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

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Urban District of Ilford.

ANNUAL REPORT

of the

Medical Officer of Health,

School Medical Officer,

and

Medical Superintendent of the Isolation Hospital,

Including the Report of the Inspector of Nuisances,

FOR THE YEAR 1914.

GEOFFREY EUGENE OATES,

M.D., B.S., London; M.R.C.P., London; D.P.H., Cambridge;
of Grays Inn, Barrister-at-Law,
Fellow of the Society of Medical Officers of Health,
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Ilford Urban District Council.

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Councillor A. Kapadia.
Councillor W. J. O. Sheat, J.P., (*Chairman of the Council*).
Councillor Stroud, J.P., C.A.
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Assistant Medical Officer of Health:

(Vacant.)

Inspector of Nuisances:

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Assistant Inspectors of Nuisances:

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T. V. Haigh, Mem. Royal San. Inst.
C. W. Fisher, Assoc. Royal San. Inst.

Health Visitor:

Miss E. O. Bagshaw, C.M.B.

Clerk:

F. J. Bull.

Assistant Clerks:

G. A. Aldous.
E. C. Burn,
A. A. Rogers.
A. C. Booth.

ISOLATION HOSPITAL.

Medical Superintendent:

G. E. Oates, M.D., M.R.C.P., D.P.H.

Matron:

Miss C. A. Barling.

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Secretary to the Committee:

W. S. Torbitt, M.A., LL.M.

School Medical Officer:

G. E. Oates, M.D., M.R.C.P., D.P.H.

School Dentist:

H. Drake, L.D.S., R.C.S. (Eng.).

School Nurse:

Miss E. O. Bagshaw,

PREFACE.

PUBLIC HEALTH DEPARTMENT,
ILFORD,

May 1st, 1915.

To the Chairman and Members of the

ILFORD URBAN DISTRICT COUNCIL.

GENTLEMEN,

In accordance with the regulations of the Local Government Board and the Board of Education, I herewith present my Annual Report for the year 1914.

I carried out the duties of Medical Officer of Health, etc., from the beginning of the year until November 24th, 1914, when I was appointed to fill the position. During the year the duties which had in past years devolved on me as Assistant Medical Officer were carried out by temporary medical assistants. In spite of these difficulties the efficiency of the Public Health and School Medical Services has been adequately maintained.

The outstanding feature of the year has of course been the great war. I am happy to be able to state that, apart from the inevitable casualties of warfare, no prejudicial effect on the health of the district has been noticed.

A noticeable event of the year has been the appointment of a School Dentist to the staff of the School Medical Officer. The work of this new officer will slowly but surely be reflected in the improved health and more regular attendance at school of the rising generation.

A well-equipped dental clinic and waiting-room have been provided at the Public Health Offices.

The work of the School Medical Service continues to increase and will before long call for an increase in the clerical and nursing staff.

Shortly after the commencement of the war two members of my clerical staff joined the Colours, and another member was absent ill for the greater part of the year. Temporary clerical help has been obtained to carry out their work. Great credit is due to all members of my clerical staff for the unstinted zeal they have shown in coping with the pressure of work due to the causes mentioned above.

I am, Gentlemen,

Your obedient Servant,

GEOFFREY E. OATES.

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Report on the School Medical Service.

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STATISTICAL SUMMARY.

Enumerated Population at Census, 1911	78,188
Estimated ,, ,, middle of 1914	85,932
Registrar-General's Estimate	87,471
Area of District in Statute Acres—Land...	8,470
,, ,, ,, Inland Water...	26
,, ,, ,, Tidal Water ...	7
Density of Population, *i.e.*, No. of Persons per acre	10.1
Total number of births registered for 1914	1,490
*Representing a birth-rate of 18.3 per 1,000	
Total number of births registered for 1913 (corrected)	1,504
*Representing a birth-rate of 18.9 per 1,000	
Total number of deaths registered for 1914	721
*Representing a death-rate of 8.8 per 1,000	
Total number of deaths registered for 1913	743
*Representing a death-rate of 9.4 per 1,000	
Total number of deaths from the seven principal Zymotic diseases in 1914	30
*Representing a Zymotic death-rate of .35 per 1,000	
Total number of deaths from the seven principal Zymotic diseases in 1913	42
*Representing a Zymotic death-rate of .53 per 1,000	
Total number of deaths under one year of age ...	93
Giving an Infantile Mortality rate to every 1,000 births registered of 62	

Rateable Value—Houses	£434,971 0 0
,, ,, Land	7,100 10 0
	£442,071 10 0

Education Rate :—	
Elementary	1s. 10½d.
Higher	1d.
Assessable Value	£426,851 15 0
General District Rate...	4s. 2d. in the £
Poor Rate	5s. 0d. ,,

* Calculated on the estimated nett population.

POPULATION.

The estimation of population in a rapidly growing town such as Ilford presents some difficulty. The rate of progress varies from year to year according to the rate at which new houses are being built. Provided that the social character of a district does not change, the population of the district is found to alter in proportion to the varying number of inhabited buildings. A method of estimating the population founded on this principle has been found to give very accurate results in the past. I propose to apply this method as follows :—

At the Census taken in April, 1911, it was found that there was a nett population of 73,022 persons living in 15,832 inhabited buildings. Excluded from this total are the following institutions :—

Claybury Asylum with 2,699 persons :
West Ham Asylum with 977 persons :
Dr. Barnardo's Homes with 1,407 persons :
Ilford Isolation Hospital with 83 persons :

It is seen that there was an average population of 4·61 persons per inhabited building.

Now the number of inhabited buildings at the Census in 1911 was 15,832; the number of uninhabited buildings, 894; the total number, 16,726.

The total number of buildings erected from the time of the Census in 1911 up to the middle of 1914 was 1,098, making a total of 17,824 buildings.

I find from enquiry that about 350 buildings were unoccupied in the middle of 1914, making a nett total of 17,474 inhabited buildings at that time.

Allowing a population of 4·61 per inhabited building we get 80,555 as the estimated population apart from institutions.

It was found that the population of the institutions was as follows :—

Claybury Asylum	2,712
West Ham Asylum	1,122
Barnardo's Homes	1,464
Ilford Isolation Hospital	70
Total	5,368

Adding this to the figure 80,555, obtained by calculation, we get a gross estimated population of 85,932 persons on June 30th, 1914.

For the purpose of calculating the death-rate and birth-rate, Claybury Asylum and West Ham Asylum are considered not to belong to the district. Subtracting 3,834, being the population of these institutions, we get a total of 82,098 persons as the nett estimated population for the district.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1914 AND PREVIOUS YEARS.

Year.	Gross Population estimated to middle of each year.	Nett Population estimated to middle of each year. (*a*)	Births.			Total Deaths Registered in the District.		Transferable Deaths		Nett Deaths belonging to the District.			
			Uncorrected Number.	Nett. (*b*)						Under 1 Year of age.		At all ages.	
				Number.	Rate. (*c*)	Number.	Rate. (*d*)	of Non-Residents registered in the District.	of Residents not registered in the District.	Number.	Rate per 1,000 Nett Births.	Number.	Rate. (*e*)
1	2	2a	3	4	5	6	7	8	9	10	11	12	13
1909	75,185	71,562	1,647	...	23·0	886	11·8	334	105	112	68	657	9·2
1910	77,057	73,269	1,679	...	22·9	772	10·0	273	102	124	74	601	8·2
1911	79,122	75,446	1,589	1,597	21·2	870	11·0	307	141	136	85	704	9·3
1912	81,373	77,623	1,492	1,492	19·2	828	10·2	313	118	94	63	633	8·1
1913	83,257	79,459	1,485	1,504	18·9	920	11·05	331	154	102	68	743	9·4
1914	85,932	82,098	1,490	1,505	18·3	926	10·8	352	147	93	62	721	8·8

Notes on Table I.

In column 6 there is entered the whole of the deaths registered during the year as having actually occurred in the district. In column 12 there is entered the number in column 6, corrected by the subtraction of the number in column 8 and the addition of the number in column 9. Deaths in column 10 are similarly corrected by the subtraction of the deaths under 1, and included in the number given in column 8, and the addition of the deaths under 1 included in the number given in column 9.

(*a*) The nett estimated population is found by deducting the population of Claybury and West Ham Asylums from the gross estimated population.

(*b*) The nett number of births is obtained by taking the uncorrected number of births supplied by the local Registrar and adding to or subtracting from it such a number as is supplied for this purpose by the Registrar-General.

(*c*) The birth-rate is calculated on the estimated *nett* population.

(*d*) Calculated on the estimated gross population.

(*e*) Calculated on the estimated nett population.

"*Transferable Deaths*" are deaths persons who, having a *fixed or usual residence in England or Wales, die in a district other than that in which they resided.* The deaths of persons without fixed or usual residence, *e.g.*, casuals, are not included in columns 8 or 9, except in certain instances under 3 (*b*) below. There is stated in column 8 the number of transferable deaths of non-residents" which have been deducted, and there is in column 9 the number of deaths of "residents" registered outside the district which have been added in calculating the nett death-rate of the district.

The following special cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such Institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from violence are to be referred (*a*) to the district of residence, under the general rule; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

Area of District in acres (land and inland water), 8,496.

Total population at all ages, 78,188, at Census, 1911.

Total families or separate occupiers, 16,843, at Census, 1911.

BIRTHS.

The number of births registered in Ilford during the year was 1,490. Of these 762 were of males and 728 of females. 12 males and 16 females born were illegitimate. After allowing for births occurring in other districts and properly belonging to Ilford there is a nett total of 1,505 births. This is practically the same number as was recorded last year in spite of an estimated increase in the nett population from 79,459 to 82,098. The birth-rate as calculated on the latter estimate (which excludes Claybury and West Ham Asylums) is 18·3. The decline in the birth-rate during the last six years is shown in the following list :—

1909	birth-rate	23·0
1910	,, ...	22·9
1911	,, ...	21·0
1912	,, ...	19·2
1913	,, ...	18·9
1914	,, ...	18·3

DEATHS.

The total number of deaths registered in the district during the year was 926. 352 deaths are those of non-residents registered within the district (principally in the large institutions), and must be subtracted from the total.

These deaths occurred as follows :—

In Claybury (L.C.C.) Asylum	251
In West Ham Borough Asylum	87
Deaths in the district of other non-residents	14
Total	352

To be added to the total are 147 deaths of Ilford residents registered as having died in other districts.

This latter figure includes deaths at the following institutions :—

The Infirmary, Romford	39
Essex and Colchester Asylum...	26
London Hospital	30
St. Peter's Hospital, Westminster	3
St. Bartholomew's Hospital	3
In other hospitals, institutions and residences beyond the Ilford district	46
Total	147

The total number of deaths accountable to Ilford is therefore seen to be 721.

Calculated on an estimated gross population of 85,932 for the middle of the year the death-rate is 10·8.

Comparison of the death-rates of Ilford for last year and previous years is best made by employing the nett population as a basis of calculation (that is, the gross population less the institutions Claybury and West Ham Asylums).

The nett death-rate for the year is 8·8 and is compared with that of previous years in the following list :—

1909	nett death-rate	... ...	9·2
1910	,,	... ...	8·2
1911	,,	... ...	9·3
1912	,,	... ...	8·1
1913	,,	... ...	9·4
1914	,,	... ...	8·8

It will be seen that the death-rate has only varied within small limits during the past six years. There is every reason to suppose that the death-rate will continue low in Ilford, the only occurrence likely to occasion a marked rise being an epidemic of such a disease as small-pox.

TABLE III.

Causes of, and Ages at Death during the Year 1914.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.
	All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
1	2	3	4	5	6	7	8	9	10	11
All causes { Certified	720	93	16	14	30	30	100	171	266	385
All causes { Uncertified	1	—	—	—	—	—	1	—	—	—
1. Enteric Fever	—	—	—	—	—	—	—	—	—	3
2. Small-pox	—	—	—	—	—	—	—	—	—	—
3. Measles	2	2	—	—	—	—	—	—	—	—
4. Scarlet Fever	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	6	2	2	2	—	—	—	—	—	—
6. Diphtheria and Croup	4	—	—	3	1	—	—	—	—	3
7. Influenza	8	1	—	—	—	—	2	2	3	—
8. Erysipelas	5	2	—	—	1	1	—	—	1	1
9. Phthisis (Pulmonary Tuberculosis)	55	—	—	1	5	11	21	14	3	56
10. Tuberculous Meningitis	6	2	—	2	2	—	—	—	—	2
11. Other Tuberculous Diseases	8	3	1	—	2	—	2	—	—	3
12. Cancer, Malignant Disease	65	—	1	—	—	1	8	28	27	15
13. Rheumatic Fever	4	—	—	—	—	—	—	2	2	—
14. Meningitis	7	1	2	1	1	—	—	2	—	1
15. Organic Heart Disease	63	—	—	—	5	3	7	26	22	33
16. Bronchitis	42	7	—	—	1	—	—	5	29	5
17. Pneumonia (all forms)	39	9	2	1	—	1	7	10	9	57
18. Other Diseases of Respiratory Organs	33	1	1	2	—	—	3	6	20	8
19. Diarrhœa and Enteritis	18	16	2	—	—	—	—	—	—	—
20. Appendicitis and Typhlitis	6	—	—	—	2	2	—	2	—	2
21. Cirrhosis of Liver	8	—	—	—	—	—	2	4	2	2
21a. Alcoholism	—	—	—	—	—	—	—	—	—	—
22. Nephritis and Bright's Disease	21	—	—	—	2	—	3	5	11	23
23. Puerperal Fever	2	—	—	—	—	—	2	—	—	—
24. Other accidents and diseases of Pregnancy and Parturition	6	—	—	—	—	2	4	—	—	—
25. Congenital Debility and Malformation, including Premature Birth	33	33	—	—	—	—	—	—	—	1
26. Violent Deaths, excluding Suicide	20	1	1	1	3	1	5	3	5	8
27. Suicide	14	—	—	—	—	2	4	6	2	—
28. Other Defined Diseases	243	13	4	1	4	6	30	56	129	160
29. Diseases ill-defined or unknown	3	—	—	—	1	—	1	—	1	—
Totals	721	93	16	14	30	30	101	171	266	385
Sub-Entries included in above figures. Cerebro-Spinal Meningitis	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Dysentery	2	—	—	—	—	1	—	1	—	29
Pneumonia, Lobar and Undefined (92)	24	1	—	—	—	—	7	9	7	15

Notes to Table III.

The classification and numbering of Causes of Death are those of the "Short List" on page XXV. of the Manual of the International List of Causes of Death, which has been consulted and followed in all cases of doubt.

(*a*) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

(*b*) All deaths which have occurred in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, have been entered in the last column.

(*c*) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified; all other deaths are regarded as "Uncertified."

(*d*) Title 19 includes deaths from Diarrhœa and Enteritis under 2 years; those at 2 years and over being placed under title 28.

On page 18 will be seen a table analysing the causes of the deaths. This list gives a fairly good idea of the various causes contributing to death during the year. One could write much on this list and a perusal of it will give rise to much cogitation on the part of any intelligent person. He will note how the lung complaints assail the very young and the very old, how Tuberculosis spares the babe, that Cancer is a disease of elderly persons, how few women die nowadays of Puerperal Fever, etc.

