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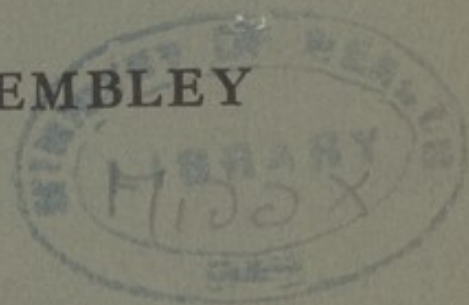
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BOROUGH OF WEMBLEY



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

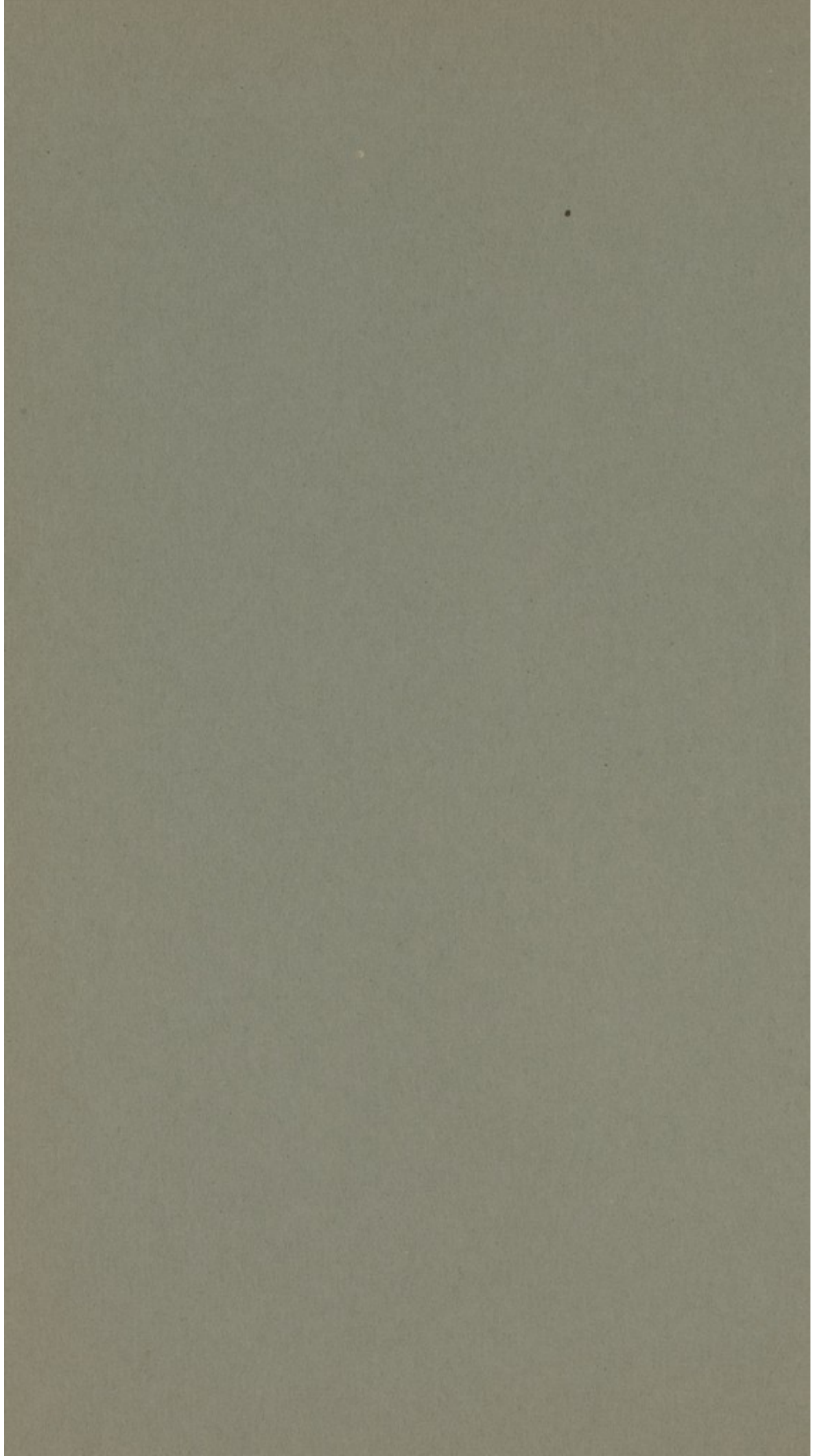
1946



A. G. MORISON, M.A., M.D., D.P.H.

Medical Officer of Health.

June, 1947.





BOROUGH OF WEMBLEY

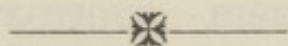


REPORT

OF THE

MEDICAL OFFICER OF HEALTH FOR THE YEAR

1946



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BOROUGH OF WEMBLEY



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1946



To the Mayor, Aldermen and Councillors of the Borough.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the Health of the Borough for 1946. This Report has been compiled in the following seven chapters, six with a statistical appendix, in which the figures relating to the functions of the Public Health Department have been collected together according to the relevant services. Some account of the considerable development of the services during the last ten-year period is presented:—

Chapter I VITAL STATISTICS, Pages 4 & 5, Statistical Appendix A, Pages 6—12.

” II GENERAL HEALTH SERVICES, Pages 13—17, Statistical Appendix B, Pages 18—19.

” III MATERNITY AND CHILD WELFARE SERVICES, Pages 20—30, Statistical Appendix C, Pages 31—41.

” IV SCHOOL HEALTH SERVICES, Pages 42—44, Statistical Appendix D, Pages 45—55.

” V INFECTIOUS DISEASES, Pages 56—61, Statistical Appendix E, Pages 62—69.

” VI ENVIRONMENTAL HYGIENE, FOOD AND WATER, HOUSING, FACTORIES, ETC., Pages 70—75, Statistical Appendix F, Pages 76—87.

” VII ADMINISTRATION OF THE DEPARTMENT, STAFF AND DEVELOPMENT, Pages 88—90.

CHAPTER I.

VITAL STATISTICS.

1. The population of the Borough mid-1946 was estimated by the Registrar-General to be 129,850. In 1931 (the last census date) the population of the two districts, Wembley and Kingsbury, was 65,197; in 1936 the population had become 107,550, while the last (December, 1946) estimate of the Registrar-General is that the population is 133,260. Wembley is the fifth largest County district in Middlesex, those of greater population being according to size—Harrow, Ealing, Willesden and Hendon. According to the recent report of the Local Government Boundary Commission there are 309 Non-County Boroughs, the largest having a population of 178,590 and the smallest of 876, the average population being 29,650. The Boundary Commission further state that the great majority of these Non-County Boroughs are among the most effective and convenient units of Local Government. With regard to population alone, 37 of the 83 County Boroughs have a population of under 100,000.

2. In 1946, 2,237 live births were recorded, giving a birth rate of 17.23 per thousand; this is the largest number of births so far recorded to Wembley. The number of deaths was 1,042, giving a crude death rate of 8.02 per thousand estimated population. The infantile mortality rate was exceedingly low, the death rate of infants per thousand live births being the record one of 26.37, the previously lowest figure having been 34.16 in 1942. In the five years 1932-1936 the infantile mortality rate was in the neighbourhood of 40, tending to exceed 40 (largest rate 1936—45.14, smallest rate 1935—34.26). The corresponding figures for the five years 1942-1946 were consistently under 38, the largest being in 1943—37.17, the smallest this year (1946)—26.37. The maternal mortality rate per thousand live births was 0.45. In the five years 1932-1936 the maternal mortality rate was averaging just over 3, largest rate 1932—5.98, smallest rate 1935—0.0. In the five years 1942-1946 the maternal mortality rate was 1.41; highest figure 1942—2.43, lowest figure 1946—0.45. Judged by such criteria then, the services provided by the Borough have proved themselves.

3. Prematurity of birth was again the main cause of the deaths in very young infants. Regarding the figures submitted in the statistics on infantile mortality and on survival of premature infants, it has to be pointed out that the figures in the former table are those regarding births to Wembley residents whether the birth took place in Wembley or elsewhere, whereas the figures

relating to survival of premature infants at the end of 24 hours and at the end of a month are only of births taking place within the Borough boundary. Much consideration is being given to the problem of prematurity and the possibility of saving premature births at the present time, and from the Wembley figures it is obvious that attack on this problem is now practically the only way one may expect a decrease in infant mortality rates in the Borough.

Deaths of infants under one year of age—			
	Male	Female	Total
Legitimate	35	21	56
Illegitimate	1	2	3
	(1)	(2)	(3)
Deaths rate of infants under one year of age—			
	Male	Female	Total
All infants per 1,000 live births	26.37	26.37	26.37
Legitimate infants per 1,000 legitimate live-births	26.37	26.37	26.37
Illegitimate infants per 1,000 illegitimate live-births	26.37	26.37	26.37

STATISTICAL APPENDIX A.

CERTAIN VITAL STATISTICS, 1946, from figures supplied by Registrar-General.

(Some comparative 1945 figures within brackets.)

Live Births.	Male.	Female.	Total.	
Legitimate	1,094	1,057	2,151 (1,835)	Live birth rate per 1,000 esti- mated popula- tion 17.23 (16.39)
Illegitimate	45	41	86 (97)	
Stillbirths.				
Legitimate	27	21	48 (33)	Rate per 1,000 total (live and still) births 21.86 (18.28) Stillbirth rate per 1,000 esti- mated popula- tion 0.38 (0.31)
Illegitimate	1	1	2 (4)	
Deaths	545	497	1,042	Death rate per 1,000 estimated population— Crude rate 8.02 (8.68)

Infantile Mortality.

Deaths of infants under one year of age:—

	Male	Female	Total.	
Legitimate	32	21	53 (59)	59 (66)
Illegitimate	1	5	6 (7)	

Death rate of infants under one year of age:—

All infants per 1,000 live births	26.37	(36.75)
Legitimate infants per 1,000 legitimate live-births	24.64	(32.15)
Illegitimate infants per 1,000 live illegitimate births	69.77	(72.16)

Deaths from: Cancer (all ages)	197	(207)
Measles (all ages)	—	(—)
Whooping cough (all ages).....	2	(2)
Diarrhœa (under 2 years)	5	(4)

Maternal Mortality.

Deaths from puerperal sepsis	1	(—)
Other puerperal causes	—	(2)
Maternal mortality rate per 1,000 live births	0.45	(1.03)
Maternal mortality rate per 1,000 total (live and still births)	0.44	(1.01)

		Per 1,000 population.	Per 1,000 Live Births.	Per 1,000 total births (live and still)			
		Still Birth rate.	Birth rate.	Death rate.	Infantile mor- tality.	Maternal mor- tality.	Maternal mortality.
Wembley .....	.....	17.23	0.38	8.02	26.37	0.45	0.44
England and Wales.....		19.10	0.53	11.50	43.00	—	1.43
London .....	.....	21.50	0.54	12.70	41.00	—	—
126 County Boroughs, etc.		22.20	0.67	12.70	46.00	—	—
148 Smaller towns, etc.	.....	21.30	0.59	11.70	37.00	—	—

Causes of Deaths during the Year.

1945.					
Total.	Causes of Death.	Male.	Female.	Total	
1,024	All causes	545	497	1,042	
—	Typhoid and para-typhoid fevers.....	—	—	—	
1	Cerebro-spinal fever	—	1	1	
—	Scarlet fever	—	—	—	
2	Whooping cough	2	—	2	
—	Diphtheria	—	—	—	
42	Tuberculosis of respiratory system	24	19	43	
4	Other forms of tuberculosis	3	5	8	
9	Syphilitic diseases	10	2	12	
1	Influenza	3	6	9	
—	Measles	—	—	—	
—	Ac: polio-myel: and polio-enceph:	—	—	—	
—	Acute infectious enceph:	1	—	1	
14	Cancer of buc: cav: and œsoph:(M)	6	—	6	
10	„ „ uterus (F)	—	4	4	
31	Cancer of stomach and duodenum	21	9	30	
22	Cancer of breast	—	19	19	
130	Cancer of all other sites	75	63	138	
6	Diabetes	4	5	9	
100	Intra-cranial vascular lesions	42	69	111	
234	Heart disease	145	112	257	
59	Other dis: of circ: system	24	30	54	
53	Bronchitis	21	20	41	
43	Pneumonia	22	22	44	
16	Other respiratory diseases	7	7	14	
19	Ulcer of stomach or duodenum	11	2	13	
4	Diarrhœa under two years	4	1	5	
6	Appendicitis	2	2	4	
25	Other digestive diseases	18	9	27	
21	Nephritis	16	15	31	
—	Puerperal and post-abortion: sepsis	—	1	1	
2	Other maternal causes	—	—	—	
22	Premature birth	10	8	18	
24	Congenital malf: birth injury and infant diseases	13	11	24	
13	Suicide	4	13	17	
11	Road traffic accidents	9	4	13	
21	Other violent causes	14	9	23	
79	All other causes	34	29	63	

The Principal Causes of Death.

Disease.	Total number of deaths.
1. Heart disease and other diseases of circulatory system	311
Intra-cranial vascular lesions	111
	— 422
2. Cancer	197
3. Respiratory diseases:—	
(a) Bronchitis	41
(b) Pneumonia	44
(c) Other respiratory diseases	14
	— 99
4. Violent deaths:—	
(a) Suicide	17
(b) Road traffic	13
(c) Other violent causes	23
	— 53
5. Tuberculosis:—	
(a) Respiratory system.....	43
(b) Other forms	8
	— 51
6. Digestive Diseases:—	
(a) Appendicitis	4
(b) Other digestive diseases	27
(c) Ulcer	13
	— 44
7. Premature births	18
Congenital malf: birth injury and infant diseases	24
	— 42

	Percentage of total deaths under 1 year.	Percentage of total deaths under 50 years.	Percentage of deaths taking place in hospitals.
1942	6.40	26.55	48.71
1943	7.61	25.59	52.17
1944	7.06	29.18	45.87
1945	6.44	22.26	45.50
1946	5.22	20.60	39.19

SOME OTHER ESSENTIAL LOCAL STATISTICS.

Birth Notifications.

Notified by.	At home.	In Hospital.	In Nursing Home.	Totals.
Doctors	47	917	399	1,363
Midwives	582	288	37	907
Parents	2	—	—	2
Totals	631	1,205	436	2,272
Percentages	27.8	53.0	19.2	100

Live births — 2,232.

Still births — 40.

Infantile Mortality.

Deaths from stated causes at various ages under one year.

Cause of death (extracted from weekly returns of local Registrars, and from inward transfers of Registrar-General).	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under one month	1—3 months	3—6 months	6—9 months	9—12 months	Total deaths under 1 year
Prematurity	17	2	—	2	21	1	—	—	—	22
Congenital defects*.....	1	1	2	—	4	4	1	—	1	10
Broncho pneumonia	2	2	—	—	4	2	1	—	1	8
Atelectasis	6	—	—	—	6	—	—	—	—	6
Gastro-enteritis	1	—	—	—	1	2	—	1	—	4
Birth injuries†	2	—	—	—	2	—	—	—	—	2
Violent deaths	—	—	—	1	1	—	—	—	1	2
Asphyxia neonatorum	2	—	—	—	2	—	—	—	—	2
Acute leukæmia	—	—	—	—	—	1	—	—	—	1
Influenza	—	—	—	—	—	—	1	—	—	1
Acute bronchitis	—	—	—	—	—	—	1	—	—	1
	31	5	2	3	41	10	4	1	3	59

* Included in congenital defects are Ac. hydrocephalus (3), defects of heart (4), tracheo-oesophageal fistula (1), multiple deformities (1), malformation of chest due to absence of diaphragm (1).

† Included in birth injuries are intra-tentorial hæmorrhage (1), intra-cranial hæmorrhage (1).

Infantile Mortality, 1942-1946.

Year.	Wembley.	England & Wales.
1942	34.16	49
1943	37.17	49
1944	35.50	46
1945	36.75	46
1946	26.37	43

Infantile mortality during last five years (10,369 live births, 346 deaths under one year): 33.37.

Maternal Mortality.

Rate per 1,000 total births (live and still), 1942-1946.

Year.	Wembley.	England & Wales.
1942	2.43	2.01
1943	2.35	2.29
1944	0.91	1.93
1945	1.08	1.79
1946	0.45	1.43

Maternal mortality during last five years (10,632 total births—15 maternal deaths): 1.41.

Year.	Wembley.	England & Wales.
1942	34.18	49
1943	37.17	49
1944	33.50	46
1945	36.75	46
1946	20.87	43

CHAPTER II.

GENERAL HEALTH SERVICES.

