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

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Borough of Hendon.

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1938

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

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

Borough of Hendon.

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BOROUGH OF HENDON

COUNCIL OF THE BOROUGH, 1938/39.

The Mayor:

COUNCILLOR H. G. POTTER, J.P.

The Deputy Mayor:

ALDERMAN S. H. EGAN, J.P.

Aldermen:

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

Councillors:

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

PUBLIC HEALTH AND MEDICAL SERVICES COMMITTEE.

Chairman:

COUNCILLOR T. J. SCOTT.

Aldermen:

W. R. CLEMENS, F.C.A.
B. FLOWERS.
W. M. MAUGHAN, J.P.

Councillors:

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

Co-opted Members:

Mrs. S. J. BANNISTER, L.L.A.
Mrs. W. M. MAUGHAN.
Mrs. B. J. MONRO, J.P.
The Rev. P. G. HOWELL

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.

J. A. Livingston, M.B., B.S., B.Hy., D.P.H.

Orthopaedic Surgeon	†H. J. Seddon, F.R.C.S.
General & Consulting Aural Surgeon	†R. Trevor Jones, F.R.C.S.
Opthalmic Surgeon	†J. G. Milner, F.R.C.S.
Anaesthetist	†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,
Inspector under Diseases of Animals Acts:

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

Matron, Isolation Hospital:

5.8.10. Miss M. MOTHERSHAW.

Health Visitors, School Nurses and Child 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.

Midwives:

9.	Mrs. M. SHERMAN.	9.	Miss G. C. TAYLOR.
8.9.	Mrs. E. L. EARLEY.	8.9.	Miss A. WEBSTER.
9.	Mrs. M. VERE LEE.	8.9.	Miss O. G. WIGGS.

Masseuse:

†Miss CHAPMAN, C.S.M.M.G.

Dental Attendants:

Miss V. E. BENWELL. Miss M. HIDSON.

Miss M. J. MUNNINGS.

---

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.

INDEX.

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Annual Report for the Year 1938

OF THE

Medical Officer of Health.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit my Ninth Annual Report on the health conditions of the Borough for the year 1938.

The year has been one of steadily increasing activity partly as a result of the establishment of new services, such as the provision of domiciliary midwifery, and also because of the increasing use being made of the services by the public, which is reflected in the figures contained in the body of the Report.

Heavy responsibilities have been placed on the Department under the Air Raid Precautions Scheme, and while it would appear that the best method of administration would be to establish a separate section, and this is to some extent being done, nevertheless it is inevitable that all members of the staff, in a greater or less degree, are feeling the additional burden.

Recently it has been suggested that priority should be given to Air Raid Precautions for a definite period, and while an effort is being made to comply with this, it is proving far from easy as it is not possible suddenly to curtail services which have such a direct and personal contact with the public and which the public expect to be full and efficient.

In submitting this Report I should like to take the opportunity of thanking the members of the Council for their keen interest in all matters affecting the public health, and also the

members of my staff for the efficient and successful manner in which they have carried through a volume of work which is unprecedented. This has only been possible by a devotion to duty which has prompted them to sacrifice much of their leisure in the interest of the Department.

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, 1938, was estimated as 165,343. 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 145,100 and for comparison purposes it is on the latter figure that the vital statistics are calculated.

TABLE I.

	Estimated population 30th June.			
		Estimate of Registrar General.		
	Census 1921	For calculation of Birth Rate.	For calculation of Death Rate.	Estimate of Medical Officer of Health.
1921	56,013	55,500	55,500	56,045
1922	—	55,930	55,930	57,507
1923	—	56,690	56,690	60,495
1924	—	57,760	57,530	64,444
1925	—	59,330	59,150	66,922
1926	—	62,790	62,570	71,111
1927	—	66,370	66,060	75,747
1928	—	80,220	79,710	89,871
1929	—	83,540	83,190	101,671
1930	—	83,540	83,190	109,583
1931	Census 1931 115,682	114,370	113,980	
1932	—	123,200		124,477
1933	—	127,600		129,698
1934	—	131,075		138,643
1935	—	134,160		146,720
1936	—	140,650		155,800
1937	—	143,800		162,079
1938	—	145,100		165,343

The estimated population of the district at 30/6/38 was as follows:—

TABLE II.

Ward.	Persons.	
	1937.	1938.
Burnt Oak	21,146	21,200
Central Hendon	18,266	19,416
Child's Hill	18,252	18,396
Garden Suburb	15,136	15,347
Golders Green	15,628	15,695
Mill Hill	23,618	24,899
Park	16,578	16,671
West Hendon	19,014	19,232
Edgware	14,441	14,487
Total	162,079	165,343

Number of inhabited houses, end of 1938	39,049
Total Rateable Value, reduced at 31/12/38	£1,953,603
Estimated Product of 1d. Rate	£7,645

SOCIAL CONDITIONS.

The development of the Borough continues to be, in the main, of a residential character.

The unemployment figures at the end of the year show an increase over the corresponding period of the previous year, largely accounted for, however, by trade depression following the crisis of September, but I understand that these figures have now been materially decreased.

VITAL STATISTICS.

The main vital statistics, and comparisons with those of England and Wales are shown on pages 15 and 16.

As compared with last year there is a slight increase in the birth rate, 12.46 to 12.93, and a decrease in the death rate from 10.59 in 1937 to 9.38 in 1938. The infantile mortality figure is this year down to 38 per 1,000 total births, a remarkably low rate and one which more than any other reflects the social conditions of the Borough generally.

LIVE BIRTHS:—	Total.	Male.	Female.	Birth Rate per 1,000 of the estimated resident population.
Legitimate	1753	915	838	
Illegitimate	124	54	70	12.93
	1877	969	908	

	Total.	Male	Female.	Rate per 1,000 total (live and still) births.
STILL BIRTHS	65	34	31	33

	Total.	Male.	Female.	Death Rate per 1,000 of the estimated resident population.
DEATHS	1153	545	608	9.38

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

	Deaths.	Rate per 1,000 total (live and still) births.
No. 30—Other puerperal causes	2	1.03
No. 29—Puerperal Sepsis	2	1.03
Total	4	2.06

Death Rate of Infants under one year of age:—

All infants per 1,000 live births	38
Legitimate infants per 1,000 legitimate live births.....	36
Illegitimate infants per 1,000 illegitimate live births	72
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	3
Deaths from Diarrhœa (under 2 years)	15

COMPARISON OF VITAL STATISTICS OF HENDON WITH THOSE OF ENGLAND AND WALES, ETC., FOR THE YEAR 1938.

Birth-rates, Death-rates, Analysis of Mortality, Maternal Death-rates, and Case-rates for certain Infectious Diseases in the year 1938.

England and Wales, London, 126 Great Towns and 148 Smaller Towns.

(Provisional Figures based on Weekly and Quarterly Returns).

TABLE III.

	England and Wales	126 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 Population				
Births:—					
Live	15.1	15.0	15.4	13.4	12.93
Still	0.60	0.65	0.60	0.48	0.45
Deaths:—					
All Causes	11.6	11.7	11.0	11.4	9.38
Typhoid and Paratyphoid fevers	0.00	0.00	0.00	0.00	0.01
Smallpox	0.00	—	0.00	—	—
Measles	0.04	0.05	0.03	0.06	0.01
Scarlet fever	0.01	0.01	0.01	0.01	—
Whooping Cough	0.03	0.03	0.02	0.03	0.02
Diphtheria	0.07	0.07	0.06	0.05	0.03
Influenza	0.11	0.10	0.11	0.06	0.04
Notifications:—					
Smallpox	0.00	0.00	0.00	—	—
Scarlet fever	2.41	2.60	2.58	2.05	1.98
Diphtheria	1.58	1.85	1.53	1.90	1.34
Enteric fever	0.03	0.03	0.04	0.05	0.03
Erysipelas	0.40	0.46	0.39	0.46	0.27
Pneumonia	1.10	1.28	0.98	0.98	0.71

TABLE III.—Continued.

	England and Wales	126 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	53	57	51	57	38
Deaths from Diarrhœa and Enteritis under 2 years of age	5.5	7.8	3.6	13.1	7.99
Maternal Mortality:—					
Puerperal Sepsis	0.89				1.06
Others	2.19	Not	available		1.06
Total	3.08				2.12
	Rates per 1,000 Total Births (*i.e.*, Live and Still)				
Maternal Mortality:—					
Puerperal Sepsis	0.86				1.03
Others	2.11	Not	available		1.03
Total	2.97				2.06
Notifications:—					
Puerperal fever				3.53	
Puerperal pyrexia	14.42	18.08	12.51	15.46	37.07

CAUSES OF DEATH IN 1938.

TABLE IV.

Cause of Death.	M.	F.
All Causes	545	608
1. Typhoid Fever, etc.	1	1
2. Measles	—	1
3. Scarlet Fever	—	—
4. Whooping Cough	1	2
5. Diphtheria	3	1
6. Influenza	5	1
7. Encephalitis Lethargica	—	—
8. Cerebro-spinal Fever	1	2
9. Respiratory Tuberculosis	36	22
10. Other Tuberculosis	7	5
11. Syphilis	3	—
12. General Paralysis of the Insane, etc.	3	1
13. Cancer	84	122
14. Diabetes	8	10
15. Cerebral Hæmorrhage	22	40
16. Heart Disease	132	153
17. Aneurysm	1	2
18. Other Circulatory Diseases	21	42
19. Bronchitis	18	10
20. Pneumonia	32	30
21. Other Respiratory Diseases	12	6
22. Peptic Ulcer	12	3
23. Diarrhœa, etc. (under 2 years)	10	5
24. Appendicitis	4	3
25. Cirrhosis of Liver	3	2
26. Other Liver Diseases	4	2
27. Other Digestive Diseases	16	9
28. Nephritis	14	14
29. Puerperal Sepsis	—	2
30. Other Puerperal causes	—	2
31. Congenital causes	18	22
32. Senility	3	9
33. Suicide	11	9
34. Other violence	25	28
35. Other defined causes	35	46
36. Ill-defined causes	—	1
Special causes (included in No. 35):—		
Smallpox	—	—
Poliomyelitis	—	—
Polioencephalitis	—	1
Diarrhœa (2 years and over)	—	—

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1938.

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

Causes of Death.	Under one week.	One—Two weeks.	Two—Three weeks.	Three—Four weeks.	Total under four weeks.	Four weeks—three months.	Three months—six months.	Six months—nine months.	Nine months—twelve months.	Total under one year	Mill Hill.	Burnt Oak.	West Hendon.	Central Hendon.	Park.	Golders Green	Garden Suburb.	Child's Hill.	Edgware.
All Causes { Uncertified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Causes { Certified	26	6	2	2	36	13	12	4	7	72	12	10	15	8	5	6	2	6	8
1. Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Chicken-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping-Cough	—	—	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—
6. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Abdominal Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Other Tuberculous diseases	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—
11. Meningitis (not Tuberculous)	—	1	—	—	1	—	—	1	1	3	2	—	—	—	1	—	—	—	—
12. Convulsions	1	—	—	—	1	1	—	1	—	3	1	—	—	1	—	—	—	—	1
13. Laryngitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Bronchitis	—	—	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—
15. Pneumonia	1	1	1	—	3	3	1	1	2	10	2	1	2	1	1	—	—	3	—
16. Diarrhœa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Enteritis	—	—	—	—	—	3	7	1	2	13	1	3	4	—	—	2	—	2	1
18. Gastritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Suffocation, overlaying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Injury at birth	2	—	—	—	2	—	—	—	—	2	—	—	—	2	—	—	—	—	—
23. Atelectasis	3	—	—	—	3	—	—	—	—	3	1	—	—	—	—	1	—	1	—
24. Congenital Malformation	5	1	—	1	7	2	1	—	—	10	2	4	1	—	—	—	1	—	2
25. Atrophy, Debility and Marasmus, including premature birth	12	3	—	—	15	3	1	—	1	20	2	—	6	4	3	2	1	—	2 2
26. Other causes	2	—	1	1	4	1	—	—	—	5	1	1	—	—	—	1	—	—	2

SECTION B.

General Provision of Health Services for the Borough.

PROFESSIONAL NURSING IN THE HOME.

There is no alteration in this service from the previous year and the following table shows the number of cases and visits made by the District Nursing Associations on behalf of the Hendon Borough Council :—

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, 1938.

(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	2	9	12	131	1	9	—	—	2	13
Measles with Pneumonia	—	—	—	—	—	—	—	—	—	—
Measles	2	5	52	213	11	83	3	19	—	—
Whooping Cough	1	6	8	24	—	—	—	—	—	—
Epidemic Diarrhœa	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	5	34	—	—	—	—	—	—	—	—
Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—
Complications of Pregnancy	2	6	—	—	—	—	7	53	9	50
Puerperal Pyrexia	—	—	3	30	—	—	—	—	—	—
Other complications occurring after childbirth	1	5	—	—	—	—	3	29	2	10
Influenza	—	—	4	10	—	—	—	—	1	4
Chicken Pox	—	—	49	105	—	—	2	4	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—
Nursing of any other diseases in children under 5 years of age not mentioned above	41	128	195	721	115	754	37	180	2	7

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. Considerable more use has been made of the Laboratory at the Isolation Hospital and over 1,000 additional bacteriological investigations were carried out there.

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

TABLE VII.

AT UNIVERSITY COLLEGE HOSPITAL:—

Cultures examined for Diphtheria Bacillus	1218
Virulence tests	173
Sputum for Tubercle Bacillus	174
Other examinations	311
Total	1876

AT HENDON ISOLATION HOSPITAL:—

	Specimens from:—			
	Hospital Cases.	Clinics.	Local Doctors.	Total.
1. Specimens examined for diphtheria bacilli:—				
(a) cultures	1879	325	27	2231
(b) direct smears	3	1	4	8
2. Direct smears examined for Vincent's organisms	24	1	4	29
3. Specimens examined for cocci	28	4	1	33
4. Sputum specimens examined for tubercle bacilli	2	—	1	3
5. Blood films examined microscopically	1	—	—	1
6. Urine specimens:—				
(a) chemical examination	2	—	—	2
(b) bacteriological examination	2	—	—	2
Totals	1941	331	37	2309

The total number of specimens dealt with shows an increase of 75 per cent over the total for the previous year.

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.

TREATMENT CENTRES AND CLINICS.

The following table shows the Treatment Centres and Clinics:—

TABLE VIII.

Name.	Situation.	Nature of Accommodation.	Times when held.
Health Centre, Central Hendon.	At rear of Public Library, The Burroughs, Hendon, N.W. 4.	Consultation and weighing rooms, Examination and minor treatment rooms, Dental, Eye and Orthopædic Clinics, Remedial Speech Classes. Orthoptic treatment of squint.	Child Welfare Centre, Monday, 2 p.m. Child Welfare Centre, Friday, 2 p.m. Ante-natal Clinic, Wednesday, 9 a.m. Minor Ailment Clinic, daily, 9 a.m. Eye Clinic, Thursday, 2 p.m. Dental Clinic or Inspection at school, daily, 9 a.m. and 2 p.m. Orthopædic Clinic, Tuesday, 9 a.m. and 2 p.m. Wednesday, 2 p.m. and Saturday, 9 a.m. Remedial Speech Classes, Tuesday, 2 p.m., and Friday, 9.30 a.m. Orthoptic treatment of squint, Monday, Wednesday, Thursday and Friday at 9.30 a.m. Immunisation Clinic, Tuesday, 2 p.m.
Health Centre, West Hendon.	215, The Broadway, West Hendon, N.W. 9	Consultation and weighing rooms, Examination and minor treatment rooms.	Child Welfare Centre, Tuesday, 2 p.m. Child Welfare Centre, Thursday, 2 p.m. Ante-natal Clinic, Tuesday, 9 a.m. Minor Ailment Clinic, daily, 9 a.m.
Health Centre, Child's Hill.	Garth Road, Child's Hill, N.W. 2.	Consultation and weighing rooms, Examination and minor treatment rooms and Dental Clinic.	Child Welfare Centre, Tuesday, 2 p.m. Child Welfare Centre, Wednesday, 2 p.m. Child Welfare Centre, Thursday, 2 p.m. Ante-natal Clinic, Friday, 9 a.m. Minor Ailment Clinic, daily, 9 a.m. Dental Clinic, by appointment.