To have no death from Enteric Fever or Scarlet Fever is a circumstance on which any large district may pride itself. It speaks eloquently for a good water supply, excellent methods of sewage disposal, and a sufficient isolation hospital accommodation.

Zymotic Diseases.

The deaths registered were as follows :—

Small-pox	—
Measles	2
Scarlet Fever	—
Whooping Cough	6
Diphtheria and Membranous Croup	4
Enteric Fever	—
Diarrhœa	18
Total	30

This gives a Zymotic death-rate of ·35, the lowest ever recorded in the district.

INFANTILE MORTALITY.

The number of infants dying within the first year of their life was 93, the total number born being 1,505.

The infantile mortality or rate of death per 1,000 births is therefore 62.

In previous years the total numbers of deaths and the rates have been as follow :—

Year.	No. of Deaths under 1 year.	Rate per 1,000 Births registered.
1896	61	122
1897	88	138
1898	107	153
1899	120	134
1900	147	141
1901	187	156
1902	99	74
1903	141	92
1904	198	127
1905	138	86
1906	187	109
1907	134	78
1908	132	79
1909	112	68
1910	124	74
1911	136	85
1912	94	63
1913	102	68

This rate of 62 for the year is highly satisfactory, and it may safely be said that never before has infant-life been so well conserved in the district.

TABLE IV.

INFANTILE MORTALITY.

1914. NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER ONE YEAR OF AGE.

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.
All Causes { Certified...	20	10	5	8	43	16	15	11	8	93
All Causes { Uncertified	—	—	—	—	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	2	2
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	1	1	—	2
Diphtheria and Croup ...	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	1	1	—	—	1	—	2
Tuberculous Meningitis (30)	—	—	—	—	—	—	2	—	—	2
Abdominal Tuberculosis (31)	—	—	—	—	—	—	—	1	—	1
Other Tuberculous Diseases	—	—	—	—	—	—	2	—	—	2
Meningitis *(not Tuberculous)* (61)	—	—	—	—	—	—	—	1	—	1
Convulsions (71) ...	—	1	—	—	1	—	—	1	—	2
Laryngitis (87B)... ...	—	—	—	—	—	—	—	—	—	—
Bronchitis	1	1	1	—	3	1	1	2	—	7
Pneumonia (all forms) (91 & 92)	1	—	—	—	1	2	2	2	2	9
Diarrhœa (104 B, E & F)	—	2	—	1	3	5	1	—	1	10
Enteritis (104 A, C, D & G)	—	—	—	1	1	1	2	—	2	6
Gastritis (103 A)... ...	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	1	—	—	1
Rickets (36 A)	—	—	—	—	—	—	—	—	—	—
Suffocation, overlying ...	—	—	—	—	—	—	—	—	—	—
Injury at Birth (152 C) ...	1	—	—	—	1	—	—	—	—	1
Atelectasis (152 B) ..	—	—	—	—	—	—	—	—	—	—
Congenital Malformations (150)	2	—	—	—	2	—	—	1	—	3
Premature Birth (151 A)	10	1	1	2	14	—	—	—	—	14
Atrophy, Debility, and Marasmus (151 B)	1	3	2	3	9	5	1	—	—	15
Other Causes	4	2	1	—	7	2	2	1	1	13
TOTALS	20	10	5	8	43	16	15	11	8	93

Nett Births in the year: legitimate, 1462; illegitimate, 28.
Nett Deaths in the year of legitimate infants, 83; illegitimate infants, 10.

NOTE.—The numbers given in brackets after certain causes of death indicate the numbers of the corresponding headings in the detailed international list of causes of death, 1909.

On the opposite page is seen an analysis of the causes of death in infants during the first year of life. The chief causes of death are seen to be Bronchitis and Pneumonia, 16 deaths; Diarrhœa and Enteritis, 16 deaths; Premature Birth, 14 deaths; Atrophy, Debility and Marasmus, 15 deaths. If infantile mortality is to be reduced further it will be in respect of deaths under these headings.

Bronchitis and Pneumonia.

The provision of suitable and hygienic clothing for all infants and the efficient ventilation of the rooms in which they sleep would do very much to minimise mortality from these diseases.

Diarrhœa and Enteritis.

The incidence of this disease is closely connected with the cleanliness of the child, its food and surroundings. If only sufficient care were taken, especially during hot weather, diarrhœa would be an uncommon disease.

Premature Birth.

This is a great blot on the record. It must be remembered that for every child that dies of prematurity after birth, many more die before birth, in the form of miscarriages and abortions. This wastage of life during the first nine months after conception represents collectively a great strain on the motherhood of the country, and is one of the great problems for society to face. One disease, Syphilis, is the chief cause of mortality in the unborn and newly-born. This disease, with other venereal diseases, is now the subject of enquiry by a Royal Commission.

Atrophy, Debility and Marasmus.

Encouragement of breast-feeding would do much to lessen the number of deaths from these causes.

Summer Diarrhœa.

In the early summer of 1914 an effort was made by the Public Health Department to reduce the mortality amongst infants from Summer Diarrhœa.

The following card of instructions was posted to the parents of every infant born during the previous calendar year, and copies of the instructions were prominently displayed as an advertisement in the local Press :—

PRECAUTIONS AGAINST SUMMER DIARRHŒA IN INFANTS.

1. Hot weather is very likely to cause fatal Diarrhœa in infants.
2. Infants fed by hand are more likely to suffer from Diarrhœa than infants fed on the breast. Infants should not be weaned during hot weather.
3. All milk must be boiled before use.
4. All vessels used for storing milk must be kept scrupulously clean, covered with a clean cloth to keep out the flies and dust, and scalded out after use.
5. Feeding bottles and teats should be boiled after use and kept clean in cold water.
6. FLIES generally carry the infection of Diarrhœa.
7. Flypapers and other traps should be used, all food should be kept covered and kitchen refuse should be at once burnt or placed in a covered dustbin.
8. When asleep, a muslin curtain should be spread over the baby to prevent flies settling on the child's mouth.

9. If the baby shows any signs of Indigestion or Diarrhœa, no milk should be given for 24 hours, but a little plain barley or rice water instead; if the Diarrhœa then continues medical advice should be at once obtained.

10 Diarrhœa is somewhat infectious. The diapers of a diarrhœic child should be rinsed in water at once and boiled before being used again.

MATERNITY AND CHILD WELFARE.

In view of the substantial grants promised by the Government this subject has taken on an added importance.

The present activities of the Public Health Department in this matter are shown from the items of expenditure for the six months ending September 30th, 1914, as embodied in the claim for grant made by the Council to the Local Government Board.

	£	s.	d.
Part salary of Health Visitor	14	3	4
Clerical Expenses	8	0	0
Proportion of Rent, Rates and Taxes ...	1	2	4
Heating, Lighting and Cleaning	0	9	2
Postages	1	2	8
Printing and Advertising	4	12	0
Provision of Bicycle for Health Visitor	0	11	8
Maintenance in Isolation Hospital for one case of Puerperal Fever for 2½ weeks at 30s. per week	3	15	0
Maintenance in Isolation Hospital of a case of Ophthalmia Neonatorum (mother and child), 2½ weeks at 42s. per week	5	5	0

The question of enlarging the present scheme of maternity and child welfare was under the consideration of the Council at the end of the year, but no decision had been reached.

The basis of most ameliorative work in connection with infant life is the Notification of Births Act, 1907, which was adopted in this district on May 25th, 1909. During the year 1,534 births were notified under the Act. The percentage of births notified by the various responsible persons is as follows :—

By Medical Practitioners	47	per cent.
By Certified Midwives	21	,,
By Parents and others	32	,,

The small proportion notified in this district by midwives is noteworthy. The number of midwives in Ilford is small as compared with other districts, and most of the confinements are attended by a medical practitioner.

The Health Visitor visits the home about three weeks after the birth of the child if a doctor is in attendance, and from 10 to 14 days after birth if a midwife has been in attendance. Only in a few cases where the home circumstances are known to be satisfactory is the visit omitted. 1,325 primary visits were paid during the year. Subsequent visits are paid whenever they are asked for by the parent, and it is satisfactory to note the frequency with which it is asked that visits may be repeated. Whenever the infant is thought to be weakly or the parent in need of advice subsequent visits are also paid.

An important step was taken on April 2nd, when the Ilford School for Mothers was commenced. This institution has been brought into being by a small committee of interested ladies, funds being supplied from voluntary sources. The School meets from 2.45 p.m. to 3.45 p.m. every Wednesday at the Friends' Meeting House, Albert Road. The mothers are welcomed by the lady helpers, made to feel at home, and encouraged to ask questions. Tea is also provided. With the consent of the Council the Medical Officer of Health and the Health Visitor attend during the Session. Each baby

is weighed and then examined by the doctor. Any necessary advice is given the mother by the doctor, and at the close of the Session a short address is given to the mothers by the Health Visitor. Careful records and notes are kept of the progress of the child. Any mother ceasing to attend or coming at irregular intervals is visited by one of the lady helpers, but no other home visiting is done in connection with the School. Virol is supplied at cost price to all who require it.

Number of infants and young children entered on the books during the year	56
Number of attendances	492
Number of sessions	38
Average attendance per session	13

The greatest care has been taken that the work of the School should not overlap with the work of the medical practitioners of the district. Any child requiring medical or surgical treatment is referred to the medical attendant of the family. A circular letter was issued to all the medical practitioners of Ilford explaining the objects of the School and inviting their co-operation. So far the number of infants sent to the School by doctors has been but small. It has also been the policy of the School not to give any relief. By this means the expenses of the institution have been kept down and the class of mother attending has been one to which advice is acceptable and one which does not come merely to get free milk, meals or medicine.

Care has also been taken that there is no overlapping with the other activities of the Public Health Department, and the attendance of the Medical Officer of Health and the Health Visitor ensures this. The majority of mothers come on the advice of the Health Visitor, only those mothers who are likely to benefit from advice and instruction being asked to attend. It is anticipated that part of the expenses of the institution will be refunded from a Government grant under the new Maternity and Child Welfare Regulations.

POOR RELIEF.

Total amount expended in out-relief in Ilford during the year, £2,070 7s. 9d.

Number of persons in receipt of out-relief during the year ...		793
Admissions to Workhouse...	186	
,, Infirmary ...	178	
	——	364

made up as follows :—

Men	133
Women	132
Children	99

NOTIFIABLE DISEASES.

During 1914, 607 cases were notified as compared with 643 in 1913 and 666 in 1912. Of these, 18 cases were notified as occurring in Claybury Asylum and 28 cases in the Village Homes, Barkingside.

Small-Pox.

No case was notified during the year. The Vaccination Officer informs me that 774 primary vaccinations were performed during the year. Only half the children born during the year were vaccinated. I commented on this unfortunate state of things in my report for 1913 and I consider it my duty to emphasize it again.

Scarlet Fever.

194 cases of this disease were notified during the year. Only once during the last 13 years has a smaller number been notified. Not only has the disease much diminished in frequency, but it has prevailed in a mild form and during the year there were no deaths from the disease.

Diphtheria.

There were 125 cases of this disease notified during the year, with four deaths. Owing to the extent to which the

practitioners of Ilford make use of bacteriological methods of diagnosis, the number includes many slight cases which might be overlooked, and probably would be overlooked in districts where there are no facilities for bacteriological diagnosis. The number of cases notified continues steady as compared with previous years.

On pages 66 and 67 of this report will be found further particulars of Scarlet Fever and Diphtheria as they have affected school children.

Enteric Fever.

21 cases of enteric fever were notified during the year with 3 deaths. Of these 13 cases were notified as occurring in Claybury Asylum. An outbreak of this disease commenced in the summer, but was checked without difficulty by the energetic action of the medical staff. The disease was probably introduced by a newly-admitted patient who acted as a carrier. Owing to the careless habits of lunatics a disease of this nature can spread with great ease. The cases notified in Ilford itself call for no particular comment. The number is small for such a large district.

Erysipelas.

There were 57 cases of this disease notified with 6 deaths.

Puerperal Fever.

There were 4 cases of this disease notified with 2 deaths.

Acute Poliomyelitis.

One case was notified. Recovery ensued with permanent paralysis of certain muscles.

Cerebro-Spinal Fever.

No case was notified and no contacts or suspected cases came under the observation of the Medical Officer of Health.

Pulmonary Tuberculosis (Phthisis).

143 cases were notified during the year, 9 of these having their origin in the Village Homes. 55 deaths were recorded as belonging to the district (including 5 deaths in the Village Homes). This gives a death-rate of .66 per 1,000 of the nett population.

Tuberculosis (All Other Forms).

54 cases were notified, 6 of them having their origin in the Village Homes. 14 deaths were recorded (including 4 deaths in the Village Homes). Of these 14 deaths, 6 were due to Tuberculosis of the meninges or membrane covering the brain.

The following particulars as to the sex and age of notified cases of Tuberculosis are of interest :—

Diseases.	Sex.	Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 35 years.	35 to 45 years.	45 to 55 years.	55 to 65 years.	Over 65 years.	Totals.
Pulmonary Tuberculosis	M	—	1	6	20	26	11	3	3	3	73
	F	—	—	18	14	13	14	6	2	3	70
Tuberculosis (all other forms)	M	1	7	9	1	—	3	—	—	—	21
	F	1	3	15	7	4	1	2	—	—	33
		2	11	48	42	43	29	11	5	6	197

52 houses were disinfected after infection by tuberculous persons. In the majority disinfection was carried out after death, but in several cases disinfection was carried out after removal of the patient, either to an institution or to another house.

Ophthalmia Neonatorum.

The Public Health (Ophthalmia Neonatorum) Regulations, 1914, made by the Local Government Board under the Public Health Acts, 1875 and 1896, came into force on April 1st, 1914.

Notification of this disease has been in force in a few areas for some time with beneficial results, and the new regulations apply it to all parts of England and Wales.

Ophthalmia Neonatorum is defined in the regulations as being a purulent discharge from the eyes of an infant, commencing within twenty-one days from the date of its birth. The obligation is now thrown on medical practitioners and certified midwives to notify cases occurring in their practices to the Medical Officer of Health.

Eight cases of the disease were notified during the year. This is a small number of cases from which to draw any conclusions, but the cases exemplify the good that may be expected to follow the issue of the regulations.

Five of the cases were mild in character and very soon got well without any permanent injury to the eyesight. One case was of medium severity, only one eye being affected. Two of the cases were of a serious nature, the infants being admitted to the Isolation Hospital together with their mothers. In each case it was observed by the visiting official that the midwife had failed to comply with the rules made by the Central Midwives Board. The circumstances were reported in each case to the Supervising Authority.

In one case it was found that the midwife had not notified the case to the Supervising Authority and had not called in a doctor until the eleventh day of the illness. In the other case the midwife neither notified the Supervising Authority nor called in a doctor, apparently considering that her notification to me on the fourth day of the disease was sufficient.

