children at the Central Hendon Centre.

A further interesting point is the fact that of the 7,000 permanent teeth filled no less than 800 consisted of porcelain restorations in front teeth and the majority of these were completed with the use of the Rubber Dam, a technique which takes a longer time but which is essential if the best results are to be obtained.

All this reparative work would fail to attain its maximum of usefulness unless at the same time propaganda is carried out to impress upon the child the necessity of caring for his teeth now and even more after he leaves school when his opportunities for treatment will not be as easily obtained as they are now.

Recent researches into the causation of dental caries suggest that the deprivation of certain of the protective foods plays a large part in this condition and while no figures could be evolved to demonstrate this I believe that the Council's policy of giving milk and cod liver oil, allied with the milk in school scheme, will have an effect in reducing the incidence of this condition.

The following is an amplification of the Board of Education Statistical Table V.:—

(1) Number of children who were—

(a) Inspected—Routine Age Groups:—

Aged 5	.....	.....	1065
" 6	.....	.....	1127
" 7	.....	.....	998
" 8	.....	.....	1080
" 9	.....	.....	1125
" 10	.....	.....	1191
" 11	.....	.....	1069
" 12	.....	.....	870
" 13	.....	.....	846
" 14	.....	.....	166
" 15	.....	.....	25
" 16	.....	.....	6
			<hr/>
			9568
			<hr/>

(b) Found to require treatment:—

Elementary Schools	.....	7780
Secondary Schools	.....	363
		<hr/>
		8143
		<hr/>

(c) Actually treated:—

Elementary Schools	.....	4771
Secondary Schools	.....	227
		<hr/>
		4998
		<hr/>

(2) Half days devoted to:—

1. Inspection	.....	89
2. Treatment	.....	1485

Represents an average of 114 inspected per session. Parents are present at these inspections.

(3) Attendances made by children for treatment:—

Elementary Schools	.....	13644
Secondary Schools	.....	856
		<hr/>
		14500

(4) Fillings:—

Elementary Schools:—

Permanent teeth	.....	6258
Temporary teeth	.....	1039
		<hr/>
		7297

Includes 780 porcelain fillings and 87 pulp capping treatments.

Secondary Schools:—

Permanent teeth	.....	524
		<hr/>
		7821

(5) Extractions:—

Elementary Schools:—

Permanent teeth	.....	1722
Temporary teeth	.....	7340
		<hr/>
		9062

Includes 334 permanent extractions carried out for regulation purposes.

Secondary Schools:—

Permanent teeth	.....	104
Temporary teeth	.....	28
		<hr/>
		132

(6) Administrations of General

Anæsthetics:—

Elementary Schools	.....	2583
Secondary Schools	.....	59
		<hr/>
		2642

Includes 250 Vinyl Ether cases.

(7) Other operations:—

Elementary Schools	.....	3194
Secondary Schools	.....	404
		<hr/>
		3598

Consists of silver nitrate treatment, scaling, etc.

ORTHOPÆDIC SECTION.

The Scheme remains as in previous years, the Surgeon attending approximately once a month at the Hendon and Watling Health Centres, but owing to the numbers requiring examination and treatment it has been necessary to hold additional Surgeon's sessions from time to time. This increasing number was also reflected in the work of the Masseuse, who is now devoting practically the whole of her time to work in connection with your Scheme.

Many of the conditions seen proved to be of a minor character, such as slight degree of round shoulders, and it may be possible to organise a system whereby once this type of case has been seen by the Orthopædic Surgeon, to exclude more serious disease, it might then be referred for treatment carried out under the physical training scheme, which is now being developed. This is a possibility which will be explored as soon as the Scheme is in full working order, but if this is not practicable it might prove advantageous to make the appointment of the Masseuse a full time one.

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

TABLE XXV.

452	School Medical Service cases attended, and made 3,931 attendances.
250	Maternity and Child Welfare cases attended, and made 1,474 attendances.
	Total cases 702. Total attendances 5,405.
206	School Medical Service cases attended for the first time.
141	Maternity and Child Welfare cases attended for the first time.
1060	Examinations were made by the Orthopædic Surgeon.
13	Cases were sent to the Royal National Orthopædic Hospital at Stanmore.
702	Cases received treatment or were kept under observation at the clinic.

