Willesden Urban District Council.

1924.

THE

49th ANNUAL HEALTH REPORT.

GEORGE F. BUCHAN, M.D., D.P.H.,
Medical Officer of Health.

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† Member of Children's Care Committee. ‡ Member of Children's Care Assessment Sub-Committee.

TOWN HALL,
DYNE ROAD, KILBURN, N.W. 6.
30th April, 1925.

To the Willesden Urban District Council—
The Local Sanitary Authority,
and the Local Education Authority.

I beg to submit herewith the Annual Health Report for Willesden for the year 1924. This Report includes :—

(i.) The 49th Annual Report on the health and sanitary condition of the district ;
(ii.) The 17th Annual Report on the health of children attending the public elementary schools ;
(iii.) The 5th Annual Report on the health of children attending secondary schools ;
(iv.) The 7th Annual Report on dental work in connection with children attending the public elementary schools, expectant and nursing mothers and children under 5 years ;
(v.) The 5th Annual Report on home nursing ;
(vi.) The 10th Annual Report on the provision of meals to children attending the public elementary schools ;
(vii.) The 33rd Annual Report on the Municipal Hospital.

The Report is written in accordance with the requirements of the Ministry of Health and Board of Education.

VITAL STATISTICS.

The population of Willesden at Midsummer, 1924, was 171,161.

2,843 births occurred in Willesden during 1924, giving a birth rate of 16·61 per 1,000 of the population. Excluding certain War years, this is the lowest birth rate ever recorded in Willesden during a normal year.

1,782 deaths occurred in 1924, giving a death rate of 10·41 per 1,000 of the population.

The infant mortality rate which in 1922 was 59 and in 1923 53 rose last year to 73 per thousand births.

208 deaths of infants under one year occurred. 164 or 78.8 per cent of these 208 deaths were due to :—

1. Congenital Malformations (11), Premature Births (45), Atrophy, Debility and Marasmus (32) ;
2. Diarrhœa and Enteritis (10) ;
3. Whooping Cough (8) ;
4. Measles (10) ;
5. Bronchitis (12) ; and
6. Pneumonia (36).

Year by year these six causes of death account for some 75 to 80 per cent. of all deaths of infants under one year of age and active measures are required to prevent these conditions proving fatal.

INFECTIOUS DISEASES.

During the year 1924, 1,458 cases of Infectious Disease were notified as compared with 1,624 in the previous year. The total of 1,458 includes 327 notifications of Diphtheria, as compared with 456 in 1923, and 244 cases of Scarlet Fever as compared with 248 in the previous year. 2 deaths from Scarlet Fever and 9 deaths from Diphtheria were recorded in 1924, as compared with 3 deaths from Scarlet Fever and 21 from Diphtheria in 1923.

RETURN CASES OF SCARLET FEVER.—The following statement gives the return cases that have occurred during 1924 :—

I. HOME CASES.—Approximately 47.

(*a*) No. of infecting cases giving rise to return cases not longer than 28 days after release from isolation 0
,, return cases they gave rise to 0
,, infecting cases per cent. of total home cases 0
,, return cases per cent. of total home cases 0

(*b*) No. of infecting cases giving rise to return cases more than 28 days after release from isolation	0
,, return cases they gave rise to	0
,, infecting cases per cent. of total home cases	0
,, return cases per cent. of total home cases	0

II. Hospital Cases.—Approximately 197.

(*a*) No of infecting cases giving rise to return cases not longer than 28 days after discharge	2
,, return cases they gave rise to	2
No. of infecting cases per cent. of total hospital cases	1·0
,, return cases per cent. of total hospital cases	1·0
(*b*) No. of infecting cases giving rise to return cases more than 28 days after discharge	2
,, return cases they gave rise to	2
,, infecting cases per cent. of total hospital cases	1·0
,, return cases per cent. of total hospital cases	1·0

Small Pox.—Ten cases of this disease occurred in Willesden during 1924. All occurred in one house. The type of the disease varied from mild small pox to the most virulent hæmorrhagic type, three of the ten cases proving fatal. These cases were first brought to the notice of the Medical Officer of Health on the 24th June, 1924, and during the three succeeding weeks certain officers of the Department were detached for small pox duty only, under the direct personal supervision of the Medical Officer of Health. The recent movements of the cases were traced and all persons who had been in contact with the cases for a fortnight prior to the development of small pox were specially investigated with the view of tracing the origin of the disease. Every possible assistance was given by Medical Practitioners in Willesden and by Medical Officers of Health of other districts but no case came to light which was likely to have infected the first of the ten cases which were brought to the notice of the Medical Officer of Health in Willesden. All persons who had been in contact with the cases were kept under surveillance for a period of fourteen days from their last contact. Two of these persons subsequently developed small pox, one in the Midlands and one in London. As they were under observation in their respective districts and were at once isolated on the appearance of symptoms, no extension of the disease occurred.

The Public Elementary Schools in Willesden where the three school children out of the ten cases attended were kept under daily observation and all children absent from school were visited by officers of the Health Department. The Board of Guardians were communicated with and vaccination was freely offered to all who cared to avail themselves of this protection against the disease.

Altogether 2,500 visits were made by the staff of the Health Department to homes, works and schools in connection with the outbreak, and it is satisfactory to record that this vigilance met with its reward. No cases beyond the ten occurring in the originally infected house occurred in Willesden and the district was thereby saved the anxieties, interference with work and trade and expense, which are inseparable from any spread of small pox, especially of the severe type.

The ten cases were removed to the Willesden Small Pox Hospital at Kingsbury. This Hospital was burnt down in 1912 and has not since been rebuilt. Only one ward exists and the patients to be treated included men and women and young persons of both sexes. It was only possible to arrange for the treatment at this Hospital as these were all members of one family. Difficulties arose in connection with the measures to be taken for dealing with the outbreak and preventing its spread on account of lack of adequate hospital accommodation. As a result the proposal of the Council to re-erect the Small Pox Hospital at Kinsbury has matured and it is hoped that shortly a suitable hospital will be available should unfortunately similar circumstances arise again in the district.

Typhoid Fever.—19 Cases of this disease were notified during 1924. Of these 19, 10 were treated in the Municipal Hospital, 3 in Park Royal Hospital, 3 in London Hospitals, and 3 in their own homes.

Of the 10 removed to the Municipal Hospital, 5 were diagnosed as typhoid fever and all recovered. 5 were diagnosed as not typhoid fever. 2 of these proved fatal, 1 from ulcerative colitis and 1 from spleno medullary leukæmia.

1 death from typhoid fever was notified during the year in respect of a girl at a boarding school in Willesden who died outside the district.

Encephalitis Lethargica, Poliomyelitis, Cerebro-Spinal Meningitis.—23 cases of these diseases were notified in 1924.

Puerperal Fever.—During 1924 12 cases of Puerperal Fever were notified and investigated. This gives a case rate of 0·42 per 100 registered births as against 0·29 in 1923.

2 of these notified cases proved fatal which gives a case mortality of 16·7 per 100 cases, and a maternal mortality from this cause of 0·7 per 1,000 births. The maternal mortality from all causes was 1·4 per 1,000 births.

In 9 of the 12 notified cases a private doctor was in attendance at birth, in 1 case the doctor arrived after the birth of the child, in 1 case the birth was attended by a midwife, and in the 12th case the birth occurred in a London Hospital. The other particulars of the cases are as follows :—

4 cases were instrumental.
1 case " chloroform " (London Hospital case).
1 case difficult labour—adherent placenta—post partum hæmorrhage.
1 case child still born.
1 case miscarriage 5 months.
4 cases normal as far as ascertained.

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3 cases were treated at home, one subsequently attending the Royal Free Hospital as an out-patient. These 3 cases recovered.
1 case was treated in St. Bartholomew's Hospital and proved fatal.
1 case was treated in The London Hospital and recovered.
1 case was treated in the Municipal Hospital and recovered.
6 cases were treated in Park Royal Hospital, 1 proved fatal, 5 recovered.

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Ophthalmia Neonatorum.—The number of cases of this disease notified during the year was 29, giving a case rate of 10·2 per 1,000 registered births. A private doctor attended at the confinement in 19 cases, a midwife in 9 and the remaining case was born in a hospital. Treatment was obtained at a hospital in 5 cases, at the Municipal Clinics in 7 cases and by a private doctor at home in 17 cases. Complete recovery with unimpaired vision occurred in 25 cases, in one case one eye was permanently injured, while one case was still under treatment at the end of the year, and in 2 other cases the children died, one from bronchitis and debility and one from prematurity.

MOTHERS AND CHILDREN UNDER FIVE YEARS.

Municipal Centres.—At the Municipal Clinics, including the Ringworm Clinic, expectant mothers attended the medical consultations on 753 occasions ; nursing mothers, 5,525 ; and children under 5, 10,804 ; making a total of 17,082 attendances. These figures when compared with the corresponding figures for 1923 show a fall of 6,189 attendances.

The regulations in force as regards the admission of cases to hospital for confinement, and the eligibility of cases for medical or dental treatment at the Clinics account for the diminished number of attendances.

Out of the total number of children born in Willesden during the year, 508 or 17·9 per cent., subsequently attended the Welfare Centre.

The number of births occurring amongst expectant mothers who attended the Ante-Natal Clinic was 255 ; 47·1 per cent. of these mothers with their babies subsequently attended the Welfare Centre.

SCHOOL FOR MOTHERS.

Clinic 1.—The work in this department has been very satisfactory, the total attendances for the year 1924 being 2,310, and the average daily attendance 9·5.

In spite of the abnormally wet summer the attendances remained steady, and the mothers attending have shown marked interest in the lectures and demonstrations arranged. No less than 23 expectant mothers have attended the classes and made their infants' outfits, and all continued to attend for instruction after the birth of the child.

An exhibition of work done by mothers attending the School was held during Baby Week, July 1st-4th, 1924, and the standard of work was very high, over 60 garments being exhibited.

During Baby Week talks were given on " Hay Box Cookery," by Miss Holman, Meals Supervisor ; " Breast Feeding," by Dr. Troup, Clinic Medical Officer ; and " The Care of the Teeth," by Mr. Jennings, Clinic Dentist. There were also practical demonstrations of food storage and bathing and dressing of the New Born Infant. 74 scholars from the Council's Schools also attended the Exhibition, and displayed great interest.

During the year 2,466 children were looked after in the Nursery while their mothers attended the School. All the children showed a satisfactory standard of clothing and personal hygiene.

Clinic 2 and Lower Place.—In April 1924 mothercraft classes were started at Clinic 2, and at the Medical Inspection Centre, Lower Place.

The total attendances at Clinic 2 were 380 mothers and 128 children, giving an average per session of 5 mothers and 2 children approximately.

At Lower Place the attendances of mothers amounted to 206 and of children 214, giving an average per session of 6 mothers and 6 children approximately.

At Clinic 2 there is no suitable accommodation for a mothercraft class or nursery. The two small rooms on the second floor used for this purpose form the dental waiting and recovery rooms and are available only when the dentist is out at a school.

During the school terms three sessions have been held weekly. At each session instruction in needlework and a "Health Talk" are given. The mothers are shown suitable patterns and materials for children and given help in cutting out and re-making clothing. Certain cotton materials, flannel and wools are sold.

In connection with the "Health Talks" it has been encouraging to note the interest aroused in the mothers as shown by the questions asked and subjects named for future talks.

The Medical Inspection Centre at Lower Place has formed a place for experiment as to the advisability of establishing a mothercraft centre there. It consists of a medium-sized room used for the mothers and the entrance lobby for the children and prams. One session per week on the same lines as at Clinic 2 has been held.

The number of mothers and children attending has outgrown the space available and justifies the provision of suitable premises for teaching hygiene and the chief subjects of mothercraft, with nursery and pram accommodation for the children of the mothers attending.

The mothers have asked for more than one session per week and appear keenly interested in the talks.

PUBLIC ELEMENTARY SCHOOL CHILDREN.

Medical Inspection.—Article 58(b) of the Code of Regulations for Public Elementary Schools requires annually the medical inspection of the following groups of children :—

(1) All children admitted to the schools.

(2) All children between 8 and 9 years of age ; and

(3) All children between 12 and 13 years of age, together with children over 13 years of age who have not been examined on reaching the age of 12.

During 1924 the routine examination of the 3 Code groups has been carried out. 7,336 children were examined, 1,519 being "Entrants," 2,038 "Intermediates," and 3,779 "Leavers," and as a result 2,776 medical defects were referred for treatment, and 441 to be kept under observation.

Medical Treatment.—During the year 1924 school children were followed up by the Health Department on account of 17,727 medical defects and 10,416 dental defects. Of those defects found to require treatment, medical or dental treatment was obtained for 9,311 and domestic treatment was obtained for 7,007. 89·7 per cent. of the medical defects were treated, 48·2 per cent. receiving medical treatment and 41·5 per cent. domestic treatment ; 11 per cent. of the dental defects followed up were treated. No record is available of defects requiring treatment which were not followed up. Of the total medical defects treated 80 per cent., and of the total dental defects 77 per cent., were dealt with by the Education Committee. The remainder, or 20 per cent. of the medical defects, and 23 per cent. of the dental defects treated were dealt with by private practitioners, voluntary hospitals, or other charitable institutions, or the Poor Law. In connection with the defects treated, the children concerned made 37,305 attendances at the School Clinics in 1923, as compared with 43,980 in the previous year.

In April, 1923, and again in September/October, 1924, revised schemes for Maternity and Child Welfare and School Medical Treatment came into force. The following table shews the effect of the revisions made from time to time on the attendances at the Council's Clinics :—

Four weeks ending	M. & C.W. Clinic Attendances.	S.M.S. Clinic Attendances.	Total Clinic Attendances.	Remarks.
22.1.21	3,953	5,250	9,203	Includes holidays.
19.2.21	4,140	7,205	11,345	
19.3.21	3,875	7,250	11,125	
16.4.21	3,697	5,292	8,989	Includes holidays.
14.5.21	4,125	6,558	10,683	
11.6.21	3,497	5,321	8,818	Includes holidays.
9.7.21	3,505	6,004	9,509	
6.8.21	3,147	3,381	6,528	Includes holidays.
3.9.21	3,420	3,290	6,710	Includes holidays.
1.10.21	3,557	5,990	9,547	
29.10.21	1,971	2,824	4,795	Registration fee imposed 1/10/21 for M. and C.W. and S.M.S.
26.11.21	2,022	3,083	5,105	
31.12.21 (5 weeks) ...	2,320	3,302	5,622	Includes holidays.
Totals, 1921 (53 weeks)	43,229	64,750	107,979	

Four weeks ending	M. & C.W. Clinic Attendances.	S.M.S. Clinic Attendances.	Total Clinic Attendances.	Remarks.
28.1.22	2,076	2,781	4,857	Includes holidays.
25.2.22	2,516	3,443	5,959	
25.3.22	2,334	3,423	5,757	
22.4.22	2,117	2,459	4,576	Includes holidays.
20.5.22	2,340	3,196	5,536	
17.6.22	2,117	2,767	4,884	Includes holidays.
15.7.22	2,168	3,640	5,808	Registration fee withdrawn 10.7.22 in respect of S.M.S. only. M. and C.W. registration fee still operative.
12.8.22	1,998	2,360	4,358	Includes holidays.
9.9.22	2,115	2,693	4,808	Includes holidays.
7.10.22	2,350	5,378	7,728	
4.11.22	2,238	5,191	7,429	Includes holidays.
2.12.22	2,265	5,559	7,824	
30.12.22	1,765	4,124	5,889	Includes holidays.
TOTALS, 1922 (52 weeks)	28,399	47,014	75,413	
27.1.23	2,123	4,627	6,750	Includes holidays.
24.2.23	2,032	5,339	7,371	
24.3.23	2,323	4,841	7,164	Registration fee in respect of M. & C.W. withdrawn 28.2.23.
21.4.23	2,284	3,254	5,538	Includes holidays. First Revised M. and C.W. and S.M.S. Schemes came into operation, 1.4.23.
19.5.23	2,284	3,266	5,550	
16.6.23	2,082	3,008	5,090	Includes holidays.
14.7.23	2,230	3,139	5,369	
11.8.23	1,889	1,959	3,848	Includes holidays. New Declaration Form for M. and C.W. Cases in force, 30.7.23.
8.9.23	1,304	1,617	2,921	Includes holidays.
6.10.23	1,558	3,547	5,105	
3.11.23	1,473	3,426	4,899	
1.12.23	1,235	3,543	4,778	
29.12.23	987	2,414	3,401	Includes holidays.
TOTALS, 1923 (52 weeks)	23,804	43,980	67,784	
26.1.24	1,219	2,435	3,654	Includes holidays.
23.2.24	1,477	3,527	5,004	
22.3.24	1,477	3,476	4,953	
19.4.24	1,203	2,792	3,995	Includes holidays.
17.5.24	1,272	2,984	4,256	Includes holidays.
14.6.24	1,200	2,914	4,114	Includes holidays.
12.7.24	1,428	2,897	4,325	
9.8.24	760	1,155	1,915	Includes holidays. Clinic 2 closed for repairs.
6.9.24	745	960	1,705	Includes holidays. Clinic 2 closed for repairs.
4.10.24	1,614	3,452	5,066	Second Revised M. and C.W. Scheme in operation 25.9.24 Second Revised S.M.S. Scheme in operation 3.10.24.
1.11.24	1,831	3,815	5,646	
29.11.24	1,771	3,614	5,385	
3.1.25 (5 weeks)	1,605	3,284	4,889	Includes holidays.
TOTALS, 1924 (53 weeks)	17,602	37,305	54,907	

Cleanliness in the Schools.—Cleanliness inspections were carried out in the schools on 817 occasions during the year 1924, the average number of visits paid to each school by the Health Visitor being 26. The total number of examinations made was 43,024, and 8·9 per cent. of the children were found to be nitty or verminous as against 11·4 in 1923. The cleanliness inspections held at the schools bring to the notice of the Health Nurse many cases which would otherwise not be reported, and are the chief sources of information as to the cleanly or uncleanly condition of the children. They also enable the Health Nurse to keep in touch with cases requiring constant supervision and more co-operation is received from parents in their endeavour to keep the children free from nits and vermin when they realise that by these regular inspections neglect on their part results in a warning notice, and may terminate in prosecution if a certain standard of cleanliness is not maintained. Court proceedings are still being taken in troublesome cases under Section 122 of the Children Act, 1908 (now Section 87 of the Education Act, 1921), and this fact acts as a deterrent to parents who might otherwise be neglectful.

In 1924 it was found necessary to institute proceedings only in 17 cases as against 44 in 1923.

The percentage of nitty and verminous children recorded upon routine inspection at the schools from year to year since 1914 is as follows :—

1914 ...	20%
1915 ...	23%
1916-19	Results not recorded owing to war.
1920 ...	11·9%
1921 ...	9·8%
1922 ...	8·3%
1923 ...	8·2%
1924 ...	7·1%

ABNORMAL CHILDREN.

Under this category are included the following classes of children—merely dull or backward, Mentally Defective (feeble-minded), Imbecile, Moral Imbecile, Idiot, Physically Defective, Blind or Partially Blind, Deaf-mute or semi-mute or semi-deaf, and Epileptic. These cases are reported to the Authority by Parents, Head Teachers, Health Visitors, School Attendance Officers, Hospitals and similar Institutions, Voluntary Societies and Private Medical Practitioners. They are submitted to a special medical examination and are placed in a Special Day or Residential School or ordinary elementary school according to the character and degree of the abnormality.

During the year 1924, 398 special children were examined or re-examined. Of the 105 original examinations included in the 398 examined, 42 were found to be physically defective, 17 mentally defective, 4 idiots, 6 blind or partially blind, 7 deaf or partially deaf, 6 epileptics, 19 dull or backward and 4 normal.

The types of children most difficult to deal with are the dull and backward and those physically defectives suffering from anæmia and debility and other diseases in an incipient stage.

Dullness and backwardness may be due to defective intelligence, but in many cases it is caused by impaired vitality due to defective frame, improper feeding and unfavourable environment. If these children are compelled to attend an ordinary elementary school and more particularly one where ventilation and lighting are deficient and where the general hygienic conditions are subnormal, their condition cannot improve and in every probability it will be aggravated. If they are kept away from their school their education must suffer. What they require is teaching under the best possible hygienic conditions and this can be accomplished at an open-air school, where the child will be fed regularly and properly, given an adequate amount of play and rest and treated with sunshine, baths and exercises in the open air.

The child who is dull or backward but whose general health is good, also requires special consideration. He cannot receive the individual attention and particular supervision he requires in a class of an ordinary elementary school suitable to his age, and there are many objections to older children being taught in classes where the large majority of the children are considerably younger. In fact these children require special classes for themselves, where the numbers are limited and where each child can be given tuition suitable to his degree of backwardness. As a beginning it would probably be best to institute classes for dull and backward children in particular areas and the children could be drawn from the group of schools in each area.

Physically defective children suffering from anæmia and debility and other diseases in an incipient stage can only be satisfactorily dealt with when an open-air school is established in Willesden. At present the more pronounced cases may be sent to a Convalescent Home or Residential Open Air School, but unless the favourable conditions are maintained after their return from the country, they are almost certain to drift back again to their former state of health.

Mentally Defective Children.—The law regarding the certification of children suitable for admission to the Special School for Mentally Defectives presents certain difficulties. Under the Education Act, 1921, it is the duty of the Local Education Authority to make arrangements for ascertaining what children in their area not being merely dull and backward, are defective, that is to say, what children by reason of mental defect are incapable of receiving proper benefit from the instruction in an ordinary public elementary school, but are not incapable by reason of that defect of receiving benefit from instruction in such classes or schools as may be provided by the Act for defective children. For the purpose of ascertaining whether a child is defective within the

meaning of the Act, a certificate to that effect by a duly qualified medical practitioner approved by the Board of Education is required in each case. This certificate is in a form prescribed by the Board of Education and is as follows—" I certify that this child, not being merely dull or backward, and not being an idiot, an imbecile or a moral imbecile, is feeble-minded within the meaning of the Mental Deficiency Act, 1913, but is not capable by reason of mental defect of receiving benefit from instruction in a special school or class under the Education Act, 1921."

Feeble-minded persons under the Mental Deficiency Act, 1913, are defined as follows :—" persons in whose case there exists from birth or from an early age, mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others or in the case of children, that they by reason of such defectiveness, appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools."

A child may be so retarded educationally and of such sub-normal scholastic capacity that it may be fairly described as incapable of receiving proper benefit from the instruction in an ordinary elementary school, but on the other hand the child may be able to accommodate itself to its particular environment and be able to hold its own in its daily life, in other words, it has not got that degree of social defect that a Certifying Officer would feel justified in certifying it as Feeble-minded within the meaning of the Mental Deficiency Act, 1913.

Such children cannot therefore be compelled to attend a Special School or Class for defective children and the urgent need for making provision for their education is apparent.

At one school in Willesden, namely, Lower Place Senior Mixed School, a special class for the following types of children has been formed, (1) dull or backward, (2) children who are too old for an Infants' Department and who have attended school so irregularly as not to be fit from an educational point of view to be placed in a class in a Senior Department, (3) children of awkward temper and character who have reached Standard 2 and who are better suited in a Senior Department where the discipline is stricter. This class was instituted a few years ago and last year it was decided to restrict the numbers to about 25. The course given is an intensive one, and certain subjects are taught by means of simple plays. The progress of the children is reviewed at frequent intervals and those children who are considered to have made sufficient advancement are drafted into the ordinary classes.

A type of abnormal child which is being met with and which is extremely difficult to deal with is the child suffering from mental changes due to an attack of Encephalitis Lethargica or Sleepy Sickness. This disease varies much in the intensity of attack. An individual may be very gravely ill, but on the other hand the illness may be so transient that the true nature of it escapes notice at the time. The after effects however may prove serious. A child may shew marked signs of intellectual or moral degradation. A child who previous to the illness was bright may become dull and be no longer able to take the same place in school. Another child who had previously been well-behaved may undergo a complete change in character and become addicted to lying, petty thieving or more serious offences. There may be an entire lack of shame and remorse for the misdeeds and punishment has little or no deterrent effect. Cases in which these symptoms are present to such a degree as to prevent the individual " from managing himself or his affairs " or are such as to necessitate " care, supervision and control for his own protection or for the protection of others " can be dealt with under the Mental Deficiency Act, 1913, but cases which do not come under these categories cannot be so dealt with, and the question of making special provision for the education and control of these children requires careful consideration.

Leinster Road Mentally Defective School.—The certified accommodation at this school is for 100 children, and during the year under review the average number on the roll was 90, the actual number on the roll at 31st December, 1924, being 91. The average attendance for the year was 79. There were 20 children awaiting admission to this school at the end of the year, due to insufficuent ambulance accommodation.

The staff which was reduced by one full-time assistant in 1923 remains at one Head Teacher and three full-time assistants. Arrangements were made for the provision of a part-time assistant to train a class of boys in bootmaking to start early in 1925. There are in the school 35 boys over 11 years of age suitable to attend this class, but the number to be admitted is limited to 8, leaving 27 boys for whom no provision has been made. Owing to the loss of the full-time assistant teacher in 1923, it has been found necessary to cut down the time given to instruction in handiwork by more than one half. In order to provide sufficient vocational training, the services of a full-time instructor in manual work is required. This would allow of a class of eight boys receiving instruction for 4 hours per week. At present the hall of the school is used for manual work which is not a satisfactory arrangement and more accommodation is required.

Two children were reported to the Local Control Authority as incapable of receiving further benefit from instruction in the school, two were reported as Imbeciles, and one was reported as incapable of being instructed without detriment to the interests of the other children.

The certifying Officer visits the school weekly for the purpose of revision of classification and for medical examination of the children. The parents are notified of any defects requiring attention. 76 such examinations were made during 1924.

Four children were given sanction to leave the school before reaching the age of 16 years. Two of the children had got situations as errand boys, one had found employment with an instrument maker and the fourth had obtained a domestic post.

The school dinner is provided by arrangement with the Granville Road Mission at a cost of 3½d. per head. On an average 23 children take the dinner, 32 bring their own lunch, and the remainder go home.

Furness Road Physically Defective School.—The certified accommodation at this school is for 60 children, and during the year the average number on the roll was 46, the actual number on the roll on the 31st December, 1924, being 48. The average attendance for the year was 38 and there are 13 children awaiting admission.

This school takes the physically defective children over 12 years of age, the younger children attending Leopold Road Physically Defective School. The staff consists of one Head Teacher and one full-time assistant. The Head Teacher also acts as Head Teacher for the Junior School, the latter being in the care of an Assistant-in-Charge.