There is apparently some misunderstanding amongst midwives as to their duties when Ophthalmia Neonatorum occurs in their practice. In a circular explanatory of the regulations sent to all the midwives of the district early in the year, I explained that the duty of notifying Ophthalmia

Neonatorum to me was in addition to their duty of notifying any case of inflammation of the eyes to the Supervising Authority and of calling in a doctor. The present procedure, while somewhat complicated, should not be beyond the grasp of a person who is considered competent to practise midwifery.

Ophthalmia Neonatorum or Ophthalmia of the new-born is nearly always due to inoculation of the eyelids of the new-born child by a germ found in the maternal passage through which the child proceeds while being born. The particular germ usually found is the *gonococcus*. This germ is the cause of the disease gonorrhœa. The venereal disease gonorrhœa is considered by the laity to be a trifling complaint. We see here, however, one of its serious results, lifelong blindness. While the disease is only a trifling inconvenience to most men, it is not infrequently the cause of much chronic ill-health and sterility when communicated to a woman, sometimes an innocent wife. Worst of all, the child may be, as we have seen, the victim.

I have dwelt on this subject because of its importance from a sociological and medical standpoint and because it is right that laymen who are responsible for our local government and administration should understand the nature of the disease with which we are dealing and its importance.

Following on the issue of the regulations the District Council decided to admit cases of the disease to the Isolation Hospital when accommodation for cases of infectious disease permitted. If the eyesight of the child is to be preserved constant attention both day and night is necessary and this can often be obtained only in a hospital. Two cases were admitted during the year, the mother in each case accompanying the child. One case was in an advanced stage of the disease when admitted, and in spite of all our efforts the eyesight could not be preserved. The other case, although

severe, responded well to treatment and the eyesight was preserved. I feel sure that blindness would have resulted but for the constant attention it was able to receive in our hospital.

A claim for £5 5s., being the estimated cost of treatment for these two infants, was made from Government under the new Maternity and Child Welfare Grant. A sum of £2 12s. 6d. was granted in respect of this hospital treatment.

DISINFECTION AND CLEANSING AFTER INFECTIOUS DISEASE.

The disinfection of bedding, clothing, etc., is carried out at the Isolation Hospital. Infected rooms are sprayed with a 1 in 20 solution of cyllin. In many cases a solution of formalin, 1 in 50, is used.

Considerable use was made during the year of Section 5 of the Infectious Diseases (Prevention) Act, 1890. 59 notices were served under this section to cleanse rooms.

TABLE II.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1914.

Notifiable Disease.	Number of Cases Notified.								Total Cases Notified in each Ward.							Total cases removed to Hospital.
	At all Ages.	At Ages—Years.							Cranbrook Ward.	Park Ward.	Seven Kings Ward.	North Hainault Ward.	Loxford Ward.	Clementswood Ward.	South Hainault Ward.	
		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.								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera (C) Plague (P)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	125	1	16	74	24	10	...	...	11	9	11	12	19	34	29	100
Erysipelas	57	2	...	7	10	14	19	5	6	11	11	10	5	10	4	8
Scarlet Fever	194	1	28	127	29	9	...	...	8	26	19	25	43	42	31	159
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	21	...	1	2	1	9	7	1	...	2	2	13	4	...	...	5
Relapsing Fever (R) Continued Fever (C)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever...	4	...	...	...	1	2	1	...	...	2	...	...	...	1	1	1
Cerebro-spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
Ophthalmia Neonatorum	8	8	...	...	...	...	...	...	...	1	...	2	2	1	2	2
Pulmonary Tuberculosis	143	...	1	24	33	65	14	6	12	18	18	20	27	33	15	...
Other forms of Tuberculosis	54	2	10	24	8	8	2	...	2	3	6	11	15	14	3	...
Totals...	607	14	57	258	106	117	43	12	39	72	67	93	116	135	85	275

ISOLATION HOSPITAL.

Number of patients in hospital at beginning of year :—

Scarlet Fever	43
Diphtheria	16

Number of patients admitted during the year :—

Scarlet Fever	159
Diphtheria	100
Enteric Fever	5
Erysipelas	8
Puerperal Fever...	1
Pulmonary Tuberculosis	36
Ophthalmia Neonatorum—	
Infants...	2
Mothers	2

Number of patients remaining in hospital on 1st January, 1915 :—

Scarlet Fever	28
Diphtheria	25
Pulmonary Tuberculosis	6

The following shows the average length of stay of patients in the hospital :—

Average stay in hospital of Scarlet Fever patients	44·3 days.
Average stay in hospital of Diphtheria patients	32·9 days.
Average number of patients in hospital per day	41·9
Average stay in hospital of all patients	39·6 days.

Percentage of cases notified removed to the Isolation Hospital :—

Scarlet Fever	81.9
Diphtheria	80.0
Enteric Fever	23.8
Erysipelas	14.0
Puerperal Fever...	25.0
Ophthalmia Neonatorum...	25.0

During the year the question of replacing the horsed ambulance and disinfecting vans by motor vehicles received consideration from the Public Health Committee, but it was in the end decided to take no action for the present.

The kitchen on the upper floor of Block 5 was transformed into a sitting and dining room for the domestic staff.

Some small alterations were made in the Laundry during the year.

NURSING.

The work carried out by the nursing staff during the year maintained its usual high standard. Two nurses passed the examination of the Fever Nurses' Association on the completion of their training.

Accommodation for the nursing and domestic staff is somewhat limited, and with the opening of the new phthisis pavilion will become an urgent matter. Plans for the building of a new Nurses' Home and Administrative Block were under consideration during the year, but nothing was decided by the Council.

SCARLET FEVER.

There were no deaths from this disease. In two cases an abscess in the neck was opened and drained. In one case symptoms of acute ear trouble necessitated opening of the

mastoid cells (Swartze's operation). In spite of septic infection of the left palm, in addition to the ear trouble, this case made a good recovery.

DIPHTHERIA.

Tracheotomy for the relief of laryngeal obstruction had to be performed in three cases, and in two cases recovery followed. Two other cases died of severe faucial diphtheria.

ERYSIPELAS.

One death occurred. This was a child with cellulitis of the leg, on which erysipelas supervened.

TYPHOID FEVER.

One case in a female aged 77 was admitted for typhoid fever, but the condition proved to be empyema. Resection of a rib was carried out under a local anæsthetic, with temporary relief. Owing to the advanced age of the patient death ensued after an interval.

TUBERCULOSIS.

In most of the cases admitted the disease was present in a moderately advanced form. After a period of rest in bed they were able to take exercise in varying degree. Several advanced cases were admitted. In all of these strict rest was enforced, the nursing, apart from diet, being that of a patient suffering from typhoid fever. In several of the cases this treatment by strict rest was efficacious in lowering the temperature. In one case admitted an induction of artificial pneumothorax with nitrogen gas was attempted. Circumstances prevented a continuance of the treatment. Owing to the fact that not many early cases of the disease were admitted, treatment by tuberculin injections was not often necessary. The rule maintained has been that only where the full extent of auto-inoculation by exercise has been obtained should tuberculin be given.

Owing to pressure on the diphtheria beds no phthisis cases could be accommodated in the early part of the year. On March 18th, 1914, six patients were admitted and the beds continued in use till the end of the year.

On September 2nd, 1914, four more phthisis patients were admitted, making ten beds in occupation. The extra accommodation was obtained by the use of movable shelters adjoining the main ward.

OPHTHALMIA NEONATORUM.

On page 32 of this Report will be found some remarks on the treatment of this disease in hospital.

BACTERIOLOGICAL LABORATORY.

During the year 1,079 specimens were examined. The work was continued on similar lines to those of past years.

Since July 30th, 1914, the Essex County Council has undertaken to provide for the bacteriological examination of sputa, and this will relieve the Laboratory of that portion of its work.

The results obtained on the above specimens may be seen from the following table :—

Nature of Specimen.	Disease Suspected.	Sent by Local Medical Practitioner		Sent by Medical Officer of Health.		Sent by School Medical Officer.		Sent from Isolation Hospital.		Totals	Totals for 1913.
		Positive.	Negative.	Positive.	Negative.	Positive.	Negative.	Positive.	Negative.		
Swabs ...	Diphtheria	53	156	8	43	10	45	73	177	565	366
Sputa ...	Pulmonary Tuberculosis	62	138	—	—	—	—	11	9	220	214
Hairs ...	Ringworm	9	7	1	—	155	87	—	1	260	427
Blood ...	Typhoid	—	1	—	—	—	—	—	5	6	8
Urine ...	Renal Tuberculosis	1	4	—	—	—	—	—	3	8	—

In addition to the above results, 15 swabs examined were found to contain diphtheroid organisms, 1 specimen of blood was examined for malaria with a negative result, while 1 specimen of peritoneal and 3 specimens of pleural fluid were examined.

In the intervals between the appointments of the temporary Assistant Medical Officers of Health, 199 specimens were sent to the Counties' Public Health Laboratory.

FOOD AND DRUGS ACTS.

These Acts are administered by the County Council. Mr. H. C. Card, the Chief Inspector, has kindly given me certain particulars, which I append.

Samples of milk taken	111
Samples of butter taken	86
Other samples	13
Total ...	210

Proceedings were taken in seven cases. Two cases were dismissed, and in other cases the following fines were inflicted :—

Milk	Fine 10s. and 9s. costs.
Milk	Fine £1 and 9s. costs.
Milk	Fine £5 and £3 os. 10d. costs.
Butter	Fine 10s. and 9s. costs.
Butter	Fine £2 and 9s. costs.

MILK SUPPLY.

There were in the Ilford district at the end of the year 51 dairies and milkshops and 11 cowsheds on the register.

During the year a firm was found to be selling sterilised milk from vans through the district. The milk was manufactured outside the district. When requested to register

the factory in this district, the firm refused to do so. Owing to the uncertain state of the law the Council decided to take no further action.

BAKEHOUSES.

There are 31 bakehouses in the district, including 9 factory bakehouses. There is 1 underground bakehouse.

SLAUGHTERHOUSES.

There are three licensed slaughterhouses in the district.

SUPERVISION OF FOOD SUPPLY.

During the year the following articles were condemned as being unfit for the food of man :—

3 stone of dogfish.
2 bushels of winkles.
1 box of smoked fillet.
1 box of smoked haddock.
10 pounds of lemon soles.
9 stone of plaice.
38½ pounds of apples.
9 chickens.
10¼ lbs. of ox strippings.
1½ shoulder of mutton.
2 hands of pickled pork.
1 sheep's liver.
Carcases of 7 pigs.
2 pig's plucks.
2 sets of pig's guts.
1 carcase of beef.
1 immature calf.
1 side of beef with various organs.
Intestines and mesentery of a pig.
Carcase of a sheep (less head).

The presence of swine fever in the district was the cause of condemnation of several pigs' carcases.

The Council initiated a prosecution against a greengrocer in respect of certain unsound apples seized and condemned. As the summons could not be served on the defendant the proceedings fell through.

A circular letter was sent to all the greengrocers of the district warning them of the danger that might arise from the consumption of unsound fruit.

HOUSING AND TOWN PLANNING ACT, 1909.

Following are particulars as to work under the Housing and Town Planning Act, 1909:—

Number of houses inspected	215
Number represented to the Local Authority as being unfit for human habitation ...	4
Number of closing orders made by the Local Authority	4
Number of closing orders determined	1
Number of houses voluntarily demolished after closing order	3
Number of houses the defects in which were remedied without closing orders	138
Orders to execute work under Section 15 ...	32

During the year the Council prescribed regulations as to underground rooms under Section 17 (7) of the Housing and Town Planning Act, 1909. These regulations follow the model regulations issued by the Local Government Board, and it is therefore not necessary to print them here.

PUBLIC HEALTH DEPARTMENT,
COUNCIL OFFICES,
ILFORD.

May, 1915.

To the Medical Officer of Health.

DEAR SIR,

The following is a summary of the work carried out by the Sanitary Inspector during the year 1914.

INSPECTION OF THE DISTRICT AND THE ABATEMENT OF NUISANCES.

Summary of visits as recorded during year 1914 :—

Houses and premises inspected	3952
Do. do. re-inspected (works in progress)	4869
Visits during disinfection	880
Houses in which nuisances were detected ...	729
Do. do. abated ...	617
Notices served	683
Do. complied with	569
Houses disinfected	426
Articles do.	3908

The following is a list of notices served and complied with during the year :—

NOTICES SERVED, &c.

1914.

Notices.	Served 1914.	Complied with 1914.
Statutory	80	56
Informal	282	247
Pave Yard (Ilford Improvement Act) ...	27	11
Provide Dustbin (Ilford Improvement Act	86	64
Cleanse Water Storage Cistern (Bye-laws)	79	71
Cover Do. Do.	18	17
Provide Water to Dwelling-House ...	20	20
Cleanse Dwelling-House (Infectious Diseases (Prevention) Act, 1890) ...	59	58
Housing and Town Planning Act, 1909...	32	25
Totals	683	569

COMPLAINTS.

During the year 165 complaints have been received and investigated, and the following is a summary of same :—

Accumulation of manure refuse	13
Animals improperly kept	5
Bad smells from drains	7
Bad smells in house	5
Bad smells pervading neighbourhood	5
Birds improperly kept...	1
Burning of refuse	1
Blocked drains	20
Blocked and defective waste pipe	3
Choked w.c.	3
Cesspool full and overflowing	2
Defective setting to w.c., etc	7
Defective ventilating shaft	1
Dampness of premises	8
Defective down-pipe	1
Defective gutter	4
Defective drains	7
Defective water fittings	3
Defective w.c. fittings...	2
Defective gulley	1
Defective w.c.'s	1
Dustbins required	4
Dirty condition of premises	4
Decomposing bodies of animals	1
Dilapidated condition of premises	1
Dirty condition of dairy premises	1
Gipsy encampments	2
Insanitary condition of rearway, waste ground, &c.	1
Insanitary condition of premises	1
Illegal sale of milk	2
No water supply to premises	11

Overcrowding	3
Unwholesome water supply	2
Smoke nuisances	3
Water in basement	7
Sewerage in cellar	1
Fowls improperly kept...	2
Miscellaneous	19
Total	165

REMOVAL OF HOUSE REFUSE.

During the 52 weeks ended on the 2nd January, 1915, the number of horses and vans engaged in the collection and the number of loads of house refuse removed were as follows :—

Horses and vans, 6,481. Loads, 14,529.
The loads represent about 18,890 tons.
Collection took place on 307 days.
Average number of horses per day, 22·11.
Average number of loads per horse per day, 2·24.

The refuse was disposed of as under :—

Deposited in St. Swithin's pit... ...	13,808 loads.
Deposited in Brown's pit...	512 loads.
Deposited elsewhere	209 loads.

Yours faithfully,

F. W. KING,

Chief Sanitary Inspector.

OFFENSIVE TRADES.

There are no offensive trades carried on in the district.

FACTORIES.

