

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

### **Contributors**

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Borough of Hendon.



ANNUAL REPORT

OF THE

Medical Officer of Health

AND

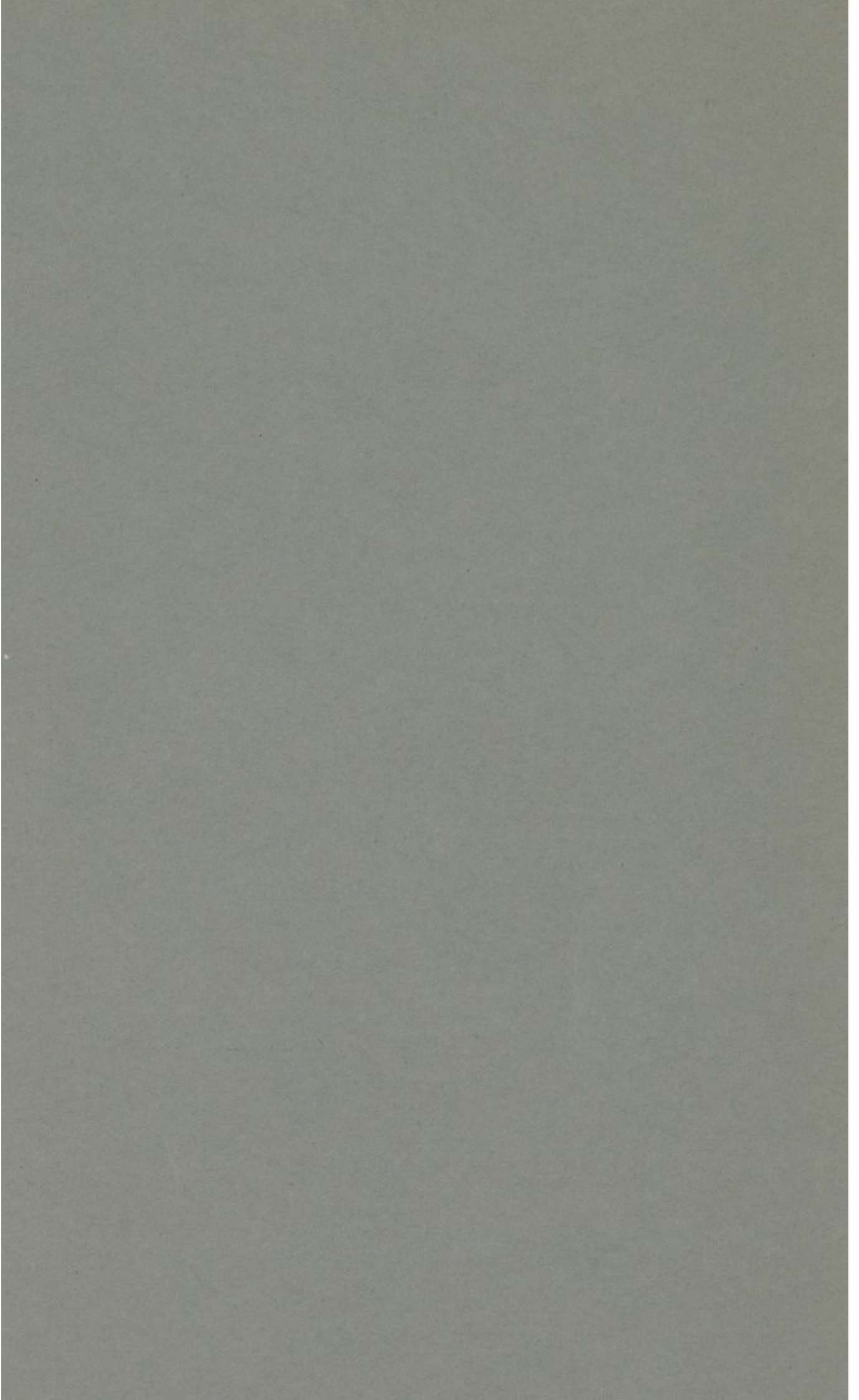
School Medical Officer

FOR THE YEAR

1947

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

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



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# BOROUGH OF HENDON



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### *The Deputy Mayor:*

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# ANNUAL REPORT

OF THE

## Medical Officer of Health

### FOR THE YEAR 1947.



August, 1948.

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit my seventeenth Annual Report on the health of the Borough of Hendon for the year 1947, which in accordance with the instructions contained in Ministry of Health Circular 170/47, has been prepared as an interim report.

The Council will be aware that the National Health Service Act, 1946, alters fundamentally the administration of the health services, the County Councils and County Borough Councils becoming the Local Health Authorities and the Regional Hospital Boards becoming responsible for hospital administration. The effect of this in so far as this Authority is concerned is that the Maternity and Child Welfare Services will be transferred to the Local Health Authority as will be the scheme for immunisation against diphtheria; the Isolation Hospital becoming vested in the Minister of Health and being administered by the North-West Regional Hospital Board.

#### GENERAL HEALTH CONDITIONS.

##### VITAL STATISTICS:

The Registrar General's estimate of the population of the Borough in June, 1947, was 158,670, as compared with 153,820 for the previous year and 115,682 at the last census in 1931.

The number of live births increased slightly, being 2,671 as compared with 2,651, giving a birth rate of 16.83 per thou-

sand population, a rate lower than that of the country generally, which was 20.5 for the same period.

The number of deaths registered was 1,522 as compared with 1,481 for the previous year giving a death rate of 9.59 per thousand population as compared with a death rate for England and Wales of 12.0.

The infantile mortality rate, that being the number of deaths of infants per thousand live births, reached a record low figure of 27, as compared with 41 for the country generally. In my last Annual Report I stated that the infantile mortality rate which was then 29, had reached a figure in which further material reduction was unlikely, excepting in the light of increased knowledge. Despite the slight reduction which has taken place I believe that statement to be still true. The causes of the high infantile mortality which prevailed for many years, namely, parental ignorance and lack of care, have been almost entirely eliminated, the deaths now taking place being largely concerned with prematurity and congenital defects. These in turn have been reduced by more intensive ante-natal care of the expectant mother and by the operation of the scheme in force for the preservation of the lives of premature infants. The following Table shows the decline in infantile mortality since the beginning of the century:—

TABLE I.

Year.				Death rate of infants under one year of age per 1,000 live births.
1900	.....	.....	.....	133
1910	.....	.....	.....	80
1920	.....	.....	.....	47
1930	.....	.....	.....	50
1940	.....	.....	.....	54
1941	.....	.....	.....	57
1942	.....	.....	.....	34
1943	.....	.....	.....	39
1944	.....	.....	.....	32
1945	.....	.....	.....	29
1946	.....	.....	.....	29
1947	.....	.....	.....	27

The following Table shows the causes of death during the year:—

TABLE II.

## CAUSES OF DEATH.

Cause.	Male. Female. Total.		
Typhoid and paratyphoid fevers	.....	—	—
Cerebro-spinal fever	.....	1	1
Scarlet fever	.....	—	—
Whooping cough	.....	—	—
Diphtheria	.....	—	—
Tuberculosis of respiratory system	.....	29	18
Other forms of Tuberculosis	.....	2	4
Syphilitic diseases	.....	3	4
Influenza	.....	5	7
Measles	.....	1	—
Acute poliomyelitis and polioencephalitis	.....	1	1
Acute infectious encephalitis	.....	1	—



Cause.	Male.	Female.	Total.
Cancer of buccal cavity and œsophagus (M); uterus (F) .....	9	11	20
Cancer of stomach and duodenum .....	23	18	41
Cancer of breast .....	—	27	27
Cancer of all other sites .....	90	78	168
Diabetes .....	3	15	18
Intra-cranial vascular lesions .....	73	99	172
Heart disease .....	220	222	442
Other diseases of circulatory system .....	29	40	69
Bronchitis .....	44	19	63
Pneumonia .....	36	35	71
Other respiratory diseases .....	15	13	28
Ulcer of stomach or duodenum .....	15	2	17
Diarrhœa under 2 years .....	2	4	6
Appendicitis .....	—	1	1
Other digestive diseases .....	14	21	35
Nephritis .....	21	16	37
Puerperal and post abortive sepsis .....	—	—	—
Other maternal causes .....	—	4	4
Premature birth .....	7	6	13
Congenital malformations, birth injury, infantile disease .....	23	15	38
Suicide .....	11	15	26
Road traffic accidents .....	9	4	13
Other violent causes .....	14	17	31
All other causes .....	56	48	104
	—	—	—
TOTAL—all causes .....	757	765	1522
	—	—	—

#### INFECTIOUS DISEASES:

The following Table shows the number of notifications of the principal infectious diseases as compared with the previous three years:—

TABLE III.

CASES OF INFECTIOUS DISEASES OTHER THAN  
TUBERCULOSIS NOTIFIED DURING 1944, 1945, 1946  
and 1947.

Disease	Total cases notified during				Removed to Hospital,	
	1944.	1945.	1946.	1947.	1946.	1947.
Scarlet Fever .....	374	180	199	152	125	102
Diphtheria .....	17	20	33	10	33	9
Pneumonia .....	132	129	139	128	40	37
Acute Poliomyelitis .....	2	4	16	18	15	12
Measles .....	123	2013	558	973	76	79
Whooping Cough .....	530	162	367	394	30	29
Cerebro Spinal Fever	5	4	8	10	8	9
Typhoid or Enteric Fever	1	1	—	3	—	3

There is little to comment upon concerning the incidence of infectious disease excepting the continued low incidence of diphtheria. Of the ten cases notified, in only eight was the diagnosis confirmed and these cases were generally of a mild character. How far this is due to the immunisation campaign or how far it is due to the mutation which takes place in infectious diseases, it is difficult to assess, but it is fair comment to say that the low incidence has run concurrently with more widespread immunisation.