TABLE XXV.—continued.

SUMMARY OF ORTHOPÆDIC DEFECTS.

(1) School Medical Services.

	Under Treat- ment.	Under Observa- tion.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
1. Congenital Defects:—				
Club Foot	1	4	1	—
Dislocation of the Hip	—	1	—	—
Spastic Paralysis	2	2	—	1
Irregular Toes	7	3	5	—
Metatarsus Varus	—	1	—	—
Other Conditions	3	1	2	—
2. Birth Injuries:—				
Nerve Injuries	1	3	—	1
Fractures	—	—	—	—
Torticollis	1	1	—	—
3. Rickety Deformities:—				
Bow Legs	2	2	4	2
Knock Knees	—	1	3	2
Pes Valgus	—	—	1	—
Other Conditions	—	—	2	—
4. Knock Knees				
(non-rickety)	24	9	32	5
5. Postural Defects of				
the Spine	67	28	63	30
6. Structural Curvature				
of the Spine	5	—	—	—
7 Flat Feet				
Pes Cavus	1	1	—	2
Hallux Valgus	2	3	1	1

TABLE XXV.—continued.

	Under Treat- ment.	Under Observa- tion.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
8. Infantile Paralysis	3	6	—	1
9. Sequelæ of Acute Fevers:—				
Post-encephalitic	—	—	1	1
Septic Arthritis	—	3	—	—
10. Fractures	1	—	2	—
Other Injuries	—	3	3	2
11. Tuberculous Joints	1	6	—	—
12. Other Bone Diseases (non-Tuberculous):—				
Exostosis	—	—	1	—
Apophysitis of Os Calcis	1	2	—	—
Schlatter's Disease	—	1	—	—
13. Osteomyelitis	—	1	1	1
14. Other Conditions	2	1	7	4
15. Non-Orthopædic Conditions	5	1	9	2

TABLE XXVI.

SUMMARY OF ORTHOPÆDIC DEFECTS.

(2) Maternity and Child Welfare Services.

	Under Treat- ment.	Under Observa- tion.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
1. Congenital Defects:—				
Club Foot	2	1	—	—
Dislocation of the Hip	—	1	—	—
Spastic Paralysis	2	4	—	1
Irregular Toes	11	8	3	2
Metatarsus Varus	3	2	—	—
Other Conditions	10	5	—	2
2. Birth Injuries:—				
Nerve Injuries	—	—	—	1 died (pneumonia)
Fractures	—	—	—	—
Torticollis	1	1	—	—
3. Rickety Deformities:—				
Bow Legs	17	13	17	5
Knock Knees	9	2	3	1
Pes Valgus	2	—	3	—
Other Conditions	2	1	1	—
4. Knock Knees (non-rickety)				
	34	19	12	14
5. Postural Defects of the Spine				
	—	1	—	—
6. Structural Curvature of the Spine				
	—	—	—	—

TABLE XXVI.—continued.

	Under Treat- ment.	Under Observa- tion.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
7. Flat Feet	8	3	1	—
Pes Cavus	—	—	—	—
Hallux Valgus	1	—	—	—
8. Infantile Paralysis	2	—	—	—
9. Fractures	—	1	1	—
Other Injuries	1	—	—	—
10. Tuberculous Joints	—	—	—	—
11. Other Bone Diseases (non-Tuberculous) :—				
Bowling of Tibia	—	1	—	—
12. Other Conditions	1	1	7	—
13. Non-Orthopædic Conditions	1	1	2	3

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 2700.

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, Mumps 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 XXVII.

NOTIFIABLE INFECTIOUS DISEASES.

1937.

School.	Disease.				
	Scarlet Fever.	Diphtheria.	Smallpox.	Typhoid.	Erysipelas.
Brent Modern	1	1	—	—	—
Wessex Gardens	8	—	—	—	—
Child's Hill	9	—	—	—	—
Goldbeaters	10	3	—	—	—
Barnfield	7	7	—	—	—
Hyde	18	—	—	—	—
Woodcroft	15	10	—	—	—
Sunnyfields	3	—	—	—	—
Deansbrook	5	1	—	—	—
Meads	1	1	—	—	—
Orange Hill	3	7	—	—	—
St. Mary's C.E.	2	1	—	—	—
St. Agnes' R.C.	3	2	—	—	—
Algernon Road	1	4	—	—	—
Colindale	14	1	—	—	—
St. John's C.E.	1	1	—	—	—
St. Paul's C.E.	—	1	—	—	—
St. James'	—	1	—	—	—
Annunciation	2	—	—	—	—
Edgware	2	—	—	—	—
St. Vincent's R.C.....	1	—	—	—	—
Burnt Oak	1	1	—	—	—
Broadfields	1	—	—	—	—
Clitterhouse	1	—	—	—	—
Totals	109	42	—	—	—

TABLE XXVIII.