1. SERVICES PROVIDED, Health education—Collation of various health services of Voluntary and Local Authorities—Ambulance service for accident and sick cases and maternity removals to hospital—Domestic Help Scheme under Ministry of Health Circular No. 179/44—Insulin—Laboratory service at Central Public Health Laboratory, Colindale—Mortuary at St. John's Churchyard—Ascertainment and treatment of verminous premises and verminous people, arrangement with Royal Borough of Kensington—Massage and Special Treatment, registration of premises.

2. DEVELOPMENT 10 YEARS, 1936-1946, (a) New services provided—Domestic Helps, Insulin, Laboratory service, registration of Massage and Special Treatment premises, Health education; (b) Expansion of existing services—association with University of London, with Royal College of Nursing, distribution of magazine "Better Health," routine demonstrations at Clinics, issue of booklet to Local Medical Profession, ambulances 1936, 2, 1946, 4 and ambulance car, calls 1936—2,151, 1946—7,347.

3. In accordance with Ministry of Health Circular No. 185/45 a report on a programme of capital expenditure has been submitted, dealing with the Disinfecting Station at Alperton Lane, which is small but efficient. The Council decided that in due course the housing of the Public Health vans attached to the Disinfecting Station would be considered along with the garage accommodation of the Department of Public Cleansing. Had it not been for the War the Mortuary in St. John's Churchyard by this time would have been completely replaced by a new building. The Council have decided that such a new building, with modern facilities for post-mortem examinations, for bodies to be received in cold-controlled cubicles or spaces, with appropriate viewing room, and sanitary accommodation for relatives, will be provided on the new cemetery land in Watford Road.

4. HEALTH EDUCATION. The publication "Better Health" is on sale at the various Clinics.

From one angle, regarding health education, reference may be made to the courses of study attended by the Public Health Officers during the year. Two Health Visitors attended the course in London of the Women Public Health Officers' Association, and two the course of the Central Council for Health Education at Oxford, the Council being satisfied that to maintain

an up-to-date and efficient Health Visitors' service facilities should enable all in their health education duties to be abreast with current information and methods, otherwise recent medical and educational advancement might be lost to the public. The Council have authorised that arrangements may be made for places at appropriate refresher courses for four Health Visitors annually, generally two in London and two in the provinces. Medical Officers attended the Annual Congress of the Royal Sanitary Institute and the Conference of the National Society of Maternity and Child Welfare Association, the Chief Sanitary Inspector attended the Annual Conferences of the Sanitary Inspectors' Association and the National Smoke Abatement Society. Three Student Health Visitors from the Royal College of Nursing attended in Wembley for their practical instruction, while those attending a Post Graduate Refresher Course of the Royal College of Nursing visited Wembley to see the Day Nurseries and Health Clinics and other special points of interest in the Maternity and Child Welfare and School Health Services. Several groups of schoolgirls from Kingsbury Senior School have enjoyed a conducted visit to a Day Nursery and Infant Welfare Clinic, while four Teachers from Barham School asked to be shown the Day Nursery Service. By such contacts as these the Health Officers are themselves stimulated and have opportunity to interest others in health education generally.

With the concurrence of the Council the Medical Officer of Health has conducted classes in Public Health Administration for medical practitioners attending the Public Health Course of the London School of Hygiene and Tropical Medicine and the Borough has been approved by the University of London for such tuition. The Royal College of Nursing has also been sending to Wembley Student Health Visitors for the practical part of their training, while request has been received from Battersea Polytechnic for Student Sanitary Inspectors to be given practical experience and tuition in Wembley.

The following work was carried out by the Central Council for Health Education:—

2 Courses, each of 3 talks, on Sex Education to Fellowship of Young Mothers, Kingsbury Free Church.

Talk on Sex Education to Parent-Teacher Association at Alperton Secondary School.

With regard to Health Education, the Delegate Conference conducted by the Council in May was an important step and the exhaustive paper submitted by the Mayor (then Chairman of the Maternity and Child Welfare Committee) has done much to acquaint the public of the Borough's Health Services and the

advantages to be gained by utilising them to the full. The contributions to the Conference by the public indicated a healthy interest in the services and the value of such Delegate Conferences taking place at intervals.

Miss V. Matthews, Superintendent Health Visitor, has contributed the following:—

Health education has been continued during 1946 in many different ways. Individual teaching takes place in the home, in the Clinics and, when the opportunity presents itself, at School Medical Inspections, and is thoroughly pursued by the Medical Officers and Health Visitors. Dental Officers also take advantage of every chance to teach the necessity of the care of the teeth and, in general, the public have become more widely aware that dental sepsis frequently spells general ill-health.

Posters relating to various subjects are regularly displayed at all Health Clinics and informative leaflets distributed to the public and sometimes to older school-children. The blackboard is frequently used to bring some point of topical interest to the notice of those attending the Clinics.

Group teaching has been extended and now takes its place as an important part of the Ante-Natal Clinic in all buildings which are suitable (all but the two Church Halls). Mothers attend the Mothercraft Class immediately prior to the Doctor's Ante-Natal Session. This has proved the best time for all concerned but the arrangement does limit somewhat the full success of the appointments-time scheme. An average attendance at the class is 10 mothers, and it is obvious that all cannot see the Doctor at the same time. However, the majority of those who enjoy attending the classes are women expecting their first babies and the visit to the Ante-Natal Clinic provides for them an opportunity for exchange of view with others, as well as for obtaining the necessary medical advice, discussion regarding baby clothes, etc., and the collection of the Government vitamin preparations. For mothers who have other children and whose knowledge of the details related to the subject is well grounded, an attempt is made to eliminate unnecessary waiting, by an appointments system. As a finale to attendance at the complete course of 6 Mothercraft Classes, a mother will sometimes offer to bring her young baby as a model for the baby's bathing demonstration, the Health Visitor conducting the demonstration bathing the baby, and explaining the details step by step. This is the most popular of the series and gives great satisfaction to all since many young expectant mothers have not so far seen a young baby bathed.

It is impossible to assess the full value of this teaching. Each mother in the group gains in knowledge, companionship and confidence and contributes to the general air of friendliness which is the aim of every branch of the Maternity and Child Welfare Services.

Many friendships are formed during the period of waiting and continue through attendance at Infant Welfare Sessions, Vaccination and, later, Diphtheria Immunisation Sessions.

Some reflection on the result of patient education and persistent explanation may be gathered from the figures published by the Ministry of Food relating to the take-up of the Government vitamin preparations. The most recent figures show the percentage of the potential complete take-up accepted by the public in each of 95 Local Authority areas in the London division. Wembley's percentage of 71.16 for vitamin tablets (Expectant Mothers only) is the second highest of the 95 Authorities; for the cod liver oil 49.16% is the eighth highest, and 50.54% for orange juice is the twentieth highest. Bearing in mind that quite a number of people obtain similar preparations privately from Chemists' stores in place of the Government issue, these figures are gratifying. Members of the Wembley Voluntary Helpers Association are largely responsible for the actual distribution of these products during Clinic Sessions and thanks are due to them for so untiringly carrying out this task.

5. HEALTH SERVICES BOOKLET. For some years a booklet has been issued to the Local Medical Profession giving information regarding the various Health Services available. The services mentioned in this booklet are not all Borough Council services, rather endeavour is made to collect together information which may be helpful, reference also being made to the Ministry of Health services, Middlesex County Council services, Voluntary Hospital services and to those of other voluntary agencies. A four-weekly bulletin has continued to be circulated to the Local Medical Profession giving the incidence locally of the infectious diseases, together with a note on any topical public health matter as seems appropriate.

6. As from 1st May, the Central Public Health Laboratory at Colindale, has been conducted by the Medical Research Council on behalf of the Ministry of Health. This Laboratory has been used to the fullest extent, replacing the service given during the War at the Middlesex Hospital. The services available at this Laboratory are a most important asset to both Medical Practitioners in the treatment of individual cases and to the Public Health alike. The types and numbers of specimens examined

are tabulated in Appendix E, but, in addition, the easy access of the Specialist Bacteriologists at Colindale, is of the greatest value to the health services.

7. The consistently high level of the services provided by the District Nursing Associations (Wembley and Kingsbury) should be mentioned as they are indeed an asset to the public health of the Borough, providing, as they do, both general nursing services and maternity services. The appropriate Committees of the Council have always the greatest interest in receiving the periodic reports on this good work.

8. VERMINOUS CONDITIONS. Only 6 cases, 3 adults and 3 school pupils, were referred to Kensington Medicinal Baths for treatment more intensive than could be given at the Clinics or in the homes. The generalisation remains true that infestation is scarcely a Public Health problem in Wembley. The response of the mothers to the advice given through the School Health Services is most gratifying.

9. ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT. So far, prior to the submission of a recommendation for the granting of a licence in accordance with the Middlesex County Council Acts, consideration has been given to each individual case and confirmation obtained that the applicant has had some technical training. It was felt that it would be better were the Council to have power to lay down a minimum standard of qualification to be held by each applicant, and sought to be able to refuse the granting of a licence to any applicant who was not himself, or who employs anyone not on the National Register of Medical Auxiliary Services or not holding at least a similar standard of qualification. With the impending changes now embodied in the National Health Service Act, however, the Ministry of Health was unwilling to grant such power to the Council.

The Associations have supplied the following figures relating to their work during the year:—

Wembley District Nursing Association

Visits	Cases	
10,800	1,800	Medical and Surgical
2,818	182	Maternity
4,782	208	Childbirth
2,344	140	Antenatal and Post-natal
142	12	Miscellaneous

STATISTICAL APPENDIX B.

Ambulance Service.

Accident or sudden illness removals	760
Sick removals	6,136
Maternity removals	451
Total	7,347

Included in above:—

(a) Number of removals carried out for other Authorities	47
(b) Number of removals carried out by other Authorities for Wembley	162

Domestic Help Scheme—Ministry of Health Circular No. 179/44.

No. of families to whom service given.	Assessment <i>re</i> recovery of cost.					Free.	
	Full.	1/8d.	1/4d.	1/-d.	8d.		4d.
	per hour.	per hour.	per hour.	per hour.	per hour.		
132	99	5	6	4	4	6	8

Full time.

No. of domestic helps on Council's Panel on 31/12/46 2

Provision of Insulin.

Number of persons who received free insulin in accordance with the Council's scheme:—33.

Total cost of insulin provided £182 7s. 2d.

Nursing in the Home—Wembley and Kingsbury District Nursing Associations.

The Associations have supplied the following figures relating to their work during the year:—

Wembley District Nursing Association.

	Cases.	Visits.
Medical and Surgical	1,209	19,869
Maternity	183	3,616
Midwifery	206	4,782
Ante-natal and Post-natal	440	2,544
Miscellaneous	42	143

Kingsbury District Nursing Association.

	Cases.	Visits.
Medical	195	2,667
Surgical	36	1,678
Maternity	56	1,054
Midwifery	161	2,812
Ante-natal	258	1,874
Children under five	70	418
Children over five	9	44
Tuberculosis	8	155
Casual	—	365

Mortuary.

No. of bodies deposited	74
No. of post-mortem examinations carried out	70
No. of Coroner's inquests held	18

Bodies were deposited by order:—

Coroner	42
By Police	24
Wembley Hospital	7
Private Undertaker	1

Establishments for Massage and Special Treatment.

(a) Members of the Chartered Society of Physiotherapists who have lodged with the Local Authority a certificate signed by two resident medical practitioners that they are suitable persons to carry on such an establishment

3

(b) Licences granted:—

New	3
Renewals	12

CHAPTER III.

MATERNITY AND CHILD WELFARE.

1. SERVICES PROVIDED, Notification of births—For premature infants special equipment on loan, Pædiatrician available, supply of expressed breast milk may be available at County Maternity Units, provision of Home Help, ambulances provided with heating device—Health Visitor Domiciliary Service from end of lying-in period, Borough divided into 16 Health Visitor areas—Infant Death enquiries to obtain information regarding possibilities of further reduction in infantile mortality—Child Life Protection, advice to foster parents, Health Visitor's enquiries *re* applications to keep foster-child, register of foster-parents and foster-children—Adoption of Children (Regulation) Act, 1939, responsibilities of Council limited to Section 7 and explanatory Circular Ministry of Health No. 2790, preliminary visit *re* suitability of proposed home, monthly visitation after receipt of child—Clinic Services, Routine Clinic Sessions Infant Welfare and Toddlers, Ante-Natal, Dental, Diphtheria Immunisation—Test Feeding Scales loaned for investigation of sufficiency, etc., of breast feeding—pamphlets giving general and dietary advice to Expectant Mothers—Hospitalisation for confinement arranged as appropriate and possible, and for puerperal pyrexia—*Re* home confinements coupon equivalent certificates for necessary additional sheets according to Ministry of Health arrangements, panel of consultants available for abnormal ante-natal and puerperal cases in private practice, arrangement with County Hospitals for Specialist Obstetric Medical Officer in confinement cases, Emergency Maternity Units (Flying Squads) for any case of grave emergency, *e.g.*, shock, hæmorrhage or eclampsia available from Redhill County Hospital—Examination of blood for Wassermann reaction offered to all women attending Ante-Natal Clinics—Special Scheme *re* Unmarried Mothers, arrangements with British Red Cross Society through Middlesex County Council at Pre-Natal Home, 16, The Park, Golders Green prior to confinement, and at B.R.C.S. Hostel, Marylands, Hendon, for mothers and babies for two or three months after confinement—Complete Dental Scheme, extractions, conservative treatment and artificial dentures, nitrous oxide anæsthesia available—Special foods, nutrients, drugs, dressings, etc., at Clinics, sterile dressing drums treated at Redhill County Hospital—Services available from the Clinics, Sunlight and Massage treatment at Wembley Hospital, Redhill and Central Middlesex County Hospitals, and Marlborough Hill Clinic, Harrow, Convalescent Home treatment, domiciliary nursing by arrangement with Wembley and Kingsbury District Nursing Associations, sterilised Maternity Outfits, X-ray examina-

tions at Wembley Hospital, Redhill and Central Middlesex County Hospitals—Home Helps—Specialist Medical Services, Gynaecological and Post-Natal Clinics, Birth Control Sessions for married women requiring birth control advice for medical reasons, ophthalmic cases, orthopaedic cases, child guidance cases, speech difficulty cases referred to Education Authority's Special Clinics—Clinic for children showing deafness or defective speech from deafness, or allergic asthma, etc., conditions, at Metropolitan Ear, Nose and Throat Hospital—Economic Circumstances Scale (revised January, 1947) according to which Milk and Accessory Foods, Artificial Dentures, Convalescent Treatment, Maternity Outfits, and Home and Domestic Helps available, scale depending on number in family and net income per head of family—Nursery Service 368 places, Nurseries open daily, Monday to Saturday, opening and closing times as demand requires, daily charge 1/- per child, inclusive of all food given (morning lunch, midday dinner, and tea), Medical Officers attend the Nurseries regularly and all the Services of the Clinics available for children.

2. DEVELOPMENT 10 YEARS, 1936-1946, (a) New services provided—Premature infant scheme, Adoption of Children (Regulation) Act, 1939, Toddler Clinics, Diphtheria Immunisation Sessions, test feeding scales on loan, coupons *re* sheets in home confinements, panel of Consultants for abnormal confinements, Emergency Maternity Unit, blood examinations at Ante-Natal Clinics, Scheme for Unmarried Mothers, Home Helps, Specialist Clinics, Day Nursery Services; (b) Expansion of existing services—5 new Health Clinic premises, 2 Clinic premises of Middlesex County Council now administered by the Borough—

Weekly Sessions held:—

	1936.	1946.
Infant Welfare	9	17
Ante-Natal	1½	12
Dental	1	55
Gynaecological	½	1½

Percentage of Expectant Mothers

attending Ante-Natal Clinics	29.1	83.8
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Number of attendances:—

Children under 1 year	22,558	36,820
Children 1—5 years	12,499	16,515
Expectant Mothers	1,160	11,814
Dental Clinics—total attendances	631	4,022
Dentures supplied	32	80
Maternity Outfits supplied	17	569

Number of visits of Health Visitors:—

	1936.	1946.
To Expectant Mothers	1,196	4,136
To children under 1 year.....	6,008	9,621
To children 1—5 years	5,700	11,871

3. In their consideration of the programme of capital expenditure the Council submitted to the Ministry of Health the following propositions:—

	£
(a) 1947/48—5 Day Nurseries, estimated cost £5,000 each, total	25,000
(b) 1948/49—1 Day Nursery	5,000
Health Centres:—	
(i) The Avenue, to serve Barn Hill and Chalkhill districts	7,000
(ii) Regal Way to serve Ken- ton district	7,000
Total	<u>£44,000</u>

4. The statistics continue to show the high acceptance by the public of the various services, their development being demonstrated in Paragraph 2. The cost per attendance of persons attending the following Clinics—Infant Welfare, Ante-Natal, Post-Natal, Dental, Gynæcological, Orthopædic, Ophthalmic, Child Guidance, together with the services provided thereat—for the year April, 1945, to March, 1946, has been extracted, and these services—medical, nursing and ancillary and including, of course, the maintenance of the Clinic buildings, together with the services arranged to be given elsewhere, have been provided at 3/- per visit at the Clinics.