There are 82 factories on the register, made up as follows :—

Bakehouses	9
Blacksmith	1
Bootmaking and Repairing	11
Brickmaker	1
Builder's Joinery and Carpentry Works	6
Brush Back Manufacturer	1
Corset Maker	1
Cutlery Grinding...	2
Cardboard Box Maker	1
Chemical Works...	1
Collar Works	2
Carriage Works	2
Electricity Works	1
Electricity Motor Works	1
Engineer's Workshop	1
Fancy Bag and Belt Manufacturer...	1
Gas Works	1
Ironing Shield Maker	1
Iron Cutting Works	1
Laundries	6
Motor and Cycle Engineering Works	6
Meat Cutting	3
Motor Gear Works	1
Metal Moulding	1
Paper Maker	1
Paint Mixer...	1
Printers	6
Photographic Works...	1
Plate Powder Maker...	1
Poultry Appliance Maker	1
Saw Mills and Wood Cutters	6
Seed Sorting	1
Wearing Apparel Makers...	2
Total	82

WORKSHOPS.

There are 398 workshops on the register, made up as follows :—

Art Flower Makers	2
Bead Worker	1
Belt Makers (Ladies')	4
Blind Makers	3
Bookbinding...	1
Boot Repairs	48
Box Maker	1
Brush Worker	1
Carpentering	7
Carpet Planning	1
Chicken Incubator	2
Contractor's Yard	2
Corset Maker	1
Cycle Repairers	6
Dentists...	2
Dressmakers...	126
Electrician	1
Embroiderer...	1
Feather Dressers	4
Firewood Merchant	1
Florists	3
Furniture Polishers	4
Furniture Repairer	1
Glass Cutters	2
Gold Trimming and Braid Workers	4
Hand Laundry	15
Head Light Maker	1
Lath Cutter...	1
Lace Workers	4
Leather Worker...	1
Milliners	14
Mineral Water Manufacturer	1

Motor Works	3
Musical Instrument Repairer	1
Painters' Workshops...	4
Picture Frame Makers	3
Plumbers	5
Printers...	5
Rag and Bone Merchants...	3
Saddlers and Harness Makers... ...	2
Sausage and Meat Cutter...	1
Side Car Screens	1
Stonemasons...	3
Smiths	5
Sugar Boiler	1
Surgical Belt Maker	1
Tailors	38
Tie Makers	9
Timber Yards	3
Tool Grinders	3
Umbrella Repairs	5
Undertakers...	2
Upholsterer	1
Watch Repairs	6
Wardrobe Dealer	1
Wearing Apparel and Underclothing	24
Wheelwrights	2
Total	398

FACTORIES, WORKSHOPS, WORKPLACES, AND HOMEWORK.

1.—INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
(1)	(2)	(3)	(4)
Factories (including Factory Laundries)	26	1	...
Workshops (including Workshop Laundries)	375	8	...
Workplaces (other than Outworkers' premises included in Part 3 of this report) ...	...	...	...
Total ...	401	9	...

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS, AND WORKPLACES

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Insp'tor	
(1)	(2)	(3)	(4)	(5)
*Nuisances under the Public Health Acts :—**				
Want of cleanliness	4	4		
Want of ventilation	2	1		
Overcrowding	1	1		
Want of drainage of floors ...				
Other nuisances...				
Sanitary accommodation — insufficient ...				
Sanitary accommodation — unsuitable or defective ...	2	2		
Sanitary accommodation — not separate for sexes ...	1	Premises Vacated.		
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground bakehouse (s. 101)				
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)				
Other offences ... ... (Excluding offences relating to outwork which are included in Part 3 of this report.)				
Total	10	8		

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—HOME WORK.

NATURE OF WORK.	OUTWORKERS' LISTS, Section 107.		
	Lists received from Employers twice in the year.		
	Lists.	Outworkers.	
		Contractors	Workmen.
Wearing Apparel—			
Making, &c.	34	43	47
Cleaning and Washing ...	—	—	—
Household Linen	—	—	—
Lace, Lace Curtains and Nets ...	2	—	12
Total	36	43	59

NOTE.—No home-workers were known to be engaged in the following occupations:—Curtains and Furniture Hangings; Furniture and Upholstery; Electro-plate; File Making; Brass and Brass Articles; Fur Pulling; Cables and Chains; Anchors and Grapnels; Cart Gear; Locks, Latches and Keys; Umbrellas, etc.; Artificial Flowers; Nets, other than Wire Nets; Tents; Sacks; Racquet and Tennis Balls; Paper, etc., Boxes, Paper Bags; Brush Making; Pea Picking; Feather Sorting; Carding, etc., of Buttons, etc.; Stuffed Toys; Basket Making; Chocolates and Sweetmeats; Cosaques, Christmas Crackers, Christmas Stockings, etc.; Textile Weaving.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year. (1)	Number (2)
Bakehouses (excluding 9 Factory Bakehouses) ...	22
Total number of workshops on Register	22

5.—OTHER MATTERS.

Class. (1)		Number (2)
Matters notified to H.M. Inspector of Factories:—		
Failure to affix Abstract of the Factory and Workshop Act (s. 133, 1901)		9
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5, 1901)	Notified by H.M. Inspector ...	2
	Reports (of action taken) sent to H.M. Inspector	2
Other		...
Underground Bakehouses (s. 101):—		
In use at the end of the year		1

SEWERAGE AND SEWAGE DISPOSAL.

The methods whereby the sewage of the district is disposed of have been detailed in previous reports.

There are in the district in addition:—

59 Cesspools.
63 Pail closets.
43 Privies.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

Year ending December 31st, 1914.

SCHOOL ACCOMMODATION.

There are 16 public elementary schools, with 36 departments and accommodation for 13,486 children on December 31st, 1914.

The corresponding number of children on the roll was 11,795.

SANITARY CONDITION OF THE SCHOOLS.—This has been described in previous reports. While there is considerable room for improvement in certain of the smaller schools, the larger Council schools are excellently planned and built.

DISINFECTION OF SCHOOLS.—The cloak-rooms and lobbies have been disinfected by spraying out in the various holidays, and certain class rooms have been disinfected and articles destroyed after infectious disease. The following work was carried out :—

DATE.	SCHOOL.	ROOMS OR DEPARTMENTS.
Easter Holidays	Highlands	Lobbies
" "	National, High Road	"
" "	Goodmayes	"
April 15th	Chadwell	"
" 16th	South Park	"
" 16th	Cleveland Road	"
June 3rd	Valentines	Whole School
Midsummer Holidays	All Schools, except Valentines	All lobbies
November 13th	Goodmayes	Junior Mixed, Room 8, 2 lobbies

SCHOOL MEDICAL STAFF.—During the year the Assistant School Medical Officer acted as School Medical Officer. Temporary medical assistance was engaged from time to

time for the work of the inspection clinic and medical inspection in the schools. The following gentlemen were engaged :—

Dr. H. S. Burnell-Jones (20th January to 3rd April).
Dr. F. C. Borrow (6th April to 17th June).
Dr. A. H. G. Burton (20th July—still engaged).

On the 10th January the School Nurse (Miss Radford) left. Mrs. Richardson was appointed to the vacant position and remained until the 18th April. Miss Bagshawe, the present School Nurse, commenced her duties on the 28th April. The duties of the School Nurse are as follows :—

(1) (*a*) To visit homes of those children in whom defects have been found after medical inspection, and to do all in her power to secure those defects being remedied.

(*b*) To carry out systematic inspections for cleanliness under Section 122 of the Children Act, 1908.

(*c*) When so directed by the School Medical Officer, to assist the School Dentist.

(*d*) To carry out treatment of minor defects in the school clinic as directed by the School Medical Officer.

(2) To attend at the offices of the School Medical Officer during the official hours (9 a.m.—1 p.m., 2—5 p.m.) unless engaged in outdoor work.

(3) To keep such books as may be required, including a diary of visits.

(4) To perform any other duties, incident to her office, which may be necessary and required.

(5) To act generally under the immediate instructions of the School Medical Officer.

The appointment of a School Dentist made another call on the services of the Nurse. It is very desirable that the Dentist should be attended by a Nurse, and she can help him in many ways, so economising his time. It was only found possible for the Nurse to assist the Dentist during the administration of anæsthetics. It is to be hoped that the Education Authority will see their way to provide this very necessary assistance for the Dentist.

GENERAL STATEMENT OF EXTENT AND SCOPE OF MEDICAL INSPECTION.

Number of visits paid to the 34 different departments of the 16 schools in the district, 169.

Number of children examined during the year, 3,011 (1,471 boys and 1,540 girls).

Number of children presented for special examinations, 79 (36 boys and 43 girls).

Total time occupied by these examinations, 262 hours 5 minutes, or an average per child of 5·22 minutes.

Percentage of parents present at these examinations, 69·58.

INSPECTION CLINIC.

An inspection clinic is held every morning from 9—10 a.m. at the Public Health Offices. The number of children attending increased very much as compared with previous years. The usual result of a child's attending the inspection clinic is that it is excluded from school for a definite period or else certified as being fit for school.

During 1914, 2,312 certificates of exclusion were issued, and the causes of exclusion may be roughly classified as follows :—

Diseases of the Eye	134
,, ,, Ear	17
,, ,, Skin	712

Sore Throats	364
Influenza and Common Colds ...	125
Infectious Diseases	32
Suspected Infectious Diseases ...	40
Contacts of Infectious Diseases ...	27
Swollen Glands	57
Diseases of Mouth and Teeth ...	24
Chorea	24
Rheumatism	15
Tubercular Diseases	9
Verminous Heads	168
Scabies	71
Ringworm	63
Injuries and Abscesses	88
All other Diseases	342
	2,312

Certificates of fitness to attend school were given in 1,369 instances.

Considerable improvement was effected during the year in the clerical work of the inspection clinic. Every child attending has now a card which can be filed for reference, and on this card notes are made as to the clinical condition of the child. There are several advantages in this :—

(1) Frequent absence on account of illness is readily brought to notice.

(2) Malingerers are more easily detected.

(3) In the case of prosecution for uncleanliness, past instances of default are readily obtainable.

A further desirable step would be the linking up of the formal medical inspection and the irregular inspections at the clinic. It is of course possible to refer to the medical inspection record card of any child, but this is not possible as a routine matter owing to the clerical labour involved.

With the increased attention now given to the health of school children it is becoming more and more necessary to have something in the nature of a dossier for each child.

The Medical Officer in charge of the inspection clinic always has before him a list of children in respect of whom proceedings are being instituted or contemplated by the School Attendance Committee. By this means conflict of policy between the School Attendance Department and the School Medical Department is often avoided. For instance, it is not unusual for a parent against whom a provisional summons has been ordered, to bring his child surreptitiously to the School Doctor with a view to getting the child excluded for some imaginary ailment.

BOARD OF EDUCATION GRANT FOR THE YEAR 1914-1915.

A total grant of £398 6s. 1d. was made. This figure amounts to half the actual cost of the school medical service for the year 1913-1914, and is apparently based on this. The following were the particulars of expenditure during the year 1913-1914 :—

	£	s.	d.
Salaries of Medical Officers	425	8	4
Salary of School Nurse (proportion) ...	62	6	1
Clerical Assistance (Two Clerks) ...	107	9	6
Travelling Expenses	11	14	2
Printing, Stationery, Postages, &c. ...	50	10	9
Drugs and Materials	5	14	0
Apparatus and Fittings	17	9	6
Provision of Premises, including Repayment in respect of Loans ...	46	1	1
Maintenance of Premises (Rates, Gas, Heating, Lighting, Cleaning and upkeep of Furniture)	59	8	11
Bacteriological Examinations	7	1	11
Miscellaneous	3	8	0
	£796	12	3

CLEANSING OF CHILDREN.

The state of cleanliness of the children, as revealed in medical inspection, is the subject of comment on page 72 of this report.

As a result of long-continued spade-work on the part of the School Nurse, Teachers and Doctors, considerable improvement has been brought about in the condition of the children.

It is now becoming uncommon to find grossly verminous children attending school. During the year the Education Committee, on the advice of the School Medical Officer, took proceedings under Section 12 of the Children Act, 1908, against a parent who had continually made default in this respect. A fine of 40s. and costs was inflicted on the parent. An account of this case will be found in Appendix B. of this report.

Procedure under Section 12 of the Children Act, 1908, is beset with difficulties. One has to prove that the parent has committed a misdemeanour, and he may demand to be tried before a jury at Quarter Sessions. Action under this section should only be taken in cases of continued default on the part of the parent. Section 122 of the Act provides a more convenient mode of procedure. The Education Committee during the year adopted a scheme of action under Section 122 of the Act, and during the year a revised scheme for dealing with verminous conditions was put into force.

The School Nurse visits each school four times a year for the purpose of inspecting the heads of all the children, and the clothing as well where any verminous condition is suspected. The condition as to cleanliness is also the subject of examination in the course of routine medical inspection. Information thus obtained from the Doctor or Nurse is made the basis of subsequent action. Every child found to be

verminous has a special card, which is filed for future reference. This card system furnishes the school medical staff with a complete record of previous verminous conditions detected in the child. Any child, boy or girl, found to be infected with "nits" or the eggs of lice is dealt with by a notice as follows being sent by post to the parents :—

ILFORD COUNCIL EDUCATION COMMITTEE.

PRIVATE NOTICE.

Public Health Department,

Council Offices,

Ilford.

Name .....

Your attention is drawn to the presence of nits, or eggs of lice, in the hair of this child.

Instructions for preventing and remedying this condition will be found below.

G. E. OATES,
School Medical Officer.

Date.....

Every school-child is liable to get head vermin, and it is only by constant attention to the hair that even the cleanest child will be kept free from vermin. To prevent girls becoming affected the hair should be plaited, and a fine tooth-comb used night and morning.

Living vermin (lice) and their eggs (nits) can be easily killed by the application of paraffin.

The paraffin should be placed in a bowl, and the hair thoroughly soaked in it. Then wrap the hair in a towel soaked in paraffin. Great care must be taken not to bring the paraffin near any fire, candle or lamp, as it is very inflammable.

After about an hour, when the nits will have been loosened, wash the hair thoroughly with soap and water, and remove any remaining nits with a fine tooth-comb, or by cutting hair away with scissors.

A carbon duplicate of this notice is kept, and is available in any future proceedings against the parents of the child.

In cases where contamination with the living insect or louse as well as the eggs is found, the following notice is sent to the parents :—

ILFORD COUNCIL EDUCATION COMMITTEE.

CHILDREN ACT, 1908, SECTION 122.
(8 Edw. VII., Cap. 67.)

.....191

To.....

of.....

Dear Sir (or Madam),

Your child.....
who is in attendance at the .....School, has been examined, and it is found that h head is infected with living vermin.

I must, therefore, request you to forthwith cleanse the child's head. Unless this is done within a reasonable time, I shall report the case to the Education Committee with a view to a notice being served on you under Section 122 of the Children Act, 1908.

Under this Section your child may be taken to the Town Hall, and there cleansed, and on a repetition of the offence you are liable, on summary conviction, to a fine not exceeding ten shillings (10s.).

Instructions as to cleansing are given below.

I am,

Yours faithfully,

G. E. OATES,

School Medical Officer.

Instructions for Cleansing.