NON-NOTIFIABLE INFECTIOUS DISEASES.

1937.

School.	Disease.			
	Measles.	Mumps.	Whooping Cough.	Chicken-pox.
St. Andrew's	37	2	—	1
St. Paul's C.E.	16	1	—	3
Burnt Oak	22	14	4	—
Wessex Gardens	3	13	3	6
Child's Hill	2	18	5	1
Garden Suburb	2	4	20	133
Goldbeaters	50	—	—	9
Bell Lane	13	1	2	87
The Hyde	9	46	33	3
All Saints' C.E.	—	6	11	—
Colindale	54	24	8	1
Woodcroft	—	2	5	30
Barnfield	14	—	—	—
St. Mary's C.E.	3	4	—	—
Meads	7	3	3	19
Deansbrook	129	37	19	2
Sunnyfields	4	50	12	11
Edgware	2	39	1	3
Totals	367	264	126	309

TABLE XXIX.

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
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
1937	—	109	42	367	309	264	126

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 1937 it was possible to send 135 necessitous school children for a fortnight's holiday to the seaside as under:—

70 girls	.....	.....	Ryde, Isle of Wight.
65 boys	.....	.....	Walmer.

During the period April to September approximately 1000 boys and girls from various organisations made use of the Mote Mount Camp Site.

PHYSICAL EDUCATION.

Physical education in the schools is carried out by the teachers but as a result of proposals contained in Circular 1445 of the Board of Education a scheme has been formulated between the Middlesex Education Authority and the local authorities in the County for the provision of organisers of physical education. By this scheme the Hendon Education

Authority will have the services of one male and one female organiser. This is a highly desirable and interesting development as while the teachers have carried out their work well and enthusiastically the scope of the curriculum is now such that they cannot be expected to be expert in all subjects and for the physical welfare of the children I believe this development will prove of the greatest value.

Until the scheme is actually in operation it is not possible to predict the actual benefits likely to accrue. If as a result of more intensive physical training more energy is to be expended by the child a careful guard will have to be kept on his reactions especially in that group where nutritional standards fall somewhere below normal, but if a liking for regular exercises, especially in the open-air is engendered it will prove of real benefit to the child throughout his whole life.

In the endeavour to increase the general fitness of the race the question may well be asked as to what form that fitness should take. Personally I believe that grace of movement should be the aim and not a building up of an excess of muscular tissue, which to the sedentary worker may prove a handicap.

In a school curriculum already approaching saturation point it is impossible to devote adequate time to all subjects but if a certain amount of time can be set aside for the physical organisers to teach at least the elements of the structure and functioning of the body the value of physical training will be greatly enhanced.

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, 1937, arrangements were made for approximately 1,600 elementary school children (960 boys and 640 girls) to attend for swimming instruction at the West Hendon and Mill Hill Open-Air Pools, and at the Squires Lane and Open Air 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.

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

The scheme which was commenced last year has been continued whereby children suffering from defects likely to handicap them in any particular branch of industry are referred to the Juvenile Employment Committee so that that body may be in a position to place such children in employment suitable to their physical capacity.

During the year reports were forwarded on 26 children.

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 1937/38, officers of this Society, at the request of the Authority, paid 52 visits to 13 families in respect of 35 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 children to Heart Homes. 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 XXX.

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	6
2	11 and 9 years	do.	4
1	14 years	do.	2
4	14, 11, 9 & 7 years	do.	1
4	14, 12, 9 & 8 years	do.	3
1	6 years	do.	5
2	—	do.	6
4	11, 9, 7 & 4 years	do.	7
2	8 & 6 years	do.	2
4	8, 7, 5 & 3 years	do.	8
3	10, 7 & 6 years	do.	2
5	—	do.	2
1	14 years	Moral danger	4

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 41 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.