Name.	Situation.	Nature of Accommodation.	Times when held.
Health Centre, Mill Hill.	Hartley Avenue, Mill Hill, N.W. 7.	Consultation and weighing rooms, Examination and minor treatment rooms, Dental and Orthopædic Clinics.	Child Welfare Centre, Monday, 2 p.m. Child Welfare Centre, Wednesday, 2 p.m. Child Welfare Centre, Friday, 2 p.m. Minor Ailment Clinic, daily, 9 a.m. Ante-natal Clinic, Thursday, 9 a.m. Dental Clinic, by appointment.
Temple Fortune Maternity and Child Welfare Centre.	Gospel Hall, Bridge Lane, N.W. 11.	Consultation and weighing rooms.	Child Welfare Centre, Tuesday, 2 p.m.
Health Centre, Watling Estate.	Cressingham Road, Watling Estate.	Consultation and weighing rooms, Examination and minor treatment rooms, Dental, Eye and Orthopædic Clinics, Remedial Speech Classes.	Child Welfare Centre, Monday, 2 p.m. Child Welfare Centre, Tuesday, 2 p.m. Child Welfare Centre, Wednesday, 2 p.m. Child Welfare Centre, Thursday, 2 p.m. Ante-natal Clinic, Thursday, 9 a.m. Minor Ailment Clinic, daily, 9 a.m. Eye Clinic, Wednesday, 10 a.m. Dental Clinic or Inspection at school, daily, 9 a.m. and 2 p.m. Orthopædic Clinic, Monday, 9 a.m. and 2 p.m., and Friday, 9 a.m. and 2 p.m. Remedial Speech Classes, Tuesday, 9.30 a.m., Friday, 2 p.m. Immunisation Clinic, Monday, 2 p.m.
Edgware Maternity and Child Welfare Centre	Parish Church Hall, Station Road, Edgware	Consultation and weighing rooms.	Child Welfare Centre, Monday and Friday, 2 p.m.
Colindale Maternity and Child Welfare Centre.	The Hyde Congregational Church Hall, Colin Close, N.W. 9.	Consultation and weighing rooms.	Child Welfare Centre, Wednesday, 2 p.m. Child Welfare Centre, Thursday, 2 p.m.
Woodside Park Maternity and Child Welfare Centre.	Frith Manor School, Lullington Garth, Woodside Park, N. 12.	Consultation and weighing rooms.	Child Welfare Centre, Friday, 2 p.m.

MATERNITY AND CHILD WELFARE.

MATERNITY AND CHILD WELFARE CENTRES.

The Maternity and Child Welfare services showed a satisfactory development during 1938 and continue to be widely utilised. Eighty per cent. of all infants born into the Hendon area attended the centres during the year. At the new centre in Hartley Avenue, Mill Hill, opened on 11th December, 1937, three child welfare sessions weekly were started, together with one ante-natal session per week. Dental clinics for treatment of expectant mothers and children under school age are now regularly held there also. At the beginning of the year a child welfare centre was started at St. Barnabas Church Hall, West Finchley, for the benefit of the Woodside Park estate and one session weekly has been held. (At the time of writing this centre has been transferred to Frith Manor School). One extra child welfare session weekly was found necessary at the Colindale centre.

The total number of attendances at the child welfare centres was 57,581 in 1938, representing an increase of 7,917 on the figure for 1937.

ANTE-NATAL CLINICS.

Five ante-natal sessions are now held in the Borough, *i.e.*, one weekly in each of the permanent centres. The total number of ante-natal attendances during 1938 was 3,192, representing an increase of 801 on the number for 1937, or 33.5 per cent. increase. The total number of women who attended the ante-natal clinics during the year was 716 (as compared with 610 in 1937), and the average number of attendances made by each person was 4.46.

The increase in the numbers of women attending for ante-natal supervision is due to two factors, the first being the establishment of a domiciliary midwifery service under the provisions of the Midwives Act of 1936, as all women who are to be attended by one of the Council's Midwives are supervised ante-natally by the medical staff, the Midwife

being present at each examination so that she may be given any necessary advice as to the conduct of the case. The second factor is that arrangements have been entered into with the Middlesex County Council whereby women who are to be admitted to Redhill County Hospital for their confinement are, excepting for the first and terminal examinations supervised at the ante-natal clinics. This has the two-fold advantage of providing the expectant women with ante-natal supervision reasonably near her home and in addition saves congestion at the ante-natal clinics of the Hospital.

MATERNITY HOSPITAL ACCOMMODATION.

With the opening of the new maternity pavilion at Redhill early in 1938 more beds became available for Hendon mothers desirous of entering hospital for confinement, and at first there was room at Redhill to meet all such demands. Later, however, the authorities at Redhill had to select the cases for admission owing to the large numbers applying, and as a result only first pregnancies and women requiring special medical treatment were accepted. As far as possible women whose home conditions are unsatisfactory are also admitted, but not all of these can be accommodated at Redhill. Cases of the last-mentioned category can be admitted to Queen Charlotte's Hospital and the City of London Maternity Hospital under the existing arrangements with these hospitals. The following table shows the admissions during the year:—

Redhill Hospital	213
Queen Charlotte's Hospital	43
City of London Maternity Hospital	12
	268

POST-NATAL EXAMINATIONS.

The routine post-natal examinations of all mothers who attended the Council's ante-natal clinics have not been carried out for want of time. Those mothers who go into hospitals for confinement receive their post-natal examinations at

hospital, and they are about half of all cases attending the clinics. Of the others a few with definite complaints were examined at the clinics and referred for treament where necessary.

CONSULTANT OBSTETRICAL SERVICE.

At the end of 1938 a new scheme for obstetric consultations was formulated. The arrangement being that a doctor in attendance at a confinement and requiring a specialist's opinion communicates with Redhill Hospital. According to the requirements of the case the patient is either admitted to Redhill Hospital or treated at home by the doctor and the consulting obstetrician from Redhill. If required a nurse is also sent. This service is primarily intended for cases in which the financial circumstances preclude the doctor in attendance from making private arrangements. The fee is two guineas, all or a part of which may be recovered by the Council from the patient. This scheme came into operation on January 1st, 1939.

Tables IX. and X. show the increasing heavy demands being made upon your Maternity and Child Welfare services.

TABLE IX.

NUMBER ATTENDING THE MATERNITY AND CHILD WELFARE SESSIONS AT THE HEALTH CENTRES.

	Central Hendon Centre	West Hendon Centre	Child's Hill Centre	Watling Estate Centre	Temple Fortune Centre	Mill Hill Centre	Edgware Centre	Colindale Centre	Woodside Park Centre	Total
Total attendances of children	7276	6139	9594	11915	2845	8832	5245	4617	1118	57581
Average attendances per session	74	60	62	59	57	64	52	72	33	61
Examinations by Medical Officer	2323	2155	2665	2950	793	2789	1661	1080	433	16849
New members admitted	233	216	331	376	97	415	167	147	109	2091
Under 1 year of age.....	169	130	237	244	75	265	123	102	55	1400
Over 1 year of age	64	86	94	132	22	150	44	45	54	691
Number of attendances of expectant mothers	433	988	565	558	—	648	—	—	—	3192

TABLE X.

TABLE OF TOTAL ATTENDANCES SINCE 1922.

Year.	Centre.									
	Colindale	Edgware	Watling Estate	Central Hendon	West Hendon	Child's Hill	Temple Fortune	Mill Hill	Woodside Park	Total
1922	—	—	—	1806	3114	4439	—	—	—	9359
1923	—	—	—	2159	4071	5295	—	—	—	11525
1924	—	—	—	2243	4595	5758	50	63	—	12709
1925	—	—	—	1948	5288	5935	376	384	—	13931
1926	—	—	—	2464	5984	5958	452	553	—	15411
1927	—	—	—	2871	5688	5492	418	672	—	15141
1928	—	—	1618	3364	5748	5272	556	1078	—	17636
1929	—	—	7941	3843	4820	5284	868	1626	—	24382
1930	—	—	10233	5163	3611	4755	1937	2717	—	28416
1931	—	—	10336	5915	4597	5155	1937	3064	—	31004
1932	—	690	10948	6519	5387	6118	2391	3131	—	35184
1933	—	2925	10183	6572	5791	8005	2028	3321	—	38825
1934	—	3093	9621	6338	6747	7750	2506	4212	—	40267
1935	253	3919	8393	6528	6641	7535	2654	5326	—	41249
1936	3105	4129	8083	6948	4670	8275	2648	6663	—	44521
1937	3725	5251	8179	7620	5733	8332	2740	8084	—	49664
1938	4617	5245	11915	7276	6139	9594	2845	8832	1118	57581

CHILD LIFE PROTECTION.

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

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

TABLE XI.

Number of children on the Register:—

(i) at the end of the year	127
(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 15,312 gallons liquid milk and 3,199 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	348	766
To children under 1 year of age	1533	5739
To children between the ages of 1 and 5 years	287	8561

METHOD OF FEEDING.

Breast	1080
Breast and bottle	200
Bottle	225

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.

THE MIDWIVES ACTS.

DELEGATION OF POWERS BY MIDDLESEX COUNTY COUNCIL.

The Hendon Borough Council took over the administration of the Midwives Acts from the Middlesex County Council on 1st April, 1937, when one of the assistant medical officers was appointed medical supervisor of midwives. No lay supervisor is employed.

APPOINTMENT OF MUNICIPAL MIDWIVES.

On 1st April, 1937, there was one municipal midwife in the service of the Hendon Borough Council. On 1st August, 1938, five midwives commenced duty as whole-time servants of the Council for domiciliary midwifery and maternity nursing. Of these two were state-certified midwives who had previously been in private practice in the Borough. The other three, who were appointed from posts under other local authorities and nursing associations, were state-registered nurses as well as state-certified midwives.

AGREEMENT WITH WATLING DISTRICT NURSING ASSOCIATION UNDER SECTION 1 OF THE 1936 ACT.

Arrangements were also concluded between the Hendon Borough Council and the Watling District Nursing Association whereby the latter undertook responsibility for the midwifery and maternity services in a defined area of the north-west part of the Borough. At the same time the Watling District Nursing Association remained free to carry on midwifery and maternity nursing outside the Hendon Borough area. Under these arrangements three midwives are employed by the Watling District Nursing Association in midwifery and maternity nursing in the Borough. They are all state- registered nurses, state-certified midwives and members of the Queen's Institute of District Nursing. One is recognised by the Central Midwives Board as an approved teacher of pupil-midwives.

AREAS AND DUTIES OF MIDWIVES.

Five of the Hendon Borough Council midwives have definite areas for which they are responsible, in Child's Hill, Central Hendon, West Hendon, Colindale and Mill Hill/Edgware. The sixth midwife is employed in relief-duty in any area as required. The relief-midwife and the midwife for the Mill Hill/Edgware area use their cars for their work, one midwife uses a cycle, and the others rely on public transport. It is hoped that very soon arrangements may be made for night-transport of the Council's midwives by one of the Council Departments. All the Hendon municipal midwives except the relief-midwife attend their respective ante-natal Clinics each week, but at present the Watling District Midwives do not attend the Council's ante-natal Clinic at Watling, it is hoped, however, that they will be able to do so early in 1939.

SURRENDER OF CERTIFICATES UNDER SECTION 5 OF THE 1936 ACT.

Under Section 5 (1) of the Midwives Act, 1936, one midwife surrendered her C.M.B. Certificate in 1938 and was paid compensation on a three-year basis. Under Section 5 (2) one midwife was required to surrender her certificate in 1938 on the grounds of age and was paid compensation on a five-year basis.

NUMBER OF PRACTISING MIDWIVES.

The number of midwives practising at the end of 1938 in Hendon was 39, viz.:—

Employed by the Hendon Borough Council	6
Employed by the Watling District Nursing Association (under Section 1 of the Midwives Act, 1936)	3
Employed by other voluntary nursing associations	7
Employed in nursing-homes	9
In private practice	14
	39

NUMBER OF CASES ATTENDED.

Number of cases in the area of Hendon Borough attended during the year by midwives:—

(*a*) Employed by Hendon Borough Council:—	
as midwives	98
as maternity nurses	35
(*b*) Employed by other Welfare Councils	None
(*c*) Employed by Voluntary Associations:—	
1. under arrangements made with the Hendon Borough Council in pursuance of Section 1 of the Midwives Act, 1936:	
as midwives	140
as maternity nurses	21
2. others:	
as midwives	45
as maternity nurses	39
(*d*) In private practice:—	
as midwives	70
as maternity nurses	37
(*e*) In nursing-homes:—	
as midwives	4
as maternity nurses	362
Totals:—	
as midwives	357
as maternity nurses	494

MEDICAL AID.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1918, by a midwife:—

1. for domiciliary cases	136
2. for cases in institutions	—
Total	136

It is evident from these figures that the number of municipal midwives appointed by the Hendon Borough Council is sufficient for the needs of the area at present. Since the commencement of the Hendon Borough Council's administration of the Midwives Acts, with the appointment of a member of the Public Health staff as supervisor and the subsequent appointment of a staff of municipal midwives working in close co-operation with the rest of the Public Health staff, there has been a satisfactory development and consolidation of the midwifery service as an active part of public health work.

SUPERVISION OF MIDWIVES.

During 1938 the following visits were paid:—

Routine visits	104
Special visits	8

When the municipal midwifery scheme had come into working order periodical meetings of the midwives employed by the Hendon Borough Council and the Watling District Nursing Association were instituted. These are held about once a month at the Town Hall and provide a useful opportunity of discussion among the midwives and with the supervisor on problems arising in the course of the work.

NURSING HOMES.

DELEGATION OF POWERS BY MIDDLESEX COUNTY COUNCIL.

The supervision of nursing-homes in the Borough was delegated to the Hendon Borough Council by the Middlesex County Council on 1st April, 1937. At the beginning of 1938 there were 16 registered nursing-homes in the Borough. During the year no fresh registrations were effected. One nursing home closed down. No registrations were refused or cancelled in 1938.

INSPECTION.

Inspection of nursing-homes is carried out by one of the assistant medical officers. During 1938 the following inspections were made:—

Routine	43
Special	6
Total	49

EXEMPTIONS UNDER SECTION 192 OF THE PUBLIC HEALTH ACT, 1936.

Under this section three institutions are granted exemption from the operation of the provisions of Part VI. of the Act which relates to nursing homes, viz., The Hendon Cottage Hospital, The Manor House Hospital and the Convent of St. Mary at the Cross.

VOLUNTARY WORKERS.

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

SECTION C.

Sanitary Circumstances of the Area.

WATER SUPPLY.

The Borough continues to be provided by the Metropolitan Water Board and the Colne Valley Water Company.

The water is satisfactory both as regards quality and quantity and periodical reports as to purity of the water are received from the Companies concerned.

MAIN SEWERAGE.

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

The construction of the relief sewers in the northern part of the area where development is proceeding has now been completed.

SCAVENGING OF HIGHWAYS.

The Corporation has completed the equipment of its area with a new and improved type of orderly truck.

The total length of highways at present being scavenged is approximately 127 miles.

REFUSE DISPOSAL.

The total quantity of refuse dealt with at the Works during the year 1938 was 35,007 tons.

ARRANGEMENTS FOR THE REMOVAL AND DISPOSAL OF HOUSE REFUSE.

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

DRAINAGE, SEWERAGE AND PUBLIC CLEANSING.

There is nothing further to add in connection with this matter.

RIVERS AND STREAMS.

No action was necessary to check the pollution of streams in the area.

EARTH CLOSETS, PRIVIES AND CESSPOOLS.

There are no privies in the district, but 12 earth closets are still in use.

In addition there are 66 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	5299
Re-inspections after order or notice	8892
Complaints received and investigated	1480
Visits paid to infected houses	811
Rooms disinfected	742
Drains smoke or water tested	445
Drains uncovered for examination	13
Nuisances discovered and dealt with	3881

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	22
Main drains repaired	25
Branch drains relaid and constructed	127
Branch drains repaired	91
New gullies	13
Gullies unstopped, provided with grids and cement work around repaired	59
Manholes built	19

Manholes repaired	7
Manhole covers and frames provided	59
Intercepting traps fixed	1
Intercepting trap caps resealed	8
Fresh-air inlets provided and repaired	24
New soilpipes	6
Soilpipes repaired	15
New drain ventilators	2
New stackpipes provided	5
Drains unstopped and cleansed	246
Cesspools emptied	149
WATER CLOSETS.—	
New provided	14
New basins	137
New flushing cisterns	31
Flushing cisterns repaired	41
Flushpipe joints repaired	10
New seats	64
Water closets unstopped and cleansed	67
Floors paved and repaired	1
Compartments cleansed	3
Compartments repaired	8
Compartments lighted and ventilated	9
SINKS.—	
New provided	70
New wastepipes	53
Wastepipes trapped or repaired	56
Wastepipes unstopped	6
BATHS AND LAVATORY BASINS.—	
New provided	143
Wastepipes repaired and unstopped	11
New wastepipes provided	48
WATER SUPPLY.—	
Service pipes renewed and repaired	7
Taps taken off rising main	21
Drinking water cisterns covered, cleansed or repaired	11
Supplies renewed to houses	19

EXTERNAL WORK.

ROOFS.—

Repaired and made watertight	133

RAINWATER GUTTERING AND DOWNSPOUTING.—

New gutters and down spouts	19
Repaired	38
Unstopped	10

YARDS.—

Paved and drained	12
Repaved and drained	9
Repaired	25
Cleansed	19

DUSTBINS PROVIDED	102

INTERNAL WORK.