The school premises at this school are unsatisfactory from several points of view. The class room is situated between two playgrounds which are used by the children attending the ordinary elementary school, and the following time-table shews how much the work of the physically defective school is being interrupted :—

10.30 a.m.	Commencement of the Physically Defective School's morning session.
10.30 a.m. to 10.45 a.m.	Playtime for Furness Road Ordinary Elementary School.
12 noon...	Ordinary Elementary School dismissed.
12 noon to 2.0 p.m. ...	Games in the playground, *e.g.*, football, netball.
1.0 p.m.	Dinner hour for the Physically Defective School.
2.0 p.m.	Ordinary Elementary School re-assembles.
2.30 p.m.	Physically Defective School re-assembles.
3.0 p.m. to 3.15 p.m. ...	Playtime for the Ordinary Elementary School.

During every day that the weather is fine, drill and organised games for the pupils attending the ordinary elementary school are held in the back playground. These drills and games are held both during the morning and afternoon sessions and are of 20 to 30 minutes duration.

More accommodation is required. As a minimum two ordinary class rooms ought to be provided with a rest room, a work room and a dining hall. At present a part of a cloakroom is improvised as a Doctor's and Nurse's room, which is unsatisfactory.

During fine weather it is desirable in a physically defective school to conduct the classes in the open air. Owing to the playground at this school being also used by the ordinary elementary school it is not possible for this arrangement to be carried out.

During the year 3 children were transferred to ordinary elementary schools and two were allowed to leave school before reaching the age of 16 years.

The school dinner is provided at the Furness Road Feeding Centre. 27 children have their dinners there, 5 bring their own lunch and the remainder go home.

Situations in the following occupations were obtained by pupils leaving the school during the year :—cabinet maker, motor engineer, French polisher, stone mason and waitress and one boy is continuing his education at a private college.

Leopold Road Physically Defective School.—The certified accommodation at this school is for 40 children. During the year the average number on the roll was 41, the actual number on the roll on the 31st December, 1924, being 38. The average attendance for the year was 33, and there are 9 children awaiting admission. The staff consists of two assistant teachers, the senior being in charge. The dinners are brought from Strode Road Feeding Centre and are served in the Laundry Centre of Leopold Road School. All the children take the school dinners. The lack of a heating apparatus for the Doctor's room has now been remedied, a gas stove having been provided. An inside lavatory is required as some of the younger cripple children are unable to proceed to the outside latrine unescorted. During the year 7 children were transferred to ordinary elementary schools and one child was granted permission to attend a private school.

A trained nurse who also acts as ambulance attendant is attached to each of the Physically Defective Schools. She treats such minor ailments as require it and supervises the personal cleanliness and the care of the teeth and hair of the children. She arranges for the repair of surgical instruments and boots and undertakes the massage of the children who have been ordered this treatment by their Surgeon and who are unable to attend a Hospital for this purpose. She also gives the children the medicines and nutritive drugs ordered by the Doctor, such as Syr. Ferri Phos. Co. Virol and Cod Liver Oil.

Both schools are visited by the Certifying Medical Officer once a fortnight and each child is seen every six months. The parents are notified of any defects found which require attention.

The majority of the children at these schools who are actual cripples attend periodically either an Orthopædic Hospital or the Orthopædic Department of a General Hospital. In a few cases difficulty is found in getting the parents to keep their children under the care of an Orthopædic Surgeon. The cost of travel and the distances to the nearest hospitals are the chief factors in preventing this being carried out. Difficulty also arises when a case is ordered special daily treatment which can only be carried out in an Orthopædic Department. When the Orthopædic Clinic to be established in Willesden is in working order, these difficulties will disappear, and it will be practicable for every cripple child to be kept under the care of a Specialist and also to have such treatment as is considered necessary for the particular defect.

A new school ambulance purchased by the Education Committee was delivered at Easter 1925. This vehicle will accommodate 20 children one driver and one attendant. The total number of children on the waiting list for the three special schools is 42 and it will be possible to admit these children to their respective schools when the new ambulance is running.

After Care.—At present the after care of the Mentally Defective Children in Willesden is undertaken by a Voluntary Society. The names of the children leaving the Mentally Defective School are notified to the Society and the cases are visited periodically and a record is kept of each case visited. The Society have an Occupation Centre for Mentally Defective Children at Pember Hall, Pember Road, Kensal Green, N.W. 10. It is open daily from 2.30 p.m. to 4.30 p.m. The children in attendance are chiefly imbeciles and ineducable feeble-minded who are awaiting admission to an Institution or whose parents wish to keep them at home. The children are taught rug-making, basket-making and cane-chair-making. Children leaving the Mentally Defective School and in whose case it is considered necessary that they should be placed under supervision or guardianship are reported to the Middlesex County Council.

The number of children and adolescents under 21 years of age who have attended the Mentally-Defective School and who are still in the district is 95. 16 of these are known to be incapable of employment by reason of their mental defect, 30 are in Institutions, 6 being there for further education and 24 for safety or guardianship. Of the remaining 49, 17 are employed in industrial or manual occupations, 19 in domestic work, 2 in commercial work and 11 in blind alley or other precarious occupations.

The number of physically defective children and adolescents under 21 years of age who are still in the area is 87. 31 of these have sufficiently recovered from their defect as to be able to attend an ordinary elementary school. 6 are attending a secondary school and 5 owing to mental defect as well as physical defect have had to be transferred to the Mentally Defective School. 9 cases are known to be incapable of work by reason of their physical defect and 3 are in a Cripple Home or Institution.

Of the remaining 33, 16 are engaged in industrial or manual occupations, 8 in domestic employment and 9 have obtained situations in commercial, professional or clerical work. None are employed in blind alley or other precarious occupations.

CONVALESCENCE.

Convalescence for children attending the Physically Defective Schools is arranged by the Invalid Children's Aid Association and by the Shaftesbury Society. The Stamford Hill Cripples' Home has a branch at Thorpe Bay near Southend-on-Sea and this institution admits Willesden children at a reduced rate.

The Education Committee have, during the year, made arrangements with the Russell-Cotes School of Recovery, Parkstone, near Bournemouth, for the reservation of two beds at this Institution for Willesden children. The London County Council having taken all the places on the girl's side for the current year, only boys can be admitted from this district. This home was provided by the donors as a country residence near the sea for poor town boys and girls who are anæmic and debilitated and who are physically defective within the meaning of the Education Act, 1921, and it is recognised by the Board of Education as a Special Residential School. The boys are selected both from the physically defective and the ordinary elementary schools and the duration of the stay is six weeks, except in special cases when an additional six weeks' stay can be arranged. All the cases which have been to the Institution have shewn a distinct improvement on their return home.

Stammering Children.—During 1924 a special class for stammering children was conducted by Mr. A. D. Bradfield. The children attending this class were required to pay a fee to the teacher. On the 8th October, 1924, the following report regarding the work of the class was submitted to the Children's Care Committee :—

(I.) *No. of Children who attended the class*	14
(II.) *Degree of Stammering* (i.) Severe	9
(ii.) Moderate	3
(iii.) Slight	2
(III.) *No. of Children who took a full course or are still attending the class* ...	5
(IV.) *No. of Children whose course was curtailed.*	
(1) Owing to lack of money to pay the fees	7
(2) Owing to parents not being satisfied with the progress made ...	2

(V.) *Condition of Stammering.*

	(a) *Before lessons.*	(b) *As on 7.9.24.*
(i.) Children who took full course or are still attending (5)	All severe	3 much improved. 1 much improved but varies. 1 not so marked.
(ii.) Children whose course was curtailed due to lack of money for fees (7)	4 severe	1 improved. 2 varies. 1 no improvement.
	2 moderate ...	1 much improved. 1 no improvement.
	1 slight	No improvement.
(iii.) Children whose course was cut-tailed due to parent not being satisfied with progress (2)	1 moderate ...	No improvement.
	1 slight	No improvement.

After consideration of this report the Children's Care Committee instructed the School Medical Officer to ascertain whether there were sufficient stammering children in the Kilburn area of Willesden to justify a class for stammering children being formed in that district. On enquiries being made at Kilburn Schools, 47 stammering children were reported. The Education Committee at their meeting on the 3rd December, 1924, resolved that subject to the approval of the Board of Education a class of 10 children from the Kilburn area be formed at the Percy Road Council School under the charge of Mr. A. D. Bradfield and that at the end of three months a report be obtained on the cases treated with particular reference to the benefit each child has derived. The consent of the Board of Education was subsequently obtained and the class was formed early in 1925.

OPEN AIR SCHOOL.

The need for an open air day school in Willesden has been frequently before the Education Committee. During the financial year 1925-26 a sum of £500 has been provided in the estimates for the establishment of such a school. In these circumstances it is desirable to set out briefly the information the Committee have had before them from time to time together with the action they have recommended.

On the 5th July, 1911, a Sub-Committee of the Children's Care Committee was appointed to visit various "special" schools, including Open-Air Schools in London and the Provinces. Owing to the resignation of Dr. Butler, the Medical Officer of Health and School Medical Officer, this Sub-Committee did not report. On the 21st October, 1912, a report on "Physically Defective Children" and "The Open Air School" was submitted to the Children's Care Committee by your present Medical Officer. This report gave details as to the suitable class of case for admission to an Open-Air School, the estimated number of children in Willesden who would benefit by attendance at this type of school, the principle on which Open-Air Schools had been established, the type of buildings required and details as to the special curriculum of the school.

The report was adopted by the Education Committee on the 4th December, 1912, and the following resolutions were passed:—

(*a*) That an Open-Air School be provided.

(*b*) That the school be equipped for 240 places.

(*c*) That the use of the existing premises used as a "special" school at Furness Road be discontinued and the physically defective scholars accommodated at the Open-Air School.

(*d*) That a site of six acres be acquired for the purpose of the school and that the District Council be approached with a view to land, which is already their property, being utilised.

The particular site the Education Committee had in view was not considered suitable by the Council as it would have interfered with the development of the land required for sewage disposal and it was too near the storage tanks.

On the 2nd July, 1913, the Education Committee resolved to ask the Council to negotiate for the purchase of a site of 7·3 acres at the junction of Denzil Road and Dudden Hill Lane for the purpose of an Open-Air School at an estimated cost of £5,500. On the 1st July, 1914, the Board formally approved of the site, and the District Council was asked to proceed with the purchase of the land. On the 7th October, 1914, the Board of Education approved of the plans and arrangements of the school buildings and the administrative block, and the Education Committee, considering the provision of accommodation for physically defective children to be very urgent, directed that a letter be sent to the Council calling attention thereto and urging the necessity of their taking immediate steps to raise the money required for the site.

Owing to the war, the Education Committee on the 2nd June, 1915, deferred action in connection with their scheme for the provision of an Open-Air School.

Two years later in July, 1917, it was proposed to establish a temporary Open-Air School in King Edward VII. Recreation Ground, but the Middlesex County Council would not give their consent to this scheme in view of the great importance of preserving intact the public open spaces of the County for the health and welfare of its rapidly increasing population.

In July, 1918, the Ecclesiastical Commissioners were approached with a view to their consent being obtained for the use of "Mapesbury House," Willesden Lane, as an Open-Air School for the duration of the War and pending the erection of a permanent school at Denzil Road. Owing to certain objections raised by the adjoining tenants the Ecclesiastical Commissioners did not see their way to grant a tenancy of "Mapesbury House" for the purpose of an Open-Air School.

In connection with the Education Act, 1918, the Board of Education issued a Circular No. 1119 on the 3rd July, 1919, in which they required Local Education Authorities to provide a programme of educational development for a period of at least 10 years, and *inter alia* they desired information as to proposals for enabling certain classes of children to obtain suitable education in special schools, including physically defective children, including delicate children for whom an Open-Air School is desirable.

Dr. Buchan reported on the subject and a Sub-Committee of the Children's Care Committee was appointed on the 7th January, 1920, to consider this report and to visit certain selected special schools. The Sub-Committee visited 6 Day Open-Air Schools, one Day School for Cripple Children, one Day Open-Air School for Pulmonary Tuberculosis, 5 Residential Open-Air Schools, 3 Residential

Schools for Cripple Children, 4 Residential Sanatorium Schools for Children suffering from Pulmonary Tuberculosis, 4 Residential Sanatorium Schools for Children suffering from Surgical Tuberculosis, and one Residential School for Epileptic Children, and reported to the Children's Care Committee on the 28th May, 1920.

Their recommendations were :—

(1) That a day Open-Air School to accommodate 240 physically defective children be established.

(2) That the children in attendance at Furness Road and Leopold Road Physically Defective Schools be transferred to the Open-Air School when ready.

(3) That steps be taken for the purchase of about 6 acres of land for the Open-Air School.

(4) That having regard to accessibility, acreage aspect and the nature of the buildings to be erected, Dudden Hill Allotments be approved as the best site for the school, and that the necessary acreage be acquired there.

(5) That sanction be given to the capital expenditure involved, estimated at £48,000.

(6) That the provision of a Residential Open-Air School be deferred.

The Education Committee at their meeting on the 7th July, 1920, amended the first motion as follows :—That, subject to the approval of the Council, negotiations be commenced for the acquisition of a site suitable for the erection of an Open-Air School and that the question of the building be further considered at the expiration of 6 months. The other motions were not moved.

On the 3rd November, 1920, the Education Committee resolved that sanction be given to the expenditure of the sum of £5,600, including costs, in respect of the purchase of 7·3 acres of land in Denzil Road, for the purposes of a site for the proposed Open-Air School, and that the Council be asked to raise the necessary loan, and in January, 1921, the District Council gave their sanction to the purchase of the site.

Owing to post war conditions, the financial state of the country about this time was giving cause for alarm, and the Government appointed a Special Committee under the Chairmanship of Sir Eric Geddes to investigate and report. As a result of the report all the Government Departments and Local Authorities were instructed to cut down their expenditure to a minimum, and during the autumn of 1921 a letter was received from the Board of Education to the effect that all expenditure should be restricted except where immediately necessary, and that economical improvement of existing premises must be aimed at, in place of providing new and costly accommodation.

Thus for a second time the Authority's scheme for the provision of an Open-Air School had to be temporarily abandoned.

Two years later it was suggested that some of the movable wards at Dollis Hill House Hospital might be used as an Open-Air School, and the Invalid Children's Aid Association appealed to the Council to take the matter into consideration. The Education Committee took a favourable view of the proposal and requested the Council to consider the advisability of the suggestion. The Chief Education Officer, the School Medical Officer and the Engineer were instructed to draw up reports.

The Council however decided that the premises should be used as a hostel for scholars visiting the British Empire Exhibition, and as they are likely to be used for a similar purpose during the summer of 1925, the future use of Dollis Hill House is at present uncertain.

At the present moment the position may be briefly summarised as follows :—

(1) Furness Road and Leopold Road Physically Defective Schools and particularly the former are recognised to be unsuitable for their purpose.

(2) At Leinster Road Mentally Defective School additional accommodation is required for manual instruction.

(3) There are 150 children suffering from pre or latent tuberculosis attending the ordinary elementary schools as there is no other provision for their education.

(4) 298 cases of malnutrition, anæmia and debility were discovered at the routine medical inspections during 1924. In addition 37 such cases were referred as "specials." A certain proportion of these 335 children are physically defective within the meaning of the Education Act, 1921, and ought to be in attendance at an Open-Air Day School.

(5) The centralisation of the special schools would effect economies in administration, upkeep, staff and ambulance services, so that a saving would be effected in respect of the present expenditure on Furness Road and Leopold Road Physically Defective Schools, and also in respect of Leinster Road Mentally Defective School if it was decided to arrange for a mentally defective department in the Open-Air School.

SECONDARY SCHOOL CHILDREN.

Kilburn Grammar Boys' School and Willesden Polytechnic Girls' Trade School have been medically inspected during the year 1924, according to the modified arrangements of the Middlesex County Council for medical inspection in Secondary Schools, as set out in the Secretary's letter dated

22nd June, 1922, which requires that Medical Inspection of pupils in these schools shall take place place as follows :—

(1) All entrants, except any child who has been medically examined at an elementary school within the past two years, and in whose case the record of such examination is available for the inspecting officer.

(2) Pupils aged 12 years.

(3) Pupils aged 15 years.

(4) Specials (any age).

Parents have been notified in the usual way of any defects found which required medical treatment, and appropriate advice given as called for to teachers or pupils in regard to matters of school or personal hygiene. The details as to these inspections will be found in the body of the report.

DENTAL WORK.

The Seventh Annual Report on the dental work of the Council will be found in the body of the Report. During the year 20,231 school children were dentally inspected, as compared with 15,750 in the previous year. 14,192 were found to need treatment, as compared with 10,896 in the previous year. It is unsatisfactory to record, however, that only 2,148 attendances were made by children for treatment, as compared with 3,599 in the previous year, at the Council's clinics.

10,416 cases requiring treatment were followed up by the Health Visitors during the year. As a result 1,171 cases obtained treatment—906 at the Council's clinics and 265 otherwise—or 11 per cent. in 1924 as compared with 21 per cent. in 1923.

The increased number of inspections with a diminished amount of conservative treatment for the preservation of the teeth is a matter which requires the serious consideration of the Education Committee and Council in the interests of the health of the children and the public health generally.

HOME NURSING SERVICE.

The Home Nurse employed by the Council nursed 274 cases and paid 2,982 visits during the year. The bulk of her work was in the Kilburn Wards. Under the Council's Scheme no provision is made for the nursing of cases during the Nurse's off-duty time or at week-ends.

In Willesden there are approximately some 8 nurses at work in connection with churches and associations and in addition the Home Nurse employed by the Council.

It would not be over-estimating the case to say that apart from maternity nursing some 30-40 nurses are needed for Willesden as a minimum. During 1924 234 cases of Pneumonia and 163 cases of Whooping Cough were notified. There were 144 deaths from Pneumonia, 13 from Whooping Cough and 41 from Measles and there were also 163 deaths from Bronchitis.

It is safe to assume that many of these deaths would have been prevented if a good nursing service were available.

Difficulty also is experienced by Willesden residents in obtaining nursing care for chronic cases. Application is frequently made to the Health Department for assistance. Since the Council's home nursing staff was reduced it has been impossible to deal with any of them. They are a source of great concern to their relatives who are unable to deal with them properly and indeed are sometimes a source of possible danger to such relatives.

It is often the case that recovery from an illness depends as much on skilful nursing as on competent medical advice. Moreover the comfort given to anxious relatives by the visits of a trained nurse to care for and tend the patient and make the patient comfortable during illness cannot properly be estimated.

SANITARY WORK.

The work of the Sanitary Inspectors comprises the periodical inspection under Statute of house property, common lodging houses, canal boats, tents, vans, sheds and other movable dwellings, bakehouses, slaughter-houses, cowsheds, dairies and milk shops and premises where food is sold or stored. It also comprises inspections made as the result of complaints received. Altogether during 1924 17,509 inspections and re-inspections were made and 3,634 notices were served as a result thereof. The staff of Sanitary Inspectors at the present time numbers 8 as compared with 9 prior to the War. It would have been impossible for the present staff to have given adequate attention to the district even if the War had not supervened, but as a result of the War, and the consequent inattention to sanitary repairs and the overcrowding of houses, the insanitary condition of house property has greatly increased, with the result that the present staff cannot cope with the demands for their services. I am of opinion that the existing staff should be increased and my report on this subject appears as an Appendix to this Report.

The necessity for a better definition of the powers of the Council in relation to repairs to house property is dealt with in a Special Report on Insanitary Dwelling-houses which appears as an Appendix. The desirability of extending the definition of the term " nuisance " to include the common defects of house property was pressed upon the Ministry of Health during the year 1924, but the Ministry were of the opinion that Section 28 of the Housing, Town Planning, etc., Act of 1919 gave the Council the necessary powers and advised them to give this Section a trial. Acting on this advice the Council are using this Section to as great an extent as possible and they hope to be in a position to report on its working in due course.

MOTOR AMBULANCE SERVICE.

At the end of 1913 the Council established an Ambulance Service which included three School 'Buses, one Infectious Diseases Ambulance, one Sickness and Accident Ambulance, one Disinfecting Van and one Car. It is pleasing to record that now after more than 11 years all these vehicles are still in working order. During 1924 an additional ambulance was acquired partly to relieve the old ambulances and partly for use as a stand-by when some of the other vehicles were out of commission. During 1924 the Council further determined to obtain an additional school 'bus to relieve the existing school 'buses from time to time as might be necessary and to convey certain physically and mentally defective children who were not attending school owing to the lack of 'bus accommodation.

Up to the end of March, 1925, the Council's vehicles had covered a total of 636,467 miles. During the year 2,088 calls for ambulances have been received and met, 665 houses have been disinfected and approximately 120 children have been conveyed daily to and from the Mentally and Physically Defective Schools maintained by the Council. It is satisfactory to record that all this work has been accomplished again during this year without accident.

PROVISION OF MEALS.

75,197 meals have been supplied to school children during the year at the four Centres established and maintained by the Education Committee and at the Granville Road Voluntary Centre by arrangement with the Education Committee. During the year the basis for the feeding of school children, namely the economic circumstances of the family, was increased by the Education Committee by 1s. per head per week. The arrangement with the Willesden Board of Guardians by which they pay 1s. per head per week or part of a week for each child fed on their recommendation at the Education Committee's Feeding Centres continues in force.

MUNICIPAL HOSPITAL.

The report of the Medical Superintendent on the work of the Hospital during 1924 is appended.

Only 626 patients were admitted and for two years now it may be stated that the district has been free from any serious prevalence of any infectious disease, and that there have been many vacant hospital beds.

Some of the cases admitted to Hospital were cases of measles, whooping cough and ophthalmia in children under 5 years of age and a case of puerperal fever, which are chargeable to the Maternity and Child Welfare account and in respect of which grant should be payable.

Your Obedient Servant,

GEORGE F. BUCHAN,
Medical Officer of Health.

THE FORTY-NINTH ANNUAL REPORT

FOR THE

Year ended 31st December, 1924,

ON THE

HEALTH AND SANITARY CONDITION OF THE URBAN DISTRICT OF WILLESDEN.

GENERAL STATISTICS.

Area (acres)	4,384
Population	171,161 (estimated Midsummer, 1924)
Number of inhabited houses	23,719 (Census 1921)
Number of families or separate occupiers	41,235 (Census, 1921)
Rateable value	£1,028,335
Sum represented by a penny rate	£4,000 (approx.)

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Births—	Total.		
Legitimate	*2,764	Birth Rate (R.G.)	17.24
Illegitimate	†79	Death Rate (R.G.)	10.38
Deaths	‡1,782		

*(R.G.) 2789. †127. ‡1,756

Number of women dying in, or in consequence of, childbirth { from sepsis ... 1; from other causes 3

Deaths of Infants under one year of age per 1,000 births :—
Legitimate ... 190. Illegitimate ... 18. Total ... 208.

Deaths from Measles (all ages)	41
" " Whooping Cough (all ages)...	13
" " Diarrhœa (under 2 years of age)	13

TABLE No. 1.

NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Total Cases Notified.	Cases admitted to Municipal Hospitals.	Total Deaths.
Diphtheria	327	300	9
Scarlet Fever	244	197	2
Enteric Fever (including Paratyphoid)	19	10	1
Puerperal Fever	12	1	1
Pneumonia	234	1	144
Small Pox	10	10*	3
Cholera	—	—	—
Plague	—	—	—
Erysipelas	46	7	6
Typhus Fever	—	—	—
Relapsing Fever	—	—	—
Continued Fever	—	—	—
Cerebro-spinal Meningitis	4	1	2
Poliomyelitis	8	1	2
Ophthalmia Neonatorum	29	2	—
Malaria	2	—	—
Dysentery	—	—	—
Trench Fever	—	—	—
Encephalitis Lethargica	11	1	4
Acute Polio Encephalitis	1	—	—
Anthrax	—	—	—
Tuberculosis :—			
(*a*) Pulmonary...	289	—	161
(*b*) Non-Pulmonary	59	—	18
Whooping Cough	163	4	13

* Removed to Small Pox Hospital, Kingsbury.

TABLE No. 2.

TUBERCULOSIS.

AGE-PERIODS.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	1	—	2	1	—	—	4	—
1	1	2	1	2	—	—	1	5
5	3	8	6	2	—	2	—	1
10	3	10	1	5	1	4	1	—
15	14	21	5	5	7	6	1	2
20	18	22	4	4	10	12	—	—
25	42	45	6	7	33	15	1	1
35	28	22	4	2	13	9	—	1
45	28	8	—	—	15	7	—	—
55	4	5	1	—	10	10	—	—
65 and upwards ...	1	3	1	—	6	1	—	—
TOTALS	143	146	31	28	95	66	8	10

TABLE No. 3.

OPHTHALMIA NEONATORUM.

No of cases Notified.	Dr. in Attendance at Birth.	Born in Hospital.	Midwife in Attendance at Birth.	Treatment.				Results of Treatment.			Still under treatment.	Remarks.
				Hospital.	Clinic.	Private Dr.	Home Nurse Attending.	No Defect.	One Eye Permanently Injured.	Both Eyes Permanently Injured.		
29	19	1	9	5	7	17	13	25	1	0	1	In 2 cases the child died : 1 Bronchitis & Debility 1 Prematurity

SUMMARY (FOR REFERENCE) OF NURSING ARRANGEMENTS, HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

Professional Nursing in the Home.

(*a*) General—

(i.) The Willesden District Council employs one fully trained Hospital Nurse. She visits in the homes once or twice daily as necessary to nurse primarily grant earning cases under the Maternity and Child Welfare regulations.

[Grant-earning cases are : Nursing of expectant mothers, maternity nursing, nursing of puerperal fever, measles in young children, whooping cough in young children, epidemic diarrhœa in young children and ophthalmia neonatorum.]

The Nurse is provided on application to the Matron, Municipal Clinic (1), 9, Willesden Lane, Kilburn, N.W. 6 ; or to the Matron, Municipal Clinic (2), 381, High Road, Willesden, N.W. 10. The Council's Nurse acts under the direction of the Medical Practitioner in attendance upon the case.

(ii.) District Nurses are also at work in connection with Nursing Associations, Churches, Missions, etc.

(*b*) For infectious diseases, *e.g.*, Measles, etc.—

Carried out by the Council's Home Nurse as above.

Midwives—Employment of, or subsidy to, practising Midwives, by Public Health Authority.

The Council pays the fees of Midwives in home confinement cases where the economic circumstances of the patient are below the Council's scale. The fee agreed with the North West Middlesex Midwives' Association is £1 11s. 6d., but for a first confinement, £2 2s.