Table IV, I think gives a presentation of the facts:—

TABLE IV.

Year.	No. of Cases of Diphtheria notified.	No. of Deaths from Diphtheria.	Accumulated total of immunised children.
1935	138	9	27
1936	86	2	130
1937	121	7	381
1938	195	4	725
1939	150	3	1124
1940	70	3	1729
1941	58	1	5868
1942	38	2	11068
1943	31	2	15506
1944	17	—	16970
1945	20	1	19555
1946	33*	—	21478
1947	10*	—	23890

\* of these the diagnosis of diphtheria was confirmed in 8 cases in 1946, and 8 cases in 1947.

Another matter requiring comment was the high incidence of anterior poliomyelitis (infantile paralysis) which occurred for the second year in succession. The first case was notified in June and the last in October. Altogether fifty suspected cases were under observation, the diagnosis being confirmed in 25. The extent and degree of the residual paralysis was generally slight, the diagnosis in many instances only being made as a result of the examination of the cerebro-spinal fluid. The discrepancy which may be seen between the numbers given in the Tables of Infectious Diseases is due to the fact that in the majority of cases the patients were admitted to hospital diagnosed as suffering from some other condition, and only after intensive bacteriological investigation was the true diagnosis established.

The main administrative measures which were taken in an effort to reduce the incidence of the disease were:—

- (1) A circular letter was sent to all practitioners in the area drawing their attention to the increasing incidence of the disease and offering to see doubtful cases or have them admitted to Hospital for observation.
- (2) The supervision of all contacts and in the case of school children their exclusion from school for a period of three weeks. Advice to food producers and distributors to exclude contacts in their employment.
- (3) An article published in the local press giving general advice to parents.
- (4) Hospitals were advised not to undertake tonsillectomy and dental extractions were limited to the relief of pain. (Experience has shown, both here and in America, that a person who has a raw area in the throat or mouth following operation is more susceptible to this disease.)
- (5) Samples were taken from the water in the swimming pools at Mill Hill and Hendon and proved highly satisfactory. In addition, the Borough Engineer and Surveyor co-operated in the following actions:—

#### **Swimming Pools.**

- (a) Stepping up the chlorine concentration to about .5 per million and ensuring that it never fell below .2.
- (b) Avoidance of overcrowding, particularly in the changing rooms.
- (c) The giving of special attention to cleanliness, particularly in changing rooms.
- (d) Endeavouring to avoid children spending the day in the pools and becoming physically exhausted.

#### **Pig Bins.**

A more frequent clearance was arranged in an endeavour to mitigate the fly nuisance.

**(6) Hospital Provision:**

Suspected and actual cases from the Borough and from outside Authorities were admitted to the Isolation Hospital for investigation and treatment, subsequent orthopædic treatment being arranged with the Royal National Orthopædic Hospital, Stanmore, and the St. Vincent's Orthopædic Hospital, Pinner.

**TUBERCULOSIS:**

The following Table shows the notifications of tuberculosis during the last seven years:—

**TABLE V.**

Year.	Notifications.			
	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
1941	68	90	9	21
1942	141	93	14	27
1943	100	74	19	18
1944	112	96	4	19
1945	101	70	15	15
1946	84	65	14	12
1947	109	80	7	10

I am indebted to the Tuberculosis Officer at the Redhill Chest Clinic for the following observations:—

“ The number of patients on the Clinic register at the close of 1947 was 1,531 as compared with 1,602 at the beginning of the year. 90 patients were recommended for treatment at County Sanatoria, but the waiting time for admission was still approximately six months.

79 deaths occurred during the year, sub-divided as follows:—

**Pulmonary:—**

M.Ad.	F.Ad.	M.Ch.	F.Ch.
44	31	—	—

**Non-Pulmonary:—**

M.Ad.	F.Ad.	M.Ch.	F.Ch.
—	2	1	1

During the last 6 months of 1947, 37 patients awaiting admission to Sanatoria had active treatment initiated in hospital and carried on at home under supervision of the Tuberculosis Officer. This method was found to be most satisfactory where home conditions enabled the patients to have adequate rest, but unsatisfactory housing conditions prevented the best use being made of this system. The number of cases in which the housing conditions of patients were unsatisfactory was over 100. In the worst of these, patients with a positive sputum were living in cramped conditions with young children, and in these cases rehousing was usually effected quickly; but many cases remained in which conditions, although less acute, were far from good, and militated against the effectiveness of treatment.

The long waiting period before admission to sanatorium placed a great strain on the patient and his relatives, and this strain was still more severe in cases where seriously ill and untreatable patients had to be nursed at home because of the shortage of hospital beds—in such cases the services of the District Nurses were called on.

Home Helps were almost always required in those cases where the patient was a married woman. They were often hard to find, and when this happened, families were involved in serious difficulties, and the patient was unable to rest properly.

In general, it may be said that the prevalent shortages and hardships of post-war life made the planning of satisfactory treatment for the tuberculosis very much harder."

## MATERNITY AND CHILD WELFARE.

The services provided under this heading will cease to be administered by this Authority as a result of the operation of Part 3 of the National Health Service Act, 1946, and will from the appointed day, namely, 5th July, 1948, become the responsibility of the Local Health Authority, i.e., the Middlesex County Council, operating through an Area Committee on which this Authority will be represented.

A short historical review of the development of these services may be appropriate at this stage.

The first official reference to Maternity and Child Welfare is contained in the Report of Dr. Andrew, the then Medical Officer of Health, in his Report for the year 1919, which reads as follows:—

“The staff employed by the Council for this work consists of a Lady Doctor, two Health Visitors and a Midwife.

On receiving a notification of a birth of a living child a pamphlet giving instructions on the care and rearing of the infant is sent to the parents. In all instances where the assistance of a Health Visitor is required, visits are made, after 10 days from the date of birth, and the mothers are invited to attend with their infants at one of the Centres provided by the Council.

Two Centres are being used in this District, one at West Hendon and the other at Child's Hill. The building used at West Hendon is not suitable for the work, and more commodious premises are now being erected in the vicinity. Arrangements for opening a Centre in Central Hendon are nearly completed.

The Centres are opened one day in each week—Child's Hill on Wednesdays, and West Hendon on Fridays—and are conducted by Dr. Jessie Granger-Evans, assisted by the Health Visitors and Voluntary Helpers.

The Centres are open for the weighing of babies, and mothers are instructed and advised on the health of their infants.

The number of children on the register at West Hendon is 455, and at Child's Hill 241.

The average weekly attendance at West Hendon is 31, and at Child's Hill 20.

The mothers display a very keen interest in their visits, and appear to derive much benefit from the advice and assistance rendered to them.

Drugs, dried milk and "Glaxo" may be purchased from the Centres, and in necessitous cases may be purchased at less than cost price or obtained without payment.

Much appreciation is shewn of the work of the voluntary workers who are provided with material and gratuitously make up children's garments, which are sold to mothers for the cost of the material only.

The Council have not appointed an Ante-natal Clinic, and there is no definite scheme for expectant mothers. Dr. Granger-Evans very kindly examined and advised 14 such cases whilst attending at the Centres.

There is no institution in the District for the reception of expectant and nursing mothers, but when such occasions arise the mothers are sent to one of the lying-in hospitals in London, and are conveyed there by the motor ambulance belonging to the Council.

There is no voluntary organisation for Maternity and Child Welfare in the district.

The work of the Health Visitors, Miss H. Gilder and Mrs. Bascom, under the notification of Births Acts, is as follows:—

#### NOTIFICATION OF BIRTHS ACT.

First Visits	.....	.....	.....	.....	.....	305
Re-visits	.....	.....	.....	.....	.....	740



Ante-natal Visits	.....	.....	.....	.....	84
Babies weighed at Centres-Weighings	.....				1110
Babies examined by Doctor	.....	.....	.....		1530
Ophthalmia Neonatorum Visits	.....	.....	.....		5

#### PARTICULARS OF INFANT FEEDING.

Entirely Breast Fed	.....	.....	.....	.....	259
Partly Breast and Partly Hand Fed	.....				15
Entirely Hand Fed	.....	.....	.....	.....	31

#### DAY NURSERIES.

There are two Day Nurseries, one in West Hendon District and one in Child's Hill District, both working class areas.

The Child's Hill Nursery is a small private establishment in Devonshire Place. Mrs. Major Burgess realised its need in this locality and established this Creche many years ago.

The accommodation afforded has been utilised to its full capacity, and an average of 14 children have been cared for daily. Infants are received up to 5 years of age, and one or two older children are given mid-day meals in special cases.

The Creche opens at 8 a.m. and closes at 5.30 p.m.

The West Hendon Nursery is situate at 127, The Broadway, and is known as The West Hendon Day Nursery.

It was initiated by The Women's Local Government Association which is now a Section of The Women's Citizen's Council.

It is open daily (except Saturdays and Sundays) from 7.30 a.m. to 7 p.m.

On an average 24 infants are received daily, and during the year there were over 5,500 attendances. A charge of 1s. per day is made, or 8d. in the case of poorer persons.