The mental condition of children specially referred was assessed to ascertain the possibility or otherwise of their continuing to be educated at a public elementary school. These children are as a rule referred by the teachers, who are in a particularly advantageous position to judge of the children's capabilities and are as a rule very shrewd judges, excepting that they are to some extent liable to be guided by the children's scholastic attainments, which, while being of importance, are not a completely reliable guide.

The assessment has to be carried out in all cases with the greatest of care and the children given the benefit of the doubt, if any exists, as it is obvious that a very serious injury will be done to a child if he should be relegated to a mental group below his real capacity.

Of the children examined 16 were admitted to the special school for mentally defective children at Finchley. The children in the Borough attending this school are re-examined each year and their mental calibre re-assessed, reports are also obtained from the head teacher and if the mental condition of any child shows a marked improvement a re-assessment is at once carried out.

At the end of the year 33 children from this area were in attendance at the Special School at Finchley.

HENDON OCCUPATION CENTRE.

In April, intimation was received from the Middlesex County Council to the effect that the Willesden and Hendon Occupation Centres had amalgamated, and that the one Centre would be held at the St. Alphage's Church Hall, Montrose Avenue, Burnt Oak.

The arrangement for the annual medical inspection of statutory cases continued, and treatment where necessary was arranged for at the Health Centre, Burnt Oak.

THE DIFFICULT CHILD.

The child showing well marked abnormalities of conduct presents a problem of great complexity but one, which, nevertheless, should be met as it is important that the underlying causes should be traced and if possible eradicated, otherwise their persistence into adult life may give rise to actions of serious consequence to the individual or may produce a neurosis which will have a detrimental effect on mental health and the individual's usefulness as a citizen.

It is often comparatively easy to trace the source of abnormal conduct in a child; it is however, very much more difficult to eradicate it as in nearly all cases the attitude of the parents, or an older relative, is at the root of the child's mental conflicts and even the most sympathetic and skilled worker may find this an insuperable barrier to successful treatment, and it is for this reason that the results of treatment are so often disappointing.

In this very difficult work the North Western Child Guidance Clinic has been of great assistance and while its results are limited by the considerations which I have mentioned nevertheless the workers there have achieved marked improvement in a number of children. During the year 8 difficult children were referred to the Clinic by this department, one of these as a result of a recommendation from the Juvenile Court.

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 XXXI.

EMPLOYMENT OF CHILDREN.		Boys.	Girls.
Children examined and employment certificates granted		129	12
Children re-examined and certificates granted.....		—	—
Certificates granted provisionally		—	—
Certificates refused		3	—
Examined for employment under Entertainment Rules, 1920 (Certificates Granted)		—	25

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 thank the Director of Education and the Teachers for their help during the year as there is no doubt that a considerable measure of the success of the School Medical Services is due to their interest and co-operation.

MENTAL DEFICIENCY (NOTIFICATION OF
CHILDREN) REGULATIONS, 1928.

TABLE XXXII.

Statement of the number of children notified during the year ended 31st December, 1937, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 11

Analysis of the above Total.

N.B.—No child should be entered in more than one section of this Table.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:—		
(a) Idiots	—	—
(b) Imbeciles	3	5
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:—		
(a) Moral defectives	—	—
(b) Others	2	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	1
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , “special circumstances” cases	—	—
Note.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority.		
4. Children who in addition to being mentally defective were blind or deaf	—	—
Note.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
Grand Total	5	6

STATISTICAL TABLES.

Public Elementary Schools.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1937.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS (*see note a*).

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—
(*see note b*).

Entrants	.....	.....	.....	.....	.....	.....	1607
Second Age Group	.....	.....	.....	.....	.....	.....	1700
Third Age Group	.....	.....	.....	.....	.....	.....	1148
Total	.....	.....	.....	.....	.....	.....	4455
Number of other Routine Inspections	.....	.....	.....	.....	.....	.....	—
							(<i>see note c</i>).
Grand Total	.....	.....	.....	.....	.....	.....	4455

B.—OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	.....	.....	.....	.....	3637
							(<i>see note d</i>).
Number of Re-Inspections	.....	.....	.....	.....	.....	.....	3816
							(<i>see note e</i>).
Total	.....	.....	.....	.....	.....	.....	7453

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 should be 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 defec- tive vision (excluding squint). (2)	For all other condi- tions recorded in Table II A. (3)	Total. (4)
Entrants	9	202	210
Second Age Group	187	133	303
Third Age Group	123	71	186
Total (Prescribed Groups)	319	406	699
Other Routine Inspections	—	—	—
Grand Total	319	406	699

NOTES ON TABLE I.