5. Mr. J. D. Flew has contributed the following paragraphs on the Gynæcology and Post-Natal Clinics:—

The Gynæcological and Post-Natal Clinics were started in November, 1945, and I have had the pleasure of being in charge of them.

Five Clinics are held each month at four different centres in the Borough and an average of 15 patients is seen at each session. Each patient comes by appointment and the number of defaulters has been very small.

About 70% are Post-Natal cases and I find that much can be done to relieve them of the minor discomforts, such as back-ache and vaginal discharge, which so frequently follow childbirth. These symptoms are due to a variety of causes, the commonest of which is infection of the torn cervix, cured by electrical cauterisation.

After improvement of these symptoms the patient's general health often improves and all patients seem to be very grateful for the attention given to these matters.

The Gynæcological cases seen have been varied and many cases have been sent to Dr. Rosser and Dr. Rose at Redhill for operation. One very early case of carcinoma of the cervix was detected and several other suspects proved negative.

A considerable number of patients complaining of sterility have been investigated and many have become pregnant.

I am certain that these Clinics are performing a most useful part of the Health Services of the Borough. In the future they may well need considerable expansion.

6. The following is Dr. Fisher's report on the Birth Control Clinics:—

In June, 1936, the first attendance was made at the recently established Birth Control Clinics in Wembley, and in June, 1946, the total of new patients in the ten years reached 1,000, the number at the end of December, 1946, being 1,074. In 1936 the average attendance per Clinic was 2, all being at that time newcomers. The new cases now work out at an average of about 6 per session, the re-visits averaging 20.

The contraceptive method recommended has remained very much the same throughout the 10 years and the very lack of alteration in method is an indication of the general satisfactoriness of the results.

Of 129 patients receiving contraceptive advice during 1946, 78 had already been employing some method before coming to the Clinic for further advice; 24 of these had been using a chemical pessary alone and 16 of them had become pregnant while relying on it.

Contraceptive advice is not given except for medical reasons; these include a desirable interval between pregnancies, and it is for this "spacing" of their families that the greater proportion of mothers come, especially if there has been any complication or difficulty in the preceding pregnancy. Other medical grounds for which advice was given during the year were tuberculosis,

kidney trouble, nervous breakdown, recent surgical operation or cases awaiting operation, those undergoing treatment for gynaecological conditions where pregnancy would impede recovery or undo the benefit of the operation.

Five patients were considered to have no medical grounds for contraception. It is most unlikely that any such patients will decide to start a family because they were denied advice at their local Clinic. They will visit one of the voluntary Clinics or a private doctor, or continue with some method they had already evolved, especially if their reasons for desiring advice were the lack of housing accommodation, financial difficulties, or poor health in the husband.

The success of an ideal Birth Control Clinic is not indicated by the numbers attending it. One does not wish it to be only a bureau for the rapid fitting of as many women as possible per session with a scientific appliance for the prevention of conception. In a Birth Control Clinic the doctor is privileged at once to have the intimate confidences of the patients. They have the opportunity and the privacy immediately to talk about the physical basis of marriage, upon the smooth functioning of which its harmony so largely depends. In reply to the questions necessarily put by the doctor before fitting a contraceptive often more than a hint of difficulties is given by the patients, but in a brief and crowded session it is impossible to pursue these fully and advise upon them. It seems that from the nucleus of the Birth Control Clinics there could be developed centres for marriage guidance, at any rate for the simpler difficulties, with arrangements whereby the more complicated cases could be passed on to a Psychological Clinic. If other personnel (non-medical) were trained to teach the fitting of contraceptives (the patient first being examined and prescribed for by the doctor) more of the doctor's time could be given to the patient with difficulties, and the social service value of these Clinics in helping to build a sound family life could be greatly developed.

7. As in previous recent years the number of maternity hospital beds has been totally inadequate to meet the demand. It is still true, however, that the bed required for strictly medical reasons has always somehow been found, but the scarcity of hospital beds has meant the conduction of confinements in home circumstances well below the standard which had been attained in the pre-war years, and the hospitals themselves have had the greatest strain put upon their accommodation. In endeavour to ease the situation the Middlesex County Council have taken over the Acton and Wembley Isolation Hospital for adaptation as a Maternity Annexe, but progress in this plan has been slow.

The Maternity and Child Welfare Committee has been much interested in the endeavour at Wembley Hospital to provide a Maternity Unit. A proposed lay-out has now been generally approved by the Ministry of Health of a simple brick building for 20 beds. This scheme is of a temporary nature, the Wembley Hospital Authority having had in mind for some time the provision of a much larger scheme, perhaps ultimately of about 75 beds. Such accommodation would be an asset, indeed, to the Borough's Health Services.

8. ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS AND POPULATION INVESTIGATING COMMITTEE. In common with some 400 Maternity and Child Welfare Authorities, the Maternity Questionnaire Survey of this Committee was completed by the Health Visitors. This is an endeavour to obtain a sample giving an undistorted picture of the social and economic problems of child-bearing. A comprehensive report of this Inquiry is expected soon.

9. REPORT OF THE CARE OF CHILDREN COMMITTEE (THE CURTIS REPORT). The children with whom the Curtis Committee concerned itself were divided into the following groups:—

- (a) children maintained by local authorities under the Acts and Regulations relating to the Poor Law;
- (b) children found to be homeless on the winding up of the Government Evacuation Scheme;
- (c) children brought before the Courts as delinquent or in need of care or protection and required by the Courts to live elsewhere than in their own homes;
- (d) healthy children maintained by Local Authorities under the Public Health Act;
- (e) children cared for by voluntary organisations;
- (f) children in the care of private persons who are not their parents or legal guardians whether or not with a view to legal adoption;
- (g) children who by reason of physical or mental handicaps have to be placed for long periods in hospitals or other residential establishments;
- (h) children orphaned by the war.

The group of children for whom the Council have responsibility is (f) above:—

- (i) children maintained for reward and dealt with in Part 7, Public Health Act, 1936—Child Life Protection, and
- (ii) children dealt with under Section 7, Adoption of Children (Regulation) Act, 1939.

The scheme according to which children are supervised in Wembley is as follows:—

All the Health Visitors are nominated as Child Protection Visitors, each Health Visitor being responsible for the care of the foster children in her district. The Borough is divided into 16 Health Visitor areas each purposely small enough to allow an intimate personal supervision by each Health Visitor. On information coming to the Department of the proposed reception of a foster child the Health Visitor visits the home and investigates the circumstances, consideration being given both to the applicant foster parent and to the home circumstances.

All children accepted for reward are visited monthly by the Health Visitors, routine periodic attendance at the Health Clinics being encouraged and almost without exception such attendance continues until the children are five years old and go to school. As a school-child the foster child then comes under the periodic supervision of the Health Visitor, who is also School Nurse.

Similar routine is followed with regard to children placed for adoption, with the same preliminary report on details and the same monthly visits and supervision. Such (legal) supervision ceases when a child has been legally adopted.

While ascertainment probably, cannot be entirely complete, the size of each Health Visitor's area is such as to allow her to know something of most individual families and every now and again the Health Visitors do come across a foster child whose reception should have been notified. In such cases formal notification is insisted upon.

Health Visitors also come across, in their domiciliary work, children in whose cases it is thought a Notice should have been sent under the Adoption of Children (Regulation) Act. In addition, a child may come to the notice of the Health Visitor whose parents have directly placed the child for adoption. All such cases forthwith come under supervision of the Department and a visit is made at intervals as seems appropriate until legal adoption has taken place, and afterwards the Health Visitor gives the child the same routine supervision as is given to all children in her area.

Notices are displayed in the Health Clinics and annually an insertion made in the local press drawing attention to the duties of foster parents regarding child life protection and of the public regarding notification to the Welfare Authority on the placing of a child for adoption.

It has become a practice of Registered Adoption Societies to inform the Department of applications for adoption and to ask for our observations as to suitability and when a child be placed the Adoption Societies inform us and the Health Visitor's supervision starts immediately.

The Curtis Committee proposed that notification by the foster parent before placing should apply to the child placed for no reward and to the child over nine years, as it does now to the child under nine years placed for reward. These suggestions would have valuable results as the unsatisfactory person, or home, can legally at the present time evade supervision by taking no "reward," while the value of supervision for a child well beyond the tender age of nine years is obvious.

The Curtis Committee made reference also to the Birmingham system by which the Local Authority guarantees payment to approved foster parents receiving children by private arrangement and recovers these payments all, or in part, from the responsible parent. The scheme differs in no great particular from the service given in Wembley except financially. In this regard account must be taken of the very great differences between the two populations, Birmingham and Wembley. So far as Wembley mothers are concerned it was considered that there is little need for such financial arrangements, but the Maternity and Child Welfare Committee requests that the exceptional case always be brought to its notice for special consideration.

The important pivotal officer in the care of children is the officer who does the actual supervision of these children guided and assisted, of course, by a more central and co-ordinating technical administration. The number of children under each individual officer should never be more than can receive the officer's individual consideration and supervision. At the present time there is no more appropriate officer for such individual supervision of children deprived of a normal home than the Health Visitor, with her special nursing and social training. Surely, also, there is much value in this officer being the same person who looks after the "other" children in the district (again the Health Visitor), rather than that the deprived child be picked out and receive supervision from some special officer, perhaps making the child immediately conscious of being a different sort

of child than is the "ordinary" child. The deprived child requires care and supervision but probably might suffer in attitude were the child singled-out in any way.

10. HOME HELP SERVICE (by Miss V. Matthews, Superintendent Health Visitor). At a time when social services are being extended and while many Authorities are commencing a Home Help Service, a review of the scheme working in Wembley may afford an opportunity of judging the measure of success which has been achieved since the Council set out to establish a Service in 1937.

The service provides capable "home managers" who, where necessary, take practically complete charge of the home during the fourteen days following the mother's confinement. The great majority are cases of home confinement but in exceptional circumstances Helps are provided when the confinement takes place in hospital. With the existing shortage of hospital accommodation and the increasing birth rate the need for such women to carry out this work is obviously great.

The work involves all the usual duties of a housewife with, in addition, the care of a patient in bed. The recently delivered mother needs special attention and the provision of well cooked meals, and her room requires daily cleaning. By careful explanation care is taken to ensure that no midwifery nursing procedure is undertaken by the Home Help. Preparation for the daily visit of the midwife, shopping, cooking and washing are all in the day's work of a Home Help, and other children in the family (if any) require attention also.

Necessary qualifications for the work include, of course, honesty, cleanliness and common sense, but such accomplishments as the ability to cook, launder and manage children happily, together with a sense of humour and a desire to help others, are more than useful attributes. Results suggest that in Wembley good progress has been made in attracting suitable women for the work.

Wembley Home Helps are Council employees, financial recovery being made according to the economic circumstances scale. In 1937 only those families who came within the Council's free scale were considered for this service; extension has now been made to include all income groups. During 1946, Home Helps were supplied in 120 maternity cases, compared with 27 in 1938 (the first complete year); 5 are full-time staff, 7 others, not wishing to work full-time, act as Home Helps in one or two cases per month and are paid only for the weeks during which

they are at work. The provision of white overalls to be worn in the homes, improves the standard of hygiene and adds dignity to the work, whilst also protecting the Home Help's personal clothing. Supervision is exercised by the Health Visitors who call at the home during the time the Home Help is in attendance.

The organisation of this service is attended with considerable difficulties, some almost impossible to overcome these days. Among the latter the question of exactly when the baby will arrive, confronts all who handle maternity services. On some days "late" babies and "early" babies arrive almost together. At times the Home Helps are usefully employed in the Council's Day Nurseries whilst waiting for their services to be required. Another unavoidable difficulty causing disappointment occurs when a Home Help falls ill, but this fortunately is infrequent. Change of plans, miscarriage, admission to hospital, etc., may all occur after early application for the Home Help has been made, and if the appropriate cancellation be delayed disorganisation in the service is inevitable.

On the whole the Home Helps are warmly greeted and a high degree of satisfaction is evident from the many letters of thanks received in respect of their services.

11. MINISTRY OF HEALTH CIRCULAR 221/45 dealt with the Nursery provision for children under five. Consideration was asked regarding the War-time Nurseries under the following headings:—

- (a) Which Nurseries should continue under Maternity and Child Welfare powers by the Welfare Authority.
- (b) Which Nurseries should be taken over and run as Nursery Schools or Nursery Classes by the Education Authority.
- (c) Which Nurseries should be closed on the grounds that they are surplus to requirements.

After consideration of the problem by the Maternity and Child Welfare and the Education Committees, it was decided that Princes Avenue Nursery and Carlyon Road Nursery be taken over by the Education Authority as Nursery Classes or Nursery Schools. Later, however, in view of local circumstances and the continued demand for women in employment, all the Nurseries remained under the administration of the Maternity and Child Welfare Committee. Now (February, 1947), District Road Nursery has been closed prior to a Nursery being erected at Vale Farm, the District Road Nursery having been on the site of bombed private dwelling-houses now due to be rebuilt.

The necessary recruitment of personnel throughout 1946 remained difficult, although every use was made of all possible part-time sources. In particular, it has been exceedingly difficult to obtain Wardens. The recent Circular of the Ministry of Health should assist in this problem and the Council have asked that six places for Students be provided by the Local Education Authority when courses to train suitable persons as Wardens be instituted. Of the Nursery personnel during the year, four obtained the Diploma of the National Society of Children's Nurseries and six the National Nursery Nurses' Certificate of the Royal Sanitary Institute.

12. I wish to record our indebtedness to the Voluntary Helpers at the Clinics who have given such excellent services in innumerable and always so unobtrusive ways. They have continued to arrange for the distribution of the Government's vitamin accessory products, while their co-operation with all the personnel of the Department has been the fullest and of the greatest value and assistance.

STATISTICAL APPENDIX C.

Health Clinics.

(Some comparative 1945 figures within brackets.)

Total number of children who first attended at the Clinics during the year, and who on the date of their first attendance were under one year of age 1,981 (1,872)

Total number of children who first attended at the Clinics during the year, and who on the date of their first attendance were between the ages of 1—5 years 243 (192)

Total number of children under five years of age who attended at the Clinics during the year, and who at the end of the year were:

(1) Under one year of age	1,945
(2) Over one year of age	4,185
	6,130 (6,069)

Number of attendances by children under one year of age 36,820 (33,536)

Number of attendances at all the Health Clinics by children between the ages of 1—5 years 16,515 (12,344)

The percentage of notified live births represented by the number of children who first attended at the Clinics during the year and who on the first attendance were under one year of age in 1946 88.7 (86.8)

(This number is exclusive of those children who are known previously to have attended a centre in another district prior to coming to reside in Wembley.)

Number of attendances at the ante-natal Clinics 11,814 (9,784)

Total number of women who attended for the first time 1,905 (1,513)

Percentage of total notified births (live and still) represented by the total number of women who attended the Clinics for the first time during the year 83.8 (79.3)

Attendances at the various Health Clinics.

Children under one year of age.

Clinic.	Total attendances.	Average attendance per session.
Stag Lane	9,308	62
Slough Lane	4,863	51
College Road	5,763	38
Ealing Road	3,177	32
Perrin Road	6,443	41
Monks Park	5,817	56
One Tree Hill	4,369	44

Children between the ages 1—5 years.

Clinic.	Total attendances.	Average attendance per session.
Stag Lane	2,267	15
Slough Lane	2,747	29
College Road	3,885	26
Ealing Road	1,462	15
Perrin Road	2,461	16
Monks Park	2,077	20
One Tree Hill	1,616	16

Domiciliary Nursing.

Children referred for treatment to the Wembley and Kingsbury District Nursing Associations.

Children under one year	5
Children over one year	19
Treatments given —	
Seven or fewer attendances	19
Over seven attendances	5

Specialist Clinic Services.

Eye Clinics (Wembley Hill and Stag Lane (County) Clinics).

74 children referred.

Orthopædic Clinic (Stag Lane (County) Clinic).

65 children referred.

22 appliances supplied.

Clinic for Defective Speech (Sessions commenced 21/10/1946).

7 cases referred.