To aid the work of this Institution the Board of Education made a grant, and the Council has also assisted in this direction. Further assistance was obtained by donations, etc."

#### INFANT WELFARE:

During the year 1947 the Health Visitors, of whom there were 17, paid the following number of visits:—

To expectant mothers:—

First Visits	.....	.....	.....	.....	1074
Total Visits	.....	.....	.....	.....	1518

To Children under 1 year:—

First Visits	.....	.....	.....	.....	2348
Total Visits	.....	.....	.....	.....	7174

To Children between ages of 1 and 5 years:—

Total Visits	.....	.....	.....	.....	6989
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TOTAL				.....	15681
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The Infant Welfare Sessions are carried out at the five permanent Health Centres and at certain subsidiary Centres held in premises such as Church halls. The number of attendances continued to increase and during the year 1947, 65,577 attendances were made as compared with 61,203 for the previous year. The Child Welfare Services are closely integrated with the School Health Services, being under the administrative control of the same Committee, operated by the same Officers, and all the Schemes for specialised treatment provided under the School Health Services in so far as they are applicable are also available, free of charge, for the children under school age.

TABLE VI.

	No. of Maternity and Child Welfare sessions held.	No. of new members admitted.	Total No. of attend- ances.
1939	911	1923	53009
1940	952	2276	50763
1941	909	2074	48245
1942	925	2316	49960
1943	934	2298	54962
1944	1016	2252	49334
1945	1033	2442	55282
1946	1168	2630	61203
1947	1293	2856	65577

## MATERNAL CARE:

The Ante-natal clinics continued to be held at the five permanent Health Centres. The examinations are conducted by the Departmental Medical Officers, a Health Visitor and the Midwife ultimately responsible for the case being in attendance. Arrangements continue by which mothers who are to be admitted to Hospital for their confinements are supervised ante-natally at these Sessions. The following Table gives particulars of the work of this section as compared with previous years:—

TABLE VII.

	1942.	1943.	1944.	1945.	1946.	1947.
No. of Ante-natal Sessions held	431	503	517	509	626	708
No. of Expectant Mothers seen	1619	1597	1498	1702	1926	1716
No. of attendances	7464	8721	8944	9109	11574	10849
Average No seen per session	17	17	17	18	18	15
Average No. of attend- ances made by each patient	4.61	5.46	5.97	5.35	6.01	6.32

## EXERCISES FOR EXPECTANT MOTHERS:

This class was continued and I am indebted to Miss Shires, the Physiotherapist in charge, for the following report:—

“The Ante-natal Classes for the year 1947 have been most interesting and progressive. There has been an increase both in the number of patients and also in the number of attendances, namely, 108 new patients and 708 attendances. Many of the mothers attend anything from 16 to 20 times. Many grateful letters of thanks have been received showing that the simple knowledge of what to expect during labour has taken away fear, and the official reports show that the mothers have good co-operation with the midwives. They seem to thoroughly enjoy the exercises and report that they give them a feeling of fitness.”

## PROVISION FOR CONFINEMENT, DOMICILIARY:

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 Departmental Medical Officers was appointed medical supervisor of midwives.

On the 1st April, 1937, there was one municipal midwife in the service of the Hendon Borough Council. On the 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. 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.

In consequence of the increasing birth rate, particularly in the post-war years, the number of domiciliary midwives was increased and by the end of 1947 ten midwives employed directly by this Council were operating within the Borough.

#### HOSPITAL CONFINEMENTS:

Provision for hospital confinement is a duty of the hospital Authority, namely the Middlesex County Council, and for this area provision is made by Redhill County Hospital and the Annexe at Bushey. In addition, the Borough Council continued arrangements with Queen Charlotte's Hospital for the admission of a limited number of cases. Provision is also made by the staff of Redhill County Hospital for a consultative service and a "Flying Squad" for obstetric difficulties occurring in domiciliary midwifery, and accommodation is provided for cases of puerperal pyrexia at Redhill County and Hendon Isolation Hospitals. The following Table shows the comparative figures for domiciliary, hospital and nursing home confinements.

**TABLE VIII.**

Domiciliary Confinements	.....	.....	.....	.....	883
Hospital Confinements	.....	.....	.....	.....	1240
Nursing Home Confinements	.....	.....	.....	.....	684
					<hr/>
					2807
					<hr/>

#### HOME HELPS:

The Home Help service continued to be in great demand and at the end of the year 17 full-time and 3 part-time Home Helps were employed. The number of Home Helps available necessitated their being limited almost entirely to midwifery cases but it was found possible to provide assistance in certain cases apart from the Midwifery scheme. Altogether 355 midwifery and 37 other cases were given assistance. The demand for this service is very great indeed and the service is only limited by the number of staff obtainable. I should add that judging from the expressions of gratitude which are received, that no service is more appreciated by the public.

### PREMATURE INFANTS:

The scheme established for the care of premature infants which is briefly as follows, continues to work smoothly, prematurity being regarded as existing in any baby whose birth weight is  $5\frac{1}{2}$  lbs. or less.

The Scheme provides for:—

- (1) A Premature Baby Outfit, on loan, containing:—

Electric Blanket.  
Stone Hot Water Bottle.  
Mucous Catheter.  
Feeding Bottle.  
1 Tin of Milk.

- (2) The services of a consulting pædiatrician and hospital provision at the Central Middlesex Hospital when, in the opinion of the consultant, the removal of the child to Hospital is indicated.

- (3) The services of a Home Help.

### CHILD LIFE PROTECTION:

The group of children for whom the Council have responsibility are:—

- (1) Children maintained for reward and dealt with under Part VII of the Public Health Act, 1936.  
(2) Children dealt with under Section VII, Adoption of Children (Regulations) Act, 1939.

All the Health Visitors are nominated as Child Life Protection Visitors, each Health Visitor being responsible for the care of the foster children in her area. The scheme operates under the general supervision of one of the Departmental Medical Officers who investigates and reports upon each new case before submission to the Council, and also scrutinises the Health Visitors' case records and visits in every instance in which further investigation would appear to be indicated.

The Council will be aware that as a result of the Report of the Care of Children Committee (Curtis Report) a Bill has been introduced in Parliament for the more comprehensive care of the child deprived of a normal home life.

#### PSYCHOLOGICAL TREATMENT:

The provision of psychological treatment for children under 5 years of age was continued, the children being referred by the Departmental Medical Officers from the Child Welfare Sessions.

Unfortunately, there was some break in the continuity of this service, the Psychological worker in charge having resigned and it was some time before a suitable successor was found. The aim of this service is an endeavour to correct psychological abnormalities in children at as early an age as possible with, it is hoped, a consequent diminution in the number of maladjusted children of school age who are found to require treatment.

In addition, a Mothers' Discussion Group is held each week at the Central Hendon Health Centre, a member of the staff of the Tavistock Clinic being in charge. Mothers finding difficulties in the adjustment of their younger children to family life are invited to attend and discuss their problems. The purpose of the Group is again largely preventive.

#### DAY NURSERIES:

There are eight Day Nurseries in the Borough with places for 422 children under the age of 5 years. Most of the places in the nurseries are taken by children of women in full-time employment in industry but it has been possible from time to time to admit children on compassionate grounds for limited periods. All the nurseries have 20% more on their register than the actual number of places as there are always some children absent from a variety of causes, and the additional 20% permits of the nurseries being used to the fullest advantage.

The incidence of infectious disease was not high during the year, a number of cases of whooping cough and measles occurred, and at one nursery a mild type of dysentery became prevalent. This was effectively suppressed in collaboration with the Central Laboratory at Colindale and by the admission of known cases and carriers to the Isolation Hospital.

All the nurseries have now been approved by the Ministry of Health as training schools for student nurses. In addition to the vocational training the students receive at the nursery, they must also spend two whole days each week at the Hendon Technical College. There they receive both theoretical and practical training in infant welfare and the care of children, the subjects taught including physiology, hygiene, biology, needlecraft, simple cookery, etc. In the nurseries, the Matrons help the students in a practical way to understand what they learn at College. The course is now one of two years' duration, and candidates must be 18 years of age before sitting the examination. Difficulty has been experienced in finding sufficient places at the Technical College for the number of student nurses under training.

Courses have been held for more senior members of the staff during the year, and six of the Wardens were sent to a Refresher Course of three weeks at Tottenham Technical College in November. They benefited greatly from this Course and the effects were reflected in a higher standard within the Nurseries. The Nursery Schools' Association have also inaugurated a Course for Matrons of Day Nurseries, and arrangements are being made to send all Matrons in turn to this Course. Whatever the future of the Day Nursery service may be, whether it is considered more a social than a public health service, its popularity is undoubted, and there is a long waiting list for admission at each Day Nursery.

The following table shows the position and accommodation at each Nursery:—



TABLE IX.

Address of Nursery.	Date of Opening.	Accommodation.		
		Under 2 years.	Over 2 years.	Total.
Addington House, Orange Hill Road, Burnt Oak	2/ 2/42	22	40	62
2, Hocroft Road, Childs Hill, N.W. 2	30/ 3/42	20	30	50
Hyde School, Hendon, N.W. 9	11/ 5/42	—	45	45
York Park, Hendon, N.W. 9	31/ 8/42	30	30	60
Claremont Road, Cricklewood, N.W. 2	3/12/42	20	30	50
Approach Road, Edgware	30/ 4/43	10	25	35
Hyde Cottage, Hendon, N.W. 9	21/ 2/44	20	45	65
1, Milespit Hill, Mill Hill, N.W. 7	20/ 3/44	27	28	55

I have, in view of the transfer to the Middlesex County Council, endeavoured to survey briefly the development of the Maternity and Child Welfare services from their small beginnings to their present comprehensive state.