(a) The return refers to a complete calendar year.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, *i.e.*, to medical inspection carried out:—

- (i) in compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19;
- (ii) on the school premises (or at a place specially sanctioned by the Board);
- (iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.

(c) Under this heading may be recorded *routine* inspections, if any, of children who do not fall under the three prescribed age-groups, *e.g.*, *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.

(d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Atten-

dance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A of Table I and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.

(e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

MEDICAL INSPECTION RETURNS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1937.

Defect or Disease.	Routine Inspections.		Special Inspections.		
	No. of Defects.		No. of Defects.		
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	
(1)	(2)	(3)	(4)	(5)	
Skin	(1) Ringworm—Scalp.....	—	—	1	—
	(2) Ringworm—Body.....	—	—	13	—
	(3) Scabies	9	1	109	—
	(4) Impetigo	4	—	118	—
	(5) Other Diseases (Non-Tuberculous)	11	20	204	—
	TOTAL (Heads 1 to 5)	24	21	445	—
Eye	(6) Blepharitis	9	17	49	7
	(7) Conjunctivitis	12	2	116	2
	(8) Keratitis	—	—	—	1
	(9) Corneal Opacities.....	—	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	8	6	77	2
	TOTAL Heads 6 to 10)	29	25	242	12
Ear	(11) Defective Vision (excluding Squint)	319	84	141	3
	(12) Squint	38	31	44	2
	(13) Defective Hearing	8	20	4	8
	(14) Otitis Media	3	9	85	1
	(15) Other Ear Diseases	14	16	128	1
Nose and Throat	(16) Chronic Tonsillitis only	23	371	67	130
	(17) Adenoids only	2	30	8	7
	(18) Chronic Tonsillitis and Adenoids	55	103	164	44
	(19) Other Conditions	2	38	2	7

TABLE II—continued.

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation, but <i>not</i> requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but <i>not</i> requiring Treatment. (5)
(20) Enlarged Cervical Glands (Non-Tuberculous)	—	91	3	43
(21) Defective Speech	27	18	47	2
Heart and Circulation { Heart Disease:—				
(22) Organic	—	21	8	6
(23) Functional	—	74	1	16
(24) Anæmia	3	43	3	3
Lungs { (25) Bronchitis	11	29	4	11
(26) Other Non-Tuberculous Diseases	2	17	11	5
Tuberculosis { Pulmonary:—				
(27) Definite	—	1	—	—
(28) Suspected	—	3	—	1
{ Non-Pulmonary:—				
(29) Glands	—	2	—	—
(30) Bones and Joints	—	1	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	—	—	—
TOTAL (Heads 29 to 32)	—	3	—	—
Nervous System { (33) Epilepsy	—	2	—	—
(34) Chorea	1	3	1	5
(35) Other conditions.....	1	17	2	5
Deformities { (36) Rickets	—	—	—	1
(37) Spinal Curvature	33	11	10	—
(38) Other Forms	158	132	87	8
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	22	157	710	33
Total number of defects	775	1370	2217	354

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

(see Administrative Memorandum No. 124, dated 31st December, 1934.)

Age Groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	1607	126	7.84	1324	82.39	149	9.27	8	.50
Second Age Group	1700	131	7.71	1387	81.59	175	10.29	7	.41
Third Age Group	1148	102	8.89	960	83.62	81	7.05	5	.44
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total	4455	359	8.06	3671	82.40	405	9.09	20	.45

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1937.

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

The returns on this Form can be of value only if they are made as closely as possible in accordance with the directions printed at the head of each category. Particular attention is called to the directions in the categories of Physically Defective Children.

The returns should be in respect of all exceptional children in the area of an Authority, and should not be confined only to those for whom suitable accommodation is available.