Child Guidance Clinic.

3 cases referred to Middlesex County Council Clinic,
Harrow.

Dental Clinic. See page 39.

Artificial Sunlight and Massage Treatment.

Number referred by Medical Officers: 104 (under one
year, 7; over one year, 97).

Reasons for treatment:—

Debility, anæmia, etc.	.....	.....	50
Recurrent colds	.....	.....	22
Rickets	.....	.....	17
Bowed legs	.....	.....	9
Delayed dentition	.....	.....	3
Knock knees	.....	.....	2
Chronic bronchitis	.....	.....	1
			—
Total	.....	.....	104
			—

Ante - Natal Clinics.

The months of pregnancy at which women attended for the
first time:—

1st	2nd	3rd	4th	5th	6th	7th	8th	9th
30	582	634	282	152	65	32	22	2

Attendances of Expectant Mothers:—

Clinic.	Total attendances.	Average attendance per session.
Stag Lane	3,124	20
Slough Lane	1,186	22
College Road	854	17
Ealing Road	1,073	21
Perrin Road	1,946	19
Monks Park	1,783	18
One Tree Hill	1,748	17

Special Blood Tests at Redhill Hospital.

362 examinations.

X-Ray Ante-Natal Examinations.

Number of women referred: 33.

Supply of Sheets for Expectant Mothers: Ministry of Health Circular No. 154/44.

Number of dockets issued: 1,332.

Unmarried Mothers (Ministry of Health Circular No. 2866).

14 cases dealt with.

Hospital Confinements.

900 women referred to various hospitals:—

(i) Medical reasons for reference to hospital:—

(a) Regarding current pregnancy —

Abnormality of maternal pelvis	100
Elderly primipara	47
Maternal ill-health	41
Cardiac abnormality	21
Threatened miscarriage	6
Tuberculosis	5
Toxæmia	2
Miscellaneous	13
—	235

(b) Regarding previous pregnancies —

Abnormal obstetric history	136
Abnormal medical history	20
—	156
—	391

(ii) Home conditions unsuitable

313

(iii) Mothers desired hospital accommodation.....

196

Total

900

Wembley births taking place in hospital.

(a) Middlesex County Council Hospitals:—

Redhill	419
Central Middlesex	288
Maternity Hospital, Bushey	194
West Middlesex	7
Hillingdon	1
	<hr/>
	909

(b) London Hospitals:—

Queen Mary's	110
Queen Charlotte's	59
St. Mary's	28
University College	19
Middlesex	13
Charing Cross	12
City of London	8
Royal Free	5
Elizabeth Garrett Anderson	4
St. Bartholomew's	4
East End	3
Mothers'	3
Royal Northern	2
Samaritan Free	2
Westminster	1
London	1
Guy's	1
Annie McCall (Battersea)	1
	<hr/>
	276

(c) Other Hospitals:—

North Herts. and South Beds.	6
Brocket Hall	5
Foxholes Maternity	2
Lockington Hall Maternity	2
Bearstead Memorial	2
Plaistow	1
Ashbridge	1
Wembley	1
	<hr/>
	20

Total 1,205

Five-Year Review.

Year.	Total No. of births notified.	No. of births at home.	No. of births in hospital	No. of births in M.C.C. hos- pitals (inc. preceding column)	Births in pri- vate nursing homes and at private addresses outside Wembley
1942	1,942	612 31.5%	1,051 54.1%	795 40.9%	279 14.3%
1943	2,037	657 32.2%	1,034 50.8%	740 36.3%	346 17%
1944	2,018	601 29.8%	1,080 53.5%	816 40.4%	337 16.7%
1945	1,909	542 28.4%	1,068 55.9%	798 41.8%	299 15.7%
1946	2,272	631 27.8%	1,205 53%	909 40%	436 19.2%

Puerperal Pyrexia.

Number of notifications received: 6 (excluding 4 Willesden Maternity Hospital cases—Willesden residents).

Number of women removed to hospital: 4.

Obstetric Consultant Service.

Consultant called in by private medical practitioners: 9.

Premature Infants (excluding Willesden infants born in Willesden Maternity Hospital).

(a) The total number who were born:—

(i) at home	22
(ii) in Hospital or Nursing Home	7

(b) The number of those born at home:—

(i) who were nursed entirely at home.....	17
(ii) who died during the first 24 hours	Nil
(iii) who survived at the end of one month.....	21

(c) The number of those born in Hospital or Nursing Home:—

(i) who died during the first 24 hours	Nil
(ii) who survived at the end of one month	7

Stillbirths.

50 cases allotted to Wembley by Registrar-General. Detailed investigation made in 41 cases.

Multipara	25
Primipara	16
	—
	41
	—

Ante-natal supervision given by —

Hospital and/or Clinic	28
Private medical attendant	13
	—
	41
	—

Attendant circumstances —

Long labour	8
Instrumental delivery	5
Breech delivery	5
Prematurity	3
Fœtal abnormality incompatible with separate existence	2
Twin pregnancy	1
Ante-partum hæmorrhage	1
No abnormal cause or circumstance elicited	16
	—
	41
	—

Post-Natal Clinics.

Clinic.	First attendances.	Re- attendances.	Aver. att'dance per session.
Stag Lane	102	9	6
Perrin Road	58	17	6
One Tree Hill	87	5	8
College Road	29	7	3
	—	—	—
Totals	276	38	—
	—	—	—

Test feeding scales issued on loan to 268 mothers.

Special Milk Grants.

Liquid milk: Nil supplied. Grants of dried milk and other accessory foods amounting to £23 11s. 8d. made during the year.

Maternity Outfits.

Number of maternity outfits supplied: 569.

Gynæcology Clinics.

Clinic.	First attendances.	Re-attendances.	Aver.att'dance per session.
Stag Lane	56	36	5
Perrin Road	30	15	4
One Tree Hill	24	17	4
College Road	21	8	3
Totals	131	76	—

Birth Control Sessions.

Clinic.	First attendances.	Re-attendances.	Aver.att'dance per session.
Stag Lane	54	78	12
Perrin Road	83	32	10
Totals	137	110	—

Home Helps.

Number of Families Attended.

By full-time personnel.		By personnel on approved panel.		Economic circumstances scale of families.							
Full-time	Part-time	Full-time	Part-time	Free	10/-	20/-	30/-	40/-	60/-	70/-	84/-
51	2	64	3	10	27	21	27	9	11	7	8
53		67		120							

Domiciliary Nursing.

Mothers referred for treatment to the Wembley and Kingsbury Nursing Associations: 5.

Dental Services—Mothers and Children.

	Expectant and Nursing mothers.	Children under 5 years.
Numbers who received treatment	650	316
Numbers made dentally fit	427	304
Numbers of treatments:—		
(a) Fillings:—		
(i) in temporary teeth	—	649
(ii) in permanent teeth	1,639	—
(b) Number of teeth extracted	1,237	233
(c) Number of administrations of general anæsthesia (nitrous oxide)	211	99
(d) Number of persons sup- plied with dentures	80	—
(e) Number of dentures sup- plied	127	—

Total attendances at Dental Clinics last five years:—

	Children.	Mothers.
1942	869	1,870
1943	643	1,303
1944	451	882
1945	621	1,547
1946	1,080	2,942

Domiciliary Visits by Health Visitors.

Home Visits.

(a) To children under one year	2,545 First visits 7,076 Revisits
(b) To children between the ages of 1—5 years	11,871 Total visits
(c) To expectant mothers	1,752 First visits 2,384 Revisits
(d) To nursing mothers	1,811 First visits 1,098 Revisits
(e) Other special visits	3,215

Analysis of special visits included in (e) above:—

Infectious diseases:—

Measles	737
Whooping cough	604
Tuberculosis	46
Ophthalmia neonatorum (9) other (20)	29
Puerperal pyrexia	10
Epidemic diarrhœa	3
Para-typhoid	2
Chicken-pox	2
Diphtheria immunisation	115
Scabies	231
<i>Re</i> Day nursery children	703
Home Help and Domestic Help supervision	175
<i>Re</i> Stillbirths	41
<i>Re</i> verminous conditions	28
Impetigo, etc.	4
<i>Re</i> adoption of children	21
Evacuation	15
Defaulting <i>re</i> treatment advised	286
General— <i>e.g.</i> , infantile deaths, premature babies, home conditions, negligent care	163

Child Life Protection.

Visits by Health Visitors:—

To foster children	462
To foster parents	365

At the end of the year on register:—

Foster children	28
Foster parents	23

Adoption of Children (Regulation) Act, 1939.

Number of notifications received under Section 7 (3)	19
Number of visits to children proposed for adoption.....	384
Number of children received for proposed adoption.....	65

DAY NURSERIES.

The daily cost (pence) per child-in-attendance of all foods (as purchased uncooked) provided at the nurseries (all food provided for staff reckoned as part of cost of feeding the children):—

Period 22nd December, 1946—21st March, 1947.

Ealing Road Nursery	.....	13.37d.
Neeld Crescent Nursery	.....	15.63d.
Princes Avenue Nursery	.....	17.78d.
Carlyon Road Nursery	.....	13.94d.
Old Kenton Lane Nursery	.....	13.88d.
Harrowdene Road Nursery	.....	15.13d.
Woodstock Road Nursery	.....	16.14d.
District Road Nursery	.....	16.60d.

CHAPTER IV.

SCHOOL HEALTH SERVICES.

1. SERVICES PROVIDED, Schools (22) allocated in 5 areas to Medical Officers; Health Visitors allocated to particular schools—Periodic routine and special inspections conducted at schools—Clinic Services, Minor Ailments (treatment, issue of accessory nutrients, etc.), Dental, Ophthalmic, Orthopædic, Speech Therapy, for further Specialist opinion (*e.g.*, tonsils and adenoids, cardiac and chest conditions, skin conditions, ringworm), specialist examinations (*e.g.*, X-ray) pupils referred to County Hospitals (Redhill or Central Middlesex, or Chest Clinics)—Child Guidance Clinic at 2, St. John's Road, Harrow—Ascertainment of handicapped pupils, recommendation *re* special schools (boarding and day)—Advise parents of children about to leave school regarding the Disabled Persons (Employment) Act, 1944—Ascertainment and recommendation regarding children incapable of receiving education at school—Cleanliness, general scrutiny, ascertainment and advice given—Supervision of private schools regarding sanitary accommodation and avoidance of overcrowding.

2. DEVELOPMENT 10 YEARS, 1936-1946. Until July, 1945, this service was administered independently by the Middlesex County Council—service now dealt with under Scheme of Divisional Administration of Education (July, 1945), the Borough being an "Excepted District" according to Education Act, 1944.

3. Considerable progress in the integration of the School Health Services was made during the year. The figures in Appendix D show a large increase in the number of routine medical inspections at the schools—2,440 in 1945, 4,751 in 1946. It is anticipated that this figure will be still further increased in 1947. Routine inspections are now being undertaken according to a scheme by which all children are examined within six months of their entry into school life. The 10-year old group is being examined before the pupils enter the Secondary Schools, while the 13/14-year old group has been examined as far as possible during the term immediately before leaving school. Grammar School pupils are being examined annually and it is hoped soon to be able to arrange for the Secondary Modern School pupils to be examined more frequently. With more examinations, of course, more defects have been ascertained and treated (see Appendix).

4. Expansion has also taken place in the Clinic Services. Clinic Sessions had been held once weekly at Wembley Hill, One Tree Hill and Stag Lane County Clinic. The arrangements now provide Minor Ailment Clinic Sessions with a Medical Officer in attendance twice per week at Stag Lane County Clinic, College Road, Perrin Road, Wembley Hill, One Tree Hill, ten Sessions in all. This service, further, is provided much nearer to the various

schools, thus saving time and dislocation of school work, which is appreciated by teachers and parents alike. At the Specialist Orthopædic Clinic the Consultant Surgeon now attends three Sessions per month instead of one, so that the long waiting list has been much reduced. Miss E. Richnell commenced duties as Speech Therapist in October. She conducts four Clinic Sessions weekly, two at One Tree Hill and two at Stag Lane County Clinic.

5. The following is Miss Richnell's first report (January, 1947):—

During the last two months of the year, 72 appointments for interviews were made:—

28 at Stag Lane County Clinic.

44 at One Tree Hill Clinic.

At Stag Lane:—

23 attended for preliminary interviews.

11 have been receiving regular treatment.

11 are on the Waiting List to commence treatment.

1 is to be reviewed in 6 months' time, no defect having been noted at first interview.

15 are still awaiting preliminary interviews. Appointments have been made for all these in January, 1947.

At One Tree Hill:—

32 attended for preliminary interviews.

9 have been receiving regular treatment.

15 are on the Waiting List to commence treatment.

7 are to be reviewed in 3—6 months.

1 was found to require no treatment.

8 are awaiting preliminary interviews.

Now that this service has been made available in Wembley, the above figures show the readiness of parents and teachers to use it.

6. With the opening of Perrin Road Dental Clinic there has been a re-allocation of the schools served by the Dental Officers. There are now five Dental Officers, four full-time at Stag Lane County Clinic, Stag Lane Borough Clinic, College Road Clinic and One Tree Hill Clinic, the fifth Dental Officer conducting Dental Sessions at Perrin Road and Wembley Hill Clinics. Mr. J. F. Pilbeam, Senior County Dental Officer, has written the following paragraphs:—

The future staffing needs for the Borough can be accurately calculated on the following basis. The school population is 12,202. Incidence of dental disease 78 per cent, so that 9,517 would be referred for treatment and of this total 66.8 per cent. would accept treatment offered at Clinics, *i.e.*, 6,357. It can be reliably stated that the Ministry of Education is of the opinion that one Dental Officer can efficiently treat and complete 1,300

children per annum. Using this number as the divisor it is clear that approximately five Dental Officers would be required to treat 6,357 children. The amount of work to be undertaken for welfare patients is considerable and equivalent to the capacity of one whole-time officer. On this survey it is apparent that a staff of six whole-time officers will eventually be needed to provide an efficient service for children and welfare patients.

The acceptance rate for dental treatment in 1945 was 66.8%, a rather low figure. This is probably because the service has been so overwhelmed with treatments preventing the Dental Officers from visiting the schools for dental inspection as frequently as is desirable. Unless schools are inspected at least once a year parents are apt to lose the rhythm of regular dental care which often leads to failure to consent to treatment when it is offered. With a full staff providing a good service the acceptance rate will steadily improve as the public always has a high regard for an expert service.

The aim of a good dental service for children should provide for early care of admissions and at least subsequent annual dental supervision of each child with final attention to leaver age groups before a child leaves school.

7. HANDICAPPED PUPILS. A table is presented in the Appendix giving the numbers of handicapped pupils ascertained since July, 1945—114 males and 63 females have been dealt with. The large number of pupils classified as suffering from speech defect (Category K) is an indication of the value of the services of the Speech Therapist. On her services becoming available the ascertainment of the children who would benefit has been much stimulated. Generally, it is pertinent to remark upon the present insufficient number of places, both in residential and in day schools, for handicapped children. Many of the children recorded as being in attendance at maintained schools are, in fact, awaiting appropriate places in special schools.

8. The services of the Health Assistants dealing with cleanliness matters are also showing good results. Schools are visited at least once every school term. The number of pupils examined shows considerable increase (see Appendix D). To begin with a high standard was purposely aimed at, the percentage of pupils requiring advice being, in 1945 2.3, in 1946 2.9, while towards the end of 1946 the percentage was just under 2.

9. It is considered most important that the Medical Officers and Health Visitors on their visits to the schools and at the Clinic Sessions use every opportunity for a complete co-operation with the parents and teachers and there is evidence that this is being gradually obtained, for example, the number of pupils attending Clinic Sessions has increased considerably.

STATISTICAL APPENDIX D.

PRIMARY SCHOOLS.

Return of Medical Inspections during the Year.

(a) Routine Medical Inspections.

Number of code inspections:—

Entrants	.....	.....	.....	.....	.....	.....	971
2nd Age Group	.....	.....	.....	.....	.....	.....	681
Total	.....	.....	.....	.....	.....	.....	1,652

Number of other routine inspections 1,167

Grand Total 2,819

(b) Other Inspections.

Number of special inspections and re-inspections 2,523

(c) Pupils found to Require Treatment.

Number of individual pupils found at routine medical inspection to require treatment (excluding uncleanliness and dental diseases).

	For defective Vision. (Excluding squint).	For all other conditions recorded in next Table.	Total.
Prescribed groups:—			
Entrants	25	58	83
2nd Age Group	43	91	134
Total	68	149	217
Other routine inspections	67	80	147
Grand Total	135	229	364

Note.—Pupils requiring treatment for defective vision and for other conditions appear once only in the column headed "Total."