This development has taken place under the administrative control of the Borough Council and more particularly under that of the Public Health and Medical Services Committee.

The work, however, will continue, the same staff will be concerned with the operation of the Services, the same Voluntary Workers will, it is hoped, continue to give their services and the whole will operate under your Medical Officer of Health in his capacity as Area Medical Officer.

I believe that all who have been concerned with the development of these Services be they Councillors, Co-opted Members, Voluntary Workers, or Officers, will contemplate their passing to another Authority with real regret. It can, however, be said that the heirs of the Borough Council are entering into a goodly heritage.

### SCHOOL HEALTH SERVICES.

The scheme by which these services are administered by the Borough Council as Divisional Executive continues to work smoothly, and comprehensive provisions exist for the medical inspection and treatment of children attending schools maintained by the Local Education Authority. The administrative control of this service is closely integrated with the child welfare services being under the administrative control of the same Committee—a procedure which has been operating in Hendon for many years and which is now being extensively followed in other areas.

It will be seen from the following table that 7,072 pupils have been examined at periodic examinations, and from the returns it would appear that the nutritional standard was comparable with that of the previous year as shown by the following table. In making this comparison, however, it should be said that the classification then prevailing, namely, "Excellent", "Normal", "Slightly Subnormal", "Bad" was altered by the Ministry of Education to "Good", "Fair" and "Poor".

TABLE X.

#### 1946.

No. of Pupils Inspected.	A.		B.		C.		D.	
	(Excellent).		(Normal).		(Slightly Sub-normal).		(Bad).	
	No.	%	No.	%	No.	%	No.	%
7670	1886	24.59	4964	64.72	794	10.35	26	.34

#### 1947.

No. of Pupils Inspected.	A.		B.		C.	
	(Good).		(Fair).		(Poor).	
	No.	%	No.	%	No.	%
7072	3892	55.03	2739	38.73	441	6.24

The scheme for the provision of milk and meals in schools was continued, the latter service being further developed, and by the end of the year an average of 26,702 meals were being served weekly as compared with 25,914 at the end of the previous year. In this connection I am indebted to the Borough Education Officer who has made every endeavour to give priority to any child recommended for meals on medical grounds, or where conditions of hardship existed in the family.

### **MEDICAL TREATMENT.**

It is not proposed to set out again details of the various forms of treatment which are provided for the school children as these have been enumerated and described on a number of occasions. I should like, however, to make particular reference to certain of these activities.

### **AURAL CLINIC.**

This clinic was established in 1945 and since that date the volume of work being undertaken has steadily increased. At this clinic treatment is carried out for abnormal conditions of the ear, nose and throat which are particularly common in children of school age, as it is then that a child is developing his normal immunity to various forms of infection, and in the process abnormal conditions of the ear, nose and throat tend to develop.

A judicial survey is also made of all children referred for operative treatment, particularly tonsillectomy, and it is found that a large proportion of them respond to milder forms of treatment thus obviating the necessity of operative procedure. I am indebted to Dr. F. P. Clarke, the Ear, Nose and Throat Surgeon, for the following report:—

“The work of the ear, nose and throat clinic, begun three years ago, has progressed very satisfactorily during the past year, 1947. The attendances at the different ‘treatment clinics’ have been on the whole very good. There is always a certain number of cases who will not continue to complete the full course of treatment prescribed,

but we find that in Hendon this number is considerably less than in many other areas. The provision of a special 'treatment clinic' in each area—four—to carry out certain of the treatments prescribed at the E.N.T. clinic, Town Hall, is a very important administrative factor in securing a good attendance and also in reducing the time lost from school while the children are having a course of treatment.

In going over the Table of Returns for the year we find that there were only 18 cases of chronic discharging ears, including school and pre-school ages, and that 14 of these were 'discharged' with the ears 'quite dry'. Two, with definite mastoid involvement were referred to hospital for operation. There were 25 'acute discharging ears'. These figures are remarkably low for a Borough of the size of Hendon.

The main bulk of the children seen at the clinic during the year, requiring special treatment, was for different affections of the nose and throat. As is usual a very large number of children, 95, were referred to the clinic during the year as 'enlarged tonsils and adenoids', with a view to operation. Of these 35 were recommended as suitable for operation and referred to hospital. For the remainder, operation was not considered necessary, or likely to improve the conditions from which the children suffered. These cases had conservative tonsil treatment, including 'tonsil suction' and throat painting, with treatment for any existent nasal defects. Before any case is referred for operation, we must be satisfied from the 'history' of the complaints, and condition of the tonsils and adenoids, that there is a clear, definite pathological disease, or hypertrophy of the tonsils and adenoids, so great as to cause 'obstruction' present, which can be relieved only by removal of the tonsils and adenoids. Special attention is paid to the condition of the nose and nasal sinuses in these cases, as so very frequently happens, efficient treatment of any nasal defects present has a marked effect in improving the 'apparent' disease of the tonsils.

During a great part of the year, the operation for the removal of tonsils and adenoids was suspended on advice from the Ministry, on account of the number of cases of infantile paralysis occurring in the London area. It has been established by scientific observers and special Commissions appointed for the purpose of Inquiry, especially in America, that there is a relationship between the incidence of poliomyelitis and tonsillectomised cases. A full account of these investigations has been published in the American 'Eye, Ear, Nose and Throat Year Book', 1946, and later inquiries.

In no instance have we found that the suspension of the operation has had any deleterious effect on the health of the child. During that period, most of these children—considered as suitable for tonsils and adenoids removal—were given conservative tonsil treatment.

There were 36 cases treated for sinus infection and these have responded very well to Proetz nasal 'displacement' using a 10% scherings Albucid solution.

A very large number of children suffering from 'nasal catarrh', nasal respiratory obstruction, etc., were treated by the French (Gautier) diastolisation method of intranasal massage. This method of nasal treatment has a very marked effect in improving and restoring the loss of hearing so frequently associated with catarrhal conditions in the nose.

In general, the main lines of treatment during the year have followed those set out in last year's Report, and have continued to prove satisfactory.

The general health of the children attending the clinics during the year has been quite good. There have not been any noticeable cases of debility or lowering of nutrition."

### **SPEECH THERAPY.**

The treatment of children suffering from defective speech was actively continued, six sessions per week being devoted to this purpose. The success of this form of treatment is

dependent not only on the co-operation of the child but of the parents and teachers, and in this latter connection I should like to record that the speech therapist who has explained the rudiments of speech therapy to the teachers has had their fullest co-operation. The benefit of speech therapy is not confined to the amelioration of the speech condition; in many instances it is found that the whole psychological make-up of the child alters materially for the better as his speech improves. I am indebted to Mrs. Pollack, the Speech Therapist, for the following report:—

“During the year the following children received treatment:—

	Hendon.	Watling.	Childs Hill.	Garden Suburb and St. Catherine's.
STAMMERERS	21	21	16	2
CLEFT PALATES	2	1	—	4
SPEECH DEFECTS	11	10 (+ 2 obs.)	14 (& 4 under obs. from 1946)	7
	34	34	34	13 = 115
DISCHARGED: speech corrected, to be kept under observation	5 sp. def. 1 cleft 3 stamm.	1 stamm. 5 sp. def.	7 stamm. 3 sp. def.	1 stamm. —
				= 26
LEFT (school or district)	3	7	4	— = 14
SUSPENDED	5	—	4	9 = 18
				58
Interviews of Parents	55	18	43	— = 116

The attendance is regular on the whole, although the work was hampered in the early months of 1947 by the exceptionally severe weather and the fuel shortage.

Contact between the schools and homes was maintained; 53 home visits and 28 school visits were paid during the year.

In June I attended a Refresher Course organised by the College of Speech Therapists, and in September I was absent for two months in America, although the Clinics were continued by Miss Yates, L.C.S.T. In and around New York I was able to visit hospitals, schools and colleges to see the types of 'Speech Correction' given.

Students from the London training schools of Speech Therapy observe at the Centres, which are occasionally visited by Health Workers, etc.

It is interesting to note that the plan of work organised in 1946 has proved practical, and the majority of the cases now receiving speech therapy in Hendon are very young, with a few stammerers from the senior schools only, and these are nearing the completion of their treatment. The waiting list is very small, and all those children have been interviewed with their parents—unless the parents refused—and advice given, with the result in some cases that the difficulty cleared up without special attendance. The number of cases discharged is smaller than for last year, but this is probably due to the fact that 52 new children began their treatment during 1947, 26 of whom were only admitted just before I went to America."

### **ORTHOPÆDIC SCHEME.**

This scheme is concerned with the prevention of crippling defects and treatment, and was continued along the lines described in previous annual reports. I should like, however, to make particular reference to a development of the scheme by the appointment of a Remedial Gymnast.

For some years, much concern has been felt regarding the number of minor orthopædic defects found in each medical examination of school children. These children had to attend the school clinics for treatment, which might entail a full session out of school, or else receive no treatment at all.