The manner in which such cleansing may be effected is as follows:—

A tumblerful of paraffin oil should be placed in a bowl, and the hair thoroughly soaked in it. Then wrap the hair in a towel soaked in paraffin. After about an hour, when the nits will have been loosened, wash the hair thoroughly in soap and water, and remove any remaining nits by a fine tooth-comb or by cutting the hair away with scissors.

Great care must be taken not to bring the paraffin near any fire, candle, lamp or flame, as it is very inflammable.

A carbon duplicate copy of this notice is kept for future reference.

The following is the statutory notice which has been drafted:—

ILFORD COUNCIL EDUCATION COMMITTEE.

CHILDREN ACT, 1908, SECTION 122.
(8 Edw. VII., Cap. 67.)

To.....

of.....

being the parent or guardian of, or other person liable to maintain the child hereinafter described.

Whereas is of opinion that the person of the child named of attending the Department of public elementary school, is infected with vermin or is in a foul or

filthy condition. The Ilford Council Education Committee do *hereby give you notice* that they require you, within twenty-four hours after the receipt of this notice to cleanse properly the person of this child.

Instructions for Cleansing.

The manner in which such cleansing may be effected is as follows:—

A tumblerful of paraffin oil should be placed in a bowl, and the hair throughly soaked in it. Then wrap the hair in a towel soaked in paraffin. After about an hour, when the nits will have been loosened, wash the hair thoroughly in soap and water, and remove any remaining nits by a fine tooth-comb, or by cutting the hair away with scissors.

Great care must be taken not to bring the paraffin near any fire, candle, lamp or flame, as it is very inflammable.

And further take notice that if you fail to comply with this notice within such twenty-four hours, the child will be removed from the school, and conveyed by a person duly authorised in that behalf to suitable premises, and there detained until the cleansing is effected.

Medical Officer to the Education Committee.

Town Hall,
Ilford.

Date and hour of this notice.....

N.B.—If it should again become necessary to proceed under this Section, you will be liable, on summary conviction, to a fine not exceeding ten shillings (10s.).

In no case during the year was a statutory notice served.

A room in the Public Health Department is available as a cleansing station. In it are fitted a large lavatory basin and a shampoo supplied with hot water.

I hope it may never be necessary to forcibly cleanse an Ilford child. The existence of these drastic powers and the knowledge on the part of neglectful parents that we should not hesitate to forcibly cleanse a neglected child has already had a salutary effect.

EXCLUSION OF VERMINOUS CHILDREN FROM SCHOOL.

In every case in which the condition of the child is thought to be dangerous from the point of view of infection to the other scholars, the child is excluded from school for a period. Before being re-admitted to school the child is re-examined by the Doctor or Nurse.

Slight infection of the head with "nits" does not generally involve exclusion of the child, but in every case where living vermin are detected the child is excluded.

SCHOOL DENTIST.

The question of appointing a School Dentist engaged the attention of the Education Committee during the year, and on October 20th, 1914, Mr. H. Drake, L.D.S., the newly-appointed School Dentist, commenced his duties. A report by him on the work done during 1914, embodying also his observations on the scope and importance of the work, will be found in Appendix C. of this report.

The services of the School Dentist are shared with the Barking Town Education Committee, the Dentist visiting Barking on three half-days of the week and on three Saturday mornings out of every ten. Each Authority provides its own equipment.

EDUCATION (PROVISION OF MEALS) ACTS, 1906-1914.

There did not arise during the year any necessity to put into force the provisions of these Acts. In a few cases of necessitous children, meals were provided from voluntary sources.

MENTALLY DEFECTIVE CHILDREN.

The Mental Deficiency Act, 1913, which came into operation on April 1st, 1914, cast certain duties on the Education Committee. The procedure adopted is as follows :—Children reputed or known to be mentally defective are reported by the Head Teachers, Attendance Officers, and School Doctor. They are then the subject of a detailed examination and report by the School Medical Officer.

Those children found to be idiots, imbeciles, and moral imbeciles are to be notified to the County Council, and thereupon pass out of the hands of the Committee. Those children found to be merely feeble-minded remain under the supervision of the Committee and will be educated in special schools or classes under the provisions of the Elementary Education (Defective and Epileptic Children) Act, 1914. This Act came into force at the beginning of the year 1915.

No mentally defective children were notified to the County Council during the year. During the latter portion of the year a census of children of school age was being taken, and the systematic examination of suspected children was not initiated until the results of the census were available. It is not possible therefore to indicate the numbers of children in Ilford who are mentally defective, but accurate and classified figures will shortly be available.

INFECTIOUS DISEASES IN SCHOOL CHILDREN.

General comment is made on the various infectious diseases in another portion of this report. Following are particulars of each disease as it affected the school children.

SCARLET FEVER.

115 cases of scarlet fever were reported in school children. There was no undue incidence of the disease in any

school. During May and June an outbreak of the disease occurred amongst the children attending Valentines School. This school serves a small village with a scattered surrounding population mostly composed of farm labourers and their families. Just as in other parts of Ilford, the disease was mild in type. Of the children attending Valentines School a large proportion, compared with the total population, was taken ill with the disease, and the outbreak assumed the character of an epidemic. No evidence was obtained that the disease was spread by school contact. I did not accordingly advise closure of the school. Advantage, however, was taken of the Whitsuntide holidays to disinfect the school.

8 cases were diagnosed and reported by the School Medical Staff.

DIPHTHERIA.

During the year the schools were fairly free of this disease. 68 cases were reported, and nearly one-third of these arose in children attending Goodmayes School. The cases at Goodmayes School were carefully investigated by bacteriological methods. Several children attending the school were found to be suffering from slight nasal discharge, which on investigation proved to be diphtheritic in nature. This outbreak has firmly impressed on me the importance of searching for " carriers " of the disease in an infected school. By promptly excluding from school suspected children and not allowing them to return until bacteriologically free from the disease, I believe that a serious epidemic was checked.

7 cases of Diphtheria were diagnosed and notified by the School Medical Staff.

MEASLES.

154 cases of measles were reported amongst school children, as compared with 747 in the previous year. Practically only two schools, Loxford and Uphall, both situated in the south-east part of the town, were affected. One school, Downshall, had no case of measles throughout the year. I mention this as it shows the remarkable way in which measles may cease for a while. Unfortunately experience shows that after a period of quiescence the disease always breaks out again.

CHICKEN POX.

298 cases were reported in the year, as compared with 563 cases in the previous year.

Goodmayes School was principally affected, having 163 cases of the disease. Chicken-pox is not a serious illness and rarely causes death. It, however, causes much inconvenience and loss of school attendance.

WHOOPING-COUGH.

218 cases of this disease occurred, as compared with 98 cases in the previous year.

Whooping-cough, while being an exhausting and debilitating disease, is not as fatal to school children as it is to children under school age. For instance, during the year no children of school age died of whooping-cough. Six children under school age, however, died of the disease.

MUMPS.

Only 15 cases of this complaint were notified during the year.

RINGWORM.

During the year the School Medical Staff continued their vigorous efforts to combat this disease.

The number of cases reported from the schools in 1914 and previous years is as follows :—

In 1914	48
In 1913	82
In 1912	123
In 1911	150
In 1910	128
In 1909	114

At the end of the year there were 26 cases of ringworm in school children under observation.

In past years our efforts have been to some extent neutralised by the persistence of cases in children under school age, often infecting older children. Cases have also not infrequently migrated into the district. Owing to measures of treatment now carried out by other Education Authorities this last factor is becoming less important. The treatment of children under school age suffering from ringworm is at present receiving attention from the Council. Ringworm in our schools will never be stamped out while children under school age are left free to spread the disease.

The desirability of submitting the child to treatment by the X-Rays was impressed on the parents of every infected school child. As a result 44 cases received treatment during the year, as compared with 29 in the previous year. No harm resulted to any child from this treatment, with the exception of a transient dermatitis in one or two cases. This dermatitis or inflammation of the skin was brought on by an undue susceptibility of the scalp to the X-Rays. Only temporary inconvenience resulted to the child.

As regards incidence of the disease in particular schools, there is nothing very remarkable. Uphall School furnished 11 cases, being nearly one quarter of the total reported cases. This is a school with a large number of children entering and leaving. In consequence children bring the disease to this school from other districts.

Both in cases of depilation following X-Ray treatment and in cases having the usual treatment by ointment, the parents are encouraged to aid depilation. Specially constructed forceps are loaned to the parents on payment of a small deposit. The ordinary dressing-forceps, to be purchased at a chemist, are not found to be very efficacious in depilating stumps of hair.

APPENDIX A.

REPORT BY DR. A. H. G. BURTON (SCHOOL MEDICAL INSPECTOR),

On the Condition of the School Children as Revealed by Medical Inspection.

CLOTHING.—This may be defective in cleanliness, sufficiency, or suitability. There is no question that, on the whole, Ilford children are well clad. As has been mentioned in previous reports, an effort is usually made to obtain clean underclothing for the Doctor's visit, in some cases so recently procured that the price-tickets remain attached. Casual visits to the schools, however, do not reveal any great variation in the clothing. It has been necessary in some cases to point out that excessive clothing may be deleterious. In one case, for instance, there was small wonder that a child suffered from chills when he was seen to divest himself of a coat, waistcoat, two jerseys, flannel shirt, combinations, under-vest, and chest protector.

The fact that 8% of the children were considered to have unsatisfactory clothing indicates the high standard adopted, but in only one case was the clothing so defective as to require the case following up by the School Nurse.

The principal defects found in children's clothing have been mentioned in previous reports.

FOOTGEAR.—The footgear was considered unsatisfactory in 10% of the children examined, and in two cases the defect was so bad as to necessitate a notice being sent to the parent and the cases followed up by the School Nurse. Most of the cases found were due to lack of care in either the choice or repair of boots; in not a few children the foot is made to fit the boot rather than the contrary, the result being too frequently seen at the school clinic in inflamed and deformed feet.

The fund by which children can obtain free boots ensures that none need now suffer from wet feet with their unpleasant sequelæ. The utility of the fund is shown by the fact that over 200 pairs of boots and shoes were supplied through its agency during 1914.

Verminous Conditions.—Of the children presented for medical inspection, 7·94% were found infected with nits, and in ·19% lice were actually present. The quarterly visit of the School Nurse to the schools is most successful in preventing bad cases attending school. The condition, however, occurs to an undesirable extent, as will be seen from the fact that there were under observation 990 cases at the end of the year. Of these, 510 were discovered during the year, 214 were carried forward from 1913, the remainder being cases carried forward from previous years. Of these, 12 dated as far back as 1909. These were cases which had been found to be intermittently infected.

The attitude of parents to the general care of their children has been well classified as—

(1) apathetic;

(2) ignorant;

(3) desirous but without means;

(4) sparing neither pains nor money.

It is very satisfactory that in Ilford by far the majority of parents are to be found in the last three classes, as is to be seen by the high percentage attending medical inspection. It will, however, be seen from the above figures that there are a considerable number who are apathetic about the condition of their children's heads, and it is hoped that the adoption by the Council of the powers delegated in the Children Act, 1908, Section 122, will enable more pressure to be brought to bear in such cases.

Mental Condition.—·56 of the children examined were found to be abnormally dull, and one case was actually defective. The Medical Inspector is largely dependent on the Teachers' reports in this part of his work unless the mentally defective shows well-marked stigmata of his defect. A number of cases are presented who are backward from defective vision or hearing, and the treatment of these yields satisfactory results. Other cases will be reported by the Teachers to the School Medical Officer and examined at his office, being dealt with according to the Model Arrangements drawn up by the Board of Education under the Mental Deficiency Act, 1913.

Condition of the Ears.—It has not been found possible, with the conditions under which medical inspection is performed, to adopt the forced whisper heard at 20 feet as a standard. The most satisfactory method of testing the hearing has been found for the examiner to be placed behind and to one side of the child, and, while stopping an ear with the finger, to test the hearing in the other by a question whispered in a low tone. Even slight degrees of deafness can thus be detected in the younger as well as older children. By this means it was found that 1·7% of the children examined had defective hearing. The most common causes of deafness in children are :—

(1) *Wax in the Outer Ear.*—This is not such a simple ailment as might appear, as the wax frequently overlies a perforation in the drum of the ear. The routine syringing of ears by untrained persons is not to be recommended, and in any case should not be performed unless a thorough examination with light and head-mirror has previously been carried out by a doctor.

(2) *Diseases in the Middle Ear.* — This may either result from (*a*) a simple catarrh due to obstruction from adenoids, or this may lead to (*b*) suppuration, which causes

a "running ear," and may also occur after such infectious diseases as measles, scarlet fever, and diphtheria. Probably measles is the cause of more cases of serious deafness in children than any other disease.

In many cases of "running ears," from which ·3 % of the children examined were found to suffer, attention to the underlying cause in the nose and throat is sufficient. Long-continued cases with offensive discharge are due to diseased bone, and can only be cured by its radical treatment.

Many cases of children with slight deafness as a cause of backwardness come under the notice of the Doctor, and by ensuring that adequate treatment is carried out and that the child is placed in a suitable position in the class, much annoyance to a teacher and retarded education to the child are saved.

Defects of Speech.—50 children who were presented showed this defect either as—

(a) *Lalling or Baby-Talk.*—This consists in a misplacement of consonants with a slurring of the word. It accounted for 21 of the cases found. The defect is usually due to lack of careful training at home, and the child generally speaks normally before the infant department is left. In a few cases lalling is a sign of mental deficiency, and therefore all children who exhibit it are somewhat carefully examined.

(b) *Lisping,* which was found in 8 cases, is also a minor trouble, which should be cured in the course of school life.

(c) *Nasal, thick and indistinct speech,* found in 6 cases, is due to adenoids or other causes of nasal obstruction, or the speech may be indistinct from a cleft palate, and is remedied by suitable treatment of the cause and care in after-treatment.

(d) *Stuttering*, found in 1 case, is due to frequent contractions of the muscles used in forming an initial consonant, while *Stammering*, found in 10 cases, results from a want of harmonious working of the muscles. Both stammering and stuttering are probably due more to defective formation of the vowel sounds than to difficulty in forming consonants. Of the first importance, then, in the treatment is the education of proper breathing. Most of the cases occur in nervous, excitable children, sometimes from mimicry, and many are associated with such conditions as enlarged tonsils and adenoids.

Most stammerers improve in ordinary school life, and as parental training can do much to assist, a circular is being drawn up to indicate the lines on which this may be given.

The defect is such a serious one for the future career of the child that a careful inquiry has been made as to its precise incidence in Ilford schools, with the following results :—

	5–8 years.		9–12 years.		12–14 years.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.
Bad	1	1	1	—	2	—	5
Moderate ...	3	2	4	3	7	2	21
Slight ...	7	2	2	1	6	3	21
						Total	47

If stammering children are placed early under special instruction, most satisfactory results are obtained, and this is doubtless the ideal method of treatment. It is noticeable in the above figures that the majority of the cases are in boys towards the close of school life.

DISEASES AND DEFECTS OF THE EYE.

·43 % of children examined were suffering from blepharitis. This is an inflammation of the eyelids, due, in

mild chronic cases, to a defect of vision, and is rapidly cured when this is corrected. In other cases it is most difficult to cure, being characterised by a tendency to relapse as soon as treatment ceases.