Return of Defects found by Medical Inspection during the Year.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		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:—				
Ringworm:—				
Scalp	—	—	—	—
Body	—	—	6	—
Scabies	3	—	20	—
Impetigo	1	—	32	—
Other Diseases (non-tuberculous)	14	25	222	3
Eye:—				
Blepharitis	2	—	3	—
Conjunctivitis	1	1	5	—
Keratitis	—	—	—	—
Corneal opacities	—	—	—	—
Defective vision (excluding squint)	130	28	71	2
Squint	10	14	6	1
Other conditions	1	3	29	—
Ear:—				
Defective hearing	6	2	8	3
Otitis media	1	5	1	1
Other ear diseases.....	6	12	40	2
Nose and Throat:—				
Chronic tonsillitis only	1	7	12	2
Adenoids only	—	1	9	1
Chronic tonsillitis and adenoids	21	23	28	4
Other conditions	10	21	45	—
Enlarged cervical glands (non-tuberculous)	3	12	6	2
Defective speech	10	6	7	1

Return of Defects found by Medical Inspection during the Year—Contd.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		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)
Heart and circulation:—				
Heart disease:—				
Organic	—	1	—	—
Functional	6	19	3	—
Anæmia	14	14	12	—
Lungs:—				
Bronchitis	5	23	24	—
Other non-tuberculous diseases	5	33	18	1
Tuberculosis:—				
Pulmonary:—				
Definite	—	—	—	—
Suspected	—	2	1	—
Non-pulmonary:—				
Glands	—	—	—	—
Bones and joints	—	—	—	—
Skin	—	—	—	—
Other forms	—	—	—	—
Nervous system:—				
Epilepsy	—	—	—	—
Chorea	—	—	3	—
Other conditions	5	22	12	4
Deformities:—				
Rickets	—	—	1	—
Spinal curvature	1	—	—	—
Other forms	67	53	52	8
Other defects and diseases	80	66	131	28
Totals	403	393	807	63

**Classification of the Nutrition of Pupils Inspected during the Year
in the Routine Age Groups.**

Age-groups.	Number of Pupils Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly subnormal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	971	187	19.26	718	73.94	66	6.80	—	—
2nd Age Group	681	132	19.38	513	75.34	36	5.28	—	—
Other routine inspections	1,167	204	17.48	899	77.03	64	5.49	—	—
Totals	2,819	523	18.59	2,130	75.53	166	5.88	—	—

Return of Defects Treated during the Year.

(a) Minor Ailments (excluding Uncleanliness).

Disease or Defect.	Number of Defects treated or under treatment during the year.
Skin:—	
Ringworm:—	
Scalp:—	
(i) X-Ray treatment	—
(ii) Other	—
Body	6
Scabies	20
Impetigo	32
Other skin disease	222
Minor eye defects (External and other, but ex- cluding cases falling in Group II.)	29
Minor ear defects	40
Miscellaneous (e.g., Minor injuries, bruises, sores, chilblains, etc.)	63
Total	412

(b) Defective Vision and Squint (excluding minor eye defects treated as minor ailments).

Defect or Disease.	Number of Defects dealt with under the Authority's Scheme.
Errors of refraction (including squint)	1,187
Other defect or disease of the eyes	132
Total	1,319

No. of pupils for whom spectacles were:—

(a) Prescribed	280
(b) Obtained	346

(c) Treatment of Defects of Nose and Throat.

	Number of Defects.
Received other than operative treatment	156

(d) Orthopædic and Postural Defects.

Number of Pupils Treated.

	Non-residential treatment at orthopædic clinics.
Under the Authority's scheme	68

Dental Inspection and Treatment.

(1) Number of pupils who were inspected by the dental surgeons:—

(a) Routine age groups:—

5	236
6	328
7	300
8	290
9	387
10	555
11	322
12	193
13	274
14	233
15	8

Total

(b) Specials

(c) Grand Total

(2) Found to require treatment

(3) Actually treated

(4) Attendances made by pupils for treatment	8,857
* (5) Half-days devoted to:—	
Inspection	55
Treatment	1,282
Total	1,337
(6) Fillings:—	
Permanent teeth	5,001
Temporary teeth	1,702
Total	6,703
(7) Extractions:—	
Permanent teeth	860
Temporary teeth	3,684
Total	4,544
(8) Administrations of general anæsthetics for extractions	1,327
(9) Other operations:—	
Permanent teeth	2,028
Temporary teeth	1,070
Total	3,098

* Including Secondary Schools.

Uncleanliness and Verminous Conditions.

(i) Total number of examinations of pupils in the schools by school nurses and all other authorised persons	26,820
(ii) Number of individual pupils found unclean	741
(iii) Percentage of pupils found unclean	2.76

SECONDARY SCHOOLS.

(a) Total No. of code inspections	.....	.....	.....	1,932
(b) No. of special inspections and re-inspections	.....	.....	.....	84
(c) Pupils found to require treatment:—				
No. of individual pupils found at routine medical inspections to require treatment (excluding uncleanliness and dental disease).				
Defective Vision	For all other conditions			Total.
(excluding squint).	recorded in next Table.			
166	150			316

SECONDARY SCHOOLS.

Return of Defects found by Medical Inspection during the Year.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		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:—				
Ringworm:—				
Scalp	—	—	1	—
Body	1	—	—	—
Scabies	—	—	6	—
Impetigo	1	—	2	—
Other diseases (non-tuberculous)	10	12	40	1
Eye:—				
Blepharitis	2	2	—	—
Conjunctivitis	—	—	5	—
Keratitis	—	—	—	—
Corneal opacities	—	—	—	—
Defective vision (excluding squint)	166	42	17	—
Squint	—	—	—	—
Other conditions	—	—	6	—
Ear:—				
Defective hearing	1	—	—	—
Otitis media	—	—	7	—
Other ear diseases	6	2	4	—
Nose and Throat:—				
Chronic tonsillitis only	1	3	—	—
Adenoids only	—	—	—	—
Chronic tonsillitis and adenoids	5	5	6	—
Other conditions	8	5	2	1
Enlarged cervical glands (non-tuberculous)	—	6	—	—
Defective speech	6	5	—	—

Return of Defects found by Medical Inspection during the Year—Contd.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		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)
Heart and circulation:—				
Heart disease:—				
Organic	1	2	—	—
Functional	3	13	—	—
Anæmia	4	3	—	—
Lungs:—				
Bronchitis	—	5	—	3
Other non-tuberculous diseases	5	10	1	—
Tuberculosis:—				
Pulmonary:—				
Definite	—	—	—	—
Suspected	1	1	—	—
Non-pulmonary:—				
Glands	—	—	—	—
Bones and joints	—	—	—	—
Skin	—	—	—	—
Other forms	—	—	—	—
Nervous system:—				
Epilepsy	—	—	—	—
Chorea	1	—	—	—
Other conditions	—	4	2	—
Deformities:—				
Rickets	—	—	—	—
Spinal curvature	6	1	—	—
Other forms	50	55	11	—
Other defects and diseases	18	23	13	9
Totals	296	199	123	14

Classification of the Nutrition of Pupils inspected during the Year.

Total No. Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly subnormal).		D. (Bad).	
	No.	%	No.	%	No.	%	No.	%
1,932	567	29.34	1,312	67.91	53	2.75	—	—

Return of Defects Treated during the year.

(a) Minor Ailments (excluding Uncleanliness).

Disease or Defect.	Number of Defects treated, or under treatment during the year.				
Skin:—					
Ringworm:—					
Scalp:—					
(i) X-Ray treatment	—
(ii) Other	1
Body	—
Scabies	6
Impetigo	2
Other skin disease	48
Minor eye defects	11
Minor ear defects	4
Miscellaneous	8
Total	80

(b) Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments).

Disease or Defect.	Number of Defects dealt with	
Errors of refraction (including squint)	128
Other defect or disease of the eyes	23
Total	151

No. of pupils for whom spectacles were:—

(a) Prescribed	91
(b) Obtained	106

(c) Treatment of Defects of Nose and Throat.

Number of Defects
dealt with.

Received other than operative treatment	6
---	---

Dental Inspection and Treatment.

(1) Number of pupils who were inspected by dental
surgeons:—

(a) Routine age groups:—

11	115
12	333
13	363
14	382
15	281
16	237
17	65
18	38
19	4

Total 1,818

(b) Specials 50

(c) Grand Total 1,868

(2) Found to require treatment 1,494

(3) Actually treated 459

(4) Attendances made by pupils for treatment 1,764

(5) Fillings:—

Permanent teeth 1,662

Temporary teeth 23

Total 1,685

(6) Extractions:—

Permanent teeth 184

Temporary teeth 79

Total 263

(7) Administrations of general anæsthetics for extractions	62
(8) Other operations:—	
Permanent teeth	563
Temporary teeth	7
Total	570

Uncleanliness and Verminous Conditions.

(i) Total number of examinations of pupils in the school by school nurses and all other authorised persons	6,371
(ii) Number of individual pupils found unclean	231
(iii) Percentage of pupils found unclean	3.62

Handicapped Pupils (20th January, 1947) ascertained since July, 1945.

Category.	At Special School.		At Maintained School.		At Independent School.		Not at School.	
	M.	F.	M.	F.	M.	F.	M.	F.
A	—	1	—	—	—	—	—	—
B	—	1	—	1	—	—	—	1
C	2	1	—	—	—	—	—	—
D	—	—	—	1	—	—	—	—
E	9	6	15	4	—	—	—	—
F	—	—	—	—	—	—	—	—
G	1	2	7	3	—	—	—	—
H	—	1	1	—	—	—	1	—
I	2	—	8	7	1	—	2	—
J	1	—	—	1	1	—	3	2
K	—	—	48	26	1	—	11	4
*L	—	—	—	—	—	—	—	1
	15	12	79	43	3	—	17	8

Total—Males 114; Female 63.

* Multiple Disability—Categories J and K.

CHAPTER V.

INFECTIOUS DISEASES.

1. SERVICES PROVIDED, Notification, investigation, pamphlets issued on the various infectious diseases, exclusion from school of patients and contacts, advice *re* milk handlers—Disinfection—Hospitalisation generally at Hendon Isolation Hospital, *re* puerperal pyrexia and ophthalmia neonatorum, London County Council, *re* poliomyelitis at Royal National Orthopædic Hospital, *re* smallpox, Middlesex County Council—Notification of tuberculosis—Compilation of tuberculosis register—Weekly and quarterly returns to Ministry of Health and County Medical Officer—Preventive medicine, diphtheria immunisation, anti-typhoid inoculation, whooping cough immunisation (for children about to enter, or in, Day Nurseries), anti-smallpox vaccination—Food poisoning notification and investigation—Scabies, arrangements with Wembley Hospital and Royal Borough of Kensington—Complete bacteriological service available at Central Public Laboratory Colindale, outfits distributed from Public Health Department—anti-toxins available diphtheria, tetanus, scarlatina, meningococcus.

2. DEVELOPMENT 10 YEARS, 1936-1946, (a) New services provided—Preventive schemes diphtheria, typhoid, whooping cough, smallpox, notification of food poisoning, treatment of scabies; (b) Expansion of existing services—Complete Specialist Laboratory Service:—

		Throat and nose swab examinations.	Blood examinations.	Dysentery-like group. examinations.
1936	.....	675	15	—
1946	.....	956	375	341

Pamphlets *re* the infectious diseases, local monthly bulletin to Medical Profession.

3. A scrutiny of the notifications of infectious diseases shows a general rise in the number of cases of scarlet fever over the figure for 1945 without there being, however, any special local epidemic. The number of cases of diphtheria remained persistently low, in the last five years there were 12, 17, 6, 4, 10, cases notified. The winter respiratory diseases were about the same as in normal years, the last rise having occurred in the winter 1943-1944 when the figures were about 50% increase upon the normal.

There was a distinct rise in the occurrence of measles during May, June, July and August, while whooping cough was more prevalent in the first half of the year. Seven cases of anterior poliomyelitis were notified—one in July, four in August, two in October. These cases seemed to be part of an outbreak falling upon several other neighbouring areas. There is still much research required in this crippling disease; answers to the questions—Why the seasonal incidence, why relatively often a slight outbreak, why so seldom any such slight outbreak increasing in incidence, is the disease always caused by one specific virus or not—are still awaited and until we have this knowledge the first case is an anxiety because it may be the first of a more extensive outbreak such as is occurring from time to time in other parts of the world. All these cases in 1946 occurred in the northern part of the Borough; of the four school-children, three attended Roe Green School and one Fryent School; a Nursery Nurse at Princes Avenue Nursery and one of the children at the same Nursery were also victims. The questions repeat themselves—the significance of the geographical incidence, of attendance at school and Day Nursery and, if this has any significance, why so few cases. The number of treatments for scabies became less towards the end of the year and this smaller incidence is continuing so far throughout 1947. Owing to extension of the Out-Patients Department at Wembley Hospital this treatment is now being provided at Imperial College of Science Pavilion (May, 1947).

4. The supervision of contacts landing from ship or aeroplane called for routine surveillance of 145 persons regarding smallpox and 58 persons regarding typhus fever. Constant vigilance must be given to persons arriving from infected foreign areas and this supervision must be given with discretion and understanding. Many such ask advice on the pertinence of vaccination for the members of their families. It is always wise to reinforce previous vaccination at intervals. Vaccination, therefore, of any member of the family who has not been successfully re-vaccinated within the last two or three years would be a wise proceeding. With regard to those who have never, so far, been vaccinated, however, the advice is given that vaccination should not be performed unless there has actually been contact with smallpox and, of course, the position generally is that the person being supervised has only been a contact or a possible contact, and is not suffering from smallpox. This advice about waiting for actual contact with smallpox before vaccination for the first time applies especially to school-children and those over school age. If there be an infant in the household under the age of twelve months and not yet vaccinated, vaccination should immediately be considered along with the re-vaccination of those who have been vaccinated previously but not within the last two or three years.

5. In order to cope with the insufficiency of maternity hospital beds the Middlesex County Council approached the Councils of Acton and Wembley as to the possibilities of a re-arrangement for hospital beds for infectious diseases and on 25th October Acton and Wembley Hospital was closed as an infectious disease hospital for alterations and adaptation as a Maternity Annexe to Central Middlesex County Hospital. The Council entered into an arrangement with the Borough of Hendon according to which hospitalisation for infectious diseases in Wembley residents is now provided at Hendon Isolation Hospital.

6. DIPHTHERIA IMMUNISATION. In spite of the most intensive and continual advice regarding the prevention of diphtheria by immunisation, the percentage of the child population under five considered immunised on the 31st December was no more than 61.32. One cannot accept such a figure with complacency. Diphtheria immunisation is discussed with the parents of all children who are approaching ten months, either at the Clinic or in the home, often at both opportunities, by the Health Visitors. A birthday card is sent to each individual child at the first birthday, full particulars of the local scheme being set out. The Health Visitor checks at the first visit to each child after the first birthday the position regarding diphtheria immunisation having been accepted or arranged for. Any defaulters from the sessions are referred to the Health Visitors who pay special visit to the home and again stress the importance of immunisation. It is true to remark that consents obtained only after great persuasion are generally from those families who repeatedly fail to keep their appointments. An explanatory leaflet is given to the parents after the final dose of immunisation pointing out the need for another injection just before the child enters school life, while also the teachers take the opportunity when interviewing parents of entry children to mention the importance of this reinforcing dose and an explanatory pamphlet has been provided. Routine medical examination as school entrant provides further opportunity of stressing the value of diphtheria immunisation—a full course (2 injections) if the child has never been immunised, or a reinforcing dose to carry the child through the next 5—6 years. Posters are displayed and topical slogans shown on the black-board at all the Clinics continually. During the first six months 313 children received the additional reinforcing dose and 644 during the second six months. Much credit is due to both the Health Visitors and the School Teachers in their endeavour to obtain a fully protected child population.

7. Whooping cough is always a most trying illness and in young children it is one of the most dangerous. For some time

attempts have been made to prevent its occurrence by inoculation treatment, but in this country the efficacy of anti-whooping cough vaccination so far is unproved. On the face of it, however, the advances made in the protection against other infections, for example, diphtheria especially, must stimulate the research worker to put whooping cough prevention also on sound foundation and in America promising results are being reported. The advances made are worthy of test and the Medical Research Council approached the Council asking parents to consider taking part in their endeavour to make still another important addition to preventive medicine. Carefully controlled treatment and observation is now being given to a number of children in Wembley, Tottenham and Manchester (Edmonton and Leeds having lately been added). The response of parents, as shown by their interest, has been most gratifying. The following paragraphs are contributed by Dr. W. C. Cockburn, Medical Research Council.