LIVING AND SLEEPING ROOMS.—

Walls and ceilings of rooms stripped and cleansed	1174
Plaster of walls and ceilings repaired	191
Window frames and sashes repaired, eased, etc.	93
Doors and Frames renewed, repaired, eased, etc.	8
Sashcords renewed	71
Dampness in house walls remedied	83
Rooms ventilated (window made to open, etc.)	1
Firegrates, kitcheners, coppers renewed and repaired	91
Staircases renewed or repaired	9

FLOORS.—

Repaired (new plates, joists and boards)	70
Air space under ventilated	15

OTHER MATTERS.—

Back passageways cleansed	17
Ditches cleansed	16
Accumulations of refuse, manure, etc., removed	158
Nuisances from keeping of animals abated	1
New urinals provided	6
Urinals cleansed and repaired	3
Verminous houses disinfested	97
Walls re-pointed	126
Miscellaneous	346

NOTICES SERVED.

Informal or cautionary	955
Outstanding from 1937	245
	1200
Complied with	862
Outstanding, 1938	338

STATUTORY NOTICES.

Applied for	94
Served under the Public Health Acts, etc.	28
Outstanding from 1937	7
	35
Complied with	20
Outstanding, 1938	15

SHOPS ACT, 1934.

235 inspections were made under Section 10 of this Act, relating to sanitary and other arrangements in shops. 42 notices were served where contraventions existed: 15 notices were complied with (including 10 outstanding from 1937), and in one case where restricted accommodation or special circumstances existed, a certificate of exemption was granted.

SMOKE ABATEMENT.

No. of observations made on chimney shafts	255
No. of chimney shafts on which observations were made	25
No. of nuisances observed	7
No. of notifications of nuisance given to occupiers (Public Health (Smoke Abatement) Act, 1926).....	7

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	86
Council houses	11

Houses are disinfested by spraying with vermicides at intervals of from 7-10 days; woodwork and wall-coverings are removed, and the blow-lamp employed to burn out holes and crevices. The tenants of affected houses are advised to cleanse the premises with soap and water, and vermicides are supplied in some cases. Bedding from infested premises is 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 129 houses from which tenants were removing into Council houses, and, where necessary, bedding was sterilized by steam and furniture and other articles treated with an insecticide.

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 70 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.

THE FACTORIES ACT, 1937.

The number of Factories is as follows:—

Factories with mechanical power	277	
Factories without mechanical power	84	
Total		361
Number of Inspections		323
Number of Notices served to remedy defects	42	
Outstanding, 1937	6	
		48
Number of Notices complied with		31
Matters notified to H.M. Inspector		—
Matters notified by H.M. Inspector (remediable under the Public Health Acts)		9
Lists of Outworkers received		32

Nature of defects remedied at Factories:—

Sanitary accommodation	insufficient	—
	unsuitable or defective	6
	not separate for sexes	1
Want of cleanliness		74
Overcrowding		—
Unreasonable temperature		—
Inadequate ventilation		—
Ineffective drainage of floors		—
Other offences		6

SWIMMING BATHS AND POOLS.

There are two public swimming pools owned by the local authority and one privately owned. These were described in my annual reports for 1936 and 1937.

At the Council's swimming pools the water is treated by modern purification and filtration plant, and tests for chlorine content are made four times daily. Samples of water taken for bacteriological examination were satisfactory.

The privately owned swimming pool is fitted with filtration and purification plant, and tests for chlorine content are made three times daily; in addition, samples taken periodically for bacteriological examination yielded satisfactory results.

SECTION D.

HOUSING.

INDIVIDUAL UNFIT HOUSES.

Demolition Orders made		3
	Houses demolished	1
	Awaiting demolition	2

One house was closed voluntarily for use for human habitation after the owners had been notified of the Council's intention to inspect.

The following table shews the position at the end of the year in relation to houses dealt with in the Clearance Area, and individually since the passing of the Housing Act, 1930:—

Houses demolished	79
Houses closed for use for human habitation	2
Houses rendered fit for use for human habitation	26

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)	1248
	(*b*) Number of inspections made for the purpose	3360
(2)	(*a*) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	112
	(*b*) Number of inspections made for the purpose	740
(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	489

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	345	
Note.—Informal notices in respect of 127 houses not complied with in 1937, complied with in 1938	127	472

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		13
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—		
(*a*) By owners	7	
Note.—Formal notices in respect of 2 houses not complied with in 1937, complied with in 1938	2	9
(*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 3

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 1

(*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 167

(ii) Number of families dwelling therein 168

(iii) Number of persons dwelling therein 1094

(*b*) Number of new cases of overcrowding reported during the year 51

(*c*) (i) Number of cases of overcrowding relieved during the year 207

(ii) Number of persons concerned in such cases 1263

(*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 11

HENDON CORPORATION HOUSING SCHEMES—1938.

TABLE XII.

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	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		896
(i) By the Local Authority		145
(ii) By other Local Authorities		Nil
(iii) By other bodies and persons		582 houses. 169 flats.

RENT AND MORTGAGE INTEREST RESTRICTIONS ACTS, 1920-1933.

One 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		124

TABLE XIII.

HOUSING (CONSOLIDATED) REGULATIONS, 1925 and 1932.

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

Street or Road Inspected	No. of Houses or Flats	No. of Rooms	No. of Tenements	Notices Served Preliminary	Notices Served Statutory	Notices complied with Preliminary	Notices complied with Statutory
Elm Grove, Cricklewood, N.W. 2	31	216	40	22	—	1	—
Stanley Road, Hendon, N.W. 9	61	311	75	47	—	1	—
Cecil Road, Colindale	16	80	17	15	—	15	—
Manns Road, Edgware	4	24	4	—	—	—	—
	112	631	136	84	—	17	—

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)	101
No. of registered premises	128

There are four dairy farms in the district where milk is bottled on the premises and sold retail, while at the remaining farm the milk is sold wholesale.

Registered premises are under periodical supervision and during the year 15 samples of ungraded milk were examined.

Special attention has been directed to the requirements of the Milk and Dairies Order, 1926, regarding cleanliness and protection against contamination.

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

There is one pasteurisation depôt in the Borough licensed and supervised by this Authority. This depôt was opened in November, 1930, to deal with 15,000 gallons of milk daily. At that time the plant was capable of pasteurising 2,500 gallons of milk per hour, and the number of bottles filled was in the region of 100,000 per day, including 2,400 small bottles ($\frac{1}{3}$ pint) for consumption in schools. There were two bottle washing machines capable of dealing with 18,000 bottles per hour.

The depôt then served 24 distributing dairies within a radius of ten miles.

Since its establishment the premises have been enlarged and many additions and improvements have been made to the plant until it is now the largest pasteurisation plant in England, and indeed the second largest in the world. 65,000 gallons of milk are now pasteurised daily at the rate of 4,000 gallons per hour, and this necessitates the filling of more than half a million bottles per day, including 130,000 for school consumption. Four up-to-date bottle washing machines are in use and capable of dealing with 40,000 bottles per hour.

The dairy company maintains a twenty-four hour laboratory service to control the purity of the milk passing through the depôt, and approximately a quarter of a million chemical and bacteriological tests are made during the course of a year.

The depôt now serves 96 distributing dairies within a radius of 15 miles.

Originally all milk was delivered to the depôt by rail and road in 17 gallon churns. This method of delivery resulted in an undesirable rise in the temperature and to-day 95 per cent. of the milk arrives in glass lined road or rail tanks at a temperature of 40°F. The milk is cooled and cleaned at the company's own cooling stations before being put into the tanks.

During the past year the use of wide neck bottles and card disc stoppers has been dispensed with in favour of the more hygienic narrow neck bottle with aluminium cap. This entailed the abolition of the existing filling and capping machines and the installation of 9 of the latest vacuum operated filling and capping machines which together are capable of filling and capping 1,000 bottles a minute.

Frequent inspections by the visiting Inspector are maintained including the examination of thermograph charts; which are preserved to allow of examination by the Inspector at his next visit; the checking of thermometers; the taking of samples, and the conduct of the establishment in every hygienic respect.

DESIGNATED MILKS — MILK (SPECIAL DESIGNATIONS) ORDERS, 1936 AND 1938.

82 samples of graded milks were examined, as follows:—

Pasteurised	70
Accredited	7
Tuberculin Tested	5

All samples satisfied the prescribed tests. In addition, 20 samples of pasteurised milk were submitted for the phosphatase test—a test devised to indicate that milk has been adequately heated. 10 samples were examined for tubercle bacilli; all were satisfactory.

MEAT INSPECTION.

Public Health (Meat) Regulations, 1924.

SLAUGHTER HOUSES.

	1938.	1937.
Registered	5	5
Licensed	3	4
	—	—
	8	9
	—	—

One slaughter house, previously licensed, was demolished.

There is no Public Abattoir in the District.

At 5 of the slaughter houses no slaughtering has been performed throughout the year.

100 visits were paid to 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 XIV.

CARCASES INSPECTED AND CONDEMNED.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known).....	—	—	—	—	—
Number inspected	1	—	29	317	47
All diseases except Tuberculosis:—					
Whole carcases condemned	—	—	1	—	—
Carcases of which some part or organ was condemned	—	—	—	4	—
Percentage of the number inspected affected with disease other than tuberculosis	—	—	3.44	1.26	—

TABLE XIV.—continued.

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

There are 77 butchers' shops in the District, to which 414 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 were served upon occupiers, calling their attention to breaches of the Regulations, especially so in those cases where meat was displayed for sale on forecourts outside shops.

SLAUGHTER OF ANIMALS ACT, 1933.

7 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:—

10 lbs. Lambs Sweetbreads—Unsound.

1 Bovine Liver (13 lbs.)—Diseased.

Fish :—

1 Glass jar smoked Herring Fillets—Unsound.
3 stone Lemon Sole—Unsound.
9 lbs. Soles—Unsound.
7 stone Cod Fillets—Unsound.

Fruit and Vegetables :—

10 tins Peas—Unsound.
4 lbs. Dried Apple Rings—Unsound.
1 glass jar Grape Fruit Marmalade—Unsound.
1 tin Sliced Peaches—Unsound.
40 lbs. Eating Apples—Unsound.

Other Foods :—

20 Lime Cordials—Unsound.
5 glass jars English Pickles—Unsound.
2 glass jars Hors d'oeuvres—Unsound.
1 glass jar Horseradish—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	24
Premises used for the sale and/or manufacture of ice cream.....	185
Premises used for the preservation of meat and fish	42

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

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

The Administrative body under this Act is the Middlesex County Council, and their Inspectors have taken the following samples in the district for the year ended 31st December, 1938.

The following Table was kindly forwarded to me by Mr. S. J. Pugh, Acting Chief Officer, Public Control Department :—

TABLE XV.

COUNTY COUNCIL OF MIDDLESEX.

BOROUGH OF HENDON.

List of samples taken during the year ended 31st December, 1938:—

Article.	Taken.	Adulterated.
Milk	168	3
Almonds, ground	1	—
Aspirin	2	—
Brandy	4	—
Camphorated Oil	1	—
Cocoa	1	—
Confectionery	1	—
Eucalyptus Oil	1	—
Gin	3	—
Ginger, ground	2	—
Iodine, tincture	1	—
Lard	2	—
Meat Paste	1	—
Minced Beef	4	—
Peas, tinned	1	—
Rum	3	—
Sardines	1	—
Sausages	6	—
Sugar, granulated	1	—
Sheep's liver	10	—
Whisky	3	—
	217	3

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

Examinations are conducted at the Laboratories of the University College Hospital Medical School, Gower Street, W.C. 1, or the Counties Public Health Laboratories, 91, Queen Victoria Street, E.C. 4.

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.

In the early part of the year, outbreaks of this disease were confirmed at certain widely separated centres among animals which had been exposed at important Midland markets.

The Ministry of Agriculture and Fisheries on the 4th April made a Standstill Order apply to a Controlled Area comprising the whole of England excluding certain Counties.

Movement of animals, where allowed, was by licence only.

Nine licences were issued for the movement of 18 cows, 13 sheep, 10 pigs and 6 calves within or into the district, and seven for movement of 27 pigs, 4 cows and one calf out of the district.

Restrictions were removed on the 18th April.

SWINE FEVER.

On the 12th March notification was received of an outbreak of Swine Fever which was later confirmed by the Ministry, and appropriate action under the Swine Fever Order of 1938 was taken. Restrictions were removed on 20th July.

SECTION F.

Prevention of and Control over Infectious and other Diseases.

INFECTIOUS DISEASES.

DIPHTHERIA.

The number of cases of Diphtheria notified during the year was 195 compared with 121 in the previous year, giving a rate, per 1,000 population, of 1.34 compared with 1.58 in the country generally and 1.90 for the administrative County of London. It will be seen that the incidence of the disease remained lower than that of the country generally, but the type of disease admitted to the Isolation Hospital was more severe in character than in the previous year.

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

TABLE XVI.

Successfully immunised	343
No. who failed to complete attendances	21
No. removed from district	6
No. under treatment	178
Total attendances for treatment	1753

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 288 compared with a total of 244 in the previous year, the total being equivalent to 1.98 per 1,000 population, as compared with 2.41 for England and Wales, and 2.05 for the administrative County of London.

DYSENTERY.

66 cases of Dysentery were notified, an increase of 35 over the previous year. This, however, does not, in my opinion, represent an actual increase to this extent in the incidence of the disease but is due to a growing realisation amongst practitioners that many cases of gastroenteritis are due to the Sonne bacillus and this was confirmed in the majority of cases by bacteriological investigation.

TABLE XVII.

TUBERCULOSIS.

New Cases and Mortality during 1938.

	NEW CASES				DEATHS.			
Age Periods	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	—	—	1	—	—	1	—
1—5	3	1	3	1	—	—	1	—
5—10	1	—	2	1	—	—	—	—
10—15	1	1	3	4	—	1	1	1
15—20	7	19	3	2	—	2	—	—
20—25	18	20	1	1	3	4	1	—
25—35	32	30	1	4	11	5	—	2
35—45	18	13	1	2	4	5	3	—
45—55	14	6	—	—	7	1	—	—
55—65	9	1	—	—	10	2	—	1
65 and upwards	—	1	—	2	1	2	—	1
Totals	103	92	14	18	36	22	7	5

The ratio of non-notified tuberculosis deaths to total tuberculosis deaths is 8.62.

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

Non-Pulmonary	229
Pulmonary	698

TABLE XVIII.

Cases of Infectious Disease (other than Tuberculosis) Notified during the year 1938.

SHOWING AGE AND WARD DISTRIBUTION.

Disease.	Total cases notified.	Removed to Hospital.	Deaths.	Analysis of Cases Notified under Age Groups.														Ward Distribution.								
				0 to 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 30.	30 to 35.	35 to 40.	40 to 45.	45 to 65.	65 and upwards.	Mill Hill.	Burnt Oak.	West Hendon.	Central Hendon.	Park.	Golders Green.	Garden Suburb.	Child's Hill.	Edgware.
Scarlet Fever	288	224	—	3	8	7	16	24	127	48	20	10	4	11	8	—	2	—	47	75	41	16	24	26	17	22	20
Diphtheria	195	186	4	2	5	15	12	10	71	29	15	11	9	5	6	3	2	—	38	52	55	6	5	12	3	14	10
Pneumonia	103	—	62	1	3	4	4	6	16	11	4	4	6	4	6	4	20	10	24	25	19	7	5	3	8	8	4
Dysentery	66	—	—	—	4	1	5	2	17	3	8	5	1	6	2	2	7	3	1	7	30	1	13	3	6	3	2
Puerperal Pyrexia	72	69	2	—	—	—	—	—	—	—	5	14	30	19	3	1	—	—	4	45	4	5	2	2	—	5	5
Erysipelas	39	16	—	1	—	—	—	—	—	1	2	2	—	3	5	4	17	4	1	5	13	2	5	6	4	1	2
Ophthalmia Neonatorum	18	4	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	4	—	1	1	1	2	4
Food Poisoning	4	—	—	—	—	1	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	3	—	1	—
Cerebro Spinal Fever	2	2	3	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—
Polioencephalitis	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Poliomyelitis	2	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—
Meningococcal Meningitis	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Typhoid Fever	5	2	2	—	—	—	—	—	—	—	—	1	1	—	3	—	—	—	—	—	—	1	—	1	1	2	—
Malaria	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—

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	662
Mumps	28
Whooping Cough	172
Chickenpox	247

DISINFECTION.

Disinfection of 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 Disinfector.

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

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

742 infected rooms and places disinfected.

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

646 library books collected of which number 621 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 XIX.