Defective vision was found in 10 % of the children examined. The chief varieties of defective vision are :—

(1) *Myopia or Short-Sight.*—The main causes of this defect have been summarised in previous reports as being (*a*) hereditary predisposition, (*b*) bad hygienic conditions, (*c*) defective illumination, (*d*) excessive use of eyes for close work such as reading and sewing. So important are the conditions under which the child works at school that the term " School-Myopia " is frequently used. Special stress must be laid on the provision of blackboards with a dull black non-shining surface, and of books printed in pica on unglazed paper.

It is an unfortunate custom in Ilford for girls who have already used their eyes to a considerable extent at school to practice music for an hour or more in the evening. This, performed in rooms often defectively lighted, has been seen in several cases to have a very injurious effect on the vision. In most cases of myopia the condition is *stationary*. In a few, however, it is *progressive* or malignant, and may result in blindness. One case of progressive myopia was met with in the schools during 1914. It is unfortunate that the myope can see fine objects better than a normal person, and therefore readily becomes a skilled needlewoman, but at the expense of further injury to the vision. It is found difficult to persuade parents of the truth of this statement.

(2) *Hypermetropia or Long-Sight* is a congenital condition. It is not progressive, but is the commonest cause of cross-eyes or internal squint, of which 26 cases were seen at medical inspection. There are still parents in Ilford who believe that a child can " grow out of a squint," and it is

necessary to emphasize that the squinting eye always becomes partially or completely blind unless treatment at an early age is carried out.

(3) *Astigmatism* is an irregular curvature of the eye so that the vision is different in each diameter. This is a congenital condition, and is frequently inherited. With high degrees of astigmatism the vision may be very defective and it may be impossible to much improve it by glasses. The earlier the child wears these the more hopeful is the prospect of good vision.

PRESCRIPTION OF SPECTACLES.

141 children (56 boys and 85 girls) were examined at the following age-periods :—

Under 8	22
8 - 12	64
12 - 14	55

Of these, 6 boys and 12 girls were found not to require spectacles. 3 boys and 2 girls were suffering from a squint and were recommended to attend at an Eye Hospital for operative treatment.

The defects of the remainder were as follows :—

	Boys.	Girls.
Hypermetropia	15	26
Hypermetropic Astigmatism..	16	17
Myopia	8	6
Myopic Astigmatism	2	6
Mixed Astigmatism	2	2
Anisometropia	4	14
	47	71

Spectacles were prescribed for the latter children, in 19 cases being supplied free from a voluntary fund.

Anisometropia is a condition in which the child has a different defect of vision in either eye. Children with these "odd-eyes" are difficult to treat, as if each eye is fully corrected of its defect the spectacles may be discarded as unsuitable because of the difficulty with which the child learns to use both eyes for near and distant vision. Frequent changes of spectacles are often required before the desired result is obtained.

A number of cases were examined because of *eye-strain* with symptoms of headache, watering of and pain in the eyes with some defect of vision. Children with anisometropia almost invariably suffer from this. Of the others—

(*a*) 1 boy and 11 girls with hypermetropia had eye-strain. This is because the eye can compensate for a slight hypermetropia by continued contraction of its muscle, and therefore a "weak" pair of spectacles gives a benefit out of all proportion to the apparent defect of vision.

(*b*) 1 child had myopia with eye-strain. This is because of the nearness with which objects must be held and the excessive convergence of the eyes required.

(*c*) In 1 boy and 7 girls there was no defect of vision. Mental strain and general debility may cause eye-strain if the eyes are much used for close work. This is fairly frequent in girls towards puberty, and is treated by attention to the general hygiene and cessation of all close work.

The importance of the examination of the eyes being conducted by a medical man is enforced by the above facts, but others may be added.

One child brought forward by the teacher for suspected defective vision was found to have diphtheritic paralysis following a "sore throat." In another a cataract was

forming in each eye. In both cases glasses could have been prescribed with some improvement in vision, without, of course, treating the cause, the delay in doing which would have been disastrous.

A very complete supervision is exercised over all children treated with spectacles at the school clinic. All such are examined before they are approved for use. In addition the School Nurse, at her quarterly visit to the schools, ensures that the children are wearing their glasses and that these are fitting correctly. Finally all children are re-examined by the Doctor at a date which is mentioned to the parents at their first attendance, is registered at the clinic, and in due course an appointment made. In some cases monthly attendances may be required.

Nutrition.—85 % of the children had average nutrition and 5·76 % below normal. Cases of deficient nutrition may be associated with (1) under-feeding, unhealthy home conditions or child-labour; (2) constitutional diseases, especially rickets from improper feeding, and also tuberculosis. The small degree to which these two causes obtain in Ilford are readily seen from the tables. The child with poor nutrition in Ilford is of the kind popularly called "delicate," who is rather under-weight, has some degree of anæmia, and readily suffers from nervous ailments. The cause may be suggested as partly due to the mental and sedentary occupations of the parents and partly to the low infantile mortality, since weakly children survive who in an industrial district would succumb in early life.

Dental Condition.—Only 33 % of the children had sound teeth. The excellent work which has already been done by the School Dentist will be found on pp. 84 to 91. It is hoped that the remedial treatment which he is performing at the age when the permanent teeth begin to erupt will produce a marked change for the better in the defects found in the children of 12 years in the course of a few years.

Throat and Nose Conditions.—4·7 % had slight adenoids, and in 1·2 % these were marked.

Some care has been taken in advising the operation for the removal of enlarged tonsils and adenoids. Most cases of enlarged tonsils are associated with carious teeth, which should first be treated. Many slight cases can be improved by suitable breathing exercises, and a circular describing these is being issued where necessary. Further, the operation is by no means free from risk, especially when it is done, as so frequently, in an out-patient department, and the child allowed to return home the same day. The conditions under which it has been urged have been :—

(1) Chronic nasal obstruction with adenoids.

(2) "Running ears" with enlarged tonsils or adenoids.

(3) Deafness with adenoids.

(4) Frequent attacks of tonsillitis. A moderately enlarged tonsil may cause these, and is only to be adequately removed by dissection and not merely cutting the tonsil.

(5) Much enlarged cervical glands with no other apparent cause than enlarged tonsils.

Even when the operation has been performed little benefit may be expected unless after-treatment is carefully carried out in the shape of breathing exercises, and the School Nurse will in future give printed as well as oral directions. The habit of mouth-breathing has a serious effect on the mental development of the child, and is only to be remedied by much parental patience.

Diseases of the Heart.—In 25 children organic disease of the heart was discovered—in most cases of rheumatic origin and the fact of its presence unknown to the parent.

In these cases the great importance of safeguarding against another attack of rheumatism, especially in the insidious form of "growing pains," has been pointed out to the parent and the necessity of early medical treatment of this symptom.

A heavy strain falls on such children at puberty, and failure of the heart's normal compensation may take place unless special care is taken.

Many such children are excluded from physical exercises for this reason.

APPENDIX B.

ILFORD URBAN DISTRICT COUNCIL v. MORTON.

At the Stratford Police Court on 11th March, 1914, the father of a child attending one of the schools of the local Education Authority was summoned, at the instance of the Ilford Urban District Council, on the information of their Deputy Medical Officer of Health, Dr. G. E. Oates, under Section 12 of the Children's Act, 1908, in respect of two offences,

(i.) for that he, the father, having the custody of a certain child of the age of 11 years, unlawfully and wilfully did neglect the said child in a manner likely to cause the said child unnecessary suffering or injury to its health;

(ii.) for that he, the father, having the custody of a certain child of the age of 11 years, unlawfully and wilfully did cause to be neglected the said child in a manner likely to cause the said child unnecessary suffering or injury to its health.

Mr. Adam Partington, on behalf of the Council, stated that the case was brought before the notice of the Justices in the hope that it would have the effect of emphasising a parental duty, the child throughout the last three years having been under the continual observation of the Health Department of the Council, by reason of the verminous condition of its head and its neglected condition.

The defendant pleaded "Not guilty."

The Health Visitor of the Council deposed to having seen the child on divers dates throughout the years 1911, 1912 and 1913. On one occasion in the latter year the child's body was flea-bitten, and she seemed generally neglected. Her clothing was dirty and untidy and marked

by fleas, and her head contained ova and vermin. Ova and vermin were also present in the hair on other specific dates given in evidence.

Dr. Oates, the Deputy Medical Officer of Health, deposed to having examined the child on various dates, and had found ova and vermin continually present in the hair. He was of opinion that the child had been neglected, and that through such neglect unnecessary suffering had been caused, with likely injury to the child's health.

Dr. Robert Milne, Medical Officer to Dr. Barnardo's Homes, gave evidence on behalf of the Council, and described the deleterious effect on a child's health as the result of the condition in which the head of this child had been continually found. A child's system would appear to be poisoned, the child rapidly declines in health, and requires special nourishment to enable it to throw off the miserable condition. Even a slight degree of infection would have a definite effect upon the health and happiness of the child. Having heard the evidence of the other witnesses, Dr. Milne expressed the opinion that the child, through the neglect of the parents, had been caused unnecessary suffering and injury to its health.

The parents of the child both denied, in evidence, the charges that were made against them.

The Justices were of opinion that the case was a serious one, but as it was the first of its kind that had been before them, inflicted a penalty of £1 and costs, and concurred with the expression of the solicitor for the prosecution of the hope that the case would be a warning to other parents.

APPENDIX C.

REPORT BY MR. H. DRAKE, SCHOOL DENTIST.

Upon the Work done at the School Dental Clinic from October 20th, 1914, to December 31st, 1914.

At present two rooms have been placed at the disposal of the School Dentist. One is used as the operating room, and has been well fitted with necessary up-to-date apparatus. The other room is used as a waiting room, and books have been provided for the use of patients while waiting.

THE CHAIR.—The one used is a hydraulic pump chair, specially designed and adapted for the requirements of children. The back, arms, and head-rest are adjustable, so that the chair will accommodate children of all school ages. All the metal parts are either white enamelled or of oxydised copper. It is thus artistic, and cleanliness is ensured.

THE CABINET.—This is made of white wood, white enamelled inside and outside, and, owing to its special construction, is aseptic. The trays are porcelain, movable and of different shapes. The drawers are lined with opal glass, and a slab of marble is provided to work upon; thus asepsis and neatness are again combined.

THE SPITTOON. — This most necessary part of the equipment is of white porcelain with oxydised copper fittings. It possesses a glass holder, saliva ejector, and a flush. Cold water only is laid on.

THE DENTAL ENGINE is of the usual cable type, nickel-plated and black japanned.

THE BRACKET TABLE is attached to the chair. The tray is white enamelled and removable.

THE GAS APPARATUS.—This is of the usual type, containing a celluloid face piece, three-way stopcock, 3-gallon gas-bag, and two 50-gallon cylinders. The whole is fixed upon a stand of lacquered brass.

For the recording of examinations and operations, a card index system is used—blue cards for boys, pink for girls.

Date	Temporary Teeth			Permanent Teeth			Extractions		Anæsthetics		Name ..... School ..... Address				Date of Birth
	Sound	Savable	Unsavable	Sound	Savable	Unsavable	Temporary Teeth	Permanent Teeth	Local	N_2O Gas	Dressings	Fillings	Other Operations	Scaling	Notes

The object of dental treatment in the school clinic is that the mouths of school children may, by suitable treatment and instruction in prophylaxis, attain a high standard of efficiency, viz., the mouth should be healthy and regular in appearance and able to carry out the normal functions associated with those of the teeth. Observance of these principles will be followed by a diminution in the number of absentees from school from toothache or other dental disease, and there will also be an improvement in the capacity of the children for acquiring the learning imparted to them.

Having mentioned the objects and value of school dentistry, it will not be out of place to briefly expound upon the causes and dangers of dental disease.

Dental disease is primarily due to dental caries—that is, decay of the teeth. Many theories have been put forward to explain dental caries, but the most important factors causing this disease are heredity, constipation, lack of oral hygiene, and improper infantile feeding. Fevers and phthisis have also a ruinous action upon the teeth. Dr. Sim Wallace says: "It is now universally admitted that dental caries results directly from the fermentation of carbo-hydrates in the crevices of, or between teeth, or more generally in such situations as carbo-hydrates are liable to lodge unduly and permit fermentation." Accordingly food of a fibrous nature is more beneficial than that of a farinaceous nature.

The affections arising from advanced dental diseases are many. A long and interesting list of diseases has been given by Sir G. Newman in his report for 1913, dental caries being one of the chief causes and in many the sole cause. A few more of the common ones may be stated, such as Indigestion, due to incomplete mastication; Gastritis, due to swallowing of purulent matter from the teeth. Anæmia and general debility are conditions brought about by the absorption of bacterial toxins. Neuralgia and other nervous disorders are due to reflex irritation from the teeth.

If such serious affections are caused by advanced dental disease, does it not behove us to insist upon the instruction of parent and child alike on the value of the necessary treatment?

Probably the commonest and most neglected disorder of the mouth is that of "irregular teeth." To this affection alone Dr. Sim Wallace ascribes 80% of advanced dental disease; the food, by getting between the irregular teeth, having many suitable places in which to undergo the process of fermentation. The treatment of this condition calls for a large amount of time and patience. It is very tedious, and often requires the assistance of mechanical apparatus for permanent cure. Thus it will be seen that in a school dental clinic, where time is very valuable, such treatment cannot be perfectly carried out. But, on the other hand, by treating children when young and continuing examinations, much may be done by judicious work to alleviate as far as possible the tendency towards irregularities.

The method used for investigating and recording the condition of children's mouths and the subsequent treatment thereof is as follows:—

Notice is first sent to the school whose children are to be examined. A number of clinic cards are also sent, and the kind assistance of teachers is obtained to fill in the name, address, and date of birth of each child. A convenient time is then arranged for the inspection.

Owing to the large number of children attending school in Ilford and the impossibility of inspecting them all in one year, it has been decided to commence with children between the ages of 7 and 8.

About 10 children are admitted at once into the room where the inspection takes place. By this method nervousness is prevented, each child seeing what happens to the

others. As each child is examined the result is recorded on its card.

A notice is then sent to the parents of those children who require treatment. If they wish to have their child treated at the clinic the attached form has to be signed and returned to the School Medical Officer, and then an appointment is made for attendance.

ILFORD COUNCIL EDUCATION COMMITTEE.

DENTAL TREATMENT OF SCHOOL CHILDREN.

Ilford.

Council Offices,
Public Health Department,

School Dentist :
H. Drake, L.D.S.

.....191

To the parents or guardians of.....

.....

The teeth of the above-named child have been reported by the School Dentist to be in need of attention.

It is strongly urged that your child should have the necessary treatment.

This can be obtained by taking your child to a registered dental surgeon, or by filling in the attached form and returning it to me, you can have treatment for your child done by the School Dentist at the Council Offices.

Parents will be notified of the hours children are required to attend the dental clinic.

School Medical Officer.

N.B.—For treatment by the School Dentist a small charge will be made to those who can afford it.

(Please detach this portion and return signed to the School Medical Officer, Council Offices.)