The number of Midwives who at the beginning of 1925 had notified the Middlesex County Council of their intention to practise in Willesden during 1925 was 22, one of whom was engaged in an institution.

CLINICS AND TREATMENT CENTRES.

Name.	Situation.	Nature of Accommodation.	By whom provided.	Work Undertaken.
Municipal Clinic (1)	9, Willesden Lane, Kilburn, N.W. 6	Two houses adapted and equipped for undertaking the care and supervision of the expectant and nursing mother and child up to school leaving age	Willesden Urban District Council	Maternity and Child Welfare and School Work—Medical and Dental—Schools for Mothers
Municipal Clinic (2)	381, High Road, Willesden, N.W. 10	Ditto	Ditto	
Special Skin Clinic	225, High Road, Kilburn, N.W. 6	Three rooms suitably equipped for the X-ray treatment of Ringworm	Ditto	X-ray treatment of Ringworm and treatment of Skin diseases.
Town Hall	Dyne Road, N.W. 6	Suitably equipped Medical Officer's room	Ditto	Examination of abnormal children.
Lower Place School for Mothers	Lower Place, Acton Lane, Harlesden, N.W. 10.	Separate building in School Playground. Two rooms and usual offices	Ditto	School for Mothers.
Tuberculosis Dispensary	3, Priory Park Road, Kilburn, N.W. 6	—	Middlesex County Council	Tuberculosis Dispensary.
Infant Welfare Centre and Club	84, Princess Road, Kilburn, N.W. 6	A house adapted and equipped for infant welfare work	Voluntary Committee. Hon. Sec., Mrs. Howard Figgis	Maternity and Child Welfare School for Mothers.
"Princess" Day Nursery	47 and 49, Chichester Road, Kilburn, N.W. 6	Two houses adapted and equipped as a Day Nursery	Voluntary Committee. Hon. Sec., Mrs. Howard Figgis	Day Nursery.
The Willesden Special Surgery Clinic for Disabled Ex-Service Men.	159, Willesden Lane, Kilburn, N.W. 6.	One house adapted and equipped	St. John's Voluntary Aid Detachment, Middlesex, 58 (Women's)	Massage—Radiant Heat—Electricity—Medical Gymnastics.
Venereal Diseases Clinics	The Middlesex County Council have made arrangements with General Hospitals in London, The Prince of Wales Hospital, Tottenham, in Middlesex, and the Royal Hospital, Richmond, in Surrey, for the treatment of persons suffering from these complaints.			

There are also Centres situated in adjacent districts which are used by Willesden residents.

HOSPITALS FOR WILLESDEN.

(*a*) Provided or Subsidised by the Local Authority or by the County Council.

(1) Tuberculosis ... County Sanatorium, Harefield, Middlesex. Middlesex County Council.
Clare Hall Sanatorium. " " "

(2) Maternity ... Park Royal Hospital, Acton Lane, N.W. 10. Provided by the Willesden Guardians.

(3) Fever ... ... Willesden Municipal Hospital, Brentfield Road, Neasden, N.W. 10. Provided by the Willesden Urban District Council. 150 beds.

(4) Smallpox ... Willesden Smallpox Hospital, Kingsbury. Provided by the Willesden Urban District Council.

(*b*) Other Hospitals available for the District.

(1) Children ... St. Monica's Home Hospital for Sick Children, 16, Brondesbury Park, N.W The Willesden Council sends cases of Marasmus to this hospital under its Maternity and Child Welfare Scheme by arrangement with the Committee of the Hospital.

Edgar Lee Home for Invalid Boys, 14, Stonebridge Park. The Home is for boys of 5–14 years of age suffering from heart disease and rheumatism.

(2) General, etc. ... Park Royal Hospital, Acton Lane, N.W. Provided by the Willesden Guardians. General cases, Maternity Ward, Children's Ward. The Willesden Council sends Maternity cases to this hospital under its Maternity and Child Welfare Scheme by arrangement with the Guardians.

Willesden General Hospital, Harlesden Road, N.W. General cases. The Willesden Council sends cases of Enlarged Tonsils, Adenoids, Deflected Nasal Septum and Marasmus to this hospital under its Maternity and Child Welfare and School Medical Service Schemes by arrangement with the Committee of the Hospital.

St. Andrew's Hospital, Dollis Hill, N.W. For the reception of patients who, while not suitable subjects for free treatment in charitable institutions, are yet unable to meet the charges necessary to secure adequate medical or surgical treatment in private nursing homes.

Adjacent London hospitals are also available for Willesden.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN IN THE DISTRICT.

(1) Queen Charlotte's Lying-in Hospital Convalescent Home, 20, Victoria Road, Kilburn, N.W. 6.

(2) Harrow and Willesden Ruri-decanal Association for Preventive and Rescue Work, St. Mary's Home, 34, Craven Park, N.W. 10.

(3) Park Royal Hospital (Willesden Guardians) and Guardians' Scattered Homes.

See the Willesden Annual Health Report for 1919 for further details of Clinics, Hospitals, other institutions, including the Invalid Children's Aid Association, etc.

AMBULANCE FACILITIES.

Motor Ambulances are available as follows :—

(*a*) For infectious cases—

1 infectious ambulance.

(*b*) For non-infectious and accident cases—

2 accident ambulances.

These Motor Ambulances have been established and are maintained by the Willesden Urban District Council.

The garage is situated at the Municipal Hospital, Brentfield Road, Neasden, N.W. 10.

An all-night service has been established, but this is only partial, as there is only one man on duty, and any calls coming when he is out cannot be dealt with at once.

LABORATORY WORK.

The Counties Public Health Laboratories, of 91, Queen Victoria Street, London, E.C., continued to act as the Council's Bacteriologists during 1924.

The following table shows the Chemical and Bacteriological examinations made during the year 1924 :—

TABLE No. 4.

Nature of Specimens examined.	Positive Result.	Negative Result.	Total.
1. Swabs for Diphtheria Bacilli	439	2,710	3,149
2. Sputum for Tubercle Bacilli	79	320	399
3. Blood for Widal Reaction	9	15	24
4. Urine for Bacillus Typhosus	—	8	8
5. Fæces for Bacillus Typhosus	—	10	10
6. Cerebro-Spinal Fluid	—	5	5
7. Spinal Fluid for Tubercular Meningitis	—	1	1
8. Swabs for Meningococci	—	9	9
9. Swabs for Pneumococci	1	—	1
10. Vaginal Swabs	—	1	1
11. Pus from case of Peritonitis	—	1	1
12. Specimen of Pus	—	1	1
13. Blood Films for Malaria	—	1	1
14. Organisms for Vincents Angina	—	3	3
	528	3,085	3,613

TABLE No. 5.—SOURCES OF SPECIMENS EXAMINED.

From Municipal Hospital	1,460
From private practitioners	925
From clinics and health visitors	512
From Park Royal Hospital	703
From other Hospitals or Institutions	13
TOTAL	3,613

ISSUE OF DIPHTHERIA ANTITOXIN OR OTHER SERA OR VACCINES.

Diphtheria antitoxin is given to Medical Practitioners on application at the Health Department (Town Hall), Fire Stations and Municipal Hospital and Municipal Clinics.

SANITARY ADMINISTRATION.

List of Local Acts, Adoptive Acts, Bye-laws and local Regulations in force in the District, with date of adoption.

Local Acts :—

Willesden Local Board Act, 1876. Royal Assent 27.6.1876.

Willesden Local Board Act, 1887. Royal Assent 8.8.1887.

Willesden Sewerage Act, 1896. Royal Assent 14.8.1896.

*Willesden Urban District Council Act, 1903. Royal Assent 11.8.1903.

Adoptive Acts :—

*Public Health Acts Amendment Act, 1890, Part III. Adopted 11.11.1890.

*Public Health Acts Amendment Act, 1907, Parts II., III., IV., and X. Adopted 24.1.1911.

Baths and Washhouses Acts, 1846-99. Adopted 14.2.1899.

Burial Acts, 1852-1900.

Public Libraries Acts, 1892-1901. Adopted 19.2.1891.

Bye-laws :—

*Common Lodging Houses (Public Health Act, 1875, *s.* 80). Adopted 14.10.1879.

*Houses Let in Lodgings (Public Health Act, 1875, *s.* 90). Adopted 8.11.1892.

*Slaughter Houses (Public Health Act, 1875, *s.* 169 and Towns Improvement Clauses Act, 1847, *s.* 128). Revised and adopted 27.9.1921.

*Prevention of Nuisances (Public Health Act, 1875, *s.*44). Revised and adopted 13.7.1922.

Bye-laws :—

New Streets and Buildings (Public Health Act, 1875, *s.* 157 and Public Health Acts Amendment Act, 1890, *s.* 23). Adopted 16.10.1906.

New Sewers (Willesden Local Board Act, 1887). Adopted 9.10.1888.

Pleasure Grounds (Public Health Act, 1875, *s.* 164). Adopted 28.1.1896.

*Drainage of Buildings (Public Health Acts Amendment Act, 1890, *s.* 23). Adopted 16.10.1906.

*Rag and Bone Dealer (Public Health Act, 1875, *s.* 113). Adopted 29.9.1908.

Local Regulations :—

*Dairies, Cowsheds and Milkshops (Dairies, Cowsheds and Milkshops Order, 1885, *s.* 13), Revised, and came into force 1.8.1923.

Small Holdings and Allotment Act, 1908. Adopted 25.11.1913.

*Relating to underground sleeping rooms, Housing, Town Planning, etc., Act, 1909, *s.* 17 (7). Adopted 23.9.1913.

* These are administered wholly or partly by the Health Committee.
The unstarred are administered by other Committees of the Council.

Tabular summary of the work of the Sanitary Department during the year and action taken under the Public Health Acts, the Rent Acts, and the Acts and Bye-laws, etc., mentioned above.

Inspections :

Number of premises inspected on complaint	2,717
Number of premises inspected in connection with infectious diseases	57
Number of premises under periodical inspection	1,607
Houses inspected from House to House (Housing Acts, 1890 to 1923)	1,004
Total number of inspections and re-inspections made	17,509

Action under Rent and Mortgage Interest (Restriction) Acts, 1920–23 :

Number of applications received for Certificates	24
Number of Certificates granted...	13

Action Taken (other than under Housing Acts, 1890 to 1923) :

Cautionary or Intimation Notices Issued	3,634
Number complied with	3,165
Statutory Orders issued	165
Number complied with	126
Summonses served	5
Number of convictions obtained	5
Summonses withdrawn	0
„ dismissed	0

Dwelling Houses and action under Housing Acts, 1890 to 1923 :

Notices under Section 36 of the Housing, Town Planning, etc., Act, 1909, issued...	2,912
Number of houses dealt with under Section 28 (Housing, Town Planning, &c., Act, 1919)	18
Number of houses closed under Section 28 (Housing, Town Planning, &c., Act, 1919)	0
Number of houses found to be in a state dangerous or injurious to health, Section 17 (Housing, Town Planning, &c., Act, 1909)	1
Number of representations made by Medical Officer of Health, Section 17 (Housing, Town Planning, &c., Act, 1909)	1
Number of houses made habitable without closing orders	0
Number of closing orders made by Local Authority, Section 17 (Housing, Town Planning, &c., Act, 1909)	1
Number of closing orders determined after repairs, Section 17 (Housing, Town Planning, &c., Act, 1909)	0
Number of houses demolished—	
(*a*) by order of Local Authority, Section 17 (Housing, Town Planning, &c., Act, 1909)	0
(*b*) voluntarily	0
Illegal Underground Rooms vacated	0

Houses Let in Lodgings (Tenement Houses) :

Number registered under Bye-laws	0
Number of contraventions	0

Common Lodging Houses :

Number registered under Bye-laws	1
Number of Inspections made	28
Number of contraventions	8
Number remedied	8

Canal Boats used as Dwellings :

Number of contraventions of Regulations	3
Number remedied	2

Movable Dwellings, Caravans, Tents, &c. :

Number observed during the year	49
Number of nuisances therefrom abated	0
Number removed from district	46

Bakehouses :

Number in district	64
Number of Inspections	163
Contraventions of Factory Acts	24
Contraventions remedied	24

Slaughter-houses :

Number on register	8
Inspections of carcases, etc.	322
Contraventions of Bye-laws	5
Contraventions remedied	5

Cowsheds :

Number on register	1
Number of inspections made	23
Contraventions of regulations	2
Contraventions remedied	2
Number of milch cows in district	25

Dairies and Milkshops :

Number on register	151
Number of inspections made	345
Frequency of inspection	half-yearly
Contraventions of regulations	15
Contraventions remedied	14

Unsound Food :

Meat (including organs) seized and surrendered	32 lbs.
Poultry and game surrendered	0 lbs.
Fish surrendered	948 lbs.
Fruit and vegetables surrendered	724 lbs.
Butter surrendered	0 lbs.
Eggs surrendered	0 lbs.
Dried Fruit	0 lbs.
Tinned Milk	0 lbs.
Tinned Vegetables	0 lbs.
Tinned Fish	0 lbs.
Tinned Fruit	0 lbs.
Tinned Meat	0 lbs.
Method of disposal	Part for manure, rest destroyed.

Adulterated Food :

Samples taken	0
Found adulterated	0

Offensive Trades :

Number of premises in district (Rag and Bone Dealers)	13
Number of inspections made	37
Contravention of Bye-laws	1
Contravention remedied	1

Water Supply and Water Service :

Wells :—	
New sunk	0
Cleansed, repaired, etc.	0
Closed as polluted	0
Percentage of houses supplied from public water service	100
Cisterns :—	
New provided	14
Cleansed, repaired, covered, etc.	293
Draw-taps placed on mains	33
Percentage of houses supplied on constant system	100
Number of samples obtained for analysis from :—	
(*a*) Local Wells	0
(*b*) Public supply	0

Drainage and Sewerage of existing Buildings :

Water Closets :—	
Number of water closets substituted for dry receptacles	0
Repaired, supplied with water or otherwise improved	445
Percentage of houses provided with water closets	100
Drains :—	
Examined, tested, exposed, etc.	313
Unstopped, repaired, trapped, etc.	234
Waste pipes, rain-water pipes, disconnected, repaired, etc.	235
New soil pipes or ventilating shafts fixed	49
Existing soil pipes or ventilating shafts repaired	99
Disconnecting traps or chambers inserted	38
Re-constructed	13
Cesspools :—	
Rendered impervious, emptied, cleansed, etc.	0
Abolished and drain connected to sewer	0
Percentage of houses draining into sewers	100

Disinfection :

Rooms disinfected :—	
(*a*) Ordinary infectious diseases	556
(*b*) Phthisis	73
Articles disinfected or destroyed :—	
(*a*) Ordinary infectious diseases	2,093
(*b*) Phthisis	252

Dust :

New bins provided	673
Periodical frequency of dust removal	weekly
Method of disposal	By tipping and barging

Sundry Nuisances abated :

Overcrowding	14
Smoke	11
Accummulations of refuse	90
Foul ditches, ponds, etc., and stagnant water	4
Fowls, pigs, and other animals	58
Dampness	181
Yards and forecourts paved, repaved or repaired	357
Walls and ceilings cleansed	2,221
Leaky roofs made watertight	614
Additional ventilation provided under floors	66
Dilapidated plaster repaired	527
Flooring and other woodwork repaired	325
Damp-proof courses inserted	8
Water supply reinstated	27
Washhouse floors repaved	181
Fireplaces and stoves repaired	272
Decayed brickwork repaired and repointed	71
Additional sinks provided	13
Additional light and ventilation to staircases	6
Larders or food cupboards provided	0
Gutters and rainwater pipes repaired	625
Smoke observations	113
Additional water closets constructed	8
Miscellaneous	388

Inspection of Premises where Food is prepared :

Butchers' shops	107
Fish shops	65
Eating houses	50
Greengrocers' shops	74
Ice-cream premises	103

Canal Boats Acts, 1877 and 1884.—During the year 81 visits were made to the Canal, and 78 boats inspected, and all the boats were found to be in a cleanly and good condition. 3 minor contraventions were observed and remedied.

HOUSING.

Number of new houses erected during the year :—

(*a*) Total	305
(*b*) As part of a municipal housing scheme	0

2.—Unfit Dwelling-Houses.

I.—Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	3,721
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	1,004
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	*13

* Certificates granted under Rent and Mortgage Interest (Restrictions) Act, 1920-23.

II.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	0

III.—Action under Statutory Powers.

A. *Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919.*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	18
(2) Number of dwelling-houses which were rendered fit—	
(*a*) by owners	17
(*b*) by Local Authority in default of owners	0
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close...	0

B. *Proceedings under Public Health Acts.*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	*3,590
(2) Number of dwelling-houses in which defects were remedied—	
(*a*) by owners	†3,291
(*b*) by Local Authority in default of owners	0

* Includes a certain number outstanding end of year 1924.
† Includes a certain number outstanding end of year 1923.

C. *Proceedings under sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909.*

(1) Number of representations made with a view to the making of Closing Orders	1
(2) Number of dwelling-houses in respect of which Closing Orders were made	1
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	0
(4) Number of dwelling-houses in respect of which Demolition Orders were made	0
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	0

THE SEVENTEENTH ANNUAL REPORT

FOR THE

Year ending 31st December, 1924,

ON THE

HEALTH OF CHILDREN ATTENDING THE PUBLIC ELEMENTARY SCHOOLS IN WILLESDEN.

Giving the Tables required by the Board of Education.

TABLE No. 6.—CORRESPONDING TO TABLE 1 OF APPENDIX TO CIRCULAR 1321 OF THE BOARD OF EDUCATION DATED 27TH DECEMBER, 1923.

Return of Medical Inspections for the year ended 31st December, 1924.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—	
Entrants	1,519
Intermediates	2,038
Leavers	3,779
Total	7,336
Number of other Routine Inspections	0

B.—OTHER INSPECTIONS.

Number of Special Inspections	5,001
Number of Re-inspections	13,377
Total	18,378

TABLE No. 7.—Corresponding to Table II. of Appendix to Circular 1321 of the Board of Education, dated 27th December, 1924.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1924.

Defect or Disease.		Routine Inspections. No. of Defects.		Specials. 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)
	Malnutrition...	237	33	12	—
	Uncleanliness (see Table IV, Group V)	—	—	—	—
Skin	Ringworm :				
	Head	2	—	55	—
	Body	2	—	48	—
	Scabies	1	—	19	—
	Impetigo	10	—	253	—
	Other Diseases (non-tuberculous)	76	—	686	—
Eye	Blepharitis	49	—	106	—
	Conjunctivitis	9	—	135	—
	Keratitis	1	—	8	—
	Corneal Opacities	4	—	31	—
	Defective Vision ... ... (excluding Squint)	572	29	221	—
	Squint	31	1	31	—
	Other Conditions	23	2	68	—
	Spectacles broken	—	—	288	—
	Spectacles lost	—	—	31	—

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1924—*continued*.

Defect or Disease.		Routine Inspections. No. of Defects. Requiring treatment.	Routine Inspections. No. of Defects. Requiring to be kept under observation but not requiring treatment.	Specials. No. of Defects. Requiring treatment.	Specials. No. of Defects. Requiring to be kept under observation but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Ear	Defective Hearing	23	1	13	—
	Otitis Media	36	0	138	—
	Other Ear Diseases ...	47	1	107	—
Nose and Throat	Enlarged Tonsils only ...	552	110	88	1
	Adenoids only	71	8	31	—
	Enlarged Tonsils and Adenoids	261	11	215	—
	Other Conditions	105	9	98	—
Enlarged Cervical Glands (non-tuberculous)		176	51	123	—
Defective Speech		3	2	0	—
Teeth	Dental Diseases ... ... (see Table IV, Group IV)	Not inspected by the School Medical Inspectors. Each child is inspected annually by the School Dental Inspectors.			
Heart and Circulation	Heart Disease :				
	Organic	15	18	15	1
	Functional	30	64	6	—
	Anæmia	61	6	25	—
Lungs	Bronchitis	71	5	40	—
	Other Non-Tuberculous Diseases	15	16	7	—
Tuberculosis	Pulmonary :—				
	Definite	1	0	2	—
	Suspected	3	1	5	—
	Non-Pulmonary :—				
	Definite :—				
	Glands	0	0	0	—
	Spine	0	0	2	—
	Hip	0	0	0	—
	Other Bones and Joints	0	0	0	—
	Skin	0	0	0	—
	Other forms	0	0	0	—
	Suspected :—				
	Glands	0	0	1	—
	Bones and Joints ...	0	1	3	—
	Other forms	0	0	3	—
Nervous System	Epilepsy	0	0	6	—
	Chorea	3	6	19	—
	Other Conditions	4	3	5	—
Deformities	Rickets	2	1	2	—
	Spinal Curvature	33	5	2	—
	Other forms	26	5	1	—
Other Defects and Diseases		221	52	2,093	—
TOTAL		2,776	441	5,031	2

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children. Inspected.	Number of Children. Found to require treatment.	Percentage of Children found to require treatment.
(1)	(2)	(3)	(4)
Code Groups—			
Entrants	1,519	493	32·5
Intermediates	2,038	704	34·5
Leavers	3,779	1,086	28·7
Total (Code Groups)	7,336	2,283	31·1
Other Routine Inspections	0	0	0

TABLE No. 8.—Corresponding to Table III. of Appendix to Circular 1321 of the Board of Education, dated 27th December, 1923.

Return of all Exceptional Children in the area.

			Boys.	Girls.	Total.
BLIND (including partially blind)	(*i.*) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	2	0	2
		Attending Public Elementary Schools	0	0	0
		At other Institutions	0	0	0
		At no School or Institution	0	0	0
	(*ii.*) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	7	6	13
		Attending Public Elementary Schools	0	3	3
		At other Institutions	0	0	0
		At no School or Institution	0	0	0
DEAF (including deaf and dumb and partially deaf.)	(*i.*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	11	7	18
		Attending Public Elementary Schools	0	0	0
		At other Institutions	0	0	0
		At no School or Institution	1	1	2
	(*ii.*) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	4	0	4
		Attending Public Elementary Schools	1	1	2
		At other Institutions	0	2	2
		At no School or Institution	0	1	1
MENTALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children	59**	34**	93
		Attending Public Elementary Schools	5	6	11
		At other Institutions	3	3	6
		At no School or Institution	11	6	17
	Notified to the Local Control Authority during the year.	Feeble-minded	6	1	7
		Imbeciles	2	1	3
		Idiots	3	0	3
EPILEPTICS.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	3	2	5
		In Institutions other than Certified Special Schools ...	0	0	0
		Attending Public Elementary Schools	0	0	0
		At no School or Institution	4	2	6
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	13	8	21
		At no School or Institution	2	1	3
PHYSICALLY DEFECTIVE.	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board of Education ...	2	3	5
		At other Institutions	0	0	0
		At no School or Institution	0	1	1
	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board of Education ...	1	0	1
		At Certified Residential Open Air Schools	0	0	0
		At Certified Day Open Air Schools	0	0	0
		At Public Elementary Schools	0	0	0
		At other Institutions	1	0	1
		At no School or Institution	4	3	7
	Delicate Children (*e.g.*, pre- or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)	At Certified Residential Open Air Schools	2	0	2
		At Certified Day Open Air Schools	0	0	0
		At Public Elementary Schools	88	71	159
		At other Institutions	2	2	4
		At no School or Institution	5	6	11
		At Certified Day Schools for Physically Defective Children other than Open Air Schools	7	6	13
	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board of Education ...	4	3	7
		At Public Elementary Schools	0	0	0
		At other Institutions	0	0	0
		At no School or Institution	2	4	6
	Crippled Children (other than those with active Tuberculous disease), *e.g.*, Children suffering from Paralysis, etc., and including those with severe Heart Disease.	At Certified Hospital Schools	0	0	0
		At Certified Residential Cripple Schools	3	0	3
		At Certified Day Cripple Schools	42*	33*	75
		At Public Elementary Schools	6	6	12
		At other Institutions	6	3	9
		At no School or Institution	6	11	17

** 4 boys are also Physically Defective.

** 3 girls are also Physically Defective.

* One boy is also Mentally Defective.

* One girl is also Mentally Defective.

TABLE No. 9.—Corresponding to Table IV. of Appendix to Circular 1321 of the Board of Education, dated 27th December, 1923.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1924.
TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V.)

Disease or Defect.	Number of Defects Treated, or under Treatment during the Year.		
	Treated.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin :—			
Ringworm—Scalp / Body	104	23	127
Scabies	20	6	26
Impetigo	246	46	292
Other Skin Diseases	677	176	853
Minor Eye Defects (external and other, but excluding cases falling in Group II.)	354	74	428
Minor Ear Defects	296	98	394
Miscellaneous (*e.g.*, Minor Injuries, Bruises, Sores, Chilblains, etc.)...	1,713	1,457	3,170
Total	3,410	1,880	5,290

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.)

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including squint) ... (Operations for squint should be recorded separately in the body of the Report.)	585	16	0	601
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	4	0	0	4
Total	589	16	0	605*

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's scheme 510
(*b*) Otherwise 8

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's scheme 421
(*b*) Otherwise 8

* In addition to this number 125 cases of visual defect received attention by Voluntary Hospital, Private Practitioner or Optician, but it was not known whether they were submitted to refraction.

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

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme in Clinic or Hospital. (1)	By Private Practitioner or Hospital apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total Number Treated. (5)
189	272	461	495	956

GROUP IV.—DENTAL DEFECTS.

Vide 7th Annual Report on Dental Work in connection with children attending the public elementary schools, expectant and nursing mothers and children under 5 years, herewith.

GROUP V. UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.)	Average number of visits per school made during the year by the School Nurses ...	25·6
(ii.)	Total number of examinations of children in the schools by School Nurses	43,024
(iii.)	Number of individual children found unclean	2,457
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	513
(v.)	Number of cases in which legal proceedings were taken :—	
	(*a*) Under the Education Act, 1921	17
	(*b*) Under the School Attendance By-Laws	0
(vi.)	No. of school sessions at which inspections were conducted	817
(vii.)	(i.) Original Inspections :—	
	Children examined (*i.e.*, Cases not individual children)	34,697
	Found unclean	3,079
	Percentage found unclean	8·9
	Excluded on account of uncleanliness	96
	(ii.) Re-inspections :—	
	Children examined (*i.e.*, Cases not individual children)	8,327
	Found unclean	4,996
	Percentage found unclean	60·0
	Excluded on account of uncleanliness	49
	(iii.) Total :—	
	Examinations	43,024
	Exclusions on account of uncleanliness	145

Appendix to Circular 1321 of the Board of Education, dated 27th December, 1923, "Medical Statistical Tables." Notes on Table IV. (*f*).