Nmber of births registered (1937)	1559
Successfully vaccinated	708
Insusceptible of vaccination	2
Exemptions	443
Dead, unvaccinated	54
Postponements by Medical Certificates	31
Removed to other districts, and cases not found	296
Number of births unaccounted for	25
Number at all ages vaccinated during the year (Primary) :—	
Born within district	713
Born out of district	276

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.

18 cases were notified during the year and of these 7 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 1938.

On January 1st, 1938, there were 64 patients in hospital and during the year 689 cases were admitted, the total number treated during 1938 being, therefore, 753. The number of admissions was 205 more than in the previous year, this being due in part to increased incidence of Diphtheria and, to a lesser extent, of Scarlet Fever, but in the main caused by the greater number of out-district cases admitted.

There were 12 deaths and 691 discharges during the year, leaving 50 patients in hospital on December 31st 1938.

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

TABLE XX.

Notified Disease :—	In Hospital 1-1-38	Admitted during year.	Died during year.	Discharged during year.	In Hospital 31-12-38
Diphtheria or ? Diphtheria	32	207	5	210	24
Diphtheria "Carrier"	1	6	—	6	1
Scarlet Fever or ? Scarlet Fever	22	275	—	281	16
Scarlet Fever and Chicken Pox	1	1	—	2	—
Scarlet Fever and Measles	1	—	—	1	—
Late scarlatinal nephritis	—	1	—	1	—
Post-scarlatinal adenitis	—	1	—	1	—
Erysipelas	3	23	—	26	—
Measles	2	89	3	86	2
Measles and Meningitis	—	1	—	1	—
Whooping Cough	—	26	2	20	4
Chicken Pox	—	5	—	5	—
Mumps	—	2	—	2	—
Rubella	—	1	—	1	—
Typhoid or ? Typhoid Fever	—	10	—	10	—
? Paratyphoid Fever	—	1	—	—	1
Dysentery	1	7	—	8	—
Enteritis	—	2	—	2	—
Anterior Poliomyelitis.....	—	4	—	4	—
Meningitis	—	4	1	3	—

TABLE XX.—continued.

Notified Disease :—	In Hospital 1-1-38	Admitted during year.	Died during year.	Discharged during year.	In Hospital 31-12-38.
Encephalitis	—	1	—	1	—
Vincent's Angina	1	1	—	2	—
Streptococcal Throat	—	7	—	7	—
Streptococcal Rhinitis.....	—	1	—	1	—
Pneumonia	—	1	—	—	1
Puerperal Pyrexia (Measles contact).....	—	1	—	1	—
Mastoiditis	—	2	—	2	—
Scabies	—	2	—	2	—
Observation	—	3	1	1	1
Infants, admitted with mothers for nursing purposes	—	4	—	4	—
Totals	64	689	12	691	50

NOTE:—The admissions shown in Table XX. include the following, and it will be observed that out-district cases, together with cases from the Redhill County Hospital (which are chargeable to the Middlesex County Council) represent 24.6 per cent. of the total admitted during the year.

TABLE XXI.

Notified Disease :—	Out-District Cases	From Redhill Hospital	Isolation Hospital Staff	Total
Diphtheria	5	—	2	7
Scarlet Fever	56	1	—	57
Post-Scarlatinal Adenitis	1	—	—	1
Late Scarlatinal Nephritis	1	—	—	1
Erysipelas	12	—	—	12
Measles	41	15	—	56
Measles and Meningitis	1	—	—	1
Whooping Cough	7	2	—	9
Chicken Pox	2	—	—	2
Rubella	1	—	—	1
Typhoid or ? Typhoid Fever	9	—	—	9
Dysentery	6	—	—	6
Anterior Poliomyelitis	2	—	—	2
Meningitis	2	—	—	2
Encephalitis	1	—	—	1
Mastoiditis	—	1	—	1
? Pneumonia	1	—	—	1
Observation	1	—	—	1
Infants admitted with mothers for nursing purposes	1	1	—	2
	150	20	2	172

The numbers of admissions, deaths and discharges during the year, compared with those of the two preceding years, are shown in Table XXII. below. It should be pointed out that many of the out-district cases admitted during the year were of a serious nature, and that the mortality rate among these patients was higher than that of Hendon cases. Of the 12 deaths during the year, 5 were out-district cases and one was a patient transferred from the Redhill Hospital (a Harrow resident), while among the Hendon cases, which comprised 75 per cent. of the total dealt with, there were only 6 deaths.

TABLE XXII.

Cases Notified as:—	Admissions.			Deaths.			Discharges.		
	1936.	1937.	1938.	1936.	1937.	1938.	1936.	1937.	1938.
Diphtheria or ? Diphtheria	95	134	207	6	4	5	94	115	210
Scarlet Fever or ? Scarlet Fever	220	196	275	2	1	—	209	207	281
Erysipelas	19	29	23	1	3	—	17	25	26
Measles	90	39	89	—	2	3	90	35	86
Whooping Cough	23	16	26	4	3	2	19	15	20
Mumps	4	4	2	—	—	—	4	4	2
Other Diseases	32	66	67	1	7	2	32	53	66
Totals	483	484	689	14	20	12	465	454	691

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

TABLE XXIII.

Notified as:—	Total	Mill Hill	Burnt Oak	West Hendon	Central Hendon	Park	Golders Green	Garden Suburb	Child's Hill	Edgware
Scarlet Fever	288	47	75	41	16	24	26	17	22	20
Diphtheria	195	38	52	55	6	5	12	3	14	10
Erysipelas	39	1	5	13	2	5	6	4	1	2
Typhoid Fever	5	—	—	—	1	—	1	1	2	—
Anterior Poliomyelitis	2	1	—	—	—	—	—	1	—	—
Totals	529	87	132	109	25	34	45	26	39	32

TABLE XXIV.

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

Disease Notified:	TOTAL	Cases removed to :— Hendon Isolation Hospital	Other Hospitals Council's arrangements	Private arrangements	Home treated cases	Percentage of cases removed to Hendon Isolation Hospital
Scarlet Fever	288	221	—	3	64	76.7%
Diphtheria	195	186	—	4	5	95.4%
Erysipelas	39	10	—	6	23	25.6%
Typhoid Fever	5	—	—	2	3	Nil
Anterior Poliomyelitis	2	2	—	—	—	100.0%

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

(*a*) out-district cases.

(*b*) cases in which there was no definite notification.

FINAL DIAGNOSIS.

The final diagnosis arrived at in connection with the 703 completed cases was as follows:—

	Recovered.	Died.	Total.
Diphtheria	127	5	132
Diphtheria, Vincent's angina and Streptococcal throat (concurrent)	1	—	1
Diphtheritic infection of ear	1	—	1
Diphtheria (bacteriological)	31	—	31
Scarlet Fever	257	—	257
Scarlet Fever (Puerperal)	1	—	1
Scarlet Fever and Measles	2	—	2
Scarlet Fever and Whooping Cough	2	—	2
Scarlet Fever and Chicken Pox	2	—	2
Scarlet Fever and Dysentery (Sonne)	1	—	1
Post-scarlatinal nephritis	1	—	1
Post-scarlatinal adenitis	1	—	1
Erysipelas	25	—	25
Measles	92	3	95
Measles and Meningitis	1	—	1
Rubella	1	—	1
Chicken Pox	5	—	5
Whooping Cough	15	2	17
Mumps	1	—	1
Non-specific parotitis	1	—	1
Anterior poliomyelitis	4	—	4
Tubercular meningitis	*1	2	3
Meningococcal meningitis	1	—	1
Meningo-encephalitis	1	—	1
Meningismus	1	—	1

	Recovered.	Died.	Total.
Influenza	1	—	1
Gastric influenza	1	—	1
Gastro-enteritis	4	—	4
Enteritis	2	—	2
Dysentery (Sonne)	6	—	6
Vincent's angina	5	—	5
Vincent's angina and drug dermatitis	1	—	1
Glandular fever	1	—	1
Staphylococcal septicæmia	1	—	1
Ulcerative colitis	2	—	2
Acute articular rheumatism	1	—	1
Mastoiditis	2	—	2
Erythema	2	—	2
Lupus erythematosus	1	—	1
Scabies	2	—	2
Infective conjunctivitis	1	—	1
Puerperal Pyrexia (due to Measles)	1	—	1
Vaccine reaction	1	—	1
Pharyngitis	3	—	3
Rhinitis	4	—	4
Quinsy	2	—	2
Streptococcal throat	42	—	42
Laryngeal stridor	1	—	1
Laryngitis	5	—	5
Ulcerated mouth	1	—	1
No observed disease	19	—	19
Infants admitted with mothers for nursing purposes	3	—	3
Totals	691	12	703

* Died subsequent to transfer from this hospital.

DIPHTHERIA.

	1936.	1937.	1938.
Cases discharged or died, notified as Diphtheria or ? Diphtheria	100	119	221
Cases found to be suffering from diphtheria on admission (including bacteriological diphtheria)	54	78	165*
Deaths due to diphtheria	4	4	5
Case mortality rate (calculated on number of cases of **clinical** diphtheria)	7.5%	5.1%	3.7%

* 132 diphtheria.
1 diphtheria, Vincent's angina and streptococcal throat.
1 diphtheritic infection of ear.
31 bacteriological diphtheria.

165

Five deaths due to diphtheria occurred during the year. The first of these was a Harrow case, a child aged two years admitted on the 6th day of disease, who died on the 10th day in hospital. Another case, a boy aged 7 years, was admitted on the 2nd day of disease, suffering from laryngeal diphtheria complicated by septic tonsillectomy wounds. Tracheotomy was performed but the child died as the trachea was opened. Two further cases in which "bull-neck" development was present on admission died on the 8th day and the 4th day in hospital respectively. The first of these was a boy aged 6 years, admitted on the 6th day of disease, and the other was a female patient aged 20 years, admitted on the 2nd day of disease. In none of the above cases had antitoxin been administered prior to admission. The remaining case was one in which antitoxin **had** been given before removal to hospital. The patient was a boy aged 14 years (admitted on the 4th day of disease) who died on the 16th day in hospital of toxic myocarditis due to diphtheria.

LARYNGEAL CASES.

Apart from the case mentioned above, there were two further cases suffering on admission from laryngeal obstruction due to diphtheria. Both patients recovered following the application of intra-tracheal suction.

CONDITION ON ADMISSION.

Table XXV. shows with regard to the completed cases of true diphtheria, the number of cases in which antitoxin had been administered before removal to hospital, the day of disease on which patients were admitted, and whether or not a positive swab had been obtained before admission.

TABLE XXV.

Day of Disease	Admitted with + swab result		Admitted without swab result	
	Had Antitoxin	Not had Antitoxin	Had Antitoxin	Not had Antitoxin
1st	—	—	—	3
2nd	—	7	1	28
3rd	5	10	1	8
4th	—	12	2	3
5th	3	13	—	4
6th	2	4	1	2
7th	—	1	—	1
8th	2	3	—	1
9th	—	2	—	—
11th	—	1	—	—
Unknown	1	12	—	—
Totals	13	65	5	50

COMPLICATIONS.

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

Palatal paresis	3
Ciliary paralysis	1
Strabismus	7
Toxic myocarditis	1
Adenitis	8
Otitis	2
Mastoiditis	1
Rhinitis	1
Articular rheumatism	1
Mental symptoms	1
Vaginal discharge	1
Stye	1
Boils	1
*Septic tonsillectomy wounds	1
*Septic spots	2
*Abrasions	1

* Present on admission.

AVERAGE STAY IN HOSPITAL of recovered cases of true diphtheria was 64.6 days, a decrease of 0.5 days compared with the figure of 65.1 days for 1937, but 4.6 days more than the average of 60.0 days over the eight-year period 1930-1937 inclusive.

TREATMENT OF DIPHTHERIA.

The treatment of diphtheria remains, of course, in the main, the administration of serum. The concentrated serums now on the market, by reason of the possibility of giving many more units of antitoxin in smaller bulk of horse serum than could be given by means of the older sera, is a very definite advantage. It is now possible to give massive dosage of antitoxin without the disturbing factor of serum sickness.

Quite recently it has been found helpful in very grave case of diphtheria to give continuous intravenous drip saline with 5 per cent dextrose by means of the apparatus known as the Vacoliter. This form of medication has been used in the Hendon Isolation Hospital during a time when cases of the utmost gravity were being admitted, with very encouraging results.

CROSS-TYPE INFECTION IN DIPHTHERIA.

Diphtheria organisms, like the streptococci isolated from the mucous membrane of throat and nose in cases of scarlet fever, are of different types, although at present only three types are recognised.

Influenced by the investigations of the various workers on streptococci, two bacteriologists at the University of Liverpool (Glass and Wright) carried out an investigation on material obtained from the diphtheria wards at the Fazakerley Hospital with a view to ascertaining if there was transference of types in diphtheria wards such as had been demonstrated in scarlet fever wards. Their findings are of considerable importance, for they suggest that not only is there transference of type but this transference tended to rise steeply with prolongation of stay in hospital. Moreover, non-virulent strains of one type changed to virulent strains of another type, and cases which showed no diphtheria organisms on admission to hospital were found subsequently to harbour such organisms.

A still more interesting finding was that cases which had been detained in hospital for prolonged periods because of persistence of positive swabs were, in the main, cases which showed a different type of organism from that found on admission.

A still further finding was that cases were found on return from hospital to have infected other members of the family with a different type of organism from that which had caused their being sent to hospital, although discharge from hospital had been preceded by negative bacteriological findings.

It is becoming more and more patent that the common ward isolation for communicable disease has in recent times become partly discredited by the discovery of different types of the same disease and that nothing short of individual isolation will ensure the complete avoidance of cross-type infection.

A problem which is of interest in infective processes is that of dust. Dust naturally collects in wards and has to be disposed of. In considering the dust of infectious disease wards the question naturally arose as to whether this material was charged with infective organisms. Accordingly, some of the dust from the floor of a scarlet fever block was cultured and was found to be highly charged with streptococci of the types prevailing in the ward. As a control, dust from the diphtheria block was subjected to the same test and was also found to contain streptococci of a type that had no representation in the scarlet fever wards. This suggests that the streptococcal secondary infections so frequently associated with diphtheria were contributing a quota to the dust of the diphtheria block.

More interesting still was the fact that diphtheria organisms were grown from this dust. This possibility of growing pathogenic organisms from the dust of wards raises the question of the possibility of dust from the wards of fever hospitals being a vehicle for the dissemination of disease, it would appear that as a necessary contribution to safety all wards should be treated with vacuum cleaners and the dust destroyed in the ward furnaces.

PREVENTION OF DIPHTHERIA.

There are certain warnings of the possibility of an outbreak of infective processes which may not be neglected.

Two such warnings occur to one's mind, *i.e.*, those in epidemics of meningococcal meningitis and diphtheria. It is generally found that for some time prior to the outbreak of an epidemic of either of these maladies, the carrier rate, that is,

the number of persons harbouring the specific causative organisms, shows increase.

In the case of diphtheria this may evidence itself in a greater number of positive swabs being found as a result of investigation of sore throats which have little in common with true clinical diphtheria, or being found without any clinical evidence whatever in children who are swabbed, in accordance with routine practice, before going to convalescent homes.

Starting as an organism of the mildest virulence the bacillus diphtheriæ is passed on to persons who have capacity for enhancing its virulence, and by its passage through a series of such people who successively add to its malignity a stage is reached when outbreaks reach an aspect of gravity and the mortality per cent. of cases attacked is alarmingly high.

In this connection it may be asked why is comprehensive immunisation not carried out while as yet warning has not materialised into an epidemic, or as a routine practice in a local authority preventive scheme? To this query there are several answers. Firstly, immunisation is not in this country, as in Hungary for example, compulsory, and even were it so there would no doubt be many conscientious objectors. Then it is argued that were only a portion of the population immunised, danger would arise from the immunised carrier who, whilst himself suffering no ill effects from harbouring the organisms, nevertheless possesses potentiality for infecting those who are susceptible and have not been immunised.

Other arguments might be adduced against immunisation, but the fact cannot be ignored that certain communities, *e.g.*, some cities in the Dominion of Canada and the U.S.A. have by a comprehensive scheme of protective inoculation well-nigh stamped out clinical diphtheria as an entity.

With such positive experience of other countries in mind it would appear that every effort should be made to immunise as many as possible of the susceptible child population.

NON-DIPHTHERIA CASES ADMITTED TO HOSPITAL.

One onerous duty imposed on those administrating isolation hospitals is the treatment of cases sent in with a diagnosis of diphtheria when such a diagnosis is in doubt.

To emphasize this point the case is taken of the subject from whom a positive swab has been obtained before admission but who, on arrival at the hospital, has no clinical symptom of any kind. Presumably the patient had some clinical sign prior to admission otherwise swab-taking would seem superfluous.

Not only from the economic and the social standpoints, but also from the point of view of the safety of the individual, the appropriate period of detention in hospital becomes an involved consideration.