I wish my child.....(name of child)

attending.....(name of school)

to have dental treatment at the school clinic.

.....

(Name of parent or guardian.)

.....

(Residence.)

In most cases the parents accompany the children, and on the first visit the necessary treatment is fully and carefully explained. By this means a hearty co-operation between the dentist and parent is effected. It is very surprising what a number of parents there are who are not aware that the second teeth commence erupting in the seventh year of life, and that it is at the back of the mouth where they first erupt. Thus in a large number of cases what are really second or permanent teeth are taken to be milk teeth and as such are generally neglected, the parents believing that they must come out sooner or later. The danger of the above mistake is fully explained, and the use of the tooth-brush is impressed upon the little ones. The result has been very satisfactory, and the children make delightful pupils.

The number of children examined was 313. 259 were examined at school and 54 were examined at the clinic. Of these, 281 needed attention; only 32, or 10%, had their teeth all sound.

The 313 children had 6,927 teeth, of which 4,472 were temporary. Among these it was found that 3,382 were sound, 643 were slightly decayed, and 447 were so hopelessly decayed that extraction was the only remedy.

Of the 2,455 permanent teeth, 2,258 were sound, 165 slightly decayed and could be filled, and 32 were unsavable and required extracting.

180 notices were sent to parents; 72, or 40%, were returned signed.

The total number of children treated was 126, and these made in the aggregate 396 attendances. 208 teeth were extracted, and 108 nitrous oxide gas anæsthetics were administered for those extractions. There are many advantages in this method over the local anæsthetic. In the latter method the child is cognisant of what is being done, and thus in the majority of cases becomes extremely nervous; whereas in the former the child simply goes to sleep and neither feels nor sees what is being done. Again, it is possible to extract more teeth under gas than under a local anæsthetic. All general anæsthetics were administered by one of the school doctors.

There were inserted 190 fillings, consisting of cement or amalgam and cement-amalgam as the case demanded; and 77 dressings. The teeth of two children were scaled and cleaned.

A fee of one shilling is recovered from such parents as can afford to pay; £2 8s. was paid in this way.

The following is a summary of the work done at the school dental clinic :—

Total number of children examined		313
Number of children examined at school (age 7)	259	
,, ,, ,, clinic (casuals)	54	
,, ,, who needed attention ...	281	
,, ,, whose teeth were all sound	32 or 10.2%	
Number of forms sent to parents	180	
,, ,, returned signed	72 or 40%	
Number of children treated	126	
,, attendances made by such children	396	
,, extractions	208	
,, general anæsthetics administered	108	
Amount received by payment	£2 8s.	
Number of fillings inserted	190	
,, dressings	77	
,, scalings	2	
Particulars of teeth examined :—		
Temporary teeth		4,472
Sound	3,382	
Savable	643	
Unsavable	447	
Permanent teeth		2,455
Sound	2,258	
Savable	165	
Unsavable	32	

TABLE I. Number of Children inspected 1st January, 1914, to 31st December, 1914.

A. "CODE" GROUPS.

Age in Years.	Entrants.						Leavers.					
	3	4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	Grand Total.
Boys	—	—	520	234	320	1074	327	66	3	1	397	1471
Girls	—	—	467	234	396	1097	364	72	7	—	443	1540
Totals ...	—	—	987	468	716	2171	691	138	10	1	840	3011

B. GROUPS OTHER THAN "CODE."

	Intermediate Group (if any).	Special Cases.	Re-Examinations (*i.e.* No. of Children re-examined.)
Boys	—	36	—
Girls	—	43	—
Totals ...	—	79	—

TABLE II.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

	Condition.	Entrants.				Leavers.				Total.				Special Cases.		
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.
Total Inspected ...	... ...	1095	1100	2195	...	371	442	813	...	1466	1542	3008	...	36	43	79
Clothing	Satisfactory	984	1022	2006	91·39	336	418	754	92·74	1320	1440	2760	91·75	36	43	79
	Unsatisfactory	111	78	189	8·61	35	24	59	7·25	146	102	248	8·24	...	...	...
Footgear	Satisfactory	977	993	1970	89·74	315	408	723	88·93	1292	1401	2693	89·52	36	43	79
	Unsatisfactory	118	107	225	10·25	56	34	90	11·07	174	141	315	10·47	...	...	...
Cleanliness of head ...	Clean (*i.e.* no nits or pediculi)	1052	962	2014	91·76	362	387	749	92·16	1414	1349	2763	91·85	36	40	76
	Nits only	41	134	175	7·97	9	55	64	7·87	50	189	239	7·94	...	3	3
	Pediculi	2	4	6	·27	...	...	...	...	2	4	6	·19	...	...	...
Cleanliness of body ...	Clean	1025	1047	2072	94·39	352	430	782	96·19	1377	1477	2854	94·81	36	43	79
	Dirty	61	53	114	5·19	19	12	31	3·81	80	65	145	4·82	...	...	...
	Pediculi present	9	...	9	·41	...	...	...	...	9	...	9	·29	...	...	...
Nutrition	Excellent	52	110	162	7·38	25	66	91	11·07	77	176	253	9·22	36	43	79
	Normal	942	935	1877	85·52	324	362	686	84·51	1266	1297	2563	85·02	...	...	...
	Below normal	101	55	156	7·10	22	14	36	4·42	123	69	192	5·76	...	...	...
	Bad	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nose and throat ...	No defect	774	877	1651	74·87	302	410	712	87·48	1076	1287	2363	81·20	32	42	75
	Mouth breathers	20	13	33	1·41	1	1	2	·24	21	14	35	·82	...	...	...
	Tonsils: slightly enlarged	148	116	264	12·48	48	15	63	7·87	196	131	327	10·17	2	...	2
	Tonsils: much enlarged ..	34	14	48	2·18	5	8	13	1·59	39	22	61	1·88	...	1	1
	Adenoids: slight	106	62	168	7·65	8	7	15	1·84	114	69	183	4·74	...	...	...
	Adenoids: marked	13	18	31	1·41	7	1	8	·98	20	19	39	1·19	2	...	2

TABLE II.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

	Condition.	Entrants.				Leavers.				Total.				Special Cases.		
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.
External eye disease	No disease	1079	1087	2166	98·6	367	432	799	98·29	1446	1519	2965	98·38	35	42	77
	Blepharitis	9	2	11	·50	2	1	3	·36	11	3	14	·43	1	...	1
	Conjunctivitis	3	2	5	·22	...	...	...	...	3	2	5	·16	...	1	1
	Corneal opacities	...	2	2	·09	...	...	...	...	...	2	2	·06	...	...	...
	Other disease	6	7	13	·59	2	9	11	1·35	8	16	24	·97	...	...	...
Ear disease	No disease	1079	1095	2174	99·07	364	437	801	98·55	1443	1532	2975	98·78	35	42	77
	Obstruction: Right	4	1	5	·22	3	...	3	·36	7	1	8	·29	...	...	...
	Obstruction: Left	1	...	1	·04	2	...	2	·24	3	...	3	·14	...	...	...
	Otorrhoea: Right	4	2	6	·27	1	2	3	·36	5	4	9	·31	...	...	...
	Otorrhoea: Left	4	1	5	·22	1	3	4	·49	5	4	9	·35	1	1	2
	Other disease	3	1	4	·18	...	...	...	...	3	1	4	·13	...	...	...
Teeth	Sound	350	297	647	29·50	149	163	312	38·40	499	460	959	33·46	35	41	76
	Less than four decayed	563	591	1154	52·57	204	234	438	53·87	767	825	1592	53·72	...	...	...
	Four or more decayed	168	202	370	16·85	15	40	55	6·76	183	242	425	11·80	1	1	2
	Sepsis	3	6	9	·41	1	...	1	·12	4	6	10	·26	...	1	1
Heart and circulation	No disease	1083	1081	2164	98·55	366	429	795	97·82	1449	1510	2959	98·20	35	43	78
	Organic disease	5	10	15	·68	1	9	10	1·21	6	19	25	·94	...	...	...
	Functional disease	2	2	4	·18	2	3	5	·61	4	5	9	·39	...	...	...
	Anæmia	5	7	12	·59	2	1	3	·36	7	8	15	·47	1	...	1
	Other disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lungs	No disease	1089	1095	2184	99·51	369	442	811	99·76	1458	1537	2995	99·63	...	...	...
	Chronic bronchitis and bronchial catarrh	6	4	10	·45	2	...	2	·24	8	4	12	34	...	...	...
	Tuberculosis	...	1	1	0·4	...	...	...	...	...	1	1	·03	...	...	...

Lungs—*continued*	Tuberculosis suspected	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous System	No disease	1092	1098	2190	99·78	371	441	812	99·88	1463	1539	3002	98·82	35	40	75
	Epilepsy (major or minor)	1	1	2	·09	...	...	...	...	1	1	2	·06	...	...	...
	Chorea	1	...	1	·04	...	1	1	·12	1	1	2	·06	...	2	2
	Other disease	1	1	2	·09	...	...	...	...	1	1	2	·06	1	1	2
Skin	No disease	1090	1095	2185	99·56	370	438	808	99·38	1460	1533	2993	99.50	34	41	75
	Ringworm: body	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Ringworm: head	1	...	1	·04	1	...	1	·12	2	...	2	·07	1	...	1
	Impetigo	1	...	1	·04	...	...	...	...	1	...	1	·03	...	...	...
	Scabies	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
	Other disease	3	5	8	·36	...	4	4	·49	3	9	12	·44	...	2	2
Rickets	No disease	1091	1099	2190	99·78	371	442	813	100	1462	1541	3003	99·84	35	43	78
	Slight	4	1	5	·22	...	...	...	...	4	1	5	·16	1	...	1
	Marked	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deformities	No deformity	1082	1092	2174	99·05	368	438	806	99·14	1450	1530	2980	99·10	36	41	77
	Deformity present	13	8	21	·95	3	4	7	·86	16	12	28	·93	...	2	2
Tuberculosis (non-pulmonary)	No disease	1094	1100	2194	99·96	371	442	813	100·0	1465	1542	3007	99·97	36	43	79
	Glandular	1	...	1	·04	...	...	...	...	1	...	1	·03	...	...	...
	Bones and Joints	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other forms	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Speech	Not defective	1063	1087	2150	97·96	368	440	808	99·40	1431	1527	2958	98·33	36	42	78
	Defective articulation	24	13	37	1·68	...	2	2	·24	24	15	39	1·29	...	...	...
	Stammering	8	...	8	·36	3	...	3	·36	11	...	11	·39	...	1	1
Mental Condition	Normal	1092	1093	2185	99·56	371	334	705	86·71	1463	1427	2890	96·07	33	40	73
	Dull or backward	3	7	10	·45	...	7	7	·86	3	14	17	·56	3	3	6
	Mentally Defective (all grades)	...	...	...	...	...	1	1	·12	...	1	1	·03	...	...	...

TABLE II.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

	Condition.	Entrants.				Leavers.				Total.				Special Cases.		
		Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.
Vision	6/6 each eye (normal vision)	511	511	1022	46·56	168	202	370	45·51	679	713	1392	46·27	1	...	1
	6/6 - R	511	517	1028	46·83	173	206	379	46·49	684	723	1407	46·77	4	6	10
	L	501	504	1005	45·78	162	196	358	44·03	663	700	1363	45·31	2	6	8
	6/9 R	40	44	84	3·87	5	12	17	2·09	45	56	101	3·35	1	...	1
	L	45	44	89	4·05	14	20	34	4·18	59	64	123	4·09	1	...	1
	6/12 R	20	15	35	1·59	4	6	10	1·23	24	21	45	1·41	1	1	2
	L	24	18	42	1·91	12	11	23	2·82	36	29	65	2·16	2	1	3
	6/18 R	7	3	10	·45	3	6	9	1·10	10	9	19	·63	1	1	2
	L	8	10	18	·82	6	5	11	1·35	14	15	29	·96	2	1	3
	6/24 R	4	2	6	·27	7	1	8	·98	11	3	14	·46	1	1	2
	L	7	6	13	·59	8	8	16	1·96	15	14	29	·63	1	1	2
	6/36 R	...	...	...	...	...	2	2	·23	...	2	2	·06	1	...	1
	L	2	4	6	·27	...	3	3	·36	2	7	9	·26	...	...	...
	6/60 R	...	1	1	·04	1	...	1	·12	1	1	2	·63	1	...	1
	L	1	4	5	·22	2	1	3	·36	3	5	8	·26	1	...	1
	6/0 R	2	2	4	·17	4	2	6	·71	6	4	10	·33	2	...	2
	L	6	6	12	·54	5	2	7	·86	11	8	19	·63	2	...	2
Squint	... ...	11	12	23	1.04	2	1	3	·36	13	13	26	·86	1	...	1
Hearing (whisper) ...	No defect	1075	1079	2154	98·14	368	434	802	98·65	1443	1513	2956	98·27	35	41	76
	Defective	20	21	41	1·86	3	8	11	1·35	23	29	52	1·72	1	2	3

TABLE III.

Numerical Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Blind (including partially blind).		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Blind	4	1	5
		Not at School	—	1	1
Deaf and Dumb (including partially deaf).		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Deaf	3	2	5
		Not at School	1	—	1
Mentally Deficient.	Feeble-minded.	Attending Public Elementary Schools	†	†	†
		Attending Certified Schools for Mentally Defective Childre	—	—	—
		Notified to the Local (Control) Authority during the year	—	—	—
		Not at School	3	3	6
	Imbeciles.	At School	—	—	—
		Not at School	7	6	13
	Idiots.		1	2	3
Epileptics.		Attending Public Elementary Schools	—	1	1
		Attending Certified Schools for Epileptics	—	—	—
		Not at School	3	2	5
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	3	1	4

† Figures not complete.

TABLE III.—*continued.*

Numerical Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Physically Defective.	Other forms of Tuberculosis.	Attending Public Elementary Schools	†	†	†
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	5	5	10
	Cripples, other than Tubercular.	Attending Public Elementary Schools	†	†	†
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	2	4	6
Dull or Backward * ...		Retarded two years	164	153	317
		Retarded three years	49	74	123

* Judged according to age and standard.
† Figures not complete.

N.B.—This list does not include children in Barnardo's Village Homes and other institutions in the district.

TABLE IV.—Treatment of Defects of Children during 1914.