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

The Authority has established a cleansing room at each of its two Municipal Clinics. Children suffering from nitty or verminous conditions are given the opportunity of being cleansed at these Clinics. The mothers are encouraged to attend with the children, so that they may see how the cleansing should be carried out.

Baths are also given for scabies and other skin conditions as necessary.

Record of cases in which legal proceedings were taken.

The following information has been supplied by the Chief Education Officer, to whom cases for prosecution are referred.

CASES UNDER SECTION 87 OF THE EDUCATION ACT, 1921.

No. of Cases.

Fined.	Amount of Fine.	Withdrawn.	Dismissed.
4	10/-	6	Nil.
3	7/6		
4	5/-		

TABLE No. 10.—In this Table is embodied the information required in the N.B. to Notes on Table IV. on p. 13 of Appendix to Circular 1321 of the Board of Education dated 27th December, 1923. Return showing the nature and number of all medical defects referred for following up, whether referred from Routine Medical Inspection, Medical Inspection of "Specials," or from other Sources, these latter having never been inspected by the Education Committee's Medical Officers, the number of visits and medical examinations made in connection therewith, and the extent to which remedial measures were carried out during 1924.

CONDITIONS.	No. of defects followed up.			No. of visits made on account of these defects.	No. of Medical Examinations made on account of these defects.	No. of times attended by Clinic Nurse only on account of these defects.	No. of defects for which no report is available.	No. of defects not needing treatment.	No. of defects treated.							Grand Total.	Results of Treatment.				Percentage of defects treated.		No. of defects not treated.			No. of defects under observation at end of year and carried forward to succeeding year.
	Brought forward from previous year.	New.	Total.						School Clinic.	Hospital (under Council Scheme).	Voluntary Hospital or other charitable Institution.	Infirmary or Poor Law.	Private Practitioner.	Total.	Domestic Treatment only.		Remedied.	Improved.	Unchanged.	Under observation at end of year (result of treatment not known).	Excluding Domestic Treatment.	Including Domestic Treatment*.	Removed from observation.	Still under observation at end of year.	Total.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Clothing—																										
Unsatisfactory	1	21	22	37	5	—	—	—	—	—	—	—	—	—	21	21	17	1	—	3	—	95·5	1	—	1	3
Footgear— ...																										
Unsatisfactory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cleanliness of Head—																										
Nits	101	2,785	2,886	492	101	169	18	—	212	—	—	—	—	212	2,612	2,824	2,665	—	—	159	7·4	98·5	23	21	44	180
Pediculi	12	439	451	396	116	212	—	1	283	—	—	—	—	283	162	445	427	—	—	18	62·9	98·9	5	—	5	18
Other dirty conditions ...	1	12	13	18	1	1	1	1	1	—	—	—	—	1	10	11	11	—	—	—	9·1	100·0	—	—	—	—
Cleanliness of Body—																										
Dirty	—	3	3	11	—	—	—	—	—	—	—	—	—	—	3	3	3	—	—	—	—	100·0	—	—	—	—
Pediculi	—	10	10	11	3	—	—	—	2	—	—	—	—	2	7	9	9	—	—	—	20·0	90·0	1	—	1	—
Fleabitten	—	32	32	54	1	3	—	—	3	—	—	—	—	3	28	31	29	—	—	2	9·4	96·9	—	1	1	3
Malnutrition	38	104	142	261	87	—	—	3	5	—	20	—	13	38	66	104	34	35	—	35	27·3	74·8	17	18	35	53
Nose and Throat—																										
Enlarged Tonsils ...	183	555	738	2,180	713	84	5	41	43	49	114	1	30	237	25	262	168	4	4	86	34·2	37·9	199	231	430	317
Adenoids...	25	90	115	347	98	—	2	5	1	14	24	—	3	42	2	44	33	3	2	6	38·9	40·7	29	35	64	41
Enlarged Tonsils and Adenoids	100	568	668	2,012	812	58	8	8	41	124	136	1	14	316	4	320	246	—	1	73	48·5	49·1	122	210	332	283
Other conditions ...	77	300	377	817	444	45	2	7	76	1	25	—	96	198	126	324	279	10	1	34	53·8	88·0	32	12	44	46
Cervical or Neck Glands—																										
Enlarged (non-T.B.) ...	43	314	357	711	361	22	5	3	112	—	40	—	57	209	95	304	221	13	—	70	59·9	87·1	17	28	45	98
External Eye Disease—																										
Blepharitis	39	164	203	427	480	311	3	—	121	—	10	—	12	143	52	195	161	7	—	27	71·5	97·5	2	3	5	30
Conjunctivitis	29	206	235	424	651	979	—	—	145	—	16	—	8	169	55	224	196	3	—	25	71·9	95·3	10	1	11	26
Corneal Opacities ...	3	26	29	40	60	107	—	3	13	—	7	—	—	20	—	20	14	4	—	2	76·9	76·9	4	2	6	4
Keratitis	2	10	12	30	54	47	2	—	6	—	2	—	2	10	—	10	6	1	1	2	100·0	100·0	—	—	—	2
Other conditions ...	11	110	121	197	214	87	1	2	69	—	11	—	6	86	27	113	97	—	1	15	72·9	95·8	4	1	5	16
Ear Disease—																										
Chronic Suppuration of Middle Ear	90	225	315	890	1,037	1,135	6	3	180	—	33	1	26	240	41	281	216	2	—	63	78·4	91·8	17	8	25	71
Defective Hearing ...	18	27	45	125	57	33	5	3	4	—	7	—	3	14	8	22	11	9	—	2	37·8	59·5	11	4	15	6
Wax	12	80	92	97	164	135	1	1	60	—	3	—	7	70	15	85	76	—	—	9	77·8	94·4	3	2	5	11
Other Disease	12	84	96	168	204	60	—	3	52	—	8	1	8	69	21	90	74	—	—	16	74·2	96·8	3	—	3	16
Teeth—See Dental Returns																										
Heart and Circulation—																										
Organic Disease ...	20	31	51	127	41	—	5	4	—	—	15	—	7	22	3	25	1	10	4	10	52·4	59·5	13	4	17	14
Functional Disease ...	22	37	59	152	38	—	1	6	—	—	4	—	24	28	11	39	16	13	—	10	53·8	75·0	11	2	13	12
Anæmia	50	80	130	250	111	1	1	—	7	—	19	—	24	50	58	108	55	30	—	23	38·8	83·7	13	8	21	31
Other defects	2	17	19	54	28	—	—	4	—	—	4	—	5	9	5	14	4	2	—	8	60·0	93·3	1	—	1	8
Lungs—																										
Bronchitis	51	279	330	861	151	—	1	1	3	—	43	1	136	183	132	315	257	3	—	55	55·8	96·0	6	7	13	62
Tuberculosis	—	3	3	6	2	—	—	—	—	—	3	—	—	3	—	3	—	1	—	2	100·0	100·0	—	—	—	2
T.B. Suspected	14	16	30	111	37	—	1	2	—	—	17	1	3	21	1	22	4	5	—	13	77·8	81·5	5	—	5	13
Other disease (non-T.B.)	8	77	85	254	45	—	—	1	—	—	12	3	38	53	27	80	61	3	—	16	63·1	95·2	3	1	4	17
Nervous System —																										
Epilepsy	6	11	17	68	15	—	1	—	—	—	9	—	1	10	3	13	3	5	1	4	62·5	81·3	3	—	3	4
Chorea	31	48	79	339	51	—	—	1	—	—	38	3	20	61	14	75	41	15	1	18	78·2	96·2	3	—	3	18
Other Conditions ...	16	26	42	154	10	—	1	—	—	—	26	—	6	32	4	36	23	4	—	9	78·0	87·8	5	—	5	9
Skin—																										
Ringworm {Body / Head}	13	137	150	388	471	80	1	—	104	—	3	2	18	127	19	146	131	—	—	15	85·2	98·0	3	—	3	15
Impetigo	48	394	442	954	685	1,758	1	2	246	—	15	—	31	292	143	435	403	—	—	32	66·5	99·1	3	1	4	33
Scabies	1	27	28	65	89	135	—	—	20	—	—	—	6	26	2	28	26	—	—	2	92·9	100·0	—	—	—	2
Minor Injuries	53	766	819	905	1,364	3,662	3	10	595	—	20	1	36	652	144	796	747	—	—	49	80·9	98·8	8	2	10	51
Other disease (non T.B.)	95	1,152	1,247	2,186	2,108	2,412	6	16	677	—	28	—	148	853	343	1,196	1,099	4	1	92	69·6	97·6	20	9	29	101
Deformities—																										
Rickets	1	6	7	10	2	—	—	—	—	—	2	—	1	3	1	4	—	2	—	2	42·9	57·1	1	2	3	4
Spinal Curvature / Other forms ...	41	55	96	249	86	8	2	8	4	—	23	—	11	38	17	55	9	21	3	22	44·2	64·0	22	9	31	31
Tuberculosis (Non-Pulmonary)—																										
Definite	—	2	2	8	9	16	—	—	2	—	—	—	—	2	—	2	—	—	—	2	100·0	100·0	—	—	—	2
Suspected—Glands ...	—	2	2	10	3	—	—	—	—	—	2	—	—	2	—	2	1	—	—	1	100·0	100·0	—	—	—	1
.. Bones and joints	4	6	10	44	4	—	1	—	—	—	5	—	—	5	—	5	—	3	—	2	55·6	55·6	4	—	4	2
.. Other forms ...	1	7	8	34	8	—	1	—	—	—	6	—	—	6	1	7	3	3	—	1	85·7	100·0	—	—	—	1
Speech—																										
Defective Articulation ...	2	3	5	16	2	—	—	1	* —	—	2	—	1	3	1	4	1	2	—	1	75·0	100·0	—	—	—	1
Squint—																										
Squint present	30	70	100	227	172	59	—	7	55	—	16	—	2	73	—	73	12	41	2	18	78·5	78·5	7	13	20	31
Vision—																										
Defect not ascertained ...	19	45	64	124	35	9	1	—	13	—	11	—	1	25	—	25	2	18	1	4	39·7	39·7	1	23	38	27
One eye normal	36	165	201	491	330	88	4	23	94	—	14	—	7	115	—	115	54	32	5	24	66·1	68·1	31	28	59	52
Both eyes 6/6	5	49	54	88	108	25	1	25	23	—	1	—	—	24	—	24	9	5	5	5	85·7	85·7	4	—	4	5
.. 6/9	11	56	67	134	123	18	1	10	31	—	3	—	1	35	—	35	20	5	3	7	62·5	62·5	13	8	21	15
One eye 6/9 other 6/12 or less	44	132	176	409	287	76	1	14	84	—	14	—	2	100	—	100	37	38	5	20	62·1	62·1	26	35	61	55
Both eyes 6/12 or less...	122	387	509	1,335	900	223	2	11	277	—	59	—	22	358	—	358	156	119	17	66	72·2	72·2	84	54	138	120
Spectacles broken ...	28	308	336	282	537	54	—	1	303	—	9	—	9	321	—	321	295	—	1	25	93·8	93·8	8	6	14	31
.. lost	5	35	40	65	69	4	—	2	34	—	1	—	2	37	—	37	29	—	—	8	97·4	97·4	1	—	1	8
Debility	120	412	532	1,397	655	—	5	2	157	—	69	1	129	356	142	498	335	23	2	138	67·8	94·9	18	9	27	147
Miscellaneous	257	4,768	5,025	10,533	3,326	491	27	472	830	—	251	10	762	1,853	2,556	4,409	4,105	40	9	255	40·9	97·4	72	45	117	300
Grand Totals ...	1,953	15,774	17,727	32,095	17,565	12,602	127	707	4,988	188	1,200	26	1,738	8,140	7,007	15,147	12,932	539	70	1,606	48·2	89·7	903	843	1,746	2,449

Mental Condition—Dull or Backward and Mentally Defective (all grades)—

No. of new Cases examined during 1924 44
Found on examination to be mentally defective ... 17
Found on examination to be dull or backward ... 19
Found on examination to be idiots or imbeciles ... 4
Found on examination to be moral defectives ... 0
Found on examination to be normal 4

Re-examinations in respect of Defective Vision other than Lost and Broken Spectacles and other conditions—

No. of Visits 2,498
No. of Medical Examinations 2,238
No. of times attended by Clinic Nurse only... ... 204

CERTAIN STATISTICAL DATA.

No. of Public Elementary Schools at December, 1924		32
No. of School Departments at December, 1924		75
Average Public Elementary School Roll, year ended 31st March, 1924		22,477
Total No. of Children medically inspected at Routine and Special Inspections ...		12,337
Total No. of Children dentally inspected		20,231
Total No. of Defects of every description "followed up" during 1924		28.143
Total No. of Defects of every description for which treatment was obtained during 1924 :—		
Medical or Dental Treatment	9,311	
Domestic Treatment	7,007	
Total ———		16,318
Total No. of Attendances at the School Clinics during 1924		37,305

SPECIAL SCHOOLS.

No. of Physically Defective Schools ... ... 2 (1 school formerly for mentally defective children was closed on 25/7/17 and re-opened on 13/12/20 for physically defective children).

No. of Mentally Defective Schools 1

No. of children attending Special Schools during 1924 :—

	In Willesden.	Outside Willesden.	Total.
Blind and Partially Blind	—	16	16
Deaf	—	24	24
Mentally Defective	115	4	119
Epileptic	—	5	5
Physically Defective	119	11	130
Total	234	60	294

TABLE No. 11.—Corresponding to Appendix E of the Annual Report of the Chief Medical Officer of the Board of Education for 1919.

FORM OF ANNUAL RETURN OF THE AFTER-CAREERS OF CHILDREN UNDER 21 YEARS OF AGE FORMERLY ATTENDING SPECIAL SCHOOLS.

	Furness Road Physically Defective School.		Leinster Road Mentally Defective School.	
	Boys.	Girls.	Boys.	Girls.
1. Number of children who have left the school and are under 21 years ...	56	72	73	53
2. Number who :—				
(a) Have since died	3	8	3	4
(b) Are known to be incapable by reason of mental or physical defect of undertaking employment	3	6	11	5
(c) Are in attendance at an Institution for further education (give details), and	†19	† 23	* 3	*3
(d) Are in any other Institution (specify Asylum, Workhouse, Colony for Epileptics, &c.) ...	††2	†† 1	** 16	**8
3. Number who are employed in :—				
(a) Industrial or manual occupations	8	8	13	4
(b) Agricultural or rural occupations	—	—	—	—
(c) Domestic occupations, including those who are helping in the domestic work at home ...	—	8	—	19
(d) Commercial, professional or clerical work	7	2	2	—
(e) Blind alley or other precarious occupations	—	—	10	1
4. Number who have left the neighbourhood or whose after-careers have not been traced	14	16	15	9

* See Tables 11 (2) (c) and 11 (2) (d).
** See Tables 11 (2) (c) and 11 (2) (d).
† See Tables 11 (2) (c) and 11 (2) (d).
†† See Tables 11 (2) (c) and 11 (2) (d).

11 (2) (c).—Details of Children who are in Attendance at an Institution for further Education.

		Ordinary Elementary School.	Private School.	Technical or Secondary School.	Leinster Road M.D. School.	Institution for the Deaf.	Institution for the Blind.	Sanatorium School.
† Furness Road and Leopold Road P.D. Schools.	Girls ...	18	—	3	2	—	—	—
	Boys ...	13	—	3	3	—	—	—

11 (2) (d).—Details of Children who are in any other Institution.

		Epileptic Institution.	Home for Cripples.	Dr. Barnardo's Home.	Home—Willesden Board of Guardians.
†† Furness Road and Leopold Road P.D. Schools	Girls ...	—	—	1	—
	Boys ...	—	2	—	—

11 (2) (c).—Details of Children who are in Attendance at an Institution for further Education.

		Ordinary Elementary School.	Private School.	Technical or Secondary School.	Institution for Deaf.	Institution for Blind.	Clapton Training Home.	Residential M.D. Institution.
* Leinster Road M.D. School	Girls ...	—	1	—	—	—	1	1
	Boys ...	—	—	—	1	1	—	1

11 (2) (d).—Details of Children who are in any other institution.

		Epileptic Institution	Home—Willesden Board of Guardians.	Dr. Barnardo's Homes.	Institution for Mentally Defectives.	Middlesex County Asylum.	Roman Catholic Homes.
** Leinster Road M.D. School	Girls ...	—	3	—	4	—	1
	Boys ...	—	4	—	10	2	—

TABLE No. 12.

Return showing No. of Cases referred for following-up in 1924 and previous years with the view of Medical Treatment being obtained, Remedial Measures carried out, or other action taken.

Year.	Referred by				Total.
	Medical Inspection and Officers of Health Department.	Head Teachers.	Attendance Officers.	Others.	
1924	6,142	4,983	116	3,927	15,168
1923	4,900	4,230	131	4,715	13,976
1922	4,004	5,720	236	4,580	14,540
1921	4,203	4,779	248	5,711	14,941
1920	2,949	4,774	353	5,354	13,430
1919	1,796	4,167	451	3,538	9,952
1918	1,674	4,163	395	1,150	7,382
1917	1,227	3,372	441	427	5,467
1916	1,436	3,264	313	394	5,407
1915	1,308	3,429	109	298	5,144
1914	2,322	2,401	108	140	4,971
1913					1,092
1912					1,102
1911					1,030
1910					941

TABLE No. 13.

MEDICAL AND DENTAL TREATMENT—ATTENDANCES AT THE MUNICIPAL CLINICS, 1924.

Condition.	Mothers and Children under 5.				School Children.	Grand Total.
	Expectant Mothers.	Nursing Mothers.	Children under five.	Total.		
1. Cleansing	4	27	376	407	3,582	3,989
2. Throat, Nose, and Ear Diseases	0	0	70	70	2,116	2,186
3. Minor Ailments ...	18	67	818	903	23,445	24,348
4. Eye Diseases	0	0	70	70	5,364	5,434
5. Medical Consultations...	731	5,431	9,408	15,570	0	15,570
6. Total 1—5	753	5,525	10,742	17,020	34,507	51,527
7. Dental Consultations ...	57	165	298	520	2,460	2,980
8. Total 6—7	810	5,690	11,040	17,540	36,967	54,507
9. Ringworm Attendances	0	0	62	62	338	400
10. Grand Total	810	5,690	11,102	17,602	37,305	54,907

	Clinic (I.).			Clinic (II.).			Grand Total.
	Mothers and Children under Five.	School Children	Total.	Mothers and Children under Five.	School Children.	Total.	
11. Medical Attendances ...	7,780	19,313	27,093	9,240	15,194	24,434	51,527
12. Dental Attendances ...	209	1,180	1,389	311	1,280	1,591	2,980
13. Total	7,989	20,493	28,482	9,551	16,474	26,025	54,507

TABLE No. 14.

Shewing attendances at the Municipal Clinics each year since 1913.

Year.	Mothers and Children under 5 years.			School children.			Total.	School for Mothers.	Nursery.	Grand Total.
	Medical.	Dental.	Total.	Medical.	Dental.	Total.				
1913	0	0	0	299	0	299	299	0	0	299
1914	0	0	0	2,517	0	2,517	2,517	0	0	2,517
1915	0	0	0	5,674	0	5,674	5,674	0	0	5,674
1916	389	0	389	9,593	0	9,593	9,982	0	0	9,982
1917	8,641	0	8,641	9,448	0	9,448	18,089	0	0	18,089
1918	32,169	1,165	33,334	15,811	2,403	18,214	51,548	44	220	51,812
1919	32,870	878	33,748	46,179	11,024	57,203	90,951	1,089	2,814	94,854
1920	51,468	1,823	53,291	64,588	10,670	75,258	128,549	2,354	3,452	134,355
1921	41,562	1,667	43,229	57,032	7,718	64,750	107,979	1,716	2,356	112,051
1922	27,505	894	28,399	39,989	7,025	47,014	75,413	1,616	2,190	79,219
1923	23,271	533	23,804	40,381	3,599	43,980	67,784	2,761	3,270	73,815
1924	1,7082	520	17,602	34,845	2,460	37,305	54,907	2,896	2,808	60,611

The defects of School Children which were treated at the School Clinics during 1924 are shown in Table No. 10.

45 School Children and 9 children under 5 years of age were treated by X-rays for Ringworm of the Scalp; 6 School Children were treated by X-rays for other skin conditions.

4,402 Individual School Children attended the Municipal Clinics during 1924.

TABLE No. 15.

Return respecting the Provision of Spectacles during 1924.

No. of pairs of Spectacles provided	519
Cost of Spectacles provided	£97 15 11
Average cost per pair	£0 3 9¼
No. of pairs provided at full charge made by Council ...	475
No. of pairs provided free or at reduced charge	44
Total amount received as above	£96 0 6
Cost of repairs	£34 10 8
Total amount received for repairs	£21 13 0

HOSPITAL TREATMENT OF SCHOOL CHILDREN UNDER THE COUNCIL'S SCHEME.

The following figures have kindly been supplied by the Willesden General Hospital.

TABLE No. 16.

Hospital Treatment of School Children during 1924.

No. of School Children in Willesden General Hospital at 31st December, 1923...	0
" " " admitted during 1924	242
" " " discharged during 1924	233
" " " died in Hospital during 1924	0
" " " remaining in Willesden General Hospital at 31st December, 1924 ...	9

TABLE No. 17.

Hospital Treatment of School Children during 1924.

(*a*) Treatment of defects of Children admitted in 1923 who were still in the Willesden General Hospital on December 31st, 1924.

TABLE No. 17.

(*b*) Treatment of defects of Children admitted in 1924.

Defect.	No. Admitted.	Forms of Treatment.		Results of Treatment.				Remaining in Hospital December 31st, 1924.
		Operative.	General.	Remedied.	Improved.	Unchanged	Died.	
Enlarged Tonsils and Adenoids	239	239	—	231	—	—	—	8
Nasal Obstruction	1	1	—	1	—	—	—	0
Marasmus	2	0	2	1	—	—	—	1
Total	242	240	2	233	—	—	—	9

No School Children were admitted to St. Monica's Home Hospital.

TABLE No. 18.—EMPLOYMENT OF CHILDREN IN ENTERTAINMENTS RULES, 1920.

Particulars as to applications received in 1924 for certificates from the School Medical Officer.

	No. of Applications.				*No. Granted*		
	Boys.	Girls.	Total.		Boys.	Girls.	Total.
Original applications	1	4	5	...	1	4	5
Applications for renewals ...	1	4	5	...	1	4	5
	2	8	10	...	2	8	10

THE FIFTH ANNUAL REPORT,

FOR THE

Year ending 31st December, 1924.

ON THE

HEALTH OF PUPILS ATTENDING SECONDARY SCHOOLS IN WILLESDEN.

Giving the Tables required by the Board of Education.

Kilburn Grammar School—Boys.

Willesden Polytechnic Trade School—Girls.

TABLE No. 19.—Corresponding to Table 1 of Appendix to Circular 1,321 of the Board of Education, dated 27.12.23.

NUMBER OF PUPILS INSPECTED 1ST JANUARY, 1924, TO 31ST DECEMBER, 1924.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Pupils examined. Aged.	Kilburn Grammar School. (Boys).			Polytechnic Trade School. (Girls).			Total.		
	Entrants.	Others.	Total.	Entrants.	Others.	Total.	Entrants.	Others.	Total.
11 years ...	13	0	13	0	0	0	13	0	13
12 ,, ...	43	24	67	0	0	0	43	24	67
13 ,, ...	8	0	8	6	0	6	14	0	14
14 ,, ...	2	0	2	13	0	13	15	0	15
15 ,, ...	0	55	55	4	30	34	4	85	89
Total	66	79	145	23	30	53	89	109	198

Note that in the above table a pupil examined as an entrant, and subsequently as having attained his or her birthday during the preceding term, appears twice, that is as 2 cases.

B. OTHER INSPECTIONS.

	Kilburn Grammar (Boys).	Polytechnic Trade School. (Girls).	Total.
Number of Special Inspections	0	0	0
Number of Re-inspections ...	51	40	91
Total	51	40	91

TABLE No. 20.—Corresponding to Table II. of Appendix to Circular 1,321 of the Board of Education, dated 27.12.23.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1924.