If the negativity of symptoms at the time of and subsequent to admission to hospital indicates a policy of shortening of detention to comply with social and economic needs, the possibility of the case having been one of true diphtheria from which clinical and bacteriological evidence had disappeared has got to be faced, and shortening of detention period might result in some of the alarming sequelæ of diphtheria developing with even the possibility of fatal results, after a patient's return home.

Moreover, there is the further complicating factor, referred to elsewhere, that the longer the detention in hospital the greater is the hazard of acquiring types of organism not associated with the cause of admission.

These observations are made because the difficulties and anxieties encountered in hospital administration are not fully realised by those who do not experience them.

MIDDLE-EAR DISEASE IN DIPHTHERIA.

One complication of diphtheria, one that has received something less of attention in literature than it merits, is middle-ear disease.

The rapidity with which the tympanum is destroyed when diphtheria organisms reach the middle ear is little short of the dramatic. Ears which have become thus affected are in different case from those infected in scarlet fever. In the latter instance it is possible to save the tympanum by surgery if not by medication, but time and again, at the first appearance of ear discharge in diphtheria it has been found that so much damage to the ear drum has occurred that any hope of saving it must be abandoned and the only medical treatment is palliative, *i.e.*, to dry up the discharge—which often consists almost entirely of diphtheria bacilli insofar as bacterial content is concerned—by means of ionisation.

SCARLET FEVER.

	1936.	1937.	1938.
Cases discharged or died, notified as Scarlet Fever or ? Scarlet Fever	222	208	281
Cases found to be suffering from Scarlet Fever on admission (including dual infections)	205	195	265
Deaths due to Scarlet Fever	1	1	—
Case mortality rate	0.5%	0.5%	Nil

DUAL INFECTIONS.

Of the scarlet fever cases discharged during the year the following were found on admission to be suffering from concurrent dual infections:—

Scarlet Fever and Measles	2
Scarlet Fever and Whooping Cough	2
Scarlet Fever and Chicken Pox	2
Scarlet Fever and Dysentery (Sonne)	1

COMPLICATIONS.

The following complications were encountered among the completed cases of scarlet fever:—

Albuminuria	3
Nephritis	1
Adenitis	33
Otitis	18
Mastoiditis	10
Rhinitis	37
Rheumatism	1
Rheumatic endocarditis	1
Cellulitis	1
Facial Impetigo	1
Retro-pharyngeal abscess	1
Septic tonsils, necessitating tonsillectomy	3
Vaginal discharge	6
Various septic conditions	8
Scarlatinal relapse	4

RETURN CASES.

(Cases occurring in the household of a discharged patient within twenty-eight days of discharge.)

There were six return cases of scarlet fever during the year.

The stigma which was formerly attached to return cases, is, in the light of research, scarcely a reproach. The knowledge that scarlet fever patients returning from hospital to domestic life, in a large proportion of cases harbour not only the type of organism which occasioned their admission to hospital, but other types acquired during their isolation, renders the fact not a little surprising that the so-called return cases are so few in number.

That they do arise is admitted and the following example of their occurrence instances the subtlety of the behaviour of the streptococcus hæmolyticus.

A boy was admitted to hospital suffering from scarlet fever. No typing was done at time of admission. On account of persistent rhinorrhœa his detention was prolonged to 60 days. He was discharged with a warning to his parents—who were insistent on his leaving hospital—that the risk of his infecting other members of the family was very real; but before he was taken home both nose and throat swabs were twice found to be free from hæmolytic streptococci.

Immediately after his discharge there occurred in the house in rapid succession four cases of Scarlet Fever. His mother was the first victim. She had slept with the lad. Then followed the father, the grandmother, and finally the baby. The lad was again swabbed and found the harbourer of Type 2 (Griffith's) Streptococcus. The other affected members of the household also provided Type 2.

Even now the story is not complete. The lad returned to school without apparent resultant infection of his class-mates but a visitor to the home (an aunt) who arrived from abroad some considerable time after the events above related, developed typical scarlet fever with which was again associated type 2 streptococcus.

In the light of these happenings and the increased knowledge of the bacteriology of this disease, it will be obvious that criticism which so often accompanies a return case is very largely unfounded.

AVERAGE STAY IN HOSPITAL of scarlet fever cases (including those with dual infections) was 34.2 days. This represents a decrease of 3.3 days compared with the corresponding figure for the previous year (37.5 days) and is 2.9 days less than the average of 37.1 days over the eight-year period 1930-1937 inclusive.

With occasional individual exceptions, present-day scarlet fever is a mild affection and differs in that respect from a malignant epidemic which affected Athens at the time of Thucydides and which had symptomatically much in common with scarlet fever.

Scarlet fever being now regarded as one of the many manifestations of the hæmolytic streptococcus—this takes no account of the possibility that true scarlet fever may be a virus infection and that the hæmolytic streptococcus plays but a secondary part as it does in other virus infections, *e.g.*, measles—it would appear an incomplete proceeding to make elaborate isolation hospital provision for cases of this malady as a preventive measure for the protection of the community, when at the same time in the same community there probably exist cases of streptococcal illness to which the label of scarlet fever cannot be attached, such illness being possessed in all probability of potentiality for producing in contacts recognisable scarlet fever. This expression of opinion suggests need for isolation of all streptococcal infections, for it may well be asked: Why isolate scarlet fever if the various cases of clinical sore throat due to streptococci, but from which rash is absent, are left unisolated?

The ubiquity of this organism—the heæmolytic streptococcus—renders impossible any scheme of isolation provision for all its victims, but there does seem to be some reason in a suggestion that the worst clinical cases, be they scarlet fever, tonsillitis, otitis, dermatitis, erysipelas, puerperal sepsis and other less clearly defined illnesses due to the streptococcus be admitted to isolation hospitals and nursed back to health under expert supervision.

BED ISOLATION.

It will be remembered that a system of bed isolation in a scarlet fever block was introduced at the beginning of 1938 and in order to study the effect of this system of nursing it was necessary to make a biological study of the organisms associated with each case admitted to the block. The further the investigation proceeded, with the accummulation of material it became evident that a factor, uncountered by the very careful techique employed, was operative.

The transference of serological types of the hæmolytic streptococcus was still in evidence, not always accompanied by clinical complications, and the factor concerned in the trans-

ference had to be looked for in something other than neglect of the rules of the rigid regime of nursing which was introduced at the commencement of the experiment. It was observed that in the making of beds the air of the ward in the neighbourhood of the bed-making process became suddenly charged with particulate matter consisting of woollen threads from blankets and cotton threads from sheets, and quickly little balls of fluff could be seen being carried along the ward floor by air currents. This material on being subjected to bacteriological examination was found to be charged with hæmolytic streptococci represented in the serological types found in the nose and throat of patients being nursed in the ward.

The following report is subscribed by Dr. Joyce Wright, Research Scholar of University College Hospital, London. It is an absorbing account of work done in connection with scarlet fever and the immensity of voluntary work carried out by Dr. Wright is but modestly represented in the report itself. It is difficult to assess adequately the volume, technical skill and time involved in work of this kind. Moreover, its value in the field of scientific research is unquestionably great, for only by such work can complications, relapses and other disturbing factors be studied with complete understanding.

Dr. Joyce Wright's report of work at Hendon Isolation Hospital, 1937—1939.

"In collaboration with the medical staff of the Hendon Isolation Hospital I have made an investigation into the comparative incidence of change of hæmolytic streptococcal type in patients in scarlet fever wards nursed (a) by the bed isolation method and (b) by the ordinary open method.

The routine precedure was as follows:—from all patients and nurses in these wards swabs were taken from the throat and from any suppurative lesion found (a) on admission, (b) at a routine weekly swabbing and (c) at the onset of any complication, *e.g.*, rhinorrhœa, cervical adenitis, otitis media, mastoiditis.

All hæmolytic streptococci isolated were tested by the slide agglutination method and assigned, where possible, to one of the thirty types of Griffith. Separate notes of the clinical condition of each patient were kept at the Isolation Hospital, and the correlation of hæmolytic streptococcal types and the clinical findings were made after the completion of all the serological typing.

WARD ARRANGEMENT.

Block A. Open Wards.

This consisted of two wards, each having twelve beds, united by a central section to form one block. The same nurses worked in both wards. The ordinary method of nursing was used, no special precautions being taken against hæmolytic streptococcal spread other than the usual aseptic method for surgical dressings.

Block B. Bed-Isolation Wards.

The general lay-out of these wards was similar to that of Block A. In addition each of these wards had a central hand basin, the taps being operated by foot pedals. The precautions against hæmolytic streptococcal spread were those usual for bed-isolation nursing, and the regulations were strictly enforced.

1. Preliminary period, March 17th to July 12th, 1937.

During this period, whilst the necessary structural alterations for bed-isolation were being made in Block B, a preliminary investigation in Block A under open nursing was made. The principal object of this was to gain experience in typing hæmolytic streptococci, swabbing procedure, etc.

2. Experimental period, January 19th to May 13th, 1938.

During this period both Blocks A and B were in use and the investigation into the comparative incidence of change of hæmolytic streptococcal type in scarlet fever in patients nursed (a) by open methods and (b) by bed-isolation methods was made. As far as was practicable, alternate patients were admitted to Block A and Block B.

RESULTS OF INVESTIGATION.

The following is a summary of the results of the investigation, the criterion of a change of type being taken to be a change in a particular patient from one typable hæmolytic streptococcus to another typable hæmolytic streptococcus, and not a change from an untypable hæmolytic streptococcus to a typable hæmolytic streptococcus or *vice versa*, nor a change from a negative swab to a typable or to an untypable hæmolytic streptococcus.

1. Preliminary period.

Number of patients 65

Number of patients showing change of type 6

Number of changes of type 6

Table 1.

Particulars of patients showing change of hæmolytic streptococcal type during the Preliminary period 1.

Patient	Age	Cot Position	Date of swab in which change was first noted	Days in hospital before change noted	Change of type
A	3½	1 Male	8/6/37	15	Type 1 to type 4
B	2	1 Female	30/3/37	104	Type 22 to type 1
C	2	2 Females	5/4/37	21	Type 8 to type 11
D	2	3 Females	5/4/37	74	Type 20 to type 11
E	9	11 Females	31/5/37	25	Type 13 to type 28
F	5	5 Females	28/6/37	14	Type 1 to type 11

Since the incidence of change of hæmolytic streptococcal type during this period was low, the results are not of particular interest, but the following clinical findings associated with changes of type may be mentioned. In three patients, A, B, and E, there were no complications. In the remaining patients complications occurred as follows:—

C. An abscess of the jaw from which Staphylococcus only was grown during the early stages produced Type 11 hæmolytic streptococci at a later swabbing. The throat swab was also found to be Type 11 at the same swabbing, though it had been Type 8 the previous week.

D. Developed mastoiditis from which Type 11 was isolated, though the throat swab had been and remained Type 20. The patient was in the next cot to C.

F. Type 11 was isolated from her throat, which had previously yielded Type 1, on the day on which she developed rhinitis, and from her nose the following week.

2. Experimental period.

The following are the results of the investigation from January 19th to May 13th, 1938, during which time both Blocks A and B were in use:—

Table 2.

Comparative incidence of change of type among patients in Block A (open) and Block B (bed-isolation).

	Block A.	Block B.
Number of patients	74	62
Number patients showing changes of type	15 (20.6%)	14 (22.6%)
Number of changes of type	21	16

(*a*) It may be seen from Table 2 that among the patients in Block A 20.6 per cent. showed a change of hæmolytic streptococcal type and among those in Block B 22.6 per cent. It appeared therefore that the method of bed-isolation nursing was not an effective measure in reducing significantly the incidence of re-infection among these scarlet fever patients.

(*b*) The clinical particulars of those patients showing a change of hæmolytic streptococcal type confirmed the work of Allison and Brown, who found that the majority of late complications occurring in multiple-bed wards devoted to scarlet fever was associated with such a change. It was also noted that when such a change occurred it was usually observed after the second week of hospitalisation, and frequently even later. In thirty-seven patients in Blocks A and B a change of type was observed, occurring in six between the fourteenth and twenty-first day following admission, and in twenty-five at or after the twenty-first day.

(*c*) Except in very few instances complications arising early in the disease were not associated with a change of hæmolytic streptococcal type.

(*d*)

Table 3.

Percentage of scarlet fever patients at different age-groups showing change of hæmolytic streptococcal type.

Age, in years	Number of patients	Number of patients showing change of type	Percentage of patients showing change of type
0—2	3	1	33.0
2—4	17	4	23.5
4—6	36	7	19.4
6—8	32	4	12.4
8—10	31	8	25.8
10—12	15	4	26.6
12—14	13	4	30.1
14—16	11	1	9.0
16—18	5	0	0.0
18—20	3	0	0.0
20 and over	27	2	7.3

(In this table are included scarlet fever patients investigated in both the preliminary and the experimental periods.)

It may be seen from Table 3 that re-infection with hæmolytic streptococci other than the primary type occurred almost equally at all age-groups from 0—14 years. A decrease to 9 per cent. is seen in the 14 to 16-year old group. Among the thirty-five patients over the age of 16 years, only two became re-infected during their stay in hospital.

(*e*) The exact mode of spread of hæmolytic streptococci in the scarlet fever wards was not ascertained, since at the time of every re-infection there was among the patients more than one possible source of the re-infecting strain. In both Blocks A and B the majority of changes of type occurred in small outbreaks, nine in all; of these, five were limited to either a male or female side. Of the remaining four outbreaks, which affected both male and female wards, three were in Block A where the movements of the convalescent patients were not restricted.

(*f*) The apparent failure of bed-isolation to control the spread of hæmolytic streptococci in scarlet fever wards has made it necessary to consider what further factors may be of importance in this connection. Attention has therefore been directed to the question of the aerial spread of streptococci—**by dust.** Samples of dust were collected from the ward floor, from the brooms used and from the vacuum cleaner bag. In all cases large numbers of hæmolytic streptococci were isolated on blood agar plates, counts varying from 20 colonies per plate to several hundred being obtained from a few loopfuls of dust. Random colonies picked for typing were of the common scarlet fever types of hæmolytic streptococci.

At the present time (May, 1939) we are in process of testing whether a reduction in the incidence of change of hæmolytic streptococcal type will be effected by using vacuum cleaning instead of sweeping as a means of cleansing the bed-isolation wards.

By droplet nuclei: It has been found by Wells in U.S.A. that fine droplets do not fall to the ground, but that the surface moisture having dried off, infected

material remains suspended in the air as "droplet nuclei" which may travel about with currents of air as do smoke particles. We have been fortunate in being offered the loan of a Wells air centrifuge by Hanovia Ltd., and experiments on the bacterial content of the air of the wards will shortly be begun.

(*g*) The cross-infection incidence in scarlet fever patients nursed in cubicles is also being investigated, as it is thought that in this way the best protection against aerial infection may be afforded, whether by dust, by droplets or by droplet nuclei. Manual spread is guarded against in the cubicles as in the bed-isolation wards. The work is in the early stages, but at the present time no evidence of change of type of hæmolytic streptococci has been detected.

(Signed) J. WRIGHT."

Dr. Wright's investigation deals with only one aspect of work on streptococci, *i.e.*, cross-type infection in scarlet fever hospital wards . Much work has been done and is being done at the present time on streptococci and there is a very large field open for investigation.

As already hinted at, a procedure whereby some of the results of the activities of the streptococcus hæmolyticus are afforded isolation and others denied it seems to be incomplete and some re-orientation of method is called for.

Further investigation on the following lines is suggested :–

(1) Enquiry into the incidence of sickness, other than demonstrable scarlet fever, in homes from which a notification of scarlet fever has been received, both at the time of notification and immediately prior thereto.

(2) Enquiry into the health of inmates of homes to which a case of scarlet fever has returned from hospital.

(3) Enquiry into the bacterial flora of the throats of home contacts of cases of scarlet fever.

SURGICAL WORK IN SCARLET FEVER.

With the passage of time and consequent opportunity for prolonged investigation, fortified by availability of scientific mechanism for bringing within vision structures hidden from the older methods of clinical enquiry, surgery is finding fields for activity which in past times were not available by reason of lack of precise knowledge of existing pathological conditions.

To appreciate some of the results of this lack of knowledge a visit to some of the out-patient departments of ear, nose and throat hospitals throughout the country will reveal the lamentable effects of neglected surgery whereby long continued otorrhœa has disorganised completely the mechanism of the middle ear of many children whose full earning capacity in the field of competitive labour has been seriously jeopardised. Had those children been afforded the full benefits of modern investigation by means of X-Ray and other forms of scientific aids to diagnosis at the time of onset of ear disease—often the result of scarlet fever, measles or diphtheria—the prejudice to their earning power might have been obviated. There is little doubt that surgery will exercise an increasing beneficial influence in the future administration of fever hospitals.