Trials of an American whooping cough vaccine which has given promising results in the U.S.A. are being carried out in this country in Wembley, Tottenham, Edmonton and Manchester by the Medical Research Council in conjunction with the various Health Departments concerned.

The plan is to inoculate a large number of children and thereafter follow their progress by monthly visits over a period of two years to determine how many (if any) of the inoculated children develop whooping cough. In order, however, that a true standard of comparison of the effect of the inoculation can be obtained, some of the children are being given an anti-catarrh vaccine which cannot act as a preventive against whooping cough, but which supplies a control group for statistical comparison.

The key to the nature of the vaccines is kept by the Medical Research Council and each product is so labelled that no-one engaged in the day to day work of the trial can know which injection any particular child has received until the end of the two years. The "key" will then be unsealed and the results analysed. If, as we confidently hope, there are far fewer cases of whooping cough in the group who have had the whooping cough vaccine than in the group who have had the anti-catarrhal vaccine, then we can be quite certain that the whooping cough vaccine is really effective, and Health Authorities will be in a position to advise its adoption on a large scale.

During the Autumn of 1946, volunteers were asked for in the Wembley area, and, thanks largely to the special interest of the Health Visitors and the enthusiasm of parents, 328 children have been enrolled. They have now been inoculated, and a specially appointed Health Visitor visits each child monthly. If she sus-

pects whooping cough, a swab is taken, and a very early diagnosis of the condition is made. Already we have gained valuable information on the spread of the disease.

This Autumn more of the vaccine will be available, and the good response to last year's appeal for volunteers makes us confident that this year we can expect at least another three hundred entrants in Wembley alone.

8. DAY NURSERIES. The incidence of the infectious diseases is again tabulated. Our individual experience in the Borough, of course, is still too limited for general conclusions, but it has been only in measles that one has felt the introduction of a case of infection gives grounds for fear of much spread. The monthly incidence of the infections tabulated in the Appendix indicates the absence of epidemic spread in any of the Nurseries except as regards measles and in one or two outbreaks of whooping cough (in May 1947, however, at Old Kenton Lane Nursery a sharp outbreak of 25 cases of scarlet fever occurred which will fall to be reported next year).

The presence of *Giardia Lamblia* (intestinal protozoon) in normally healthy children in this country is probably more common than is generally ascertained but this infection is thought to cause at times diarrhoea with interference with fat absorption and case to case spread might occur.

At the end of March, 8 children had loose stools at the Carlyon Road Day Nursery. According to routine practice specimens were sent to the Laboratory for examination when 5 were found to contain the cysts of *Giardia Lamblia*. Specimens from all the staff were negative. The infected children were excluded for a time and treated some by their own Doctors, some at the Central Middlesex County Hospital. One other child was found to be infected. As infection by dysentery germs was excluded it was considered that the children might be re-admitted under strict control. Tests during April and May revealed that 4 of the children were still infected. In October, as 2 children still showed the infection and a further case of loose stool was observed, these 3 children were treated by a course of Mepacrine. In January, 1947, another case came to light and it was noted further that 2 of the children treated with Mepacrine were still infected. The entire staff and children at the Nursery were therefore examined and 5 children (including 2 of those previously treated by Mepacrine) were found infected. A further course of Mepacrine was carried out and all subsequent tests were negative. Two other cases of *Giardia Lamblia* infection were noted—one at Ealing Road Day Nursery in September

and one at District Road in December. The case at Ealing Road was treated and cleared up by her own Doctor, the case at District Road was treated by Mepacrine and subsequently found negative.

9. FOOD POISONING. Only two cases of food poisoning were notified but food poisoning has shown some general increase in the last few years. This may be due to more communal feeding, to difficulties in maintaining the highest standards in personal hygiene and in the processing of food products. The intimate association between the Central Public Health Laboratory at Colindale and the Public Health Department should assist in solving some of the food poisoning problems and helping in their prevention, but co-operation at every angle is necessary. Information should be given at the earliest possible time, samples of relevantly suspected food should be preserved and submitted for examination, and even then it is not always possible to ascertain the cause. In August the medical adviser of a local factory in the Exhibition Grounds informed the Department of an outbreak affecting some 60 workers. The Medical Officer of Health and a Sanitary Inspector visited the canteen of the factory immediately and in spite of the most exhaustive investigation, including the consideration of illness amongst those who prepared food, skin conditions, septic fingers, etc., etc., and the submission of appropriate specimens to the Laboratory, only negative findings could be reported, the incident commencing on Friday, 16th August and all being back at work well again by Monday, 19th August.

STATISTICAL APPENDIX E.

Cases of infectious diseases notified in Wards and removals to Hospitals.

Disease.	Total	Alperton	Central	Chalkhill	Fryent	The Hyde	Roe Green	Kenton	Preston	Sudbury Court	Sudbury	Wembley Park	Tokyington	Total removed to hospital	Percentage of cases removed to hospital
Scarlet fever	301	37	9	11	22	44	36	22	19	26	38	7	30	179	59.47
Diphtheria	10	1	—	—	—	—	1	2	—	2	—	3	1	8	80.00
Pneumonia	133	10	6	11	10	9	15	8	26	9	12	1	16	30	22.56
Erysipelas	48	8	2	1	3	8	6	1	2	4	3	—	10	7	14.58
Ophthalmia neonatorum	2	—	—	—	—	—	—	—	1	—	1	—	—	1	50.00
Cerebro-spinal fever	4	1	1	—	—	—	1	—	—	—	—	—	1	4	100.00
Dysentery	39	—	1	2	2	4	8	—	4	10	2	5	1	7	17.95
Measles	965	137	91	32	46	42	69	20	61	93	189	51	134	18	1.87
Whooping cough	505	88	24	36	52	19	21	30	51	28	74	26	56	17	3.37
Acute poliomyelitis	7	—	—	—	1	—	6	—	—	—	—	—	—	7	100.00
Acute polioencephalitis	1	—	—	—	—	—	—	—	—	1	—	—	—	1	100.00
Malaria	11	—	—	1	3	2	1	—	2	—	1	1	—	4	36.36

Notifications of Infectious Diseases according to sex and age as finally diagnosed.

Age group.	Scarlet fever.		Whooping cough.		Diphtheria.		Measles.		Acute polio-myelitis.		Acute polio-encephalitis.		Acute Dysentery, pneumonia, Erysipelas.						Cerebro-spinal fever.		Paratyphoid fever.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
0	—	—	23	29	—	—	20	21	1	—	—	—	0	.....	3	7	14	9	2	—	1	1	—	—
1	11	7	56	88	—	2	115	101	1	—	—	—	5	.....	6	3	12	6	—	1	—	—	—	—
3	20	27	63	70	—	1	126	130	—	—	—	—	15	.....	5	10	13	22	7	7	1	—	—	—
5	69	91	78	81	2	—	212	199	1	2	—	—	45	.....	2	3	20	22	11	13	—	1	—	—
10	17	26	3	1	—	1	15	15	—	1	—	—	65 & over	.....	—	—	7	7	3	4	—	—	—	—
15	3	13	2	4	2	—	2	5	—	1	—	—	Unstated	.....	—	—	1	—	—	—	—	—	1	—
25 & over	4	13	2	5	2	—	4	—	—	—	—	1												
All ages	124	177	227	278	6	4	494	471	3	4	—	1	All ages	.....	16	23	67	66	23	25	2	2	1	—

Monthly incidence of the Infectious Diseases.

Disease.	January	February	March	April	May	June	July	August	September	October	November	December	Total.
Scarlet fever	20	15	10	21	27	26	41	16	22	30	41	32	301
Diphtheria	2	1	—	2	2	1	—	1	—	1	—	—	10
Pneumonia	26	23	8	6	8	9	5	6	4	9	12	17	133
Erysipelas	8	5	5	4	3	2	3	3	2	3	7	3	48
Ophthalmia neonatorum	—	—	1	—	1	—	—	—	—	—	—	—	2
Cerebro-spinal fever	—	1	1	—	1	—	1	—	—	—	—	—	4
Dysentery	—	4	19	7	4	1	1	—	1	1	—	1	39
Measles	2	1	7	9	49	252	302	159	17	47	40	80	965
Whooping cough	60	22	49	59	62	40	76	43	29	14	23	28	505
Acute polio- myelitis	—	—	—	—	—	—	1	4	—	2	—	—	7
Acute polio- encephalitis	—	—	—	—	—	—	—	1	—	—	—	—	1
Malaria	4	2	—	—	1	—	2	1	—	1	—	—	11

Winter Respiratory Diseases (October—March).

	Notifications of primary pneumonia and acute influenzal-pneumonia.	Death certi- ficates in which respiratory diseases mentioned.
1942-43	92	105
1943-44	151	170
1944-45	93	92
1945-46	93	70
1946-47	100	116

Infectious Diseases—Day Nurseries.

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
(a) Children:—													
Scarlet fever	—	—	2	3	1	—	—	1	1	2	2	—	12
Dysentery:—													
B.Sonne	—	—	—	—	—	—	—	—	—	—	—	—	—
B.Morgan No. 1	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox	7	—	—	2	—	—	1	—	—	1	—	—	11
Mumps	—	—	—	3	3	9	4	3	4	4	—	—	30
German measles	—	—	—	—	—	4	4	—	—	1	—	—	9
Measles	—	—	—	—	—	29	46	13	—	—	1	1	90
Whooping cough	—	—	—	5	—	—	7	11	1	1	4	3	32
Infective hepatitis (jaundice)	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	1	—	—	1
(b) Staff:—													
Infective hepatitis (jaundice)	—	—	—	—	—	—	—	—	1	—	—	—	1
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	1	—	—	1

Consultations regarding infectious disease, between the Medical Officer of Health and the local Medical Profession: 12.

1 case of suspicion of cerebro-spinal fever; diagnosis influenza with cerebral irritation.

2 cases of suspicion of chicken-pox; diagnosis confirmed.

3 cases of suspicion of small-pox; 2 diagnosis chicken-pox; 1 diagnosis tinea.

3 cases of suspicion of scarlet fever; 1 diagnosis confirmed; 1 diagnosis as a probable coryza or commencing measles; 1 diagnosis as German measles.

3 cases of suspicion of acute poliomyelitis; 1 diagnosis confirmed; 2 not confirmed.

Removal of Infectious Diseases to hospital.

Ambulance stationed at Acton and Wembley Hospital until
17th November, 1946.

Removals carried out:—

Quarters ending			
31/3/46.	30/6/46.	30/9/46.	31/12/46.
78	74	95	90
			(including 51 by Hendon ambulance).
Total — 337			

Non-notifiable Infectious Diseases in School Children.

Information obtained from the head teachers:—

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Chicken-pox	13	33	53	29	11	15	15	—	3	5	1	1	179
Mumps	2	1	33	26	42	54	39	—	—	15	56	14	282
German measles	—	—	—	—	1	—	1	—	—	2	—	—	4
Infective jaundice	1	3	1	—	—	—	—	—	—	—	—	—	5

Diphtheria Immunisation.

Numbers treated (five years period):—

Year.	0—5	5—10	10—15	Over 15	Totals.
1942	987	489	272	10	1,758
1943	1,722	431	254	4	2,411
1944	1,314	61	29	—	1,404
1945	1,839	69	17	2	1,927
1946	1,629	133	48	3	1,813

The percentage of the child population considered immunised
on the 31st December:—

Children under 5 years	61.32%
Children between 5 and 15 years	57.63%

Vaccination against Small-pox.

Number of infants vaccinated at Health Clinics: 462.

Tuberculosis.

		No. of Notifications.			
		Pulmonary.		Non-pulmonary.	
		Male.	Female.	Male.	Female.
Under one year	.....	—	—	—	—
1 to 4 years	.....	2	—	2	—
5 to 14 years	.....	1	2	—	5
15 to 24 years	.....	14	16	1	3
25 to 34 years	.....	19	9	1	1
35 to 44 years	.....	8	6	2	—
45 to 54 years	.....	7	1	—	1
55 to 64 years	.....	13	2	—	—
65 and over	.....	4	2	—	—
Totals	.....	68	38	6	10

		No. of Deaths.			
		Pulmonary.		Non-pulmonary.	
		Male.	Female.	Male.	Female.
Under one year	.....	—	—	—	—
1 to 4 years	.....	—	—	—	—
5 to 14 years	.....	—	—	—	1
15 to 24 years	.....	—	6	1	2
25 to 34 years	.....	4	5	1	—
35 to 44 years	.....	3	6	—	2
45 to 54 years	.....	6	2	—	1
55 to 64 years	.....	8	2	1	1
65 and over	.....	2	1	1	—
Totals	.....	23	22	4	7

No. admitted to hospitals
or Sanatoria:

82

No. discharged from hospitals
or Sanatoria:

79

During the year 240 cases removed from register. At 31st December 800 names remained on register—705 pulmonary and 95 non-pulmonary.

Of 56 deaths from tuberculosis, 11 not notified during life (19.64%).

**Bacteriological Service (at Middlesex Hospital and Central Public
Health Laboratory (from 22/4/46)).**

Examinations made.	Quarter ending				Total for 12 months.
	31/3/46.	30/6/46.	30/9/46.	31/12/46.	
Throat swabs— Diphtheria.....	80 (of which 2 were positive)	90 (of which 10 were positive)	101 (of which 8 were positive)	77 (of which 1 was positive)	348 (of which 21—6.03% were positive)
Hæmolytic streptococci	74 (of which 46 were positive)	77 (of which 38 were positive)	100 (of which 42 were positive)	76 (of which 41 were positive)	327 (of which 167— 51.07% were positive)
Vincent's angina	70 (of which 10 were positive)	48 (of which 4 were positive)	17 (of which 2 were positive)	8 (of which 3 were positive)	143 (of which 19 were positive)
Other swabs	1	5	17	10	33
Nasal swabs — Diphtheria	6 (of which 1 was positive)	9 (of which 1 was positive)	26	14	55 (of which 2—3.64% were positive)
Hæmolytic streptococci	5 (of which 1 was positive)	3	27 (of which 2 were positive)	15	50 (of which 3—6% were positive)
Sputum (tuber- cle bacilli)	36 (of which 4 were positive)	16 (of which 4 were positive)	10 (of which 5 were positive)	24 (of which 2 were positive)	86 (of which 15—17.44% were positive)
Blood	3	2	3	5	13
Films and swabs for special bacteria	4	6	2	4	16
Other specimens	1	2	5	4	12

Dysentery.

Special examinations made:—

	Sonne +	Morgan No. 1 +	Morgan No. 2 +	Typhimurium +	Giardia + Lambli.	Others	Negative	Urine
January	—	—	—	—	—	—	7	7
February	2	1	—	—	—	—	8	6
March	23	5	—	—	4	—	46	6
April	13	2	—	—	7	—	45	3
May	4	—	—	—	4	2	5	—
June	—	—	—	2	2	—	16	1
July	—	—	—	—	1	—	15	—
August	—	—	—	—	—	—	20	1
September	—	—	—	—	1	—	12	1
October	1	—	—	—	4	—	22	9
November	—	—	—	—	2	—	19	1
December	—	—	—	—	1	1	9	—
Totals	43	8	—	2	26	3	224	35

Scabies.

Treatment sessions at Wembley Hospital.

No. of Cases Reported.

January	90	July	66
February	88	August	62
March	57	September	82
April	64	October	70
May	83	November	42
June	68	December	19

Total — 791

Numbers affected in Individual Families.

1 person in 127 families.	5 persons in 22 families.
2 persons in 84 families.	6 persons in 5 families.
3 persons in 51 families.	7 persons in 2 families.
4 persons in 43 families.	8 persons in 1 family.
	9 persons in 1 family.

31 recurrent cases—1 in 4 families, 2 in 2 families, 3 in 1 family, 4 in 2 families, 5 in 1 family, and 7 in 1 family.

CHAPTER VI.

ENVIRONMENTAL HYGIENE, FOOD AND WATER, HOUSING, FACTORIES, ETC.