Defect or Disease. (1)		Routine Inspections. Number of Defects: Requiring treatment. (2)		Routine Inspections. Number of Defects: Requiring to be kept under observation, but not requiring treatment. (3)		Special Inspections. Number of Defects: Requiring treatment. (4)		Special Inspections. Number of Defects: Requiring to be kept under observation, but not requiring treatment. (5)	
		Kilburn Grammar School.	Willesden Poly-technic.	Kilburn Grammar School.	Willesden Poly-technic.	Kilburn Grammar School.	Willesden Poly-technic.	Kilburn Grammar School.	Willesden Poly-technic.
Malnutrition...		—	—	1	—	—	—	—	—
Uncleaniness ... ... (*See* Table IV., Group V.)		—	—	—	—	—	—	—	—
Skin	Ringworm :—								
	Scalp	—	—	—	—	—	—	—	—
	Body	—	—	—	—	—	—	—	—
	Scabies	—	—	—	—	—	—	—	—
	Impetigo... ...	—	—	—	—	—	—	—	—
	Other Diseases (Non-Tuberculous).	2	1	—	—	—	—	—	—
Eye	Blepharitis ...	—	—	—	—	—	—	—	—
	Conjunctivitis ...	1	—	—	—	—	—	—	—
	Keratitis ...	—	—	—	—	—	—	—	—
	Corneal Opacities	—	—	—	—	—	—	—	—
	Defective Vision... (excluding Squint).	9	4	—	—	—	—	—	—
	Squint	—	—	—	—	—	—	—	—
	Other Conditions	—	—	—	—	—	—	—	—
Ear	Defective Hearing	—	—	—	—	—	—	—	—
	Otitis Media ...	—	1	—	—	—	—	—	—
	Other Ear Diseases	2	—	—	—	—	—	—	—
Nose & Throat	Enlarged Tonsils only.	3	1	2	—	—	—	—	—
	Adenoids only ...	—	—	—	—	—	—	—	—
	Enlarged Tonsils and Adenoids.	—	—	—	—	—	—	—	—
	Other Conditions	2	—	2	—	—	—	—	—
Enlarged Cervical Glands (non-Tuberculous).		1	—	3	—	—	—	—	—
Defective Speech		1	—	—	—	—	—	—	—
Teeth—Dental Diseases ...		24	10	—	—	—	—	—	—
Heart and Circulation.	Heart Disease :—								
	Organic ...	—	—	—	—	—	—	—	—
	Functional ...	—	1	—	—	—	—	—	—
	Anæmia	1	1	—	—	—	—	—	—
Lungs	Bronchitis ...	—	—	—	—	—	—	—	—
	Other Non-Tuberculous Diseases.	—	—	—	—	—	—	—	—
Tuberculosis	Pulmonary :—								
	Definite ...	—	—	—	—	—	—	—	—
	Suspected ...	—	—	—	—	—	—	—	—
	Non-Pulmonary :								
	Glands... ...	—	—	—	—	—	—	—	—
	Spine	—	—	—	—	—	—	—	—
	Hip	—	—	—	—	—	—	—	—
	Other bones and Joints.	—	—	—	—	—	—	—	—
	Skin	—	—	—	—	—	—	—	—
	Other forms ...	—	—	—	—	—	—	—	—
Nervous System	Epilepsy	—	—	—	—	—	—	—	—
	Chorea	—	—	—	—	—	—	—	—
	Other Conditions	—	2	—	—	—	—	—	—
Deformities.	Rickets	—	—	—	—	—	—	—	—
	Spinal Curvature	2	—	—	7	—	—	—	—
	Other Forms ...	—	—	—	—	—	—	—	—
	Flat Foot ...	2	—	3	—	—	—	—	—
Other defects and diseases...		1	2	1	3	—	—	—	—
Total		51	23	12	10	—	—	—	—

B. Number of Individual Pupils found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Pupils. Inspected. (2)		Number of Pupils. Found to require treatment. (3)		Percentage of Pupils found to require treatment. (4)	
	Kilburn Grammar School.	Willesden Polytechnic.	Kilburn Grammar School.	Willesden Polytechnic.	Kilburn Grammar School.	Willesden Polytechnic.
Code Groups :—						
Entrants	66	23	18	6	27·3	26·1
Intermediates	24	0	1	0	4·2	0
Leavers	55	30	7	2	12·7	6·7
Total (Code Groups)	145	53	26	8	17·9	15·1
** Other Routine Inspections ...	—	—	—	—	—	—

** During 1924 the following groups have been submitted to Routine Medical Inspection at the Secondary Schools in Willesden, and are all included under the Code Group Heading :—

(*a*) All entrants except any pupil who had been medically examined at an Elementary School within the past 2 years, and in whose case the record of such examination was available for the inspecting Officer.

(*b*) Pupils aged 12 years.

(*c*) Pupils aged 15 years.

Table No. 21.—Corresponding to Table IV. of Appendix to Circular 1321 of the Board of Education. dated 27th December, 1923.

Return of Defects Treated during the Year ended 31st December, 1924.
Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.).

Defect or Disease. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)		Otherwise. (3)		Total. (4)	
	Kilburn Grammar School.	Willesden Polytechnic.	Kilburn Grammar School.	Willesden Polytechnic.	Kilburn Grammar School.	Willesden Polytechnic.
Skin :—						
Ringworm—Scalp	—	—	—	—	—	—
Body	—	—	—	—	—	—
Scabies	—	—	—	—	—	—
Impetigo	—	—	—	—	—	—
Other skin diseases	—	—	3	—	3	—
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	—	—	1	1	1	1
Minor Ear Defects	—	—	—	—	—	—
Miscellaneous ... ... (*e.g.*, Minor Injuries, Bruises, Sores, Chilblains, etc.).	—	—	3	1	3	1
Total	—	—	7	2	7	2

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

No treatment has been arranged for by the Local Education Authority, but at the

Kilburn Grammar School, in 7 instances, the School Medical Inspector noted at a subsequent examination that glasses were suitable or that the defect had been treated. In 1 instance the School Medical Inspector noted on re-examination that the eyes had been tested and glasses were not recommended.

Willesden Polytechnic.—In 6 instances the School Medical Inspector noted at a subsequent examination that glasses had been provided; in 1 instance the eyes had been examined but no glasses ordered as vision could not be improved; and in 1 instance the eyes had been tested by an optician and no glasses ordered—vision $\frac{6}{6}$ in each eye on re-examination.

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.								
Received Operative Treatment.					Received other forms of Treatment.		Total number treated.	
Under the Authority's Scheme in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)		Total. (3)		(4)		(5)	
	Kilburn Grammar School.	Willesden Polytechnic.	Kilburn Grammar School.	Willesden Polytechnic.	Kilburn Grammar School.	Willesden Polytechnic.	Kilburn Grammar School.	Willesden Polytechnic.
No Treatment has been arranged for by the Local Education Authority.	2	0	2	0	5	2	7	2

Group IV.—Dental Defects.

Dental work is not done in connection with the Secondary Schools in Willesden.

The School Medical Inspectors noted at the examinations during the year that of the cases previously referred for dental treatment 22 cases at the Kilburn Grammar School and 15 cases at the Willesden Polytechnic had received dental treatment.

Group V.—Uncleanliness and Verminous Conditions.

Inspection and treatment of uncleanliness has not been undertaken by the School Nurses in the Secondary Schools in 1924.

In 1 case of uncleanliness of the Head found at Routine Medical Inspection at the Willesden Polytechnic and referred to the parent for treatment, the condition was still present on re-examination, was improved and subsequently remedied at further re-examinations.

Treatment of other Types of Defect.

(*a*) The measures adopted for providing treatment or for securing improvement :—

No measures have been adopted by the Authority for providing treatment.

Notices were sent to parents informing them of the conditions requiring treatment, and the Head Teachers were notified of conditions requiring special exercises and the like. Pupils with defects referred for treatment or requiring to be kept under observation were referred for re-examination at a subsequent visit of the School Medical Inspector.

(*b*) The effect of the measures taken.

The School Medical Inspector noted as follows :—

Table No. 22.

(*a*)—KILBURN GRAMMAR SCHOOL.

Defect.	No.	Result.
Malnutrition	1	Improving.
Skin—Wart on Face	1	Diminished in size.
Eye—Injury to Right Eye	1	Treated.
Ear—Wax	1	Treated.
Deformities :—		
Kyphosis	1	Much improved.
Flat Foot	5	2 Improved. 3 Unchanged.
Other Defects and Diseases :—		
Left Bubonocele	1	Wears truss—rupture does not come down now.
Undescended right Testicle ...	1	Has seen several doctors—operation not advised.
Diabetes ?	1	Urine has been tested—no sugar.

(*b*)—WILLESDEN POLYTECHNIC.

Defect.	No.	Result.
Heart and Circulation :—		
Heart Disease—		
Organic	0	
Functional	2	Improved.
Anæmia	1	Improved.
Nervous System :—		
Epilepsy	0	
Chorea...	0	
Other Conditions	3	Remedied.
Deformities :—		
Rickets	0	
Spinal Curvature	8	7 Improved. 1 Remedied.
Other Forms	2	1 Improved. 1 Remedied.
Other Defects and Diseases	8	1 has had treatment. 2 Improved. 5 Remedied.

THE SEVENTH ANNUAL REPORT

FOR THE

Year 1924,

ON

DENTAL WORK in connection with SCHOOL CHILDREN, EXPECTANT and NURSING MOTHERS and CHILDREN under 5 years.

By E. A. JENNINGS, L.D.S., R.C.S.Eng.

The following Table No. 23, corresponding to Table IV, Group IV. of Appendix to Circular 1,321 of the Board of Education, dated 27th December, 1923, gives details of the age groups of children inspected, together with time given and work done at the Clinics on those cases, which received treatment under the Council's scheme.

TABLE No. 23. DENTAL DEFECTS.

(1)	Number of children who were :—			
	(*a*) Inspected by the Dentists.			
	Routine Age Groups	5 years	1,159	
		6 ,,	2,100	
		7 ,,	2,332	
		8 ,,	2,541	
		9 ,,	2,443	
		10 ,,	2,279	
		11 ,,	2,178	
		12 ,,	2,078	
		13 ,,	1,763	
		14 ,,	905	
		15 ,,	45	
		16 ,,	9	
			Total	*19,832*
		Specials		399
		GRAND TOTAL		20,231
	(*b*) Found to require treatment			14,192
	(*c*) Actually treated at the Authority's Clinic			906
	(*d*) Re-treated during the year (result of periodical examination)			200
(2)	Half days devoted to Inspection		583	
	Treatment		419	
			Total	*1,002*
(3)	Attendances made by children for treatment			2,148
(4)	Fillings ... ... Permanent Teeth		908	
	Temporary Teeth		239	
			Total	*1,147*
(5)	Extractions ... Permanent Teeth		330	
	Temporary Teeth		1,401	
			Total	*1,731*
(6)	Administration of general anæsthetics :—			
	For extractions			679
	Local			136
7)	Other Operations Permanent Teeth		97	
	Temporary Teeth		205	
			Total	*3 02*

TABLE No. 24.

Return showing number of cases referred for following-up in 1924 and previous years, with a view to Dental treatment being obtained.

Year.	Referred by				Total.
	Dental Inspections and Officers of the Health Department.	Head Teacher.	Attendance Officers.	Others.	
1924	9,642	34	0	570	10,246
1923	6,504	98	2	605	7,209
1922	4,383	129	—	930	5,442
1921	2,624	293	16	1,116	4,049
1920	1,386	466	6	1,379	3,237
1919	2,833	654	17	1,371	4,875

TABLE No. 25.

Return showing the number of dental defects referred for following up, the number of visits and dental examinations made in connection therewith and the extent to which remedial measures were carried out during 1924.

Total number of defects coming under observation during 1924. (New cases and re-examination) :—

Brought forward, 1923	169	
New during year	10,247	
		Total 10,416
Number of visits made by Health Visitors	12,149	

Number of defects treated :—

Clinic	906	
Otherwise	265	
		Total 1,171
Number of defects for which no treatment had been undertaken at Health Visitors visit	8,956	
Percentage of defects followed up which were known to have received treatment	11 per cent.	
Number still under observation at end of year	289	

As a result of the Council's scheme, which came into force April 1st, 1923, 19,830 children have been inspected at the schools and 399 at the Clinics, making a total of 20,229 for the year.

Of this number 14,192 were found to require treatment, 959 applications were made for treatment at the Clinics, 626 were granted free treatment and 266 on payment of 2s. 6d. fee in accordance with modifications of scheme operable from October 1st, 1924. The remaining 67 above the Economic Scale were not disposed to make the payment and received no treatment from the Clinics.

EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5.

The records of the year give the following details concerning the Maternity and Child Welfare section of the Clinic work.

84 mothers and 132 children were inspected during the year in addition to 19 patients brought forward from 1923, making a total of 235. Of this number 85 were completed at the Clinics, 39 partially completed and removed from observation, 60 refused treatment and 5 cases were treated by other agencies, the remaining 46 still under observation were brought forward to the year 1925.

501 attendances were made at the Clinics, 462 teeth removed and 86 teeth preserved by filling. In addition 69 other operations were performed, including swabbings, and gum treatment and application of drugs to temporary teeth. General Anæsthetics were administered on 155 occasions and Local Anæsthetics on 8 occasions.

TABLE No. 26.

The following table shows details of the 132 children inspected.

Number with decayed temporary teeth	Savable	...	53
	Unsavable	...	105
Number with decayed permanent teeth	Savable	...	0
	Unsavable	...	0
Number of decayed temporary teeth	Savable	...	135
	Unsavable	...	333
Number of decayed permanent teeth	Savable	...	0
	Unsavable	...	0

TABLE No. 27.

Showing number of mothers who received dentures during the year.

	At cost to Council.	At cost of Applicant.	Total.
Clinic 1	1	1	2
Clinic 2	1	1	2
Total	2	2	4

98 applications were made for treatment at the Clinics, 62 of these were granted treatment free and 26 on payment of 2s. 6d., the remaining 10, who either did not return forms or refused payment, were removed from observation.

TABLE No. 28.

Showing the number of dental defects referred for following up, the number of visits and dental examinations made in connection therewith and the extent to which remedial measures were carried out in 1924.

Total number of defects coming under observation during 1924. (New cases and re-examinations) :—

Brought forward from 1923	19	
New during year	216	*Total* *235*
Number of visits made by Health Visitors	372	
Number of defects treated :—		
Clinic	124	
Otherwise	5	*Total* *129*
Number of defects for which no treatment was undertaken	60	
Carried forward 1925	46	

THE FIFTH ANNUAL REPORT

For the Year ending 31st December, 1924, on HOME NURSING.

TABLE No. 29.—SHOWING CASES DEALT WITH DURING 1924 AND RESULTS,

Disease.	Cases being nursed at end of 1923.						New Cases during 1924.						Removed from Observation during 1924—Results of Treatment. Died.						Removed to Hospital or other Institutions.						Recovered.						Still being Home Nursed at end of 1924.						Number of Visits Paid during 1924.					
	Expectant Mothers.	Nursing Mothers.	Children under Five.	School Children.	Others.	Total.	Expectant Mothers.	Nursing Mothers.	Children under Five.	School Children.	Others.	Total.	Expectant Mothers.	Nursing Mothers.	Children under Five.	School Children.	Others.	Total.	Expectant Mothers.	Nursing Mothers.	Children under Five.	School Children.	Others.	Total.	Expectant Mothers.	Nursing Mothers.	Children under Five.	School Children.	Others.	Total.	Expectant Mothers.	Nursing Mothers.	Children under Five.	School Children.	Others.	Total.	Expectant Mothers.	Nursing Mothers.	Children under Five.	School Children.	Others.	Total.
Acute Rheumatism	—	—	—	1	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	6	—	12	—	18
Bathing Case	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	2	—	—	2
Bronchitis... ...	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	17	—	—	17
Burns	—	—	2	—	—	2	—	—	3	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	5	—	—	—	—	—	—	—	—	99	—	—	99
Cardiac	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	16	—	—	—	16
Circumcision ...	—	—	—	—	—	—	—	—	9	4	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	4	—	13	—	—	—	—	—	—	—	—	88	38	—	126
Constipation ...	—	—	—	—	—	—	—	1	2	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	4	—	—	—	—	—	—	—	4	9	—	1	14
Dog Bite	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	5	—	—	5
Douching Case ...	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Enteritis	—	—	—	—	—	—	—	—	3	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	3	—	—	—	—	—	—	—	—	4	—	—	4
Hæmorrhage after Dental Extraction	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	4	—	4
Impetigo	—	—	—	—	—	—	—	—	6	8	—	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	8	—	14	—	—	—	—	—	—	—	—	72	56	—	128
Influenza	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	3	—	—	—	3
Influenzal	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	45	—	—	45
Pneumonia Marasmus... ...	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	7	—	—	7
Mastitis	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	52	—	—	—	52
Mastoid	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	13	—	—	13
Measles	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	12	—	12
Measles & Impetigo	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—	—	—	—	—	32	21	—	53
Miscarriage ...	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	10	—	—	—	10
Nasal Catarrh ...	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	116	—	—	116
Ophthalmia ...	—	—	1	2	—	3	—	—	14	10	—	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	10	—	23	—	—	2	2	—	4	—	—	433	418	—	851
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	13	—	—	13	—	—	—	—	—	—	—	—	1	—	—	1	—	—	11	—	—	11	—	—	1	—	—	1	—	—	219	—	—	219
Otorrhœa	—	—	—	—	—	—	—	—	9	7	1	17	—	—	—	—	—	—	—	—	1	—	—	1	—	—	7	7	1	15	—	—	1	—	—	1	—	—	185	123	1	309
Pneumonia ...	—	—	—	—	—	—	—	—	3	—	—	3	—	—	1	—	—	1	—	—	1	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	8	—	—	8
Prematurity ...	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	22	—	—	22
Puerperal Fever ...	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	3
Septic Condition ...	—	—	1	—	—	1	—	1	5	13	2	21	—	—	—	—	—	—	—	—	2	—	—	2	—	—	4	13	2	19	—	1	—	—	—	1	—	13	115	85	3	216
Sprain	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	5	—	5
Throat Conditions	—	—	1	—	—	1	—	—	13	98	9	120	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	98	9	121	—	—	—	—	—	—	—	—	55	431	10	496
Uterine Disorder ...	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	2	2
Whooping Cough ...	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	5	—	—	5
Worms	—	—	—	—	—	—	—	—	8	3	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	3	—	11	—	—	—	—	—	—	—	—	58	43	—	101
Total ...	—	—	5	3	—	8	—	9	101	148	16	274	—	—	1	—	—	1	—	1	7	—	—	8	—	7	94	149	16	266	—	1	4	2	—	7	—	107	1,609	1,248	18	2,982

TABLE No. 30.

Shewing Sources from which cases were referred for Home Nursing during the Year 1924.

Referred by	Number.
Health Department	89
Private Doctors	25
Others	160
Total	274

TABLE No. 31.

Shewing cases Home Nursed in Wards during 1924.

Ward.	No. of Cases brought forward from 1923.	No. of Cases referred in 1924.	Total.	No. of Visits paid.
1. South Kilburn ...	3	58	61	932
2. Mid-Kilburn ...	1	47	48	591
3. North Kilburn ...	1	30	31	314
4. Brondesbury Park ...	0	11	11	112
5. Kensal Rise ...	2	27	29	180
6. Harlesden	1	31	32	311
7. Stonebridge ...	0	27	27	163
8. Roundwood... ...	0	19	19	176
9. Church End... ...	0	9	9	57
10. Willesden Green ...	0	4	4	25
11. Cricklewood ...	0	11	11	121
Total	8	274	282	2,982

THE TENTH ANNUAL REPORT

FOR THE

Year ending 31st December, 1924,

ON THE

PROVISION OF MEALS TO SCHOOL CHILDREN IN WILLESDEN.

FEEDING CENTRES.—Meals have been supplied at the four Feeding Centres under the control of the Education Committee, namely, Furness Road, Lower Place, Gibbons Road and Strode Road and at one voluntary centre in Granville Road.

Dinners are still taken from Strode Road Feeding Centre to Leopold Road Physically Defective School. The dinners are served in the Laundry Centre by an Assistant from Strode Road Feeding Centre.

BREAKFASTS.—The practice of serving breakfasts to children whose parents are unusually poor has been continued throughout the year. All these cases have been in the South Kilburn area. The meal served consists of cocoa made with dried milk, and sugar, and bread and margarine.

STAFFING.—The staff employed at each of the Feeding Centres is approximately one assistant to every 50 children fed.

SELECTION OF CHILDREN.—Recommendations are accepted as heretofore from School Teachers, Health Visitors and the Clinic Medical Staff, subject to review by immediate investigation of the economic circumstances of the family. The total number of new application forms presented to the Education Committee's Centres throughout the year was 410. Recommendations are also received from the Willesden Board of Guardians, an agreement having been made whereby they pay to the Willesden Education Authority, 1s. per head per week or part of a week for each child fed at the Education Committee's Feeding Centres on their recommendation. This scheme came into operation on the 30th October, 1922, the Guardians supplying every four weeks the list of children to be fed.

The Economic Circumstances Scale was revised and raised one shilling per head on the 20th November, 1924.

KILBURN FEEDING CENTRE—DINNERS.—The children of the South Kilburn area are fed at the Voluntary Centre established at the Presbyterian Mission Hall, Granville Road. No change has been made with regard to the serving of meals, and the table appointments are still one spoon. A change has been made in the dietary and the meals are now more appetising.

The price per meal was raised from 4d. to 5d. on the 12th November, 1923. The earlier arrivals hurry through their meal and scramble out as soon as they have finished to make room for the new comers, thereby making a constant stream of children through the dining room and destroying all possibility of order.

KILBURN BREAKFASTS.—The provision of breakfasts at Carlton Vale School House has continued throughout the year, the arrangements being carried out by the Caretaker. The number of application forms received from South Kilburn for the year was—Dinners 139—Breakfasts 44.

MEALS.—The same weekly menu has been carried out all through the year. This provides four meat meals and one meatless meal, each being followed by a pudding or stewed fruit.

The price of the meals for non-necessitous cases is 5d. as heretofore.

STATISTICAL INFORMATION, YEAR ENDING 31ST DECEMBER, 1924.

TABLE NO. 32.—NUMBER OF MEALS SUPPLIED.

Supplied to :—	Breakfasts.	Dinners.			Total.
	Free.	Free.	Paying.	Guardians.	
Education Committees' Centres ...	—	30,656	923	8,991	40,570
Kilburn Voluntary Centre ...	3,634	9,836	—	7,028	20,498
Special Schools	—	2,347	7,985	487	10,819
Feeding Centre Assistants ...	1,414	1,896	—	—	3,310
Total	5,048	44,735	8,908	16,506	75,197

TABLE No. 33.

Occupational List, 1924. List of the parents whose children were fed during 1924, with comparative column for 1923.

Occupation.	No. of Children Fed during 1924.	No. of Families Involved.		Percentage.	
		1923.	1924.	1923.	1924.
Unemployed	374	227	153	67·1	60·9
Widows	76	48	45	14·2	17·9
Deserted Wives ...	32	25	14	7·3	5·6
Orphans	3	2	1	·5	·4
Labourers	25	11	10	3·2	4·0
Railwaymen	21	5	8	1·4	3·2
Hawkers	2	8	2	2·3	·8
Others	47	12	18	3·5	7·2

Approximate average cost per meal for food only, 2¾d. ; total cost, 6½d.

THE THIRTY-THIRD ANNUAL REPORT

FOR THE

Year ending 31st December, 1924,

ON THE

MUNICIPAL HOSPITAL

By W. J. J. STEWART, M.D., D.P.H.

TO THE CHAIRMAN AND MEMBERS OF THE WILLESDEN DISTRICT COUNCIL.

LADIES AND GENTLEMEN,

In 1924, 626 patients were admitted as compared with 674 in 1923, 1,132 in 1922, and 1,556 in 1921, in which year Scarlet Fever was epidemic.

SCARLET FEVER.

During the past year only 141 cases of this disease were admitted, 2 of which died. There were 184 in 1923. All the attacks were of the mildest type, the fatal cases dying from complications.

DIPHTHERIA.

245 cases were admitted, or 134 less than in the previous year. The attacks were of the mild or moderately severe type, no very malignant attacks being admitted. 5 patients died, 3 of these having been admitted too late in the attack for treatment to benefit them, whilst the other 2 died of lung complications after tracheotomy. Altogether, 5 cases were tracheotomied, 3 recovered. 17 Larval and 26 Carrier cases of the disease were admitted. For the purpose of calculating the mortality rate, they have been excluded.

Amongst the Larval cases, 3 of these harboured organisms for protracted periods. In consequence, the infecting organisms were tested for virulence, all of them proving to be non-virulent.

Combined attacks occurred as follows:—

Diphtheria et Rubella, Diphtheria et Morbilli, Diphtheria et Mumps, Diphtheria et Varicella, one case each.

ENTERIC FEVER.

Five cases in all were admitted, all of them being moderately severe—all recovered. Three were ordinary Typhoid Fever; the other two being paratyphoid B. type.

OTHER INFECTIOUS DISEASES.

No less than 235 patients were admitted under this heading. This is mainly on account of the fact that during the summer months of the year, a large number of Rubella or German Measles and Measles cases were admitted from various Hospitals and Institutions in the district where serious outbreaks amongst the child inmates had occurred.

The full list of cases is as follows:—

German Measles	63	Puerperal Fever	1
Measles	54	Whooping Cough	3
Poliomyelitis Ant. Acute	2	Mumps	1
Ophthalmia Neonatorum	3	Splenomedullary Leukæmia	1
Erysipelas	7	Ulcerative Colitis	1
Cellulitis of Face	1	Lobar Pneumonia	1

Seven deaths occurred:—

Measles	3
Lobar Pneumonia	1
Ulcerative Colitis	1
Cellulitis of Face	1
Myeloid Leukæmia	1

Duration of Stay in Hospital.

The following figures show the average stay in days of each class of patient :—

Scarlet Fever	45·0	Diphtheria	35·0
Enteric Fever	62·0	Other Diseases	20·0

Kingsbury Hospital.

This Hospital was opened on the 26th June for 9 cases of Small Pox, which occurred in two families occupying one house in the district on that day. Another case was admitted on July 1st, making 10 cases in all. Of the 10 cases, 6 were adults, and 4 were children. Of the adults, 1 man was unvaccinated, and of the children, all were unvaccinated. Altogether, 3 patients died, 1 unvaccinated child, and 2 vaccinated women, all of them dying from Hæmorrhagic Small Pox.

This Hospital was closed on August 11th.

Sick Staff.

The number of Nurses who were off duty from sickness for 24 hours or more was only 25 as compared with 38 in 1923. The number of days they were off duty was 264, 41 days less than in the previous year.

One Nurse contracted Scarlet Fever, one Mumps, and one Rubella—all recovered.

Amongst the Domestic Staff, 63 maids were off duty for a total of 556 days. In 1923, there were 67 members off duty for 810 days.

The following table shows the change that has taken place in the incidence of sickness amongst the Nursing and Domestic Staff in recent years. When both Nursing Staff and Domestic were resident in Hospital, the number of sick members was always highest, naturally enough, amongst the Nursing Staff, but, now that the Domestic Staff live outside, abstention from duty is much greater amongst the Domestic Staff, and that, I may say, is the experience of other Institutions where the Domestic Staff is non-resident.

The following figures show the change which has taken place :—

	Nurses off duty sick.	*Domestic Staff off duty sick.*
1919	44	20
1920	55	30
1921	63	48
1922	53	79
1923	38	67
1924	25	63

Domestic Staff were first allowed to live out in July 1920, when a small fraction of the total Staff took advantage of the concession during the year.

Two of the Domestic Staff contracted infectious ailments, viz., Scarlet Fever, both recovered.

Hospital Buildings.

No additions have been made to the Hospital during the year, but alterations have been made to W. and S. Blocks, the former being converted into large mess rooms for the Nursing and Domestic Staff, and the latter partly into Domestic Staff (non-resident) dressing room, and partly into a store and office for the Steward, whilst the old Nurses' Mess Room is now a Nurses' Reading Room.

Into E. Ward, new ward stoves have been installed, but the hot water supply to that block remains very inadequate.

The Laundry has been brought up-to-date, and a new Calender, Hydro Extractor, and Steam Presses have been provided.

The Special Hospital Accommodation Committee have met throughout the year on several occasions. As a result, they have recommended the rebuilding of Kingsbury Hospital, burned down in 1912, and that awaits the special approval of the Council, whilst the question of building a 32-bedded Observation Block is to receive later consideration.

I am, Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

W. J. J. STEWART,
Medical Superintendent.

TABLE No. 34.