Opinions differ as to when surgical interference is indicated in middle ear disease consequent upon an attack of one of the acute infectious diseases, but it has come to be the custom of this hospital to operate when other means of treatment are plainly ineffective and not delay such interference until a period when avoidance of permanent injury could not be assured. The results of this regime have been justified, as proved by the examination of cases on whom operations have been performed, at periods after their discharge from hospital.

With the increasing effectiveness of X-Ray diagnosis there is justification for the hope that in the future by revealing all sources of infection prior to the operation there will be a considerable reduction of post-operative otorrhœa. That such

recurrence does sometimes occur is not denied, but a good X-Ray film will generally show the source of such recurrence, and in the institution of radiological examination prior to operation lies the hope of avoidance of such a contingency.

ERYSIPELAS.

Three case of Erysipelas were in hospital at the beginning of 1938, and 23 were admitted during the year with a notification of this disease. One of these patients was found to be suffering from Lupus erythematosus; in the remaining 25 cases the diagnosis was confirmed. All recovered and were discharged during the year, the average stay in hospital in respect of those suffering from Erysipelas being 13.4 days.

TYPHOID OR PARATYPHOID FEVER.

Eleven cases of supposed infection of the typhoid or paratyphoid group were admitted during 1938. In no instance was the diagnosis confirmed. Two of these patients who were found to be suffering from ulcerative colitis were transferred to Redhill Hospital within a few days of admission, eight patients were discharged after an average stay of 18 days, and one patient remained in hospital at the end of the year and was discharged early in 1939.

Following are the conditions diagnosed in respect of the completed cases:—

Ulcerative colitis	2
Enteritis	1
Gastro-enteritis	1
Influenza	1
Gastric influenza	1
Acute articular rheumatism	1
Staphylococcal septicæmia	1
Vaccine reaction	1
Vincent's affection of gums and palate	1

DYSENTERY.

One case of bacillary dysentery was in hospital at the beginning of 1938 and seven patients (six of them out-district cases) were admitted during the year with either a definite or tentative diagnosis of dysentery. All these patients recovered satisfactorily and were discharged, the final diagnosis being:— Dysentery (Sonne) 6; Gastro-enteritis 2.

MEASLES.

Two cases of measles were in hospital on January 1st, 1938, and 89 were admitted during the year. There were three deaths and 86 discharges, leaving two cases of this disease in hospital on December 31st, 1938. A post mortem examination was carried out in connection with one of the fatal cases and it was established that the cause of death was measles complicated by streptococcal pneumonia and streptococcal septicæmia. The other two deaths were due to measles complicated by broncho-pneumonia.

Apart from the 86 discharges mentioned above, four cases of measles were found among those notified as scarlet fever, another among those notified as diphtheria, and a further case occurred in an infant admitted for nursing purposes who contracted the disease from his mother. In all, therefore, there were 92 cases of measles discharged during 1938 and the average stay in hospital of these (excluding one patient who was removed by his parents after two days) was 33.8 days. This average period of detention shows a considerable increase over the corresponding figure for 1937 (22.7 days) which is accounted for by a proportionate rise in the number of complications—particularly mastoiditis—necessitating prolongation of treatment.

Following are details of the complications encountered among the completed cases of measles:—

Nephritis	1
Broncho-pneumonia	9
Bronchitis	3
Otitis	7
Mastoiditis	15
Adenitis	2
Rhinitis	1
Sterno-mastoid abscess	1
Various septic conditions	3
Scabies	1

MEASLES AND MENINGITIS.

One case which was admitted suffering from measles and meningitis made a satisfactory recovery and was discharged after 18 days.

VINCENT'S ANGINA.

One case of Vincent's angina and concurrent drug dermatitis was in hospital at the commencement of the year. Another case notified as suffering from this disease was admitted but in this instance the patient's condition was diagnosed as one of ulcerated mouth. Four cases of Vincent's angina were found in patients who had been sent into hospital with a notification of diphtheria, and a woman admitted as a ? Typhoid fever proved to be a further case of this malady.

All the above patients recovered satisfactorily and were discharged during the year, the average stay in hospital in respect of the six cases of Vincent's angina being 17.1 days.

ANTERIOR POLIOMYELITIS.

Four patients suffering from this disease were admitted during the year, two of them being out-district cases. One patient was discharged after 10 days to receive further treatment at the Harrow Orthopædic Clinic, another case was discharged after 28 days, treatment being continued at home, while the remaining two cases, in which the degree of paralysis was more serious, were transferred to the Royal National Orthopædic Hospital after 82 days and 75 days respectively.

WHOOPING COUGH.

26 cases notified as suffering from whooping cough were admitted during 1938. There were two deaths and 20 discharges during the year, the remaining four patients being discharged during the early part of 1939. One of the cases which died was a rachitic infant suffering from whooping cough and bronchitis, while the other, also an infant, was suffering from whooping cough complicated by extensive broncho pneumonia. In 15 of the 20 discharged cases the diagnosis of whooping cough was confirmed. The average stay in hospital of these patients (three of whom received oxygen tent treatment) was 37.8 days.

Complications among the completed cases of whooping cough were:—

Broncho pneumonia	6
Bronchitis	2
Marasmus	1
Scabies (present on admission)	1

CHICKEN POX.

Five cases of this disease were admitted during the year, two of them being out-district patients. All recovered and were discharged after an average stay in hospital of 19.4 days.

MENINGITIS.

Four cases (two of them out-district) were notified during the year, the final diagnosis and case result in respect of these being:—

Case No.	Disease diagnosed.	Case result.
1	Meningismus	Discharged after 36 days.
2	Meningo - encephalitis	Discharged after 13 days.
3	Mengingococcal Meningitis	Transferred to a general hospital on 9th day.
4	Tubercular Meningitis	Died on 10th day.

Two further cases of tubercular meningitis occurred in two out-district patients admitted during the year, one with a notification of encephalitis and the other for observation. One of these patients died on the 10th day in hospital and the other was transferred to a general hospital after 8 days' treatment, but died subsequently.

OTHER DISEASES.

24 cases, mainly admitted with a tentative diagnosis for observation, complete the record of cases dealt with during the year. All recovered and were discharged, the following being the conditions diagnosed:—

Puerperal pyrexia due to measles	1
Post-measles mastoiditis	1
Post-scarlatinal mastoiditis	1
Post-scarlatinal nephritis	1
Post-scarlatinal adenitis	1
Rubella	1
Mumps	1
Non-specific parotitis	1
Streptococcal throat	7
Infective conjunctivitis	1
Enteritis	1
Gastro-enteritis	1
Scabies	2
No observed disease	1
Infants, admitted with mothers for nursing purposes	3
	24

CROSS-INFECTION.

Eleven cases of scarlet fever contracted measles whilst in hospital.

One case of measles developed scarlet fever.

Three measles patients, one of whom was discharged during the early part of 1939, contracted diphtheritic infection of the ears.

In addition to the above, the following three cases developed a secondary infection which they were incubating when admitted:—

1 scarlet fever developed whooping cough.
1 measles developed whooping cough.
1 measles developed chicken pox.

SCHICK TEST.

The Schick test was carried out on 29 members of the staff. In 9 cases the result was positive and 8 of these were subsequently immunised against diphtheria. The other positive subject remained in the hospital's service for only a very short period and therefore was not immunised.

INFECTIOUS ILLNESS AMONGST STAFF:

Two Probationer Nurses contracted diphtheria during the year.

POST MORTEM EXAMINATION.

One post mortem examination was carried out at the hospital during 1938.

GYNÆCOLOGIST:

Mr. Phillips attended the hospital on two occasions, the first in connection with a case of puerperal scarlet fever and the second to see a case of puerperal pyrexia due to measles.

OCULIST.

Mr. Milner made four visits to the hospital during the year. The first was in connection with a case of ciliary paralysis following diphtheria, two further consultations were occasioned by a case of herpes ophthalmia complicating chicken pox, while the fourth visit was in respect of a patient suffering from Meningococcal meningitis and ophthalmia.

AURAL AND GENERAL SURGEON.

Following is a summary of the attendances of Mr. Trevor Jones and his deputy during 1938. The high number of mastoid operations is attributable to the fact that many cases of measles with ear complications were sent in for surgical treatment from neighbouring areas:—

OPERATIONS:—

Double mastoidectomy	4
Double mastoidectomy and incision of facial abscess	1
Mastoidectomy	18
Mastoidectomy and antral lavage	2
Mastoidectomy (re-opening of previous operation)	2
Incision of facial abscess and re-opening of previous mastoidectomy	1
R. Mastoidectomy and exploration of L. lateral sinus and ligation of left jugular	1
Double paracentesis	1
Removal of tonsils and adenoids	4
Removal of tonsils and adenoids and antral lavage	1
Antral lavage	6
Incision of elbow	2
Incision of neck glands	3
Incision of sterno-mastoid abscess	1
Blood transfusion	1
Collection of blood for measles convalescent serum	2
Lumbar puncture	1
Dissecting median basilic vein and arranging intravenous saline infusion	1
	52

EXAMINATIONS :—

Sigmoidoscopy	1	
Direct laryngoscopy and application of intra-tracheal suction	3	
Other examinations (including post-operative examinations)	126	
		130
		182

PHYSICIAN CONSULTANT.

Dr. Stevenson was consulted with regard to eleven patients and made sixteen attendances at the hospital during the year.

ORTHOPAEDIC SURGEON.

Mr. Seddon was consulted with regard to the four cases of anterior poliomyelitis admitted during the year, and made eight examinations of patients, including, in three instances, the making of plaster of paris supports. Six visits to the hospital were entailed.

AURAL IONISATION.

Zinc aural ionisation was employed in the case of five patients, the treatment being given by Miss J. Saul who made 13 visits to the hospital for this purpose, giving a total of 27 treatments.

MASSEUSE.

Massage treatment was given on fourteen occasions by Miss Chapman to a patient suffering from anterior poliomyelitis.

X-RAYS.

18 patients were X-rayed during the year, a total of 40 films 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 17 such consultations were made in respect of the following:—

Query	Scarlet Fever	14
,,	Diphtheria	1
,,	Erysipelas	1
,,	Measles	1

LOCAL GOVERNMENT AND OTHER OFFICERS' SUPERANNUATION ACT, 1922.

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

COSTS OF THE HEALTH SERVICES.

I am indebted to the Borough Treasurer for the following summary of the costs of health services for the financial year ended 31st March, 1938, 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 XXVI.

		Total Cost. £ s. d.	Grant in Aid. £ s. d.	Nett Cost to Rates. £ s. d.	Rate in £. pence.
Nuisance abatement, sanitation and general cost of Health Department	1937	7095 8 10	— — —	7095 8 10	1.0
	1938	7363 4 7	— — —	7363 4 7	1.0
Isolation Hospital	1937	17911 5 5	— — —	17911 5 5	2.5
	1938	18422 0 3½	— — —	18422 0 3½	2.4
Maternity and Child Welfare Services (including Provision of Midwives)	1937	8250 17 9	2300 0 0	5950 17 9	.8
	1938	10023 15 7	2760 0 0	7263 15 7	1.0
School Medical Services	1937	10696 8 5	5348 4 2	5348 4 3	.7
	1938	11847 15 9	5923 17 10	5923 17 11	.8

AIR RAID PRECAUTIONS.

It would not be fitting in a resumé, such as this, of the work carried out by the Public Health Department, to omit mentioning this service which has become a duty of local authorities, and especially that portion of it dealing with the collection and treatment of casualties. The whole conception of the service which is being built up is essentially curative and not preventive, thus to a large extent differing from the other activities of the Department, which, while concerned with early treatment, have as their ultimate aim the prevention of disease.

The organization of Casualty Medical Services was first made a duty of local authorities in 1935 and from the commencement, the formation of a comprehensive scheme was placed upon the County Council. It was and remains a necessity for Hendon to dovetail local arrangements into the general County Scheme.

Owing to conflicting central instructions, and possibly to a general apathy in the belief, perhaps of lack of necessity, progress at first was very slow.

The original Schemes drawn up by the Home Office included (1) First Aid Posts and Decontamination Centres, (2) Casualty Clearing Hospitals, (3) Base Hospitals and (4) Ambulance and Transport Services.

It soon became apparent, however, that the arrangements suggested were too limited in scope, did not foresee the need for continuity in medical treatment, and failed to utilise fully established Institutions and the skilled personnel available. Nevertheless, every endeavour was made to draw up local plans on these lines and an Air Raid Precautions (General) Scheme No. 1 was approved by the Council on March 8th, 1938.

No uniform system for recruitment and training of volunteers had been suggested and the numbers available were minima in comparison with those required.

It was not until September the 24th that the Public Health Department was given the responsibility of training recruits for the Casualty Services.

During the week ending October the 1st, a complete Emergency Scheme of Casualty Services, using the Health Centres was set up, since the original plan to use converted Schools was impracticable owing to the time necessary to carry out essential building alterations.

I think it is fair to say that the criticisms made above regarding the limited character of the general arrangements became obvious to all concerned during this period. Since September, therefore, progress has been vastly accelerated and with the transfer of administrative control from the Home Office to the Ministry of Health in December, 1938, new and far reaching plans have been advanced and are being put into immediate operation.

SECTION G.

SCHOOL MEDICAL SERVICES.

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

SCHOOLS.

	No. of children on rolls, 31/12/38.	
Provided.—		
Algernon Road	608	
Bell Lane	546	
Burnt Oak	238	
Child's Hill	726	
Colindale	523	
Garden Suburb	608	
The Hyde	689	
Wessex Gardens	901	
Barnfield	984	
Woodcroft	1105	
Goldbeaters	1036	
Meads	503	
Deansbrook	662	
Edgware	699	
Orange Hill Central	749	
Sunnyfields	336	
Clitterhouse	408	
Brent Modern	264	
St. Andrew's Temporary	94	
	——	11679
Non-Provided.—		
All Saints' C.E.	227	
St. Agnes' R.C.	265	
St. John's C.E.	131	
St. Mary's C.E.	576	
St. Mary's R.C.	133	
St. Paul's C.E.	169	
St. Vincent's R.C.	153	
The Annunciation R.C.	324	
St. James' R.C.	369	
	——	2347
Total		14026

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

SCHOOL HYGIENE.

The hygienic conditions of the Public Elementary Schools continue to be very good. Most of the buildings are of recent construction, but certain of the schools have been in existence for many years and do not therefore attain the high standards of the modern school, this is particularly true of the majority of the Non-Provided Schools.

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

BELL LANE COUNCIL SCHOOL.

A more adequate water supply was provided to the Girls' and Infants' Lavatories. The obsolete drinking fountains were replaced by modern fittings in the playgrounds.

WOODCROFT SENIOR GIRLS' SCHOOL.

The playground surface was entirely relaid during the Midsummer holidays.

HYDE SENIOR SCHOOL.

The football pitch in the playing field was adequately drained.

ORANGE HILL BOYS' CENTRAL SCHOOL.

Hot water supply was laid on to the basins in the Handicraft Cloakrooms.

VARIOUS SCHOOLS.

Pin rails provided for displaying children's work. Sun blinds were fixed in several classrooms.

REDECORATIONS.

13 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 was opened after the Midsummer Holidays, 1938.

Bills of Quantities are being prepared and tenders will shortly be invited for increasing the accommodation of the Senior Department from 240 to 400 places. The scheme includes the provision of a gymnasium.

WOODSIDE PARK ESTATE.

Excellent progress was made in connection with the erection of a school for 400 Junior and Infant children to serve the needs of this estate and neighbouring areas, and the school was occupied in January, 1939.

COLINDALE COUNCIL SCHOOL.

Good progress has been made for providing additional accommodation at this school. The extra classrooms were put into use in February, 1939.

DOLE STREET HOUSING ESTATE.

A school to accommodate 440 Junior and Infant children (including a Nursery Class for 40 children under 5 years of age) is in course of erection and will be opened on 1st May, 1939.

BROADFIELDS AVENUE, EDGWARE.

Tenders have been received for the erection of a school for 440 Junior and Infant children (including a Nursery Class for 40 children) to serve the needs of this area. It is anticipated that work will be commenced at an early date.

TWO NEW SENIOR SCHOOLS.

Preliminary plans are now in course of preparation for the provision of two new Senior Schools on a site near Hendon Way.

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.
6. The inspection of children for employment certificates and their annual re-inspection.

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 nutritional state of the children examined during the year at routine medical examinations is shown on Table II. There is a slight increase in the number of children whose nutritional state was considered slightly sub-normal and an increase of 26 in those whose nutritional state was considered to be bad.

The slightly sub-normal group will continue to show yearly variation as there is no standard measurement of nutrition which can be rigidly applied and therefore the results must vary with the judgment of individual examining officers.

The policy was continued of providing sub-nourished children with milk, cod liver oil, Virol, etc., and during the year 740 grants were made in respect of 402 children.