An experiment was tried in 1942 when the Organisers of Physical Education submitted to me a list of exercises for remedial treatment for these minor defects, to be given by selected teachers in the schools. The children were to receive a short period of 15 minutes' treatment daily. In arranging this treatment in the schools, it was hoped that valuable time spent in going to the clinics would be saved. This scheme proved reasonably satisfactory in the beginning, but it was noticeable that little or no progress was made in the majority of cases. This can be attributed to the fact that specialised knowledge is required for this form of treatment and for the appreciation of slight deviation from normal. About this time, air raids re-commenced, some of the teachers who were assisting in the treatment left the area and the whole scheme of remedial treatment was abandoned.

It was found that the only solution to the problem would be to appoint a remedial gymnast who would visit the schools and would treat the children scientifically under medical supervision. For two years the scheme was held up owing to the 'change-over' under the 1944 Education Act and the difficulty of finding a remedial gymnast available for the work. However, in January, 1947, a remedial gymnast commenced work in Hendon. She is fully qualified in Educational and Remedial Gymnastics, having had three years' training at a recognised Physical Training College, and possessing the Diploma of the Chartered Society of Physiotherapy.

#### REMEDIAL CLASSES:

These vary in size from five to twenty-six children, the average being twelve.

The facilities vary in different schools, but children work bare footed and stripped to the waist, or if the room is not too well heated, wear their physical training clothes. Blankets are provided in the majority of schools for use in floor work.



### ADMISSION TO CLASSES AND EXAMINATIONS:

Children are admitted to classes from routine medical inspections, and occasionally from the minor ailment clinics. In one or two cases, special medical examinations have been held at the request of the parent or teacher.

There are 46 departments in this Borough, and visits are paid by the remedial gymnast to twenty-five of these. In March, 1948, approximately 400 children were receiving treatment, and 600 required treatment, but were unable to be included through lack of time and personnel.

The 400 children who are being treated can be divided roughly into the following groups:—

Slack posture (including round shoulders, poking head, lordosis) .....	268
Slack posture and foot defects .....	36
Scoliosis .....	7
Bow legs or knock knees .....	6
Chest defects .....	14
Foot defects .....	100

From a recent examination, 38 cases of poor posture and 11 of flat feet will join the classes in April.

### RE-EXAMINATIONS:

Periodically, medical examinations have been held for the children in the special classes to assess progress. The gymnast attends these examinations.

At the first examination held after six months' treatment, 198 were discharged, and 120 were retained for further treatment. There are still 160 children to be examined.

As a result of these examinations, 30 cases were referred to the Orthopædic Surgeon, and 10 are doing exercises at home and are seen from time to time by the gymnast.

**GENERAL STATEMENT:**

There is no doubt that the work of the remedial gymnast is much appreciated by the parents and the teachers in the schools. It is felt that if the treatment were given more frequently, say each day, or at least twice per week, quicker and more lasting results would be obtained. This is, of course, impossible at the moment, but it is hoped that in the near future one, if not two, more remedial gymnasts may be appointed to this area. This would ensure that the work which is proving so fruitful for a small number of children, would be extended to provide treatment for all children requiring it within the Borough.

**OPHTHALMIC TREATMENT.**

The eyesight of each child is examined at periodic medical inspections and those suffering from any defect, however slight, are referred for further examination and treatment to the Ophthalmic Surgeon. If, as a result of his examination, glasses are considered necessary these can be obtained free of charge under the Council's scheme, which provides for the attendance of an optician at each session, who makes and fits the glasses in accordance with the prescription of the Ophthalmic Surgeon.

Three sessions per week were held during the past year, two at the Health Centre, Central Hendon, and one at the Health Centre, Watling. The increase in the number of cases referred and the number of cases under treatment necessitated consideration being given to the establishment of an additional session, which it is hoped to commence in the New Year.

The total attendances during the year were 2,753, of which 397 were M. & C.W. cases. 635 pairs of glasses were prescribed and only 29 children failed to obtain them.

65 cases were treated for inflammation, etc.; the remainder were refractions or subjective tests.

### ORTHOPTIC CLINIC.

Orthoptics now hold a valuable and clearly defined position in modern ophthalmic practice. For many years attempts have been made to obtain a functional cure in cases of squint, and the aim of orthoptic treatment is to develop perfect binocular vision. In each case this possibility must be explored at the outset.

In the main there are roughly three groups. Some respond to orthoptic treatment only, some will require operation as well, and others for whom a cosmetic result, either with or without operation, is the only hope.

One of the most important points in dealing with squint in children is that of occlusion. It cannot be too clearly stressed to the parents, and to general practitioners, that occlusion must be started as early as possible. Where the vision is less than 6/18 the good eye should be totally occluded, and it has been found that either adhesive tape or isinglass plaster on the face is the most effective form of occlusion, provided the patch is changed occasionally. Partial occlusion is obtained by means of paper patches on the spectacles, or by atropin until the vision is equal in both eyes. Actually atropin is especially valuable in cases of very young children, even before the age of twelve months, as it can be put into the fixing eye as soon as the squint is noticed, and may obviate more drastic patching at a later age.

During the year 81 new cases were referred to the Orthoptic Clinic. 21 of these were M. & C.W. cases; 61 cases were given treatment, 37 being discharged.

428 other cases mainly for visual tests attended during the year in addition to those on regular treatment. 23 cases for squint were operated on by the Ophthalmic Surgeon. Good results were obtained in 21 cases, but further operation may be required in the remaining 2.

### DENTAL SERVICES.

This scheme requires a particular note as it is now one of the most comprehensive of its kind in the country and is being

steadily developed. This is reflected in the following report for which I am indebted to the Divisional Dental Officer, Mr. K. C. B. Webster:—

“The staff consisted of five full time dental officers, five dental attendants and five clerks for the first nine months of the year. Dr. Kerpel resigned on October 1st to enter private practice and was not replaced by the end of the year. To maintain the service at the Childs Hill Health Centre other dental officers attended there for certain sessions each week as a locum tenens was not available. Despite the loss of the services of one dental officer for the last quarter the output of work was well maintained.

The problem of accommodation to meet ever increasing, and indeed embarrassing, demands for treatment on the part of the participating public remained the most serious problem throughout 1947. Work on the extension of the Central Hendon Health Centre to provide an additional dental surgery and dental laboratory was commenced in mid-summer and neared completion by December. The development of the orthodontic services to provide for the appointment of a part-time specialist officer has thereby been prevented. Plans were also made for the extension of the Mill Hill Centre to provide an additional dental surgery and for the extension of the West Hendon Centre to improve facilities in that area. The school population in both the Watling and Childs Hill areas has, however, risen substantially, each area now being of a size to provide work for two dental officers.

The year was notable, therefore, only as a period of effort to maintain existing services in the face of increasing demands and the Borough was indeed fortunate that its staffing problems compared most favourably with the majority of other areas in the Country.

#### SCHOOL DENTAL SERVICES.

The number of children on the school registers increased from 14,202 to 15,497 during the year, each dental

officer being responsible for approximately 3,000 children for the first nine months of the year. Thereafter the loss of a full time officer disturbed this ratio.

A substantial increase was achieved in the number of school children receiving routine dental inspections in the schools, the figure of 5,254 in 1946 rising to 7,262 in 1947, primarily due to the appointment of the fifth full time dental officer. Control of dental disease in school children depends, in the light of present knowledge, mainly upon regular inspection in the schools, followed by facilities for prompt treatment. Lack of attainment of this goal in an area such as Hendon, where the acceptance rate is 87%, leads to a steadily increasing number of parents and children who request inspection and treatment in the clinics. The list of such 'specials' grows at an alarming rate and thereby prevents adequate control of dental disease by routine inspection. Provision has therefore been made for increasing the establishment of full-time dental officers to 8 when premises become available.

There was a further increase in conservative treatment, the number of fillings in permanent teeth rising from 6,373 in 1946 to 7,350 in 1947. The benefits of skilful conservative treatment are in general accepted in the Borough and it is unusual to find parents doubtful about the filling of their children's teeth. The number of permanent teeth extracted as the result of disease was 722, an increase of 100 on 1946 and explained by the increase in the number of children inspected. An energetic system of following up evaders of treatment has brought a considerable number of children with long-standing dental sepsis under the care of the health centres which has also tended to increase the extractions. The ratio of permanent teeth saved to those extracted remained at 10 to 1, but with regard to the temporary teeth, this ratio is by no means achieved 2.5 baby teeth having been extracted to one saved. No preventive dental service can be considered as fulfilling its true function in such circumstances. The temporary teeth erupt to provide an efficient masticatory apparatus from

very shortly before weaning to the time when growth permits the maintenance of a larger and more powerful grinding machine, which should last for the remainder of life. The eruption in systematic order of the temporary teeth is a vital function during early childhood and ensures the full development of the jaws and adjacent structures.

Interference with this natural sequence of events by disease causes a trend of circumstances, the full consequences of which have not yet been fully assessed. That they have a profound psychological as well as physical effect is, however, certain, the association of teeth with early feelings of aggression being of evident importance. Parents who minimise the importance of temporary teeth and condone their neglect may derive some comfort from the fact that modern dental knowledge can do much to remedy any physical damage that may ensue.

The following amplification of Table IV, pages 44-45 indicates the wide scope of the scheme:—

#### SCHOOL DENTAL SERVICES.

**TABLE XI.**

Dressings	.....	1,454	Minor Surgical Operations	.....	28
Silver Nitrate Applications		781	Crowns and Inlays		16
Sealing and Polishing	.....	586	Splints for fractured teeth	.....	3
Gum treatment	.....	40	Referred X-Ray	.....	221
Advice only	.....	2,176	Dentures	.....	36

## ORTHODONTIC TREATMENT.

TABLE XII.