1. SERVICES PROVIDED, Ascertainment, investigation and abatement of nuisances—Scrutiny *re* sewers and drains—Sanitary circumstances of special premises (Public Houses, Cinemas, Dance Halls)—Co-ordination regarding Local Land Charges, etc., registers—Supervision of food, ascertainment and condemnation of unfit food, pamphlet "The importance of cleanliness in food handling" distributed—Registration of premises under Food and Drugs Act, 1938, special pamphlet regarding ice cream, its manufacture, storage and sale—Routine periodic examination of public water supplies—Middlesex County Council Act, 1944, registration of hawkers of meat, meat food products, fish, fruit, vegetables and premises—Registration under Milk and Dairies Acts—Supervision under Milk (Special Designations) Orders—Housing, overcrowding, disrepair, ascertainment and action thereon—Ascertainment and supervision of movable dwellings under Middlesex County Council Act—Supervision of domestic refuse bins—Factories and workplaces and outworkers, supervision regarding smoke—Noise and dust nuisances—Supervision of petroleum storage—Rats and Mice (Destruction) Act, 1919, ascertainment of infestations and dealing therewith, pamphlet available regarding poisoning, trapping, rat proofing—Supervision under Hydrogen Cyanide (Fumigation of Buildings) Regulations, 1938—Cleansing of verminous premises, pamphlets distributed on the protection against house flies, the destruction of ants—Use of D.D.T. preparations—Borough byelaws relevant to Sanitary Inspectors, Good rule and government and prevention of nuisances, Nuisances, Offensive trades, Slaughterhouses, Ventilation and lighting of stables, Building byelaws, Public sanitary conveniences, Removal of offensive matter, etc., through the streets, Removal of house refuse.

2. DEVELOPMENT 10 YEARS, 1936-1946, (a) New services provided—Under Food and Drugs Act, 1938, particularly Sections 13 and 14, inspection of offices according to Public Health Act, 1936, ascertainment and treatment of infestation under Rats and Mice (Destruction) Act, 1919, responsibilities under Hydrogen Cyanide (Fumigation of Buildings) Regulations, 1938, supervision of petroleum storage; (b) Expansion of existing services:—

	1936.	1946.
Complaints received	770	2,479
Visits by Inspectors	17,379	24,856

	1936.	1946.
Number of Informal Notices served	636	879
Number of Statutory Notices served	23	53
Nuisances abated, improvements effected, defects remedied	1,828	3,396
Factories inspections	279	1,266
Dwellinghouses inspected for housing defects	1,206	3,626
Number of defective dwellinghouses rendered fit in consequence of informal action	896	1,727
Inspections of food premises	1,255	3,455
Water examinations	3	74
Chlorine examination Swimming Baths	—	56

3. The figures submitted in the Appendix, together with the development shown in Paragraph 2 are an indication of the constant endeavour to protect the food supply and the circumstances under which food is handled and processed. The record of food ascertained to be unsound and which was surrendered must be amplified by pointing out that especially in the present circumstances mere condemnation and destruction of food is not enough; alternative uses must be considered, for example, for animal feeding or for industrial processes, while, in addition, certain foodstuffs may be re-processed and thus made fit for human consumption. Knowledge of such processes is gradually increasing and the Public Health Officer must keep himself up to date regarding such possibilities. This means continual co-operation and discussion between the Ministry's Salvage Officers and the Sanitary Inspectors.

The Council have been anxious regarding ice cream, especially in view of various epidemics during the year in other parts of the country. Prior to the recent Ice Cream (Heat Treatment, etc.) Regulations, 1947, practically all possibility of control in the cleanly handling and distribution of ice cream from a barrow or cart disappeared on the ice cream being deposited into the barrow or cart; for example, control of the cleanliness and good health of the person selling ice cream on the street from the barrow, the barrow being surrounded by children and other members of the public, possible and real buyers.

To eliminate dangers from such absence of control it was considered that ice cream from a barrow or cart on the street should be sold wrapped, and representation was accordingly made to the Minister enquiring if the Council could deal with the position by byelaw. The Minister, however, informed the Council that such a matter would appear to fall for consideration under his regulation-making powers in Section 8 (1) of the Food

and Drugs Act, 1938, and could not appropriately be dealt with under byelaws.

Now (from 1st May, 1947) the Ice Cream (Heat Treatment, etc.) Regulations, 1947, are in force and a pamphlet has been distributed to all persons registered, pointing out duties and obligations with regard to premises and their cleanliness, the cleanliness of utensils, cleanliness of persons engaged in its preparation, storage and sale, reporting the occurrence of milk-borne diseases, the avoidance of delay in a mix being frozen. In view of the possibility of ice cream becoming infected with various disease germs and so acting as a vehicle in the spread of some dangerous illnesses, such points as these require constant care and the strictest vigilance. Failure in any one of these essentials may be the beginning of the train of circumstances leading to disastrous results, for example, the spread of typhoid fever, dysentery and similar diseases. Additional precautions are recommended such as that any person suffering from diarrhoea, realising the danger of spread, should obtain medical advice before resuming employment in connection with ice cream, as also should any person suffering from whitlow or such like septic skin conditions. A blood test is available which may assist to detect any chronic typhoid or enteric carrier condition and proprietors of ice cream premises are informed as a routine that arrangements will be made for this test on application to the Public Health Department. This test is carried out at the Central Public Health Laboratory, Colindale.

Constant attention was given to the cleanliness of milk under the Special Designations Orders. With recent developments in the industry the larger firms are supplying a still greater number of the public. In the report for the year 1936 it was remarked that 92.6% of the milk delivered in Wembley was either tuberculin tested, pasteurised or sterilised, the percentage of the milk delivered which was pasteurised being 89.13%. A review was made in January, 1947, as to the position and it is safe to say that about 98.5% of the milk consumed in Wembley is now heat treated under regulation. It is still not well enough understood that in circumstances as they are to-day the only safe milk is an efficiently heat treated supply.

4. Ministry of Health Circular No. 13/47 requests some information regarding the public water supply. The water supply to the Borough is by the Colne Valley Water Company and the Rickmansworth and Uxbridge Water Company. These supplies are sampled bacteriologically at frequent intervals at various points (74 examinations were made in the twelve months), and copies of the bacteriological reports forwarded to the Water Companies, while also the Water Companies submit periodically

their results. The water supply remained bacteriologically satisfactory and sufficient in quantity; there are no inhabited premises known to be without any internal water supply.

5. HOUSING. The seriousness of the housing situation is fully appreciated by the Council and they are only too well aware of their limited possibilities towards its amelioration, but such possibilities are governed by the difficulties of the situation in the country generally. Overcrowding is a continually growing circumstance locally and only 65 cases could be relieved during the year. At the beginning of the year overcrowding in accordance with the Housing Act standard numbered 197; by April the figure had become 267, in July 340 and on the 31st December 383; by the 31st May, 1947, the figure had risen to 430. These figures, of course, are undoubtedly much less than is the true situation, the figures being only those definitely confirmed (generally on complaint) by the Public Health Department and consideration of the applications for housing on the grounds of insufficiency would reveal very many more families in need of extra accommodation. Further, the Housing Act standards are low and minimum standards and do not take into account the difficulties and inconveniences which occur when a house planned and intended for only one family is now accommodating two, three or more family units. With regard to disrepair and its remedy, the shortage of both materials and manpower necessitate continual adjustment as to practicability and the slogan "First things first" is not always a very satisfactory answer to the families dwelling in constantly trying surroundings.

6. FACTORIES ACT, 1937. Mr. R. M. Turner, Chief Sanitary Inspector, has contributed the following:—

The industries in the Borough continue to be very similar in character to those which prevailed prior to the War, there being no heavy industries. The principal industries are light engineering, manufacture of electrical radio equipment, motor manufacture and repairs, glassworks, printing works, manufacture of carburettors, manufacture of fibre board, manufacture of food products, laundries, etc. The majority of the factories are mechanical factories and therefore largely come under the surveillance of His Majesty's Inspector of Factories, with the exception of the provisions of the Act relating to sanitary conveniences. No great difficulties are experienced with factory proprietors who are usually found to be very co-operative in meeting the requirements of the Act and Regulations. The usual difficulties experienced are related to delays similar to those experienced in connection with house repairs due to labour and material shortages found in connection with building work.

Outworkers. Although a substantial number of visits was made to premises in which outwork is carried on, no infringement of Section 111 of the Factories Act, 1937, was found relating to outwork in unwholesome premises.

7.—SMOKE ABATEMENT (by Mr. R. M. Turner). The majority of the factory chimneys in the Borough are provided in connection with boiler plants which do not normally give rise to nuisance to the same extent as those connected with the pottery and steel industries. Where smoke nuisances have been detected visits are always made to the plant and the Works Manager and the boiler attendant have been interviewed. Experience shows that more beneficial results are obtained by this line of action than by the mere serving of Notices. The difficulties experienced during the year have been largely due to the quality of the coal supplied and to the problem of replacement of worn plant and parts.

The Generating Power Station in the adjoining Borough of Willesden which has been the subject of a number of complaints regarding the emission of smoke and grit has received particular consideration, both from this and from the Willesden Borough Council. A joint deputation of the two Local Authorities waited upon the Parliamentary Secretary of the Ministry of Health and as a result the attention of various Government Departments was brought to bear upon the subject. The existing pulverised fuel plant is being replaced with oil fired furnaces and grit extraction plant is to be installed in connection with the chain grate stokers for the purpose of eliminating this emission. It is hoped that when the whole of the works are completed a source of complaint for a number of years will be eliminated.

8. RATS AND MICE (DESTRUCTION) ACT, 1919 (by Mr. R. M. Turner). Rodent control has continued to be carried out during the year with effective results. As from the 1st April the Council decided to provide a free service to householders in respect of private dwellinghouses. This free service has proved to be more efficient in operation than the previous scheme whereby householders were required to pay for the service performed in the eradication of rats and mice. Delays frequently occurred while householders were making up their minds whether to ask the Council to carry out the necessary work and in some instances the householders elected themselves to carry out the work, sometimes unsuccessfully. The Council decided to avail themselves of the financial assistance of the Ministry of Food as set out in Ministry of Food Circular N.S. No. 12 whereby the Ministry undertake to defray 60% of the cost of treatment of private houses provided the Local Authority are willing to meet

the remaining 40% of the cost. In order to expedite rodent control work the number of Rodent Control Assistants was increased from two to four and all of these assistants have received training at the infestation branch of the Ministry of Food. The methods of control advocated by the Ministry of Food are carried out in the Borough.

In the report for 1945 reference was made to the treatment carried out in the sewers and during 1946 the first maintenance treatment was carried out by the Borough Engineer's Department, the number of sewer manholes baited being 369, the number in which takes were recorded being 72, that is approximately 19.5% of the manholes baited. The second maintenance treatment which should have commenced early in 1947 had to be postponed owing to severe weather conditions but this has since been carried out, the percentage of manholes found to be infested being approximately 20% of those baited. These maintenance treatments of the sewers were carried out in accordance with Ministry of Food Circular N.S. No. 11. The total estimate of rats killed in the Borough during the year was 5,314 (excluding sewers). But the organisation aims at much more than is reflected by any such figure—total elimination of the rodent population and rat proofing to prevent any re-infestation.

STATISTICAL APPENDIX F.

Number of complaints received and investigated	2,479
Visits made by Sanitary Inspectors	24,856

(a) Dwelling Houses:—

Visits under Public Health Acts	8,090
Visits under Housing Acts	4
Visits <i>re</i> overcrowding	675
Visits to bug infested premises	142
Visits <i>re</i> other vermin (excluding rats and mice, see below)	30
Visits <i>re</i> cases of infectious disease	2,942
Visits to cases of food poisoning	7

(b) General Environmental Public Health:—

Drains and sewers inspected	2,567
Drain and Sewer Test applied.....	144
Cesspools, etc.	5
Urinals and latrines	44
Stables, manure pits, etc.	66
Piggeries (number on register at end of year 22)	108
Ditches and streams	180
Open spaces, etc.	94
Yards	1,995
Public conveniences (number on register at end of year 4)	66
Tents, vans and sheds (number on register at end of year 4)	21
Factories—Mechanical	1,004
Non-mechanical	51
Workplaces	251
Outworkers	147
Smoke observations—half hourly	126
” ” casual	677
” ” visits to plant.....	37
Cinemas, Dance Halls, etc. (number on register at end of year 27)	157
Hairdressers (number of establishments on register at end of year 88)	74
Schools (number of private schools 16)	54
Markets	36
Rats and Mice	314
Swimming baths—visits	44
” ” water examination	23
” ” chlorine tests	56

Day Nurseries	39
A.R.P. Shelters	45
War Damage	110

(c) Food, including milk, meat, water:—

Number of dairies registered at
end of year 26

Number of purveyors of milk
registered, with premises in
the Borough selling milk in
properly closed and unopened
receptacles 3

Number of purveyors of milk
registered whose premises are
outside the Borough 18

Number of dairies (included above)
where milk bottled, etc. 5

Inspection visits made to:—

Meat shops, stalls, etc. (number on register
at end of year 77) 675

Cowsheds 1

Dairies and milk shops—visits 237

” ” ” ” milk samples taken 113

Fried fish shops (number on register at end
of year 15) 87

Bakehouses (number on register at end of
year 23) 211

Ice cream premises (number on register at
end of year 83) 285

Fishmongers and poulterers (number on
register at end of year 22) 187

Greengrocers and fruiterers (number on
register at end of year 90) 359

Grocers (number on register at end of year
225) 836

Restaurants, cafés, etc. (number on register
at end of year 112) 364

Street vendors, hawkers, etc. (number on
register at end of year 17) 58

Other food premises 42

Water supply—visits 108

” ” samples taken 51

(d) Other visits and inspections:—

Massage establishments, etc.	67
Certificates lodged by Members of the Chartered Society of Physiotherapists	3
New Licences granted	3
Licences renewed	12
Noise nuisances	171
Effluvia nuisances	22
Petroleum stores	311
Miscellaneous	246
Number of verbal notices served	330
Number of verbal notices complied with	266*
Number of written notices served	549
Number of written notices complied with	428*
Number of statutory notices served	53
Number of statutory notices complied with	66*

* Includes a number of notices served in 1945
and completed in 1946.

Nuisances abated and improvements effected:—

(a) Dwelling Houses:—

Roofs repaired	103
External walls and chimney stacks repaired	47
Gutters and spouts repaired or renewed	85
Damp-proof courses provided	15
Dampness remedied	128
Yards paved or repaired	18
Internal walls and ceilings repaired	228
Doors repaired or renewed	37
Windows repaired or renewed	151
Floors repaired or renewed	90
Sub floor vent. provided or improved	24
Rooms cleansed or redecorated	184
Passages and staircases redecorated	21
Staircases repaired	4
Fireplaces and flues repaired or renewed	48
Cooking stoves repaired or renewed	7
Wash coppers repaired or renewed	1
Sinks and washbasins provided or renewed	47
Waste pipes repaired or renewed	54
Dustbins provided or renewed	186
Water supply improved or reinstated	118
W.C. walls, etc., cleansed	34
W.C. pans cleansed	11

W.C. pans repaired or renewed	73
W.C. cisterns repaired or renewed	64
W.C. structure repaired or renewed	10
W.C. lighting and vent. improved	6
W.C. flush pipe joints repaired	64
Additional W.C's. provided	5
Oversite relaid	1

(b) General Environmental Public Health:—

Drains cleansed from obstruction	918
Drains repaired or renewed	102
New drains provided	11
New inspection chambers provided	11
Inspection chambers repaired	62
Soil pipes and vent. shafts repaired	8
W.C's. repaired	3
W.C's. cleansed	11
Urinals and latrines cleansed or emptied	7
" " " additional ones provided	1
Stables, manure pits, cleansed	6
" " " repaired or renewed	1
Piggeries cleansed or limewashed	5
Pigsties repaired	1
Animals nuisances abated	7
Offensive accumulations removed	45
Ditches and streams cleansed	8
" " " pollution remedied	1
Yards cleansed or repaired	35
Tents, vans and sheds—nuisances abated	1
Smoke nuisances abated	4
Improvements in boiler plant or fuel effected	4
Cinemas, Dance Halls, etc.—contraventions remedied	6
Hairdressers—contraventions remedied	8
Markets—contraventions remedied	1
Schools—sanitary conditions improved	3
" urinals and W.C's. cleansed or re- paired	4
" additional W.C's. or urinals pro- vided	1
Noise nuisances abated	4
Effluvia nuisances abated	13
Petroleum—contraventions remedied	2

(c) Eradication of bed bugs:—

(i) Number of Council houses:—

(a) found to be infested	3
(b) subsequently disinfested	3

(ii) Number of other houses:—		
(a) found to be infested	.....	46
(b) subsequently disinfested	.....	46
(i) by hydrogen cyanide	.....	2
(ii) by sulphur	.....	2
(iii) by liquid insecticides	.....	42
Other vermin eradicated	.....	15
Verminous articles destroyed	.....	12
(d) Meat and other Food Premises:—		
Meat shops, stalls, etc.—premises cleansed.....		30
" " " " other contraventions		
remedied.....		14
Dairies—cleansed and limewashed	.....	11
" premises repaired	.....	2
" other contraventions remedied	.....	8
Bakehouses cleansed and limewashed	.....	8
" sanitary conditions improved	.....	2
" other contraventions remedied.....		5
Ice cream premises cleansed and limewashed		2
" " " sanitary conditions im-		
proved	.....	2
Fried fish shops cleansed and limewashed	.....	1
" " " sanitary conditions improved		2
" " " other contraventions remedied		1
Fishmongers, etc., contraventions remedied	.....	9
Grocers, etc., contraventions remedied	.....	31
Greengrocers, etc., contraventions remedied.....		18
Restaurants, Cafés, etc., contraventions		
remedied	.....	14
Other food premises, contraventions remedied		2
		<hr/>
		3,396
		<hr/>

(e) Unsound food surrendered:—

9 cwts Beef.	17 lbs. Meat pies.
87 lbs. Lamb	559 6-lb. tins Corned beef.
10 lbs. Lamb's liver.	8 tins Spam.
178 lbs. Ox kidneys.	1 tin Sausages.
13 lbs. Pork.	296 lbs. Sausages.
7 lbs. Tongue.	9 lbs Bacon.
161 lbs. Corned beef	6 lbs. Brawn.
trimmings.	20½ lbs. Suet.
293 lbs. Poultry.	4 6-lb. tins Corned
8 lbs. Sausage meat.	mutton.
17 lbs. Ham.	3,930 12-oz. tins Corned beef.