	Scarlet Fever.	Diphtheria.	Enteric Fever.	Other Diseases.	Total.
No. of cases admitted during 1924 ...	141	245	5	235	626
Remaining in Hospital, Dec. 31st, 1923	23	40	0	7	70
Total No. under treatment in 1924 ...	164	285	5	242	696
Cases discharged 1924	148	260	5	223	636
No. of deaths, 1924	2	7	0	11	20
Mortality	1·41%	2·85%	0%	4·69%	3·19%
Remaining in Hospital, Dec. 31st, 1924	14	18	—	8	40

TABLE No. 35.

SCARLET FEVER.

AGE.	Males.		Females.	
	Admissions.	Deaths.	Admissions.	Deaths.
—1	0	—	0	—
1—2	0	—	2	—
2—3	4	—	1	—
3—4	5	—	6	—
4—5	10	—	8	—
5—10...	25	—	35	1
10—15...	11	—	14	1
15—20...	4	—	6	—
20—25...	2	—	4	—
25—30...	0	—	1	—
30—35...	1	—	1	—
35—	0	—	1	—

TABLE No. 36.

DIPHTHERIA.

AGE.	Males.		Females.	
	Admissions.	Deaths.	Admissions.	Deaths.
—1	2	—	6	1
1—2	10	1	7	—
2—3	13	—	6	1
3—4	13	1	9	—
4—5	11	—	13	—
5—10...	38	2	26	1
10—15...	22	—	22	—
15—20...	7	—	11	—
20—25...	1	—	10	—
25—30...	1	—	7	—
30—35...	0	—	10	—
35—	0	—	—	—

TABLE No. 37.

DIPHTHERIA.

Day of Disease on Admission.	Number of Cases.
1st	7
2nd	53
3rd	70
4th	38
5th	28
6th and over	49
Total	245

TABLE No. 38.

SCARLET FEVER.

Complications of Scarlet Fever.	Number of Cases.
Nephritis	6
Otitis Media	15
Adenitis	5
Mastoiditis	2
Rheumatism	7
Relapse...	5

TABLE No. 39.

DIPHTHERIA.

Complications of Diphtheria.	Number of Cases.
Otitis Media	5
Toxæmia	3
Paralysis	4
Albuminuria	11
Adenitis	1
Relapse	2

TABLE No. 40.

SMALL POX.

Name.	Age.	Sex.	Discrete.	Confluent.	Hæmorrhagic.	Vaccinated.	Unvaccinated.	Recovered.	Died.
F. W. E. ...	41	M.	+	—	—	Infancy	—	+	—
F. E.	16	M.	+	—	—	Do.	—	+	—
E. E.	39	F.	—	—	+	Do.	—	—	+
E. E.	17	F.	+	—	—	Do.	—	+	—
A. W.	40	M.	—	+	—	—	+	+	—
S. W.	7	M.	—	—	+	—	+	—	+
E. W	3	M.	+	—	—	—	+	+	—
E. W.	35	F.	—	—	+	Infancy	—	—	+
H. W.	5	F.	+	—	—	—	+	+	—
G. W.	9	F.	+	—	—	—	+	+	—

MATERNITY AND CHILD WELFARE—HOSPITAL TREATMENT.

TABLE No. 41.—HOSPITAL TREATMENT OF CHILDREN UNDER 5 YEARS OF AGE 1924.

The following figures have kindly been supplied from the Willesden General and St. Monica's Home Hospitals.

—	Willesden General Hospital.	St. Monica's Home Hospital.	Total.
No. of Children in Hospital at 31st December, 1923 ...	0	0	0
No. of Children admitted during 1924	34	3	37
Total No. of Children under treatment during 1924 ...	34	3	37
No. of Children discharged during 1924	34	2	36
No. of Children died in Hospital during 1924	0	0	0
Mortality %	0	0	0
No. of Children remaining in Hospital at 31st Dec., 1924	0	1	1

TABLE No. 42.—CHILDREN UNDER 5 YEARS ADMITTED DURING 1924.

Condition.	No. Admitted.	Forms of Treatment.			Result of Treatment.				
		Operative.	General.	Other forms.	Remedied.	Improved.	Unchanged	Died.	In Hospital at end. of 1924.
Marasmus	5	—	5	—	2	2	—	—	1
Enlarged Tonsils and Adenoids	32	32	—	—	32	—	—	—	—
Total	37	32	5	—	34	2	—	—	1

HOSPITAL BOOKINGS OF MATERNITY CASES.

The following table shows the bookings for Hospital Confinement under the Council's Schemes since Hospital provision was first made by the Council for such cases :—

TABLE No. 43.

Year.	No. of Cases Booked.
1918 (approx. 6 months only) ...	99
1919	267
1920	444
1921	335
1922	266
1923	140
1924	99

TABLE No. 44.—MATERNITY CASES.

Maternity Cases admitted to Park Royal Hospital under the Council's Scheme during 1924.

No. of pregnant women admitted	94
Actual No. of Confinements	91
No. proved not in labour	3
No. died	0
No. of infants born alive	89
No. of infants born dead	2

TABLE No. 45.

GIVING PARTICULARS AS TO CONFINEMENTS OF MATERNITY CASES ADMITTED TO PARK ROYAL HOSPITAL UNDER THE COUNCIL'S SCHEME DURING 1924.

Normal Confinement	70
,, ,, small child, 5 lbs. 1 oz. ...	1
,, ,, child died 4th day... ...	1
Born before admission	6
Was admitted 17/4/24 and discharged 31/5/24 on account of extreme œdema of legs due to pregnancy. Confined 1/6/24—born before admission	1
Breech	2
Induction	3
Sent in for induction. Induction on admission, Chloroform version performed. Full time child dead. 21 ins., 9 lbs. Much difficulty... ...	1
Macerated male child	1
Forceps	2
Forceps uterine inertia	2
Forceps left occiput posterior un-reduced ...	1
	91

APPENDICES.

APPENDIX A.—VITAL STATISTICS.

Appendix A.—Table I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1924 AND PREVIOUS YEARS; VITAL STATISTICS OF THE WARDS DURING 1924.

Year.	Population estimated to Middle of each Year. Whole District.	Births.			Total Deaths Registered in the District.		Transferable Deaths		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.		Number.	Rate.	of non-residents registered in the District.	of residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1911 ...	156,572	3,863	4,001	25·6	1,618	10·3	10	240	495	124	1,848	11·8
1912 ...	159,868	3,912	4,075	25·5	1,307	8·7	27	233	328	80	1,603	10·02
1913 ...	163,644	3,891	4,037	24·7	1,449	8·9	23	251	325	80	1,677	10·24
1914 ...	166,634	3,971	4,115	24·7	1,501	9·0	32	283	337	82	1,752	10·51
1915 ...	166,840	3,641	3,775	22·6	1,792	10·7	44	282	344	91	2,030	12·16
1916 ...	167,810	3,557	3,668	21·9	1,436	8·55	34	308	283	77	1,710	10·19
1917 ...	169,344	2,704	2,816	16·6	1,571	9·27	45	292	309	110	1,818	10·73
1918 ...	169,358	2,520	2,651	15·65	1,975	11·66	35	338	258	97	2,278	13·45
1919 ...	170,625	2,843	2,924	17·13	1,519	8·90	39	286	242	83	1,766	10·35
1920 ...	170,892	4,203	4,232	24·76	1,427	8·35	50	295	274	65	1,672	9·78
1921 ...	‡165,674*	3,442	3,464	20·91	1,469	8·87	54	262	255	74	1,677	10·12
1922 ...	168,900	3,106	3,160	18·71	1,570	9·30	59	273	188	59	1,784	10·56
1923 ...	169,831	2,977	3,063	18·04	1,380	8·13	72	280	162	53	1,588	9·35
1924 ...	171,161	2,685	2,843	16·61	1,574	9·20	78	286	208	73	1,782	10·41
WARDS.												
1. S. Kilb'n	14,908	311	354	23·75	148	9·93	2	44	29	81·92	190	12·74
2. Mid K'b'n	14,625	258	277	18·94	168	11·49	3	43	27	97·47	208	14·22
3. N.Kilb'n	13,244	142	151	11·40	125	9·44	7	28	10	66·23	146	11·02
4. Brondsb'y Park	9,570	76	87	9·09	86	8·99	4	11	3	34·48	93	9·72
5. Kensal Rise	13,632	217	228	16·73	110	8·07	2	22	14	61·40	130	9·54
6. Harl'd'n	17,339	230	243	14·01	156	9·00	1	32	17	69·96	187	10·78
7. Stonebridge	18,496	400	411	22·22	162	8·76	11	17	32	77·86	168	9·08
8. Roundwood	16,312	280	295	18·08	171	10·48	22	18	28	94·92	167	10·24
9. Church End	15,196	266	271	17·83	134	8·82	1	16	16	59·04	149	9·81
10. Willesden Green	17,175	240	252	14·67	150	8·73	1	26	22	87·30	175	10·19
11. Cricklewood	20,664	265	274	13·26	164	7·94	24	29	10	36·50	169	8·18

Area of District in acres (land and inland water) ... 4,384

Total population at all ages ... ... ‡165,674 } at Census, 1921.

Total families or separate occupiers ... ... 41,435 }

* Census Population, 1921.

‡ Re-adjusted by the Reg. Gen. because of holiday movement to 167,200.

APPENDIX A.—TABLE II.—DEATHS OF WILLESDEN RESIDENTS DURING THE YEAR 1924.

CAUSE OF DEATH. (1)	All Ages. (2)	0 to 1 (3)	1 to 5 (4)	5 to 10 (5)	10 to 15 (6)	15 to 20 (7)	20 to 25 (8)	25 to 35 (9)	35 to 45 (10)	45 to 55 (11)	55 to 65 (12)	65 to 75 (13)	75 to 85 (14)	85 Up. (15)	Total deaths, whether of "Residents" or "Non-Residents," in Institutions in the District. (16)
All Causes { Certified	1,782	208	108	32	19	33	40	93	113	181	258	349	266	82	529
All Causes { Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1.—General Diseases.															
Enteric Fever	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	3	...	...	1	...	...	...	...	2	...	...	...	...	...	...
Measles	41	10	26	4	...	...	...	...	...	...	1	...	...	...	18
Scarlet Fever	2	...	...	1	1	...	...	...	...	...	...	...	...	...	2
Whooping Cough	13	8	5	...	...	...	...	...	...	...	...	...	...	...	5
Diphtheria	9	...	5	3	...	...	...	...	...	1	...	...	...	...	7
Influenza	53	4	3	2	...	2	1	2	7	5	8	9	10	...	7
Miliary Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Asiatic Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera Nostras	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Yellow Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leprosy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	6	2	...	...	...	...	...	1	...	1	1	1	...	...	3
Other Epidemic Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pyæmia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Septicæmia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Vaccinia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Glanders	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Anthrax (Splenic Fever)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rabies	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tetanus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mycoses: Actinomycosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pellagra	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Beri-Beri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis (not acute)	149	...	...	2	4	11	22	43	22	20	18	6	1	...	29
Phthisis (not acute and not defined as Tuberculosis)	9	...	...	...	...	2	...	3	...	2	2	...	...	...	...
Acute Phthisis	1	...	...	...	...	...	...	1	...	...	...	...	...	...	..
Acute Miliary Tuberculosis	2	...	...	...	1	...	...	1	...	...	...	...	...	...	...
Tuberculous Meningitis	12	4	5	1	1	1	...	...	...	...	...	...	...	...	8
Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Peritoneal and Intestinal Tubercle	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Tuberculosis of Spinal Column	2	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Tuberculosis of Joints	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Tuberculosis of other organs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disseminated Tuberculosis	2		1	...		1	...	..	...	...	...	...	...	...	1
Rickets, Softening of Bones	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	6	3	...	...	...	...	...	...	...	2	...	1	...	...	4
Other Venereal Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer of Buccal Cavity	8	...	...	...	...	...	...	...	...	2	3	2	1	...	5
Cancer of the Stomach, Liver, &c.	69	...	...	...	...	...	...	...	4	12	19	24	8	2	11
Cancer of Peritoneum, Intestines and Rectum	44	...	...	...	...	...	...	1	5	1	12	15	9	1	22
Cancer of the Female Genital Organs	25	...	...	...	...	...	...	...	2	8	8	7	...	...	6
Cancer of the Breast	15	...	...	...	...	...	...	...	2	5	5	1	1	1	4
Cancer of the Skin	2	...	...	...	...	...	...	...	...	...	1	...	1	...	1
Cancer of other or unspecified organs	51	1	...	...	...	...	...	...	2	8	14	16	8	2	16
Other Tumours (situation undefined)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatic Fever	7	...	...	1	2	2	...	1	...	...	1	...	...	...	...
Chronic Rheumatism	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Osteo-Arthritis	5	...	...	...	...	...	...	...	...	1	1	1	2	...	1
Gout	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scurvy	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	17	...	...	...	...	...	1	2	...	1	8	4	...	1	6
Exophthalmic Goitre	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...
Addison's Disease	2	...	...	...	...	...	...	1	1	...	...	...	...	...	1
Leucocythœmia (Leuchœmia)	6	...	2	...	...	1	...	...	...	2	...	1	...	...	3
Lymphadenoma	3	...	...	...	...	...	1	...	...	...	2	...	...	...	...
Anæmia, Chlorosis	6	2	...	...	...	...	...	...	...	2	1	...	1	...	1
Other General Diseases	6	...	1	...	...	1	...	1	2	...	...	1	...	...	4
Alcoholism (Acute or Chronic)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chronic Lead Poisoning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Chronic Occupational Poisoning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Chronic Poisoning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2.—Diseases of the Nervous System and of the Organs of Special Sense.															
Encephalitis	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...
Cerebro-spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Posterior Basal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis, other forms	6	3	1	1	...	1	...	...	...	...	...	...	...	...	3

TABLE II.—DEATHS OF WILLESDEN RESIDENTS—*continued.*

CAUSE OF DEATH. (1)	All Ages. (2)	0 to 1 (3)	1 to 5 (4)	5 to 10 (5)	10 to 15 (6)	15 to 20 (7)	20 to 25 (8)	25 to 35 (9)	35 to 45 (10)	45 to 55 (11)	55 to 65 (12)	65 to 75 (13)	75 to 85 (14)	85 Up. (15)	Total deaths, whether of "Residents" or "Non-Residents," in Institutions in the District. (16)
2.—Diseases of the Nervous System and of the Organs of Special Sense—Continued.															
Locomotor Ataxy	3	...	...	...	...	...	...	...	1	1	1	...	...	...	2
Other Diseases of the Spinal Cord	16	...	1	...	...	1	...	1	2	1	4	2	4	...	6
Apoplexy	6	...	...	...	...	...	...	...	...	1	...	2	2	1	...
Serous Apoplexy and Oedema of Brain	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Congestion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Atheroma	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Hæmorrhage	62	...	...	1	...	...	...	...	1	8	8	27	15	2	30
Softening of Brain	4	...	...	...	...	...	...	...	...	...	...	2	2	...	...
Hemiplegia	6	...	...	...	...	...	...	...	...	...	2	4	...	...	...
Paraplegia	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Other Forms of Paralysis	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
General Paralysis of the Insane	7	...	...	...	...	...	...	...	3	3	1	...	...	...	...
Other Forms of Mental Alienation	4	...	...	...	...	...	...	2	...	...	1	1	...	...	...
Epilepsy	7	...	...	1	...	...	...	2	2	1	...	1	...	...	...
Convulsions (non-puerperal ; 5 years and over)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Infantile Convulsions under 5, with teething	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Other Infantile Convulsions under 5	5	3	2	...	...	...	...	...	...	...	...	...	...	...	...
Chorea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hysteria, Neuralgia, Neuritis	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1
Idiocy, Imbecility	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Cretinism	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Tumour	5	...	...	...	1	...	...	1	1	...	1	1	...	...	1
Other Diseases of the Nervous System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of the Eye and Annexa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mastoid Disease	6	...	1	2	...	...	...	...	2	...	1	...	...	...	3
Other Diseases of the Ears	2	...	1	...	...	...	...	...	...	...	...	1	...	...	1
3.—Diseases of the Circulatory System.															
Pericarditis	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Acute Myocarditis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Infective Endocarditis	3	...	...	...	...	...	...	...	...	...	2	1	...	...	...
Other Acute Endocarditis	3	...	...	...	...	...	...	1	...	...	2	...	...	...	1
Valvular Disease	82	...	...	1	2	2	...	4	11	7	14	26	13	2	10
Fatty Degeneration of Heart	35	...	...	...	...	...	...	...	1	4	10	11	8	1	...
Other Organic Disease of the Heart	123	...	1	...	...	1	2	3	4	11	19	46	32	4	42
Angina Pectoris	7	...	...	...	...	...	...	...	1	...	2	2	2	...	...
Aneurysm	5	...	...	...	...	...	...	...	...	2	2	1	...	...	...
Arterial Sclerosis	47	...	...	...	...	...	...	...	...	...	6	21	16	4	7
Other Diseases of Arteries	5	...	...	...	...	...	...	...	...	...	1	...	2	2	...
Cerebral Embolism and Thrombosis	5	...	...	...	...	...	...	...	...	...	2	2	...	1	...
Other Embolism and Thrombosis	5	...	...	...	...	...	1	...	...	2	...	2	...	...	...
Diseases of the Veins (Varices, Hemorrhoids, Phlebitis, &c.)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Status Lymphaticus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of the Lymphatic System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hæmorrhage ; other Diseases of the Circulatory System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4.—Diseases of the Respiratory System.															
Diseases of the Nasal Fossæ	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of the Larynx	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of the Thyroid Body	2	...	...	...	...	...	...	...	1	...	...	1	...	...	1
Bronchitis	163	12	6	1	...	1	...	2	8	9	14	37	45	28	36
Broncho-Pneumonia	78	31	22	...	1	...	1	...	2	6	6	3	4	2	26
Lobar Pneumonia	30	2	3	2	...	...	1	4	5	4	6	3	...	...	5
Pneumonia (type not stated)	36	2	6	2	1	...	1	...	1	5	6	6	5	1	22
Empyema	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Pleurisy	2	...	...	...	...	...	1	...	...	...	...	...	1	...	...
Pulmonary Apoplexy and Infarction	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Oedema and Congestion	3	2	...	...	...	...	...	...	...	...	...	1	...	...	1
Hypostatic Pneumonia	2	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Collapse of Lung (3 months and over)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gangrene of the Lung	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Asthma	10	...	...	...	...	...	...	...	...	4	2	2	2	...	2
Pulmonary Emphysema	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Fibroid Disease of Lung	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Other Disease of the Respiratory System	3	1	...	...	...	...	1	...	...	...	...	1	...	...	1
5.—Diseases of the Digestive System.															
Diseases of the Teeth and Gums	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Other Diseases of the Mouth and Annexa	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of Pharynx, Tonsillitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of Oesophagus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Perforating Ulcer of Stomach	7	...	...	...	...	...	1	...	2	4	...	...	...	...	4
Inflammation of Stomach	4	1	...	...	...	...	...	...	...	2	...	...	1	...	2
Other Diseases of the Stomach	3	1	...	...	...	...	...	1	...	...	1	...	...	...	1

TABLE II.—DEATHS OF WILLESDEN RESIDENTS—*continued.*

CAUSE OF DEATH. (1)	All Ages. (2)	0 to 1 (3)	1 to 5 (4)	5 to 10 (5)	10 to 15 (6)	15 to 20 (7)	20 to 25 (8)	25 to 35 (9)	35 to 45 (10)	45 to 55 (11)	55 to 65 (12)	65 to 75 (13)	75 to 85 (14)	85 Up. (15)	Total deaths, whether of "Residents" or "Non-Residents," in Institutions in the District. (16)
5.—Diseases of the Digestive System—Continued.															
Infective Enteritis	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa, not returned as infective	4	2	...	...	...	...	...	...	...	...	...	...	2	...	1
Enteritis, not returned as infective	7	5	1	...	...	...	...	...	...	...	1	...	...	...	3
Gastro-Enteritis, not returned as infective	5	2	2	...	...	...	...	...	...	...	...	...	1	...	1
Dyspepsia, under 2 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Colic	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Ulceration of Intestines	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Duodenal Ulcer	5	...	...	...	...	...	...	...	...	...	3	...	2	...	2
Ankylostomiasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Intestinal Parasites	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Appendicitis	8	...	1	...	...	1	1	...	1	1	3	...	...	...	5
Hernia	6	...	...	...	...	...	...	...	1	1	...	3	1	...	4
Intestinal Obstruction	13	2	2	...	...	...	...	...	...	1	2	3	2	1	7
Other Diseases of the Intestines	2	...	...	...	...	...	...	...	...	...	1	...	1	...	1
Acute Yellow Atrophy of Liver	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hydatid of Liver	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Cirrhosis of Liver (not returned as Alcoholic)	7	...	...	...	...	...	...	...	...	3	2	2	...	...	1
Cirrhosis of Liver (returned as Alcoholic)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases formerly classed to "Other Diseases of Liver and Gall Bladder"	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Biliary Calculi	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Other Diseases of the Liver	7	...	1	...	...	...	...	...	1	...	1	1	3	...	2
Diseases of the Spleen	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peritonitis (cause unstated)	4	...	1	1	1	...	...	...	1	...	...	...	...	...	3
Other Diseases of the Digestive System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6.—Non-Venereal Diseases of the Genito-Urinary System and Annexa.															
Acute Nephritis	2	...	...	...	...	...	1	...	1	...	...	...	...	...	1
Bright's Disease	27	...	...	...	...	...	...	3	...	5	5	9	5	...	6
Nephritis (unqualified), 10 years and over, Uræmia	6	...	...	...	...	...	...	1	...	2	2	...	1	...	4
Chyluria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Kidney and Annexa	2	...	...	...	...	...	...	1	...	1	...	...	...	...	2
Calculi of the Urinary Passages	1	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Diseases of the Bladder	6	...	1	...	...	...	...	...	...	...	1	...	3	1	1
Diseases of the Urethra, Urinary Abscess, &c.	2	...	...	...	...	...	...	...	...	1	...	1	...	...	2
Diseases of the Prostate	5	...	...	...	...	...	...	...	...	...	...	2	3	...	3
Non-venereal Diseases of Male Genital Organs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uterine Hæmorrhage (non-puerperal)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uterine Tumour (non-cancerous)	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Other Diseases of the Uterus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ovarian Cyst, Tumour (non-cancerous)	1	...	...	...	...	...	...	...	1	...	...	...	...	...	3
Other Diseases of the Female Genital Organs	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-puerperal Diseases of the Breast (non-cancerous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7.—The Puerperal State.															
Abortion	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Hæmorrhage of Pregnancy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uncontrollable Vomiting	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ectopic Gestation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Accidents of Pregnancy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Hæmorrhage	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Other Accidents of Childbirth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	1	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Puerperal Albuminuria and Convulsions	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Puerperal Phlegmasia Alba Dolens and Phlebitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Embolism and Sudden Death	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Insanity	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Diseases of the Breast	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8.—Diseases of the Skin and of the Cellular Tissue															
Senile Gangrene	4	...	...	...	...	...	...	...	...	...	1	1	2	...	2
Gangrene, other types	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carbuncle, Boil	1	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Phlegmon, Acute Abscess	4	...	...	...	1	...	...	1	...	1	...	1	...	...	3
Ulcer, Bedsore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eczema	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pemphigus	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of the Integumentary System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9.—Diseases of the Bones and of the Organs of Locomotion.															
Diseases of the Bones	2	...	...	...	...	...	...	...	...	...	1	...	1	...	2
Diseases of the Joints	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Amputations	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of the Locomotor System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE II.—DEATHS OF WILLESDEN RESIDENTS—*continued.*

CAUSE OF DEATH. (1)	All Ages. (2)	0 to 1 (3)	1 to 5 (4)	5 to 10 (5)	10 to 15 (6)	15 to 20 (7)	20 to 25 (8)	25 to 35 (9)	35 to 45 (10)	45 to 55 (11)	55 to 65 (12)	65 to 75 (13)	75 to 85 (14)	85 Up (15)	Total deaths whether of "Residents" or "Non-Residents," in Institutions in the District. (16)
10.—Malformations.															
Congenital Hydrocephalus	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Phimosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformation of Heart	5	5	...	...	...	...	...	...	...	...	...	...	...	...	1
Other Congenital Malformations	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...
11.—Diseases of Early Infancy.															
Premature Birth	45	45	...	...	...	...	...	...	...	...	...	...	...	...	3
Infantile Atrophy, Debility and Marasmus	32	32	...	...	...	...	...	...	...	...	...	...	...	...	5
Icterus Neonatorum	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Sclerema and Oedema Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Want of Breast Milk	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diseases of Umbilicus, &c.	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	2	...	...	...	...	...	...	...	...	...	...	...	...	2
Injuries at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cyanosis Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lack of Care	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12.—Old Age.															
Old Age	79	...	...	...	...	...	...	...	...	...	1	18	37	23	40
13.—Affections produced by External Causes.															
Suicide by Poison	7	...	...	...	...	...	...	1	...	4	1	1	...	...	4
Suicide by Asphyxia	3	...	...	...	...	...	...	...	1	...	1	1	...	...	...
Suicide by Hanging or Strangulation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide by Drowning	2	...	...	...	...	...	...	1	...	1	...	...	...	...	...
Suicide by Firearms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide by Cutting or Piercing Instruments	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Suicide by Jumping from High Place	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide by Crushing	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Other Suicides	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poisoning by Food	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Acute Poisonings	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Conflagration	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Burns (conflagration excepted)	6	...	2	1	1	1	...	...	...	1	...	...	...	...	2
Absorption of Deleterious Gases (conflagration excepted)	8	7	...	...	...	...	...	...	...	...	1	...	...	...	2
Accidental Drowning	3	...	...	1	...	...	...	1	...	1	...	...	...	...	...
Injury by Firearms	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Injury by Cutting or Piercing Instruments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury by Fall	12	...	...	1	1	...	...	...	1	2	1	5	...	1	8
Injury in Mines or Quarries	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury by Machines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury by Other Crushing, Vehicles, Railways, Land-slides, &c.	22	...	...	2	1	...	1	1	3	3	6	3	2	...	13
Injury by Animals	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Starvation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Excessive Cold	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Effect of Heat	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lightning	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Electricity (lightning excepted)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Homicide by Firearms	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Homicide by Cutting or Piercing Instruments	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Homicide by Other Means	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fractures (cause not specified)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Violence	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14.—Ill-defined Causes.															
Dropsy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syncope (aged 1 year and under 70)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sudden Death (not otherwise defined)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Failure (aged 1 year and under 70)	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Atrophy, Debility, Marasmus (aged 1 year and under 70)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Teething	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Ill-defined Deaths	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cause not Specified	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	1,782	208	108	32	19	33	40	93	113	181	258	349	266	82	529

APPENDIX A.—TABLE III.—INFANT MORTALITY DURING 1924.