The Milk Marketing Board's Scheme, for the provision of ⅓ pint of milk at a cost of ½d. to children attending public elementary schools in the area, which came into operation on 1st October, 1934, has been continued during 1938. All schools participated in the scheme and at 1st October, 1938, approximately 8,000 bottles was 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 36,797 inspections were made and 967 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 was as follows:—

Watling	14,833
Central Hendon	2,035
West Hendon	5,682
Child's Hill	5,526
Mill Hill	1,907
Total	29,983

4,759 defects were dealt with under the Council's Scheme and 253 were referred to private medical practitioners or hospitals.

VISUAL DEFECTS.

There have been no alterations in the scheme for the examination and treatment of visual defects.

It will be seen that 647 children were referred to the Ophthalmic Surgeon for examination because of suspected visual defects, being 12 less than in the previous year. Glasses were prescribed for 322 of these children. The remaining cases were of such a nature that glasses were not required or some other form of treatment was considered to be more suitable. Altogether 18 cases were admitted to the Royal Westminster Ophthalmic Hospital for operation under the Council's scheme. 16 of these were cases of Squint which were of too severe a nature to respond to other forms of treatment, 1 had an unsightly blind eye enucleated and is now wearing an artificial eye, and 1 baby had a congenital tumour removed from the outside of the eye. In addition to these a number of minor operations were performed at the hospital, chiefly on infants with obstruction of the lachrymal passages but these were treated as out-patients and were not admitted to hospital.

Attendances made by children at the Eye Clinics were as follows:—

ATTENDANCES AT EYE CLINICS.

CENTRAL HENDON.—

	1937.	1938.
School Medical Service Cases	1154	955
Maternity and Child Welfare Cases	153	176
Secondary School Cases	267	279
Total	1574	1410

WATLING.—

	1937.	1938.
School Medical Service Cases	900	965
Maternity and Child Welfare Cases	54	64
Total	954	1029

ORTHOPTIC TREATMENT.

The importance of the re-education of the defective eye is being realised more and more to be a necessary adjunct to the proper treatment of squint. This is reflected by the increasing number of local authorities in the country who have now made arrangements for this form of treatment, though Hendon was, I believe, one of the first, if not the first, to establish such a clinic.

The following is a resumé of the work carried out during the year. 42 new cases were seen, of which 4 were refused, treatment being unnecessary.

56 children were treated during the year. 14 of these had operations, followed by more treatment. Of the remaining 42, only 6 were not improved in any way and treatment was discontinued.

It is the practice to give 12 treatments and then reconsider in consultation with the ophthalmic surgeon the advisability of either:—

1. more treatment.
2. operation and then more treatment.
3. no more treatment.

TREATMENT OF DEFECTIVE SPEECH.

There has been an increase in the number of children referred for treatment of speech defects, particularly that of stammering, but a variety of other conditions fell to be treated and in certain instances defective hearing was found to be the causal factor.

No. of Children Treated at the Health Centres:—

Central Hendon	68	Watling	51

No. of Children Discharged as cured:—

Central Hendon	17	Watling	15

No. of Children who Ceased to Attend:—

Central Hendon	18	Watling	7

No. of Children attending in December, 1938:—

Central Hendon	33	Watling	29

HEALTH CENTRE, CENTRAL HENDON.

Of the 18 children who ceased to attend 6 left the district; 3 left on leaving school, and the remaining 9 were removed from the register owing to poor attendance.

Of the 33 children attending in December, 1938, 11 showed a marked improvement and the remaining 22 were all making satisfactory progress.

HEALTH CENTRE, WATLING.

Of the 7 children who ceased to attend 2 left on leaving school; 3 left the district; 1 was discharged as unsuitable for further treatment, and 1 for irregular attendance.

Of the 29 children attending in December, 1938, 14 showed a marked improvement; 4 were speaking normally and only attending for observation, and the remaining 11 were all making satisfactory progress although in one case progress was hampered by backwardness.

It is interesting to note the varying lengths of time required for the successful treatment of stammering. Among the children attending the Hendon Speech Clinic during 1938 were two stammerers: both were boys of about the same age, but one D.H., had stammered since he was 5 years old while the other F.D., had stammered for 9 months only, before being admitted to the Speech Clinic.

D.H., came from a very poor home where he received little help and though he was admitted to the Speech Clinic in 1934 it was not until February, 1938, that he began to make any real progress. At this time he became ambitious to enter a Technical College and realising that his speech would be a serious handicap he tackled the difficulty seriously for the first time with the result that he has passed his examination successfully and his speech and reading are now normal, except for a very slight hesitation in moments of excitement.

F.D., whose stammer had been of comparatively short duration responded to treatment immediately and, after a little adjustment had been made in his home life made steady progress. He was discharged as cured after three months' treatment.

These two cases illustrate the decisive importance of the co-operation of the child and of his parents. The essence of treatment is to teach the child to relax and the necessity of this will be obvious to anyone who has noticed the state of tension assumed by the stammerer in his efforts to enunciate. This relaxation can be taught at the Clinic but must be practised at home, and where the environmental conditions are unsuitable or the parents unsympathetic treatment will almost certainly fail and this is one of the chief reasons why the results of treatment, good as they are, do not attain an even higher standard of cure.

DENTAL SERVICES.

There are certain comparisons between the statistics for one year and those of another which are always interesting and informative. For example, the average maximum output, particularly of fillings, remains practically constant for individual Dental Officers. It also becomes clear that pupils in secondary schools have shown more keenness to avail themselves of conservative treatment and the number of ante-natal mothers undergoing treatment has also materially increased, this of course, was to be expected as a direct result of the operation of the Midwives Act of 1936.

The ratio of fillings and extractions per 100 children treated (elementary and secondary schools) remains approximately the same, namely 159 and 189 respectively. These figures compare favourably with the average for England and Wales, namely 83 fillings and 188 extractions.

The inspection of elementary school children on the other hand has decreased by 2,335 compared with the previous year, but at the same time the actual attendances made by children for treatment remains practically the same, viz., 13,223 as compared with 13,644 in 1937. It is a significant fact, however, that only 8,957 elementary school children were examined last year out of a total of 14,026. Examinations are not of course undertaken unless time permits of the resulting treatment being carried out. This is an apparently low figure, but the work done, reflected in the number of attendances for treatment, remains constant. It will be seen, however, that a gap of over eighteen months must take place between the inspection of individual children instead of one year, which is the maximum period which should elapse between examinations.

The figures relating to the School Dental Services are shown in the Board of Education Statistical Table No. IV. at the end of this Report.

From the following Tables it will be seen that an increasing amount of work has been carried out in respect of pupils attending secondary schools, children under five years of age and expectant mothers.

TABLE XXVII.

	1937.	1938.
SECONDARY SCHOOLS.		
1. (*a*) No. Inspected:—		
Routine	534	306
Special	64	114
Totals	598	420
(*b*) Found to require treatment	369	318
(*c*) Actually treated	227	267
2. Attendances for treatment	856	1376
3. Fillings	524	780
4. Extractions	132	255
5. Other operations	387	582

TABLE XXVIII.

ANTE NATAL AND MATERNITY AND CHILD WELFARE.

	1937.	1938.
CHILDREN UNDER FIVE YEARS OF AGE.		
1. Attendances for treatment	687	960
2. Fillings	206	269
3. Extractions	886	939
4. Other operations	66	118
EXPECTANT MOTHERS.		
1. Attendance for treatment	1174	1491
2. Fillings	147	376
3. Extractions	1176	1033
4. Other operations	283	455

ORTHOPÆDIC SECTION.

The scheme for the treatment of children up to their time of leaving school is complete and I am glad to say that there are indications that the continuation of treatment and the vocational training of cripples is receiving more attention, as witness the recent developments at the country branch of the Royal National Orthopædic Hospital.

The prevention of the development of crippling defects must, of course, remain the issue of paramount importance. Many of the minor defects, such as round shoulders, may be largely the result of faulty posture and the appointment of physical training instructors to supervise the training of the children is a commendable forward step.

As regards the more serious form of crippling I asked Mr. Seddon, the Orthopædic Surgeon, if, as the result of the year's work, he could provide me with his comments on this subject and he reports as follows:—

> "The most striking feature of the work of the orthopædic clinic during the past year has been the large number of admissions to hospital. It is necessary to determine whether this is due to any fault in our preventive work, or whether the number of patients requiring hospital treatment was fortuitous.
>
> There were three cases of rickets that required operative correction of bow legs—they were the most severe of the 36 cases of rachitic deformity seen during the year. Ideally, this condition should no longer be seen, for rickets is a disease that can easily be prevented provided one can count on the intelligent co-operation of parents. Nothing more is required than proper attention to feeding and the regular administration of cod liver oil. My impression of this part of the work of the Maternity and Child Welfare Centres at Hendon is that it is carried out efficiently, but the intelligence of parents sometimes leaves much to be desired. Too often the attitude is taken that

moderate bowing of the legs is a trivial deformity that will correct itself; this is partially true but there is often a residual deformity at the ankle that escapes the notice of the unobservant mother, and in any case it is no argument against the proper prevention of rickets. We shall not succeed in abolishing this disease until rickets comes to be regarded as disgraceful a condition as scabies.

There were four cases of torticollis (wry neck) that required operation; they occurred in children ranging in age from 7 to 13 years. This deformity results from a condition that is apparent shortly after birth and one that ought to receive the close attention of Child Welfare Officers. These four cases represent a lack of vigilance on the part of someone a good many years ago; they do not indicate any laxity at the present time.

Eight children required treatment for deformities of the feet. In no single case was the deformity preventable according to our present knowledge. In none of the remaining cases (chiefly bone diseases — osteomyelitis, multiple exostoses, and coxa vara), was there any possibility of averting the condition that called for treatment nor was there any delay in referring the patients to the clinic.

In short, I am confident that the standard of the work at the Hendon centres is of a very high order, and such as to make the incidence of crippling deformity a thing of the past. Unfortunately, preventive work has its limitations, one of the most serious of which is our lack of knowledge of the causation of certain diseases. This is where the value of medical research becomes so apparent, for prevention, even more than treatment, cannot be entirely effective where there are gaps in our scientific knowledge. On the other hand the most complete academic work is of little value to the community until it is actively applied by the medical services of the country."

TABLE XXIX.

418 School Medical Service cases attended, and made 3,920 attendances.

289 Maternity and Child Welfare cases attended, and made 1,352 attendances.

Total cases ..... 707. Total attendances ..... 5,372.

178 School Medical Service cases attended for the first time.

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

1,159 Examinations were made by the Orthopædic Surgeon.

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

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

TABLE XXX.

SUMMARY OF ORTHOPÆDIC DEFECTS.

(1) School Medical Services.

	Under Treatment.	Under Observation.	Cured and Discharged.	Left School, Left District, or Ceased Attending
1. Congenital Defects:—				
Club Foot	—	2	—	—
Dislocation of the Hip	—	3	—	—
Spastic Paralysis	3	5	1	—
Irregular Toes, Fingers	4	2	8	1
Metatarsus Varus	—	2	—	—
Pes Arcuatus	—	—	2	—
Other Conditions	3	5	1	1
2. Birth Injuries:—				
Nerve injuries	1	2	—	1
Fractures	—	—	—	—
Torticollis	2	3	—	—

TABLE XXX.—continued.

	Under Treatment.	Under Observation.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
3. Rickety Deformities:—				
Bow Legs	4	2	8	1
Knock Knees	3	3	4	1
4. Knock Knees (non-rickety)	23	8	35	2
5. Postural Defects of the Spine	52	12	54	29
6. Structural Curvature of the Spine	6	2	—	1
7. Flat Feet	17	8	20	9
Pes Cavus	2	1	1	—
Hallux Valgus	3	3	1	—
8. Infantile Paralysis	6	8	1	—
9. Sequelæ of Acute Fevers:—				
Arthritis	—	1	—	—
Old Septic Arthritis	—	2	—	—
10. Fractures	—	2	3	1
11. Tuberculous Joints	1	5	—	1
12. Other Bone Diseases (non-Tuberculous):—				
Epiphysitis of Spine	3	—	—	1
Perthes' Disease	—	2	—	—
Apophysitis of Os Calcis	—	—	2	—
Exostosis	1	1	1	1
Other conditions	2	1	—	—
13. Osteomyelitis	1	2	—	—
14. Other Conditions	5	4	8	4
15. Non-Orthopædic Conditions	—	—	7	—
Asthma	5	1	5	1

TABLE XXXI.

SUMMARY OF ORTHOPÆDIC DEFECTS.

(2) Maternity and Child Welfare Services.

	Under Treatment.	Under Observation.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
1. Congenital Defects:—				
Club Foot	1	—	—	1
Disclocation of Hip	—	1	—	—
Spastic Paralysis	1	2	1	—
Metatarsus Varus	2	—	1	—
Irregular Toes, Fingers	6	9	8	5
Other Conditions	8	6	2	1
Pes Arcuatus	—	—	1	—
Pes Calcaneo - Valgus	11	1	1	—
2. Birth Injuries:—				
Nerve	1	—	—	1
Torticollis	2	2	1	1
3. Rickety Deformities:—				
Bow Legs	18	8	29	7
Knock Knees	11	2	6	2
4. Knock Knees (non-rickety)	19	2	12	3
5. Postural Defects of the Spine	2	—	—	—
6. Structural Curvature of the Spine	—	—	—	—
7. Flat Feet	10	—	5	2
Pes Cavus	—	—	—	—
Hallux Valgus	—	—	—	—
8. Infantile Paralysis	—	—	1	—

TABLE XXXI.—continued.

	Under Treatment.	Under Observation.	Cured and Discharged.	Left School, Left District, or Ceased Attending.
9. Sequelæ of Acute Fevers:—				
Arthritis	—	—	1	—
10. Fractures and other injuries	—	1	—	1
11. Tuberculous Joints	—	—	—	—
12. Other Bone Diseases:—				
Exostosis	—	1	—	—
Other Conditions	—	1	—	—
13. Other Conditions	1	1	6	1
14. Non-Orthopædic Conditions	—	—	11	—
Asthma	—	—	1	—

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 2,197.

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 XXXII.

NON-NOTIFIABLE INFECTIOUS DISEASES.

1938.

School.	Disease.			
	Measles.	Mumps.	Whooping Cough.	Chicken-pox.
Wessex Gardens	103	1	6	36
St. Paul's C.E.	14	1	—	14
Edgware	—	—	—	1
The Hyde	46	1	—	3
All Saints' C.E.	19	—	1	—
Child's Hill	64	1	26	23
Meads	48	2	12	40
Sunnyfields	127	3	21	58
Deansbrook	17	2	54	28
Woodcroft	9	—	24	1
Bell Lane	5	7	—	5
Garden Suburb	90	10	1	6
Burnt Oak	1	—	—	—
Colindale	18	—	—	11
Broadfields	7	—	21	3
Barnfield	—	—	—	1
Goldbeaters	17	—	5	15
Algernon Road	71	—	—	2
Annunciation	6	—	1	—
Totals	662	28	172	247

TABLE XXXIII.

NOTIFIABLE INFECTIOUS DISEASES.

1938.

School.	Disease.				
	Scarlet Fever.	Diphtheria.	Smallpox.	Typhoid.	Erysipelas.
Sunnyfields	4	—	—	—	—
Wessex Gardens	7	1	—	—	—
Barnfield	10	6	—	—	—
Woodcroft	13	6	—	—	—
Garden Suburb	6	1	—	—	—
Child's Hill	6	1	—	—	—
Orange Hill	3	1	—	—	—
Bell Lane	2	1	—	—	—
St. Mary's C.E.	6	—	—	—	—
Deansbrook	12	4	—	—	—
Meads	5	3	—	—	—
Colindale	17	1	—	—	—
Algernon Road	7	1	—	—	—
Goldbeaters	10	7	—	—	—
Brent Modern	2	—	—	—	1
Edgware	8	—	—	—	—
St. Mary's R.C.	1	—	—	—	—
Hyde	8	26	—	—	—
St. Paul's C.E.	2	—	—	—	—
St. Vincent's R.C.....	1	2	—	—	—
St. James' R.C.	5	1	—	—	—
Annunciation	4	3	—	—	—
Burnt Oak	3	3	—	—	—
Broadfields	1	—	—	—	—
All Saints'	1	1	—	—	—
Clitterhouse	1	9			
Totals	145	78	—	—	1

TABLE XXXIV.

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

	Small Pox	Scarlet Fever	Diphtheria	Measles	Chicken Pox	Mumps	Whooping Cough
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
1938	—	145	78	662	247	28	172

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 1938 it was possible to send 144 necessitous school children for a fortnight's holiday to the seaside as under:—

80 girls .... Ryde, Isle of Wight.

64 boys .... Walmer.

During the period April to September approximately 900 boys and girls from various organisations made use of the Mote Mount Camp Site.

PHYSICAL EDUCATION.

INTRODUCTION.

Two Organisers (man and woman) were appointed in January and February, 1938, to be responsible under the Director of Education for all aspects of Physical Education and Recreation in the Hendon area.