Attendances	..... 3,745	New Cases	..... 130
Appliances fitted	..... 296	Completed Cases	..... 91

MATERNITY AND CHILD WELFARE—  
DENTAL SCHEME.

The depletion of staff in the last quarter of the year had its adverse consequences upon the dental care of the expectant and nursing mother and pre-school children, there being an overall drop both in attendances and in treatment provided compared with the previous year. It is to be hoped that staffing difficulties will not prevent an extension of this service in 1948 in view of the implementation of the National Health Service Act with its special emphasis upon dental care for the priority groups.

A growing number of expectant mothers attending the Council's health centres are interested in dental health, both for themselves and for their coming offspring. The dental staff find great interest in the work for this group, many of the now expectant mothers having been regular attenders while at school, and the community spirit thereby engendered ensures the best possible stimulation of interest in the dental care of the coming population."

**MATERNITY AND CHILD WELFARE  
DENTAL SERVICES.**

**TABLE XIII.**

EXPECTANT AND NURSING MOTHERS.

New Cases	.....	.....	488	Extractions	.....	1,017
Completed Cases	.....	.....	365	General anæsthetics Administered.....	.....	277
Appointments Made.....	.....	.....	2,771	Other operations	.....	497
Appointments Kept	.....	.....	2,113	Referred X-Ray	.....	30
"Specials"	.....	.....	273	Advice only	.....	405
Fillings	.....	.....	781	Dentures provided	.....	166

**TABLE XIV.**

PRE-SCHOOL CHILDREN.

New Cases	.....	.....	304	Extractions	.....	316
Completed Cases	.....	.....	278	Other operations	.....	222
Appointments Made.....	.....	.....	980	General anæsthetics administered.....	.....	158
Appointments Kept	.....	.....	803	Referred X-Ray	.....	5
"Specials"	.....	.....	228	Advice only	.....	216
Fillings	.....	.....	362	Orthodontic appli- ances provided	.....	2



## STATISTICAL TABLES.

The Ministry of Education Statistical Tables and Statistics of Handicapped Pupils are appended:—

### MINISTRY OF EDUCATION.

#### MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1947.

#### TABLE I.

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

##### A.—PERIODIC MEDICAL INSPECTIONS:

Number of Inspections in the prescribed Groups:—

Entrants	.....	.....	.....	.....	1750
Second Age Group	.....	.....	.....	.....	2128
Third Age Group	.....	.....	.....	.....	804
Total					4682

Number of other Periodic Inspections ..... 2390

Grand Total ..... 7072

##### B.—OTHER INSPECTIONS:

Number of Special Inspections ..... 3064

Number of Re-Inspections ..... 4317

Total ..... 7381

## C.—PUPILS FOUND TO REQUIRE TREATMENT:

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1).	(2).	(3).	(4).
Entrants .....	28	200	214
Second Age Group.....	146	235	361
Third Age Group .....	46	24	69
Total (prescribed groups)	220	459	644
Other Periodic Inspections	157	163	297
Grand Total .....	377	622	941

TABLE II.

## A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease.	Periodic Inspections.		Special Inspections.	
		No. of defects.		No. of defects.	
	(1).	Requiring treatment (2).	Requiring to be kept under observation, but not requiring treatment. (3).	Requiring treatment. (4).	Requiring to be kept under observation but not requiring treatment. (5).
4.	Skin .....	23	5	400	2
5.	Eyes—				
	a. Vision .....	377	206	155	9
	b. Squint .....	31	8	18	—
	c. Other .....	17	5	184	4
6.	Ears—				
	a. Hearing .....	10	5	8	3
	b. Otitis Media .....	4	1	34	1
	c. Other .....	11	2	76	—
7.	Nose or Throat .....	216	108	256	8
8.	Speech .....	31	6	57	5
9.	Cervical Glands .....	8	18	22	4
10.	Heart and Circulation .....	2	31	3	6
11.	Lungs .....	4	14	9	3
12.	Developmental—				
	a. Hernia .....	—	2	—	—
	b. Other .....	—	—	—	—
13.	Orthopædic—				
	a. Posture .....	52	24	25	1
	b. Flat foot .....	89	11	39	2
	c. Other .....	83	53	81	5
14.	Nervous system—				
	a. Epilepsy .....	—	—	—	—
	b. Other .....	1	12	6	2
15.	Psychological—				
	a. Development .....	1	4	8	—
	b. Stability .....	16	2	40	1
16.	Other .....	141	19	712	2

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

Age Groups.	Number of Pupils Inspected.	A.		B.		C.	
		(Good).		(Fair).		(Poor).	
		No.	%	No.	%	No.	%
(1).	(2).	(3).	(4).	(5).	(6).	(7).	(8).
Entrants	1750	944	53.94	679	38.80	127	7.26
Second Age Group	2128	1095	51.46	857	40.27	176	8.27
Third Age Group	804	502	62.44	290	36.07	12	1.49
Other Periodic Inspections	2390	1351	56.53	913	38.20	126	5.27
Total	7072	3892	55.03	2739	38.73	441	6.24

TABLE III.

## TREATMENT TABLES.

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

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment .....	—
(ii) Other treatment .....	2
Ringworm—Body .....	26
Scabies .....	76
Impetigo .....	177
Other skin diseases .....	541
Eye Disease (external and other, but excluding errors of refraction, squint and cases admitted to hospital) .....	409
Ear Defects .....	315
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.) .....	3402
Total .....	4948
(b) Total number of attendances at Authority's minor ailments clinics .....	
	24108*

\* Includes 2413 attendances at M.A.C. for E.N.T.  
treatments.

## GROUP II.—DEFECTIVE VISION AND SQUINT

(excluding Eye Disease treated as Minor Ailments—Group I.)

	No. of Defects dealt with.
Errors of Refraction (including squint) .....	731
Other defect or disease of the eyes (excluding those recorded in Group I.) .....	18
Total .....	749
No. of Pupils for whom spectacles were:	
(a) Prescribed .....	585
(b) Obtained .....	557

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

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis .....	28
(b) for other nose and throat conditions .....	1
Received other forms of treatment .....	361
Total .....	390

GROUP IV.—ORTHOPÆDIC AND POSTURAL  
DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools .....	38
(b) No. treated otherwise, e.g., in clinics or out- patient departments .....	444

GROUP V.—CHILD GUIDANCE TREATMENT  
AND SPEECH THERAPY.

No. of pupils treated:—

(a) under Child Guidance arrangements .....	73
(b) under Speech Therapy arrangements .....	113

**TABLE IV.**

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic age groups .....	7262
(b) Specials .....	3012
<hr/>	
(c) TOTAL (Periodic and Specials).....	10274
<hr/>	
(2) Number found to require treatment .....	6844
(3) Number actually treated .....	5828
(4) Attendances made by pupils for treatment .....	19043
(5) Half-days devoted to:—	
(a) Inspection .....	76
(b) Treatment .....	1704
<hr/>	
Total (a) and (b) .....	1780
<hr/>	
(6) Fillings:—	
Permanent Teeth .....	7350
Temporary Teeth .....	1588
<hr/>	
Total .....	8938
<hr/>	
(7) Extractions:—	
Permanent Teeth .....	1535*
Temporary Teeth .....	5591
<hr/>	
Total .....	7126
<hr/>	

(8) Administration of general anæsthetics for extraction .....	2899
(9) Other Operations :—	
(a) Permanent Teeth .....	2127
(b) Temporary Teeth .....	781
	<hr/>
Total (a) and (b) .....	2908
	<hr/>

\* Including 813 Orthodontic.

### TABLE V.

#### INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorized persons .....	26826
(ii) Total number of individual pupils found to be infested .....	585
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .....	2
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .....	—



## HANDICAPPED PUPILS.

(As at 20/1/48.)

Category.	At Special Schools.		At Maintained Schools.		At Independent Schools.		Not at School.	
	M.	F.	M.	F.	M.	F.	M.	F.
	Blind Pupils .....	1	2	—	—	—	—	—
Partially Sighted Pupils .....	2	2	—	—	—	—	—	—
Deaf Pupils .....	9	3	—	1	—	—	—	2
Partially Deaf Pupils .....	2	2	3	3	—	—	—	—
Delicate Pupils .....	5	6	4	5	—	—	—	—
Diabetic Pupils .....	—	2	—	—	—	—	—	—
Educationally Sub- normal Pupils .....	23	18	20	9	1	1	3	4
Epileptic Pupils .....	2	2	—	—	—	—	—	—
Maladjusted Pupils .....	2	1	5	2	—	—	—	—
Physically Handi- capped Pupils .....	6	2	4	—	—	—	3	3
Pupils suffering from Speech Defects .....	—	—	49	19	—	—	—	—
Pupils suffering from Multiple Disabilities .....	—	—	3	1	—	—	—	—
	52	40	88	40	1	1	6	9

Total—Males 147; Females 90.

Number of children shown as not at school receiving education at home under Section 56, Education Act, 1944—1.

**SANITARY CIRCUMSTANCES OF THE AREA.****HOUSING:**

The most acute problem affecting the public health at the present time is that concerned with the housing shortage. This, of course, is not a local problem but is common to the

country generally. It is resulting in overcrowding, unsatisfactory and unsuitable housing conditions and one of its most distressing by-products is the friction so often engendered between families forced to live a partly communal life.