It is assumed that every Authority will have a complete list of all exceptional children in their own area compiled from returns made continuously during the year and kept constantly up to date.

For the purpose of this Table no child should be included who has not been examined by the School Medical Officer, by a medical member of the Authority's staff, or by the Tuberculosis Officer.

In order to secure uniformity, Authorities are requested to make up this Table from their list of exceptional children as it stands on the last day of each calendar year.

TABLE III.—continued.

Children sent by the Authority to day or residential schools outside the area should be included in this Table; children who are living in residential schools in the area, or attend day schools in the area, but who come from other areas, should not be included.

No child should be entered under more than one heading in this Form.

BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

PARTIALLY SIGHTED CHILDREN.

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

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.
3	2	1	—	—	6

DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

TABLE III.—continued.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
9	—	1	—	10

PARTIALLY DEAF CHILDREN.

Enter in this Section children who can appropriately be taught only in a school for the partially deaf.

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.
2	—	—	—	—	2

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table should include all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children should be entered in the return of notified children—Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
34	—	—	—	34

TABLE III.—continued.

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

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.

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

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.

(This category should include tuberculosis of all sites other than those shown in I. above.)

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

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

B. DELICATE CHILDREN.

This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

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

C. CRIPPLED CHILDREN.

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum

TABLE III.—continued.

as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	2	1	—	5

D. CHILDREN WITH HEART DISEASE.

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	9	7	1	17

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect:—

- Blindness (excluding partially sighted children).
- Deafness (excluding partially deaf children).
- Mental Defect (Feeble-minded).
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling (as defined in Section C above).
- Heart Disease.

The clinical condition causing the defect need not be specified; it will, for example, be sufficient to enter in Column 1,

- Blind and Feeble-minded.
- Deaf, Crippled and Heart.

Should there be no children suffering from Multiple Defects, please enter "Nil."

Combina- tion of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institu- tions.	At no School or Institution.	Total.
Totally Blind and Feeble- minded	2	—	—	—	2
Epileptic and Feeble- minded	1	—	—	—	1

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1937.

TABLE IV.

TREATMENT TABLES.

NOTES.

(a) The Tables should deal with all defects treated during the year, however they were brought to the Authority's notice, *i.e.*, whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) The heading "Under the Authority's Scheme" should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

(c) The tables cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures

TABLE IV.—continued.

taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II. (Form 8 b.M.).

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 (see note b). (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm-Scalp—			
(i.) X-Ray Treatment. If none, indicate by dash.....	—	—	—
(ii.) Other Treatment	1	—	1
Ringworm-Body	15	1	16
Scabies	115	—	115
Impetigo	313	1	314
Other skin disease.....	367	17	384
Minor Eye Defects	469	14	483
(External and other, but exclud- ing cases falling in Group II.).			
Minor Ear Defects	302	29	331
(Treatment for more serious diseases of the ear (e.g., opera- tive treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report).			
Miscellaneous	2884	216	3100
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	4466	278	4744

TABLE IV.—continued.

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

	No. of Defects dealt with.		
	Under the Authority's Scheme (see note b).	Otherwise.	Total.
ERRORS OF REFRACTION (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)	662	—	662
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—
Total	662	—	662
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed	411	—	411
(b) Obtained	362	—	362

TABLE IV.—continued.

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

NUMBER OF DEFECTS.													
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital (see note b). (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)				Received other forms of Treatment. (4)	Total number treated. (5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	—	257
76	5	172	—	—	—	4	—	76	5	176	—	—	257

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

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

Postural defects which received non-residential treatment otherwise than at an orthopædic clinic should not be recorded in this Table.

A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

	Under the Authority's Scheme (see note b). (1)			Otherwise (2)			Total number treated (see note above).
	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.	15	—	457	—	—	—	457

TABLE V.

DENTAL INSPECTION AND TREATMENT.

The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each routine age-group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

Temporary fillings, whether in permanent or temporary teeth, should be recorded as other operations.