In estimating their work for the first year, the Organisers realised that a large proportion of the time would be employed in laying secure foundations and co-ordinating the work at present developing in various branches (*e.g.*, Elementary, Secondary, Further Education and Voluntary Organisations, so that each may be a complement of the other), and in surveying conditions, arrangements and facilities existing in this area.

The National Campaign for Physical Fitness has served to make a proportion of the public more conscious of the value of Physical Recreation in its various forms, and the many requests for information on the subject have encouraged the Organisers to believe that it is only a matter of time before the whole district will co-operate in schemes for the improvement of the general welfare of the people and the satisfactory occupation of leisure.

GENERAL PLAN OF ORGANISATION FOR ELEMENTARY SCHOOLS.

During these first twelve months, the Organisers have made themselves acquainted with the details concerning conditions and facilities existing in all schools in the area, and the following is a summary of the survey taken and the subsequent procedure:—

1. The amount of time devoted to Physical Training, Organised Games, Swimming and Dancing.
2. The facilities in each school for the accommodation of classes in playgrounds, halls, playing fields and swimming baths.
3. The amount of gymnastic and games apparatus possessed by the schools, and the arrangements by which such materials may be requisitioned and supplied.

4. The provision and storing of shoes, and the possible accommodation for the storing of clothing.

As a result of the survey, Conferences with Head Teachers, under the direction of the Director of Education, and with Assistant Teachers were held, and various aspects of the subject were discussed.

It was agreed that, subject to special conditions obtaining in each school, the Board of Education suggestions for the allocation of time for various branches in Physical Training should be adopted.

In regard to the provision of clothing and shoes for physical training, the equipping of children is being achieved by cordial co-operation with the parents, but plimsolls have been allocated to schools for use in special circumstances. Where necessary, Lockers have been provided in each Junior and Senior School for these shoes, and also to encourage the children who provide their own shoes to keep them at school.

Accommodation is available at two Swimming Baths in the district for school children, but as there is no indoor bath, the swimming instruction is given under difficult conditions, particularly as one of the baths is not heated. Nevertheless, two thousand individual children attended the Baths during the Swimming season.

TRAINING COURSES.

Three daytime courses for Teachers were held during the year. These were based on the Board of Education Syllabus, 1933, and Teachers from Infants, Junior and Senior Departments attended.

PHYSICAL EDUCATION IN SECONDARY SCHOOLS.

In the course of their duties the Organisers visited the Secondary Schools in the Borough, and have received willing co-operation from the trained gymnastic teachers responsible for instruction in these schools.

Certain recommendations were made in regard to the apparatus at the Hendon County School.

JUVENILE ORGANISATIONS.

The Organisers are able to work in close collaboration with the various Organisations, have arranged demonstrations in various activities, and assisted by judging their competitions. They have been co-opted as members of the J.O.C. Executive Committee, and serve on the Sub-Committee dealing with their branch of the work.

RECREATIVE PHYSICAL TRAINING FOR ADULTS.

The promotion of activities for adolescents and adults is progressing satisfactorily, and an increasing number of adults is gradually becoming interested in various activities arranged for their recreation.

In addition to six Keep-Fit Classes for men and women and six Physical Training Classes held in Evening Institutes, a Fencing Class for both men and women is proving very successful, and Swimming Classes are being arranged.

PLAY LEADERSHIP SCHEME.

Two Play Leadership schemes were established during the Summer Holidays, one at Westcroft Estate in conjunction with the Hampstead Borough Council, and one at Cressingham Road Playing Field for the Watling Estate. These proved so successful that the Education Committee has approved the organisation of similar schemes for 1939. The value of Organised Play under able leadership is that the children play in safety in enclosed spaces rather than in the street during the school holidays, and parents are very appreciative of this fact.

SWIMMING INSTRUCTION.

During the months May to September, 1938, arrangements were made for approximately 2,100 elementary school children (1,240 boys and 860 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 88 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 1938/39, officers of this Society, at the request of the Authority, paid 54 visits to 13 families in respect of 46 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 XXXV.

No. of children in family.	Ages of such children.	Nature of complaint.	No. of visits made by officers of N.S.P.C.C.
1	13 years	Parental neglect	7
1	13 years	Ill treatment	7
1	13 years	Parental neglect	6
2	5 years (Twins)	do.	1
9	14 years to 5 years	do.	1
1	5 years	do.	6
6	11 years to 5 years	do.	2
9	14 years to 5 years	do.	6
6	Various	do.	6
6	Various	do.	7
1	13 years	Moral danger	2
2	6 years (Twins)	Parental neglect	2
1	11 years	do.	1

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, 58 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.

Of the children examined 4 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 30 children from this area were in attendance at the Special School at Finchley.

HENDON OCCUPATION CENTRE.

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 practice was continued of referring children with problems of behaviour to the North Western Child Guidance Clinic for investigation and treatment and 16 children were referred during the year.

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 XXXVI.

EMPLOYMENT OF CHILDREN.

	Boys.	Girls.
Children examined and employment certificates granted	137	8
Children re-examined and certificates granted	—	—
Certificates granted provisionally	—	—
Certificates refused	1	—
Examined for employment under Entertainment Rules, 1920 (Certificates Granted)	—	20

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.

In concluding the School Medical Services Section of this report, I should like to take the opportunity of thanking the Director of Education and the Teachers for their co-operation in the many problems that have arisen.

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

TABLE XXXVII.

Statement of the number of children notified during the year ended 31st December, 1938, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 9

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	4
(*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. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	2	—
3. Feeble-minded children notified under Article 3, *i.e.*, "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	4

STATISTICAL TABLES.

Public Elementary Schools.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1938.

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	1435
Second Age Group	1616
Third Age Group	1459
Total	4510
Number of other Routine Inspections (*see note c*).	—
Grand Total	4510

B.—OTHER INSPECTIONS.

Number of Special Inspections (*see note d*).	3790
Number of Re-Inspections (*see note e*).	3947
Total	7737

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).**

NOTES.—(1) Children found at Routine Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) 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 defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants	10	106	116
Second Age Group	123	121	232
Third Age Group	170	70	228
Total (Prescribed Groups)	303	297	576
Other Routine Inspections	—	—	—
Grand Total	303	297	576

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. Any children who are absent at the time of a routine inspection and are examined in a subsequent year prior to their next routine inspection should be recorded as "routine" and not as "special" inspections. For example, a child who is absent from School when due for routine inspection at 8 years of age should be included in the second routine age-group when the missed inspection eventually takes place.

(*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, Attendance 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 in the same year 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, 1938.

NOTE: All defects noted at routine medical inspection as required treatment should be included in this return, **whether or not this treatment was begun before the date of the inspection.**

Defect or Disease.		Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
	(1)	(2)	(3)	(4)	(5)
Skin	(1) Ringworm—Scalp	—	—	4	—
	(2) Ringworm—Body	—	—	23	—
	(3) Scabies	—	2	85	—
	(4) Impetigo	—	—	104	—
	(5) Other Diseases (Non-Tuberculous)	1	1	189	1
	TOTAL (Heads 1 to 5)	1	3	405	1
Eye	(6) Blepharitis	1	2	52	—
	(7) Conjunctivitis	1	—	150	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	—	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	3	1	103	1
	TOTAL Heads 6 to 10)	5	3	305	1
	(11) Defective Vision (excluding Squint)	303	52	162	9
	(12) Squint	29	19	44	5
Ear	(13) Defective Hearing	5	9	4	2
	(14) Otitis Media	2	7	105	—
	(15) Other Ear Diseases	—	1	107	—
Nose and Throat	(16) Chronic Tonsillitis only	16	180	114	173
	(17) Adenoids only	2	5	12	6
	(18) Chronic Tonsillitis and Adenoids	89	118	223	55
	(19) Other Conditions	4	39	—	17

TABLE II—continued.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
(1)	(2)	(3)	(4)	(5)
(20) Enlarged Cervical Glands (Non-Tuberculous)	1	107	2	127
(21) Defective Speech	26	15	51	2
Heart and Circulation — Heart Disease:—				
(22) Organic	—	6	—	3
(23) Functional	—	67	—	15
(24) Anæmia	—	21	—	7
Lungs — (25) Bronchitis	1	11	—	3
(26) Other Non-Tuberculous Diseases	1	9	1	3
Tuberculosis — Pulmonary:—				
(27) Definite	—	—	—	—
(28) Suspected	—	—	—	—
Non-Pulmonary:—				
(29) Glands	—	—	—	—
(30) Bones and Joints	—	—	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	—	—	—
TOTAL (Heads 29 to 32)	—	—	—	—
Nervous System — (33) Epilepsy	—	1	—	—
(34) Chorea	1	2	2	3
(35) Other conditions	3	27	1	5
Deformities — (36) Rickets	—	—	—	—
(37) Spinal Curvature	23	12	12	2
(38) Other Forms	90	70	79	8
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	20	56	807	23
Total number of defects	622	840	2436	470

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	1435	88	6.13	1140	79.44	194	13.52	13	.91
Second Age-group	1616	112	6.93	1292	79.95	185	11.45	27	1.67
Third Age-group	1459	94	6.44	1255	86.02	104	7.13	6	.41
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total	4510	294	6.52	3687	81.75	483	10.71	46	1.02

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1938.

TABLE III.

RETURN OF 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.

It is assumed that every Authority will have a complete list of 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 staff of a Local Education Authority, or by a Tuberculosis Officer.

The returns should not be confined only to children for whom suitable accommodation is available.

Children whose homes are in the Authority's area but who attend 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.

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 the calendar year.

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

TABLE III.—continued.

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.
4	—	—	—	4

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	3	—	—	—	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 type should be included in this section.

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

TABLE III.—continued.

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 and 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.
31	—	—	—	31

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

TABLE III.—continued.

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

Tuberculous children in areas otner 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.
—	—	—	—	—

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.
—	—	—	—	—

† 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.

TABLE III.—continued.

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	10	9	3	23

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 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.
3	11	2	2	18

TABLE III.—continued.

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.
—	14	4	2	20

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."

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
M.D. and Epileptic	1	—	—	1	2
Heart Disease and Epileptic	—	—	—	1	1

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1938.

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 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.).

TABLE IV.—continued.

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

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme (*see note b*).	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm-Scalp—			
(i.) X-Ray Treatment. If none, indicate by dash	2	—	2
(ii.) Other Treatment	3	5	8
Ringworm-Body	29	1	30
Scabies	102	4	106
Impetigo	249	1	250
Other skin disease	326	14	340
Minor Eye Defects (External and other, but excluding cases falling in Group II.).	586	17	603
Minor Ear Defects (Treatment for more serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report).	289	30	319
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	3173	181	3354
Total	4759	253	5012

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)	646	—	646
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	1	1
Total	646	1	647

	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(*a*) Prescribed	322	—	322
(*b*) Obtained	302	1	303

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)				
71	10	200	—	—	—	2	—	71	10	202	—	—		283	

(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.	20	—	418	—	1	—	418

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:—		
(*a*) Routine age-groups:—		
Aged 5	761	
„ 6	849	
„ 7	809	
„ 8	838	
„ 9	746	
„ 10	693	
„ 11	550	
„ 12	528	
„ 13	524	
„ 14	201	
„ 15	75	
„ 16	11	
		6585
(*b*) Specials (see note above)		2372
(*c*) TOTAL (Routine and Specials)		8957
(2) Number found to require treatment		6367
(3) Number actually treated		4313
(4) Attendances made by children for treatment		13223
(5) Half-days devoted to:—		
Inspection	59	
Treatment	1504	
Total	1563	
(6) Fillings (see note above):—		
Permanent Teeth	5622	
Temporary Teeth	914	
Total	6536	
(7) Extractions:—		
Permanent Teeth	1556	
Temporary Teeth	6888	
Total	8444	
(8) Administrations of general anæsthetics for extractions		2432
(9) Other Operations:—		
Permanent Teeth	2150	
Temporary Teeth	119	
Total	2269	

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 uncleanliness, however slight, should be recorded.

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

(i.) Average number of visits per school made during the year by the School Nurses	15
(ii.) Total number of examinations of children in the Schools by School Nurses	36797
(iii.) Number of *individual* children found unclean (*see note above*)	967
(iv.) Number of *individual* 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

STATISTICAL TABLES

in respect of

SECONDARY SCHOOLS.

STATISTICAL TABLES.

Secondary Schools.

TABLE I.

Number of pupils inspected—1st January, 1938, to 31st December, 1938.

A.—ROUTINE MEDICAL INSPECTION.

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

Age.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	Total.
Boys	—	—	27	69	64	49	29	13	3	—	—	254
Girls	—	14	150	173	203	184	96	66	21	13	—	920
Total	—	14	177	242	267	233	125	79	24	13	—	1174

(ii) Cases in which only partial examination has been made (see paragraph 4, Circular 1153, Board of Education) :—

Age.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	Total.
Boys	—	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—

	Special Cases.	Re-examinations (*i.e.*, No. of pupils re-examined).
Boys	—	—
Girls	—	65
Total	—	65

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	—	—	—	—	—
10	14	5	9	—	—
11	177	21	141	15	—
12	242	36	189	17	—
13	267	41	217	9	—
14	233	29	189	14	1
15	125	19	100	6	—
16	79	22	56	1	—
17	24	10	14	—	—
18	13	5	7	1	—
19	—	—	—	—	—
Total	1174	188	922	63	1

Return of defects found by medical inspection in the year ended 31st December, 1938.

Defect or Disease.		Routine Inspections. No. of Defects. A.	Routine Inspections. No. of Defects. B.	Special Inspections. No. of Defects. A.	Special Inspections. No. of Defects. B.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm—Scalp	—	—	—	—
	Ringworm—Body	—	—	—	—
	Scabies	—	—	—	—
	Impetigo	—	—	—	—
	Other Diseases (Non-T.B.)	1	2	—	—
Eye	Blepharitis	—	—	—	—
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	Corneal opacities	—	—	—	—
	Defective Vision (excluding squint)	72	11	4	—
	Squint	—	—	—	—
	Other conditions	2	—	—	—
Ear	Defective Hearing	1	2	—	—
	Otitis media	—	1	—	—
	Other Ear Diseases	—	—	—	—
Nose and Throat	Chronic Tonsillitis	7	55	1	1
	Adenoids only	—	—	—	—
	Chronic tonsillitis and adenoids	1	3	—	1
	Other conditions	1	1	—	—
Enlarged Cervical Glands (Non-T.B.)		2	9	—	1
Defective Speech		—	1	—	—

Defect or Disease.		Routine Inspections. No. of Defects. A.	Routine Inspections. No. of Defects. B.	Special Inspections. No. of Defects. A.	Special Inspections. No. of Defects. B.
(1)		(2)	(3)	(4)	(5)
Heart and Circulation	Heart Disease:—				
	Organic	—	4	—	—
	Functional	—	20	—	—
	Anæmia	5	17	—	—
Lungs	Bronchitis	—	—	—	—
	Other Non-T.B. Disease	—	2	—	—
Tuberculosis	Pulmonary:—				
	Definite	—	—	—	—
	Suspected	—	—	—	—
	Non-Pulmonary:—				
	Glands	—	—	—	—
	Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	Epilepsy	—	—	—	—
	Chorea	—	1	—	—
	Other conditions	—	7	—	—
Deformities	Rickets	—	—	—	—
	Spinal Curvature	18	2	—	—
	Other Forms	143	20	—	—
Other Diseases and Defects		—	20	—	—
Teeth	Dental Diseases	120	1	—	—

A = Requiring treatment.

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

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)	99	—	99
Other defect or disease of the eyes (excluding those recorded as minor ailments)	—	—	—
Totals	99	—	99

Total number of children for whom spectacles were prescribed:—

(*a*) Under the Authority's Scheme 76

(*b*) Otherwise .... —

Total number of children who obtained or received spectacles:—

(*a*) Under the Authority's Scheme 68

(*b*) Otherwise .... —

TABLE IV.—continued.

DENTAL DEFECTS.

(1) Number of pupils who were:—

(*a*) Inspected by the Dentist:—

Aged 9	—	
„ 10	—	
„ 11	4	
„ 12	54	
„ 13	98	
„ 14	79	
„ 15	45	
„ 16	21	
„ 17	5	
„ 18	—	
„ 19	—	
		306
Specials		114
Grand Total		420

(*b*) Found to require treatment 318

(*c*) Actually treated 267

(2) Half-days devoted to:—

Inspection	3
Treatment	*

(3) Attendances made by pupils for treatment 1376

(4) Fillings:—

Permanent Teeth	779
Temporary Teeth	1
Total	780

(5) Extractions:—

Permanent Teeth	200
Temporary Teeth	55
Total	255

(6) Administrations of general anæsthetics for extractions 85

(7) Other Operations:—

Permanent Teeth	581
Temporary Teeth	1
Total	582

* Inapplicable. Secondary School cases are included in clinics with Elementary School children.

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