I am indebted to the Housing Officer for the following observations and statistics relative to the housing situation in the Borough during the year under review:—

“The lack of adequate housing accommodation has continued to receive the earnest attention of the Council. In addition to pressing forward with the building of new houses, so some alleviation of the overcrowding conditions prevailing in the Borough has been made by the transfer of Council tenants and by the placing of families in requisition premises. Due to the curtailment of requisitioning powers, it is apparent that the Council in future will not be able to make available requisitioned accommodation to the same extent as has been possible in past years.

A feature of the past year has been the large number of families who have been afforded emergency accommodation in the Council's Half-Way Houses, but even so it has not been possible to assist the majority of families who have been evicted from their homes as a result of Court Orders.

The following table indicates the action taken during the past year:—

**TABLE XV.**

1. Number of families rehoused into Permanent Accommodation:—

(a) Pre-War Houses	.....	.....	.....	36
(b) Post-War Houses	.....	.....	.....	178
(c) Temporary Bungalows	.....	.....	.....	16

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230

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2. Transfers arranged to relieve overcrowding on Council Estates	.....	.....	.....	.....	58
3. Number of families rehoused into Requisitioned Property	.....	.....	.....	.....	110
4. Number of homeless families given emergency accommodation in Half-Way Houses	.....	.....	.....	.....	113

### TABLE XVI.

#### Individual Unfit Houses:

No demolition order was made by the Local Authority and no house was found to be in a state so dangerous, or injurious to health, as to be unfit for human habitation.

#### Inspection of dwelling-houses during the year:

Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	.....	.....	.....	.....	.....	1516
Number of inspections made for the purpose	.....	.....	.....	.....	.....	5280
Number of dwelling-houses found not to be in all respects reasonably fit for human habitation	.....	.....	.....	.....	.....	781

#### Remedy of defects without service of Formal Notices:

Number of dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	.....	.....	.....	.....	.....	519
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#### Proceedings under Public Health Acts:

Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied	.....	.....	.....	.....	.....	91
Number of dwelling-houses in which defects were remedied after service of formal notices:—						
(a) By Owner	.....	.....	.....	.....	.....	71
(b) By Local Authority in default of Owner	.....	.....	.....	.....	.....	None

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	.....	.....	.....	.....	7507
Re-inspections after order or notice	.....	.....	.....	.....	10734
Complaints received and investigated	.....	.....	.....	.....	1714
Nuisances discovered and dealt with	.....	.....	.....	.....	2271
Visits paid to Infected Houses	.....	.....	.....	.....	578
Infected rooms disinfected	.....	.....	.....	.....	406
Cesspool emptied	.....	.....	.....	.....	152

#### Notices Served:

Informal or cautionary	.....	.....	.....	.....	1145
Complied with	.....	.....	.....	.....	933
Outstanding 1947	.....	.....	.....	.....	212

#### Statutory Notices:

Applied for	.....	.....	.....	.....	375
Served under Public Health Acts, etc.	.....	.....	.....	.....	185
Outstanding 1946	.....	.....	.....	.....	22
Complied with	.....	.....	.....	.....	95
Outstanding 1947	.....	.....	.....	.....	112

In 9 cases authority was given for legal proceedings to be taken for non-compliance with Abatement Notices.

#### DISINFESTATION:

##### Treatment of Verminous Houses.

Thirty houses were successfully treated.

Privately-owned	.....	.....	.....	.....	5
Council houses	.....	.....	.....	.....	25

Inspections were made of furniture and bedding and rooms in the occupation of tenants before their removal into Council houses and disinfestation was performed where necessary.

Work of disinfestation is done by the Local Authority and where verminous conditions were discovered, these cases were followed up after removal.

### FACTORIES ACT, 1937:

Number of inspections	.....	.....	.....	.....	231
Notices served to remedy defects	.....	.....	.....	.....	34
Notices complied with	.....	.....	.....	.....	29
Matters notified by H.M. Inspector of Factories	.....	.....	.....	.....	6
Lists of Outworkers received	.....	.....	.....	.....	59
Outworkers' premises inspected	.....	.....	.....	.....	42

#### Nature of defects remedied at Factories:

##### Sanitary accommodation:

Unsuitable or defective	.....	.....	.....	.....	10
Improperly ventilated or unventilated	.....	.....	.....	.....	3
Want of cleanliness	.....	.....	.....	.....	7
Inadequate lighting	.....	.....	.....	.....	3
Other offences	.....	.....	.....	.....	11

### WATER SUPPLY:

The Borough has a dual source of water supply:—

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

The Metropolitan Water Board supplies selected Thames water which has been subjected to purification by storage in which time it is freed of the bulk of organisms. It is filtered through rapid and then slow filters, attaining a degree of purity which compares favourably with the general supplies in Great Britain, but as a further safe-guard, terminal chlorination is applied which ensures a first-class water in every respect. Samples of waters and filter-beds are examined bacteriologically, chemically and for taste and other special purposes on every working day.

2. The Colne Valley Water Company derives its supply from deep wells sunk into the chalk and before distribution to the consumers the water is under the constant supervision of a chemical and bacteriological staff which carries out examinations in modern laboratories situated at the Works.

A high standard of purity is maintained.

#### SWIMMING BATHS:

There are two swimming baths owned by the Local Authority and one privately owned.

The purification and filtration plant at the Local Authority's baths consists of filters of the horizontal pressure type, together with centrifugal pumps, chlorination plant and cascade aerators.

The total quantity of bath can be passed through the filters in four hours, but during slack bathing periods this is extended to six hours.

After passing through the filters the water is injected with ammonia gas in solution and then passes over the cascade aerators and is finally injected with chlorine gas in solution before passing into the bath. The use of ammonia and chlorine gas is for the destruction of harmful bacteria and prevention of the growth of algæ in the water.

In order to assist in the cleansing and efficient working of the filters, a coagulant and alkaline salt are introduced into the water between the pumps and filters.

Eight samples of water were taken from the Mill Hill Bath, and five from the West Hendon Bath.

Six samples were taken from the private bath at Hendon Hall, Parsons Street. The results in all cases were satisfactory.

## INSPECTION AND SUPERVISION OF FOOD:

1,894 inspections were made at premises where food intended for sale for human consumption was prepared, stored or sold.

Constant attention was given to the inspection of premises, including street hawkers' premises where food was offered or exposed for sale or had been deposited with or consigned to any person for the purpose of sale or of preparation for sale. As a precaution against contamination of food attention was given to the observance of cleanliness by persons employed in food stores, both in regard to the rooms and all articles, apparatus and utensils therein, and in regard to themselves and their clothing. Where necessary suitable washing basins and a sufficient supply of clean water, both hot and cold, soap and clean towels were provided.

For some considerable time an understanding has existed between the Public Health Department and the local food retailers whereby retailers notify us of any article of food about the quality of which they were in doubt and before such article was exposed for sale on their premises. By these means a large amount of food, unwholesome or unfit for human consumption, was withdrawn from sale. In each case a certificate of unfitness detailing the article was issued to the retailer who in turn forwarded it to his wholesaler, so that the replacement might be effected. A copy of such a note was sent to the Local Food Control Officer for his guidance in the adjustment of food rations to those concerned.

A considerable amount of food was condemned as being unfit for human consumption and was destroyed by incineration.

Total quantity of Canned Foods condemned ..... 7782

Total weight of other Foods condemned ..... 8 tons 2½ cwts.

**Informal action taken in connection with Food Shops and Food Stores:**

76 notices were served on occupiers of Shops and Stores for infringements of the Food and Drugs Act, 1938,

where proper precautions were not being taken against contamination of food.

57 were complied with including 18 from 1946 entries.

The principal matters dealt with were:—

**Sanitary Accommodation:**

Defective sanitary conveniences .....	17
Without proper water supply .....	4
Defects in drainage system .....	5
Choked drains .....	8
Compartment cleansed .....	22

**Provision of washing facilities:**

Provision of hot water supply .....	15
-------------------------------------	----

**Refrigerators:**

Interiors cleansed .....	2
--------------------------	---

**General:**

Insufficient accommodation for refuse storage .....	5
Want of cleanliness .....	32
Other defects .....	53

**MILK SUPPLY:**

Number of registered dairymen and purveyors of milk .....	13
Number of registered premises .....	32
Number of Cowkeepers .....	6
Number of farms where milk is bottled on the premises .....	4

120 special visits have been made to secure cleanliness of dairies and dairy farms and for protecting milk against contamination.

There is one pasteurising establishment in the district and during the past year 64 samples of bottled pasteurised milk taken immediately after machine capping were submitted for



bacteriological examination. All these samples complied with the requirements of the Milk (Special Designations) Orders, 1936—1946.

12 samples of raw bulk milk were taken from rail tanks, and 62 milk bottles immediately after cleansing in the bottle washing machines.

The total number of milk samples taken for examination was 140, Tuberculin Tested Milk 10, Pasteurised Milk 106, and Non-Designated Milk 24. All the Pasteurised Milk samples satisfied the Methylene Blue and Phosphatase Tests.

Two samples of Tuberculin Tested (Certified) Milk and one sample of Tuberculin Tested (Pasteurised) Milk failed to satisfy the Methylene Blue Test. The two Certified Milks were produced and bottled at the same Farm in Hertfordshire and the pasteurised sample in South-West London.

#### SLAUGHTERHOUSES:

The Livestock (Restriction on Slaughtering) Order, 1940, made under the Defence (General) Regulations, 1939, prohibits the slaughter of animals for human consumption except under the terms and conditions of a licence granted by, or under the authority of, the Minister of Food.