Condition.	No. of defects found for which Treatment was considered necessary.			No. of defects for which no report is available.	No. of defects treated.	Results of Treatment.			No. of defects not treated.	Per centage of defects treated.
	From previous Year.	New.	Total.			Remedied.	Improved.	Unchanged.		
Clothing	3	1	4	1	2	...	2	...	1	50·0
Footgear	7	2	9	1	8	8	...	...	0	88·8
Cleanliness of Head	108	98	206	15	191	31	93	67	...	92·7
Cleanliness of Body	...	2	2	...	2	...	2	...	...	100·0
Nutrition	1	8	9	2	6	4	2	...	1	66·6
Nose and Throat	56	30	86	15	48	32	15	1	23	55·8
External Eye Disease	1	3	4	1	3	1	2	...	...	75·0
Ear Disease	6	3	9	2	7	3	3	1	...	77·7
Teeth	4	4	8	2	4	4	...	...	2	50·0
Heart and Circulation	5	5	10	...	8	...	6	2	2	80·0
Lungs	...	8	8	1	6	6	...	...	1	75·0
Nervous System	1	4	5	...	5	...	5	...	...	100·0
Skin	2	7	9	...	7	5	2	...	2	77·8
Rickets	...	...	...	...	...	...	...	...	...	...
Deformities	...	3	3	...	2	...	2	...	1	66·7
Tuberculosis, Non-Pulmonary	...	1	1	...	1	...	1	...	...	100·0
Speech	...	...	...	...	...	...	...	...	...	...
Mental Condition	...	...	...	...	...	...	...	...	...	...
Vision and Squint	55	198	253	15	129	128	...	1	109	50·9
Hearing	23	27	50	6	26	21	4	1	18	52·0
Miscellaneous	4	8	12	2	6	...	2	4	4	50·0
Total	276	412	688	63	461	243	141	77	164	67·0

The following Table shews the average Heights and Weights of the Boys examined :—

Ages of children—Years...	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16
No. of children examined	520	234	101	83	57	42	37	327	66	3	1
Heights ... Centimetres	107.91	112.37	117.84	121.76	128.43	131.02	133.39	132.06	144.08	150.66	146
Inches	42.48	44.24	46.39	47.93	50.56	51.58	52.51	51.99	56.72	59.31	57.48
Weights ... Kilograms	18.45	19.72	21.63	24.10	26.97	27.5	30.45	31.70	35.66	37.93	30.8
Pounds	40.67	43.47	47.68	53.13	59.45	60.62	67.13	69.88	78.61	83.62	67.90

The following Table shews the average Heights and Weights of the Girls examined :—

Ages of children—Years	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
Number of children examined ...	467	234	109	82	78	82	45	364	72	7
Heights ... ... Centimetres	107.21	112.62	116.34	123.10	127.72	126.73	136.96	132.91	146.75	152.29
Inches	42.20	44.33	45.80	48.46	50.28	49.84	53.92	52.32	57.77	59.95
Weights ... ... Kilograms	18.38	19.29	21.06	23.55	25.38	28.70	31.09	33.93	36.76	41.11
Pounds	40.52	42.52	46.42	51.91	55.95	63.27	68.54	74.80	81.04	90.63

Summary of Infectious Diseases and Children who have been excluded owing to Contact with Patients in connection with the Schools during the year ended the 31st December, 1914.

SCHOOLS.	Number on Roll.	DISEASES AND CONTACTS.																					
		Scarlet Fever.		Diphtheria.		Enteric Fever.		Measles.		German Measles.		Chicken Pox.		Mumps.		Whooping Cough.		Ringworm.	Totals. 1914.		Totals. 1913.	
		Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Cases	Contacts	Cases	Contacts
Downshall	1473	11	9	4	7	—	—	—	1	4	—	9	6	—	—	12	4	4	44	27	274	152
Cleveland Road	1294	10	20	10	8	—	—	15	9	2	1	22	7	1	—	18	4	8	86	49	93	86
Christchurch Road	1249	14	14	3	7	—	—	2	7	—	—	20	15	2	—	41	15	10	92	58	197	108
Loxford	1262	5	2	—	5	1	1	54	9	—	—	19	9	3	—	32	4	2	116	30	126	71
Highlands	970	1	4	3	3	—	—	2	1	—	—	17	9	2	—	18	2	—	43	19	256	123
South Park	1202	12	15	9	20	—	—	1	5	1	—	8	3	2	—	46	8	1	80	51	304	130
Uphall	1204	12	10	8	13	1	—	67	26	—	—	12	17	3	—	18	6	11	132	72	166	128
National and Church Infants	423	2	8	2	3	—	—	11	13	—	—	—	14	1	—	9	24	2	31	62	56	93
Newbury Park	571	1	—	—	1	—	—	—	—	—	—	4	1	—	—	2	—	2	9	2	82	68
Goodmayes	1022	9	7	20	21	—	—	1	2	—	—	4	44	—	—	19	3	4	216	77	192	76
Chadwell	261	1	12	—	—	—	—	—	—	—	—	163	—	1	—	—	2	2	6	14	51	34
Barkingside	280	3	8	6	4	—	—	—	1	—	—	2	8	—	—	2	3	2	23	24	28	33
Roman Catholic	336	6	4	—	1	—	—	—	—	—	—	10	—	—	—	1	1	—	11	6	54	24
Valentines	109	12	19	—	—	—	—	1	1	—	—	4	—	—	—	—	—	—	13	20	7	—
Little Heath	139	3	1	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	7	7	43	35
County High School ..	—	5	7	—	4	—	—	—	—	—	—	4	—	—	—	—	—	—	5	11	4	5
Private Schools	—	8	6	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	11	9	25	28
Totals	—	115	146	68	100	2	1	154	75	7	1	298	139	15	—	218	76	48	925	538	1958	1194

SCARLET FEVER.

Table showing the Number of Cases of Scarlet Fever and the Contacts Involved excluded in connection with the Schools, also Total Comparisons with 1913.

SCHOOLS.	Number on roll.	Jan.		Feb.		March.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Totals 1914.		Totals 1913.	
		Cases.	Conts	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Cont-.	Cases.	Conts.	Cases.	Conts	Cases	Conts.	Cases	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.
Downshall	1473	—	2	3	2	2	—	2	1	1	—	2	1	—	—	—	—	—	—	1	2	—	1	—	—	11	9	8	20
Cleveland Road ...	1294	2	4	2	7	3	1	—	—	1	1	—	—	—	—	—	1	—	3	—	1	—	—	2	2	10	20	11	11
Christchurch Road ...	1249	—	—	3	6	2	—	1	1	—	—	—	—	—	—	—	—	1	1	1	1	2	2	4	3	14	14	11	14
Loxford	1262	—	—	1	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1	5	2	10	16
Highlands	970	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	1	1	4	10	11
South Park	1202	1	3	—	1	3	3	1	3	2	1	1	—	—	—	—	—	1	1	1	2	1	1	1	—	12	15	29	35
Uphall	1204	2	1	3	3	1	—	—	—	—	—	1	—	—	—	—	3	2	1	2	2	—	—	1	—	12	10	12	13
National and Church Infants	423	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	—	—	2	8	11	17
Newbury Park ...	571	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	11	9
Goodmayes	1022	—	—	—	—	1	2	2	1	—	—	1	2	—	—	—	—	—	—	1	—	—	—	4	2	9	7	6	7
Chadwell	261	—	—	—	3	—	5	1	1	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	1	12	8	5
Barkingside	280	—	—	—	—	—	4	—	—	—	—	—	—	—	—	1	2	2	2	—	—	—	—	—	—	3	8	1	1
Roman Catholic ...	336	—	—	1	2	—	—	1	—	—	—	1	2	—	—	—	—	1	—	—	—	1	—	1	—	6	4	6	7
Valentines	109	—	—	—	—	—	—	—	—	8	9	3	7	—	—	—	—	1	3	—	—	—	—	—	—	12	19	—	—
Little Heath	139	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	1	—	—	—	—	3	1	1	1
County High School ...	—	—	—	1	1	1	2	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	5	7	—	1
Private Schools ...	—	1	—	—	—	1	1	3	2	—	—	—	—	—	—	—	—	—	—	1	—	2	1	—	2	8	6	17	17
TOTALS ...	—	6	11	14	26	15	20	13	10	13	11	10	15	—	3	3	6	8	11	9	9	9	12	15	12	115	146	152	185

DIPHTHERIA.

Table showing the Number of Cases of Diphtheria and the Contacts Involved excluded in connection with the Schools, also Total Comparison with 1913.

SCHOOLS.	Number on Roll.	Jan.		Feb.		Mar.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Totals 1914.		Totals 1913.	
		Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.
Downshall	1473	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	3	1	—	1	1	1	1	4	7	16	21
Cleveland Road ...	1294	2	1	—	1	1	—	—	—	1	1	—	—	—	—	—	—	—	—	2	3	—	1	4	1	10	8	6	12
Christchurch Road ...	1249	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	1	2	3	7	2	6
Loxford	1262	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	3	—	—	—	5	2	7
Highlands	970	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2	3	3	2	5
South Park	1202	—	1	1	1	—	—	1	3	3	6	1	3	—	—	—	—	1	2	2	4	—	—	—	—	9	20	14	8
Uphall	1204	3	5	—	—	—	—	1	1	—	—	—	4	—	1	—	2	—	—	1	—	3	—	—	—	8	13	3	4
National and Church Infants	423	1	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	3	2	6
Newbury Park ...	571	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Goodmayes	1022	1	—	—	—	—	—	—	—	1	1	—	1	—	—	3	2	3	6	5	9	5	—	2	2	20	21	3	3
Chadwell	261	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Barkingside	280	—	—	2	—	1	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	1	3	6	4	13	16
Roman Catholic ...	336	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
Valentines	109	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Little Heath	139	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
County High School ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	4	—	—
Private Schools ...	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	2	—	—	3	3	4	2
TOTALS ...	—	7	10	4	2	3	5	4	6	5	8	2	8	1	2	4	4	5	12	14	18	9	13	10	12	68	100	69	94

MEASLES.

Table showing the Number of Cases of Measles and the Contacts Involved excluded in connection with the Schools, also Total Comparison with 1913.

SCHOOLS.	Number on roll.	Jan.		Feb.		March.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Totals 1914.		Totals 1913.	
		Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases	Conts.	Cases.	Conts.	Cases	Cases.	Cases.	Conts.	Cases	Conts.	Cases.	Conts.	Cases	Conts.	Cases	Conts.	Cases.	Conts
Downshall	1473	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	34	14
Cleveland Road ...	1294	2	1	3	—	—	—	—	—	—	—	4	5	6	3	—	—	—	—	—	—	—	—	—	—	15	9	19	26
Christchurch Road ...	1249	—	—	—	—	—	—	—	2	—	—	2	5	—	—	—	—	—	—	—	—	—	—	—	—	2	7	100	72
Loxford	1262	23	5	4	1	—	—	—	—	—	—	7	1	19	—	1	2	—	—	—	—	—	—	—	—	54	9	59	32
Highlands	970	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	1	93	33
South Park	1202	—	—	—	—	—	—	—	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	80	23
Uphall	1204	2	—	—	—	1	—	—	—	5	—	55	24	4	2	—	—	—	—	—	—	—	—	—	—	67	26	98	92
National and Church Infants	423	—	—	—	—	—	—	—	—	1	4	4	6	6	3	—	—	—	—	—	—	—	—	—	—	11	13	30	64
Newbury Park ...	571	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	57	48
Goodmayes	1022	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	85	36
Chadwell	261	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	20
Barkingside	280	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	15
Roman Catholic ...	336	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	13
Valentines	109	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	—
Little Heath	139	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	40	34
County High School ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private Schools ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—
TOTALS ...	—	27	7	7	2	2	1	1	5	7	7	72	41	35	8	1	2	—	—	—	—	1	1	1	1	154	75	747	522

CHICKEN POX.

Table showing the Number of Cases of Chicken Pox and the Contacts Involved excluded in connection with the Schools, also Total Comparison with 1913.

SCHOOLS.	Number on Roll.	Jan.		Feb.		March.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Totals 1914.		Totals 1913.	
		Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.
Downshall	1473	1	1	...	...	1	...	6	5	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	9	6	132	88
Cleveland Road ...	1294	4	...	1	...	3	1	7	2	2	1	5	3	...	...	...	...	...	...	...	...	...	...	...	...	22	7	50	36
Christchurch Road ...	1249	6	4	2	7	1	...	3	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	7	4	20	15	34	9
Loxford	1262	4	...	...	1	1	...	3	3	5	4	3	1	...	...	1	...	...	...	...	...	...	...	2	...	19	9	30	15
Highlands	970	8	5	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	3	3	...	17	9	140	74
South Park	1202	3	3	2	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	3	107	52
Uphall	1204	1	...	2	1	2	...	2	3	...	7	3	5	2	1	...	...	...	...	...	...	...	...	...	...	12	17	32	18
National and Church Infants	423	1	2	1	1	1	...	...	2	...	...	...	5	1	4	...	...	...	...	...	...	...	...	...	...	4	14	2	6
Newbury Park ...	571	...	...	1	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	6	10
Goodmayes	1022	26	10	59	12	52	9	13	5	9	7	3	1	...	...	...	...	...	...	...	...	...	...	1	...	163	44	22	14
Chadwell	261	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	4
Barkingside	280	...	...	...	...	...	...	...	...	3	1	4	3	2	3	1	1	...	...	...	...	...	...	...	...	10	8	...	1
Roman Catholic ...	336	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...
Valentines	109	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
Little Heath	139	2	3	2	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	6	...	...
County High School ...	—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4
Private Schools ...	—	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
TOTALS	—	56	28	74	25	66	11	34	20	22	21	18	18	8	8	2	1	...	...	1	...	4	3	13	4	298	139	563	340

WHOOPING-COUGH.

Table showing Number of Cases of Whooping Cough and the Contacts Involved excluded in connection with the Schools. also Total Comparisons with 1913.

SCHOOLS.	Number on Roll.	Jan.		Feb.		March.		April.		May.		June.		July.		Aug.		Sept.		Oct.		Nov.		Dec.		Totals 1914.		Totals 1913.	
		Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts.	Cases.	Conts	Cases.	Conts.
Downshall	1473	...	...	...	...	1	..	1	...	3	...	6	4	1	...	...	...	...	...	...	...	...	...	...	...	12	4	8	3
Cleveland Road ...	1294	1	...	1	...	5	1	4	2	2	1	3	...	...	...	...	...	...	...	2	...	...	...	...	...	18	4	2	...
Christchurch Road ...	1249	15	7	8	1	4	3	1	...	9	4	2	...	1	...	...	...	...	...	...	...	1	...	...	...	41	15	11	5
Loxford	1262	1	...	...	...	...	...	...	1	2	...	4	...	15	2	8	1	2	...	...	...	...	...	...	...	32	4	1	1
Highlands	970	...	...	2	...	7	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	18	2	...	...
South Park	1202	...	...	6	1	21	3	11	3	4	...	4	1	...	...	...	...	...	...	...	...	...	...	...	...	46	8	15	3
Uphall	1204	...	...	1	...	4	2	1	...	3	...	3	1	...	...	...	...	...	2	...	...	2	1	4	...	18	6	1	1
National and Church Infants ...	423	...	...	1	...	4	9	2	11	...	...	1	2	1	2	...	...	...	...	...	...	...	...	...	...	9	24	4	...
Newbury Park ...	571	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	2	...	1	...
Goodmayes	1022	...	...	1	...	1	...	...	...	5	2	10	1	2	...	...	...	...	...	...	...	...	...	...	...	19	3	46	15
Chadwell	261	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1
Barkingside	280	1	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	2	3	...	...
Roman Catholic ...	336	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	8	4
Valentines	109	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Little Heath	139	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
County High School	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private Schools ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	...	18	7	23	3	47	20	28	19	28	7	34	12	20	4	8	1	2	2	2	...	3	1	5	...	218	76	98	33