(1) Number of children inspected by the Dentist:—	(5) Half-days devoted to:—
(a) Routine age-groups:—	Inspection 89
Aged 5 1065	Treatment 1485
" 6 1127	Total 1574
" 7 998	
" 8 1080	(6) Fillings (see note above):—
" 9 1125	Permanent Teeth 6258
" 10 1191	Temporary Teeth 1039
" 11 1069	Total 7297
" 12 870	
" 13 846	(7) Extractions:—
" 14 166	Permanent Teeth 1722
" 15 25	Temporary Teeth 7340
" 16 6	Total 9062
<u>9568</u>	
(b) Specials (see note above) 1724	
(c) TOTAL (Routine and Specials) <u>11292</u>	(8) Administrations of general anæsthetics for extractions 2583
(2) Number found to require treatment 7780	(9) Other Operations:—
(3) Number actually treated 4771	Permanent Teeth } 3194
(4) Attendances made by children for treatment 13644	Temporary Teeth }
	Total 3194

TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, should be included in the body of the School Medical Officer's Report.

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

The Return should relate to individual children and not to instances of uncleanness.

(i.) Average number of visits per school made during the year by the School Nurses	18
(ii.) Total number of examinations of children in the Schools by School Nurses	39589
(iii.) Number of <i>individual</i> children found unclean (<i>see note above</i>)	957
(iv.) Number of <i>individual</i> children cleansed under Section 87 (2) and (3) of the Education Act, 1921	Nil
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921	Nil
(b) Under School Attendance Byelaws	Nil

Return of defects found by medical inspection in the year
ended 31st December, 1937.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		A.	B.	A.	B.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm—Scalp	—	—	—	—
	Ringworm—Body	—	—	—	—
	Scabies	—	—	—	—
	Impetigo	—	—	—	—
	Other Diseases (Non-T.B.)	9	5	—	—
Eye	Blepharitis	—	3	—	—
	Conjunctivitis	1	—	—	—
	Keratitis	—	—	—	—
	Corneal opacities	—	—	—	—
	Defective Vision (excluding squint)	58	13	7	2
	Squint	—	1	—	—
	Other conditions	1	—	—	—
Ear	Defective Hearing	2	—	—	—
	Otitis media	—	—	—	—
	Other Ear Diseases	—	—	—	—
Nose and Throat	Chronic Tonsillitis	2	55	—	1
	Adenoids only	—	1	—	—
	Chronic tonsillitis and adenoids	—	4	—	—
	Other conditions	1	11	1	1
Enlarged Cervical Glands (Non-T.B.)	1	8	—	1	
Defective Speech	—	1	—	—	

Defect or Disease.	Routine Inspections.		Special Inspections.			
	No. of Defects.		No. of Defects.			
	A.	B.	A.	B.		
(1)	(2)	(3)	(4)	(5)		
Heart and Circulation	Heart Disease:—					
	Organic	—	4	—	—	
	Functional	1	16	—	1	
	Anæmia	13	15	—	—	
Lungs	Bronchitis					
	Other Non-T.B. Disease	—	1	—	—	
Tuberculosis	Pulmonary:—					
	Definite	—	—	—	—	
	Suspected	—	—	—	—	
	Non-Pulmonary:—					
	Glands	—	—	—	—	
	Bones and Joints	—	—	—	—	
	Skin	—	—	—	—	
	Other Forms	—	—	—	—	
Nervous System	Epilepsy					
	Chorea	—	2	—	2	
	Other conditions	1	7	—	—	
Deformities	Rickets					
	Spinal Curvature	14	2	1	1	
	Other Forms	146	13	2	1	
Other Diseases and Defects		8	27	—	1	
Teeth	Dental Diseases		93	—	1	—

A = Requiring treatment.

B = Not requiring treatment, but requiring to be kept under observation.

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

Ages.	Number of Pupils Inspected.	A. (Excellent). No.	B. (Normal). No.	C. (Slightly sub-normal). No.	D. (Bad). No.
9	6	1	5	—	—
10	16	—	11	5	—
11	192	21	160	11	—
12	259	31	211	16	1
13	212	25	169	18	—
14	122	13	104	5	—
15	108	20	87	1	—
16	72	13	59	—	—
17	20	4	16	—	—
18	4	1	3	—	—
19	—	—	—	—	—
Total	1011	129	825	56	1

TABLE IV.—continued.

GROUP II.—DEFECTIVE VISION AND SQUINT.

(Excluding minor eye defects treated as minor ailments—
Group I.).