None of the three slaughterhouses in the district is licensed by the Ministry of Food and slaughtering has temporarily ceased.

#### SLAUGHTER OF ANIMALS ACT, 1933:

Three slaughtermen were licensed as fit and proper persons to slaughter or stun animals.

#### RATS AND MICE (DESTRUCTION) ACT, 1919; INFESTATION ORDER, 1943:

764 complaints of rat or mouse infestation were received in the Department.

The work generally was supervised by the District Sanitary Inspectors.

**Summary of work performed during the Year:**

Number of treatments given where fees were paid	1480
Number of separate premises where treatment was given	358
Number of dead rodents picked up during or after treatment:—	
Rats	773
Mice	46
Estimated number of rats destroyed	6957
Estimated number of mice destroyed	552
Total number of visits made by operators:—	
(a) Treatment	1651
(b) Advice	860
	<hr/>
	2511
	<hr/>

**HENDON ISOLATION HOSPITAL.**

In view of the imminent transfer of the Hospital to another Authority the following will, I believe, be of interest to the Council.

The first Isolation Hospital was erected in 1899; it was situated in Hendon Way and the construction was of a temporary character. Accommodation then consisted of two wards each of nine beds for the treatment of scarlet fever. This accommodation was increased later by the addition of a small observation ward and in 1909 a diphtheria ward was added containing sixteen beds, and later in 1914 temporary quarters were erected for the accommodation of the nursing staff.

This Hospital continued to provide for the isolation of infectious diseases occurring in the Borough until 1929, when the present Isolation Hospital was opened. The new Hospital consisted of sixty beds, but this was gradually increased and

ultimately 120 beds were available. Further increases were approved by the Council, namely, a small surgical unit and additional cubicle accommodation. Unfortunately the outbreak of the last war deferred this development indefinitely.

As to the future, there is little doubt that Hospital provision should be on a wider basis than that limited by Borough boundaries. As a small unit it has administrative drawbacks, it does not function ideally as a training school for student nurses, and it is uneconomical. These facts were fully appreciated by this Council and for some time all cases of infectious disease from Wembley were admitted to the Hendon Isolation Hospital, and a considerable number of those occurring in Harrow.

While therefore the proposed administration of Hospitals by Regional Hospital Boards covering a wide area is probably the ideal ultimate development, it should be said here that this Council have provided a modern and well-equipped Hospital which will, I believe, prove of real value to the new Authority.

Admissions to the Isolation Hospital during 1947 showed a further increase over the previous year, 1,150 new cases having been received as against 812 in 1946. This was the first full year during which the arrangements for the admission of Wembley cases had been in operation, and the effect of this, combined with a fair proportion of cases from the Harrow district, was a considerably increased admission rate. The numbers admitted would have been higher had more beds been available, but shortage of nursing staff has made it impossible to have the full accommodation of the hospital available.

A comparison of the admissions, deaths and discharges with those of the two preceding years is shown below, and is followed by a table of admissions and a list of final diagnoses.

NUMBER OF CASES TREATED—COMPARISON WITH PREVIOUS TWO YEARS.

TABLE XVII.

Notified as:—	Admissions.			Deaths.			Discharges.		
	1945.	1946.	1947.	1945.	1946.	1947.	1945.	1946.	1947.
Diphtheria .....	56	89	68	1	—	1	48	91	70
Scarlet Fever .....	154	206	307	—	—	—	149	189	320
Erysipelas .....	23	27	22	1	1	—	20	27	22
Measles .....	131	116	171	2	1	4	129	107	169
Whooping Cough .....	18	47	73	—	—	9	15	49	61
Mumps .....	42	27	31	—	—	—	40	29	31
Chicken Pox .....	22	40	29	—	—	—	22	40	24
Rubella .....	8	7	22	—	—	—	8	7	22
Gastro-Enteritis, etc. ....	58	50	80	5	1	5	53	47	75
Other Conditions .....	134	203	347	3	6	9	122	197	334
<b>TOTALS</b> .....	<b>646</b>	<b>812</b>	<b>1150</b>	<b>12</b>	<b>9</b>	<b>28</b>	<b>606</b>	<b>783</b>	<b>1128</b>

## TABLE OF ADMISSIONS.

## TABLE XVIII.

(Cases are classified according to the disease notified on admission, tentative diagnoses being included under the heading of the suspected disease.)

Notified as:—	In Hospital 1/1/47.	Admitted during year.	Died during year.	Dis- charged during year.	Remaining in Hospital 31/12/47.
Diphtheria	5	68	1	70	2
Vincent's Angina	—	4	—	3	1
Scarlet Fever	30	306	—	319	17
Scarlet Fever and Whoop- ing Cough	—	1	—	1	—
Measles	9	169	3	168	7
Measles and Whooping Cough	—	1	—	1	—
Measles and Encephalitis	—	1	1	—	—
Bronchitis	—	3	—	3	—
Rubella	—	22	—	22	—
Whooping Cough	1	73	9	61	4
Whooping Cough and Measles	—	1	—	1	—
Pneumonia	—	26	1	22	3
Strept. Infection	—	26	1	25	—
Mumps	—	31	—	31	—
Chicken Pox	1	29	—	24	6
Cerebro-Spinal Meningitis	1	28	1	25	3
Poliomyelitis	2	109	5	101	5
Para-Typhoid	—	4	—	4	—
Typhoid	1	11	—	12	—
Gastro-Enteritis, etc.	3	80	5	75	3
Erysipelas	1	22	—	22	1
Ophthalmia	1	—	—	1	—
Puerperal Pyrexia	1	23	—	23	1
Glandular Fever	2	2	—	4	—
Malaria	1	2	—	3	—
Nursing Mothers	1	10	—	11	—
Infants admitted with mothers for nursing	1	21	—	21	1
Infective Hepatitis	—	5	—	4	1

Notified as:—	In Hospital 1/1/47.	Admitted during year.	Died during year.	Dis- charged during year.	Remaining in Hospital 31/12/47.
Observation	1	18	—	18	1
Colitis	—	1	1	—	—
Otitis Media	—	1	—	1	—
Septic Abortion	—	7	—	7	—
Cervical Adenitis	—	1	—	1	—
Encephalitis	—	1	—	1	—
Skin Conditions	—	17	—	17	—
Various Sepsis	—	24	—	24	—
Appendicitis	—	1	—	1	—
Influenza	—	1	—	1	—
<b>TOTALS</b>	<b>62</b>	<b>1150</b>	<b>28</b>	<b>1128</b>	<b>56</b>

## FINAL DIAGNOSIS.

TABLE XIX.

Disease.	Recovered.	Died.	Total.
Acute Anterior Poliomyelitis	54	1	55
Typhoid Fever	4	—	4
Paratyphoid Fever	4	—	4
Sonne Dysentery	12	—	12
Giardia Lambliasis	19	—	19
Giardia Lambliasis and Measles	1	—	1
Gastro-Enteritis	37	5	42
Scarlet Fever	301	—	301
Scarlet Fever and Whooping Cough	2	—	2
Scarlet Fever and Rubella	1	—	1
Chicken Pox	23	—	23
Chicken Pox and Appendicitis	1	—	1
Measles	167	3	170
Measles and Chicken Pox	1	—	1
Measles and Rubella	2	—	2
Measles and Appendicitis	1	—	1
Whooping Cough	52	9	61
Whooping Cough and Measles	3	—	3
Diphtheria	18	—	18
Rubella	31	—	31

Disease.	Recovered.	Died.	Total.
Erysipelas	18	—	18
Erysipelas and Chicken Pox	1	—	1
Tonsillitis (Streptococcal)	68	1	69
Tonsillitis (Other Forms)	6	—	6
Tuberculosis	4	—	4
Tuberculosis (Miliary)	—	2	2
Tuberculosis (Glands)	1	—	1
Rheumatic Infection	3	1	4
Septic Infection	15	—	15
Meningitis (Cerebro-Spinal)	3	1	4
Meningitis (Lymphocytic)	2	—	2
Meningitis (Tuberculous)	—	1	1
Meningitis (Meningococcal)	3	—	3
Meningitis (Streptococcal)	2	—	2
Acute Otitis Media	3	—	3
Influenza, Bronchitis and Pneumonia	38	1	39
Senility	2	—	3
Malnutrition	2	—	2
Skin Infection	20	—	20
General Sepsis	23	1	24
Puerperal Pyrexia	22	—	22
Septic Abortion	8	—	8
Nursing Mothers	11	—	11
Infants Admitted for Nursing Pur- poses	21	—	21
Mumps	27	—	27
Glandular Fever	4	—	4
Infective Hepatitis	6	—	6
Malaria	3	—	3
Food Poisoning	1	—	1
Eye Conditions	4	—	4
Syphilis	1	—	1
N.A.D. & P.U.O.	47	—	47
Other Conditions	25	1	26
<b>TOTALS</b>	<b>1128</b>	<b>27</b>	<b>1156</b>

In concluding this Report and in view of the impending changes in public health administration, I should like to take this opportunity of thanking the Members of the Council for the interest they have shown in all matters concerning the

public health, and which is reflected in the present comprehensive service.

I wish also to thank the members of my staff for their loyal co-operation and devotion to duty, particularly those who have been associated with me for many years in the development of these services. The majority will be transferred to the new Health Authority, but they will continue to be employed in their existing capacities and thus their enthusiasm and experience will not be lost to the service.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

**A. FAIRGRIEVE ADAMSON,**

Medical Officer of Health.





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