Nett Deaths from Stated Causes at Various Ages under 1 Year of Age. *Nett Deaths from all Causes under one year of age classified in Wards*

Cause of Death.	Under 1 week.	1-2 Weeks.	2-3 Weeks	3-4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Months.	3 Months and under 6 Months.	6 Months and under 9 Months.	9 Months and under 12 Months.	Total Deaths under One Year.	WARDS. South Kilburn.	Mid-Kilburn.	North Kilburn	Brondesbury Park.	Kensal Rise.	Harlesden.	Stonebridge.	Roundwood.	Church End.	Willesden Green.	Cricklewood.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
All Causes { Certified	55	14	14	8	91	30	29	31	27	208	29	27	10	3	14	17	32	28	16	22	10
All Causes { Uncertified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	3	7	10	2	3	—	—	1	—	1	—	2	1	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	4	3	1	8	1	—	—	—	1	1	2	2	1	—	—
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	1	—	—	1	—	1	—	—	2	—	—	1	—	—	—	—	—	1	—	—
Tuberculous Meningitis	—	—	—	—	—	—	1	2	1	4	—	1	—	—	—	—	—	1	—	2	—
Abdominal Tuberculosis (*a*)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis (*not Tuberculous*)	—	—	—	—	—	—	1	—	2	3	1	—	—	1	—	1	—	—	—	—	—
Convulsions	2	—	—	—	2	—	1	—	—	3	—	—	—	—	1	—	1	1	—	—	—
Laryngitis	1	—	—	—	1	—	—	—	1	2	—	—	1	—	—	—	—	—	—	—	1
Bronchitis	—	1	—	1	2	2	2	5	1	12	—	1	1	1	—	1	3	3	1	—	1
Pneumonia (all forms)	—	3	1	2	6	6	8	7	9	36	10	4	—	—	3	4	3	6	2	4	—
Diarrhœa	—	—	1	—	1	1	—	—	—	2	1	—	—	—	—	—	—	1	—	—	—
Enteritis	—	—	—	—	—	3	2	1	2	8	2	—	—	1	—	2	1	2	—	—	—
Gastritis	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Syphilis	1	—	—	—	1	1	—	—	1	3	—	—	1	—	—	—	—	—	1	—	1
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying...	—	1	1	—	2	4	—	1	—	7	—	1	1	—	—	1	1	1	—	2	—
Injury at birth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Atelectasis	—	—	—	1	1	1	—	—	—	2	—	—	—	—	—	—	1	1	—	—	—
Congenital Malformations (*b*) ...	3	2	2	—	7	2	—	2	—	11	2	3	—	—	—	1	—	1	—	1	3
Premature Birth	33	2	4	3	42	3	—	—	—	45	4	7	3	—	6	2	8	2	5	7	1
Atrophy, Debility and Marasmus ...	12	4	3	—	19	6	5	2	—	32	3	1	2	—	1	2	8	6	3	3	3
Other Causes	3	—	2	1	6	1	3	5	2	17	2	6	—	—	1	2	3	1	—	2	—
Total Deaths	55	14	14	8	91	30	29	31	27	208	29	27	10	3	14	17	32	28	16	22	10
Deaths—Legitimate	52	12	13	8	85	26	24	29	26	190	27	25	8	2	13	16	29	27	12	22	9
Illegitimate	3	2	1	—	6	4	5	2	1	18	2	2	2	1	1	1	3	1	4	—	1
Births—Legitimate	...	...	...	...	...	...	...	...	...	2,764	339	267	148	85	226	239	397	287	263	246	267
Illegitimate	...	...	...	...	...	...	...	...	...	79	15	10	3	2	2	4	14	8	8	6	7
Total Births	...	...	...	...	...	...	...	...	...	2,843	354	277	151	87	228	243	411	295	271	252	274
Infant Mortality Rate— Legitimate	...	...	...	...	...	...	...	...	...	68·74	79·65	93·63	54·05	23·53	57·52	66·95	73·05	94·08	45·63	89·43	33·71
Illegitimate	...	...	...	...	...	...	...	...	...	227·85	133·33	200·00	666·67	500·00	500·00	250·0	214·29	125·00	500·00	—	142·86
Infant Mortality Rate	...	...	...	...	...	...	...	...	...	73·16	81·92	97·47	66·23	34·48	61·40	69·96	77·86	94·92	59·04	87·30	36·50
Population	...	...	...	...	...	...	...	...	...	171161	14,908	14,625	13,244	9,570	13,632	17,339	18,496	16,312	15,196	17,175	20,664

(*a*) Under Abdominal Tuberculosis are included Deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.

(*b*) Want of Breast Milk is included under Atrophy and Debility

APPENDIX A—TABLE IV.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1924.

Notifiable Disease	Number of Cases Notified.								Total Cases Notified in each Ward.											
	At all ages.	At Ages—Years.																		
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	South Kilburn.	Mid-Kilburn.	North Kilburn.	Brondesbury Park.	Kensal Rise.	Harlesden.	Stonebridge.	Roundwood.	Church End.	Willesden Green.	Cricklewood	Total Cases removed to Willesden Municipal Hospitals.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Small Pox	10	—	1	4	1	4	—	—	—	—	—	—	—	10	—	—	—	—	—	10†
Cholera (C) Plague (P)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Croup)	327	15	108	142	34	22	4	2	35	39	24	16	27	18	86	29	20	19	14	300
Erysipelas	46	3	1	1	5	16	18	2	11	11	3	1	2	3	4	4	5	2	—	7
Scarlet Fever	244	—	57	148	32	7	—	—	20	30	14	4	21	39	42	26	11	25	12	197
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	19	—	1	6	7	4	1	—	5	1	3	—	—	2	1	4	1	1	1	10
Relapsing Fever (R) Continued Fever (C)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	12	—	—	—	4	8	—	—	2	3	1	1	—	2	1	1	—	1	—	1
Cerebro-spinal Meningitis	4	—	—	2	1	1	—	—	2	—	—	—	—	—	—	1	—	—	1	1
Poliomyelitis	8	1	3	1	3	—	—	—	—	—	—	—	2	1	2	—	—	1	2	1
Ophthalmia Neonatorum	29	29	—	—	—	—	—	—	1	8	2	1	1	4	3	2	4	1	2	2
Pulmonary Tuberculosis	289	1	2	24	76	131	49	6	34	27	21	16	21	19	33	29	33	25	31	—
Other forms of Tuberculosis ...	59	2	4	15	18	18	1	1	5	4	—	2	5	7	8	6	9	6	7	—
Whooping Cough	163	23	89	51	—	—	—	—	20	8	1	1	8	12	79	15	9	9	1	4
Pneumonia	234	7	54	33	24	55	43	18	49	44	15	10	7	14	32	22	25	11	5	1
Malaria	2	—	—	—	—	—	2	—	—	1	—	—	—	1	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trench Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	11	—	1	2	3	2	2	1	—	2	3	1	—	—	1	1	1	1	1	1
Acute Polio Encephalitis	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	1,458	81	321	430	208	268	120	30	184	178	87	53	94	132	292	140	118	102	78	535

† Removed to Small Pox Hospital, Kingsbury.

APPENDIX B.

SHOWING ACTS OF PARLIAMENT, LOCAL GOVERNMENT ORDERS, MEMORANDA AND CIRCULAR-LETTERS ISSUED BY GOVERNMENT DEPARTMENTS WITH REGARD TO THE PUBLIC HEALTH, EDUCATION AND MATERNITY AND CHILD WELFARE SERVICES DURING THE YEAR 1924.

15th December, 1923.—Annual Reports of Medical Officers of Health, Circular No. 451.

8th February, 1924.—Grant-aided Public Health Services, Circular No. 474 (Ministry of Health).

6th March, 1924.—Cancer, Circular No. 476 (Ministry of Health).

1st April, 1924.—Food Poisoning Inquiries—Bacteriological Examinations—Letter from Chief Medical Officer, Ministry of Health.

19th May, 1924.—Cancer, Circular No. 496 (Ministry of Health).

3rd June, 1924.—Circular No. 509, Ministry of Health, *re* Memorandum on Encephalitis Lethargica.

12th June, 1924.—Circular No. 507, Ministry of Health *re* Public Health (Foreign Meat) Regulations.

16th June, 1924.—Foot and Mouth Disease, Circular No. 502 (Ministry of Health).

Form No. 21 T.A. Foot and Mouth Disease—Leaflet of Ministry of Agriculture and Fisheries.

20th June, 1924.—Regulations—The Elementary Education (Substantive Grant) Regulations, 1924, Circular No. 675 (Board of Education).

30th June, 1924.—Maternal Mortality, Circular No. 517 (Ministry of Health).

31st July, 1924.—Cancer, Circular No. 516 (Ministry of Health).

9th August, 1924.—Dangerous Drugs—Order of Secretary of State.

30th October, 1924.—Anti-Rabic Treatment, Circular No. 523 (Ministry of Health).

30th October, 1924.—Procedure recommended to be followed in the event of Persons being Bitten by Dogs suspected or ascertained to be Rabid—Revised Memorandum (Ministry of Health).

1st December, 1924.—Paralysis following Attacks of Poliomyelitis in Children, Circular No. 538.

20th December, 1924.—Public Health (Meat) Regulations, 1924.

22nd December, 1924.—Public Health (Tuberculosis) Regulations, 1912 and 1921, Circular No. 549 (Ministry of Health).

29th December, 1924.—Sale of Food and Drugs Act, Circular No. 553 (Ministry of Health).

29th December, 1924.—Public Health (Meat) Regulations, 1924, Circular No. 547 (Ministry of Health).

December, 1924.—Note on the Early Diagnosis of Acute Poliomyelitis—Memorandum (Ministry of Health).

APPENDIX C.

To the Chairman and Members of the Children's Care Committee.

SCHOOL DENTAL WORK.

The number of school cases that a Dentist can deal with is as follows :—

60-70 dental inspections at the school in a session of 2 hours.

20 cases for extractions or other operations under gas at the Clinic in a session of 2½ hours.

10 cases for filling or other conservative dentistry at the Clinic in a session of 2½ hours.

Since the new Scheme of Dental Inspection came into operation in April, 1923, the following is the average work a Dentist has done :—

35 Dental Inspections at the school in a session of 2 hours. These inspections have been supplemented by talks to the parents on the importance of dental treatment.

7 cases for extractions or other operations under gas at the Clinic in a session of 2½ hours.

4·5 cases for filling or other conservative dentistry at the Clinic in a session of 2½ hours.

The work of the Dentists at the Clinics, however, has increased during recent months mainly owing to the increased economic circumstances scale adopted by the Education Committee as shewn by the following figures :—

4 weeks ended.	Average No. of Cases per Session per Dentist.		—
	For extractions or other operations under gas.	For filling and other conservative Dentistry.	
19.5.23	5·5	3·1	Still working off cases begun under the old Scheme.
16.6.23	2·4	2·4	
14.7.23	0·25	2·8	Increased School Economic Circumstances Scale came into operation at Clinics 9.7.23.
11.8.23	6·0	2·9	
8.9.23	6·5	3·15	
6.10.23	8·9	7·7	
3.11.23	9·6	6·8	
1.12.23	11·0	9·3	
29.12.23	10·3	5·6	Increased M. & C.W. Economic Circumstances Scale came into operation at Clinics 10.12.23.

The following table shews the work of dental inspection and treatment that has been carried out under the present scheme of the Education Committee from 30th April to the 31st December, 1923.

(1) The number of children dentally inspected	14,954
(2) The number of these who have received dental notices recommending treatment	9,358
(3) The number followed up...	6,268
(4) The number which have applied for treatment at the Clinic :—	
(*a*) The number which have applied for Application Forms at the Clinic ...	1,026
(*b*) The number which have returned the Application Forms	410
(*c*) The number of Application Forms in respect of which dental treatment has been granted	325
(*d*) The number of Application Forms in respect of which dental treatment has been refused	85
(5) The number of children known to have received treatment either :—	
(*a*) At the Clinic	277
(*b*) At a Hospital ... ... } (*c*) From a Private Dentist ... ... }	286

(6) The number of cases as to which there is no information 3,229

(7) The number known not to have received treatment up to the time of Health Visitor's following-up visit 5,566

It will be observed that 9,358 children out of 14,954 inspected or 62·6% were found to require dental treatment. Of the 9,358 found to require dental treatment 6,268 have been followed up by the Health Visitors. (It should be noted that the "follow up" by the Health Visitors is limited to one visit.) Of the 9,358 children in need of treatment 1,026 have made application for forms at the Clinics, but only 410 of these forms were returned and only 325 of these were found to be eligible for treatment. Of the 325 eligibles 277 received treatment at the Clinics up to 31st December, 1923. In addition 286 cases were stated to have been treated at Hospitals or Dentists' Surgeries. This means that as a result of all the dental inspection, clerical notices, and visitation by the Health Visitors only 563 out of 9,358 or 6% of the children requiring treatment received the same up to 31st December, 1923.

Principles of a Dental Scheme.

It is often thought that a hard and fast line can be drawn separating preventive and curative medicine. As a matter of fact generally no such demarcation can be made, and a good example of the close relationship between preventive and curative medicine is the striking success of the Ringworm Clinic of the Council which has now been in operation for more than 10 years. When this Clinic was opened on 30th August, 1913, there were many school children in Willesden suffering from Ringworm. The Dermatologist attended weekly and had always a waiting list of cases. The waiting list has gradually disappeared and now the attendance of the Dermatologist has been reduced from weekly to fortnightly. At this Clinic cases have always received early and prompt treatment without any restriction whatsoever, the Council and the Education Committee in fact encouraging the children to attend. In addition all suspicious cases noted at head inspections at the schools by Health Visitors have been at once referred to Dr. Haldin Davis, the Council's Dermatologist, for verification as to Ringworm and for treatment as might be required. The result of this work of detection and early treatment has been that the cost of this Clinic has been well repaid by a large reduction of Ringworm cases and improved health, by an increase of grant owing to less loss of school attendance on account of Ringworm cases—there were 513 cases in 1914 and only 250 in 1922—and now by an actual reduction of Clinic expenses.

Similarly the object of a Dental Scheme should be dental inspection as now carried out followed up by prompt and efficient treatment. The object of treatment should be to remove all dental caries, to treat the gums as may be necessary and to render the mouth and teeth clean and sound and free from oral sepsis. When this work has been accomplished the mouths of the children should be kept clean. They should be re-examined if not within 6 months certainly within 12 months again so as to have any further caries which has exhibited itself at once removed. The prompt eradication in this way of dental caries and oral sepsis from the mouths of school children would not only prevent many teeth which now become infected from infection, but would also thereby diminish ultimately, as in the case of Ringworm, the amount of dental work to be undertaken by the Local Authority. But great as may be the direct financial advantages to be derived from the ultimate operation of a dental scheme on a sound basis they are hardly comparable to the great benefits to health accruing from healthy teeth and gums and a clean mouth generally. In this connection I may properly quote from the 1922 Annual Report of the Chief Medical Officer of the Board of Education, page 81, as follows :—

> "146. Year by year there is fuller appreciation of the far-reaching effect of oral sepsis. Such sepsis may be due to a variety of conditions but principally to tonsillar and dental disease. Caries of the teeth, pyorrhœa, apical sepsis, or ill-fitting dentures have a remarkable influence in producing such septic conditions. The evils of a septic mouth may affect the whole body, dependent in degree upon the virulence of the infecting organisms, the amount of toxic absorption, and resistance of the patient, concurrent diseases, and secondary infections. The category of disease which may follow such dental sepsis is indeed a formidable one, and includes both general and local conditions. Dr. Beddard has attributed 90 per cent. of the cases of rheumatoid arthritis to infection arising from the teeth, and Sir W. Willcox estimates 72 per cent. of fibrositis and arthritis to be due to the same source. Dr. Cotton, of Trenton, New Jersey, U.S.A., has shown that the effective treatment of patients suffering from functional mental disease in the State Hospital is dependent upon the removal of septic infection. The average of discharges as cured from 1908 to 1917 was 38 per cent. But when treatment was concentrated on the removal of oral sepsis from 1919 to 1922, the percentage of cures rose to 87 per cent. 'All toxic functional mental disease,' writes Dr. Cotton, 'is due to sepsis, and most of such cases exhibit signs of oral sepsis as the dominant factor.' He claims that on this ground, school medical inspection and treatment is the means of stamping out functional mental disease.
>
> "147. Broadly speaking, it is obvious that the danger of dental disease begins in childhood, and it is admitted that dental sepsis is widespread among school children. Early in the history of the national organisation of school medical inspection it became clear that the Board of Education and the Local Education Authorities must make provision for dental inspection and treatment. . . ."

I am of opinion that it would greatly conduce to the improvement of the health of children and prevent many of the diseases to which the adult is subject if dental caries in its early beginnings were dealt with in children both under school age and during school life and I would strongly advise the Education Committee to make provision so as to enable all school children to reap benefit from dental inspection.

GEORGE F. BUCHAN,
Medical Officer.

To be presented to the Children's Care Committee.

16/1/24.

APPENDIX D.

To Chairman and Members of Health Committee.

INSANITARY DWELLING-HOUSES.

An examination of dwelling-houses inspected on Complaint, or under the Rent and Mortgage Interest Restrictions Acts, 1920, and 1923, or under the Housing (Inspection of District) Regulations, 1910, shews that the following defects commonly exist thereon :—

LIST OF COMMON DEFECTS.

Paving to Yards.—*Absence of, broken or defective, causing pools to accumulate *or dampness of walls.

Paving to Forecourts.—Absence of, broken or defective, causing pools to accumulate *or dampness of walls.

(NOTE.—These defects relative to paving may be dealt with under Bye-law 66 of the Council's Building Bye-laws, but only if a nuisance exists. They may also be dealt with under Sect. 25 of the Public Health Acts Amendment Act, 1907, which does not require proof of nuisance. This Section has not been adopted in Willesden.)

**Site.*—Not treated so as to secure effectual protection against dampness, effluvia or exhalation.

(NOTE.—This can be dealt with in respect of underground rooms used for sleeping under the Council's Regulations relative thereto.)

Roofs.—Tiles or slates loose or broken ; flashings, defective or perished ; eaves, gutters or rain water pipes defective or broken.

Walls.—Defective pointing allowing damp to strike through ; defective external plaster peeling off in patches or allowing wet to accumulate at the back of the plaster ; damp-proof course cracked, perished, or otherwise become ineffective ; ground banked up above the level of the damp-proof course, causing dampness in the walls ;

(NOTE.—This defect can be dealt with under the Willesden District Council Act, 1903, Sect. 16 (*c*).)

defective internal plaster, badly cracked or breaking off in patches or soft ; dirty or loose wall papers.

Ceilings.—Plaster badly cracked, loose, falling off in patches, or dirty or sodden with filth.

Floors.—Broken, cracked, too thin to be safe or so rough as to be very difficult to keep clean ; *ventilation under—insufficient ; *absence of, or broken or defective paved floors ; defective hearths or ash holes.

Stairs.—Broken treads or risers, or broken handrails or balusters ; want of handrail or balusters.

Windows.—Perished or rotted frames or sashes ; broken hinges, cords or window fasteners, *lighting insufficient.

Doors.—Doors so swollen or warped that they will not shut properly ; broken hinges or fasteners.

Ventilators or flues.—Stopped up or broken.

Cupboards.—Insufficient or defective.

Grates, Stoves or Ranges.—Broken, badly set or wanting setting ; ovens, boilers or hot plates cracked ; fire-bars missing.

**Drains, including Soil-pipes.*—Choked, defective, leaking or not effectually trapped.

**Waste-pipes to Sinks, Baths, or Lavatory Basins.*—Choked, defective or untrapped.

**Coppers for Domestic Washing.*—Absence of, defective or otherwise unusable.

**Water Supply.*—Absence of, or dirty storage cistern.

(NOTE.—Absence of water supply but not a dirty storage cistern can be dealt with under Sect. 31 of the Willesden District Council Act, 1903.)

**Water Supply to Watercloset.*—Absence of, or inadequate.

(NOTE.—This can be dealt with under Bye-law 102 of the Council's Building Bye-laws.)

**Ashpit or other Receptacle for storage of House Refuse.*—Absence of, or defective.

(NOTE.—This can be dealt with under Sec. 36 Public Health Act, 1875.)

**Painting of External Woodwork.*—Insufficiency of paint to woodwork permitting decay.

NOTE.—The non-starred defects in the above table are included in the list of Common Defects appearing on page 11, Clause 6, of the Manual of the Ministry of Health on Unfit Houses, Volume 1. The starred defects are defects which have been added to this list as a result of experience in Willesden.

THE PRINCIPAL POWERS OF THE COUNCIL.

The following are the principal powers of the Council relative to the above common defects :—

Public Health Act, 1875, Section 91—Relating to Nuisances.

Housing, Town Planning, &c., Act, 1909, Section 17—Relating to Houses Unfit for Human Habitation and Underground Sleeping Rooms. The Council have made regulations under Section 17 (7) relating to underground sleeping rooms, dated 16th September, 1913.

Housing, Town Planning, &c., Act, 1919, Section 26—Relating to the power of making and enforcing Bye-laws relative to houses let in lodgings. The Council have not made bye-laws under this Section.

Section 28—Relating to houses not in all respects reasonably fit for human habitation.

PUBLIC HEALTH ACT, 1875, SECTION 91—RELATING TO NUISANCES.

It is under this Section that the bulk of the work of remedying common defects is done in Willesden. Difficulties however arise for the following reasons :—

(1) That no definition of a nuisance exists which includes without doubt the above common defects. Section 91, Sub-section (1) states that " any premises in such a state as to be a nuisance or injurious to health shall be deemed to be a nuisance liable to be dealt with summarily in manner provided by this Act." Mr. Justice Wills referring to this Clause in the course of his judgment in 1889 said, " It is clear that the expression ' premises in such a state as to be a nuisance ' has not the wide application claimed for it by the respondents, who say that it is answered by any premises on which a nuisance exists. If that were so, the enumeration of, at all events, the several kinds of nuisance specified under the subsequent heads would be unnecessary. We do not attempt to define every class of case to which the first head applies, but we think it is confined to cases in which the premises themselves are decayed, dilapidated, dirty, or out of order, as, for instance, where houses have been inhabited by tenants whose habits and ways of life have rendered them filthy or impregnated with disease, or where foul matter has been allowed to soak into walls or floors, or where they are so dilapidated as to be a source of danger to life or limb." It would therefore appear that according to this interpretation of Mr. Justice Wills a minority, if any, of the common defects enumerated above can be legally remedied at the instance of the Council.

(2) That work of repairs is frequently carried out by the owner in an unsatisfactory manner and as a result of the bad workmanship the premises soon come under the notice of the Sanitary Inspector again.

The advantage of the procedure under Section 91 is that the owner gets an opportunity to remedy the work in his own way and at his own expense to the satisfaction of the Council. On default he is liable on conviction to a fine not exceeding £5, and daily penalty not exceeding £1 per day for the continuance of the nuisance. The Council is not involved in any financial liability at all. No defendant has ever been mulcted in a daily penalty in Willesden and the fines are in the majority of instances nominal.

HOUSING, TOWN PLANNING, &C., ACT, 1909.

Section 17 of this Act relating to houses unfit for human habitation is a useful section, but even if houses were represented as unfit for human habitation at the present time it would not be practical to put this section into operation as it means the eviction of the tenant under a Magistrates Order.

Sub-section 7 of this section defines certain classes of underground rooms as unfit for human habitation, *i.e.*, rooms the surface of the floor of which is 3 ft. below the adjoining ground, which are not on the average 7 ft. high, and which do not comply with the Council's regulations relating to underground sleeping rooms. It is to be noted however that as soon as these rooms are not used for sleeping purposes no further action under the regulations is possible and the conditions which have resulted in the closing of the rooms for sleeping may remain even if they are occupied all day for living purposes. It would seem desirable that these regulations should apply to all underground rooms in use whether used for sleeping by night or living by day.

HOUSING, TOWN PLANNING, &C., ACT, 1919.—SECTION 26.

This enables the Council to make Bye-laws with regard to houses let in lodgings and includes the registration and inspection of these houses. Under the Model Bye-laws the definition of a lodging-house is as follows :—

" Lodging-house " means a house or part of a house intended or used for occupation by the working classes and let in lodgings or occupied by members of more than one family."

Bye-laws under this section were drafted and approved by the Council in 1920 but having regard to the wide meaning of the term "Lodging-house" the Bye-laws were not submitted to the Ministry of Health for sanction. Bye-laws, if made under this section, would give the Council power to compel the provision of—

a watercloset in the proportion of 1 watercloset to every 12 persons inhabiting a house;

a water supply; and

washing accommodation,

in positions readily accessible to each family. The Model Bye-laws however do not provide for a sink and sink waste for each tenement in a readily accessible position.

SECTION 28.

This section gives the Council power to require the owner to remedy defects in houses not in all respects reasonably fit for human habitation. Such defects, *i.e.*, defects rendering a house not in all respects reasonably fit for human habitation, might include all the common defects mentioned earlier in this report, subject to the right of appeal by the owner to the Ministry of Health. The Council therefore under this section have power to call upon the owner to remedy these defects. If he fails the Council can execute the work and recover the costs incurred. A right of appeal to the Ministry of Health is given to the owner in respect of the Council's requirements as to work or statement of charges.

This method is advantageous in so far as it enables the Council to get the work done or to do the work, but it places the following additional burdens upon the Council where the owner fails to carry out the work specified:—

(*a*) The preparation of a specification suitable to be put out to tender.

(*b*) The acceptance of a tender after competitive prices have been obtained.

(*c*) The strict supervision of the work while in progress so as to be able to prove if necessary that the specification has been carried out in complete detail.

(*d*) The keeping of accounts and recovery of costs. Costs are usually recovered not as lump sums but by instalments. In Acton I am informed that a sum of £8,000, being a portion of the money expended by the Council during the past few years is still in process of collection. It may be that the enforcement of this procedure by the Council may in the long run be the means of getting the owner to do the work himself rather than to be charged for it by the Council. On the other hand many of the properties on which such work is done are properties of inferior construction and in these cases even after the Council has done the necessary work the property soon comes under review again and before the debt incurred has been wiped off.