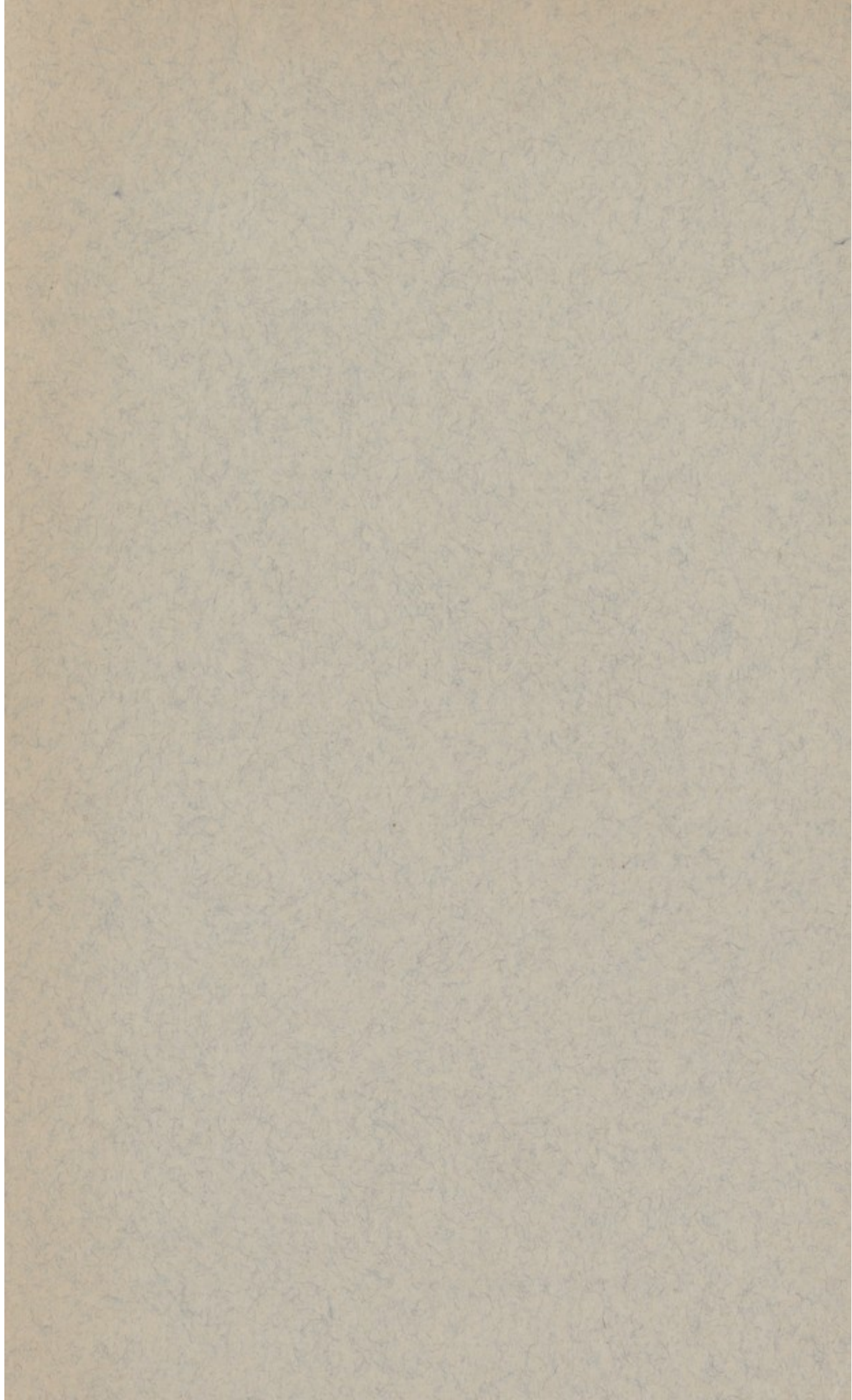
Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including squint)	84	—	84
Other defect or disease of the eyes (excluding those recorded as minor ailments)	—	—	—
Totals	84	—	84

Total number of children for whom spectacles were
prescribed:—

(a) Under the Authority's Scheme	71
(b) Otherwise	—

Total number of children who obtained or received
spectacles:—

(a) Under the Authority's Scheme	66
(b) Otherwise	—



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