443 tins Stewed steak.	28 lbs. Peas.
40 tins Meat loaf.	18 tins. Tomatoes.
2 tins Chopped ham.	822 tins Beans.
1 tin Lunch tongue.	398 tins Peas.
65 tins Corned beef hash.	29 tins Carrots.
1 tin Lamb's tongues.	51 tins Mixed vegetables.
17 tins Meat & vegetables.	26 tins Beetroot.
50 tins Meat extract.	1 tin Turnips.
83 tins Soup.	3 tins Potatoes.
1 tin Irish stew.	2 jars Cucumbers.
25 tins Potted meat.	41 tins Spaghetti.
12½ stone Cod fillets.	5 tins Macaroni.
6 stone Witches.	3 pkts. Yorkshire pudding.
32 stone Kippers.	1 tin Xmas pudding.
68 stone Whiting.	3 tins Marmalade pudding.
11 stone Plaice.	1,008 pkts. Soup.
6 stone Hake.	84 bottles Sauces.
5 stone Catfish.	2 jars Paste.
7½ stone Haddock.	68 jars Pickles.
10 stone Gurnets.	24 bottles Salad cream.
7 stone Ling fillets.	10 lbs. Mixed herbs.
5 cwts. Herrings.	1 bottle Vinegar.
6 8-lb. tins Prawns.	7 lbs. Ginger.
312 tins Salmon.	4 lbs. Arrowroot.
284 tins Pilchards.	1 tin Baking powder.
218 tins Sardines.	71 lbs. Gelatine.
205 tins Herrings.	7 lbs. Curry.
22 tins Crayfish.	12 tins Gravy powder.
44 boxes Grapes.	2,545 tins Evaporated milk.
291 lbs. Prunes.	37 tins Condensed milk.
217 cartons Figs.	9 tins Skimmed milk.
3,770 lbs. Peaches.	34 tins Dried milk.
152 lbs. Cherries.	1 tin Dried egg.
111 tins Plums.	1,361 Shell eggs.
15 tins Peaches.	150 loaves Bread.
7 tins Apricots.	96 Swiss rolls.
20 tins Damsons.	2 tins Date pudding.
37 tins Pears.	16 cartons Shredded wheat.
2 tins Grapes.	72 lbs. Cheese.
2 tins Pineapples.	20 lbs. Barley.
1 tin Apples.	3 pkts. Barley kernels.
39 jars Plums.	1,187 lbs. Biscuits.
204 lbs. Lentils.	196 lbs. Oats.
23 cwts. Macaroni.	1 pkt. Quaker oats.
1 cwt. Butter beans.	102 lbs. Semolina.
48 lbs. Pea chips.	14 pkts. Cake mixture.
605 lbs. Split peas.	
189 Cauliflowers.	

2,136 lbs. Flour.	48 tins Coffee.
9 lbs. Margarine.	94 lbs. Sweets.
16 lbs. Butter.	54 lbs. Chocolates.
1,687 lbs. Sugar.	204 tins Jam.
65½ lbs. Tea.	29 tins Marmalade.
22 lbs. Cocoa.	1 tin Golden syrup.
12 bottles Coffee.	

Inspection of dwelling-houses during the year:—

(a) (i) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	3,626
(ii) Number of inspections made for the purpose	8,094
(b) (i) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925/1932	1
(ii) Number of inspections made for the purpose	4
(c) Number of dwelling-houses found not to be in all respects reasonably fit for human habitation	1,595

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	1,727
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Action under statutory powers during the year:—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—	
(i) Number of dwelling-houses in respect of which notices were served requiring repairs	1
(ii) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(1) by owners	} Nil
(2) by Local Authority in default of owners	

(b) Proceedings under Public Health Acts:—

(i) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	48
(ii) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(1) by owners	28*
(2) by Local Authority in default of owners	29†

* Includes compliance in 1946 with 14 notices served in 1945.

† Includes compliance in 1946 with 13 notices served in 1945.

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(i) Number of dwelling-houses in respect of which Demolition Orders were made	Nil
(ii) Number of dwelling-houses demolished in pursuance of Demolition Orders	

(d) Proceedings under Section 12 of the Housing Act, 1936:—

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

Overcrowding.

(a) Certificates issued to landlords, giving the permitted number of persons who may occupy a house	170
(b) Number of dwellings recorded as overcrowded at the end of the year	383
Number of families dwelling therein	455
Number of persons dwelling therein	2,115
(c) Number of new cases of overcrowding reported during the year	251

(d) (i) Number of cases of overcrowding relieved during the year	Total 65
(1) by removals of sub-tenants/lodgers	3
(2) by removal of families to other known addresses (not overcrowded)	56
(3) by removal to unknown addresses.....	6
(4) rehoused by Council (included also in (2) above) in requisitioned premises	12
Council houses	4
Temporary bungalows	21
(ii) Number of persons concerned in such cases	370
(e) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	5

Factories.

Number of factory premises — 511.

Premises.	Number of:—		
	Inspections.	Written Notices.	Occupiers Prosecuted.
*Factories with mech. power	1,215	16	—
Factories without mech. power	51	—	—
Other premises	—	—	—
Totals	1,266	16	—

* Includes 211 inspections of bakehouses with mech. power.

Defects found.

Particulars.	No. of defects:—			
	Found.	Referred to H.M. Inspector.	Prose- cutions.	
Want of cleanliness	14	14	—	—
Overcrowding	—	—	—	—
Unreasonable temperature	—	—	1	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors.....	—	—	—	—
Sanitary Convenience:—				
Insufficient	5	2	—	—
Unsuitable or defective	60	54	—	—
Not separate for the sexes	7	5	—	—
Other offences	2	2	2	—
Totals	88	77	3	—

Outworkers.

Number on register at end of year..... 152

Nature of work:—

Making, repairing of:—

Wearing apparel	140
Household linen	1
Loose covers	1
Umbrellas	1
Cardboard boxes	4
Carding of buttons	4
Toys	1

Offices.

Number on the register — 282.

Defects.	Found.	Remedied.
Want of cleanliness	—	—
Want of ventilation	—	—
Overcrowding	—	—
Sanitary accommodation:—		
Insufficient, unsuitable or defective	—	—
Not separate sexes	2	—
Obnoxious effluvia	—	—
Other nuisances	1	1
Totals	3	1

Disinfection of Premises and Articles.

Disinfections for:—

Infectious diseases	431
Cancer	7
Vermin (routine protection from)	14
Miscellaneous	4

Articles disinfected or destroyed:—

	Disinfected.	Destroyed.
Bedding and bedclothing	2,977	38
Wearing apparel	42	8
Carpets, rugs, cushions	111	1
Others	32	5
Towels and Gowns from Wembley Hospital <i>re</i> Scabies Scheme	50 lots	

Rats and Mice (Destruction) Act, 1919.

Work carried out during the year:—

(1) Number of premises visited	1,328
(2) Number of visits by Sanitary Inspectors	314
(3) Number of visits by Rodent Control Assistants	9,040
(4) Number of premises found to be infested	722
(5) Number of premises which received treatment by Rodent Control Assistants	589
(6) Number of premises satisfactorily treated privately	132
(7) Number of Council premises (included in (5))	26

Milk (Special Designations) Orders.

Licences issued.

	Dealers.	Supple- mentary.	To Bottle.	To Pasteurise.
Tuberculin tested	14	7	1	—
Accredited	1	—	—	—
Pasteurised	26	9	—	1

Samples of designated milk taken.

	No. of samples taken.	No. not satisfactory.
Pasteurised	64	7
Tuberculin tested	13	2
T.T. (Pasteurised)	19	5
T.T. (Certified)	5	3
	101	17

Laboratory Examinations re Food, Milk and Water.

Examinations made.	31.3.46	Quarter ending 30.6.46	30.9.46	31.12.46	Total for 12 months
Food	—	1	3	—	4
Milk	22	45	29	15	111
Water	15	22	26	11	74

Chemical tests for chlorine content of Swimming Pool water made by inspectors, 56.

CHAPTER VII.

ADMINISTRATION, STAFF, SUMMARY.

1. The previous chapters give a report on the work of the Department in 1946, both generally and in detail in certain particulars, as well as being a review of the development and expansion during the last ten years of the Borough's Health Services. Such an expansion is all the more remarkable because of the dominating priority of Air Raid Precautions and Civil Defence in the seven years 1938 - 1945. The estimated expenditure for the Public Health Services for the financial year 1946-47 mainly enumerated in this report was £54,899, excluding School Health Services, or 9.4d. in the pound.

2. Administratively, the Department is divided into five sections dealing with (1) Staff, supplies, equipment, finance, etc., (2) infectious diseases and hospitalisation, (3) Maternity and Child Welfare, (4) School Health services and Day Nurseries, (5) Environmental hygiene and food. These five sections are in no sense watertight compartments, the professional technical Officers having duties in all the sections, some in some sections more than in others according to their specialities. The clerical staff overflow into all five sections under the day to day supervision and co-ordination of the Chief Clerk; the professional technical staff being, as far as possible, relieved of clerical duties which may be delegated to these Officers. Some de-centralisation of administration of the Clinic Services has taken place, with considerable benefit. There are several matters occurring constantly at the Clinics which may appropriately be dealt with on behalf of the Medical Officers and Health Visitors by a clerical Officer, relieving them for their more technical responsibilities to those seeking professional advice. At Stag Lane Clinic four Health Visitors and at One Tree Hill Clinic three Health Visitors now have their centres, being assisted by two clerical Officers one at each centre. The saving in time spent on travelling to and from the Town Hall alone, along with the many arrangements (hospitalisation, consultation appointments, letters *re* other services, etc., etc.) being dealt with immediately by the clerical Officers at the Clinics have been a great advantage, especially since so many extra responsibilities have been undertaken under the Education Act, 1944.

3. Various booklets are issued and kept up to date for the information and general guidance of the staff, to the Medical Officers, the Health Visitors, the Sanitary Inspectors, and the Clerical Officers, while, in addition, booklets are also compiled dealing comprehensively with the School Health Services and the Day Nursery Services.

4. An indication of the considerable growth in the work of the Department is shown by the necessary growth of the staff:—

Staff.	Dec. 1936.		Dec. 1946	
	Full time.	Part time.	Full time.	Part time.
Medical Officers	1	4	6	7
Auxiliary staff:—				
Speech Therapist	—	—	—	1
Physiotherapist	—	—	—	1
Dental Officers	—	1	5	—
Dental Attendants	—	—	5	—
Panel of Anæsthetists for Dental Sessions	—	—	—	5
Health Visitors	8	—	18	—
Ancillary staff	—	—	11	—
Sanitary Inspectors.....	5	—	6	—
Ancillary staff	5	—	9	—
Nurseries personnel	—	—	49	13
Ancillary domestic staff	—	—	7	26
Ambulance personnel	—	—	17	—
Clerical Officers	6	—	21	—
Totals	25	5	154	53

Full-time personnel — 154.

Professional, Technical and Ancillary.	Clerical Administrative.
133	21
86%	14%

With the co-ordination throughout the five sections of the Department it will be noted that it has been possible to arrange administration with only 14% of the full-time Officers being clerical administrative while, in addition, of course, clerical administrative duties fall upon these Officers with regard to the 53 part-time Officers detailed above.

5. During these ten years the most important addition to the responsibilities of the Department has been, of course, the assumption of the School Health Services under the Education Act, 1944. This service is now fully co-ordinated with the other Health Services of the Council. The Day Nursery Service is also a new one, as was the assumption by the Department of responsibility for the Ambulance Service. Under the Rats and Mice Destruction Act, complete delegation from the County Council increased con-

siderably the duties of the inspectorial section. The growth in population, the expansion of the services and the constant addition of duties by the Ministry of Health have meant periodic survey and adjustment and absorption of details.

6. At the time of writing (May, 1947) discussion is about to commence with the Middlesex County Council regarding Part III of the National Health Service Act, 1946. In the new Act the Local Health Authority shall be the County Council, who shall submit to the Minister proposals for carrying out the following duties:—provision of proposals regarding Health Centres, The care of Mothers and Young Children, Midwifery, Health Visiting, Home Nursing, Vaccination and Immunisation, Ambulance Services, Prevention of illness, Care and after-care, while the Local Health Authority may also make such arrangements as the Minister may approve, for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mental defective, aged, or a child not over compulsory school age within the meaning of the Education Act, 1944 (obviously related to the present Borough Services—Domestic Helps and Home Helps). There must, then, soon be changes in the arrangements for the Health Services in the Municipal Boroughs. Wembley's record surely is high, indeed. This report is an indication of the aim of the Council throughout the years to build up an efficient, full and comprehensive Health Service.

7. It has been both a privilege and an opportunity to serve the Council during this development and I hope I may be allowed to express my thanks for the way in which the Services given by the Department have always been appreciated. I would like to record also the very efficient and loyal services it has been my good fortune to receive from one and all of the staff of the Public Health Department. I would mention particularly the most excellent services of Miss V. Matthews, Superintendent Health Visitor, Mr. R. M. Turner, Chief Sanitary Inspector, and Mr. H. N. Ryan, Chief Clerk, who have supervised the details of their respective sections so ably and so happily.

I have the honour to be, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

A. G. MORISON,

Medical Officer of Health.

21st June, 1947.

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

ably the duties of the Inspector General. The growth of population, the expansion of the services and the constant addition of duties by the Ministry of Health have meant periodic surveys and adjustments and changes of detail.

6. At the time of writing (May 1947) discussion is about to commence with the Midwestern County Council regarding Part III of the National Health Service Act, 1946. In the new Act the Local Health Authority shall be the County Council, who shall submit to the Minister proposals for carrying out the following duties: provision of proposals regarding Health Centres, the care of Mothers and Young Children, Midwifery, Health Visiting, Home Nursing, Vaccination and Immunisation, Ambulance Services, Prevention of Blindness, Care and after-care, while the Local Health Authority may also make such arrangements as the Minister may approve, for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mental defective, aged, or a child not over compulsory school age within the meaning of the Education Act, 1944 (including children in the care of the Local Authority). These duties shall be carried out by the Local Health Authority or by such other persons as the Local Health Authority may determine. The Local Health Authority may also make such arrangements as the Minister may approve, for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mental defective, aged, or a child not over compulsory school age within the meaning of the Education Act, 1944 (including children in the care of the Local Authority). These duties shall be carried out by the Local Health Authority or by such other persons as the Local Health Authority may determine. The Local Health Authority may also make such arrangements as the Minister may approve, for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mental defective, aged, or a child not over compulsory school age within the meaning of the Education Act, 1944 (including children in the care of the Local Authority). These duties shall be carried out by the Local Health Authority or by such other persons as the Local Health Authority may determine.

At Victoria Road,
London, W. 2.

7. It has been a privilege to have the opportunity to serve the Council during this development and I hope I may be allowed to express my thanks for the way in which the Services given by the Department have always been appreciated. I would like to record also the very efficient and loyal services it has been my good fortune to receive from one and all of the staff of the Public Health Department. I would mention particularly the most excellent services of Miss F. Matthews, Superintendent Health Visitor, Mr. R. M. Turner, Chief Sanitary Inspector, and Mr. H. N. Ryan, Chief Clerk, who have supervised the details of their respective sections so ably and so happily.

I have the honour to be, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

A. G. MORISON,

Medical Officer of Health

21st June 1947