Having regard to all the above considerations I am of opinion that the Council should aim at the following extensions, amendment or consolidation of the law:—

(1) An extension of Section 91 of the Public Health Act, 1875, on the following lines:—

For purposes of this Act "any premises in such a state as to be a nuisance or injurious to health" shall include premises on which one or other of the following defects or conditions exist:—

Paving to Yards.—Absence of, broken or defective, causing pools to accumulate or dampness of walls.

Paving to Forecourts.—Absence of, broken or defective, causing pools to accumulate or dampness of walls.

Site.—Not treated so as to secure effectual protection against dampness, effluvia or exhalation.

Roofs.—Tiles or slates loose or broken; flashings, defective or perished; eaves, gutters or rain water pipes defective or broken.

Walls.—Defective pointing allowing damp to strike through; defective external plaster peeling off in patches or allowing wet to accumulate at the back of the plaster; damp-proof course cracked, perished, or otherwise become ineffective; ground banked up above the level of the damp-proof course, causing dampness in the walls; defective internal plaster, badly cracked or breaking off in patches or soft; dirty or loose wall paper.

Ceilings.—Plaster badly cracked, loose, falling off in patches, or dirty or sodden with filth.

Floors.—Broken, cracked, too thin to be safe or so rough as to be very difficult to keep clean; ventilation under—insufficient; absence of, or broken or defective paved floors; defective hearths or ash holes.

Stairs.—Broken treads or risers, or broken handrails or balusters; want of handrails or balusters.

Windows.—Perished or rotted frames or sashes; broken hinges, cords or window fasteners; lighting insufficient.

Doors.—Doors so swollen or warped that they will not shut properly; broken hinges or fasteners.

Ventilators or Flues.—Stopped up or broken.

Cupboards.—Insufficient or defective.

Grates, Stoves or Ranges.—Broken, badly set or wanting setting; ovens, boilers or hot plates cracked; fire-bars missing.

Drains, including Soil-pipes.—Choked, defective, leaking or not effectually trapped.

Waste-pipes to sinks, Baths or Lavatory Basins.—Choked, defective or untrapped.

Coppers for Domestic Washing.—Absence of, defective or otherwise unusable.

Water Supply.—Absence of, dirty storage cistern.

Water Supply to Watercloset.—Absence of, or inadequate.

Ashpit or other Receptacle for storage of House Refuse.—Absence of, or defective.

Painting of External Woodwork.—Insufficiency of paint to woodwork permitting decay.

If Section 91 were so amended the Council would then have power to compel the keeping of all houses in their area in a sanitary state of repair.

HOUSES LET IN LODGINGS.

It now becomes necessary to consider what special provision is required for houses let in lodgings or houses occupied by more than one family. The especial provision required for such houses is provision adequate for the use of and readily accessible to each family of :—

(i.) Closet accommodation.

(ii.) Water supply over a sink with a sink waste-pipe.

(iii.) Washing accommodation.

(iv.) Accommodation for the storage, preparation and cooking of food.

(v.) The adequate lighting of any common staircase in such houses.

RESOLUTIONS OF WILLESDEN WOMEN CITIZEN ASSOCIATION.

(i.) *Overcrowding.*—That both floor space and cubic space be considered in estimating overcrowding.

Section 91 (5) of the Public Health Act, 1875, states :—" Any house or part of a house so overcrowded as to be dangerous or injurious to the health of the immates, whether or not members of the same family " shall be deemed to be nuisances liable to be dealt with summarily in manner provided by this Act.

This definition of overcrowding means that danger or injury to health has to be proved. It is suggested that the extension of Section 91 should include a definition of overcrowding as follows :—

Overcrowding.—Any room in a dwelling-house occupied at any one time by a greater number of persons than will allow 400 cubic feet of free air space for each person of an age exceeding 10 years of age and 250 cubic feet for a person of an age not exceeding ten years shall be deemed to be a nuisance.

(NOTE.—For purposes of calculation of cubic space no height above 12 feet shall be taken into account.)

(ii.) Waterclosets, water supply and sinks (*vide* page 9 of this Report).

GEORGE F. BUCHAN.

To be presented to Health Committee

11th March, 1924.

APPENDIX E.

To the Chairman and Members of the Children's Care Committee.

OPEN-AIR DAY SCHOOL.

SUGGESTED USE OF DOLLIS HILL HOUSE.

I beg to report in accordance with the following minute of the Children's Care Committee dated 20th February, 1924 :—

" We have had before us the resolution of the Education Committee of 6th February, 1924, as to the use of the Dollis Hill House and temporary buildings as an Open-Air School. We have instructed the Medical Officer to prepare a report on the practicability and expenditure in connection with the suggested use of these premises as an Open-Air School."

OPEN-AIR DAY SCHOOL REQUIREMENTS IN WILLESDEN.

The following table shews the number of physically defective and delicate children in Willesden known to the Education Authority, for whom an Open-Air Day School is desirable :—

(1) Non-active Tuberculosis 164

NOTE.—These 164 children are at present attending ordinary elementary schools but relapse from time to time and are absent from school for longer or shorter periods.

(2) Paralysis ... ...

(3) Various deformities if—

(*a*) the deformity renders the child liable to injury at the ordinary school ;

(*b*) the child is under treatment or observation on account of the deformity ;

(*c*) Orthopædic instruments are worn.

(4) Certain chronic conditions, *e.g.*, chronic lung conditions other than tuberculosis, chronic rheumatism, exophthalmic goitre, heart disease, kidney disease, etc. ... ...

(5) Certain cases of anæmia and ill-defined conditions, *e.g.*, the so-called pre-tuberculous child ... ...

(6) Certain nervous children ... ...

(7) Cases discharged from residential schools ... ...

Cases belonging to these groups, viz., (2), (3), (4), (5), (6) and (7), number 182

NOTE.—These 182 are cases who have been specially referred for examination on the grounds that their education in an ordinary elementary school is impossible or is being seriously interfered with by their physical condition.

Total number of physically defective and delicate children in Willesden known to the Education Authority and suitable for an Open-Air School is 346

In addition to this number of 346 there are 52 dull and backward children known to the Authority who would be best educated under open-air conditions.

The above total of 398 does not represent all children who would benefit from attendance at an open-air school as many do not come under notice and a special search for them has not been made.

Of the known number of 398 about 90 are already on the roll at Furness Road and Leopold Road Physically Defective Schools. The majority of the children in attendance at Furness Road and Leopold Road Physically Defective Schools are cripples or suffer from heart disease.

PRACTICABILITY OF USING DOLLIS HILL HOUSE AS AN OPEN-AIR SCHOOL.

Dollis Hill House is a mansion standing in about 1½ acres of land to the north of Gladstone Park, facing south and with its grounds abutting on the Park. It was used during the War as a hospital for wounded soldiers and was adapted for this purpose by structural alterations and the addition of huts. The huts with one exception, the "Princess Louise," are still standing.

If converted as an Open-Air Day School for Willesden children, this house presents the following advantages and disadvantages :—

(1) *Situation and Accessibility.*—The situation is excellent from a health point of view. The house however is at a considerable distance from the more outlying parts of the district to the south, and is also inaccessible by way of ordinary public conveyances.

The approach to the house from Dudden Hill Lane and Dollis Hill Lane is of such narrowness and gradient as to make it difficult for the ambulances which convey the children to and from school.

(2) *The extent of the ground attached to the House.*—This is limited to 1½ acres. It is generally accepted that 1 acre of land should be provided at a day open-air school for every 40 children.

(3) *Sanitation.*—The house has the advantage of already possessing an adequate drainage system and water supply, including arrangements for supplying hot water to the main building and various annexes. It also has gas laid on and a complete installation of electric lighting.

(4) The upper storey of the main building cannot be fully used for school room accommodation owing to the fact that so many of the children would be cripples.

Dollis Hill House and Huts could be adapted as an Open-Air Day School to accommodate 140 children in daily attendance. It should be noted that the land attached to the house is sufficient for only about half this number. If the house is used for 140 children the following repairs and alterations are necessary :—

(1) General outside repairs.

(2) Laying out of grounds to form playgrounds and school garden.

(3) Inside repairs, decorations and renovations, including :—

Caretaker's House.—Walls and ceilings to be repaired and redecorated.

East Hut.—Cleaning and decoration. Repairs or renewal of lino on floors. Provision of additional stoves.

Verandah in front of Dining Room.—Cleaning and decoration. Repairs to flooring. Provision of stoves.

West Hut.—Cleaning and decoration. Repair of flooring. Provision of additional stoves.

Main Buildings.—Cleaning, repairs and decorations to Kitchen, Scullery and other Offices.

Windows.—Upper halves of all classroom windows to be made transparent.

Recreation Hut.—Repairs to walls. Provision of lino to floor. Provision of additional stoves. Gas to be laid on.

(4) Alterations to existing structures so as to provide :—
5 Class Rooms.
Cloak Rooms for Boys.
Cloak Rooms for Girls.
10 W.C.'s for Girls.
8 W.C.'s for Boys.
2 Urinals for Boys, 7½ feet at least each.
10 Lavatory Basins for Boys.
10 Lavatory Basins for Girls.
Bathroom to take 15 spray and 2 adult baths.
Dressing Room.
1 Manual Training Room.
1 Laundry Room.
1 Cookery Room.
1 Dining Room.
1 Kitchen.
1 Scullery.
1 Larder.
1 Head Teacher's Room.
1 Common Room for Women Teachers.
Cloak Rooms, Lavatories, and W.C.'s for Teachers and Other Staff.
1 Caretaker's House with Offices.
Covered ways where necessary.

(5) Provision of new structures :—
Doctor and Nurses' Room, waiting Room and Dressing Room.
3 Resting Sheds.

ESTIMATED EXPENDITURE INVOLVED.

Capital Cost.	£
1. General Outside Repairs (Engineer's Estimate)	200
2. Laying out of grounds to form playgrounds and garden. (Based on Engineer's estimate), say	1,200
3. Inside repairs, decorations and renovations (Engineer's estimate)	300
4. Alterations to existing structures (Engineer's estimate) ...	2,300
5. Provision of new structures (Engineer's estimate)	1,400
*6. Provision of 2 additional Ambulances	1,600
Total	£7,000

* Each ambulance will carry 18 children and do 2 routes morning and afternoon. This additional provision makes 6 ambulances in all, 2 of which practically would be on Leinster Road M.D. work. The remaining 4 could carry 144 children per day to Dollis Hill.

Equipment.	
Furniture for Classrooms, Kitchen, Dining Hall, Teachers', Doctors' Room, etc., say	£800
Equipment for Cookery Centre, Laundry Centre and Manual Training Room (Education Officer's estimate)	240
Extra Clothing, Resting Chairs, etc., for children, say	500
Sundries, including Gardening Tools, say	60
Total	£1,600

If the above expenditure of £8,600 (Capital cost £7,000 and equipment £1,600) is sanctioned by the Board of Education Grant equal to 50 per cent. will be payable.

ESTIMATED ANNUAL MAINTENANCE.

Rent, Rates and Taxes (Provisional estimate of Accountant) ...	£500
Meals	1,085
Salaries for Teachers (Education Officer's estimate)	1,500
Nurses	350
Doctor	392
Caretaker and Cleaning	292
Cooks and Helps	408
Lighting	58
Heating	116
Consumable Stock	251
Clerical Expenses	126
Ambulance and travelling expenses...	2,000
Interest on or repayment of loans	—
Total	£7,078

ESTIMATED INCOME.

Meals	£723 0 0
Board of Education Grant	3,177 10 0
	£3,900 10 0

ESTIMATED MAINTENANCE COSTS.

Chargeable to the Rates	£3,177 10 0
Present maintenance costs of Furness Road and Leopold Road Physically Defective Schools, including ambulance charges chargeable to the rates. (Accountant's figures)	1,750 0 0

ESTIMATED INCREASED YEARLY EXPENDITURE.

Chargeable to the Rates	£1,427 10 0

being net maintenance costs for proposed school at Dollis Hill House, minus net maintenance costs of Leopold Road and Furness Road Physically Defective Schools.*

* The present physically defective schools at Furness Road and Leopold Road would be abolished under this Scheme.

I am,

Your Obedient Servant,

GEORGE F. BUCHAN,

15th March, 1924. *Medical Officer of Health.*

APPENDIX F.

To the Chairman and Members of the Children's Care Committee.

CRIPPLED CHILDREN.

I beg to report in accordance with the following Minute of the Children's Care Committee dated 19th March, 1924 :—

"ROYAL NATIONAL ORTHOPÆDIC INSTITUTION, STANMORE.

20.—The Board of Education have written (7/3/24) stating that the above Institution are considering the extension of Orthopædic treatment to school children. The Board further state that if the Authority are willing to take advantage of this opportunity on the lines suggested in the Chief Medical Officer's Report, they would be prepared to approve such a scheme. We have requested the Medical Officer to present a full report for consideration at our next meeting."

The letter of the Board of Education above referred to is as follows :—

BOARD OF EDUCATION,

MEDICAL BRANCH,

54, VICTORIA STREET, S.W. 1.

SIR, *7th March, 1924.*

I am directed to inform the Authority that the Managers of the Royal National Orthopædic Hospital, Great Portland Street, are considering the extension of their provision for orthopædic treatment at Stanmore, Middlesex, and have informed the Board that they would be willing to undertake the treatment of cripple children sent there by Local Education Authorities in the neighbourhood.

I am to say that if the Authority are willing to take advantage of this opportunity and to consider the establishment of a scheme for dealing with crippled children on the lines suggested in Chapter VIII. of the Annual Report for 1922 of the Board's Chief Medical Officer, based on Stanmore as the Hospital for in-patient treatment, the Board on their part would be willing to approve such a scheme and to take the expenditure on the approved arrangements into account for grant. Full particulars of any proposed scheme should be submitted in due course to the Board for approval.

I am, Sir,

Your Obedient Servant,

(Signed) J. R. WARBURTON.

To the Local Education Authority, Willesden.

Chapter VIII. of the Annual Report for 1922 of the Board's Chief Medical Officer deals with the whole subject of "Orthopædics and the Child." Within recent years great progress in the treatment of paralysis and deformity has been made, and an extensive and closely knit organisation is gradually being established to ensure that the results of treatment shall be permanent. A scheme for the care and education of the cripple child includes :—

(1) Organisation to ensure the discovery of children when first paralysed, deformed, or otherwise threatened with crippledom.

(2) The provision of the most effective treatment possible at a clinic or in a hospital or otherwise as may be necessary.

(3) Organisation of after-care and restoration of activity.

(4) Suitable Education.

To this end the Chief Medical Officer of the Board of Education suggests the establishment of a Local Orthopædic Clinic working in conjunction with an Orthopædic Hospital. Such a local orthopædic clinic would act as a centre for early ascertainment and diagnosis, as well as for treatment and after-care.

It would be staffed by :—

(1) A Visiting Orthopædic Surgeon, who would attend periodically and ;

(2) A Visiting Orthopædic Sister fully trained in orthopædic splint and plaster work.

(NOTE.—Both Surgeon and Sister should be attached to the Orthopædic Hospital.)

The functions of the Clinic would be :—

(1) Examination by the Orthopædic Surgeon of cases sent up for consultation by Doctors, Health Visitors, Infant Welfare Centres, etc.

(2) After treatment and supervision of cases discharged from the Hospital.

(3) Treatment of certain cases which can be effectively treated as out-patients.

(4) Renewing and repairing of plasters, and fitting and examining splints and appliances.

Three rooms would be required :—

(1) Waiting Room ;

(2) Doctors' Consulting Room, sufficiently large to enable him to see the patients freely walking and perhaps running ; and

(3) Plaster Room.

An orthopædic organisation established on the above lines would lead to a reduction of the number of Special Schools required for crippled children, as it is claimed that such an organisation would get the children early and deal with them at once, so as to prevent serious crippling and enable them to attend the ordinary elementary schools.

It should be noted that the approximate average total cost per annum of a Willesden child at an ordinary Elementary School is £13 11s. 0d., at a Day Special School £48 2s. 0d., and at a Residential Special School for Cripples £86 0s. 0d.

EXTENT OF THE PROBLEM IN WILLESDEN.

Information as to the number of cripples in Willesden, has from time to time been obtained from the following sources :—

(1) Health Visitors carrying out their duties relative to the Notification of Births Acts ;

(2) Infant Welfare Clinics ;

(3) School Clinics, and in association therewith Teachers, School Attendance Officers and School Nurses ; and

(4) Hospitals and voluntary agencies such as the Invalid Children's Aid Association.

The following table shows the number of crippled children under 16 years of age resident in

Willesden and known to the Education Authority, together with the cause of the crippling :—

Crippling due to :	No. of Cases under 2 years.	No. of Cases aged 2-5 years.	No. of Cases aged 5-7 years.	No. of Cases aged 7-16 years.	Total Number of Cases.
Tuberculosis of Bones and Joints	—	—	2	47	49
Paralysis (including Infantile Paralysis)	2	3	9	40	54
Congenital deformities such as Club Foot	2	1	2	21	26
Rickets	—	4	2	14	20
Miscellaneous conditions such as Injuries, Septic conditions, Rheumatism, etc.	—	2	—	10	12
Totals	4	10	15	132	161

It is to be noted that out of the total of 161 known cases only 29 are under 7 years of age. This is not satisfactory as it is very important that these cases should come to notice at the earliest possible date, so that deformity may be prevented to the greatest possible extent. It is, however, likely that if a suitable organisation were set up on the lines suggested such cases would come under notice early and receive early treatment with a minimum resultant deformity.

For educational purposes the 161 known cripples in Willesden may be summarised as follows :—

Attending ordinary Elementary Schools	48
Attending Day Special Schools	66
Attending Residential Special Schools	2
Attending Hospital Schools	3
Attending no school	42
	161

The 48 children in attendance at ordinary Elementary Schools include those who have never required admission to a cripple school as well as those who have been discharged from such. In 14 of these 48 cases crippling is the result of Tuberculosis and these cases should be in an open-air day school.

In respect of the 66 cripple children attending Day Special Schools it is to be noted that the Willesden Education Authority has provided two certified Day Special Schools for physically defective and crippled children—one at Leopold Road, with certified accommodation for 40 children, and one at Furness Road for 60 children. The actual number of cripple children in these schools at present is 33 in Leopold Road P.D. School and 33 in Furness Road P.D. School. In addition, 5 cases are waiting admission to Leopold Road P.D. School and 4 to Furness Road P.D. School.

The Willesden Day Special Schools are satisfactory in that they provide class rooms on the ground floor, protection from rough play by other children, individual and special instruction and medical and nursing supervision. Leopold Road P.D. School, however, was originally designed as a school for mentally defective children and Furness Road P.D. School was the Manual Training Room in connection with Furness Road Elementary School. Neither was intended to meet the requirements of cripple children, and taking into account the proportion of the latter (*vide* table above) who owe their deformity to Tuberculous Disease both may be said to be, in the matter of open-air and facilities for physical recreation, entirely unsuited to the purpose. As a result the cripples who attend these schools frequently break down in health and require to be sent back to Hospital or for convalescence or have periods at home during which their education is interrupted. There can be no doubt that their complete recovery is thereby delayed, and the possibility of their being certified fit to return to an elementary school or of being fit on leaving school to earn their living on equal terms with their fellows is greatly diminished. All of these children should really be in attendance at an open-air school.

Of the 42 cases attending no school, 3 are in Hospitals or Sanatoria ; 5 have left an ordinary Elementary School after the age of 14 years and are working ; 9 are waiting admission to the Special Day Schools, and of those remaining 11 are under 7 years of age.

In connection with the question of crippling, the main causes of the condition are found to include :—

(1) Tuberculosis of Bones and Joints.

(2) Paralysis (including Infantile Paralysis).

(3) Congenital deformities such as Club Foot.

(4) Rickets.

(5) Miscellaneous conditions, such as Injuries, Septic Bone Diseases, Rheumatism, etc.

The conditions in the first four groups are common under 5 years of age, and in connection with the prevention of crippling they must be dealt with. It behoves Local Authorities, therefore, to use to the utmost all the powers they possess to prevent conditions tending to cripple children, *i.e.*, Tuberculosis, Rickets, Paralysis, Congenital defects and accidents at child birth, in infancy or subsequently. There is no panacea for each or all of these conditions, but the Health Authority either under the Public Health or Education Acts must do all they can to promote public and personal hygiene, better housing conditions, cleanliness, improved dietaries, a better milk supply, better care of the mother and the child, and the provision of an open-air school. Every such improvement will bear fruit in healthier child life, increased fitness for industrial occupation and increased longevity.

From the information set out above, the Committee will see that a considerable problem is before them. They have not only to detect crippling in its early beginnings, but they have to arrange for appropriate treatment at a Local Orthopædic Clinic to be established, or at a Hospital as may be necessary. Appropriate treatment includes immobilisation of joints, correction of deformity by splints and bandaging, development of muscles and their re-education in function, the obliteration of deformities, with, in addition, ordinary or special education as may be necessary. In these cases education must be regarded as an adjunct to treatment. Many crippled children have to be for long periods recumbent and during these periods education helps to keep them happy and contented, relieves monotony and acts as a stimulating influence towards cure.

The Education Authority have also to arrange for the after care of hospital cases including treatment at their Orthopædic Clinic and education either at an open-air physically defective school or ordinary elementary school as may be appropriate.

Taking into account these various considerations I beg to submit the following recommendations :—

RECOMMENDATIONS.

(1) That a local orthopædic clinic be established with the functions noted above.

(2) That arrangements be made with the Stanmore Hospital (suggested in the Board's letter of 7th March, 1924) for the staffing of the clinic.

(3) That arrangements be made with the Stanmore Hospital (suggested in the Board's letter of 7th March, 1924) for the admission of suitable cases of children.

(4) That the provision of an open-air school be proceeded with.

APPROXIMATE COST.

LOCAL ORTHOPÆDIC CLINIC.

Initial equipment, say	£100
Annual Maintenance, including Staffing, say...	600
Annual Hospital provision, say 4 beds per annum, say	400

Half of all above costs will be recovered from the Board of Education by way of a grant if the scheme is approved.

OPEN AIR SCHOOL.

For costs see my report dated 15th March, 1924, on Open-Air Day School—Suggested Use of Dollis Hill House.

Your Obedient Servant,

GEORGE F. BUCHAN,
Medical Officer of Health.

To be presented to the Children's Care Committee.
14/5/24.

APPENDIX G.

To the Chairman and Members of the Children's Care Committee.

STAMMERING CHILDREN.

I beg to report in accordance with the following minute of the School Management and General Purposes Committee, dated 28th March, 1924 :—

"TREATMENT OF STAMMERING CHILDREN.

On a reference from the Children's Care Committee, 19th March, 1924 (p. 569) we have considered the question of the treatment of stammering children, together with a report of the Chief Education Officer on an experiment he has inaugurated in regard to such treatment. We report that we have referred the general question back to the Children's Care Committee for

consideration, and have requested the Chief Education Officer and the School Medical Officer to report to that Committee on the matter. Pending the report of the Children's Care Committee, we have authorised the continuance of the experimental treatment inaugurated by the Chief Education Officer, subject to there being no cost to the Committee."

Nature of Stammering.

Stammering is the familiar form of speech defect in which there is hesitancy in beginning a word or phrase with reiteration of the first sound followed by a sudden overcoming of the difficulty and rapid completion of the sentence in one breath.

In severe cases the stammer may recur at the beginning of each phrase; in slight cases there may be difficulty only at the beginning of a paragraph. Similarly the defect may be constantly in evidence or only during moments of nervous excitement.

Stammering differs from other speech defects in that, while all are caused by some failure of co-ordination between the brain centres and the nerves and muscles concerned in speech production, there is in the case of stammering a special respiratory fault and often an underlying psychical factor which makes the condition difficult to deal with.

Most of the other speech defects found in school children, such as lisp, difficulty with certain consonants, jumbling up of words, etc., are found amongst "Infants" and tend to disappear as education proceeds, or where they persist beyond this stage, are often associated with general mental dullness; whereas stammering is more often associated with either normal or bright intelligence in other respects, and the largest number of cases occur in children of over 8 years of age.

Stammering is more common among boys than among girls.

Effect of Stammering on the Health, Outlook and Education of the Child.

This naturally varies with the degree of defect, but generally speaking stammering constitutes a severe handicap. Even if it causes no actual retardation reckoned in standards, it debars the child from taking his part in the oral work of the curriculum, thus making his education one-sided; it brings upon him the ridicule of his companions and it lessens his self-confidence which is frequently lacking to begin with. While it does not affect health directly it nevertheless is the cause of unhappiness which reacts badly in the child's physical condition and stammering children are frequently delicate.

Treatment of Stammering.

This consists of:—

1. Measures directed to the improvement of the child's physical health, such as admission to an Open-Air School, attention to meals, removal of any source of irritation about the mouth, nose or throat, etc.

2. Measures directed to the restoration of the child's self-confidence and psychical equilibrium; such as the selection of a suitable special teacher and the co-operation of the parents and the ordinary class teachers under whom the child is taught.

It is essential that the child's relation to his special teacher should be one of affection and entire confidence.

3. Treatment of actual defect. This is carried out by a special system of instruction based on breathing exercises, rest, and, later on, graduated speech exercises leading up to normal speech. It is conducted in special classes or centres which are of two kinds.

(*a*) Those in which the child undergoes a period of intensive treatment over about 6 weeks during which time he attends continuously for morning and afternoon sessions and returns to his ordinary elementary school when the course is completed.

(*b*) Those in which the child attends special classes for two or more sessions in the week of 1½-2 hours duration continuing his ordinary elementary school attendance between lessons. The course in this case extends over a longer period of time, usually 6 months.

The advantage of the intensive course is that for the time being the child is freed from his ordinary school associations and discipline, comes entirely under the influence of his special teacher and, having had time to forget the humiliations to which his defect has subjected him, can make a fresh start at the end of the period. The arrangement also allows of continuity of exercises and prevents the obliterating effect of other school impressions between lessons.

The other arrangement of bi- or tri-weekly treatment sessions, admits more easily of the establishment of special classes in ordinary elementary schools and causes less interruption of the child's ordinary education. It also admits of a part-time visiting special teacher.

Treatment of the actual defect should not as a rule begin until the child has reached the age of 9 years, as children who are younger than this are unable to appreciate or carry out the special exercises and have difficulty in attending the centres unattended. As much individual attention is required, the class numbers should not exceed 10 or 12. The class room should be cheerful in outlook and well ventilated and heated. In a centre established for an intensive course separate from an ordinary elementary school, provision must be made for W.C.'s, lavatory and cloakroom accommodation and for recreation and a mid-day meal.